Editorial: Innovations in Social Work

Margaret E. Adamek

Social work is a diverse, growing, and dynamic profession with new areas of practice emerging all of the time. In the Fall 2018 issue of ***Advances in Social Work*** we are pleased to present 14 manuscripts--11 empirical, 3 conceptual--written by 38 authors from 13 states across the U.S., representing the East Coast (CT, FL, MA, NY), the Midwest (KY, IL, IN, MN), the West (CA, ID, OR) and the South (LA, MS). Three papers address cutting-edge issues relevant to social work **research**, five papers present innovations related to **teaching**, and seven papers present **practice-related** advancements. A diverse array of topics are addressed including public access to research, social work in libraries, young minority fathers, social work supervision, virtual teaching, resilience of MSW students, perinatal depression, text-based crisis counseling, gun safety, civic engagement, depression education for high schoolers, SBIRT implementation, evidence-based practice, and self-care among social workers. We are privileged to offer the contribution of these scholars and practitioners to advancing the knowledge base of the profession.

Research Innovations

Based on her expertise as a social work librarian, ***Pendell*** questions the ability of social work practitioners to fully carry out research-informed practice when their access to published research is largely restricted by paywalls. Finding that over half of a random sample of articles from the top 25 social work journals did not offer full-text access, Pendell encourages social work authors to publish in open access journals and use full-text digital repositories.

Provence reviews public library policies that treat individuals experiencing homelessness as problem patrons, essentially criminalizing homelessness. In support of the trend of public libraries hiring social workers, Provence calls for schools of social work to partner with public libraries to assess the needs of patrons, particularly those with social service needs, so that public libraries can be inclusive and supportive of all patrons.

Young minority fathers are another underserved population. To enhance services to this population, ***Mogro-Wilson, Loomis, Hayes, Drake, Martin-Peele, and Fifield*** conducted face-to-face interviews with young fathers participating in a larger RCT of a fatherhood intervention to examine their perspectives on recruitment and retention strategies. The young fathers preferred non-traditional strategies such as intensive community outreach, culturally competent recruiting specialists, and flexible contact methods.

Teaching Innovations

Pedagogical innovations in social work are typically designed for BSW students *or* MSW students. One school included an experiential exercise in a BSW practice course that involved MSW students as peer supervisors. Each BSW student was matched with an

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MSW student who was taking a course on supervision. ***Fisher, Simmons, and Allen*** used mixed methods to evaluate the semester-long supervisory exercise. The goal of the exercise was to help BSW students be better prepared to take advantage of supervision once they entered their field placements.

While literature on strategies for effectively engaging students in online courses has grown tremendously, there is much less attention to the need for community among online instructors. ***Schwartz, Weiss, and Wiley*** describe a variety of institutional and programmatic interventions designed to promote community and collaboration among faculty who teach virtually. Creating strategic opportunities for virtual and ground-based faculty to connect both informally and formally has the potential to foster a culture of inclusivity, connection, and a productive community of practice.

Acknowledging that many students come to social work education with substantial trauma histories, ***Thomas and Beecher*** conducted a study to examine the association between adverse childhood experiences (ACEs) and resilience in a sample (n=139) of MSW students. Interestingly, their data showed a positive relationship between higher ACE scores and resilience. Social work educators are called to acknowledge risks associated with students' avoidant coping and provide learning experiences aimed at developing students' capacities for increased awareness and acceptance of challenging experiences—their own and others.

A sample of 177 MSW students from five public universities in California were surveyed by ***Goyal and Han*** regarding their course instruction related to perinatal depression (PD). Less than one in five acknowledged receiving such training which is concerning given the well-documented association of PD with child abuse/neglect and domestic violence. To promote maternal and infant well-being, Goyal and Han advocate for content on early PD screening, identification, and referral to be incorporated into both MSW curricula and continuing education.

Practice Innovations

In our increasingly digital world, providers need to be adept at meeting the needs of clients using various technology formats. ***Nesmith*** examined the counseling process between young adults seeking crisis intervention and providers who use a texting format for counseling. The privacy and flexibility afforded by texting might lead some individuals to seek help who might otherwise avoid face-to-face intervention. Nesmith encourages the development of best practices for texting-based crisis intervention.

Logan-Greene, Sperlich, and Finucane argue that social workers are in an excellent position to encourage gun safety with at-risk populations such as families with children, families experiencing violence, and individuals at risk of suicide. Their review of social work sources indicates that clinical guidelines and research on preventing gun violence has lagged in social work compared to other disciplines.

Service-learning is an increasingly popular pedagogical approach. ***Lim, Yang, Maccio, and Bickham*** explored the utility of service-learning compared to traditional-learning methods in advanced policy courses. Service-learning may be used not only to enhance

policy practice efficacy, but also student engagement and enthusiasm in relation to policy advocacy.

Peers are a strong influence in adolescence. While typically we think about peer influence among youth as a negative force, ***Kelly, Freed, Kubert, and Greibler*** demonstrate how peer influence can be leveraged as a tool for combatting depression and preventing suicide among youth. They report on their evaluation of the intervention, *Real Teenagers Talking about Adolescent Depression*, a video-based classroom discussion intervention created by social workers, parents, and youth. Ultimately, building mental health awareness in school communities is critical to helping to prevent depression and suicidal behavior.

Evidence-based protocols such as SBIRT are heralded as best practices in working with individuals facing substance addiction. However, the effectiveness of such protocols may be compromised by a lack of congruence to model fidelity. ***Vinjamuri, Ogden, and Kahn*** examined how social work faculty, student, and fieldwork instructor approaches to using the evidence-based SBIRT protocol affected implementation and model fidelity. Efforts to find a fit between the protocol, settings, and professional approaches to social work often led to implementation but questionable model fidelity. Repeated exposure to new material and opportunities to engage with it, having specific tools, and supporting learners' efforts to uphold social work values can promote faithful implementation.

Chonody and Teater explored social workers' perceptions of evidence-based practice (EBP) as either a process, a product, or some combination. Given the centrality of EBP in social work and based on their findings, Chonody and Teater recommend that instruction on the *process* of EBP be offered as mandated continuing education hours, much like ethics has been added as a requirement in some states.

Self-care is one of those things that we all know we need to do, and yet many of us fail to prioritize in our lives. ***Miller, Lianekhammy, and Grise-Owens*** examined the self-care practices of over 1,000 social workers, finding only moderate involvement in personal or professional self-care. If social workers are to excel in caring for others, we must find ways to take better care of ourselves in the process.

We hope that our readers find value in this set of empirical and conceptual papers as we endeavor to contribute to the advancement of scientific knowledge in social work. In this issue we have included acknowledgements of 139 individuals who reviewed manuscripts in 2018. These reviewers represent 6 countries, 33 states and 2 territories, and 71 different colleges or universities. Without their contribution to the manuscript review process, ***Advances in Social Work*** would not be possible.

In Memoriam

Finally, we would like to acknowledge the untimely passing of our colleague, Dr. Jim Hall, who served as both board member and reviewer for *Advances in Social Work* throughout his tenure at Indiana University School of Social Work. We are saddened by this loss, but are very grateful for his many contributions to the journal and to scholarship in the field. We are reminded of the fragility of life and the importance of each moment. Accordingly, we encourage all of us to intentionally value and support all those in our learning communities.

Message from the Dean

Tamara S. Davis

As the new dean of the Indiana University School of Social Work, I am pleased to welcome you to the fall 2018 issue of *Advances in Social Work*. *Advances* has provided our profession a peer-reviewed platform for sharing new ideas and best practices since 2000, and is a continued source of pride for the School. What a delight it is for me to serve as dean of a nationally recognized, forward-thinking school that provides our academic and practice communities with open access to thought-provoking discourse on relevant issues of today!

Our spring 2018 issue on immigrant and refugee populations garnered much interest. Without a doubt, today's national climate leaves us all searching for increased understanding of how to respond to the needs of the people and communities we serve. Our authors in the current issue focus on innovations in research, teaching and practice. Whether you seek to learn new strategies employed in research, alternative techniques for engaging students and instructors in the learning experience, or cutting edge approaches to practice, the array of subjects covered across these three domains is certain to provide something for everyone.

I extend my thanks to the many contributors who ensure *Advances* makes a meaningful contribution to our literature base with each issue. The dedication of Dr. Margaret Adamek, the journal's editor, the editorial board, and Ms. Valerie Decker, assistant editor, allows us to produce a quality journal highlighting and disseminating new ideas and technologies in our profession. They, along with our guest editors and published authors, uphold these values and commitment to our readership without sacrificing the rigorous review process expected from a peer-review process,

As the oldest school of social work continuously affiliated with a university (since 1911), and accredited since the Council on Social Work Education began accrediting programs, the IU School of Social Work enjoys a rich tradition of leadership in advancing the social work profession. Our faculty are recognized for innovations in social work education and practice, with the most recent footprint in online education and practice technologies. Headquartered in Indianapolis alongside the largest medical school in the U.S., the School of Social Work actively partners with the IU School of Medicine and IU's health science disciplines to explore innovations in health care practice and education. We challenge ourselves and our students across BSW, MSW and PhD levels to tackle the issues of today while preparing to respond to the demands of tomorrow and beyond. We expect *Advances in Social Work* to do the same.

We hope you enjoy and are edified by the works published in our fall issue of *Advances*. Wishing you peace and prosperity in the work ahead.

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Behind the Wall: An Exploration of Public Access to Research Articles in Social Work Journals

Kimberly Pendell

Abstract: *Despite implicit and explicit expectations that research inform their practice, social workers are unlikely to have access to published research articles. The traditional publishing model does not support public access (i.e., no publisher paywall barrier) to scholarly journals. Newer models of publishing allow free access to research including open access publishing and deposit of scholarship in institutional or disciplinary repositories. This study examined public access to articles in the top 25 social work journals. A random sample of article citations from a total of 1,587 was assessed, with the result that 52% of citations had no full-text access. Of the remaining 48% of citations with full-text access, it is questionable most will remain available long term due to possible copyright violations. Citations from the random sample show only minimal usage of institutional or disciplinary repositories as a means of sharing research. Establishing this baseline measure of access to research is an important first step in understanding the barriers for social workers in accessing research to inform practice. Recommendations for increasing access to research include publishing in open access journals and utilizing full text repositories.*

Keywords: *Research dissemination; scholarly publishing; open access; repositories; Evidence-based Practice*

As a social work librarian, I have many conversations with students regarding access to research articles. When students get close to graduation they often inquire if and how they might still use the library's databases and full-text journal access. Unfortunately, my answer is always disappointing. After graduation, their off-campus access to our electronic resources ends, and their only remaining means of access is to come into the Library to use public access computers or connect to campus guest wi-fi, which of course hardly anyone has time to do with busy work days and other obligations. Graduating social work students already know from their field placements that access to full-text journals is not often available from agencies either. In a focus group study on lifelong learning by Jivanjee, Pendell, Nissan, and Goodluck (2016), one MSW student expressed her concern:

> I love libraries, but I know that my access to this library in particular is going to be next to nil once I graduate… There isn't much out there for those of us that like research and want to base it [practice] on research. We are a little bit in a hole. (p. 267)

The Dean of the School of Social Work at my institution has informed me that she continually receives requests from alumni for off-campus access to databases and full-text journals. This access is seen as one of the most useful benefits they could receive. Aside from stripped down alumni packages from vendors, academic publisher and other vendor

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licenses prevent the Library from extending access to individuals not actively affiliated with the University. It is commonly recognized by librarians that even if licenses were to permit access equivalent to that of affiliated users, the cost and management of providing the level of access desired would be enormous and complicated. Anecdotally, many fellow social work librarians are familiar with this dilemma of graduating students and alumni requesting services and resources that cannot be provided.

That students and alumni expect, or at least hope, for access to research literature is understandable considering their recent education and the professional standards laid out for them. For example, the National Association of Social Workers (NASW, 2017) Code of Ethics Standard 4.01 outlines the expectation that:

> (b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.
>
> (c) Social workers should base practice on recognized knowledge, including empirically-based knowledge, relevant to social work and social work ethics.

Additionally, evidence-based practice (EBP), or similar research-informed practices in the field, overtly expect, or at least imply, that social workers have meaningful access to research relevant to their practice needs.

It would also seem safe to assume that researchers want their efforts to influence practice in the field and improve the lives of the communities with whom they work. The NASW has expressed interest in connecting research to practice. The NASW Action Network for Social Work Education and Research (n.d.) states: "Social work research provides empirical support for best practice approaches to improve service delivery and public policies." Additionally, an NASW (n.d.) advocacy briefing on social work research offers among its recommendations: "Promote the dissemination and implementation of research into real world settings and to encourage communication between researchers and practitioners" (p. 2).

Observing the tension between production of research for the field and the field's lack of access to research, this study attempts to answer an initial, primary question: if a practicing professional wants to read research literature, is the research literature available to them? Ten years ago or more, the answer would likely have been "no," as the traditional, subscription-based publishing model held content more firmly behind paywalls. The traditional model of publishing severely limits the public's access to research literature, despite the content and peer review expertise provided by researchers, most often gratis (see Figure 1).

Figure 1. *Traditional Publishing Cycle for Research Articles*

Figure adapted from Creative Commons (n.d.)

However, new pathways to research articles have been created and cultivated, particularly open access (OA) publishing and use of disciplinary or institutional repositories (IRs; see Figure 2). Articles published in OA journals, such as *Advances in Social Work* and *Behavior and Social Issues* are referred to as "gold" OA meaning that access is provided directly via the publisher. Access provided via institutional or disciplinary repositories is referred to as "green" OA, and the articles are usually in manuscript form, either prior to peer review or post peer review (referred to as pre-print and post-print respectively).

Figure 2. *Open Access Publishing Cycle for Research Articles*

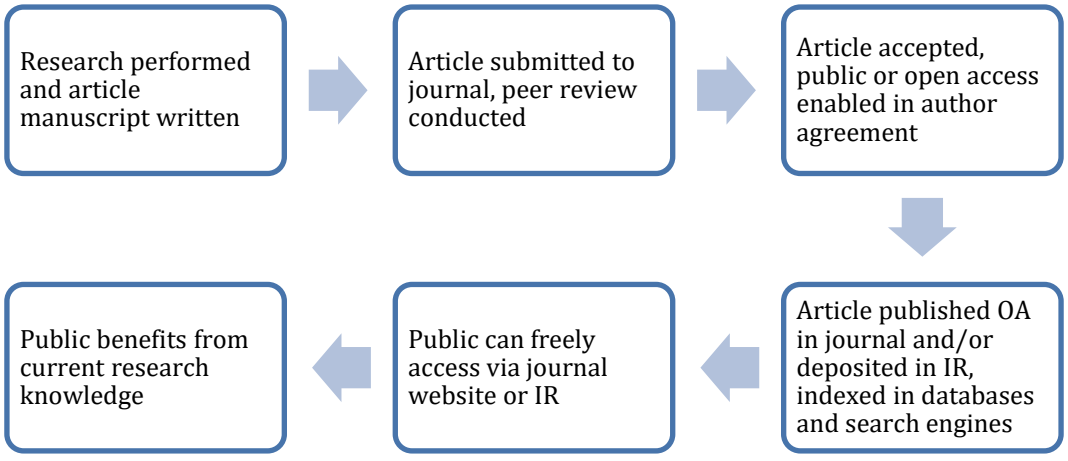

Figure adapted from Creative Commons (n.d.)

The gold OA publishing model removes the cost burden of access from the public, replacing financial support for journals via a variety of models, such as subsidies, donations, or membership dues for professional association journals. Repositories also provide public access to research, but a bit differently; the ability to deposit an article might be subject to an embargo period, or, at times, only the pre or post-print version may be deposited, not the publisher's final formatted version. In the early 2000's, IRs were developed as universities leveraged new technology to create stable access to the research output of their communities. Adding public access to this effort was a natural fit. Additionally, disciplinary repositories were on the rise, particularly in the hard sciences where sharing research quickly is highly valued. Both IRs and disciplinary repositories serve as a primary means for sharing publicly funded research; for example, PubMedCentral (PMC), a health sciences research repository, has grown rapidly since the implementation of the National Institutes of Health public access policy of 2008 (National Institutes of Health, 2016).

This study examines public access (i.e., no paywall barrier) to articles in the top 25 social work related journals. While none of the journals in the sample set are published OA, they each allow the author to archive a version of the article in an institutional or disciplinary repository. Measuring the amount of engagement in self-archiving and availability of research in social work is an important first step in advocating for practitioner and public access.

Quantifying the societal or practice-related impact of freely accessible research literature is challenging; however, it is possible to identify benefits of OA indirectly, especially through the lens of inefficiencies. In a study of government officials' use of research, performed early in the development of OA publishing, Willinsky (2003) found that:

> The research that is most easily accessible, through portals and open-access sites, is most often consulted, as policymakers referred to how readily they were dissuaded from using pay-per-view and subscription services in their pursuit of knowledge. This means that they are tapping into a skewed and somewhat haphazard view of the current state of knowledge on a given topic. (p. 12)

Unfortunately, almost ten years later, Look and Marsh (2012) found similar results in their study of public sector employees. For example, the participants "noted that they submitted analysis or made decisions on the basis of potentially incomplete research as they had not been able to review all the relevant articles they had identified" (p. 29) or that decisions were delayed due to lack of access.

Given the demands on social workers to stay up-to-date in their practice, use research to inform decisions, and to participate in continuing education and lifelong learning, easy access to research literature can only be a benefit. But, the traditional scholarly publishing model is still focused on providing research to other researchers, and not extending into the practitioner and public audiences. As an example of a different approach to the dissemination of scholarship, *Advances in Social Work* (AISW), one of the few social work OA journals, states in its Open Access Policy "This journal provides immediate open

access to its content on the principle that making research freely available to the public supports a greater global exchange of knowledge" (AISW, n.d.).

Literature Review

Aside from the earlier recommendation of promoting dissemination of research by NASW, there appears to be little, if any, conversation in social work related journals regarding access to research for practitioners. Several keyword and related subject heading searches for open access or dissemination of research in Social Services Abstracts, Google Scholar, and Web of Science returned very few relevant results. Bowen, Mattaini, and De Groote (2013) was the only study found that explicitly addresses access to research literature and open access publishing.

Another, albeit brief, exception to the quiet was "Suggestions to Improve Social Work Journal Editorial and Peer-Review Processes: The San Antonio Response to the Miami Statement" (Holden et al., 2008) which offers fifty responses from a subcommittee of the Society for Social Work and Research Presidential Task Force to an earlier "Miami" statement, which was also concerned with improving journal publication processes. Both of these statements centered on concerns regarding scholarly communication via social work journals (Holden et al., 2008; Schilling et al., 2005). Recommendation 48 of the "San Antonio" response states: "Publishers should consider ways in which they can increase the free flow of scholarly communication (e.g., removing restrictive practices regarding the use of copyrighted materials, becoming a green journal, and removing publication process obstacles in the production realm)" (Holden et al., 2008, p. 69).

The primary source of any data or discussion regarding access to research literature in social work is primarily found in studies related to EBP because a key component of EBP is finding research that matches one's particular clinical or practice question. Often, the expectation that one can access the needed research is implicit, and perhaps taken for granted. But studies looking specifically at EBP in the field of social work have demonstrated that needed information access is not typically available:

> Seven of the studies identified poor access to available research evidence as a barrier to EBP implementation. The need to invest resources in staffed library facilities and information technology to access web-based databases was identified as a requirement if there were to be a movement from EBP as an aspiration to a reality. (Gray, Joy, Plath, & Webb, 2013, p. 163)

Lack of access to information resources was also cited as one of the top three barriers to EBP in a study recent of Romanian social workers (Iovu, Goian, & Runcan, 2015).

It is interesting to observe dramatic differences in engagement with EBP between practitioners in the field and students. Van der Zwet, Weling, Beneken genaamd Kolmer, and Schalk (2017) explored if social workers simultaneously enrolled in an MSW program were more engaged with EBP than their non-enrolled counterparts. Indeed, the difference appeared substantial; only 12.3% of social workers reported that they "use the Internet to search for the best research evidence to guide my practice decisions," in contrast to almost 60% of social worker/MSW students. The study does not further clarify or explore what

type of information found on the Internet is being used; however, articles seem likely to be part of this scope. Additionally, 75% of MSW students "often" or "very often" read research evidence as part of their EBP process, again in contrast to only 10.6% of practitioners (Van der Zwet et al., 2017, p. 84). A question that arises from this study is to what extent access plays a role in identification and use of research evidence. It can be assumed that the MSW students in the study have full-text journal access via their university affiliation, while the practitioners do not. Would we observe more use of research if practitioners had the same access as students?

Hardisty and Haaga (2008) attempted to answer this question by exploring the impact of access to articles to influence behavior/practice change. Their unique study explored participants' behavior when asked to access an article that was freely available versus other means of access, including needing to pay for the article. A significantly higher proportion of participants read the article when it was freely available to them (70%; p. 831). The same authors also tested for the potential of the participants to implement recommendations from the article in a relevant hypothetical scenario, finding a positive result. "Dissemination efforts that come with a price tag may prove less effective, even if they are promoted more heavily, than dissemination efforts that are free" (Hardisty & Haaga, 2008, p. 835). They conclude that "A more immediate practical implication of the present study is that scholars wishing to maximize the diffusion of their research among the professional community should deposit eprints of their work in OA archives" (p. 836).

If the evidence points to access as a positive benefit to practitioners, why is more access not provided to practitioners via subscriptions? The cost barrier to academic journals is high for individuals and agencies. Bowen and colleagues' (2013) study of social work journal subscription cost data found an average of $121 per subscription for an individual, with much higher costs for institutions. The average yearly inflation rate for academic journals tends to hover in the 5%-6% range, but the projected increase for social sciences titles for 2017 was 7.2% (Bosch & Henderson, 2017). Bowen et al. (2013) reasonably assert that "open access is particularly important when considering the needs of practitioners in less wealthy organizations, communities, and institutions in the United States and globally," (p. 40) especially when promoting evidence-based practice.

Acknowledging that the high impact journals in the field of social work do not include any open access titles, there is another key pathway for researchers to share their work: institutional or disciplinary repositories. Institutional repositories are the most viable path for stable, long term, and publicly/freely available sharing of research, outside of publishing in an OA journal, and IRs are common at all major universities at this point. In 2017, there were 820 institutional repositories in the United States, Canada, and the United Kingdom according to the Registry of Open Access Repositories. Disciplinary repositories, such as SocArXiv, provide an open access platform for researchers to upload pre-prints and working papers; repositories such as PubMed Central provide a platform for published papers. Overall, social sciences disciplinary repositories are younger and smaller than those in the hard sciences, but they have seen growth in their collections. PubMed Central and its counterpart, Europe PMC, have grown significantly, assisted by being the recommended depositories for health sciences research subject to public access policies.

Many IRs are supported by the university library, with varying levels of promotion and support for depositing content. The rate of self-archiving in 2010 United Kingdom was 34% for the social sciences broadly, and psychology more specifically (Van Noorden, 2012, p. 303). However, the United Kingdom also has more robust public access policies in place than the United States. Overall though, the rate of self-archiving of research articles by authors lags far behind its potential, especially when compared with the swift enthusiasm a publication sharing platform such as ResearchGate appears to generate.

Method

In order to measure the level of public access to research articles in the field of social work, citation searches were performed on a sample set of articles from the top 25 social work related journals. Using the Eigenfactor metric of article influence for 2014, the top 25 journals in the International Scientific Indexing category of social work were identified (see Table 1). Eigenfactor's article influence score measures the average number of citations to individual articles within a journal; this measure was selected as article level access was the primary concern for this study. Ultimately, the bulk of the top 25 journal titles with high article influence are the same as those ranked by overall journal influence.

I retrieved citations for articles published in 2014 from each of the journals using the Social Sciences Index available via the Web of Science. As part of this process every attempt was made to accurately exclude citations for editorials, book reviews, letters, corrections, or other citations that were not recognizable as research articles. None of the 25 journals identified are open access; however, all of the journals allow for the deposit of a pre-print or post-print version in an institutional or disciplinary repository. All but five titles allow for paid open access of individual articles, as indicated by SHERPA/RoMEO, an aggregator of journal OA policies (SHERPA/RoMEO, n.d.; see Table 1). The citation sample set was derived from citations from 2014, allowing for an over two year gap to account for the embargo period sometimes required by publishers prior to self-archiving in a repository. From the total number of 1,587 research article citations retrieved from the 25 journals, a random sample of 638 citations created by a random generator for Google Sheets was selected in accordance with a 95% confidence level with +/- 3 confidence interval.

Each citation was searched using the Google Scholar and DOAI.io in an off-campus, unauthenticated browser to avoid inaccurate access to full-text via IP recognition or institutional affiliation. Google Scholar is a well-known discovery and access point for scholarly journal articles; its search engine crawls academic publisher websites as well as institutional and disciplinary repositories, such as PMC. Google Scholar also crawls ResearchGate for full-text articles uploaded by its users. DOAI.io is the Digital Open Access Identifier, which utilizes an article's Digital Object Identifier (DOI) to retrieve free access to a version of the article if available. Each citation was searched using both applications because they demonstrate different access points for a given citation. Neither of these discovery tools search full-text "pirate" sites such as SciHub; access to full-text via those sites is not part of this study.

A pilot was performed with 20 citations, revealing that in addition to the planned recording of availability of full-text from an institutional or disciplinary repository, download availability of full-text via the social networking website ResearchGate should also be noted. Therefore, the public availability, if any, of full-text (publisher PDF, post-print, or pre-print version) via a DOI search of Google Scholar and DOIA.io was recorded, including the source of availability as follows:

- Repository (institutional or disciplinary)
- ResearchGate
- Open access on journal website
- Other full-text access (e.g., personal or organizational website)

Table 1. *Journal Sources of Citations with Eigenfactors, Number of Article Citations, and RoMEo Status*

Eigenfactor Article Influence	Journal	# of Article Citations 2014 (Total = 1587)	Publisher	RoMEo Status
1.7	Trauma, Violence & Abuse*	27	Sage	Green
1.2	Child Maltreatment*	25	Sage	Green
1	Child Abuse & Neglect*	203	Elsevier	Green
0.9	American Journal of Community Psychology*	74	Wiley	Yellow
0.8	Social Service Review*	18	University of Chicago	Green
0.6	Family Relations*	51	Wiley	Yellow
0.6	Journal of Social Policy*	37	Cambridge U. Press	Green
0.6	Social Policy & Administration*	46	Wiley	Yellow
0.6	Research on Social Work Practice*	65	Sage	Green
0.5	Journal of Community Psychology*	68	Wiley	Yellow
0.5	Health & Social Care in the Community*	65	Wiley	Yellow
0.5	Health & Social Work	27	Oxford U. Press	Yellow
0.5	British Journal of Social Work*	143	Oxford U. Press	Yellow
0.4	Child & Family Social Work*	44	Wiley	Yellow
0.4	International Journal of Social Welfare *	44	Wiley	Yellow
0.4	Qualitative Social Work*	43	Sage	Green
0.4	Children & Youth Services Review	287	Elsevier	Green
0.4	Social Work	44	Oxford U. Press for NASW	Yellow
0.3	Social Work in Health Care*	61	Taylor & Francis (Routledge)	Green
0.2	Journal of Social Work Practice*	27	Taylor & Francis (Routledge)	Green
0.2	International Social Work*	59	Sage	Green
0.2	Administration in Social Work (now Human Service Organizations: Management, Leadership & Governance)	35	Taylor & Francis (Routledge)	Green
0.2	Affilia Journal of Women and Social Work*	37	Sage	Green
0.2	Clinical Social Work Journal*	40	Springer	Green
0.2	Australian Journal of Guidance and Counselling	17	Cambridge U. Press	Green

Notes. * A paid open access option is available for this journal, as indicated by SHERPA/RoMEO (n.d.)
Yellow: Author can archive pre-print (pre-refereed)
Green: Author can archive pre-print and post-print or publisher's version/PDF

Findings and Discussion

As seen in Table 2, no full-text access was found for 52% of articles, a slim majority of the total 638 citations investigated. The sample set of citations demonstrated only minimal use of institutional repositories as a means of sharing research. Deposit of full-text in the disciplinary repositories PMC and Europe PMC was higher than that of institutional repositories, and likely can be attributed to funding agency or governmental requirements, as discussed earlier. Within the parameters of this study, very few articles would be available to users not affiliated with an institution or some other form of subscription access without the popularity of ResearchGate, which accounted for 30% of full-text access.

Table 2. *Full-text Availability of Sample Social Work Articles (n=638)*

Access to Article Full-Text	**# (%)**
Not Available	332 (52%)
ResearchGate	191 (30%)
PMC or Europe PMC	43 (6.7%)
Institutional Repository	35 (5.5%)
Other Full-text Access	22 (3.5%)
Open Access on Journal Website	15 (2.3%)

In regards to the high use of ResearchGate, it is likely that many articles uploaded to the platform are in violation of publisher copyright agreements. In fact, mass take down notices from publishers targeting ResearchGate have already begun (Van Noorden, 2017). As Jamali (2017) notes, the number of recent articles on ResearchGate is "...not good for publishers as journals' main revenue relies on newly published issues and that is why a lot of publishers apply embargo periods for archiving peer-reviewed versions of the articles" (p.252). Jamali (2017) found over 78% of a random sample of 500 articles in ResearchGate were publisher PDFs (p.251). This study's results demonstrate an even higher rate of deposit of publisher PDFs of the articles found in ResearchGate: 96% of articles on ResearchGate were publisher's PDF version.

Ascertaining the means by which these articles were uploaded to ResearchGate, or the amount of them that are in violation of copyright is outside of the scope of this study. However, the legal complications of ResearchGate are important for our understanding of public access because this platform appears to be a primary means of access that would be otherwise unavailable. "To understand the role of ResearchGate in making full-text of papers freely available, it is enough to say that it is one of the top sources of full-text files found through Google Scholar" (Jamali, 2017, p. 242). This will change quickly as publishers take legal steps to limit the extent of copyright violations via ResearchGate (Van Noorden, 2017). Here the distinctions between IRs and disciplinary repositories versus for-profit social network platforms becomes clearer: repositories are born with a different purpose and ethos, and are managed with an eye towards copyright compliance and long term access.

As a simple tracking of full-text availability, this study does not answer the question of why engagement in self-archiving is low. For example, the availability of institutional repositories to authors in the sample set and the amount of support offered by the institution is unknown. Authors may struggle with self-archiving in repositories due to the "time and effort involved in determining or securing copyright" (Palmer, Teffeau, & Newton, 2008, p. 25). Or perhaps the low rate of deposit is due to lack of awareness and education regarding the purpose and utilization of OA, IRs, and disciplinary repositories. Further research related to both the researcher/author perspective and the practitioner/user perspectives is needed. It would be valuable to have a better understanding of whether researchers perceive the impact of their work primarily as citations from other researchers or for use by practitioners in the field. The level of awareness and understanding of options for sharing research among authors are also of interest.

Looking at practitioners/users, to what extent do they use, or wish to use, research articles to inform their practice? Are the aforementioned pirate sites or other avenues (e.g. #canihazpdf on Twitter) providing viable work-around access for savvy social workers? And for social work librarians, we must ask if teaching students to use expensive, licensed databases that lead to subscription-based full-text platforms is effective for students once they separate from the university. Would it be helpful to discuss the economics of scholarly communication to increase understanding of how access is available or not available? Additional research on topics like these, building upon this study, has the potential to inform us how researchers/authors think of dissemination of their work; how students are taught to find and access research; how access shapes decision-making in the field; and how it influences OA-related advocacy efforts in social work.

Conclusion

The findings of this study establish a baseline measure of research article availability to practitioners and the public, assuming no personal and institutional subscriptions to individual journal titles. A significant amount of research published in core social work journals is not available to the practitioners or members of the public who would benefit from it. This is especially of concern as public skepticism of academia and scientific research increases. It is time for researchers, administrators, publishers, and librarians in the field of social work to increase openness and access to research. Looking ahead, there are two immediate ways for researchers to move their scholarship from behind the publisher paywall: publish in an OA journal whenever possible and practice self-archiving in either an institutional or disciplinary repository. Many will likely have the support of their university library in these efforts. Clearly, there is at least some interest in sharing scholarship as demonstrated by the use of ResearchGate, but as noted, there are caveats to such platforms. Librarians have a role in educating both researchers and students about the differing models of scholarly publishing, author's rights, and public access indexing tools and OA full-text sources. A longer term recommendation for researchers and administrators in an academic settings to consider is rewarding OA publishing and/or repository archiving as a reflection of community engagement in processes such as promotion and tenure. In addition to the societal benefits of OA publishing, a majority of comparison studies have indicated that OA publishing also benefits authors by increasing

citations to their articles versus non-OA published articles (Tennant et al., 2016). Gold and green OA come with their own concerns and complications to be sorted out. However, the status quo of keeping research behind publisher paywalls costs the field of social work in ways that should not remain unexamined.

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From Nuisances to Neighbors: Inclusion of Patrons Experiencing Homelessness through Library and Social Work Partnerships

Mary A. Provence

Abstract: *Public libraries have found themselves, often reluctantly, on the frontline of homelessness. By virtue of being temperature-controlled public spaces with free internet access, libraries provide daytime shelter for thousands of patrons experiencing homelessness. Sometimes considered "problem patrons," persons experiencing homelessness are at times unfairly targeted by library policies. Violations create the potential for police involvement and arrest, and may contribute to the criminalization of homelessness. Simultaneously, a trend is beginning to emerge of libraries providing or co-locating social services for persons experiencing homelessness. As library services expand, schools of social work have the opportunity to lend both their research and practice expertise. Specifically, schools of social work have the opportunity to partner with public libraries to conduct localized needs assessments of persons experiencing homelessness. Needs assessments should include the direct surveying of patrons, including those experiencing homelessness, to make sure resulting recommendations for library programs and services will be inclusive of all patrons.*

Keywords: *Criminalization; homelessness; libraries; needs assessment; problem patron*

Libraries have a unique opportunity to interact with people experiencing homelessness. As public spaces that are warm in the winter, cool in the summer, and dry in the rain, with the added bonuses of free internet, computer, and bathroom access, libraries are natural gathering places for people experiencing homelessness. While librarians have struggled for decades to grapple with the issues surrounding patrons experiencing homelessness, some libraries are forging ahead to meet the social service needs of patrons experiencing homelessness (Brashear, Maloney, & Thornton-Jaringe, 1981; Simmons, 1985).

Increasingly, libraries are acting as service delivery hubs. In 2009, the City and County of San Francisco created the nation's first Public Library social work position and hired Leah Esguerra, Licensed Marriage and Family Therapist, to assist patrons experiencing homelessness at the San Francisco Public Library (L. Esguerra, personal communication, November 13, 2018; Public Broadcasting Services, 2015; Tranin Blank, 2014). Other libraries are following San Francisco's lead. The Pima County Library in Arizona, in partnership with their local health department, has a team of public health nurses including one full-time public health nurse who provides a variety of basic health services including case management (Pima Public Library, n.d.). Since 2013, the Homeless Engagement Initiative of the Dallas Public Library has served over 4,000 persons experiencing homelessness in various programs, mentoring, and "personalized assistance services" (Dallas Public Library, n.d.b). The Forsythe County Public Library in Winston-Salem, North Carolina hired a peer support specialist who was formerly homeless (Skinner, 2016).

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At the King Library in San Jose, California, homeless outreach workers from People Assisting the Homeless have office hours four days a week. In addition, their Social Workers in the Library program provides in-person appointments with volunteer social workers affiliated with the National Association of Social Workers (San Jose Public Library, n.d.). Patterned after the San Jose program, Social Workers in the Library in Encinitas Public Library in San Diego was created with the leadership of a San Diego State University social work intern (Copeland & Sarvela, 2015). Through a partnership with the University of Pennsylvania, the South Philadelphia Community Health and Literacy Center of the Free Library of Philadelphia houses health clinics and a recreation center (Morgan et al., 2016). The Central Library of the Indianapolis Public Library (IPL) system has a resource room stocked with snacks, hygiene items, and lists of community resources where service providers meet with patrons experiencing homelessness. Local service providers including the city's blended response team regularly visit Central Library to check on patrons experiencing homelessness (personal communication, October 12, 2017, Joan Harvey, former IPL Central librarian and current volunteer).

While U.S. libraries are forming collaborations to provide services to this population, persons experiencing homelessness are not systematically being asked about their needs. A survey of the professional literature of the past ten years using EbscoHost revealed six published studies that specifically included the input of people that were experiencing homelessness about their use of libraries. Of these six, three were outside the U.S. in France, New Zealand, and the United Kingdom. (Gaudet, 2013; Hodgetts et al., 2008; Muggleton & Ruthven, 2012). Of the three remaining U.S. studies (Kelleher, 2013; Mi, Stefaniak, & Afonso, 2014; Skinner, 2016), only one (Skinner, 2016) took place in the library. The Forsythe County Public Library in North Carolina gathered valuable input from patrons experiencing homelessness including their desire for something to do on Sunday afternoons. As a result, a Sunday movie matinee was started and draws between 50-100 persons each week (Skinner, 2016). The direct input of patrons experiencing homelessness is needed in order to ensure their needs are included in library programming.

To undertake a needs assessment of patrons experiencing homelessness, public libraries could benefit from the expertise of schools of social work. Social work scholars, trained in research and practice, can assess the needs of patrons experiencing homelessness and make recommendations to assist libraries to ensure that their programs and services are accessible and inclusive (Muggleton, 2013). Such partnerships will further the profession's goals of the pursuit of social justice through the fair treatment of oppressed populations. Partnerships with public libraries will also provide schools of social work a new frontier of field placements for both research and practice for students at all levels of study. On this topic, the social work literature is deafeningly silent. A search of the Social Work Abstracts of EbscoHost in January 2018 using the terms "social work," "library," and "homeless" produced zero results.

Scope of Homelessness in the United States

Before delving further into library-social work partnerships to assess the needs of patrons experiencing homelessness, it is helpful to understand the magnitude of homelessness in the United States. Due to the transiency of persons experiencing

homelessness, determining the scope of homelessness in the United States is no easy task. According to the Point In Time (PIT) Count, there were 549,928 persons experiencing homelessness in the United States in January of 2016 (Henry, Watt, Rosenthal, & Shivji, 2016). While this number is high, some consider the estimate inaccurately low. The typical method used to conduct the Point In Time count does not capture "hidden homeless persons" who are "defined as those who live among, but not directly with, the residential population of a community" (Agans et al., 2014, p. 218). The term *hidden homeless* describes persons sleeping on a private property but not in an actual house; instead, they are sleeping in a garage, shed, back porch, etc. (Agans et al., 2014). In addition, the night time PIT count often misses children and unaccompanied youth under the age of 25 (Agans et al., 2014; Travwer & Aguiniga, 2016). Consequently, the actual number of persons experiencing homelessness is likely much higher than the half million the PIT reports. Dennis Calhune, a University of Pennsylvania principal investigator of the PIT reports, has been reported as estimating that in a year's time, two million people experience homelessness in the United States (Gee, Barney, & O'Malley, 2017). However, since more accurate data is not available, the PIT count will be used for the purpose of this discussion.

Racial minorities are overrepresented in the homeless population, making up roughly 40% of the general population, but comprising 52% of the homeless population (Henry et al., 2016; U.S. Census Bureau, 2016). African-Americans comprise 13% of the general population and 39% of the homeless population (Henry et al., 2016; U.S. Census Bureau, 2016). Men are also overrepresented, making up 49% of the general population but comprising 60% of the homeless population (Henry et al., 2016; U.S. Census Bureau, 2016). There were 1,770 transgender persons in the PIT count which was .003% of persons identified in the count (Henry et al., 2016). Children made up 22% of the persons in the 2016 PIT Count; however, due to their fear of being discovered, the actual number of homeless children is thought to be higher (Agans et al., 2014; Henry et al., 2016; Travwer & Aguiniga, 2016). According to the 2016 PIT Count, 20% of the homeless population were mentally ill; 17% chronically used substances; 12% were victims of domestic violence; 7% were veterans, and 2% had HIV/AIDS (United States Department of Housing and Urban Development, 2016). In addition, 22% of those in the 2016 PIT Count were chronically homeless (Henry et al., 2016).

Contributing factors. The factors contributing to homelessness include: a lack of affordable rental housing, a lack of living wage jobs, a lack of healthcare, domestic violence, mental illness, and addiction (National Coalition for the Homeless, 2009). A discussion of the impact of structural inequities on minorities, LGBTQ+, immigrants, and veterans would be particularly helpful in understanding the context and causes of homelessness but is beyond the scope of this paper (Nooe & Patterson, 2010). In addition, the opioid crisis, immigration crisis, and natural disasters have also catapulted people into homelessness but are not addressed in this discussion (Chatterjee, Yu, & Tishberg, 2018; Luckman, Strafer, & Lipski, 2016; Ryan & Hartman, 2000).

Definitions. For the purpose of this discussion, *people who are experiencing homelessness* will be used to describe people who do not have permanent housing and whose sleeping arrangements are: a shelter, transitional housing, the street, a car, an abandoned building, a hotel/motel or single room facility, a prison or hospital without a

home to return to, or couch-surfing from place to place [Section 330 of the Public Health Service Act (42 U.S.C., 254b) & HRSA/Bureau of Primary Health Care, Program Assistance Letter 99-12, Health Care for the Homeless Principles of Practice as cited by the National Health Care for the Homeless Council, n.d.]. Library patrons whose circumstances meet this definition will be referred to as *patrons experiencing homelessness*.

Historical Examination of Attitudes Towards Library Patrons Experiencing Homelessness

Prior to a needs assessment, it is important to understand the variety of attitudes that librarians have held in recent decades regarding patrons experiencing homelessness. Libraries have struggled to decide if persons experiencing homelessness are problem patrons to be expelled or patrons to be served (Bardoff, 2015; Redfern, 2002; Simmons, 1985). In the process of surveying Illinois public and university libraries during 1978 and 1979, researchers created a three-tiered typology of "problem patron behavior" (Brashear et al., 1981, p. 343). The lowest level was as follows:

> *Type One* (Relatively Harmless Nuisances): people who do not pose an overt threat or cause disruption, but who may generally be regarded as offensive by the staff or other patrons, such as quiet drunks, people who sit and stare for hours, or people who are offensively dirty and foul-smelling (Brashear et al., 1981, p. 344).

While the typology is specified to categorize behavior, it is clear by the definition of Type One that people are being categorized as "nuisances" throughout the article. They are referred to as "problem patrons" who cause problems for "normal patrons" (Brashear et al., 1981, p. 350). Types Two and Three address patrons who are disruptive, threatening, or violent (Brashear et al., 1981).

By 1985, homelessness was added to Brashear's et al.'s definition, with the stipulation that "not all disheveled, fetid, or inebriated patrons are homeless" (Simmons, p. 111). Simmon's literature review of that era demonstrates that when the needs of patrons experiencing homelessness conflicted with housed patrons, the housed patrons were usually favored. He postulates that if the needs of patrons experiencing homelessness were met elsewhere, they might not need to come to the library. He calls on librarians to advocate for the rights of persons experiencing homelessness, so that they will no longer have to use the library as their refuge (Simmons, 1985).

While the topic of adult library patrons experiencing homelessness was included in the literature throughout the 1980's and early 1990's, children were left out (Dowd, 1996). To address this gap, a national study was conducted. Sixty-five percent (N=83) of library children's programming coordinators – some of whom were responding for multiple branches – described programming specific to the needs of children experiencing homelessness (Dowd, 1996). These children's coordinators agreed that they should provide "sensitivity, flexibility, and….a welcoming environment" for children experiencing homelessness (Dowd, 1996, p. 159).

By the turn of the millennium, the argument over what to do about the "homeless problem" escalated. In his short, but oft-quoted opinion, Cronin (2002) declared that libraries were not "a refuge for the homeless," and librarians were not "surrogate social workers" (p. 46). However, by the mid twenty-first century, multiple voices were calling for fair treatment of homeless patrons. Hersberger (2005) counters Cronin and declares that lumping all homeless people into the category of problem patrons is "outright discrimination" (p. 200). Ayers (2006) advocated for the expansion of library services for persons experiencing homelessness. Wong (2009) believed it possible to respect the needs of both housed patrons and patrons experiencing homelessness. However, despite the calls of Hersberger, Ayers, and Wong, the argument was not settled. Many librarians, in a survey of 648 American Library Association (ALA) external members, identified poor people as those "who are seen as a nuisance" (Gieskes, 2009, p. 52).

Ferrell (2010) searched the Library and Information Science Abstracts database from the late 1990s forward, and discovered a consistent presence of articles related to "problem patrons." From a symbolic interactionist approach, Ferrell (2010) proposed that librarians examine who is placing the "deviant" label on a particular patron (p. 144). Ferrell's alternative approach challenged librarians to ask a series of questions to identify who is determining the behavior as "deviant:" the community (through laws and norms); the Library (through policies, procedures, or norms), or the library staff (through their personal beliefs and values) (Ferrell, 2010, p. 145).

Access to Library Services

Because of the tendency to label patrons without housing as problem patrons, persons experiencing homelessness do not always have fair library access (Bardoff, 2015; Ferrell, 2010). The American Library Association (ALA) is clear about the need for fair access for persons experiencing homelessness. Policy 61, now B.8.10, of the ALA, entitled, Library Services to the Poor, advocates for increased accessibility of libraries for people experiencing poverty:

> The American Library Association promotes equal access to information for all people, and recognizes the urgent need to respond to the increasing number of poor children, adults, and families in America. These people are affected by a combination of limitations, including illiteracy, illness, social isolation, homelessness, hunger, and discrimination, which hamper the effectiveness of traditional library services. Therefore, it is crucial that libraries recognize their role in enabling poor people to participate fully in a democratic society, by utilizing a wide variety of available resources and strategies. Concrete programs of training and development are needed to sensitize and prepare library staff to identify poor people's needs and deliver relevant services (ALA, 2012-2013, p. 40).

The remainder of the Library Services to the Poor specifies various ways for libraries to enact the policy; relevant portions of this policy will be highlighted throughout this discussion.

Library Policies

Negative attitudes towards and stereotypes of persons experiencing homelessness as being dirty or smelly have led to library policies targeting patrons experiencing homelessness including: rules against foul smells, luggage, sleeping, and tending to hygienic needs in library bathrooms (Bardoff, 2015). Hersberger (2005) emphasizes that such policies often have unequal enforcement. For example, a college student would probably not be kicked out of a library for falling asleep while writing a research paper, but it is probable that a patron experiencing homelessness could be expelled for falling asleep.

The code of conduct policies of the libraries mentioned earlier which have some level of social services for patrons experiencing homelessness were reviewed. Seven of the libraries posted their policies online. The eighth, The Philadelphia Free Library, did not have their policy online and is not included. Table 1 presents a summary of prohibitions that directly address persons experiencing homelessness.

Table 1. *Library Policy Prohibitions by Location*

	Sleeping	Bathing	Large items, i.e. luggage/ bedrolls	Camping	Strong odor	Lying down	Using more than one seat	Asking for money
Dallas, TX	X	X	X		X			X
Forsythe Co., NC	*	X						X
Indianapolis, IN	X				X			X
Pima Co., AZ	X	X	X		X			X
San Diego, CA	X	**	X	X	X	X	X	X
San Francisco, CA	X	X	X		X	X	X	X
San Jose, CA	***	X	X	X	X	X	X	X

Notes: *Prolonged sleeping prohibited; **Use of facilities for "living or accommodation purposes" prohibited; *** Sleeping while lying down prohibited. (Dallas Public Library, n.d.b; Forsythe County Public Library, 2017; Indianapolis Public Library, 2011; Pima County, Arizona Board of Supervisors, 2015; San Diego County Library, n.d.; San Francisco Public Library Commission, 2014; San Jose Public Library, 2014; & San Jose Public Library, 2017a).

The Forsythe County Library – the library that has published survey results that included patrons experiencing homelessness (Skinner, 2016) – has the least number of policy barriers; instead of prohibiting all sleeping, Forsythe prohibits only "prolonged sleeping" (Forsythe County Public Library, 2017).

The policy statements of each of the seven libraries indicate that violations of the code of conduct can result in suspension from the library. The San Jose Public Library specifies suspension periods ranging from one day to two years depending on the severity of the offense (San Jose Public Library, 2017b). San Francisco differentiates suspensions based on severity and lists one to seven day suspensions for minor infractions but specify that persons sleeping or lying down will be asked to correct or leave but are not suspended (San

Francisco Public Library Commission, 2014). The remaining five libraries do not specify the length of the suspensions in the online codes of conduct. Depending on the severity of the situation and the compliance of the patron, violations of the codes of conduct can result in potential law enforcement involvement up to arrest and prosecution where allowable by law (Dallas Public Library, n.d.a; Forsythe County Public Library, 2017; Indianapolis Public Library, 2011; Pima County, Arizona Board of Supervisors, 2015; San Diego County Library, n.d.; San Francisco Public Library Commission, 2014; San Jose Public Library, 2017a).

The ALA's Hunger, Homelessness, and Poverty Task Force (2005) admonished libraries who target patrons experiencing homelessness through "punitive policies" that are "at best misguided and, at worst, contribute to the criminalization of poor people" (p. 175). Such policies that put patrons experiencing homelessness at risk of potential arrest may be similar in character to laws around the country that are "primarily intended to reduce the presence of homeless people in specific locations or in an entire community, in an effort to maintain or improve public safety, economic stability, and aesthetic appeal" (Aykanian & Lee, 2016, p. 183). Instead of trying to address the systemic issues that cause homelessness, "The current restrictions on homeless people's behavior in public space are clearly an effort to regulate space so as to eliminate homeless people, not homelessness" (Mitchell, 2003, p. 167).

Public librarians often find themselves navigating the difficult space between patrons who are housed and patrons experiencing homelessness. The library policies that appear to target persons experiencing homelessness are often an attempt to maintain order and appease housed patrons. This is a difficult position for libraries to be in. To consider how to balance and navigate through these competing demands libraries face, let us look deeper at the philosophical underpinnings of these policies.

Attitudes Towards Persons Experiencing Homelessness: A New View

A philosophical perspective that is helpful when considering how policy makers at both the library and local government level, as well as social work researchers, view patrons experiencing homelessness comes from the Arbinger Institute (2008). Arbinger's conclusions are in part based on the thoughts of Heidegger, a philosopher who, in his seminal work published in 1926, *Being and Time*, "shifted the focus of the philosophical world away from the separate self and onto the idea of being with others" (Arbinger Institute, 2008, pp. 78-79). Arbinger (2008) also delves into the thoughts of Buber from his seminal work *I and Thou* published in 1923 that proposed:

> …that there are basically two ways of being in the world: we can be in the world seeing others as people or we can be in the world seeing others as objects. He called the first way of being the I-Thou way and the second the I-It way, and he argued that we are always, in every moment, being either I-Thou or I-It - seeing others as people or seeing others as objects (Arbinger Institute, 2008, p. 79).

According to Arbinger (2008), when we view others as people, we recognize that they have goals, ideas, thoughts, feelings, needs, and values that are as important to them as ours are to us. When we view others as objects, we view them in one of three ways: as

"obstacles" who are "in our way," "vehicles" to use for our own purposes, or "irrelevancies" who are unimportant (Arbinger Institute, 2016, para. 2-3**).**

Using this framework, we can examine how library staff, patrons, and social work researchers view patrons experiencing homelessness. Do we see them as individuals who are equal to us? Are we willing to be attentive to the special needs persons experiencing homelessness bring to the public space of the library? Or, do we see them as objects to be scorned and shunned? Do we see them as obstacles who are in our way of having a quiet and undisturbed place to read, study, or relax? Even more subtle, do we see persons experiencing homelessness as projects that make us feel good about ourselves for helping – at their expense? As a social work researcher, do I see them as an opportunity to put a scholarly feather on my curriculum vitae, or do I see them as people with individual identities, strengths, and needs to be discovered and reported so recommendations can be made for helpful change?

Whether librarians view persons experiencing homelessness as objects or as people impacts both the policies they create and how they are enforced. The ALA's Policy on the Poor necessitates the review of pertinent local library policies and their enforcement to see if they are unfairly targeting persons experiencing homelessness (Ayers, 2006; Hersberger, 2005). Specifically, subsections B.8.10.1.1 and B.8.10.1.11 of the ALA Policy on the Poor promotes "the removal of all barriers to library and information services, particularly fees and overdue charges" and "training to sensitize library staff to issues affecting poor people and to attitudinal and other barriers that hinder poor people's use of libraries" (ALA, 2012-2013, pp. 40-41). Being willing to honestly evaluate how we view persons experiencing homelessness and to change our attitudes when needed is critical to not only evaluating policies for fairness but also for planning services.

The Case for Surveying Persons Experiencing Homelessness

Because of the objectifying and patronizing of persons experiencing homelessness, services, when they exist, for the most part have been designed for them rather than with them. ALA's Policy for the Poor Section B.8.10.1.9 directly calls for "community needs assessments, giving special emphasis to assessing the need so [sic, of] low-income people and involving both anti-poverty advocates and poor people themselves in such assessments" (ALA, 2012-2013, p. 41). However, based on my literature review, talking directly to patrons experiencing homelessness at libraries in a systematic way has been rare.

This neglect has been partially due to service providers relying on their own intuition about the needs of persons experiencing homelessness rather than conducting needs assessments that ask the population directly (Acosta & Toro, 2000). A longitudinal study of 301 persons experiencing homelessness, while somewhat dated and geographically specific to Buffalo, NY, counters what may be a logical assumption: that housing is the number one need of people experiencing homelessness (Acosta & Toro, 2000). Persons experiencing homelessness in their study had needs they considered more important than housing – safety and education (Acosta & Toro, 2000). It may seem intuitive to ask homeless service providers to identify the needs of people experiencing homelessness.

However, most service providers have not experienced homelessness, and while they are an important informant in helping libraries understand local services and collaboration opportunities, the primary starting point should be systematically asking the patrons experiencing homelessness to identify their needs.

Some researchers or librarians may argue patrons may be offended if we ask them if they are homeless, a concern Kelleher (2013) expressed, choosing instead to research library usage by persons experiencing homelessness at places other than the library. The Forsythe County Public Library overcame this quandary by administering the survey to all library patrons with a question about residence with a response option of "no permanent address," allowing them to identify the needs of patrons experiencing homelessness without the risk of offending patrons (Skinner, 2016, p. 5).

The University of Pennsylvania used the Community-Based Participatory Research (CBPR) approach to assess how library programming at the Free Library of Philadelphia addressed social determinants of health (Morgan et al., 2016). The CBPR approach provides a framework for conducting needs assessments of persons experiencing homelessness (Leung, Yen, & Minkler, 2004). This model emphasizes researching "with" rather than "on" a given community and "shifts the decision-making authority away from experts and embraces the experiential knowledge of the average citizen" (Leung et al., 2004, p. 500). The discovery of the needs of patrons experiencing homelessness should be a collaborative process that "exposes and challenges the structural powers that oppress" and leads to action (Leung et al., 2004, p. 501).

Not only should patrons experiencing homelessness be asked what they need, they should have representation in the decision-making of library policies and services related to poverty and homelessness. After surveying 648 external members of the ALA, the Hunger, Homelessness and Poverty Task Force of the ALA recommended that libraries include people who are poor as well as service agencies in their decision-making, emphasizing that being a librarian or a member of the ALA should not be necessary to assist in decision-making around issues of poverty (Gieskes, 2009). This call for action is also reflected in the ALA's Policy Manual Section B.8.10.1.10 which calls for "Promoting direct representation of poor people and anti-poverty advocates through appointment to local boards and creation of local advisory committees on service to low-income people, such appointments to include library-paid transportation and stipends" (ALA, 2012-2013, p. 41). Offering stipends and transportation for persons experiencing homelessness would help increase the feasibility of their participation.

Facilitating the participation of patrons experiencing homelessness in the decision-making process may help prevent the incorrect assumption that their needs are all alike (Hersberger, 2005). Too often, we deny patrons experiencing homelessness their unique histories of education, employment, housing, and/or military service. We fail to see their strengths and the individual reasons that have led them to be without a home (Hersberger, 2005). Needs assessments of patrons experiencing homelessness should be done at the local or regional level, to assess needs that may be geographically and historically specific, such as a factory closing down, an influx of immigrants, a natural disaster, or a local drug epidemic.

Some may counter that libraries already have strapped budgets and are unable to conduct a needs assessment to determine the needs of patrons experiencing homelessness. Partnering with a school of social work can provide scholarly research rigor, without the expense of hiring a research firm. Such partnerships can also provide schools of social work with field placements for research and possibly practice. Social work students, supervised by faculty, can create and administer surveys including in-person interviews with patrons. In partnership with patrons experiencing homelessness, social work students or faculty can analyze the data and make service recommendations. While Kelley, Riggleman, Clara, and Navarro (2017) did not interview persons experiencing homelessness, their needs assessment to determine if the local library needed a social worker provides an example of a local public library partnering with MSW students at a private university. This undertaking met a need for the public library and provided field research experience for students.

As libraries learn the needs of patrons experiencing homelessness through such research partnerships, it is critical to discuss next steps. Muggleton (2013) provides great caution in this area: due to the isolation, stigma, and stereotypes that persons experiencing homelessness already face, we do not want to turn the library into a place that inadvertently leads to the further stereotyping of persons experiencing homelessness and a further separation of the housed and unhoused. Libraries are "spaces of care where homeless people can be included" and can "be present as regular library patrons" (Hodgetts et al., 2008, p. 950). Having homeless-only services homogenizes, increases isolation, and may prevent people who do not want to be identified as homeless from seeking services (Muggleton, 2013). Instead, libraries can address the needs of patrons experiencing homelessness in the context of broader library services and programs: many of the services, such as job search assistance, that patrons experiencing homelessness find helpful are also useful to housed patrons (Muggleton, 2013). By promoting inclusion of patrons experiencing homelessness in the larger context of library services, we can decrease isolation and provide the opportunity for housed and unhoused patrons to interact and learn from and about one another (Gaudet, 2013; Hodgetts et al., 2008; Muggleton, 2013).

Conclusion

The convergence of persons experiencing homelessness in the space of public libraries has brought both librarians and social workers to a new frontier of opportunity. Every day librarians have the privilege to interact with patrons experiencing homelessness who "are seeking opportunities, however minimal, to help them further their education, find affordable and stable housing, and maintain gainful employment to have productive lives" (Acosta & Toro, 2000, p. 363). Schools of social work can be instrumental in helping libraries to survey the needs of patrons experiencing homelessness and ultimately offer recommendations for programs and services that are inclusive of their needs to move us toward a more just society. As social work rises to meet the Grand Challenge of Ending Homelessness, interdisciplinary collaboration between the fields of library science and social work is pivotal to our success (Henwood et al., 2015). Depending on how we see our homeless neighbors - as people or as objects - will determine how librarians and social workers alike respond to this opportunity of convergence.

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Supporting Recruitment and Retention of Young African-American and Hispanic Fathers in Community-Based Parenting Interventions Research

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Abstract: *Few studies to date have provided strategies for maintaining low rates of attrition when conducting longitudinal, epidemiological, or community-based research with young, minority, urban fathers. This paper highlights lessons learned from a 5-year randomized controlled trial of a fatherhood intervention that designed and implemented state-of-the-art and culturally relevant recruitment and retention methods with 348 young fathers ages 15 to 25. Qualitative findings are drawn from interviews with fathers who had been enrolled in the fatherhood intervention (n=10). While traditional recruitment and retention methods, such as incentives, were employed in this study, non-traditional methods were used as well, such as intensive community outreach, staff relationship development, recruiting specialists, and flexible contact methods. These methods were found to be helpful to young fathers in the study. Future research should incorporate, and further study, such non-traditional methods for recruiting young, minority, urban fathers into studies of parenting programs, including randomized control trials, to improve services for this underserved population.*

Keywords: *Fathers; community-based research; recruitment; parenting*

Including fathers in parenting interventions is important to children's well-being. Fathers play an important role in children's development and competence (Dubowitz et al., 2001), and interventions that include both parents have more positive impacts on parenting practices and children's outcomes (Lundahl, Tollefson, Risser, & Lovejoy, 2004). Twenty-five percent of African American males, and 19% of Hispanic males father children before the age of 20 (Martinez, Chandra, Abma, Jones, & Mosher, 2006). Young fathers, who have children as adolescents or young adults, are particularly important to engage in parenting programs, as they are at higher risk for future unintended pregnancy and other health risk behaviors compared to older fathers (Khurana & Gavazzi, 2011). Despite the risks associated with early fatherhood, there are limited pregnancy prevention and parenting programs targeted at young fathers (Aggleton & Campbell, 2000; Lewin, Mitchell, Burrell, Beers, & Duggan, 2011). For those programs that do exist, there is a need for research examining recruitment and retention, particularly for minority young fathers (Trivedi, Brooks, Bunn, & Graham, 2009) who have consistently higher birth rates compared to white fathers ages 15-25 years of age (Hamilton, Martin, & Osterman, 2016).

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The parenting challenges that young minority fathers face highlight the need to focus on ways to improve recruitment and retention of these fathers into pregnancy prevention and other parenting programs.

Young, Low-Income, Minority Fathers

Young fathers are at increased risk for additional unintended pregnancy compared to young men the same age who are not fathers (Burrus, 2018; Centers for Disease Control, 2013). Young fathers are also at higher risk for participating in sexually risky behaviors, such as not using condoms that could lead to subsequent pregnancies and HIV/AIDS or other sexually transmitted diseases (Bronte-Tinkew, Burkhauser, & Metz, 2007; Mogro-Wilson et al., 2018). Young men who become fathers in their teens are more likely to live in poverty, encounter school hardships, leave school prior to graduation, and other negative consequences compared to their peers who are not fathers (Xie, Cairns, & Cairns, 2001). However, research shows that some of the negative consequences for young fathers can be tempered by parenting programs that help fathers become positively involved in their children's lives and well-being (Buston, Parkes, Thomson, Wight, & Fenton, 2012; Carlson & Magnuson, 2011; Jeynes, 2015; Milkie & Denny, 2014; Palm & Fagan, 2008).

Parenting Programs with Fathers

Although parenting programs benefit fathers and their children, recruitment of fathers into such programs remains a challenge for fatherhood program providers. Studies on rates of father participation reflect this difficulty. A meta-analysis of the parenting program Triple P, which targets both fathers and mothers, analyzed randomized controlled trials of Triple P that either specifically targeted fathers or included fathers (Fletcher, Freeman, & Matthey, 2011). This analysis found that out of 4,959 participants in 21 studies across several countries, only 20% of the participants were fathers. Furthermore, a systematic review of father participation in child maltreatment prevention programs, all of which involved a parenting education component, found father participation rates to be less than 30% (Smith, Duggan, Bair-Merritt, & Cox, 2012). In a study of providers of parenting programs, one-third of providers reported that fathers rarely attended programs (Tully et al., 2018). These studies reviewed father participation without differentiating between races and ethnic groups. While data on rates of African American and Latinx father participation in parenting programs are scant, there is sufficient evidence that participation rates among minority parents may be lower than among other groups (Caldwell, Bell, Brooks, Ward, & Jennings, 2011).

A few studies have suggested strategies for maintaining low rates of attrition when conducting longitudinal, epidemiological, or community-based research among fathers (Anderson, Kohler, & Letiecq, 2002; Caldwell et al., 2011; Gordon et al., 2012; Mogro-Wilson & Fifield, 2018). Barriers to engaging in parenting interventions identified by fathers include fear of opening up to other men in groups, difficulty balancing employment and parenting programs, and a lack of tangible social supports within parenting programs that can alleviate financial stressors (Anderson et al., 2002). Provider experience and organizational support, such as emphasizing the inclusion of fathers in program materials, are predictive of increased father engagement in parenting interventions (Tully et al.,

2018). In focus groups of providers and African-American fathers not currently participating in parenting programs, providers identified that word-of-mouth, where participants tell other potential participants about the parenting programs, and targeted recruitment, where individuals are sought out for participation based on key characteristics or relationships with agencies, are effective recruitment strategies for fathers (Stahlschmidt, Threlfall, Seay, Lewis, & Kohl, 2013). In these focus groups, fathers identified increased advertising (not only targeted) and tangible incentives, such as transportation were also key to overcoming barriers to engaging fathers in parenting programs.

Recruitment strategies have been sought out from urban African-American fathers not currently engaged in a parenting program (Stahlschmidt et al., 2013) and fathers involved in parenting programs (rather than fatherhood programs specifically; Anderson et al., 2002; Fletcher et al., 2011). However, no information is currently available specific to the recruitment and retention of *young* urban minority fathers in pregnancy prevention and parenting programs. Therefore, there is little systematic discussion on how to successfully implement parenting and prevention strategies among young urban fathers. An assessment of methodological strategies for conducting longitudinal prevention research with young fathers is necessary to advance the science of pregnancy prevention and fatherhood and address the risks uniquely associated with early parenting.

Importance of Retention in Parenting Programs

Agencies offering parenting programs to young parents have increasingly been challenged to create evidence-based practices in their settings. In order to establish evidence for an intervention, agencies are often expected to use randomized controlled designs that collect longitudinal data with a focus on retention into such trials. Much of the research on participant retention has focused on randomized controlled trials of diseases such as diabetes, heart disease, and cancer (Bailey, Bieniasz, Kmak, Brenner, & Ruffin, 2004; Froelicher et al., 2003; Katz et al., 2001; Parra-Medina et al., 2004) with less of an emphasis on exploring participant enrollment and retention in prevention studies. However, retention rates in pregnancy prevention studies range from 24-76% (Corcoran & Pillai, 2007), a stark difference from retention rates of 59-99% common in clinical studies (Robinson, Dennison, Wayman, Pronovost, & Needham, 2007). The difference in retention rates may reflect a difference in motivation for study participation. For example, study participants in health care research are often recruited from clinical settings in institutions where they are patients and thus highly accessible. In conventional clinical studies, a patient may continue their participation on the basis of anticipated health benefits. In contrast, in prevention intervention studies, participants may be less likely to see an immediate need for the program, and program benefits may be less clear or take longer to emerge (Becker, Hogue, & Liddle, 2002; Spoth & Redmond, 2000).

Motivations and benefits for young urban fathers in longitudinal prevention intervention studies are unclear and often confounded by issues of income, education, race, and social capital. There is a legacy of distrust, bias, negative perceptions, and poor communication for African American and Latinx communities when it comes to interacting with health care service providers (Corbie-Smith, Thomas, & St. George, 2002). Some

African Americans have reported they do not feel respected by providers, often leading to mistrust of anyone related to health care services or research (Gordon et al., 2006). There is also a documented lack of communication between minority communities and their providers, which further contributes to mistrust of services being offered, ultimately leading to underutilization of those services (Travaline, Ruchinskas, & D'Alonzo, 2005). For community-based programs, challenges around mistrust must be overcome in order to build public health studies that will lead to better services and improved outcomes within low-income minority communities. This is particularly important given that government funding agencies are requiring treatment and prevention grantees to have retention rates of at least 80% for their projects to be considered "successful." Research on recruitment and enrollment must address the value of multicultural community organizing and engagement. For example, events should involve opportunities for community celebration with families as a medium for community collaboration and outreach.. These strategies may result in higher retention rates, and thus more valid research and better opportunities for care within marginalized communities.

Current Study

Longitudinal studies of young adult pregnancy prevention programs generally have been associated with prevention in school-based settings, where the targeted youth are a captured population, enrolled and attending school. Additionally, such studies have typically primarily focused on females (Aggleton & Campbell, 2000; Trivedi, Bunn, Graham, & Wentz, 2007). Longitudinal studies of hidden and hard-to-reach populations, such as young fathers, are less common. Longitudinal studies among these subpopulations require the use of multiple innovative retention techniques. These techniques are specific to each subgroup and their respective contexts. This paper seeks to add to the scant literature base regarding recruitment, enrollment, and retention in studies with young, minority fathers using the experience and lessons learned in a five-year RCT of a parenting intervention implemented with low-income minority fathers that designed and implemented novel recruitment methods.

Methods

Intervention Design

The current study reports on experiences and findings from a larger collaborative study designed and undertaken by a university-agency partnership in Connecticut. Agency staff recruited and randomized participants, conducted the intervention, and collected data with training. The university partner provided scientific quality control monitoring, data management, and data analytics. Between 2011 and 2016, 348 fathers aged 15-25 were enrolled from a city in the northeastern United States, in a highly dense low-income area. Eligible participants were males ages 15-25 who had fathered one or more children with a female under the age of 21 at the time of enrollment. Approximately 62% (n=215) were Hispanic, 38% (n=132) were African-American or Black, 5% (n=17) were white, 2% (n=7) were American Indian or Alaska Native. At the start of the study, 35% (n=121) had a high school diploma, and 38% (n=132) were still in school and all were unmarried. Fathers were

randomized by enrollment wave into the intervention condition, *FatherWorks*, or to the control condition, the standard-of-care program *24/7 Dads*. The intervention condition, *FatherWorks*, was comprised of five components: 1) a 15-session parenting intervention, *Supporting Father Involvement* (SFI) group (Cowan, Cowan, Pruett, Pruett, & Wong, 2009); 2) a 13-session employment class, *Supported Employment* (SE; Farr & Pavlicko, 2006); 3) access to a 120-hour paid internship; 4) biweekly case management; and 5) access to behavioral health services. The *Supporting Father Involvement* (SFI) parenting intervention met once a week with 120 minutes of group (Cowan et al., 2009). The *Supportive Employment* (SE) classes met once a week with 120 minutes of group (Farr & Pavlicko, 2006). Individual case management occurred biweekly for 60 minutes. The control condition, *24/7 Dads*, is comprised of three components: 1) a 15 session parenting education class (*24/7 Dads*) (Chacon, Patterson, Brown, & Bavolek, 2003); 2) problem-focused case management; and 3) outside referrals to other services, including behavioral health, if desired. The *24/7 Dads* parenting education classes are based on the *24/7 Dads* AM curriculum (Chacon et al., 2003). The *24/7 Dads* parenting education classes occurred once a week with 120 minutes of group. Problem-focused case management was available on an emergency basis. Survey data on demographics, safe sex practices, and parenting attitudes/behaviors was collected at pre-intervention, at post-intervention (14 weeks), and four, eight and 12 months after intervention. Participants were given gift cards of $10, $15, $20, $30, and $50 for each completed data collection point.

Process Evaluation Data and Interview Groups. Information was gathered from study participants in the *Fatherworks* group regarding successful strategies, additional barriers, and future suggestions to increase recruitment, enrollment, and retention of young, urban, minority fathers into the identified prevention programs. Interviews of two fathers per group were conducted by the university partner to explore fathers' perceptions about the parenting programs and strategies to engage fathers in these programs. These interviews were conducted during the second through fourth year of the five-year implementation period and recruited fathers who were close to completion of the Fatherworks program. Prospective participants were recruited via flyers posted and distributed at the community agency's parenting programs. To make attendance easier, interviews were scheduled directly after the day's parenting group. A semi-structured guide was used to discuss the *FatherWorks* program. Questions covered topics ranging from issues related to parenting and co-parenting to services provided by *FatherWorks*, from what they believed went well to what they believe did not go well in the program (see Table 1 for the full list of questions). Specifically, the interview guide sought to elicit information about the father's access and barriers to services to determine: 1) how the participant became aware of the program (recruitment), 2) perception of preliminary contacts with program staff (enrollment), 3) overall experience with the program, 4) successful strategies and barriers to continued attendance (retention), and 5) suggestions for ways to engage fathers in the programs (suggestions for future recruitment, enrollment, and retention).

Table 1. *Group Interview Questions*

1. How did you first learn about the FatherWorks Program?
2. What was it like for you the first time you talked with a FatherWorks staff person about the program?
3. What information did the staff person give you, like the reasons you might be eligible to be in the study, when the program would be starting, what you would get out of it, etc.?
4. What services have you used in the program?
5. What was your experience with the program staff, like case managers and group leaders?
6. What do you think were the strengths of the services offered by the program?
7. What do you think were the weaknesses of the services offered by the program?
8. What were your experiences with feeling understood or accepted, or not, by the program staff?
9. What made coming to group easier for you?
10. What made coming to group difficult for you?
11. Would you recommend the program to someone who's a young dad? Why or why not?
12. Do you think your parenting has changed since you started the program? If so, in what ways?
13. In one of the survey questions, the respondent is asked the number of times they've had sex in the past 3 months (90 days). Quite a few people answered "a lot." What number seems like "a lot" to you? If you're willing to share that number with us, please write it down on the piece of paper. Don't write anything else on the paper; we want it to be anonymous.
14. Is there anything else you'd like to tell us about?

All interview group facilitators received comprehensive training in qualitative interview methodology. Training included strategies for reducing threats to the trustworthiness of qualitative data, including strategies for reducing research and respondent bias (Padgett, 2008). Five interview groups containing 2 participants each (small group size due to the volume of their answers and length of interviews) were held at varying times and days at the community-based agency providing the support services to fathers. Interviews were approximately 90-110 minutes in duration. The participants (n=10) were each given a $15 gift card from Walgreens or Walmart. The fathers were informed that there were no right or wrong answers and to feel free to speak as openly and honestly as possible. Fathers in need of transportation assistance were provided with transportation to and from the agency. Interviews were audio-recorded, transcribed, and coded using thematic analysis. This study was approved by the University of Connecticut's IRB (#IE-12-018SO-2), and participants were consented using IRB-approved procedures.

Data Analysis. A database was developed consisting of the interview narratives. The process evaluation field notes were used to triangulate the analysis of the data to develop a comprehensive understanding of the context of fathers' experiences in the parenting program. Analysis was guided by Social Ecology theory (Bookchin, 2005) and used NVivo, a qualitative data analysis software. Data analysis was comprised of four inductive strategies (Miles, Huberman, & Saldana, 2013). The first strategy, item level analysis, involved careful line-by-line reading of the narrative data (text files) and unrestricted initial coding. Items and categories were developed through the process of constant comparison (Miles et al., 2013). Specifically, the research team comprised of a faculty member, a doctoral student, and an MSW student, compared categories and classifications across the data. In this process, more general categories emerged. During this initial process, item codes were considered tentative and so were further explored in the next step. The second

strategy, a pattern level of analysis, established linkages among the coded items, categories, and classifications in order to develop potential taxonomies or domains (Miles et al., 2013). Item codes that were not considered by the research team to have utility to the research aims were excluded. Based upon continuous dialogue with research members, selected codes were further collapsed or dropped from the analysis. The third strategy, the structural level of analysis, organized the relationships among the elucidated patterns of the data (taxonomies or domains) into structures. The fourth strategy, interpretation, allowed for wider theoretical meaning to structures within the theoretical framework of social ecology. All members of the research team were involved in data analysis by coding data first separately and then jointly. Emergent codes were based upon consensus and those that did not reach consensus were discussed at length. On a few occasions when consensus was not reached regarding specific codes, a fourth party was consulted. This process continued until the coders reached a consistent level of coding that was monitored by the faculty member.

Results

Community involvement, staff characteristics and relationships, frequent and flexible communication, and tangible program elements emerged as key themes related to supporting recruitment and retention with the fathers in this study. Key recruitment strategies included community outreach, social media campaigns, a designated recruitment specialist, and non-traditional recruitment strategies such as peer-to-peer recruiting. Successful retention strategies included helpful program elements, flexible methods of communication, and relationships with program staff. Suggestions were identified by fathers to address ongoing challenges to recruitment and retention in the study.

Recruitment and Enrollment

The recruitment-retention protocol developed for the study aimed to fuse evidence-based strategies with principles of social marketing. The study design called for stringent eligibility criteria due in part to funding requirements (e.g., money must be used to fund programs designed to reduce youth pregnancy). As restrictive eligibility criteria have been implicated as one of the main causes of nonparticipation in randomized controlled trials, an outreach plan was developed to recruit potential participants through three primary methods: (1) engagement of the community; (2) strategies to locate hard-to-reach populations; and (3) using culturally relevant materials. The strategies identified by program staff and participants that supported recruitment included intensive community outreach, identified staff roles for recruitment, and non-traditional recruitment methods, such as peer-to-peer recruiting.

Community outreach. The community-based agency conducted extensive community outreach, through support of a variety of events in the community, including a BBQ and a picnic, in attempts to be more involved within the community. These events provided the community with food, music, and entertainment as well as a platform to dispense recruitment materials for the study. Clinical staff were present to describe different services the agency provided. In addition, community collaborations with agencies allowed for informative presentations and referral information to be given to various organizations that provide services to youth and young adults (such as the State of

Connecticut Department of Children and Families, Family Court, and other social service agencies). As part of a wider media and marketing campaign advertising its fatherhood services in general, the study site also conducted outreach about the *FatherWorks* program through a variety of media activities including: appearances on radio and television shows; online radio/TV shows; podcasts; in-person interviews; live streaming interviews; in-person gatherings of young fathers, their family members and friends, and those who provide services to and/or educate them; and social media such as Facebook, Twitter, Instagram, the agency's website, and other applicable websites. These recruitment strategies reflected a culturally relevant method of engaging young fathers.

Identified staff roles for recruitment and enrollment. The presence of a recruitment specialist, typically a graduate from the program, and the use of street teams, which included peer-to-peer referrals, assisted with community-level recruitment. The recruitment specialist was able to dedicate the majority of their time to locating potential participants. Recruitment staff spent hours getting names and contact information, following leads, calling and recalling numbers for months, going to locations where participants may frequent such as basketball courts, schools, hospitals, eateries, and so on. Graduate interns and street teams engaged in the community were able to provide referrals to the recruitment specialist. Recruitment messages in the study often emphasized four themes: 1) the value of the participant's own story; 2) confidentiality of collected information; 3) the potential positive impact of the program on their lives, and 4) the importance of the study data in evaluating how fathers matter in their children's lives. Staff worked hard to meet with fathers on their own terms, taking the time necessary to build relationships with them. One participant noted the benefits of a dedicated recruitment specialist who was able to connect personally with the individual, noting:

> *You know, it wasn't really like he was telling me about the program. He was, but at the same time, he was trying to like kinda get to know me too, and not make it so professional. You know what I mean? Like he's tryna sell me a program. You know what I'm saying? Like he's tryna, how you doing man you know, I hear you got a kid coming and stuff like that, you know what I mean? Like tryna get to know me, and I respected that. You know, 'cause not a lot of people have the ability to do that, you know. Make a job more than a job, so. And I respected that.*

Building relationships with potential study participants both assisted in increasing buy-in for the community program and providing fathers with an outlet to voice their own goals and needs for the program. Enlisting staff with similar characteristics as the fathers in the study were identified as a strength in building relationships and supporting study recruitment and enrollment. As one young father shared, being able to identify with staff helped him connect with the program and also helped him succeed as a dad:

> *It's been pretty good, cause well, like, they're here to show us things, but like one of the staffs, he's 20 something. He's like almost our age, I think. So he talks about his experience too. The other two staffs, they're like in their 40's, so they also talk about they…when they was young, they like, how they was like, how we think we're crazy, when they was young they did crazier things as us too. They was like, everybody grows up almost the same. So then they start[ed] talking about they*

> *feelings. They start talking 'bout how they raised their kids, so, like, we all bond together.*

While recruitment specialists, street-level recruitment, and taking time to build relationships may be time-consuming, these strategies were identified as positive and effective by fathers in this study. Another successful recruitment strategy was the support of peer-to-peer referrals. The use of peers and street teams helped to ease fears about participating in a research study.

Retention

Successful retention strategies included program elements, relationships with program staff, and flexible methods of communication.

Program elements. Several fathers expressed their appreciation for program elements in helping them set goals and meet their responsibilities as parents as a huge motivation for maintaining their enrollment with the program. One father said,*"I kinda liked it. I came in... and me and him had a connection, 'cause, um, we was talking 'bout goals I should have, plans for the baby, and I told him all these plans I have."* In addition to supporting fathers to meet their own identified goals, fathers discussed that the tangible benefits and incentives of the program, namely the participant incentives, employment training, and supportive case management referral services, allowed them to tangibly meet goals during the course of the program. One participant noted the way to recruit other fathers into the program was to highlight the tangible study elements:

> *Um, just letting them know, just flat out, like, listen, if you do this program, you can get some money in your pocket. It could give you a decent job to put some money in your pocket so you can support yourself and your family. If you need help dealing with school, we got you. If you need, what's the word I'm looking for, I don't know, but if you need help in school, we got you. If you need someone to talk to, we got you. If you hungry, we got you, you know what I mean? So, that's all of it right there. Like you get fed, you get paid, you get a higher sense of being, and that's basically it. Like what else can you really ask for? What else can you really ask for?*

Program characteristics that allowed participants to meet personal, tangible goals were identified as helpful in supporting fathers to continue in the program, even after the program had concluded. Incentives for participations were also identified as positive strategies to support retention.

Staff relationships. Just as staff trust and relationships were identified by participants as a positive strategy for recruitment in this study, positive staff characteristics were identified by fathers as a support for remaining in the study, particularly once the program ended and participants were in long-term follow-up. For example, two fathers recount their relationship with staff members as supportive and distinct to their experience in the program.

> *So you know, yeah it was the help that came behind the free food and it's like, it's like, you know, it's actually people that want to see you succeed. They're not just*

> *doing their job. They're people that's really sitting there behind you, hey did you go to that interview? Do you need a ride to that interview? Do you need clothes for that interview?*

Staff relationships were identified as important to fathers throughout the study, and may be underemphasized in traditional literature on enrolling and retaining low-income fathers in longitudinal prevention research.

Flexible communications. Multiple methods of communication were used to support participant retention, including texting, calling, and in-person visits. One father explained that using text messages to confirm appointments was one way he was able to stay connected with the program, saying *"So, me and the instructors, we kinda close. Like, before program starts, I either text him or call him to check if there's a program."* In addition to flexible communication, staff also made efforts to have contact information and permission for other potential points of contact for each father in the study. This assisted with contacting participants for data follow-ups once the 15-week program had ended. Staff used various points of contact, such as family or friends, in order to support retention. Upon obtaining informed consent at the time of the baseline interview, outreach specialists asked respondents to provide detailed information so that they could be contacted for follow-up visits and data collection. Information collected on the form included the individual's most current phone number(s), email, current address, and usual hangout. Most importantly, contact information was collected for at least one friend or relative of the respondent. This person would be someone who would serve as a contact person in case staff needed to locate the respondent and could not find them using their own contact information. This latter data proved to be strategically significant given the sample was highly mobile during the course of the study.

Project staff made sure that the participant understood the importance of follow-up data collection being essential and integral to the research, a point that was highlighted in the informed consent procedure. When the above strategies did not yield results, research and outreach staff made phone calls and personal visits to homes. Phone calls were used in two ways. First, the day before the scheduled follow-up data collection, outreach specialists would make reminder phone calls with those with valid numbers. Phone calls were also used as a way to maintain contact with respondents between follow-ups. This was especially the case for those that had valid phone numbers and contributed to maintaining the staff-participant relationship. Staff members also made personal visits to participants' homes. One father recounts his experience with a staff member working to re-engage him in the study:

> *One way that I felt accepted, or one experience, um, that happened, where I felt accepted was when I wasn't really buying into the program and one of the staff members just basically kept like, kept trying to get me involved. You know what I'm saying? Like, he showed up at the house, he called me...You know, he told me something and it was, it was crazy, 'cause it was like, I never really heard nobody, it's one of the reasons why I'm here today, to be honest with you. It's, he told me, he said I'm never gone give up on you. He said there's too many of that going on, there's too much of that going on right now.*

These home visits further contributed to the research team's "street presence." This street presence facilitated the process of maintaining trust and rapport with the participants. Additionally, the location of the field office within the same geographic area where recruitment was taking place contributed to the interaction of staff and respondents on a regular basis. The home-visiting strategy was particularly critical during the months in between follow-ups, when participant retention and communication was more likely to drop off.

Identified Barriers and Solutions

Recruitment. Participants identified further community outreach strategies that could be used to support recruitment for the study, including more street-level outreach that demonstrated community involvement and investment. Participants suggested that getting involved in local basketball games and speaking on popular radio stations may boost enrollment. In addition, participants suggested more outreach attempts on social media sites. One father noted that this was a way to reach out to the generation of young men and fathers. "*Well you know, kids my generation, you know like to Facebook, to Twitter, and you know, I think that if they can create like social sites."* Participants also suggested one-time information sessions for fathers, providing concrete parenting information and serving as gateways to the larger program.

Retention. Despite the extensive efforts to support recruitment and retention in this study, there were still relatively high rates of attrition, with only 41% of participants responding to the 16-month follow-up survey. However, these rates were consistent with other recent longitudinal studies of pregnancy prevention (Corcoran & Pillai, 2007). Study participants noted transportation and weather were strong barriers to retention for participants. *"Transportation and the weather. That's the only thing I can say, cause if it's raining I will not show up. Knowing that I gotta take the bus from my house here, I won't show up."* One father suggested providing transportation to participants as a strategy to overcome the transportation barrier. Future studies may provide bus passes, or a central van pick-up location at key city spots, as strategies to enhance retention. Follow-up visits, home visits for data collection, or data collection at central community locations may be more practical and feasible, and may eliminate transportation barriers for longitudinal follow-ups.

Employment, and most specifically work schedules, were also identified as a barrier to program completion. Fathers noted program times would conflict with work schedules, causing them to miss group and potentially leave the program. One father discussed the challenges of balancing the program with a third shift position. "*...I work third shift and the mornings were like, I'm dead (laughing). You know what I'm saying? So, yeah that was hard."* Although not directly noted by participants, flexible program hours such as morning or evening sessions may be a strategy to overcoming this barrier.

Discussion

This study builds upon the existing literature by including perspectives from young minority fathers and providers engaged in a randomized control trial of an early fatherhood

prevention programs to the existing literature base. Recruitment strategies such as advertisement and incentives identified by other fathers (Stahlschmidt et al., 2013) were also identified as helpful by the fathers in this study. Advertisement and outreach was a major recruitment strength identified by participants. In fact, fathers suggested even broader community outreach, such as engagement through social media and informal community activities, such as basketball games. This type of extensive recruitment and outreach may be particularly developmentally appropriate for young fathers. Additionally, fathers noted that financial incentives and job training were incentives for both recruitment and retention in the program.

Some recruitment strategies identified by the fathers in this study that have not been identified in the broader research are using flexible communication and the importance of the relationship with staff. Participants identified that being able to text or call a program staff member was particularly helpful to supporting retention in the program. Participants also identified the importance of having a relationship with the staff; fathers reported that they felt supported by the caring relationships with staff. The importance of relationships may be of particular significance for young fathers who may not have informal support networks in their role as fathers. Participants noted feeling heard and understood by program staff, and identified this relationship and communication as central to retention. This is an important finding in terms of program development in community-based programs, where staff turnover may be a barrier to continued relationship development and support of clients and participants. Other research on enhancing father engagement indicates that fathers use humor and personal stories more in parenting groups and this may be helpful in further program development (Frank, Keown, & Sanders, 2015). Another successful strategy employed in this study was adopting community-organizing ideologies and strategies. These community-organizing events not only helped to build an alliance and a bridge between fathers, services, research, and the community, but they also helped to encourage behaviors that lead to more interaction with community services and programs. By adopting community-organizing tools and strategies, along with successfully incorporating social media, and other flexible communication techniques, we can increase participation of groups and communities by rebuilding that trust and through renegotiating relationships that are rooted in mutual respect and trust.

Over the past decade there has been increasing interest in understanding the role of the young father in condom negotiation and partner communication to decrease future pregnancies (Horn, 2003; McBride & Lutz, 2004; Mogro-Wilson et al., 2018). Despite this progress, there remain many methodological challenges in conducting studies with fathers. This paper highlighted several methodological barriers and strategies for how this project overcame these barriers, including recruitment strategies, enrollment and retention barriers, and those overarching issues that have persisted throughout the project. While traditional recruitment and retention methods, such as incentives, were employed in this study, non-traditional methods were used as well, such as intensive community outreach, staff relationship development, recruiting specialists, and flexible contact methods. Although limited through a small sample size, this study gives conceptual backing for future adaptations to interventions to support hard-to-reach young fathers. The use of culturally adapted social work interventions has also been touted as a responsive way to support equal

opportunity and justice for Latino/as in the recent Grand Challenges identified by the American Academy of Social Work and Social Welfare (Calvo et al., 2016). Social workers may play a key role in pregnancy prevention and parenting programs for young, minority fathers by emphasizing inclusive and non-traditional recruitment strategies and meeting the needs of young fathers through incentives such as transportation in order to support engagement through the course of a parenting program.

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Introducing BSW Students to Social Work Supervision Prior to Field: A BSW-MSW Student Partnership

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Abstract: *Little empirical information exists about how social work students are prepared to utilize supervision in practice. This study describes an experiential exercise designed to introduce BSW students to social work supervision prior to their field experience. MSW students enrolled in a supervision practice course provided mentored supervision to 42 BSW students in an introductory skills course. The skills course involved a progressive role-play that spanned the whole semester. Mixed methods were used to investigate BSW student perceptions of the exercise. According to survey data, BSW students reported a strong working alliance with MSW students and high satisfaction with the supervision they received. Qualitative data revealed two overarching categories of students: 1) students who reported benefiting from the exercise, and 2) students who reported mixed benefits or no benefits. Students who understood the role of the supervisor were also more likely to reported that they benefited from the exercise. Students who were unclear about the role of the supervisor reported mixed or no benefits of the exercise. Recommendations for social work educators relate to the need for educators to provide information on the use of supervision for BSW students, the necessity for guiding student reflections as part of the supervision exercises, and considering the developmental levels of students when crafting educational interventions.*

Keywords: *BSW, supervision, supervisee, experiential learning, mixed methods, training*

All social work graduates are expected to possess competency in a wide array of subjects. Social work educational programs have the responsibility for developing "the substantive content, pedagogical approach, and educational activities that provide learning opportunities for students to demonstrate the competencies" (Council on Social Work Education [CSWE], 2015, p. 6). One way that social work graduates are expected to demonstrate competency is through "the use of supervision and consultation to guide professional judgment and behavior" (CSWE, 2015, p. 7).

Supervision is central to social work and particularly for its signature pedagogy—field education. Both students and practitioners consider field education to be the most critical component of preparation for practice (Bogo, 2010). Generally, a student's first exposure to the supervisory relationship occurs during field education. Within that setting, quality supervision can help improve student skills (Deal, Bennett, Mohr, & Hwang, 2011) and also help students weather the emotional situations inherent in the practice of social work (Litvack, Mishna, & Bogo, 2010). Once students graduate, supervision helps foster and

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maintain professional growth, protect against burnout, and ultimately produce better client outcomes (Kadushin & Harkness, 2014).

Despite the CSWE competency requirement and the importance of supervision in practice, there is little empirical information about how social work students are prepared to utilize supervision in practice (Everett, Miehls, DuBois, & Garran, 2011; Miehls, Everett, Segal, & du Bois, 2013). There is an abundance of literature exploring what is "good" social work supervision (Kadushin & Harkness, 2014; Shulman, 2010) and how to teach social work supervisors how to provide good supervision (Bennett & Deal, 2012; Bogo, 2010; Fisher, Simmons, & Allen, 2016). Most empirical investigations about supervisees ultimately center around how supervisors can use the findings to provide better supervision (Bogo, 2010; Kanno & Koeske, 2010; Miehls et al., 2013). Nonetheless, the wealth of field companion books that introduce social work student to the nature, structure, and purpose of the supervisory relationship as revealed by a Google search ("social work field education books") demonstrate the necessity for orienting students to the supervisory relationship. Additionally, the mounting evidence that an alarming proportion of supervisees receive inadequate and even harmful supervision creates a sense of urgency for empowering supervisees with skills and knowledge about supervision is supported by (Ellis, Berger, Hanus, & Ayala, 2014; McNamara, Kangos, Corp, & Ellis, 2017).

The purpose of this article is to describe an innovative experiential exercise introducing pre-practicum BSW students to the use of supervision and to report the results of a pilot study of BSW students' perceptions of the exercise. Suggestions for future development of the exercise and evaluation are presented.

Relevant Literature

Social Work Supervision

The authors use the conceptualization of social work supervision provided by Kadushin and Harkness (2014): administrative, educational, and supportive functions of supervision are used to "direct, coordinate, enhance, and evaluate the on-the-job performance" of the supervisee (p. 11), with an eye toward enhancing both daily practice skills and the overall professional development of the supervisee. The administrative function deals with tasks such as paperwork, employment evaluation, and adhering to agency policy; the educational function has to do with facilitating the continuing education of the supervisee; and the supportive aspect includes meeting emotional needs of the developing social worker. The inclusion of the supportive and educational aspects of supervision is necessary for positive outcomes for both workers and clients, (e.g., reducing child welfare worker turnover; Renner, Porter, & Preister, 2009) and increasing worker empowerment and satisfaction (Mor Barak, Travis, Pyun, & Xie, 2009). Indeed, social work practitioners report their greatest supervisory needs are the educational and supportive aspects of supervision (Hair, 2013).

Strong supervisory relationships can be nurtured through the supervisory working alliance (Bordin, 1983). According to Bordin, the supervisory working alliance is developed through mutual agreement on goals and tasks, with strong supervisory bonds.

Goals refer to the types of changes that are to take place in supervision; tasks are behavioral objectives accomplished by the supervisor and supervisee to reach mutually agreed upon goals; and bonds are feelings of liking, caring, and trusting within the dyad which help to sustain the relationship. In addition, supervision satisfaction is linked to the quality of the supervisory relationship and attention to all three aspects of supervision (Mor Barak et al., 2009).

The supervisory relationship can predict the quality of the therapeutic alliance (DePue, Lambie, Liu, & Gonzalez, 2016) and has the potential to positively affect client outcomes (Horvath, Del Re, Flückiger, & Symonds, 2011). A positive supervisory relationship engenders trust (Renner et al., 2009). Psychological empowerment of the supervisee through power sharing between supervisor and supervisee results in the supervisee having a sense of control and competence, a sense of self-efficacy, and ownership of actions (Lee, Weaver, & Hrostowski, 2011).

Training Students to Use Supervision

Despite the centrality of supervision to social work, few studies explore how students are prepared to use supervision. One study proposing a developmental model for practicum supervision explored student perceptions. As part of a mixed methods design, Everett et al. (2011) assembled post-practicum students into focus groups and asked, "Did you feel prepared to make use of supervision, and, if not, what were you surprised by?" (p. 255). The authors reported that students did not feel prepared and were even confused by the term supervision.

When queried about preparedness for the supervisory relationship, students offered the following comments:

> *I wasn't. I had a professional job before coming here and think I have never had to go in and say this is what I am doing and like it just felt like really weird. I had no concept of how to use her in the beginning.* (Everett et al., 2011, p. 260)

Similarly, another student shared: "I didn't get it at all. I didn't understand what it was about—the whole thing puzzled me—even the term supervisor—it had a really different connotation" (Everett et al., 2011, p. 260). The authors concluded that "students lack adequate preparation about the function of supervision in social work practice" (Everett et al., 2011, p. 263). They urged social work educators to prepare students to use supervision using role-play, case presentations, readings, and discussion.

Using focus groups, Miehls et al. (2013) explored MSW student expectations and experiences of supervision. The researchers specifically questioned the students about their understanding of supervision prior to beginning field. Although students could not recall information about course content on supervision, several students had a general idea that supervisors provide help with both direct practice and mentoring. However, other students expressed confusion about the structure of supervision sessions and the nature of the supervisory relationship. Lack of structure (e.g., not collaborating on agenda setting) was cited as one reason for dissatisfaction with supervision. Another reason for dissatisfaction was a lack of conflict resolution bolstered by power differentials in the relationship. The

study results suggested a lack of clarity about the "content, frequency, nature, and focus of agency supervision" (Miehls et al., 2013, p. 143). In other words, many social work students finish coursework with little idea of what supervision should be, much less how to develop and utilize the supervisory relationship. The authors argued that one solution would be to train students regarding what to expect from and how to use supervision. In light of these findings and proposals, the authors developed an experiential exercise with the hope of introducing BSW students to supervision prior to their field experiences.

Experiential Exercise on the Use of Supervision

The authors designed an experiential exercise involving both BSW and MSW students, wherein BSW students enrolled in a required introductory skills course received social work supervision from second-year MSW students learning supervisory skills. The MSW students had all completed at least one practicum prior to the experience and thus had been exposed to social work supervision in the field. The exercise was designed to teach the MSW students how to provide social work supervision while simultaneously exposing BSW students to the range of practice behaviors that social workers encounter in their daily work, including the use of supervision (for an exploration of this exercise from the MSW perspective, see Fisher et al., 2016). A specific aim for the BSW students was to introduce them to the process of decision-making regarding clients while seeking supervision and thereby engaging in reflective practice. The exercise has been used at this institution during the fall semester for four years.

The exercise utilized the elements of Kolb's (1984) four-part experiential learning cycle: abstract concept, concrete experience, reflective observation, and active experimentation. Due in part to the ability of experiential learning to bridge the gap between theory and practice (Lu, Dane, & Gellman, 2005), this model is often used in social work (Anastas, 2010; Pugh, 2014). Students may begin Kolb's cycle at any stage, depending on their learning style. Due to its flexibility, the model is able to accommodate all types of learners (Anastas, 2010; Pugh, 2014). Table 1 provides an overview of the assignments, the learning objectives, and the timing of each assignment that was part of the BSW exercise.

The experiential component of the BSW introductory skills class began with students learning about each stage of the planned change process, from intake and engagement to termination, and the skills germane to each stage (abstract learning). The role-plays were based on predetermined scripts. The BSW students follow one case across the semester progressing from engagement to termination. The role-play scripts were constructed by both BSW students and the instructor at the beginning of the course. BSW students conducted and video-recorded 30-minute individual sessions with a classmate or an instructor-approved participant who was willing to play the role of the client. There was one client session per stage: engagement, exploration, assessment, treatment planning, and termination (concrete experience).

Table 1. *Components of the Experiential Exercise on Supervision*

Assignment	Experiential Learning Objective	Timing
Pre-Self-Assessment	Reflection	Beginning of the semester
In class lecture and discussions of topics (planned change process and skills)	Abstract concepts	Weekly throughout semester
Five recorded role-play sessions with "clients"	Concrete experience Active experimentation	Beginning at middle of semester and continuing biweekly until complete
Session notes and log	Concrete experience Reflection	Immediately following each role-play "client" session
Supervision	Reflection	Following each role-play "client" session
Post-Self-Assessment	Reflection	End of the semester

The BSW students were presented with varying opportunities for reflective observation. First, the BSW students were required to review their own sessions, write a self-reflection, and create progress notes for each session. Next, BSW students were assigned MSW student supervisors. BSW students met with the MSW student supervisors for 30 minutes a week for five face-to-face sessions. Students were responsible for negotiating times to meet. MSW student supervisors were instructed to vary supervision based on the BSW student's developmental needs. MSW student supervisors conducted at least one live supervision session and reviewed student tapes in other sessions. For each recording, the BSW students identified the part of the tape they wanted to present in session. For at least one session, the MSW supervisor reviewed the entire recorded role-play.

The students initiated supervision in as realistic a manner as possible, with the MSW student supervisor providing appropriate forms and paperwork (informed consent, necessary releases, etc.) to explain, review, and sign in the first session. Also during the initial session, the MSW student supervisors and BSW supervisees developed goals and a contract for supervision. For subsequent sessions, the BSW students participated in setting the goals and agenda for each session and were responsible for choosing what part(s) of the role-play recordings they wanted their supervisor to review. The supervision sessions occurred after each recording was made but ideally before the next recording so that students could incorporate supervisor input (active experimentation). The exercise culminated with a final self-reflection activity, a post-self-assessment, in which each BSW student provided a written self-assessment of his or her progress toward mastering the skills covered during the semester.

By the time the supervision began, the MSW students were familiar with Bordin's (1983) supervisory working alliance and Shulman's (2010) parallel process model, and had learned about the administrative, educational, and supportive functions of supervision (Kadushin & Harkness, 2014; Shulman, 2010). They had also delved into the study of developmental supervision, which sees supervision as having a trajectory with a beginning, middle, and end (Shulman, 2010), because supervisees are more satisfied with supervisors

who attend to their developmental needs (Everett et al., 2011). MSW students were, therefore, instructed to assess supervisee developmental level and vary their supervision based on each BSW student's developmental needs.

To ensure quality supervision for the BSWs, each MSW student recorded at least five supervisory sessions for review by the MSW instructor, produced written reflections and notes on each session, and received group input on their supervision. Although MSW students provided supervision, the ultimate responsibility for promoting and evaluating the BSW students' interview skill acquisition rested upon the BSW instructor. Both MSW and BSW students received course credit for their participation in the clinical supervision exercise. No students were enrolled in field at the time of the exercise.

Methods

This pilot study addresses a gap in the literature by exploring the experiences of BSW students participating in a training exercise in supervision. More specifically, this study addressed the following research question: What were the perceptions of the BSW students regarding the training exercise focused on the use of supervision?

The design of the study was an embedded mixed methods approach. After approval by the institutional review board, the research team used both quantitative (surveys) and qualitative (focus groups) approaches to explore the research questions. The description of the samples, procedures, and results for each portion of the study are provided below.

Surveys (Quantitative)

Participants. A purposeful sample of BSW students was recruited from a CSWE-accredited program at a midsized state university in the southeast. The participants were 42 students enrolled in two sections of an introductory practice skills course. The sample was comprised of students who were African American (61%), White (35%), and Other (4%). The majority of students (93.5%) were female. Most students were between the ages of 18 – 24 (70%), while 30% were 25 and older.

Procedure and instruments. Survey data was collected in two waves during fall 2014 and fall 2016. BSW students completing the survey in fall 2014 were invited via e-mail to complete two online surveys, the Working Alliance Inventory–Trainee (WAI-T; Bahrick, 1990) and the Supervision Satisfaction Questionnaire (SSQ; Ladany, Hill, Corbett, & Nutt, 1996), each containing Likert-style scale survey items. The e-mail included a link to an online consent form and to the online survey. Fall 2016 survey participants completed both surveys prior to their participation in the focus groups described below.

In 2014, extra credit was offered to students who completed the questionnaires, and extra credit plus pizza was offered in fall 2016. Incentives can increase participation, although other factors also influence the decision to participate (Rickles, 2010; Sharp, Pelletier, & Lévesque, 2006); intrinsic motivation may be the more important incentive rather than rewards (Omori & Feldhaus, 2015).

Working Alliance Inventory—Trainee (WAI-T). The WAI-T was used to assess each BSW student's perception of the strength of the supervisory relationship using the factors

contained in Bordin's (1983) definition of the supervisory working alliance: goals, tasks, and bonds. The 36-item self-report instrument includes such items as "[Supervisor] and I collaborated on setting goals," "We agreed on what is important for me to work on," and "My relationship with [supervisor] is very important to me"). Each of the three subscales contains 12 items, which are rated on a 7-point Likert-type scale ranging from 1 (*almost never*) to 7 (*almost always*). Higher scores reflect increased strength in each domain. With respect to validity, the WAI-T was validated by asking seven expert judges to rate the relevance of each item on the three supervisory working alliance subscales (i.e., goals, tasks, and bonds; Bahrick, 1990). In addition, the WAI-T was positively related to supervisee satisfaction and favorable supervisory racial identity interactions, but negatively related to supervisee role conflict and role ambiguity (Ladany & Lehrman-Waterman, 1999). In the current study, the WAI-T showed good internal consistency. The Cronbach's alpha were $\alpha = .90$ (goals), $\alpha = .89$ (tasks), and $\alpha = .88$ (bonds).

Supervision Satisfaction Questionnaire (SSQ). The SSQ was used to assess student supervision satisfaction, which is also linked to the quality of the supervisory relationship and attention to all three aspects of supervision (Mor Barak et al., 2009). The SSQ contains 8-items rated on a 4-point scale that measures satisfaction with various aspects of supervision. Sample items include, "How would you rate the quality of supervision you have received?" and "Has the supervision you received helped you to deal more effectively in your role as a social worker?" Scores for the scale are obtained by summing the item ratings. The reliability coefficient for the SSQ was .96.

Data analysis. A series of chi-square goodness-of-fit tests were conducted to describe a) the extent to which BSW students perceived that they had a strong working alliance (i.e., goals, tasks, and bonds) with the MSW student supervisors; and b) the extent to which BSW students were satisfied with the supervision they received from MSW students. Responses on the WAI-T were dichotomized into strong or weak bonds and high or low for goals and tasks. If students reported "often," "very often," "always" in response to positive statements or "never," "rarely," "occasionally," or "sometimes" to negative statements, they were coded as strong/high. In contrast, if students reported "never," "rarely," "occasionally" or "sometimes" in response to positive statements or "often," "very often," or "always" to negative statements, they were coded as weak/low. Results are presented using descriptive statistics.

Prior to the implementation of this exercise, BSW students received peer mentoring from other BSW students who had taken this introductory practice course the previous semester and were given the WAI-T and SSQ to assess working alliance and satisfaction with supervision. About 50% of the students surveyed reported a strong working alliance and satisfaction with supervision they received. Therefore, if the null hypothesis is true, we would expect about 50% of the students to report a strong/high working alliance and high satisfaction with supervision after receiving MSW supervision. If the null hypothesis is not true, however, more students would report a strong working alliance and high satisfaction with supervision after receiving MSW supervision.

Focus Groups

Participants. Focus group participants were BSW students recruited from the most recent cohort who participated in the supervision exercise. The sample (*n*=12) was comprised of 6 African American and 6 White students. All 12 focus group participants were females between the ages of 20-22.

Procedure. Focus group participants were recruited via email. Along with the recruitment email, students were sent a link to an online sign-up sheet for the scheduled focus groups. As previously discussed, extra credit points and pizza were offered as incentives to attend the focus groups. Students who signed up for the groups were sent confirmation and reminder emails prior to each focus group session. The pizza incentive did not appear to influence a social desirability bias because students seemed equally willing to offer criticism of the exercise as they did favorable comments (Cyr, 2016).

The following questions were used to guide the focus group discussion:

1. Talk about this experience and what it was like for you.
2. What did it mean?
3. What, if anything, did you learn?
4. Now that you have had this experience, what else do you think you need to know about supervision?
5. Do you think this experience will be helpful to you in the future? If so, please say specifically what you think was helpful. If not, please try to state specifically what was unhelpful?
6. Think about the process of this exercise. What was helpful? What was not helpful? What do you think you could have used more or less of?
7. What, if any, skills or competencies do you think you have developed as a result of this exercise?

Data analysis. A thematic analysis of data was employed (Thomas, 2006). Data analysis relied on video recorded during each of the two focus groups. The videos were transcribed with participants identified by code names. Transcripts were imported into NVivo software package 11 (QSR International, 2015) for text retrieval and flexibility of organization and linking after manually completing initial coding. The primary unit of analysis was individual comments.

The responses of students were entered into a columned matrix that enabled consideration of what themes might be indicated and labeled with preliminary codes. As this was the first attempt in this series of investigations to understand how BSW students experienced supervision, the authors elected to provide a more detailed account of a particular set of themes in the data, i.e., student comments that reflected a perception that the exercise was or was not helpful or beneficial (Braun & Clarke, 2006). Underlying categories in each of those themes were identified and clustered into matrices (Miles, Huberman, & Saldaña, 2014), recognizing that category construction is not always unambiguous (Saldaña, 2016).

The authors reflected, compared, and discussed interpretations using Miles and Huberman's (1994) interactive model of data analysis. A general inductive approach using

thematic analysis was employed to develop the framework of the underlying structure of experiences (Thomas, 2006). The framework was illustrated using excerpts from the raw data and presented in the findings (Fereday & Muir-Cochrane, 2006).

Results

Survey Results

Results indicated that the distribution of the responses to the WAI-T and SSQ following the implementation of the MSW supervision exercise was not the same as the distribution for peer supervision. BSW students reported a strong working alliance with MSW students and high satisfaction with the supervision (see Table 2). Based on the odds ratio, students were 5 times more likely to report a strong emotional bond (86%) as opposed to a weak emotional bond (14%). They were 4.3 times more likely to have a high level of mutual agreement (81%) than a low level of mutual agreement (19%) on goals. Students were 6 times more likely to have a high level of agreement (86%) than a low level of agreement (14%) on tasks. With respect to satisfaction with the supervision they received, students were 5 times more likely to report high satisfaction (81%) than low satisfaction (19%).

Table 2. *Results of the Chi Square Tests (n= 42)*

	(χ^2)	*df*	*p*-value	*OR*
Working Alliance Inventory – Trainee (WAI-T)				
Bonds	21.43*	1	<.001	5.0
Goals	16.10*	1	<.001	4.3
Tasks	21.43*	1	<.001	6.0
Supervision Satisfaction Questionnaire (SSQ)				
Supervision satisfaction	16.10*	1	<.001	5.0

Note: *OR = Odds Ratio*

Focus Group Results

The analysis of the narrative data identified two categories of how BSW students experienced the supervision process: (1) those who found it a positive and helpful experience, and (2) those who had a mixed experience and/or did not see it as beneficial as it could have been. Sub-categories were identified within these two broad categories.

Helpful experiences. Among those who found the supervisory exercise beneficial and experienced a degree of learning, BSW students identified such themes as learning to improve performance and relate the experience to actual practice. These students also tended to define the experience as more one of mentorship. They were able to identify the skills they learned as a result of the supervision they received, and how to use the experience to prepare for future use of supervision.

Improve future performance. Students expressed gaining understanding and insight into what they were doing well, as well as how to improve by observing and discussing other students' video interviews and receiving feedback from the MSW student supervisors. One student stated:

> *I felt it was very good practice. In one of my videos I was focusing on the client's husband instead of the client, and my supervisor reminded me to focus on my client—the wife, even though I wanted to help the husband, too.*

Other statements included "I learned to ask them if they have any questions. I felt that I did a good job, but I forgot to ask if they had any questions about what I was saying," and "Every time we would get a new topic in class we would also ask our supervisor how it would relate to real life social work."

In discussing how the supervision sessions were structured, one student said, "We would make our videos together and then talk about them and the different scenarios. It was like getting insight on more than one example." Another BSW student had this to say about the videos of the client sessions: "We would watch them and discuss what was done well. She had a checklist and would see if we were progressing. That was really helpful, because we were confused going in, but she helped make it a lot more clear."

Importance of relationship. Students expressed seeing the exercise as the MSW student being more of a mentor, giving suggestions about being a successful student rather than helping develop practice skills. "I looked at this as more a mentor thing than a supervisor." This was also indicated through statements such as, "Not only was she excited about the videos, she wanted to know more about us as well. She was concerned about our lives" and "I liked my supervisor, too. She also helped me with my question about graduate school." One BSW student suggested, "I think it would be good to have this for all social work majors. Once they declare, pair them up with someone who can guide them."

On discussing the mentoring aspects of the relationship, one student said, "That's what my supervisor was like [mentor]. She would tell me about different teachers, insight into what to expect in our classes and the work load." Similar statements were "I felt that they were able to give me valuable feedback on the path to graduate school," and "I learned about the license exam. That was probably the most helpful thing because I did not really know about it."

Mixed experiences and/or less beneficial. Students who had mixed and/or less beneficial experiences of the exercise identified such themes as feeling unsure and not certain, feeling misguided, being frustrated, finding the exercise time-consuming, or not wanting feedback about performance.

Stress and frustration. The most typical experience of students who did not find the exercise beneficial was frustration and added stress. This was indicated in responses where those exact terms were used, but also alluded to, as in the students who said, "I felt like it could have been more" and "It just seemed a little random. They felt sort of rushed and stressed…going through the motions and meeting the steps we had to meet." Some students with frustrating experiences seemed to have initial hopefulness, as illustrated by statements like "…maybe I'll meet with her by the end of the semester" and "I had wanted it to go better than it had."

More benefit to the MSW students. Students who identified themes of the self-serving aspect of the MSW student participation also expressed disappointment and a feeling of having been misled. For example, one student said:

> *I felt a little misguided. I thought it was 100% for our benefit, and I did not realize that we were partaking in their assignment. It kind of changed the way that I looked at it. I felt that it was only important to them because they were getting a grade and not for helping us. I like my supervisor, but I think it changed the dynamic of the meetings.*

Another student agreed, saying "It was more like their assignment that we were helping with than a tool for us." However, one student expressed just the opposite, stating "Up until right now I didn't know that they were only using us to practice being a supervisor."

Role of supervision for learning. Some of the BSW students thought the exercise was intended to help them complete the role-play interview assignment and achieve a better grade, thus they were frustrated that the review occurred after their assignment was completed. For example, a student expressed the following:

> *By the time that I would meet [with my supervisor], I would have already turned in my video and I didn't really care about what anyone else had to say about it. I did not have a grade on it yet, so I did not need someone critiquing it. I would have appreciated help a week earlier.*

This theme related to BSW students not having a grasp of supervision's role in practice, or the purpose of the exercise and how it could be helpful in the future.

Utilizing supervision. Students knew little about social work supervision prior to the exercise, in theory or in practice. Only two students expressed any prior knowledge of the role of supervision in general, and none expressed awareness that they would have supervision in field practicum or in social work practice at the BSW level.

A little more than half of the focus groups participants also found the process useful in terms of increasing knowledge about the purposes and use of supervision. For example:

> *I could tell that she actually took her time with this assignment. She brought notes telling me what I could do to improve. I could tell that she really took the time to watch each one. She was able to watch my videos and tell me, "You need to ask more questions."*

Those students also expressed awareness of how the exercise could contribute to their use of supervision in future coursework and practice. Several of them appreciated the one-on-one attention.

> *I think that it will be really helpful to have someone guide you. When we first started, I had no idea what we were supposed to do with the video. The supervisor really helped everyone in our group focus and figure out what we were doing.*

Also, "[t]hey can prepare you for when you are ready to be out on your own," and

> *I think it will be helpful next semester when we are taking the practice classes. We can use this to be more helpful to clients and maybe get a better grade. My supervisor taught me that an introduction is more than just about our name and title. It's about making the client feel comfortable before jumping into the session.*

Examples of learning from supervision include, "She gave me good feedback on the second [video of a session]. The first one she mainly talked about what I had done. She didn't really tell me what I could have done better. She watched our second video and gave us some advice on what to do in the third." Another student stated:

> *My advisor watched all of our videos and then went through and gave us the positives and negatives. When she watched our videos, she would ask a lot of questions and would point things out. I was able to use her advice.*

However, it is important to note that, even though it was explained to students during class, there was little awareness in about half of the BSW students of using supervision to identify and reflect on what worked and what did not work after a client session. One student stated:

> *I guess I don't really know what was expected of me before supervision meetings. I'm not really sure what I would need to bring to the table. I wish we would have been given a goal of what we were supposed to have gotten out of supervision.*

One revealing statement that seemed to indicate another disconnect between MSW student supervisor and BSW student supervisee was:

> *She asked about my goals and I really did not have any, but she kept pressing me so I answered the first thing that I thought of, "active listening." So, every time we spoke we had to talk about active listening, even though I didn't care. We had already gone over it in class; I know what to do.*

Discussion

We introduced the concept of supervision to the BSW students with the aspiration of providing an orienting experience to social work supervision prior to field. The survey results indicate that the BSW students were generally satisfied with their supervision and perceived that a strong working relationship and alliance had been formed. The information from the BSW students who participated in focus groups helped clarify the experiences of both those students who were satisfied and perceived a strong supervisory working alliance and those who did not.

Qualitative data revealed that the BSW student supervisees who reported being very clear on the dual role of supervision as being supportive of professional development as well as skill development (Kadushin & Harkness, 2014) tended to be satisfied with their supervision. However, BSW students who were less clear on the role of supervision believed their supervisors' role was to tell them what to do on the next recording. These students tended to express more dissatisfaction with the project.

The BSW students' characterization of their relationship with their MSW supervisors as being "more of a mentor" revealed potential insights into their perception of the supervisory relationship. "Mentor" was the term supplied by the BSW students themselves; the focus group facilitator did not explore its meaning. The students' label of mentor might indicate that the supportive functions of the supervisory relationship (Kadushin & Harkness, 2014), as well as bonds of trust and respect (Bordin, 1983), were present. The

comments also suggest that professional development is important to these BSW student supervisees, as shown by positive comments about the MSW supervisors answering questions about the licensure examination.

Limitations and Implications for Future Research

More information is needed on how supervisees perceived the supervisory relationship. For example, what did the students mean by "mentor" and is the inference above correct? Also, did unhappy supervisees express their dissatisfaction or disappointment to their supervisors, and if so, in what manner? Did they feel that they could have questioned their supervisors? Also, the current exploration did not include gathering any information regarding both MSW student supervisor and BSW student supervisee levels of experience. More information is needed regarding if and how experience affects student perceptions of the exercise.

Another useful area for investigation includes examining the effect of adding very specific procedures regarding the information provided to BSW students on the function of social work supervision and reflection opportunities for the BSW students throughout the project. Although the purpose of supervision was very explicitly addressed in the project documentation (the Supervision Contract includes both the MSW student supervisor professional disclosure statement and a place to insert goals of the supervisee; the Informed Consent for Supervision includes a statement that MSW student supervisors will be using recordings for class assignments), this study did not explore the process through which some of the BSW student supervisees arrived at the end of the project with very little understanding of the purpose of social work supervision.

Recommendations

The results suggest that while the exercise has utility, there is room for improvement. Student reflections can and should be used to assess strengths and limitations in the educational process of a social work program. Just as reflection enables social workers to consider alternate perspectives, understanding how student social workers make connections in practice can assist educators to help students move toward professional development (Williamson, Hostetter, Byers, & Huggins, 2010).

Perhaps the most striking need revealed by this investigation is the importance of the BSW instructor assuming an active role in teaching BSW students about supervision. Even students in the field practicum sometimes have insufficient knowledge about supervision and how to utilize supervision for growth (Miehls et al., 2013; Moorhouse, Hay, & O'Donoghue, 2014). Understanding how to use supervision takes time; thus, learning in this area should be "more robust" (Moorhouse et al., 2014, p. 47). These topics need to be part of BSW practice classes prior to the practicum experience as BSW student understanding of supervision cannot be assumed. We suggest creating a script or other materials explaining the function and purpose of social work supervision, and providing that to the BSW students. A quiz or other means of evaluating learning is imperative.

Furthermore, the BSW instructor in projects of this type must attend to the developmental needs of the BSW students. The need clearly exists to help students develop

the ability to deepen their thinking, to articulate their process of thinking through how they reach conclusions, and to understand and plan what to do with the increased understanding and awareness (Sussman, Bailey, Richardson, & Granner, 2014). One mechanism for facilitating and tracking this development could be to have the BSW students do more group reflection, e.g., during class, on their practice videos and to elaborate on how or why they made their decisions (Lee & Fortune, 2013). This mechanism would also quite directly satisfy the reflection component of experiential learning as described by Kolb (1984).

In addition, students in the beginning stages of the education process have little or no experience to connect with theory and practice; they need clear guidelines in the form of rules (Davys & Beddoe, 2009). These students are often functioning in very basic stages of cognitive complexity (Simmons & Fisher, 2016) wherein learners believe there are black and white answers to all problems and that authority figures will provide all of the needed answers. This may explain why students voiced dissatisfaction with supervisors who did not tell them what to do on their next recording. These supervisors were essentially not giving them the "right" answers to the problems they faced. In order to assist students in moving beyond the basic level of cognitive development, a balance of support and challenge is necessary. Structure and guidelines, along with positive feedback and support, is necessary to help students reflect on their actions and the outcome of those actions. Because the demand for reflection can be overwhelming in students who are not ready for that level of complexity, both the BSW instructor and the MSW student supervisor must guide students in both thinking about the experience, and in reaching for the understanding and growth that comes from thinking through and talking aloud about the experience (Davys & Beddoe, 2009). The BSW instructors and the MSW student supervisors need to initially take a more directive role while also helping BSW students see how to use the experiences in the video being reviewed to learn strengths and areas for improvement and plan for the next interview session, even if it is "a totally different scenario."

It will likely also be helpful for the BSW students to observe skilled supervisors in action in order to fully understand that good supervisory skills include asking questions and encouraging reflection. This might assist BSW students in being more open to participating in the process by connecting it with their learning needs (i.e., to develop practice skills), and how that is reciprocal in the development of MSW student supervision skills. Specific reflection by the student supervisee, guided by the MSW student supervisor, to help the supervisee use insights in planning for the next interview/intervention will possibly enable the BSW student to develop an appreciation for the role of supervision.

A final recommendation is that if there is more than one instructor involved in the project, they should meet regularly to compare notes. Ensuring that all students are receiving the same information is essential, as is regularly checking in on progress and problems encountered along the way.

Conclusion

This preliminary investigation of student perceptions of the exercise suggests that it has promise for teaching BSW students how to use supervision. However, the investigation also revealed several areas for improvement. Next steps include providing quality controls

and opportunities for reflection as described above. Further evaluation of the project should include assessing student learning while investigating the effects of variables such as social work experience levels of both MSW and BSW students.

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Innovative Strategies for Building Community Among Faculty Who Teach in Virtual Environments

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Abstract: *A previous qualitative study (Schwartz, Wiley, & Kaplan, 2016) described the faculty experiences and reflections of delivering Master of Social Work (MSW) education via a virtual platform at the University of Southern California, Suzanne Dworak-Peck School of Social Work during its initial years of operation. Thematic analysis revealed a need for community building amongst geographically diverse faculty. Given social work's emphasis on the person-in-environment perspective, it is imperative to consider the experiences of those individuals responsible for executing virtual technology-supported programs and delivering education via virtual platforms. The current paper describes innovative institutional and programmatic interventions implemented to promote community and collaboration among faculty who teach virtually. Creating strategic opportunities for virtual and ground-based faculty to connect informally and formally has the potential to foster a culture of inclusivity, connection, and a productive community of practice.*

Keywords: *Virtual teaching; dispersed faculty; community of practice*

The use of Internet technology in the delivery of social work education is a rapidly evolving phenomenon. Although the profession of social work has used technology to access individuals and train them to serve hard-to-reach communities for many years, over the past decade we have witnessed unprecedented growth in the application of technology to social work education. As of 2016, over 80% of accredited Bachelor of Social Work (BSW) and Master of Social Work (MSW) programs around the United States now offer some form of hybrid or online programming (Robbins, Coe Regan, Williams, Smyth, & Bogo, 2016). Additionally, the American Academy of Social Work and Social Welfare (AASW) has identified one the profession's *Grand Challenges* to include the use of technology in ameliorating societal ills, through the challenge of "harness[ing] technology for the social good" (Uehara et al., 2015, p. 3). Examining the ways that technology can be effectively applied to the education and training of social workers is an important area of inquiry given the demands for online programming in higher education and the global need for training qualified practitioners.

A robust literature examines the experiences of students enrolled in online programs and their educational outcomes. Research has focused on the many advantages of online education, particularly with regards to increasing access to individuals with disabilities and those living in hard-to-reach communities (Bryant, Garnham, Tedmanson, & Diamandi, 2015; Reamer, 2013; Stolzer, 2012; Tandy & Meacham, 2009). Overall student satisfaction

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and learning outcomes are consistent across education delivery types, (i.e., traditional on-the-ground and online; Ayala, 2009; Cappiccie & Desrosiers, 2011; Constantine Brown & Park, 2016; Cummings, Chaffin, & Cockerham, 2015; Hill Jones, 2015; Wretman & Macy, 2016; York, 2008). Challenges associated with online education include difficulties with virtual communication with classmates, inexperience with virtual learning tools, and lack of perceived student-instructor connection (Noble & Russell, 2013; Secret, Bentley, & Kadolph, 2016). However, a systematic review of papers published prior to 2013 finds students are largely satisfied with virtual education experiences (Wretman & Macy, 2016).

There is far less known about the experiences of instructors in virtual education as compared to what we know about online students or faculty teaching in traditional classroom settings (Nicklin, McNall, Cerasoli, Varga, & McGivney, 2016). Here we define virtual education as comprising synchronous live classroom discussions where students and faculty interact at the same time and virtually face-to-face through Adobe Connect technology (as opposed to online programs comprised of only asynchronous course work). Recent and emerging literature informs us that virtual faculty are largely satisfied with their instruction, particularly appreciating the flexibility, work-life balance, and student diversity in the virtual classroom (Huang & Hsiao, 2012; Peach & Bieber, 2015; Schwartz, Wiley, & Kaplan, 2016). Challenges identified by virtual faculty include technology comfort level, availability of support and training, and feelings of alienation from peers and the larger organization (Curry, 2016; Dolan, 2011; Levin, Whitsett, & Wood, 2013; Lloyd, Byrne, & McCoy, 2012; Milton, Sinclair, & Vakalahi, 2016; Smith, 2015). Given social work's emphasis on the person-in-environment perspective, it is imperative to consider the experiences of those individuals responsible for executing virtual technology-supported programs and delivering education via virtual platforms.

Drawing a parallel to organizational workplaces beyond institutions of education, one of the most pressing challenges facing managers of dispersed virtual workspaces is building an environment that promotes trust, connection, and a sense of belonging among distributed employees (Milton et al., 2016; Wenger, McDermott, & Snyder, 2002). A defining feature of working in virtual teams is that communication primarily occurs through the use of virtual tools as modes of communication, which can influence outcomes and experiences in a number of ways related to frequency of interaction, quantity of information shared, timeliness of communication, and engagement with colleagues (Marlow, Lacerenza, & Sales, 2017; Sardeshmukh, Sharma, & Golden, 2012). Research on communication and satisfaction of virtual teams is conflicting, with some studies finding that workers are more satisfied with low levels of communication with colleagues and others are less so (Akkirman & Harris, 2005; Cooper & Kurland, 2002).

Previous Findings on Virtual Education

In an effort to examine faculty experiences and reflections on delivering MSW education via the University of Southern California Suzanne Dworak-Peck School of Social Work, Virtual Academic Center (VAC) during its first four years of operation, an exploratory cross-sectional study was launched in 2014 (see Schwartz et al., 2016). Non-probability quota and purposive sampling strategies were used and semi-structured telephone interviews were conducted with 25 faculty members. The interview questions

included: “From your experience, what are the opportunities and challenges of being an instructor on the VAC?” and “How do you experience community in the VAC?” The sample represented faculty from tenure line (n=5; 20%), and non-tenure Clinical Teaching (n=7; 28%), non-tenure Clinical Field (n=1; 4%) and adjunct part-time faculty (n=12; 48%). Data collection and interview selection adhered to traditional grounded theory techniques (Charmaz, 2014; Glasser & Strauss, 1967). Data were uploaded into NVivo 10 software for data management and thematic analysis.

The inductive qualitative analysis resulted in the identification of three overarching themes. The first theme focused on building a geographically diverse academic community, the second on community building among faculty, and the third on community building among faculty and students. Interviews from this previous study suggested that virtual faculty felt dissatisfied with their opportunities to communicate with colleagues about work processes in a meaningful way. This is reflected in the following quote by a Caucasian, male 50-year old full-time Clinical Field Faculty member (non-tenure track):

> *You also don’t really have casual interactions with the other professors. Sometimes like on the ground you’ll be talking and realize oh we’re both having this issue with this student. It wasn’t a groundbreaking huge thing but casually talking you realize oh we are having this common experience, or with this group of students or whatever it might be. Again, you have to be very intentional about having those meetings but you don’t have those sort of casual things where you learn about things as a group and that connection is harder.*

A quote from another virtual instructor, a female, a full-time Clinical Teaching Faculty (non-tenure track) in her seventies addresses the lack of satisfaction with communication and community building:

> *I think starting in January, maybe this past year, [the program director], widely began to have meetings of the full-time [faculty], I guess the lead VAC faculty meetings, but those meetings have not really generated the kind of interaction, or at least the kind that I need, with my peers. They’ve been more structured and more informational, top down informational kinds of things….*

As the VAC has grown in enrollment from its first cohort of 88 students to a current enrollment of approximately 2,000 students, hiring additional faculty has been critical to respond to the growing demand. These hires ensure that all students regardless of academic center enrollment (on-the-ground versus virtual) have instructors who bring exceptional academic and real-world experiences to their classroom, thereby creating an optimal learning environment. The current paper focuses on how the school of social work has addressed the theme of community building gleaned from the Schwartz et al. (2016) study and emerging research on the needs of geographically dispersed virtual instructors.

Innovative Strategies for Community Building

Wenger et al.’s (2002) Community of Practice Model considers the vital roles played by organizational communities in facilitating knowledge management, learning innovation, and outcome achievement. This model, in conjunction with other literature on

building community in virtual environments, provides a framework from which the school launched several strategies to address the needs of VAC faculty with limited opportunities for face-to-face interaction with their supervisors and peers.

Wenger et al. (2002) offer insight into building effective communities of practice in geographically distributed communities, asserting that these communities can be developed and nurtured by attending to four key development areas. First, it is important to achieve stakeholder alignment, which in large organizations is most effectively achieved by developing smaller sub-communities that facilitate small group connection, local variation, and connection to the larger community of practice. Second, the organization must create structures that promote connections among people within and across sub-communities. Third, it is important to recognize that distributed community members do not naturally bump into each other, thus it is necessary to create opportunities for all participants to maintain visibility through teleconferences, newsletters, email threads, and face-to-face meetings that rotate locations. Finally, organizations need to incorporate networking opportunities to create a web of trust across the larger community using strategies that can include small group projects, meetings, displaying the faces and bios of distributed workers on the organization's webpage, and organizing in-person small group visits (Wenger et al., 2002). These recommendations echo suggestions by other authors acknowledging the necessity of creating pathways for virtual employees to informally and formally communicate with each other in order to build trust, develop community, create opportunities for employee development, operationalize best practices, and achieve organizational outcomes (Adedoyin, 2016; Akkirman & Harris, 2005; Cooper & Kurland, 2002; Milton et al., 2016).

To promote faculty development across program location and career track and to provide greater opportunities for engagement, collaboration, and community building, USC's VAC launched five innovative strategies that were rolled out incrementally 2012-2016: 1) Semi-annual Virtual Academic Center Faculty Retreats, 2) Monthly Hybrid Faculty Meetings, 3) The Virtual Water Cooler, 4) Wellness Activities, and 5) The Virtual Book Club.

Semi-Annual Virtual Academic Center Faculty Retreats

The USC Suzanne Dworak-Peck School of Social Work began sponsoring semi-annual Virtual Academic Center Faculty Retreats in 2012. These meetings are mandatory and all expenses are paid for full-time virtual faculty. For part-time adjunct faculty, attendance is recommended, but not required (or funded). The meetings are held twice a year – once during the fall semester and once during the spring semester. The retreats assemble full-time VAC faculty, who also serve as lead instructors for part-time faculty, to address issues pertinent to the school and the virtual program. The fall retreat occurs during the annual Council of Social Work Education Annual Program Meeting held in different regions of the country, which permits faculty to convene at a location that may be closer to their residence. The spring retreat requires faculty to assemble on the university campus, typically around the time of graduation ceremonies in order to encourage virtual faculty to attend these celebrations. These retreats reflect Wenger et al.'s (2002) suggestion that in-person meetings be hosted in alternating locations.

Consistent with the idea of strengthening the sense of community, the day-long retreat agendas incorporate topics that are identified as meaningful to faculty along with topics established by the administration to respond to policy and related academic matters. Examples of recent topics include: diversity and inclusion in the classroom; building mentorship relationships among faculty; curriculum revisions; and student competency evaluations. Program agendas are created to allow for ample socialization time during breaks, meals, and activities provided by the school's Wellness Committee, whose purpose is to promote healthy living and to provide tools for faculty to engage in and practice self-care.

Hybrid Faculty Meetings

While the Faculty Retreats respond to the geographic distance that exists among the full-time VAC faculty with limited opportunities to engage with one another in the same locale, other community building efforts have also been established. At the time of the Schwartz et al. study (2016), virtual instructors logged into faculty meetings to observe the proceedings but had few options to interact with their colleagues in the meeting. In order to conduct the most effective faculty meetings that capitalize on all faculty resources, the school began to explore ways to ensure that all faculty members, regardless of rank or geography, are able to fully participate in faculty meetings and that their involvement be recognized and valued. To facilitate this change, a protocol was unanimously approved by the faculty and administration and put into place to host hybrid meetings which required school funding to build technologically equipped meeting rooms. Fiscal budgeting to build out technology capacity was instrumental for hybrid meetings and is in line with the larger university strategic plan to enhance technology.

These updated meeting rooms have the capacity to display the faces of virtual faculty logged into the meeting on large screens and enable remote faculty to participate in real time via the chat box or audio system. A new procedure for hosting hybrid faculty meetings was distributed to all faculty and these changes coincided with a restructuring of the MSW program into three separate departments (e.g., Children, Youth and Families; Social Innovation and Change; Adult Mental Health and Wellness). Both the new hybrid meeting protocols and departmentalization appear to have facilitated faculty connections and are in line with the Wenger et al. (2002) recommendation for creating smaller sub-communities or hubs that relate to the larger, more complex organizational community as well as creating ways for virtual faculty faces to become recognizable.

Virtual Water Cooler

Some of the strategies used to build community among virtual faculty have evolved from the faculty as bottom-up interventions. For instance, beginning in 2016, three VAC faculty launched the Virtual Water Cooler whereby faculty recreate the water cooler experience (i.e., times for informal gatherings and sharing). Unlike the faculty meetings and retreats that are convened to address academic and policy matters of the school, these virtual "water cooler" sessions are primarily for the faculty to chat and virtually meet face-to-face about topics of interest to them and to become acquainted with one another. These water cooler sessions echo Wenger's et al. (2002) "communities of practice" in that this

need to meet and share information has arisen from the faculty (not created by administration) based on their shared experience of being virtual faculty and wanting to engage in topics of mutual interest (p.130). The water coolers are typically held three times a semester and do not have specific agendas. However, sometimes the water coolers organically concentrate on a particular topic such as opportunities for advancement within the school, classroom management strategies, and current events (e.g., elections, natural disasters, etc.).

Wellness Activities

Another activity designed to foster community building has been the creation of the school's Wellness Committee, as previously mentioned. The committee's focus on healthy living encourages the participation of all faculty—on-ground and virtual. What makes the group's work attractive for the virtual faculty is that the design of the activities permit participation regardless of where faculty are physically located. For example, the Wellness Committee has sponsored virtual bus tours, learning about various regions of the country and the world via the use of the electronic platform, negating the need for faculty to be physically present. When these activities are designed to foster physical activity, they are coordinated so the members can join a local physical activity group, providing feedback and photos to the rest of the faculty of what occurred. These activities, such as virtual yoga sessions or Smoothie challenges, create opportunistic chances to support, interact, and engage with colleagues that can help build what Wenger et al. (2002) refer to as a "web of trust."

Virtual Book Club

Finally, as another step in enhancing the faculty's sense of community, a subcommittee of the Wellness Committee, the Virtual Book Club, began in the fall of 2016. The Wellness Virtual Book Club explores diversity through fiction. Book club members select a book for the month and convene to discuss the book on the virtual platform, with member's rotating facilitation duties each meeting. The book club was intended to engage faculty in a shared experience and stimulating discussions with other faculty who can bring diversity of geographic location and individual expertise to the forum. A small group of about a dozen faculty consistently attended the book club in 2016 and 2017, reading and discussing eleven books.

Conclusion

Over the past decade, the profession of social work has leveraged technology in such a way that the field has undergone considerable shifts in the education and training of social workers as well as the ways that services may be delivered to clients (e.g., tele-mental health). In fact, one of the profession's stated *Grand Challenges* for the next decade is to establish new ways to use technology to foster social good (Uehara et al., 2015). While internet technology creates unique opportunities to engage with hard-to-reach populations and to train a geographically diverse workforce around the country, it remains important to consider one of the basic tenets of the profession – to view the person in his/her environment.

As the profession continues to advance its use of technology and more virtual education programs are launched, it is imperative to examine how this new paradigm shift is experienced by the people who spend considerable time working in virtual spaces. Schwartz et al.'s (2016) findings that virtual instructors often feel disconnected from the larger university culture and alienated from geographically distant colleagues is reflected in other published work examining online education. Dolan (2011) and Curry (2016) found that online adjunct faculty often feel disconnected from the larger organization, that they are not presented opportunities to get to know and trust their colleagues and that they are often not recognized as valuable resources for the organization. Cooper and Kurland (2002) find that professional alienation is inversely linked with virtual employee professional development, suggesting that telecommuters have limited opportunities for informal learning, interpersonal networking, and mentoring which directly impacts employee development. Smith (2015) echoes a concern for lack of formal mentoring opportunities available to virtual faculty in USC's Virtual Academic Center, particularly for those faculty who hold part-time adjunct positions in the school. These findings are relevant to the Schwartz et al. (2016) study given that almost half of the respondents identified as adjunct faculty.

The challenges identified above are reflected in Wenger's et al. (2002) seminal work on cultivating communities of practice and Adedoyin's (2016) examination of virtual communities of practice. The authors consider geographically distributed communities that cannot rely on face-to-face meetings, asserting that this distance creates unique challenges for creating and being a part of an organizational community. As a response to both the Schwartz et al. (2016) study and a growing literature considering the community building needs of online faculty, USC launched the five strategies to facilitate formal and informal opportunities for faculty across rank and campus location that are presented in this paper.

Implications for Future Research and Practice

There is anecdotal evidence that these five strategies are fruitful in building connections among dispersed faculty at this particular school of social work by generating new opportunities to get to know one another, which is one of the first steps of building a successful community of practice. The new hybrid meeting technology has created ways for virtual and ground faculty to begin to visually recognize each other, which has translated to informal gatherings at professional meetings. Twice-a-year in-person meetings for full-time virtual faculty provide opportunities for both informal and formal interaction, which has cultivated a sense of community amongst a geographically dispersed faculty and increased the engagement of virtual faculty in hybrid meetings. New collaborations have been established through these relationships, which is evidenced by new partnerships on conference presentations, curricular design, and peer mentorship groups.

These new collaborative efforts and anecdotal evidence of increased engagement suggest that the tactics employed by the USC Suzanne Dworak-Peck School of Social Work to engage virtual faculty and build community are working. This has implications for other schools launching online social work programs with a geographically dispersed faculty body. These strategies may also be useful for ground-based faculty in large

institutions who may have few opportunities to build connections, collaborate with peers, and develop efficient communities of practice despite a shared physical campus.

In order to more comprehensively assess the effectiveness of these community building strategies, a mixed-methods evaluation is under development. Evaluation of these interventions will entail the use of an online survey of virtual faculty with regards to their perceived sense of community in relation to the aforementioned initiatives. In-depth faculty feedback will also be attained through interviews. Through the evaluation we seek to learn what activities the faculty are participating in and whether or not these initiatives are helpful in their perceptions of community building. We also hope to glean information about the potential barriers for participation. This information may be useful to develop and implement additional interventions to improve faculty members' sense of community in the virtual teaching environment which can, in turn, enhance job satisfaction and performance in the classroom.

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Innovative Strategies for Building Community Among Faculty Who Teach in Virtual Environments

Sara L. Schwartz
Eugenia L. Weiss
June L. Wiley

Abstract: *A previous qualitative study (Schwartz, Wiley, & Kaplan, 2016) described the faculty experiences and reflections of delivering Master of Social Work (MSW) education via a virtual platform at the University of Southern California, Suzanne Dworak-Peck School of Social Work during its initial years of operation. Thematic analysis revealed a need for community building amongst geographically diverse faculty. Given social work's emphasis on the person-in-environment perspective, it is imperative to consider the experiences of those individuals responsible for executing virtual technology-supported programs and delivering education via virtual platforms. The current paper describes innovative institutional and programmatic interventions implemented to promote community and collaboration among faculty who teach virtually. Creating strategic opportunities for virtual and ground-based faculty to connect informally and formally has the potential to foster a culture of inclusivity, connection, and a productive community of practice.*

Keywords: *Virtual teaching; dispersed faculty; community of practice*

The use of Internet technology in the delivery of social work education is a rapidly evolving phenomenon. Although the profession of social work has used technology to access individuals and train them to serve hard-to-reach communities for many years, over the past decade we have witnessed unprecedented growth in the application of technology to social work education. As of 2016, over 80% of accredited Bachelor of Social Work (BSW) and Master of Social Work (MSW) programs around the United States now offer some form of hybrid or online programming (Robbins, Coe Regan, Williams, Smyth, & Bogo, 2016). Additionally, the American Academy of Social Work and Social Welfare (AASW) has identified one the profession's *Grand Challenges* to include the use of technology in ameliorating societal ills, through the challenge of "harness[ing] technology for the social good" (Uehara et al., 2015, p. 3). Examining the ways that technology can be effectively applied to the education and training of social workers is an important area of inquiry given the demands for online programming in higher education and the global need for training qualified practitioners.

A robust literature examines the experiences of students enrolled in online programs and their educational outcomes. Research has focused on the many advantages of online education, particularly with regards to increasing access to individuals with disabilities and those living in hard-to-reach communities (Bryant, Garnham, Tedmanson, & Diamandi, 2015; Reamer, 2013; Stolzer, 2012; Tandy & Meacham, 2009). Overall student satisfaction

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and learning outcomes are consistent across education delivery types, (i.e., traditional on-the-ground and online; Ayala, 2009; Cappiccie & Desrosiers, 2011; Constantine Brown & Park, 2016; Cummings, Chaffin, & Cockerham, 2015; Hill Jones, 2015; Wretman & Macy, 2016; York, 2008). Challenges associated with online education include difficulties with virtual communication with classmates, inexperience with virtual learning tools, and lack of perceived student-instructor connection (Noble & Russell, 2013; Secret, Bentley, & Kadolph, 2016). However, a systematic review of papers published prior to 2013 finds students are largely satisfied with virtual education experiences (Wretman & Macy, 2016).

There is far less known about the experiences of instructors in virtual education as compared to what we know about online students or faculty teaching in traditional classroom settings (Nicklin, McNall, Cerasoli, Varga, & McGivney, 2016). Here we define virtual education as comprising synchronous live classroom discussions where students and faculty interact at the same time and virtually face-to-face through Adobe Connect technology (as opposed to online programs comprised of only asynchronous course work). Recent and emerging literature informs us that virtual faculty are largely satisfied with their instruction, particularly appreciating the flexibility, work-life balance, and student diversity in the virtual classroom (Huang & Hsiao, 2012; Peach & Bieber, 2015; Schwartz, Wiley, & Kaplan, 2016). Challenges identified by virtual faculty include technology comfort level, availability of support and training, and feelings of alienation from peers and the larger organization (Curry, 2016; Dolan, 2011; Levin, Whitsett, & Wood, 2013; Lloyd, Byrne, & McCoy, 2012; Milton, Sinclair, & Vakalahi, 2016; Smith, 2015). Given social work's emphasis on the person-in-environment perspective, it is imperative to consider the experiences of those individuals responsible for executing virtual technology-supported programs and delivering education via virtual platforms.

Drawing a parallel to organizational workplaces beyond institutions of education, one of the most pressing challenges facing managers of dispersed virtual workspaces is building an environment that promotes trust, connection, and a sense of belonging among distributed employees (Milton et al., 2016; Wenger, McDermott, & Snyder, 2002). A defining feature of working in virtual teams is that communication primarily occurs through the use of virtual tools as modes of communication, which can influence outcomes and experiences in a number of ways related to frequency of interaction, quantity of information shared, timeliness of communication, and engagement with colleagues (Marlow, Lacerenza, & Sales, 2017; Sardeshmukh, Sharma, & Golden, 2012). Research on communication and satisfaction of virtual teams is conflicting, with some studies finding that workers are more satisfied with low levels of communication with colleagues and others are less so (Akkirman & Harris, 2005; Cooper & Kurland, 2002).

Previous Findings on Virtual Education

In an effort to examine faculty experiences and reflections on delivering MSW education via the University of Southern California Suzanne Dworak-Peck School of Social Work, Virtual Academic Center (VAC) during its first four years of operation, an exploratory cross-sectional study was launched in 2014 (see Schwartz et al., 2016). Non-probability quota and purposive sampling strategies were used and semi-structured telephone interviews were conducted with 25 faculty members. The interview questions

included: “From your experience, what are the opportunities and challenges of being an instructor on the VAC?” and “How do you experience community in the VAC?” The sample represented faculty from tenure line (n=5; 20%), and non-tenure Clinical Teaching (n=7; 28%), non-tenure Clinical Field (n=1; 4%) and adjunct part-time faculty (n=12; 48%). Data collection and interview selection adhered to traditional grounded theory techniques (Charmaz, 2014; Glasser & Strauss, 1967). Data were uploaded into NVivo 10 software for data management and thematic analysis.

The inductive qualitative analysis resulted in the identification of three overarching themes. The first theme focused on building a geographically diverse academic community, the second on community building among faculty, and the third on community building among faculty and students. Interviews from this previous study suggested that virtual faculty felt dissatisfied with their opportunities to communicate with colleagues about work processes in a meaningful way. This is reflected in the following quote by a Caucasian, male 50-year old full-time Clinical Field Faculty member (non-tenure track):

> *You also don’t really have casual interactions with the other professors. Sometimes like on the ground you’ll be talking and realize oh we’re both having this issue with this student. It wasn’t a groundbreaking huge thing but casually talking you realize oh we are having this common experience, or with this group of students or whatever it might be. Again, you have to be very intentional about having those meetings but you don’t have those sort of casual things where you learn about things as a group and that connection is harder.*

A quote from another virtual instructor, a female, a full-time Clinical Teaching Faculty (non-tenure track) in her seventies addresses the lack of satisfaction with communication and community building:

> *I think starting in January, maybe this past year, [the program director], widely began to have meetings of the full-time [faculty], I guess the lead VAC faculty meetings, but those meetings have not really generated the kind of interaction, or at least the kind that I need, with my peers. They’ve been more structured and more informational, top down informational kinds of things….*

As the VAC has grown in enrollment from its first cohort of 88 students to a current enrollment of approximately 2,000 students, hiring additional faculty has been critical to respond to the growing demand. These hires ensure that all students regardless of academic center enrollment (on-the-ground versus virtual) have instructors who bring exceptional academic and real-world experiences to their classroom, thereby creating an optimal learning environment. The current paper focuses on how the school of social work has addressed the theme of community building gleaned from the Schwartz et al. (2016) study and emerging research on the needs of geographically dispersed virtual instructors.

Innovative Strategies for Community Building

Wenger et al.’s (2002) Community of Practice Model considers the vital roles played by organizational communities in facilitating knowledge management, learning innovation, and outcome achievement. This model, in conjunction with other literature on

building community in virtual environments, provides a framework from which the school launched several strategies to address the needs of VAC faculty with limited opportunities for face-to-face interaction with their supervisors and peers.

Wenger et al. (2002) offer insight into building effective communities of practice in geographically distributed communities, asserting that these communities can be developed and nurtured by attending to four key development areas. First, it is important to achieve stakeholder alignment, which in large organizations is most effectively achieved by developing smaller sub-communities that facilitate small group connection, local variation, and connection to the larger community of practice. Second, the organization must create structures that promote connections among people within and across sub-communities. Third, it is important to recognize that distributed community members do not naturally bump into each other, thus it is necessary to create opportunities for all participants to maintain visibility through teleconferences, newsletters, email threads, and face-to-face meetings that rotate locations. Finally, organizations need to incorporate networking opportunities to create a web of trust across the larger community using strategies that can include small group projects, meetings, displaying the faces and bios of distributed workers on the organization's webpage, and organizing in-person small group visits (Wenger et al., 2002). These recommendations echo suggestions by other authors acknowledging the necessity of creating pathways for virtual employees to informally and formally communicate with each other in order to build trust, develop community, create opportunities for employee development, operationalize best practices, and achieve organizational outcomes (Adedoyin, 2016; Akkirman & Harris, 2005; Cooper & Kurland, 2002; Milton et al., 2016).

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need to meet and share information has arisen from the faculty (not created by administration) based on their shared experience of being virtual faculty and wanting to engage in topics of mutual interest (p.130). The water coolers are typically held three times a semester and do not have specific agendas. However, sometimes the water coolers organically concentrate on a particular topic such as opportunities for advancement within the school, classroom management strategies, and current events (e.g., elections, natural disasters, etc.).

Wellness Activities

Another activity designed to foster community building has been the creation of the school's Wellness Committee, as previously mentioned. The committee's focus on healthy living encourages the participation of all faculty—on-ground and virtual. What makes the group's work attractive for the virtual faculty is that the design of the activities permit participation regardless of where faculty are physically located. For example, the Wellness Committee has sponsored virtual bus tours, learning about various regions of the country and the world via the use of the electronic platform, negating the need for faculty to be physically present. When these activities are designed to foster physical activity, they are coordinated so the members can join a local physical activity group, providing feedback and photos to the rest of the faculty of what occurred. These activities, such as virtual yoga sessions or Smoothie challenges, create opportunistic chances to support, interact, and engage with colleagues that can help build what Wenger et al. (2002) refer to as a "web of trust."

Virtual Book Club

Finally, as another step in enhancing the faculty's sense of community, a subcommittee of the Wellness Committee, the Virtual Book Club, began in the fall of 2016. The Wellness Virtual Book Club explores diversity through fiction. Book club members select a book for the month and convene to discuss the book on the virtual platform, with member's rotating facilitation duties each meeting. The book club was intended to engage faculty in a shared experience and stimulating discussions with other faculty who can bring diversity of geographic location and individual expertise to the forum. A small group of about a dozen faculty consistently attended the book club in 2016 and 2017, reading and discussing eleven books.

Conclusion

Over the past decade, the profession of social work has leveraged technology in such a way that the field has undergone considerable shifts in the education and training of social workers as well as the ways that services may be delivered to clients (e.g., tele-mental health). In fact, one of the profession's stated *Grand Challenges* for the next decade is to establish new ways to use technology to foster social good (Uehara et al., 2015). While internet technology creates unique opportunities to engage with hard-to-reach populations and to train a geographically diverse workforce around the country, it remains important to consider one of the basic tenets of the profession – to view the person in his/her environment.

As the profession continues to advance its use of technology and more virtual education programs are launched, it is imperative to examine how this new paradigm shift is experienced by the people who spend considerable time working in virtual spaces. Schwartz et al.'s (2016) findings that virtual instructors often feel disconnected from the larger university culture and alienated from geographically distant colleagues is reflected in other published work examining online education. Dolan (2011) and Curry (2016) found that online adjunct faculty often feel disconnected from the larger organization, that they are not presented opportunities to get to know and trust their colleagues and that they are often not recognized as valuable resources for the organization. Cooper and Kurland (2002) find that professional alienation is inversely linked with virtual employee professional development, suggesting that telecommuters have limited opportunities for informal learning, interpersonal networking, and mentoring which directly impacts employee development. Smith (2015) echoes a concern for lack of formal mentoring opportunities available to virtual faculty in USC's Virtual Academic Center, particularly for those faculty who hold part-time adjunct positions in the school. These findings are relevant to the Schwartz et al. (2016) study given that almost half of the respondents identified as adjunct faculty.

The challenges identified above are reflected in Wenger's et al. (2002) seminal work on cultivating communities of practice and Adedoyin's (2016) examination of virtual communities of practice. The authors consider geographically distributed communities that cannot rely on face-to-face meetings, asserting that this distance creates unique challenges for creating and being a part of an organizational community. As a response to both the Schwartz et al. (2016) study and a growing literature considering the community building needs of online faculty, USC launched the five strategies to facilitate formal and informal opportunities for faculty across rank and campus location that are presented in this paper.

Implications for Future Research and Practice

There is anecdotal evidence that these five strategies are fruitful in building connections among dispersed faculty at this particular school of social work by generating new opportunities to get to know one another, which is one of the first steps of building a successful community of practice. The new hybrid meeting technology has created ways for virtual and ground faculty to begin to visually recognize each other, which has translated to informal gatherings at professional meetings. Twice-a-year in-person meetings for full-time virtual faculty provide opportunities for both informal and formal interaction, which has cultivated a sense of community amongst a geographically dispersed faculty and increased the engagement of virtual faculty in hybrid meetings. New collaborations have been established through these relationships, which is evidenced by new partnerships on conference presentations, curricular design, and peer mentorship groups.

These new collaborative efforts and anecdotal evidence of increased engagement suggest that the tactics employed by the USC Suzanne Dworak-Peck School of Social Work to engage virtual faculty and build community are working. This has implications for other schools launching online social work programs with a geographically dispersed faculty body. These strategies may also be useful for ground-based faculty in large

institutions who may have few opportunities to build connections, collaborate with peers, and develop efficient communities of practice despite a shared physical campus.

In order to more comprehensively assess the effectiveness of these community building strategies, a mixed-methods evaluation is under development. Evaluation of these interventions will entail the use of an online survey of virtual faculty with regards to their perceived sense of community in relation to the aforementioned initiatives. In-depth faculty feedback will also be attained through interviews. Through the evaluation we seek to learn what activities the faculty are participating in and whether or not these initiatives are helpful in their perceptions of community building. We also hope to glean information about the potential barriers for participation. This information may be useful to develop and implement additional interventions to improve faculty members' sense of community in the virtual teaching environment which can, in turn, enhance job satisfaction and performance in the classroom.

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What Doesn't Kill You: Correlates of Resilience Among Master of Social Work Students

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Abstract: *The purpose of this exploratory study was to examine the relationship between adverse childhood experiences (ACEs) and resilience in a sample (n=139) of Masters of Social Work (MSW) students. Perceived stress, religious faith, experiential avoidance, and mindfulness were also examined as correlates of resilience. Resilience scores for the MSW students were comparable to general population and college student norms, but ACEs and perceived stress scores were higher. Despite a broad literature supporting associations of high ACE scores with varied measures of physical and psychological problems, this study paradoxically showed a positive relationship between higher ACE scores and resilience. Regression analysis indicated a model including age, ACE scores, experiential avoidance, religious faith, and perceived stress explained 39.2 % of the variance in resilience scores. Prior adverse childhood experiences and stronger religious faith are associated with increased resilience, while experiential avoidance and perceived stress are associated with lower resilience. This study provides further evidence that many students come to social work education with substantial trauma histories and experience considerable stress during their studies. Results suggest that social work educators should acknowledge risks associated with avoidant coping, and provide learning experiences aimed at developing students' capacities for increased awareness and acceptance of challenging experiences—their own and others.*

Keywords: *Resilience, Adverse Childhood Experiences (ACEs), experiential avoidance, MSW students*

The concept of resilience, defined generally as the experience of having relatively good outcomes in the face of adversity (Rutter, 2007), has received considerable attention in the research literature. In light of greater understanding of the substantial risks involved in providing services to persons who are suffering or traumatized, researchers more recently have attempted to investigate resilience among helping professionals and trainees.

In the social work profession particularly, work-associated stress is high, with burnout, vicarious trauma, and compassion fatigue taking a significant toll on individual workers, on the clients they serve, and on the stability of the professional workforce (Bride & Figley, 2007; Grant & Kinman, 2012). Social work students also experience high levels of stress in both coursework and field placements (Carello & Butler, 2015; Grant & Kinman, 2012), but are often hesitant to speak about their stress to instructors and supervisors (Grant & Kinman, 2012). Additionally, the experience of prior trauma is fairly consistently considered a risk factor for the development of stress-related disorders among helping professionals (Zosky, 2013), and many, if not most, students in clinical training programs have experienced trauma (Carello & Butler, 2015, p. 263). Several studies have indicated

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that many social workers come to the profession with a personal history of adverse childhood experiences, and that those trauma histories may, in fact, have motivated them to enter the profession (Grant, 2014; Rompf & Royse, 1994).

With increasing awareness of the stressors faced by social work professionals and students, educators and researchers have begun to examine ways that resilience can be developed and enhanced during training. This study explored the associations between adverse childhood experiences and resilience, and also examined relationships between resilience and perceived stress, religious faith, experiential avoidance, and mindfulness among a sample of MSW students.

Literature Review

Resilience

We know that trauma does not invariably result in bad outcomes (DuMont, Widom, & Czaja, 2007; Yehuda & Flory, 2007); rather, there is great variability in responses to traumatic events (Rutter, 2013). About half of those who experience childhood physical or sexual abuse, for example, show positive psychosocial functioning in adulthood (Rutter, 2007). What makes one person able to endure significant adversity and survive, even grow, while another can experience the same event and suffer chronic, debilitating effects? Is it possible for individuals and organizations to develop strategies which contribute to resilient responses to adversity? The idea that people can thrive despite challenges, and that the capacity to do so can be developed or enhanced, is congruent with the strengths-based, person-in-environment focus of social work, and with the Recovery Model of mental health practice (Atkinson, Martin, & Rankin, 2009).

Resilience has been defined as "a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 543). Rutter (2007) described it as "the phenomenon that some individuals have a relatively good outcome despite suffering risk experiences that would be expected to bring about serious sequelae" (p. 205). Richardson's (2002) model of resilience suggested that stressors or traumas challenge bio-psycho-spiritual homeostasis, resulting in disruptions in that homeostasis (depending on the interaction between stressors and existing protective factors). The individual's worldview is then changed, requiring a reintegration of the new experiences. The result may be: *resilient reintegration* (posttraumatic growth), implying growth from the original homeostatic state; *reintegration back to the original state*, in which people just get through the crisis and back to their homeostatic state (but without growth); *reintegration with loss*, meaning that some motivation, hope or drive is lost as a result of the stressor; or *dysfunctional reintegration*, when people resort to various destructive behaviors to deal with the experience (Richardson, 2002).

Viewed as successful stress coping (Connor & Davidson, 2003), resilience is not a collection of personality traits, but a biopsychosocial process which can only be developed in the presence of adversity (Rutter, 2007). Resilience occurs in a complex ecological context (Greene, 2008) and involves reciprocal interactions between a person experiencing stress and his or her environments. It involves an intricate interplay of genetics and

environment, coping styles, and mental processes, and may depend on experiences that occur subsequent to risk exposure (Rutter, 2006, 2007). In short, what people *do* in response to the challenges they face matters (Rutter, 2007).

Various authors argue that within clinical training programs, including social work, more attention should be paid to developing intrapersonal, interpersonal, and organizational capacities that contribute to a more resilient and sustainable professional workforce (Grant & Kinman, 2012; Howard et al., 2015). Yet, information is limited regarding the types of experiences that contribute to resilient responses. According to Rutter (2013), stable and positive social relationships, social role satisfaction, and a sense of community all had positive associations with resilience. Particular emphasis was placed on "inoculation", "steeling", or "turning-point" experiences which involve exposure to manageable stressors and opportunities for successful coping, intentional self-reflection, and a sense of personal agency (Rutter, 2007, 2013). Kinman and Grant (2011) found trainee social workers who showed greater emotional intelligence, reflective ability, social confidence, and aspects of empathy were more resilient to stress. Wilks (2008) studied a sample of undergraduate and graduate social work students and found that social support was positively associated with resilience, and that social support from friends, specifically, moderated the negative relationship between academic stress and resilience. Kapoulitsas and Corcoran's (2014) qualitative study indicated the complexity of various personal and organizational processes in the development of practitioner resilience, including the importance of supportive supervision and training and the development of professional wellness.

Although this current study does not examine social support or organizational/structural variables related to resilience, we wish to explicitly acknowledge the importance of these considerations. We agree with Grant and Kinman (2014) who caution against attempting simply to enhance the ability of clinicians to cope with difficult circumstances without also making needed institutional and structural changes in resources and organizational culture (p. 12).

Adverse Childhood Experiences

The Adverse Childhood Experiences (ACEs) Study, a large prospective epidemiological study conducted in 1994 by the U.S. Centers for Disease Control and Kaiser Permanente Health Network, examined rates of childhood adverse experiences among over 17,000 Health Maintenance Organization participants coming in for routine wellness checks (Anda et al., 2006). The participants reported on 10 categories of adverse experiences occurring before age 18, including physical, emotional, and sexual abuse, emotional and physical neglect, domestic violence, parental separation or divorce, and mental illness, substance abuse, or incarceration of household members. The study found that most respondents had experienced at least one adverse event, and 12.5% had experienced four or more (Anda et al., 2006). Rates of childhood adverse experiences were strongly correlated with a remarkable variety of negative health and social outcomes in later life, including obesity, heart disease, anxiety, depression, substance abuse and interpersonal violence (Anda et al., 2006; Dube, Williamson, Thompson, Felitti, & Anda, 2004). ACEs can cause neurodevelopmental injuries and deficits (Anda et al., 2006;

Nurius, Green, Logan-Greene, & Borjaa, 2015), which then result in an increase in risk behaviors used to cope with trauma reactions, ultimately compromising healthy future adaptation.

The original ACE study has been replicated in various populations, and findings are beginning to shift our understanding of trauma and the multiple and cascading consequences of early adverse events (Center for Youth Wellness, 2013; Centers for Disease Control and Prevention, 2010). Efforts are increasing to incorporate the implications of the ACE study (and consequent trauma-informed practices) into organizations, policies, and provider networks (Larkin, Shields, & Anda, 2012). Researchers are beginning to examine adverse childhood experiences not just in clinical populations, but also among helping professionals, including social workers and social work students (Thomas, 2016). Esaki and Larkin (2013) looked at adverse childhood experiences among social workers employed at a residential child service agency serving traumatized children, and found much higher ACE scores than those reported in the original ACE study. For example, 27.6% of the child service workers had ACE scores of 4 or more, compared with only 12.5% in the general population sample. Howard and colleagues (2015), in a study of 192 social workers providing services to children in foster care, examined the relationship between professional quality of life, adverse childhood experiences, resilience, and work environment. This study again showed higher rates of ACEs among these workers than in the general population (25.1% vs. 12.5% with ACE scores of 4 or more). However, contrary to expectations, higher ACE scores predicted greater compassion, satisfaction, and reduced risk for burnout (Howard et al., 2015).

Several other studies have examined trauma histories among social work students, though few have used the exact criteria from the Adverse Childhood Experiences Study. Black, Jeffreys, and Hartley (1993) found that MSW students reported a significantly higher frequency of family trauma than did the comparison group of MBA students, and Rompf and Royse (1994) found that social work students reported significantly more marital discord, familial emotional problems, and alcohol or drug addiction in their families of origin than did a comparison group of students in English classes. Dykes (2011) reported 73% of social work students in her sample had experienced adverse childhood experiences.

Additional Variables

Perceived Stress. Stress occurs when the resources of an individual are insufficient to manage existing demands (Lazarus & Folkman, 1984). The prevalence of stress is increasing among college students, and the perception of stress influences adjustment to academic life and academic success (Friedlander, Reid, Shupak, & Cribbie, 2007; Robotham & Julian, 2006). Relatively high levels of perceived stress are found among graduate students in general, and MSW students in particular (Addonizio, 2011; Collins, Coffey, & Morris, 2010).

Graduate students participate in the full complement of adult life stressors, including financial and employment worries, relationship conflicts, and family and health concerns. Additionally, Grant and Kinman (2012) suggest that social work students may face stressors beyond those faced by other graduate students because of the complex and

emotionally demanding content within the curriculum and field placements, and also may be more reluctant to disclose their stress and seek assistance. Previous studies have shown significant associations between perceived stress and resilience in college student and general adult populations (Abdollahi, Talib, Yaacob, & Ismail, 2014; Abolghasemia & Varaniyaba, 2010; Moore et al., 2015; Mroz, 2015; Seyedfatemia, Pourafzalb, Inanlooc, & Haghani, 2015; Willis & Burnette, 2016).

Religious Faith. According to Canda, Nakashima and Furman (2004), the majority of social work students, faculty, and practitioners see religious faith and spirituality as important to themselves and their clients. Religion is defined as "an organized, structured set of beliefs and practices shared by a community related to spirituality" (p. 28), while spirituality is broader and reflects a search for meaning and purpose in life and a morally fulfilling connection to self and others (Canda et al., 2004). Religious faith is increasingly associated with a variety of health benefits (Plante, Vallaeys, Sherman, & Wallston, 2002), including hardiness and self-esteem (Kamya, 2000), lowered depression in older adults (Koenig, George, & Peterson, 1998), and resilience among persons in substance abuse recovery (Pardini, Plante, Sherman, & Stump, 2000). Religious faith and spirituality may buffer the impact of stress in both MSW (Lee, 2007) and psychology students (Brown, 2012) and has been positively correlated with resilience (Eriksson & Yeh, 2012; Javanmard, 2013).

Experiential Avoidance. Traumatic states can be perpetuated by maladaptive coping strategies which, though aimed at protecting the self, actually keep the traumatized person stuck in negative patterns of thinking and behaving leading to problems in flexible and adaptive self-regulation (Wells & Sembi, 2004). These coping strategies include vigilant attention to threat, worry and ruminative thinking, and attempts to suppress or avoid thoughts and reminders of the trauma. The latter strategy, experiential avoidance, is especially relevant in examining vulnerable or resilient responses to trauma.

Experiential avoidance is described as an unwillingness to experience thoughts, memories, emotions, and bodily sensations, even when doing so interferes with quality of life (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Experiential avoidance reduces psychological flexibility (Boulanger, Hayes, & Pistorello, 2009) and is associated with lowered functioning in both clinical and non-clinical populations and a broad range of psychological and behavioral problems, including depression, anxiety, substance abuse, and post-traumatic stress disorder (PTSD) symptoms (Boulanger et al., 2009; Thompson, Arnkoff, & Glass, 2011). Bond and colleagues (2011) similarly found that greater experiential avoidance is associated with increased symptoms of anxiety, stress, depression, thought suppression and psychological distress, and suggest that it may increase risk for mental health problems. Campbell-Sills, Cohan, and Stein (2006) found associations between experiential avoidance and lowered resilience, and Boulanger and colleagues (2009) cite several longitudinal studies examining the *predictive* power of experiential avoidance for later development of psychopathology and argue that strategies of avoidance may prevent healthy resolution of traumatic experience and predict disordered responses such as PTSD.

Mindfulness. Mindfulness is most commonly defined as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, p. 4) and involves an ability to pay attention to what is occurring in the present moment, in which the person is able to simply observe what is taking place, without filtering events through cognitive appraisals, evaluations, memories, beliefs, etc. (Brown & Ryan, 2003). Mindfulness is associated with greater psychological adjustment following trauma (Thompson et al., 2011), improved academic performance (Shapiro, Brown, & Astin, 2008), and increased resilience among social work students (Roulston, Montgomery, Campbell, & Davidson, 2017) and professional social workers (Crowder & Sears, 2017; Kemper, Mo, & Khayat, 2015). Mindfulness has also been linked to improved stress coping, decreased rates of burnout, and greater compassion satisfaction among healthcare workers, physicians, and social workers (Galantino, Vaime, Maguire, Szapary, & Farrar, 2005; Krasner et al., 2009; Thomas, 2013).

Current Study

Many MSW students come into their training with histories of adverse experiences, and then encounter additional stressors as they complete academic and field education. Resilience is not fixed and static, and may be influenced by experiences both prior to and following stressful events. Given this, it is important that social work educators understand factors associated with resilience in order to do the best job possible in preparing students for sustainable careers. Resilience can be learned, and social work education should place explicit focus on ways to better develop resilient practitioners (Beddoe, Davys, & Adamson, 2013).

We know that the *meaning* people make of their experiences can be critical in how they cope with traumatic and stressful events (Calhoun & Tedeschi, 2013). There is evidence that the ability to acknowledge and reflect on experiences is important to meaning-making, and is an important factor in the development of resilience (Rutter, 2013; Kinman & Grant, 2011). This study examined relationships between resilience and several factors which may influence how MSW students cope with, interpret, and ultimately respond to challenges they have experienced or are currently experiencing. Based on the review of the literature cited above, we hypothesized the following:

1) ACE scores for this sample of MSW students would be higher than those reported in general population and college samples described earlier;
2) Higher ACE scores would be associated with lower resilience scores;
3) Higher perceived stress scores would be associated with lower resilience scores;
4) Higher scores on religious faith would be associated with higher resilience scores;
5) Higher experiential avoidance scores would be associated with lower resilience scores; and
6) Higher mindfulness scores would be associated with higher resilience scores.

Method

Sample and Procedures

This study used cross-sectional data to explore the relationship of resilience with adverse childhood experiences, perceived stress, religious faith, experiential avoidance, and mindfulness in a convenience sample of 139 Master of Social Work (MSW) students at a regional university in the western United States. After receiving approval from the University Institutional Review Board, anonymous surveys consisting of demographic questions and 6 established scales measuring resilience, adverse childhood experiences, perceived stress, religious faith, experiential avoidance, and mindfulness were distributed to MSW student volunteers in 2015. One hundred and thirty-nine students (93.2%) chose to complete the cross-sectional survey. An analysis of the ACE prevalence data with a portion of this sample was previously reported (Thomas, 2016). Participants were drawn from both 2-year and 3-year MSW cohorts, and were concurrently completing internships in community field placements for 16-20 hours per week. Students were offered a $5 gift card for participation, and were provided with informed consent documents regarding procedures to protect confidentiality and assurances that there would be no consequences if they chose not to participate.

The final sample consisted of 139 MSW students (see Table 1). Eighty-one percent of students were younger than 35, and about 82% were female. Less than half were White/Caucasian/European and 32% were Hispanic/Latino, with other categories making up the other 23%.

Table 1. *Demographics of Participants (n=139)*

Characteristics	**n**	**%**
Gender (n=138)		
Female	113	81.9%
Male	25	18.1%
Race/Ethnicity (n=138)		
Alaskan Native/America Indian/First nation	3	2.2%
Asian/Asian American/Pacific Islander	16	11.6%
Black/African American	7	5.1%
Hispanic/Latino	45	32.6%
White/Caucasian/European	62	44.9%
Other/Mixed	5	3.6%
Age (n=139)		
<25	35	25.2%
25-34	78	56.1%
35-44	19	13.7%
45-54	5	3.6%
>54	2	1.4%

Survey Instrument

The survey instrument consisted of 13 demographic questions; 6 established scales measuring resilience, adverse childhood experiences, perceived stress, religious faith, experiential avoidance, and mindfulness; and questions related to career motivation and coping (not addressed in the present article). Resilience is considered the primary outcome variable in this study. Scores for ACEs, perceived stress, religious faith, experiential avoidance, and mindfulness are included as correlates. See Table 2 below for scale properties.

Resilience. The Connor-Davidson-Resilience Scale, CD-RISC 25 (Connor & Davidson, 2003) was used to measure resilience. The CD-RISC contains 25 items rated on a 5-point Likert scale from 0 to 4, with a total summed score range of 0 to 100 with higher scores indicating greater resilience. The scale has been translated into many different languages and studied in a variety of populations, with multiple studies demonstrating validity and reliability of the measure (CD-RISC, n.d.). Cronbach's Alpha in this study was $\alpha = .88$.

Correlates. Five variables are included as potentially relevant correlates to resilience. These include ACEs, perceived stress, religious faith, experiential avoidance, and mindfulness.

ACEs. The Adverse Childhood Experiences (ACEs) questionnaire (Felitti et al., 1998) consists of 10 items inquiring about physical, emotional, and sexual abuse; emotional and physical neglect; domestic violence; parental separation or divorce; and mental illness, substance abuse, or incarceration of household members. The measure has been validated in subsequent studies (Dube et al., 2004; Esaki & Larkin, 2013). One point is assigned for each category of adverse experience endorsed, with a range of total scores between 0 and 10. Cronbach's Alpha in this study was $\alpha = .77$.

Perceived stress. The Cohen Perceived Stress Scale 10 (PSS-10) measures "the degree to which individuals appraise situations in their lives as stressful" (Cohen, Kamarck, & Mermelstein, 1983, p. 385). The PSS demonstrated adequate reliability and correlated with life-event scores, depressive and physical symptomatology, utilization of health services, social anxiety, and smoking-reduction maintenance (Cohen et al., 1983). The measure uses a 5-point Likert scale ranging from 0-4, with several reverse-scored items. Total scores range from 0-40, with higher scores indicating greater perceived stress. Cronbach's Alpha in this study was $\alpha = .86$.

Religious faith. The Brief Santa Clara Strength of Religious Faith Questionnaire (BSCSRFQ, Plante et al., 2002) is a 5-item scale measuring religious belief and involvement, strongly correlated with the longer 10-item scale found to be reliable and valid (Plante et al., 2002). The scale uses a 4-point Likert scale with total scores ranging from 5-20. Higher scores indicate greater strength of religious faith. Cronbach's Alpha in this study was $\alpha = .95$.

Experiential avoidance. The Acceptance and Action Questionnaire II (AAQ II) is a 7-item scale measuring psychological inflexibility, or experiential avoidance, which is an important predictor of psychological distress and behavioral ineffectiveness (Bond et al.,

2011). The AAQ II uses a 7-point Likert scale with total scores ranging from 7-49. Higher scores indicate greater psychological inflexibility or experiential avoidance. Cronbach's Alpha in this study was α = .91.

Mindfulness. The Mindful Attention Awareness Scale (MAAS) is a 15-item scale designed to assess individual differences in the frequency of mindful states over time (Brown & Ryan, 2003). The scale has been shown to have excellent psychometric properties. It uses a 6-point Likert scale with scores ranging from 1 to 6. A mean score is calculated, thus total scores range from 1-6 with higher scores indicating greater mindfulness. Cronbach's Alpha in this study was α = .89.

Table 2. *Scale Properties*

Scale*	Number of items	Possible Range of scores	α (in current study)	Mean	SD
CD-RISC 25	25	0-100	0.88	77.46	9.88
ACEs	10	0-10	0.77	3.04	2.51
PSS-10	10	0-40	0.86	18.29	6.19
BSCSRFQ	5	5-20	0.95	12.01	5.96
AAQII	7	7-49	0.91	19.02	8.47
MAAS	15	1-6**	0.89	3.99	0.89

*Resilience (CD-RISC 25), ACEs, Perceived Stress (PSS-10), Religious Faith (BSCSRFQ); Experiential Avoidance (AAQ II), and Mindfulness (MAAS)
**mean score

Data Analysis

Variables were examined for normality, homogeneity of variance, and linearity. Skew and kurtosis statistics indicated that data were normally distributed and examination of tolerance and variance inflation factors indicated no problems with collinearity for study variables included in the regression analysis. Descriptive statistics, bivariate correlations, *t* tests, analysis of variance tests, and multiple linear regression were used to examine the data.

Results

Comparisons with Previously Normed Scores

Mean scores for MSW student participants in this study were similar to previously normed scores (or to comparison scores in studies examining similar populations) for all variables except ACEs and perceived stress (see Table 3).

Prevalence of ACEs

Almost 38% of the MSW students in this study reported 4 or more ACEs. Only one-fifth reported no adverse childhood experiences (see Table 4). The most frequently cited ACEs were emotional abuse (46%), parental divorce/separation (43.9%), and substance abuse by a household member (41%). More than a third of participants (36.7%) reported emotional neglect, and 32.4% of participants reported mental illness in their families.

Almost one-fourth reported a history of childhood sexual abuse. Table 5 indicates the percentage of students endorsing each of the adverse experience categories included in the ACE study.

Table 3. *Resilience, ACE, Perceived Stress, Religious Faith, Experiential Avoidance, and Mindfulness Scores and Comparisons*

	Mean (SD)			
Scale	**Current Study**	**Comparison Scores**	**Notes on Population or scale**	**Source of Comparison Score**
Resilience (CD-RISC 25)	77.46 (9.88)	80.4 (12.8) 72.9 (13.5)	US gen pop College students	CDRISC Users' Guide (n.d.)
ACEs	3.04 (2.51)	2.18 (2.13)	human services providers	Howard et al., 2015
Perceived Stress (PSS-10)	18.29 (6.19)		13 considered average; 20 > considered high stress	Cohen et al., 1983
Religious Faith (BSCSRFQ)	12.01 (5.96)	13.56 (4.46)		Plante et al., 2002
Experiential Avoidance (AAQII)	19.02 (8.47)	18.51 (7.05) 28.3 (9.9)	Non clinical pop Clinical pop	Bond et al., 2011
Mindfulness (MAAS)	3.99 (0.89)	4.20 (0.69) 3.83 (0.70)	Community adults (4 samples) College students (14 independent samples)	Brown & Ryan, 2003

Table 4. *ACE Scores (n=139)*

Number of ACES	n	%	Cumulative %
None	29	20.9	20.9
One	20	14.4	35.3
Two	19	13.7	49.0
Three	17	12.2	61.2
Four	9	6.5	67.7
Five	13	9.4	77.1
Six	16	11.5	88.6
Seven	7	5	93.6
Eight	4	2.9	96.5
Nine	3	2.2	98.7
Ten	0	0	98.7
Missing	2	1.3	100.0

Table 5. *Number and Percentage of Students Endorsing Each Item (n=139)*

ACE Category	**n**	**%**
Physical Abuse	50	36.0
Emotional Abuse	64	46.0
Sexual Abuse	33	23.7
Physical Neglect	17	12.2
Emotional Neglect	51	36.7
Household Mental Illness	45	32.4
Family Violence	26	18.7
Parental Divorce/Separation	61	43.9
Household Member Incarceration	17	12.2
Household Substance Abuse	57	41.0

Bivariate Correlations

Table 6 presents zero-order correlation coefficients for all continuous variables. Resilience was moderately correlated with perceived stress, experiential avoidance, and mindfulness (all at the $p<.001$ level) and weakly correlated with ACEs and religious faith ($p<.05$). Additionally, perceived stress was moderately correlated with experiential avoidance ($p<.001$) and mindfulness ($p<.001$). Experiential avoidance was also correlated with mindfulness ($p<.001$) and ACEs ($p<.05$).

Table 6. *Correlations among Predictor Variables and Resilience*

Variable	1.	2.	3.	4.	5.	6.
1. Resilience	1					
2. ACE	.180*	1				
3. Stress	-.471***	-021	1			
4. Religious faith	.213*	.068	-.032	1		
5. Exp. Avoidance	-.471***	.173*	.595***	-.471***	1	
6. Mindfulness	.337***	.055	-.463***	.098	-.482***	1

*p<.05; **p<.01; ***p<.001

Analysis of Variance and T-tests

For descriptive purposes, analysis of variance and t-tests were included to examine any influence of demographic variables of age, race/ethnicity, and gender on study variables. One-way analysis of variance (ANOVA) tests were used to examine four different age categories (<25, 25-34, 35-44, and 45+) in relation to other variables. For the purposes of this test, the 45-54 and > 54 age categories were combined because there were too few cases in the >54 category. ANOVA testing showed that the effect of different age categories was not significant in predicting ACE scores, religious faith, experiential avoidance, resilience, or mindfulness. Age was a significant predictor of perceived stress, $F(3, 132) = 3.233$, $p<.05$, with younger students reporting higher levels of stress than older students. Fisher's Least Significant Difference (LSD) post-hoc tests indicated students in the age category <25 (M=18.94, SD=5.96) and 25-34 (M=19.03, SD=5.79) had significantly higher mean total perceived stress scores ($p<.05$) than students in the category 35-44 (M =15.50, SD 6.71) or 45+ (M =13.71, SD=5.44).

ANOVA testing was also used to look at the four different race/ethnicity categories in relation to other variables in the study. The "Alaskan Native/American Indian/ First Nations" category (n=3) was combined with the "Other/Mixed" category (n=5) for statistical analysis. None of these tests were significant.

Independent samples *t*-tests were conducted to compare male and female responses to all continuous variables. No significant differences were found based on gender.

Regression Analysis

A three step hierarchical multiple regression was conducted with resilience as the dependent variable (see Table 7). Age was entered at step one of the analysis, given the

ANOVA results suggesting age was the only demographic variable significantly related to any of the other correlates. ACE scores were then entered at step two, based on the hypothesized relationship between ACE scores and resilience. The remaining variables, perceived stress, religious faith, experiential avoidance, and mindfulness were entered at step 3.

Step 1, containing age only, explained only about 3% of the variance, $F(5, 124) = 3.900$ $p = .050$). The model for Step 1 was just short of reaching the p<.05 significance level, with an $R^2 \Delta$ of .03. Step 2 added ACE scores; that model was significant, $F(2, 123)=3.413$, $p<.05$, with an $R^2 \Delta$ of .022 ($p<.05$). The total model (age and ACEs) explained about 5.3% of the variance in resilience scores. Step 3 added the four additional correlates of perceived stress, religious faith, experiential avoidance, and mindfulness. This final model was significant, $F(6, 119) = 12.781$, $p<.001$, and explained over 39% of the variance in resilience scores, with an $R^2 \Delta$ of .339 ($p<.001$). All of the variables in the final model except age and mindfulness made significant individual contribution to the model predicting resilience, including ACEs ($\beta = .204$, $p<.01$); perceived stress ($\beta = -.229$, $p<.05$); religious faith ($\beta = .203$, $p<.01$); and experiential avoidance ($\beta = -.349$, $p<.001$). Religious faith was positively associated with resilience, and both perceived stress and experiential avoidance were negatively associated with resilience. Contrary to expectations, however, ACEs were associated with greater resilience and mindfulness was not significantly associated with resilience at all.

Table 7. *Hierarchical Regression Predicting Resilience*

	Model 1			Model 2			Model 3		
Variable	B	SE B	β	B	SE B	β	B	SE B	β
Age	2.143	1.085	.175	1.805	1.095	1.47	.336	.917	.027
ACEs				.594	.351	.151	.802	.293	.204**
Perceived stress							-.365	.149	-.229*
Religious faith							.337	.119	.203**
Exp. Avoid.							-.407	.110	-.349***
Mindfulness							.816	.926	.074
R2		.030			.053			.392	
R2 change		.030			.022*			.339***	

**p<.05; **p<.01; ***p<.001*

Discussion

The results of this study support several of the hypotheses (1, 3, 4, and 5) regarding the prevalence of adverse childhood experiences among MSW students, and the associations of perceived stress, religious faith, and experiential avoidance with resilience. However, hypothesis 2, indicating that higher ACE scores would be associated with lower resilience scores, and hypothesis 6, suggesting that higher mindfulness scores would be associated with greater resilience, were not supported.

Prevalence of ACEs and Comparisons with Previously Normed Scores

Reported rates of ACEs were much higher among this sample of MSW students than those reported in previous studies, supporting Hypothesis1. Most studies using the ACEs questionnaire have not reported a mean score, but rather have commonly listed the percentage of participants with various total scores, often using scores of "4 or more" for comparison. Almost thirty-eight percent of the MSW students in the current study had ACE scores of 4 or more, compared to 12.5 % in a general population sample (Felitti et al., 1998); 12.4% in a university student sample (McGavock & Spratt, 2014); 27.6% with child care workers (Esaki & Larkin, 2013); and 25.1% with foster care workers (Howard et al., 2015). Despite expectations that the student sample would show high ACE scores, these results are sobering.

Associations with Resilience

Four variables in the current study showed a significant relationship with resilience, including ACE score, perceived stress, religious faith, and experiential avoidance. Contrary to expectations that a history of trauma in childhood would be associated with lowered resilience scores, higher ACE scores were actually associated with greater resilience (p <.01).

ACES. Several previous studies have reported that social workers tend to enter their professional training with high rates of adverse life experiences (Black et al., 1993; Dykes, 2011; Rompf & Royse, 1994). Results of this current study certainly support this finding. Compelling evidence links ACE histories with negative health and social outcomes in adult life (Anda et al., 2006; Dube et al., 2004), and trauma history has generally been viewed as a potential risk factor in terms of MSW students' vulnerability to mental health issues, truncated careers, and compromised therapeutic practice with clients. However, the implications of such trauma histories for social work students and professionals remain unclear (for more detailed discussion, see Thomas, 2016). Marcus and Dubi (2006) found that prior histories of trauma did not predict depression, anxiety, burnout, or compassion fatigue among mental health professionals, and Howard et al. (2015) found that higher ACE scores among foster care workers were actually associated with reduced risk for burnout and greater compassion satisfaction. Hypothesis 2 is not supported.

There are a number of possible explanations for this finding regarding ACEs and resilience. Rutter (2007, 2013) states that resilience can only be developed within the experience of adversity. The positive association between ACEs and resilience found in this study may reflect the "steeling" or "turning point" effects (see Rutter, 2006, p. 1; 2013, p. 477) that can sometimes occur as a result of past trauma. Alternately, or additionally, it is possible that at least among the subset of students who had experienced trauma and yet were successful in pursuing graduate education, such difficult experiences resulted in a strengthening of purpose to help others who face similar challenges. Howard and colleagues' (2015) finding that higher ACEs were associated with greater compassion satisfaction supports this explanation.

Experiential Avoidance. Of all the variables in the model, experiential avoidance was most strongly associated with resilience. Higher experiential avoidance scores predicted

lower resilience, supporting hypothesis 5. Consistent with prior research on avoidant coping (Boulanger et al., 2009; Thompson et al., 2011), these findings suggest that persons who adopt cognitive strategies aimed at suppressing or avoiding reminders of difficult experiences may struggle *more* than those who are able to acknowledge and accept their experiences. This makes sense in light of research suggesting the importance of reflection in resilient processing of trauma (Kinman & Grant, 2011; Rutter, 2013) and the emphasis on meaning-making as a critical factor in the metabolism and transformation of traumatic experiences (Calhoun & Tedeschi, 2013; McCann & Pearlman, 1992).

Perceived Stress. The general population average score for the PSS-10 is 13, with scores of 20 or more indicating high stress (Cohen et al., 1983). Student scores in this study (M=18.29, SD 6.19) did not quite reach the cut-off for "high-stress," but were well above the population norm of 13. This is congruent with previous research indicating that graduate students in general, and social work graduate students in particular, experience relatively high levels of stress (Addonizio, 2011; Grant & Kinman, 2012).

Perceived stress was also negatively associated with resilience, supporting hypothesis 3. While a certain amount of stress is needed for optimal functioning, high levels of current stress challenge coping capacities (Lazarus & Folkman, 1984). Past trauma and significant childhood distress (as measured by the ACEs questionnaire) were correlated with increased resilience, but current distress was correlated with decreased resilience, suggesting perhaps that time, psychological processing, and/or meaning-making modifies the impact of distressing events. Bivariate analysis indicated a strong positive correlation between perceived stress and experiential avoidance (and a negative correlation with mindfulness) again indicating that avoidant coping may contribute to greater perception of stress among MSW students. These results also suggest that, within social work education, strategies aimed at helping students develop more adaptive coping skills focused on awareness and acceptance may be helpful.

Religious Faith. Finally, religious faith was positively, though weakly, associated with resilience, supporting hypothesis 4. Previous reports regarding the effects of religious faith and spirituality on coping in the general population (Plante et al., 2002) and particularly among social workers and students (Canda et al., 2004) suggest multiple benefits from religion/spirituality. As mentioned previously, the *meaning* people make of challenging life experiences is important and will likely shape consequent responses, and "plentiful evidence" suggests that, for persons who have experienced trauma, religious faith and/or spirituality can be helpful in understanding, interpreting, and coping with subsequent difficulties (Calhoun & Tedeschi, 2013, p. 128).

Mindfulness. It was surprising that mindfulness was not significantly associated with resilience in the regression model. However, though some mindfulness measures are multifactorial, the measure of mindfulness used in this study (MAAS) measures the single-factor of receptive, open, and non-evaluative awareness, and may have overlapped with the constructs measured in the experiential avoidance measure (AAQ II). Hypothesis 6 was not supported.

Limitations

There are a number of limitations to this study, including the relatively small, non-random sample from one regional university. Additionally, the study relies on self-report data, and despite efforts to assure anonymity, it is impossible to rule out a social desirability bias in the responses. Causality cannot be determined due to the cross-sectional research design used in this study. As previously mentioned, the present study did not include information regarding the influence of relationships, social support, or other institutional, organizational, or cultural factors on resilience. All of these factors, in addition to the intrapersonal factors measured in the present study, likely have a significant influence on the resilience of individuals. Finally, risk of type I errors is inflated given the multiple comparisons completed in the study. Future studies should include larger and more diverse sample sizes, and more robust analytical methods such as structural equation modeling which might better handle any measurement error, allow for testing multiple models and paths, and provide a more accurate examination of the relationship between variables.

Implications for Social Work Education

This study provides further evidence that MSW students experience significant stress during their graduate studies, and that many come into social work education with substantial trauma histories. However, it also provides surprising evidence that those trauma histories may have actually contributed to greater resilience, and suggests that social work educators rethink assumptions that such histories are necessarily problematic.

Further, the results suggest that an ability to face difficult or painful experiences with awareness and acceptance, rather than engage in strategies of experiential avoidance, may be important in strengthening resilient responses. Regardless of whether students have had previous trauma histories themselves, we know that indirect exposure to trauma in classes and field experiences can contribute to vicarious traumatization in students (Carello & Butler, 2015).

In the spirit of informed consent and evidence-based intervention, it is important that social work educators explicitly provide information to students regarding trauma exposure and effects, whether past, current, or future. Students should understand that what they do (or don't do) in response to stressful and traumatic experiences matters a great deal.

In addition to didactic information about trauma, secondary trauma, and professional resilience, it is important that social work educators create learning experiences that help *all* students increase affective awareness of emotional responses that may be challenging, whether in response to prior or current stressors, or counter-transference experiences with clients. Social work educators can provide solid research information about the problems associated with avoidant coping, discuss the ethics of addressing issues that might impair future professional functioning, and help students with strategies for managing their experiences. These strategies might include additional opportunities for discussion and reflection about challenging or triggering experiences, as well as pro-active development/rehearsal of evidence-based mindfulness and acceptance skills. Without engaging in therapy or getting overly involved in student's personal lives, social work educators can provide classroom experiences and field supervision aimed toward

supporting students as they acknowledge, reflect on, accept, and cope with their difficult experiences (rather than suppressing or avoiding them). Educators can also ensure that students are aware of local university or/and community counseling/therapy or other supportive resources.

Based on research suggesting that social work students are often reluctant to speak to teachers and supervisors about their distress (Grant & Kinman, 2012), we may need to recalibrate our expectations and approaches regarding how to encourage students to use more strengths-based and adaptive ways to manage their stressful and traumatic experiences. Providing repeated opportunities for such cognitive and affective experiences early in the training of helping professionals is important (Calhoun & Tedeschi, 2013; Rutter, 2006) and should be an explicit focus in social work education (Carello & Butler, 2015; Grant & Kinman, 2012).

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Perinatal Depression Knowledge, Attitudes, and Beliefs Among MSW Students

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Abstract: *The purpose of this study was to identify the proportion of Master of Social Work (MSW) students who received perinatal depression (PD) training as part of their coursework. Additionally, we sought to identify differences in PD knowledge, attitudes, beliefs, and openness to further education between students who had received PD training compared to students without PD training. Using a cross-sectional design and convenience sampling, 177 largely female (91.0%), Hispanic (46%), and Caucasian (28.2%) MSW students from five public California universities electronically provided demographic data and completed the Depression in Women's Health Settings scale. Most MSW students reported health/mental health (38%) or children/youth/and families (47.5%) as their field of practice. Twenty-nine MSW students (16.4%) reported receiving PD training, 61% child abuse/neglect training, and 50% domestic violence training. Students with PD training were significantly more knowledgeable and reported having the skills to assess, screen, identify, and care for women with PD symptoms versus students without PD training. Given the well-documented association of PD with child abuse/neglect and domestic violence, early PD screening, identification, and referral information must be incorporated into MSW curricula and continuing education in order to promote maternal-infant well-being outcomes.*

Keywords: *Social work training, perinatal depression, postpartum depression, antenatal depression*

With a prevalence rate of 15 to 20%, perinatal depression (PD) is one of the most common pregnancy-related health problems and a significant public health concern (ACOG, 2015; Sit et al., 2015) that is closely associated with other public health issues including domestic violence (Kothari et al., 2016) and child abuse (Schury et al., 2017). The perinatal period encompasses pregnancy through the first 12 months after the birth of a child (American College of Obstetricians and Gynecologists [ACOG], 2015). Hormonal shifts, physical changes, and the emotional demands of the perinatal period can be a vulnerable time for women and places them at an increased risk of developing PD (Kendig et al., 2017). Perinatal depression is further defined as the onset of depressive symptoms during the pregnancy (antenatal depression) and any time up to 12 months after the birth of a new infant (postpartum depression; ACOG, 2015).

Antenatal depressive symptoms are the same as symptoms for major depressive disorder including poor sleep and appetite, anxiety, loss of interest, low mood, and feelings of guilt (American Psychiatric Association, 2013). Antenatal depression has been associated with fetal abnormalities including premature birth, low birthweight, congenital anomalies, and stillbirth (Raisanen et al., 2014). A recent meta-analysis indicated 10% of

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women will experience antenatal depressive symptoms (Falah-Hassani, Shiri, & Dennis, 2017). When left undiagnosed and untreated, antenatal depression is strongly associated with developing postpartum depression (PPD; Faisal-Cury & Menezes, 2012).

Affecting up to 20% of new mothers (Centers for Disease Control and Prevention, 2017; Gaynes et al., 2005), postpartum depression (PPD) presents with a constellation of symptoms including sadness, crying, feelings of inadequacy, guilt, loss of interest, insomnia, anxiety, and somatic symptoms (O'Hara & Wisner, 2014). Although PPD is easily treated once identified, up to 60% of women are left unidentified (Ko, Rockhill, Tong, Morrow, & Farr, 2017). Untreated PPD has been associated with poor maternal-infant bonding and low breastfeeding rates (Kingston, McDonald, Austin, & Tough, 2015; Wouk, Stuebe, & Meltzer-Brody, 2017). Additionally, PPD contributes to infant safety risks (e.g., incorrect car seat use, sleep positioning; Balbierz, Bodnar-Deren, Wang, & Howell, 2015), poor infant feeding practices (e. g. juice; Balbierz et al., 2015), and an increased risk of suicide and infanticide (Kingston et al., 2015; Sockol, Epperson, & Barber, 2013; Wouk et al., 2017). Recent research suggests long term consequences of untreated PPD are far- reaching, going beyond poor maternal-infant bonding (Netsi et al., 2018). Children of women with persistent PPD are more likely to exhibit behavioral disturbances at age 3.5, have lower high school math scores, and higher prevalence of depression at age 18 (Netsi et al., 2018).

Although PPD can affect all women, studies show that first-time mothers (Leahy-Warren, McCarthy, & Corcoran, 2012), adolescents (Torres, Goyal, Burke-Aaronson, Gay, & Lee, 2017), immigrants/refugees (Collins, Zimmerman, & Howard, 2011), and women from diverse racial or ethnic groups (Goyal, Park, & McNiesh, 2015; Goyal, Wang, Shen, Wong, & Palaniappan, 2012; Hutto, Kim-Godwin, Pollard, & Kemppainen, 2011; Ta Park, Goyal, Nguyen, Lien, & Rosidi, 2015) are at an increased risk. Given the morbidity and mortality associated with unidentified and untreated PPD, nationwide organizations have developed position statements and recommendations for screening and management including the American Medical Association (AMA, 2018), ACOG (2015), the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN; AWHONN Position Statement, 2015), and at the federal level, the U.S. Preventive Services Task Force (USPSTF; Siu et al., 2016). All of these organizations recommend that childbearing women be screened for depressive symptoms throughout the perinatal period.

In 2010, the Patient Protection and Affordable Care Act (ACA) Section 2952 included funding to support maternal mental health research and education (US Government Publishing Office, 2010). Since the enactment of the ACA, research regarding PD identification and treatment has been widely published in the medical and nursing literature. However, screening practices for PD has received little empirical attention especially in the field of social work, with no studies to date that have included Master of Social Work (MSW) students in study samples (Keefe, Brownstein-Evans, Lane, Carter, & Rouland Polmanteer, 2015). The paucity of research that has included social work is concerning as social workers, particularly clinical social workers, are known to make up the majority of mental health providers and provide mental health services in the U.S. (National Association of Social Workers [NASW], 2017). Moreover, social workers interact with childbearing women in a variety of settings including hospitals, employee

assistance programs, and community mental health programs, where they are well positioned to recognize PD symptoms (NASW, 2017).

To our knowledge, only Rouland Polmanteer, Keefe, and Brownstein-Evans (2016) have examined PD screening practices in the social work arena. Their sample of female social workers ($n = 261$) completed a 32-item online survey about PPD screening practices. Over half ($n = 149$, 57.1%) reported not receiving any information about PPD in undergraduate or graduate coursework, 25% ($n = 66$) had never used a PPD screening tool, and most reported never having read professional literature on PPD. Although well-designed, study findings had limited generalizability due to the homogeneous sample that was largely (79%) female Caucasians.

The well-documented effects of untreated PD on the infant (Smith-Nielsen, Tharner, Krogh, & Vaever, 2016) and long-term child outcomes (Netsi et al., 2018) underscore the need to train future healthcare providers, including social workers, to identify PD. Based on the limited research to date that has included social workers and none that have included MSW students in study samples, the purpose of this study was to answer the following research questions: 1) What percentage of MSW students receive PD-related training as part of their professional development?; 2) Do MSW students with PD-related training have a higher level of PD knowledge?; and 3) Do MSW students with PD training report increased PD related skills and openness to further education compared with MSW students with no PD training?

Methods

Study Design

A descriptive, cross-sectional design was used for this study. The convenience sample was drawn from five public universities across California. All currently enrolled full-time and part-time MSW students in face-to-face, hybrid, or online programs were invited to participate. Students were not excluded based on program focus.

Measures

Participant characteristics. A short demographic questionnaire assessed participant age, gender, education level, type of current field placement/internship and/or employment (hospital, public health, other), and frequency of interacting with women of childbearing age in their place of paid employment or internship placement.

Perinatal depression knowledge and attitudes. The Depression in Women's Health Settings Nurses Version (Sofronas, Feeley, Zelkowitz, & Sabbagh, 2011) was used to assess PD knowledge, attitudes, and beliefs among MSW students. Originally developed to assess primary care physician knowledge (Leiferman, Dauber, Heisler, & Paulson, 2008), the 40-item questionnaire assesses a broad range of PD-related phenomenon such as healthcare provider attitudes, beliefs, current practices, management, perception of barriers to management of PD, perceptions of patient attitudes towards PD, level of mental health training, and openness to further education. For the purpose of this study, we selected 14 items that assess the level of knowledge and attitudes regarding PD. Content

validity of the questionnaire was established by women's health nurses (Sofronas et al., 2011). With author permission, questions were modified by replacing the word "nurse" with "social work students" throughout the instrument without effect on the reliability and validity of the tool. The 14 items used to assess PD knowledge and attitudes were scored on a Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*). Despite the small sample size and the number of questions, this 14-item subscale demonstrated fairly good internal consistency with this sample (Cronbach alpha = .74). Further, we chose three items to assess PD-related openness (Cronbach alpha =.80 in this sample) and one item to specifically measure students' perceived PD-related skills.

Data Collection Procedure

After obtaining university human subjects' approval, an e-mail describing the study and a link to the questionnaire was sent to directors of social work schools at 17 public universities within the California State University system. Directors were asked to distribute the study information through student e-mail listervs to all MSW social work students. Five of 17 (30%) directors and/or chairs of social work schools agreed to distribute the study information to their students. Three of the schools were located in Northern California and two were located in Southern California.

After reading a short introduction about the study, students wishing to participate were directed to a Qualtrics® survey link that included an informed consent and the online survey. To maintain participant anonymity, no directly identifiable information was requested. To enhance participation, five $20 Amazon gift cards were distributed through a raffle at the end of the study. Participants who wanted to take part in the raffle provided an e-mail address at the end of the survey. In order to maintain participant anonymity, email addresses were copied onto a separate document before the winners were randomly selected.

Data Analysis

Demographic data and level of PD knowledge were analyzed using descriptive statistics (frequencies, means, and measures of central tendency). In response to research question one, descriptive analyses (i.e., frequencies and percentages) were conducted to identify the number of MSW students who had received PD-related training as part of their MSW education.

Based on the training categories used in research question one, students who had received any PD-related training were coded as 1 and considered "Group A: Students with PD Training," and students who reported receiving no PD training were coded as 0 and referred to as "Group B: Students without PD Training." For research question two, an independent samples t-test was conducted to examine whether there were significant differences between the two groups of MSW students with regards to their knowledge, attitudes, and beliefs regarding PD. For research question three, an independent samples t-test was conducted to investigate whether there were significant differences between the two groups of MSW students with regards to their PD-related skills and openness to further education. For both research questions two and three, a two-tailed test was used because

the current study was an exploratory analysis and did not specify whether there might be significant difference between the two groups on knowledge and attitudes towards PD (research question two), and PD-related skills and openness (research question three). All analyses were performed using IBM SPSS Statistics 24.

Results

Participant characteristics. Of the 233 returned surveys, 177 (76%) were completed and thus included in the data analysis. The sample was primarily female (n = 161, 91.5%), Hispanic (n = 82, 46.3%), single (n = 102, 57.6%), ranged between 21 and 57 years of age, with a mean of 31.2 (SD = 7.4) years. One-third (n = 68, 38%) reported that their field of practice/concentration was the health/mental health field and 48% (n = 84) focused on children, youth, and families. See Table 1 for full participant characteristics.

Table 1. *Participant Characteristics (n=177)*

Characteristic	***n* (%)**
Gender	
Female	161 (91.0%)
Male	15 (8.5%)
Prefer not to answer	1 (0.5%)
Race-ethnicity	
Hispanic	82 (46.3%)
Caucasian	50 (28.2%)
Asian/Asian American	15 (8.5%)
African American	12 (6.8%)
Biracial/Multiracial	7 (4.0%)
Other	5 (2.8%)
Native American	3 (1.7%)
Middle Eastern	3 (1.7%)
Marital Status	
Single	102 (57.6%)
Married	64 (36.2%)
Cohabitating/domestic partnership	6 (3.4%)
Engaged	3 (1.7%)
Prefer not to answer	1 (1.1%)
Field of Practice	
Children, Youth and Families	84 (47.5%)
Aging	68 (38.4%)
Health/Mental Health	15 (8.5%)
Community Development & Administration/Management	8 (4.5%)
No response	2 (1.1%)

Type/frequency of professional development training. As shown in Table 2, child abuse/neglect (60.5%) was the most frequently reported training. Only 16.4% of MSW students reported they had received PD-related training.

Table 2. *Percentage of Students Receiving PD-Related Training*

Type of Training Received[a]	n (%)
Child abuse/neglect	107 (60.5%)
General depression	91 (51.4%)
Domestic violence	88 (49.7%)
Substance abuse	85 (48.0%)
Other mental health problems	84 (47.5%)
None	52 (29.4%)
Symptoms of perinatal depression[b]	29 (16.4%)

Note: [a] Participants were asked to indicate all training they had received. The cumulative frequencies exceed the value of 100% (n = 177) because of multiple indications; [b] including postpartum training and depression during pregnancy.

Association between PD related training and knowledge, attitudes and beliefs regarding PD. Table 3 presents the mean score for the 14 items that measured PD knowledge and attitudes of participants for the whole sample. Means are also presented for participants who had received PD-related training (Group A) (n=29) and for those who had not received PD-related training (Group B) (n=148). Findings for all participants suggest that students in this study generally showed a good understanding of depression (e.g., "I am familiar with the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (*DSM*-5) criteria for depression," [M = 4.47, SD = 1.45], and "I feel comfortable talking about depression with patients," [M = 5.13, SD = 0.94]), and a good sense of their responsibilities regarding PD (e.g., "Recognizing symptoms of maternal depression (SMD) is my responsibility," [M = 4.67, SD = 1.28], "Intervening in SMD is my responsibility," [M = 4.74, SD = 1.25], and "It is my responsibility to refer depressed moms for further mental health treatment" [M = 5.27, SD = 0.97]). Participants reported relatively less knowledge of PD itself and assessments and interventions related to SMD (e.g., "SMD are as common in the perinatal period as 2-3 years postpartum," [M = 3.79, SD = 1.42], "I feel confident in my ability to assess for SMD," [M = 3.51, SD = 1.38], and "I feel confident in my ability to intervene with SMD" [M = 3.91, SD = 1.46]).

To address research question two, a comparison of the two groups of students indicated that participants who had received any PD-related training (Group A) showed a higher level of PD knowledge ("SMD are as common in the perinatal period as 2–3 years postpartum," t (175) = -2.05, $p < .05$, a higher level of confidence in ability to assess SMD ("I feel confident in my ability to assess for PD," t (175) = -3.83, $p < .001$, and a higher level of confidence in their ability to intervene for PD ("I feel confident in my ability to intervene with SMD," t (175) = -3.08, $p < .005$ compared to their counterparts who had not received any specialized PD training (Group B).

Table 3. *Social Work Students' Attitudes and Beliefs Regarding Perinatal Depression*

	M (*SD*)		
Questionnaire Item	**All (n=177)**	**With PD Training (*n* = 29)**	**Without PD Training (*n*=148)**
Depressed moms provide more inconsistent care	4.06 (1.48)	4.79 (1.37)**	3.92 (1.46)
PD often goes away without treatment	2.75 (1.39)	2.55 (1.64)	2.78 (1.34)
It is normal for pregnant women and mothers of young children to feel depressed	3.81 (1.50)	3.90 (1.48)	2.55 (1.64)
Recognizing PD is my responsibility	4.67 (1.28)	4.74 (1.58)	4.66 (1.22)
Recognizing PD is my unit's responsibility	4.67 (1.24)	4.76 (1.46)	4.66 (1.19)
Intervening in PD is my responsibility	4.74 (1.25)	4.82 (1.44)	4.72 (1.21)
It is my responsibility to refer depressed moms for further mental health treatment	5.27 (0.97)	5.14 (1.33)	5.29 (0.89)
I am familiar with the DSM-V criteria for depression	4.47 (1.45)	5.00 (0.96)*	4.36 (1.50)
PD are as common in the perinatal period as 2–3 years postpartum	3.79 (1.42)	4.28 (1.44)*	3.69 (1.40)
I feel confident in my ability to assess for PD	3.51 (1.38)	4.38 (1.08)***	3.34 (1.17)
I feel confident in my ability to intervene with PD	3.91 (1.46)	4.66 (0.97)**	3.76 (1.50)
I feel comfortable talking about depression with patients	5.13 (0.94)	5.38 (0.68)	5.08 (0.98)
I am familiar with available MHR in my institution	4.75 (1.29)	5.41 (0.73)**	4.61 (1.33)
I am familiar with available MHR in the community	4.78 (1.10)	5.28 (0.70)**	4.69 (1.13)

Note: MHR=mental health resources; * p < .05, ** p < .01, *** p<.001 (2-tailed)

Association between PD-related training and PD-related skills and openness to further education. The independent samples *t*-test (see Table 4) indicated that no statistical difference was detected in the participants' openness to receiving further PD-related training. Specifically, Group A ($M = 4.34$, $SD = 0.86$) reported a higher level of perceived skills in PD screening/detection than their counterparts in Group B ($M = 3.59$, $SD = 0.71$), $t\ (173) = -5.054$, $p < .001$. All participants showed a high level of willingness to fill out a screening tool ($M = 5.24$, $SD = 0.87$), to intervene based on the results of screening ($M = 5.37$, $SD = 0.80$), and to learn about ways to enhance communication about SMD ($M = 5.57$, $SD = 0.62$).

Table 4. *Social Work Students' Mental Health Training and Openness to Further Education*

	M (*SD*)		
Questionnaire Item	**All (n=177)**	**With PD Training (*n* = 29)**	**Without PD Training (*n*=148)**
Do you think you have the appropriate skills to assess, screen, and care for women with PD?	3.71 (0.79)	4.34 (0.86)***	3.59 (0.71)
Willing to fill out screening tool	5.24 (0.87)	5.21 (0.94)	5.25 (0.86)
Willing to intervene based on results of screening	5.37 (0.80)	5.48 (0.69)	5.34 (0.83)
Willing to learn about ways to enhance communication regarding PD	5.57 (0.62)	5.62 (0.69)	5.56 (0.64)

*** p <.001 (2-tailed test)

Discussion

To our knowledge, this is the first study to examine PD screening, knowledge, identification, beliefs, and attitudes among a diverse sample of MSW students. Sixty percent of participants reported they had received training related to child abuse/neglect and about half of participants (49.7%) reported they received training on domestic violence. However, only 16.4% reported receiving any PD training which is concerning given the well-documented association of PD with domestic violence (Kothari et al., 2016) and child abuse (Schury et al., 2017). Moreover, the majority of participants reported working with families (47.5%) or in the health/mental health field (38%), placing them in direct contact with women of childbearing age.

Findings of this study should be interpreted with caution given the relatively small convenience sample from one geographic area and the use of self-report questionnaires. Moreover, since the survey was administered via an anonymous electronic link, the exact respondent rate is unknown, further limiting our findings. Participants in this study included part-time, full-time, as well as first year students. First year MSW students without previous social work experience and without PD knowledge may have skewed results in favor of low-level exposure to PD. Additionally, a cause and effect relationship between PD-related training and PD knowledge/skills cannot be ascertained due to the cross-sectional design of this study. Further, although the sub-scales used in the data analysis demonstrated good reliability, they were modified from their standard forms. Further testing on larger samples is necessary to validate these scales. Lastly, as addressed in the results section, we created a dichotomous variable based on PD-related training; however, this variable did not take into account factors including any content-related information, frequency and length of any training received, or the helpfulness/usefulness of training. Future studies should consider these factors.

Conclusions and Future Directions

Findings of this study reveal limited PD training in a racially and ethnically diverse sample of MSW students. Given the well-documented association of PD with child abuse/neglect and domestic violence, it is essential for PD education to be threaded throughout social work curricula. The National Association of Perinatal Social Workers (NAPSW, 2009) approved standards of care for social workers specifically working with women experiencing PD. The low proportion of MSW students knowledgeable about PD in our study is concerning. Among the nine competencies strongly suggested for social work programs by the Council on Social Work Education (CSWE, 2015), the addition of PD content directly relates to competency 4, “Engage in practice-informed research and research-informed practice” (CSWE, p. 8).

PD education training and education should be offered to all MSW students in order to build and expand the “informed” future professional workforce as social workers often come in contact with women during the perinatal period. An interdisciplinary approach to managing PD (Selix et al., 2017) should be integrated into social work curricula (Keefe et al., 2015) along with providing MSW students with tools to promote timely referral and treatment and to reduce the risk of child abuse/maltreatment. In addition to the traditional

classroom setting, technological options (e.g., smartphone applications, webinars, online short courses) should be examined as ways to provide PD education and information to MSW students and practitioners.

Field Offices of MSW programs should establish partnerships with key community perinatal care stakeholders and develop interdisciplinary training materials and consider utilizing PD experts to conduct workshops. Educating future social workers regarding PD screening, referral, treatment options, availability of services, and resources about this important public health mental health issue will promote maternal-infant, family, and community well-being.

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Reaching Young People Through Texting-Based Crisis Counseling: Process, Benefits, and Challenges

Ande Nesmith

Abstract: *Texting-based crisis intervention counseling reaches young people who suffer from mental health issues at high rates yet hesitate to seek help. As a new interface, it is neither well-researched nor well-understood. This study examined 49 randomly selected text counseling transcripts and key informant interviews with two counselors to identify unique characteristics of the text counseling process and learn texter reactions to the sessions. Texters presented problems that were similar to those reported in voice-based hotlines. Texters valued the privacy and flexibility of texting that permitted them to receive help immediately regardless of their location. Counselors reported that they must be brief and direct with questions and avoid assigning emphasis to words. The written format required that both parties must be explicit and clear to convey their messages accurately. Both texters and counselors suggested that the texting option might lead young people to seek help that they might otherwise avoid. Recommendations include specialized training on strategies to assess and connect with texters using only the written word and research to develop best practices for texting-based crisis intervention services.*

Keywords: *Crisis intervention; technology; at-risk youth; suicide prevention; texting counseling services*

Crisis intervention services with a texting option is an innovative approach to reaching at-risk young people. Texting-based hotlines are surfacing in large metro areas at runaway and homeless youth programs across the country (e.g., Safe Place (n.d.) in Chicago; Teen Line (n.d.) in Los Angeles; The Bridge for Youth (n.d.) in Minneapolis), yet little to no published information exists about their efficacy, intervention approaches, or even how much they are used. Recently, the national Crisis Text Line, Inc. (Crisis Trends, 2016), made its aggregate data available online, but by and large, information about most text lines appears in program annual reports rather than peer-review research. This study aimed to address that gap by examining how texters convey whether or not their needs were addressed during the session, as well as techniques the counselors used to assess and connect with service users.

Texting-based crisis lines may appeal to young people because texting is currently the primary mode of communication among this age group (Lenhart, Smith, Anderson, Duggan, & Perrin, 2015). Because youth are comfortable with texting, these services may reach a cohort that is at high risk of suicide and other mental health problems (Centers for Disease Control [CDC], 2014). Preliminary evidence suggests that many young people do not choose between voice versus text crisis lines when it comes to highly sensitive and painful topics. Rather, they would rather go without help than talk in person or on the phone (Evans, Davidson, & Sicafuse, 2013; Gibson, Cartwright, Kerrisk, Campbell, & Seymour, 2016). It is therefore important to understand texting-specific counseling strategies for

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providing crisis intervention and whether service users find the intervention useful in this new interface.

Literature Review

The goals of crisis intervention broadly are to assess, deescalate, establish a safety plan, provide support, and offer referrals, and have demonstrated positive impacts in voice calls (Kitchingman, Wilson, Caputi, Woodward, & Hunt, 2015; Ramchand, Jaycox, Ebener, Gilbert & Barnes-Proby, 2017; Stevens & Ellerbrock,1995). In texting format, the goals of crisis intervention are no different, but there is some evidence to suggest the population reached through texting draws more adolescents, as will be discussed here.

Texting-based crisis counseling has the potential to reach an underserved population that is in urgent need of help. The most prevalent chronic conditions found in pediatric health care are mental health disorders (Santor, Poulin, LeBlanc, & Kusumakar, 2007; Saunders, Resnick, Hoberman & Blum, 1994). Untreated mood disorders such as depression are directly related to suicidal behavior which, in turn, is the third leading cause of death among young people aged 10 to 24 (CDC, 2014). A fraction of adolescents with depressive disorders seek professional help; in fact, the more severe the depressive symptoms, the less likely they are to pursue help (Sawyer, Sawyer, & La Greca, 2012). This is reflected in voice-based crisis line use; in some studies, adolescents and young adults comprise as little as 2% of voice hotline users (Gould, Greenberg, Munfakh, Kleinman, & Lubell, 2006) and 4% in the state affiliate of the National Suicide Prevention Hotline used for this study (Canvas Health, 2011).

Adolescence is a time in which social connection and peer perceptions are of heightened importance, making stigma over mental health concerns particularly powerful. A study of high school student perceptions about mental health services found that stigma was the most-named barrier to accessing school-based services (Bowers, Manion, Papadopoulos, & Gauvreau, 2013). Other barriers include: fear of family reactions, concerns about the expense of care, and lack of adequate services especially for trauma (Bowers et al., 2013; Lipmann, 2010).

There is currently no research study or central location that tracks how many programs offer a texting option for crisis services. The few programs that do provide such services report positive findings and a rapidly growing volume of contacts from young people (Kaufman, 2014). The national Crisis Text Line (Crisis Trends, 2016) boasts messages numbering in the millions in the few years since its inception in 2013. The program used for the current study, TXT4Life, began in 2011 and reported a six-fold increase of use in its second year of operation, which included a dramatic rise in the percentage of adolescents and young adults seeking help compared with voice services (TXT4Life, 2013). TXT4Life has since closed, but there continues to be texting-based crisis lines both locally and nationally (Crisis Text Line, 2018; SAMHSA, n.d.)

There is a growing body of research pointing to the benefits of socially interactive technologies which may lead to more innovative use of it in mental health services. Pew Research found that 88% of teens use texting to connect with their friends - with 55% texting friends daily - and 83% reporting that social media made them feel closer to their

friends (Lenhart et al., 2015). As more people of all ages have embraced texting, it has become a more widely accepted means of communication. According to a 2014 Gallup poll (Newport, 2014), texting is now the most common form of communication among Americans through age 50.

Electronic communication in mental health services has increased over the last decade. The first crisis line in the U.S. to accept text messages was launched in 2010 in Nevada (Evans et al., 2013). This line yielded immediate use among high schoolers, with more than half using it more than once. A systematic review of "telemedicine" found that providers used a variety of interfaces to conduct mental health interventions, including email, Facebook, video conferencing, and online groups (Martin et al., 2011). On the whole, while providers did not view these means as equivalently effective as face-to-face, they reported that they were adequate or almost as good. Moreover, they observed significant improvements in their patients. Other research provides examples of online venues to conduct longer-term counseling, including group therapy, and integrating cell phones into in-person therapy sessions rather than battling youth to put their phones away (Dubus, 2015; Koltz & Tarabochia, 2014).

The appeal of texting may be explained in part by the Online Disinhibition Effect. Suler (2004) examined this phenomenon to explain online behavior that is discordant with one's in-person behavior, where positive expressions are more candid and negative ones may be more aggressive. One factor linked to this effect is *dissociative anonymity* in which the texter has control over nearly all information, especially affect, that is revealed about him- or herself. That control may generate a sense of safety when discussing painful topics. Another factor is the *asynchronicity* of the exchange which permits texters to delay revealing their immediate reactions, allowing them to "suspend time" while considering a response (Suler, 2004).

As an emerging mode of crisis service provision, texting-based counseling is not well understood. To some extent, this is an artifact of rapidly changing technology. Research on technology and mental health services in the past ten years centered primarily on computer-based communication rather than mobile device communications, including email, online groups, chat rooms, or video-conferencing (Krysinska & DeLeo, 2007; Martin et al., 2011). However, receiving crisis services via a mobile device that allows one to access help in any location at any time is arguably different from computer-based services. After an extensive search of available research across several scholarly databases, only four studies surfaced that investigated some aspect of texting-based crisis intervention and one that assessed chat sessions (Evans et al., 2013; Gibson et al., 2016; Haxel, 2013; Mokkenstorm et al., 2017).

Evans et al. (2013) conducted a pilot study of a texting helpline, using focus groups with 113 high school youth and post-intervention demographic and service data from the crisis counselors. Most (59%) of the youth accessing the services were not in crisis nor suicidal, but rather sought information or support. About a quarter (26%) of their texters closed the session without resolution, most often by not responding to further texts. The counselors provided very few referrals, in part because their texters did not want outside help. They also observed that youth reported they "preferred a text-based line specifically

because they would not be identifiable by voice cues and no one could overhear their conversations," possible indicators of the Online Disinhibition Effect (Evans et al., 2013, p. 479). The texters also reported that the anonymity made it easier to disclose more details about their problems.

Haxell (2013) examined text transcripts and interviewed counselors in a New Zealand program. While the service users had a choice between voice and text-based crisis lines, "20% of the helpline user screens would be filled with messages asking, if not demanding, that counselling be provided by text" (p. 149). The reasons users presented for choosing text-based services support the theory behind the Online Disinhibition effect: texting was less scary than talking, it was hard to talk when crying, or the texter was shy or struggled with talking.

Gibson et al. (2016) interviewed adolescents in New Zealand who used at least one form of mental health services via in-person, phone, or texting. The formats that were not in-person were attractive to youth because they could "bypass adult control and use these privately and retain their sense of autonomy" (Gibson et al. 2016, p. 1063). The participants who used text services indicated that they preferred texting over voice calls because it was a medium of communication they were used to and because it made them feel more confident about their communication.

Chat sessions are similar to texting, though they originated for use on a stationary computer rather than a mobile application, which offers less flexibility in use than texting. Mokkenstorm and colleagues (2017) compared chat sessions in a Netherlands program to voice hotline data from the U.S. The chat users were younger, had more mental health problems, and were more likely to be suicidal than hotline users. While up to 49% had elevated moods at the end of the session relative to the beginning, more often there was no change.

Given the risks associated with young people who grapple with mental health issues and the limited use of crisis hotlines among this same group, this is an important gap in service provision worthy of further investigation. The scant research available from the four studies on texting-based crisis services suggests that youth may be interested in, or even prefer, the texting or chat interface and the sense of anonymity may be an important factor. While only one study examined outcomes (Martin et al., 2011), it is notable that it found some indications of improved mood. With so little research on the use of texting in crisis intervention services, there is much to be gained from continued examination of this modality. Currently, this is not published data demonstrating how crisis counseling unfolds in a texting context or to what extent it is helpful or that users are satisfied with it. It is especially critical to understand the best counseling strategies in this context and to what extent users find these useful.

The Present Study

While crisis intervention programs routinely track statistics on presenting problems and categories of counselor actions, the analysis here contributes a perspective not well-studied nor understood - that of the texter. The anonymous nature of crisis lines makes it extraordinarily difficult to learn if the counseling session was helpful as there is not an

avenue for gathering follow-up information; therefore this study sought clues within the session transcripts. This qualitative study collaborated with a human services agency, Canvas Health, to answer two questions: 1) In what ways do those using texting crisis services communicate whether or not their needs have been addressed, at least for the short-term?; and 2) How does the texting interface affect the counseling approach to assessing and connecting with service users?

Partnering Agency and Texting Crisis Program

Canvas Health is a comprehensive integrated human service center that provides a wide range of mental and physical health services in several Minnesota locations. This project worked with one of the agency's programs, TXT4Life, which offers texting-based suicide prevention counseling services. Their crisis line services aim to provide short-term help which can include (but is not limited to) establishing a safety plan to prevent self-harm, directing texters to longer-term local sources of support, or reducing the intensity of their emotional state. TXT4Life serves the entire state, though is accessible as a toll-free number to anyone in the U.S., and uses HIPAA-compliant technology to offer confidential services with a trained counselor. Various outcomes are tracked based on provided services and concrete action steps. Text-based counseling quickly became popular. In 2014 when data for this study was collected, the program received 5,658 text calls, a figure that jumped to 9,968 texts one year later (TXT4Life, 2015).

At the time, the agency was funded to provide texting services through midnight and again at 8:00am in the morning. Those who texted during closed hours were offered the opportunity to use the 24-hour voice hotline. If they did not choose that alternative, their texting attempt was tracked and a counselor contacted them in the morning to offer support if they still wanted it. The agency now offers full 24-hour support for their texting line.

In 2014, the program assessed all the text sessions of any length including those with non-crisis needs. The data revealed that 76% of the sessions ended with positive action steps, the largest share of which included personal care actions (18%) and internal coping strategies (17%; TXT4Life, 2015). In an effort to exclude sessions in which the texter only sought referral information, the current study selected sessions lasting at least 30 minutes to capture individuals with more complicated or serious concerns than the full spectrum of texter contacts. Therefore, the data in this study likely reflect a narrower troubled group than the total population of texters in this program. While the agency did not report information about how many text sessions included only information or referral requests, they did report that 70% included supportive listening, which likely referred to the types of sessions included in this study.

Methods

This study is primarily qualitative with some descriptive statistics, using counseling session transcripts to understand how texters expressed their needs and how both counselors and texters communicated via texting. The sample size and analytic methods are in keeping with qualitative approaches (Corbin & Strauss, 2008; Creswell, Hanson, Clark, & Morales, 2007).

Sampling and Data Collection

Sampling Frame. Text sessions were drawn from 2014 data. To capture sessions that were most likely to include a counseling exchange, only text sessions lasting 30 minutes or longer were included. This duration was selected based on the agency's annual data which showed that the conversation density (number of words) in a text session was comparable to about one-sixth that of a voice session of the same length (TXT4Life, 2015). For example, a typical 10-minute voice session would take about an hour in texting to exchange a similar amount of content. Therefore, text sessions shorter than 30 minutes were similar to voice sessions less than five minutes and were likely to be requests for information.

Sampling. Forty-eight text crisis counseling session transcripts were randomly selected. To ensure a representative sample throughout the course of the year, four randomly selected dates from each month in 2014 were used to select counseling sessions. For privacy reasons, the program supervisor extracted the text transcripts from each random date and redacted all identifying information prior to analysis.

Key Informant Interviews. Because there is so little published information about the counseling process using a texting interface, key informant in-person interviews with the program's two counseling supervisors were used to provide additional context to the transcript findings. These interviews were not intended in any way to serve as a broadly representative voice on counselor experiences. Rather, they augment the main analysis of counseling transcripts by presenting the rationale for certain techniques used and to offer insight into how the texting format influenced the counseling process in this particular program. These were the only two staff at the agency who had experience with both voice and text lines and could provide a unique perspective about them. As supervisors, they monitored counseling sessions for both types of crisis lines and trained new counselors for the text line.

Analysis

Demographic information was gathered from the text sessions to the extent possible though it was optional, and most declined. The entire transcript from each session was examined, with particular attention to their presenting problems and the texter language and tone as the sessions closed. Ascertaining outcomes is difficult with an anonymous short-term service. Without directly-asked questions in a follow-up survey, it is more an assessment of hints and clues that may reveal whether users felt their needs were addressed, at least for the short-term. The counselor approaches to connect with the texter and the texter reactions were examined to help understand how those interactions unfold in a texting interface. To accomplish this, the analysis used an iterative process of reading, identifying patterns, negative case analysis (examples where a theme emerged differently), and constant comparison of themes (Corbin & Strauss, 2008; Creswell et al., 2007; Miles, Huberman, & Saldana, 2014).

Counselor interviews provided information about counseling and intervention techniques used that were specific to the texting format. Drawing from a mixed methods approach and using an explanatory sequential design (Haight & Bidwell, 2016), the

specific counseling supervisor interview questions were developed after the text sessions were analyzed to elucidate features in need of further clarification. With only two interviews and direct questions, the analysis did not involve an in-depth analysis of patterns and themes. Rather the findings from those interviews provide information about the intervention strategies used and observations about the impact of text counseling.

Ethical Research with Human Subjects

The research protocol for this study was approved by the principal investigator's university institutional review board in advance of any data collection. An anonymous service by design, in most cases the staff also did not know the identity of the texter. Texters were not required to provide names or any demographic information. In the instances where there was such data in the transcripts, the supervisor fully redacted all identifying information in the transcripts prior to making the data accessible for analysis.

Findings

The findings present data from both the text transcripts and the counseling supervisor interviews. For each section, the findings from the transcript analysis are presented, followed by counseling supervisor perspectives on that topic. Texter quotes are presented as received; any spelling errors or abbreviations reflect how they appeared in the original transcript.

Obtained Sample

Forty-nine randomly selected transcripts representing all 12 months of 2014 were used. One texter initiated contact later in the same day and was included in the sample, increasing it from 48 to 49. The sample therefore represents up to 48 unique individuals, though given anonymity, there may be repeat texters who were not identified as such. Of those who reported gender, 29 were female, eight male, and one transgender. Two-thirds opted not to provide their age. Of those who did, the vast majority were between 12 and 24 years old, averaging 18.5 years. There was one outlier who was 44 years old. Most of the texters did not opt to report their ethnicity. Of the ten who did, two identified as African American, one as Hispanic, and the remaining were Caucasian. Seventeen different counselors facilitated the text sessions that were reviewed, averaging three text sessions per counselor.

Presenting Problems

The texters sought help in three broad areas: 1) their current emotional state reported as part of a pre-existing mental health condition causing chronic bouts of depression, anxiety, or suicidality, 2) a romantic interest yielding rejection, conflict, or abuse, or 3) family and peer relations, typically in regard to feeling isolated, unwanted, or unloved by family, or bullying by peers.

Disinhibition with Texting

Both the text transcripts and the counseling supervisors revealed some indication of disinhibition linked to the anonymity of the texting interface.

Texters. There was some evidence to suggest that texters would elect not to receive crisis services if they were not offered via texting. Nearly a third (29.2%) of the texters originally texted during the night when the text line was not available. While they were given the option to use the voice line to receive immediate help, none chose that option. Instead they waited until morning to text again or accepted support when a counselor texted them.

As texters began sharing their reasons for seeking help, some explained that they chose texting because it was too difficult to talk to others in-person or over the phone about their concerns. Below is an excerpt from a young person sharing for the first time her longstanding problem with self-harm and eating disorders.

> Texter: *Well, I want to get help somehow but I'm too scared to tell my parents or any one at school.*
>
> Counselor: *Thank you for reaching out. I know it takes a lot of courage to speak up. Could you tell what you're going through? Maybe talking about it might help.*
>
> Texter: *I've been self-harming and I've had an eating disorder for years and I feel like it'll never go away.*
>
> Counselor: *I'm sorry to hear that. It must be very hard to pretend and hide this from your family. How have you been coping?*
>
> Texter: *I don't know, it's kinda up and down I guess.*
>
> Counselor: *Are you receiving any services for your eating disorder and depression?*
>
> Texter: *No. I've never really told anyone about it.*

Another texter explained that she had not talked to anyone about her suicidal ideations and that she could not use voice services.

> Counselor: *who do you have that provides support?*
>
> Texter: *i don't really talk to anyone about this so no one knows*
>
> Texter: *i was looking for suicide hotlines online but since i can't really speak over the phone i decided text message would be best*

The texters sought help from a wide range of locations and situations. Although not all texters shared their location, many did. While some were at home, especially during evening sessions, others mentioned that they were in class, in the school restroom, in the school cafeteria, at work, or on a walk.

Counseling Supervisors. The counseling supervisors also observed that the privacy of texting ameliorated inhibitions.

> *The anonymity really helps. People are honest very quickly, in our experience. As opposed to face-to-face or the [voice-based] calls who are less so.*

One of the supervisors discussed the relevance in situations warranting mandated reports. The counselor explained that youth who were otherwise too afraid to report on their abuse and name their perpetrator in-person or by voice, were able to do it via texting.

> *Kids, you know, a 14 year old…who's been a survivor of abuse – I think that it would be very hard for them to make the report on the phone or in person…like at school those counselors might know their parents or know their uncle or might know the perpetrator. Whereas with us…you don't have to look at us. You don't have to hear us…so we're telling them we're mandated reporters upfront, making it their choice, then they're willing to give us more information than they would otherwise. Then we'll get, "here's my last thing, here's the person in question. This is perpetrator." After we started doing this, we experienced a spike over the last year in mandated reports due to kids sharing enough information to report.*

There were not examples of such abuse reports in the obtained sample of transcripts. However this comment was included here because, if it is reflective of a real phenomenon, it is an important issue worthy of future exploration.

Text Session Closings

Text statements were examined at or near the end of the sessions to identify two indicators of outcomes that might shed light on whether or not their needs were addressed: 1) if they reached a plan that they were willing to try, and 2) if their remarks offered any indication of whether or not they found the session to be helpful. The nature of the data is biased toward an absence of positive findings because the only way to know with certainty that a texter found it useful is if they explicitly volunteered that information. Texters who offered no remarks about the services may have found them helpful, but simply did not state it; the converse could be true as well.

Four themes from the close of the conversations surfaced (see list below) . These were categorized by the texter remarks indicating the following: whether or not a plan for safety was established, or in cases where safety was not a concern, if at least a tentative plan for the presenting problem was achieved, and who initiated the closure. We also examined whether or not it was a jointly reached plan.

1. *Positive*: (65%) a) the texter specifically indicated some satisfaction with the session toward addressing their needs, a plan was reached, and the session was jointly closed by texter and counselor; or b) the texter language was cautiously optimistic, a plan was reached, and the counselor initiated the close.
2. *Not in danger/no indication about whether their needs were addressed:* (17%) The texter was not currently in danger. The texter did not provide language suggesting satisfaction or dissatisfaction with session. The counselor initiated the close. No plan regarding the initial presenting problem was created.
3. *Abrupt:* (14%) The texter initiated the close abruptly without explanation.
4. *Vague*: (4%) The texter initiated the close, offering a vague or generic reason. Or the texter's language in response to a plan was noncommittal.

Positive Closings. Nearly two-thirds (65%) of the sessions ended positively. Texters were not asked to report their satisfaction with the sessions in regard to meeting their needs, so it is not known definitively how many found the services helpful. This section describes both those who explicitly expressed satisfaction and those who might have found the services helpful but revealed it in indirect ways.

Of all the types of closures, a positive collaborative end to the text session was the most common. In these cases, there was some resolution with either a short-term plan to get through the day or night or a more extended plan, jointly reached by texter and counselor.

- *I'm sure [going for a run] will help me feel better about things. Thanks for listening. I will text in tomorrow if I need to.*
- *You've convinced me to reach out more for help, thank you!*
- *Thank you for your help. I feel better having a plan for what I'm going to do*
- *I'm glad I reached out to you im beginning to feel a lil better I've calmed down*
- *Thank you I feel a lot more comfortable after talking to you…*
- *Thank you so so so much*
- *Ok thank you! And yes, thank you for talking to me!*

A texter who reaches out in crisis can have a positive outcome without necessarily sounding upbeat. Some of the texters agreed to a plan using language that was cautiously optimistic. In the exchange below, the texter agreed to accept several referrals. The texter's phrasing, "I think that will work" suggests that he or she was at least willing to try the plan. After this remark, the "okay" comments exude neither a positive or negative sentiment. They demonstrate that the texter was paying attention and accepted the referral information, though there was a significant lapse before acknowledging them, a common occurrence in the texting venue.

Counselor: *So I found several counselors who specialize in self-harming. They accept Sliding Scale so you may still be charged but in a less amount. Will that work for you?*

Counselor: [10 minutes later] *Are you still there?*

Texter: *Yes, i am still here. I think that will work.*

Counselor: *Great! Here are the two counselor's name and address.*

Texter: *okay*

Counselor: *Also, here is a clinic that seems provide free services*

Texter: *okay*

Counselor: *I will let you go now. I hope you have a good night! :)*

Not in danger, no indication if needs were addressed. Seventeen percent of the sessions fit this category. These were often texters seeking to talk about their concerns, but they indicated no specific need beyond support. Therefore unlike other sessions, counselors did not attempt to close the conversation with an offer of service referrals. In these sessions,

the texters also did not offer any information whether they found the session to be helpful or unhelpful.

Abrupt Ending. In the sessions classified as having an abrupt ending (14% of sessions), the texter initiated the close suddenly without a plan and without any indication of whether or not the session was helpful.

I have gym class so i have to go

I have to go. My husband is home

Other examples of abrupt endings occurred when there was a long lapse in texter response. Sometimes the counselor would ask if the texter still wanted to talk or if this was still a good time to talk and the texter replied "no." Other times they simply disappeared. One used the "STOP" option offered to all texters to immediately close the session.

While it is never known with certainty, some abrupt endings may be due to external factors that compel a texter to close quickly, such as someone walking in the room, or as one young texter reported, they were texting at school between classes and class was about to start. Others may not want to continue the session and use these statements as a way to close the conversation.

Vague/Ambiguous. The closings coded as vague were the smallest category (4%). Here, the texter initiated the close, offering a generic reason, or the language in response to help was noncommittal. In these cases, the texter responses were increasingly delayed. They most often stated that they were tired and wanted to sleep, regardless of the time of day.

I think I might take a nap for a while.

Im feeling very sleepy can we talk tomorrow?

In these cases, the texter typically did not respond to specific counselor suggestions, or did not respond to counselor efforts to identify possible plans.

Counseling Strategies – Counseling Supervisor Perspectives

The counseling supervisors were asked to explain the program's intervention strategies, challenges, and strengths when using the texting interface. Both observed that assessment and connection, each critical to the process, unfolded differently with text than with voice. Assessment must occur quickly in crisis intervention and was challenging without sound-based cues.

> *On the phone you're picking up different cues. Background noises, inflection, their tone, are they emotional? … you're assessing based on the non-verbal cues you're getting. Are they outside or inside? Are they pacing? Are they crying? With text we don't get any of that information.*

Therefore, counselors had to explicitly ask questions they might otherwise detect in voice calls. The supervisors explained that new counselors were tempted to attach emotions or emphasis to the typed words and highlighted the importance of careful training.

> *What happens especially with new staff who don't have any experience in the field is that they want to project some emotional situation to the text…They want to emphasize words…but you only have the words on the screen. That's it. That's all you have. You cannot under any circumstances put any weight on any of those words because you can't infer inflection. Unless they capitalize it. Because there's no bold. There's no italics. There's not anything else.*

The supervisors offered some insight into the unique effort and tactics required to cultivate a connection with texters with only the written word. Both emphasized that they must be more direct and specific in their language than with voice conversations. One explained,

> *Everything that I want to convey, I have to convey through words…I have to make a more conscious effort to connect. Whereas on the call side you can connect just through your tone of voice, being there, active listening and they know someone is listening. On the text side, you have to prove that you are listening…I have to kind of verbalize my active listening a lot…and we have to actively sound empathetic, because by nature, text messages do not sound empathetic.*

Both counseling supervisors also explained that it was necessary to provide a single question or statement per text and wait for a response before moving on to another question or else risk that the texts become off-sequence, making it difficult to know which question the texter was responding to. In the following excerpt, the counselor made explicit empathic statements that could perhaps be delivered through vocal prompts (e.g., "mmhm") in a voice call. The counselor kept the comments brief, one idea per text, to keep the texter engaged. Short counselor texts also mirrored the typically short texter messages. The vast majority of texter messages across all texters were single sentences or phrases. Near the end of this excerpt, the counselor touched on an important precipitating event that the texter started to deny but then revealed in the pursuant exchange.

Texter: *I just want to talk. No I'm not in danger*

Counselor: *What did you want to talk about?*

Texter: *I'm falling apart and I feel so worthless*

Counselor: *That sounds overwhelming.*

Counselor: *I want to check in with you and ask; are you thinking about suicide?*

Texter: *I think about it every day.. I won't do anything though*

Counselor: *It must be hard to feel that way all the time. I'm glad to hear that you won't do anything though.*

Counselor: *Why do you feel that you want to die?*

Texter: *I have people I would hurt... I feel like shit. I feel unwanted and worth less. My boyfriend never helps the situation*

Counselor: *I'm sorry to hear your boyfriend hasn't been helpful -Is there anyone who is helpful?*

Texter: *Not really. I feel like everyone hates me*

Counselor: *Did something happen to make you feel this way?*

Texter: *No… maybe idk**

*idk is an abbreviation for "I don't know"

Despite the challenges of texting-based counseling, the supervisors both highlighted the value of reaching people who might not otherwise seek help. One noted that when new staff were trained in both crisis line formats, they commonly asked if text lines are as effective as voice calls.

> *My answer to that is, no, but that's not the point. People are using this service who would not otherwise use it. Like, they are not looking at it like, "I'm going to talk to my school counselor or text TXT4Life." They're looking at it only like, "I'm going to text" because they're looking for something more anonymous, no face-to-face or voice. They want the privacy piece and impersonal as possible…The point is we're getting people to reach out that wouldn't normally reach out.*

The question therefore, according to the supervisors, was not so much one of whether or not texting-based crisis counseling is equivalent to voice-based hotlines, but rather whether or not the texter would receive any help at all without the text service.

Limitations

The sampling frame in this study excluded sessions shorter than 30 minutes, thereby eliminating texters seeking only referrals and those who were not in crisis but needed a brief check-in, or other more straightforward needs. As such, this study sample was disproportionately comprised of those with more complex or more serious problems. It is important, therefore, to use caution when comparing these findings to those typically presented by other text lines that report on all text sessions. The anonymous nature of crisis lines limits access to information like demographics and outcomes post-session, both important to fully understanding the scope and needs of text line users. The key informant interviews can only speak to the techniques and approaches specific to the collaborating agency and should not be interpreted more broadly.

Discussion

This study highlights benefits and challenges of texting-based crisis lines, as well as nuances of the counseling process. Because it is an emerging medium for service delivery, most of the available information is found in program reports that are not peer-reviewed research and primarily provide descriptive statistics about users and services delivered. Very little empirical information is available on texter reactions to counseling sessions or counseling strategies with texting.

There is growing support for the value of texting-based crisis counseling. The texting interface is popular, especially among young users. This is evidenced in part by the growing volume of text calls. The program saw a six-fold increase in the year following the initial year of operation and has seen dramatic monthly increases in text volume since

then (Canvas Health, 2015). In 2014, they received 5,658 texts and one year later in 2015, this figured jumped to nearly 10,000 texts (Canvas Health, 2015). The largest such service in the U.S., the Crisis Text Line, reports vast usage of their line since its inception in 2013 (Crisis Trends, 2016). This sheer usage suggests that young people view this as a viable modality to receive needed support.

The counselors in this study argued that without texting, some youth in crisis may not otherwise seek help, a point also raised by several of the system users. The overall agency statistics and those from other research reveal that voice hotlines are underutilized by adolescents and young adults, whereas the text users disproportionately represent this same age group (Gould et al., 2006; Canvas Health, 2011; TXT4Life, 2015). Other research supports this phenomenon as well. For example, Evans et al. (2013) reported that their text users rejected "outside help," instead requesting more text options and that youth believed the text line would "help youth who might not otherwise seek help" (p. 480). Gibson and colleagues (2016) also arrived at this conclusion, reporting that adolescents using texting services explicitly stated their preference for this mode over all others.

The findings here offer some support of the Online Disinhibition Effect (Suler, 2004) as an explanation for the popularity of texting services. Some of the texters in this study reported that it was the texting-based format that encouraged them to use the service, often sharing their struggles for the first time via text. This is consistent with Haxel's (2013) findings as well. Both this study and Haxel's work suggest that texting creates room for dissociative anonymity (Suler, 2004) in which the texter has control over information and verbal expression, allowing them to communicate more candidly than in-person, if at all.

About two-thirds (65%) of the texters in this study gave some indication of a positive outcome. This is a larger share than Mokkenstorm et al. (2017) found (49%) with chat sessions, though the comparison should be viewed with caution as the measures were different. This still leaves a third who did not explicitly suggest a positive outcome. These findings are tempered by the scope of anonymous crisis counseling. While counselors could do their best to reach a shared agreement of a safety plan, just as with any counseling situation, not all texters are ready for this, even for the short-term to get through the day. Others, not in immediate danger, may have chronic presenting problems that cannot be reasonably resolved, even temporarily, during a text session. A higher rate of positive closings (76%) were reported when including non-crisis calls seeking information or other quick responses, all excluded from this analysis (TXT4Life, 2015). This is in keeping with at least one other texting program (Evans et al., 2013).

One of the greatest challenges for texting-based crisis counseling is assessing effectiveness. This is extraordinarily difficult in the context of anonymous crisis intervention, particularly determining impact after the session has ended. There is inherent bias in regard to who spontaneously provides feedback at a later date (Mokkenstorm et al., 2017). Post-session surveys also raise problematic issues with non-response, as those with some of the worst outcomes such as suicide, will, by definition, not be reachable. Yet, mid-session may not be the time that a texter thinks about saying "thank you" or sharing that it is making a difference. In fact, the nature of texting tends to omit this type of exchange. Therefore, the absence of affirmative statements toward usefulness does not mean that a

session was unhelpful, only that it was not expressed at the time. Nevertheless, there was some evidence of user satisfaction in the text transcripts; the majority of the texters provided some indication that the services were useful.

The flexibility of texting is an important factor. Unlike online chats or other telecommunication services, texters may reach out for help in any setting while retaining privacy from others in close proximity, freeing them to seek help at almost any time rather than waiting for an opportunity and space to have a private phone call. In fact, the texters in this study sought help while at work, during school, meals, and in the presence of friends and family, a feature also observed in Haxell's (2013) study. The benefit of immediacy is critical; texters do not have to delay seeking help until there is a private time or space.

There are many similarities but also important distinctions between voice and text crisis counseling. The goals of crisis intervention - to assess, deescalate, establish a safety plan, provide support, and offer referrals - are the same whether the mode is texting or voice. Just as with voice calls, counselors aim to connect with texters, reflect their feelings, gather information, and help them arrive at a short-term plan when necessary. The texters in this sample raised the same types and range of presenting problems as in voice-based calls.

Nevertheless, several critical differences between the two modes are important to understand. These differences lie in the way that texters share information, the flow of the sessions, and knowledge and techniques that counselors must have in order to engage effectively with the texters. Without tone of voice or other sound-based cues, a counselor cannot know texter emotions until they are stated. In voice calls, counselors attend to cues from the caller's tone, rapidity of speech, sounds of crying, and background noises. They also use their own vocal tone to influence interactions. Without those conversational attributes in texting, questions must be framed more carefully and directly. Exchanges must be brief, attending to a single idea per text, lest the exchange becomes off-sync and leads to confusion about which question or comment the response refers to. The counseling supervisors who provided context for this study emphasized that interpretation of texts must be drawn exclusively from typed words, avoiding the temptation to assign emotions to written statements when none have been expressed to avoid arriving at an inaccurate conclusion or assumption.

Ideally, a training manual would be created and made available for programs offering texting as a new service. It is possible that programs that have been in operation and have developed effective techniques specific to texting already have such manuals that could be modified for more general use. Specialized training is important for any new programs or counselors new to this venue for crisis counseling. Training should be comprehensive, but some key components should include assessing by asking critical questions directly, practicing not placing emphasis on certain words, and establishing a connection quickly through brief empathic statements delivered one at a time.

The written nature of the texting interface has some advantages for supervision and training. Examples of past sessions can be easily reviewed to demonstrate counseling strategies that work as well as those that are less effective. Real-time supervision can be provided with a supervisor reading texts side-by-side with a new counselor, talking them

through sessions. With asynchronicity allowing for short delays, counselor and supervisor can discuss next steps together during the session.

Finally, research must catch up to the pace of technological changes in crisis counseling. Very little is known about best practices, about the most effective ways to establish a connection with texters, or about what the system users value the most in texting-based crisis services. More research is needed to better assess outcomes and to examine the efficacy of various communication and intervention strategies.

The young demographic of text line users represents the most vulnerable and most underserved in crisis counseling (Santor et al., 2007; Sawyer et al., 2012). Text-based crisis counseling is cutting edge and germane in this age of electronic communication and shows promise for young people suffering from mental health and other socio-emotional problems who are not ready for voice-based or in-person services.

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Social Work Practice and Gun Safety in the United States: Are We Doing Enough?

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Abstract: *Public policy debate about guns continues in the United States, with many professional organizations taking strong stands in policy statements. Moreover, many clinical organizations have provided recommendations for practitioners to use with clients to encourage gun safety in the home, particularly for vulnerable populations such as families with young children and those at risk of suicide. Social workers are in an excellent position to encourage gun safety with some of the most at-risk populations; however, clinical guidelines and research on preventing gun violence has lagged in social work compared to other disciplines. In this article we examine the importance of gun safety for social work clients (with special attention to families with children, families experiencing violence, and individuals at risk of suicide), consider the recommendations made by other professional organizations, and provide some initial thoughts about how social workers might engage with the families they serve to reduce the incidence of gun violence.*

Keywords: *Gun safety; firearms; violence prevention; suicide; social work*

In 2015, 36,252 persons in the United States died as result of firearms, which represented nearly 17% of all injury deaths recorded (Centers for Disease Control and Prevention [CDC], 2017). Gun deaths in the United States are an outlier compared to other developed nations; a recent study demonstrated that US gun homicide rates were 25 times higher than our peer nations, and firearm-related suicides were 8 times higher (Grinshteyn & Hemenway, 2016). While firearm-related fatalities in the United States are high, it is estimated that two-thirds of those who are victims of firearm violence survive their injury, a phenomenon that has been described as a "hidden epidemic" (Bernstein, 2017; Kalesan et al., 2017). Given the abiding concern about gun violence in the US, a public health social work perspective (Keefe & Jurkowksi, 2013; Ruth, Sisco, & Marshall, 2016) that focuses on recognizing, preventing, and addressing the problem of gun violence is warranted (Arp, Gonzales, Herstand, & Wilson, 2017), and is consonant with gun policy responses from other sectors, including psychology, public health, psychiatry, nursing, pediatrics, and medicine (American Academy of Pediatrics, 2016; American Medical Association, 2016; American Psychiatric Association, 2014; American Psychological Association, 2017; CDC, 2014; Pinals et al., 2015). In this paper, we use "firearm" interchangeably with the word "gun," to be consistent with common usage in research and lay writing. However, the legal definition of "firearm" implies a shotgun, rifle, or long gun.

Public health social work is a framework that integrates public health with the values and techniques of social work (Keefe & Evans, 2013). The public health approach to

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violence prevention uses multidisciplinary data to address the problem, identify risk and protective factors, and design prevention strategies (CDC, 2015). The social work perspective complements the public health approach by bringing foci to nested levels of influence, including micro, mezzo, and macro practice.

The purpose of this review is to assess the state of gun violence research, highlight the need for broader social work engagement, and to focus specifically on the ways in which social work practitioners can help keep their clients safe within a micro practice framework. For the purposes of this review, we focus on families with children, families experiencing domestic violence, and individuals at risk of suicide.

The State of Gun Violence Research

A recent systematic review of clinician attitudes, screening practices, and firearm injury reduction interventions in the US found that the current literature in this area is not particularly high quality, and recommended more large-scale and adequately funded research (Roszko, Ameli, Carter, Cunningham, & Ranney, 2016). Of the 72 articles included in the review, social work scholarship was comparatively underrepresented; the majority of the research was undertaken by professionals in medical settings, predominately pediatrics, and only two articles covered research in social work settings (Slovak & Brewer, 2010; Slovak, Brewer, & Carlson, 2008).

This relative lack of social work scholarship on gun violence can been seen in other venues that highlight social work research, including our professional conferences. In a recent meeting of the Society for Social Work and Research, the number of abstracts that contain the words “firearm” or “gun” has been very low. Between 2009 and 2016, there were no more than three per year; though the number has increased to six in 2017 and five in 2018, it still reflects a paucity of effort compared to other fields. Moreover, in the four journals produced by the National Association of Social Workers (*Children and Schools*, *Health and Social Work*, *Social Work*, and *Social Work Research*), only 35 articles have been published to date that contain either of those terms. This may be partially due to the fact that many social work researchers are working across sectors with other disciplines, and their scholarship may not be reflected in social work conference abstracts or in social work journals. Some of this research has included firearm-related topics such as sociological autopsy of firearm suicide (Slater, 2011), suicide ideation and intent (Freedenthal, 2008), suicide among the geriatric community (Adamek & Kaplan, 1996; Slovak, Pope, & Brewer, 2016), an editorial piece on gun violence following the Virginia Tech shootings (Jenson, 2007), and an exploration of the etiology of school shootings (Mongan, Hatcher, & Maschi, 2009).

Because gun violence is a multi-faceted problem, multi-faceted research is needed. However, research that directly impacts the micro practice role of social workers is particularly needed given the fact that social workers provide more direct mental health services to individuals than any other mental health profession. According to the United States Department of Labor Bureau of Labor Statistics (n.d.), there were 682,100 individuals working as social workers in the US in 2017, versus 260,200 working as mental health counselors and 166,600 working as psychologists. As such, we would hope to see

more research specifically looking at screening for gun ownership and safety. To our knowledge, only one representative sample of social workers has ever been surveyed about knowledge, attitudes, and behaviors towards screening for guns (Slovak & Brewer, 2010; Slovak et al., 2008).

One possible reason for the paucity of studies has likely been the dearth of funding for firearm-related social science research, extending back to the 1990s. In 1993, an article published in the *New England Journal of Medicine* reported findings of a study funded by the CDC (Kellermann et al., 1993). In an analytic review of 1,860 homicides, Kellerman and colleagues found that the presence of a gun in the home was a strong and independent risk factor for homicide, controlling for illicit drug use, prior arrests, and domestic violence (see also Kellermann, Somes, Rivara, Lee, & Banton, 1998). The researchers' conclusion was that, rather than being an effective means of protection, guns instead posed a substantial threat to household members.

These pronouncements from a federally-funded agency prompted the National Rifle Association (NRA) to support the development of language in Congress's 1996 Omnibus Consolidated Appropriations Act (Jamieson, 2013). This act mandated a prohibition on any funding by the National Institutes of Health (NIH) that might pose a "restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control." An amendment introduced by U.S. House Representative Jay Dickey (R-AR; the "Dickey Amendment") further specified that "none of the funds made available for injury prevention and control at the Centers for Disease Control may be used to advocate or promote gun control" [Omnibus Consolidated Appropriations Act of 1997, 110 Stat. 3009, 3009-244 (1996) (This public law was not codified in the United States Code)]. This policy has had a chilling effect on research directed toward understanding firearm injury in the US. The lack of research has stymied efforts to contextualize gun violence in the US, and has gone so far that Dickey himself expressed regret at the situation. In an op-ed co-authored in 2012 with Mark Rosenberg, who was director of the CDC's National Center for Injury Prevention and Control at the time the Dickey amendment was enacted, Dickey and Rosenberg (2012) wrote:

> Since the legislation passed in 1996, the United States has spent about $240 million a year on traffic safety research, but there has been almost no publicly funded research on firearm injuries. As a consequence, U.S. scientists cannot answer the most basic question: What works to prevent firearm injuries? (…) We were on opposite sides of the heated battle 16 years ago, but we are in strong agreement now that scientific research should be conducted into preventing firearm injuries and that ways to prevent firearm deaths can be found without encroaching on the rights of legitimate gun owners. The same evidence-based approach that is saving millions of lives from motor-vehicle crashes, as well as from smoking, cancer and HIV/AIDS, can help reduce the toll of deaths and injuries from gun violence. (paras. 12-15)

In 2013, in the wake of the mass shooting at the Sandy Hook Elementary School in Newtown, Connecticut, President Obama issued an executive order that the CDC resume research into "the causes of gun violence and how to prevent it" (Engaging in Public Health

Research on the Causes and Prevention of Gun Violence, 2013, p.1). However, this has had little effect. A CDC spokesperson, Courtney Lenard, in a statement to the Washington Post in January 2015 noted that the CDC had possible research goals but lacked funding to pursue such goals. Her statement outlined that it is "possible for us to conduct firearm-related research within the context of our efforts to address youth violence, domestic violence, sexual violence, and suicide, but our resources are very limited" (Frankel, 2015, para. 6).

In March of 2018, a legislative report that accompanied the Omnibus US spending bill included wording that read (reported by Keneally for ABC News, 2018):

> While appropriations language prohibits the CDC and other agencies from using appropriated funding to advocate or promote gun control, the Secretary of Health and Human Services has stated the CDC has the authority to conduct research on the causes of gun violence. (Recent Actions, but No Changes section, para. 8)

Editorial comments following this announcement expressed pessimism that such a statement would increase research into gun violence due to the fact that: a) the original Dickey amendment language is still in place, and b) no federal funding was appropriated for gun research in 2018 (e.g., Greenfieldboyce, 2018; Killough & Walsh, 2018; Weixel, 2018). In short, Congress has not acted on calls to reverse the CDC funding freeze, despite public outcry following recent mass shootings like the Orlando nightclub massacre (Barry, 2016) or the school shooting at Marjory Stoneman Douglas High School in Parkland, Florida (e.g., Blaskey, 2018; Cunningham, 2018).

Given that many social scientists use U.S. federal funding to conduct research, it is understandable that research has been limited in social work as well as other disciplines. Indeed, the lack of good data for firearm violence is frequently lamented by policy-makers and researchers (e.g., Bushman et al., 2016; Foran, 2016), meaning that conclusions must be drawn from smaller or dated studies. However, there have been reports of impactful analyses despite the unavailability of federal support. For instance, research looking at the relationship between gun ownership and firearm homicide rates in the U.S. using publically available databases essentially replicated findings from the 1990s that demonstrated increased rates of firearm homicide in relation to increased rates of gun ownership (Siegel, Ross, & King, 2013). Regardless of the disciplinary foci of the research in this area, it is clear that there are significant concerns that warrant social work attention to gun violence and gun safety. Following, we briefly review the research on three vulnerable populations to illustrate how social workers in direct practice may work to prevent gun injury.

Children and Firearm Injury

Firearm deaths, whether from accident, homicide, or suicide, pose a serious threat to children in the United States. In 2009, 20 children were hospitalized every day for firearm injury, with the majority being males (Leventhal, Gaither, & Sege, 2014). Older children and adolescents (ages 13-17) may be more at risk for violent, *intentional* injuries by firearms, whereas younger children (10 and under) are more likely to sustain *unintentional* injuries (injuries occurred when a gun was accidently discharged during cleaning, hunting, playing with, or inspecting the weapon (Perkins, Scannell, Brighton, Seymour, &

Vanderhave, 2016). Moreover, in 2014 firearm suicide and firearm homicide, respectively, were the third and fourth leading causes of death in children ages 10-14. Firearm homicide was the second leading cause of death for youth ages 15-24 (CDC, 2016a).

High rates of firearm mortality and morbidity in the United States may be related to the number of guns owned and previous exposure to gun violence. One study found that 35% of homes with children below age 18 contained at least one gun, with 43% of those containing at least one unlocked firearm (Schuster, Franke, Bastian, Sors, & Halfron, 2000). More recent data, focusing on parents of pre-school-aged children, showed that 21.6% of parents owned firearms, and only 68.6% stored them in a locked cabinet (Prickett, Martin-Storey, & Crosnoe, 2014). Similarly, it has been shown that one in three homes in which adolescents are living have a gun that is either stored unlocked and/or loaded (Simonetti, Theis, Rowhani-Rahbar, Ludman, & Grossman, 2017). For adolescents exposed to firearm violence in their homes in Chicago, Illinois, propensity scoring analysis suggests that they have double the risk of perpetuating serious violence themselves over the subsequent two years from the date of their exposure (Bingenheimer, Brennan, & Earls, 2005).

There are also racial disparities in the likelihood of a child sustaining a firearm injury. An Alabama study found that African American children were 2.5 times more likely than Caucasian children to be victims of firearm injury (Senger, Keijzer, Smith, & Muensterer, 2011). Firearm hospitalizations also increased for African American children between the years of 1998 and 2011 (Kalesan, Dabic, Vasan, Stylianos, & Galea, 2016). In 2014, the CDC reported that homicide was the leading cause of death for African Americans ages 10 to 24 (CDC, 2016b). Given this reality, it is important to consider societal causes and social determinants for this disparity in risk among our youth.

School mass shootings have brought the issue of youth violence and youth access to weapons to the fore. Looking at the etiology of school shootings, Mongan and colleagues (2009) suggested that risk factors for mass shooting perpetration among youth include marginalization, access to guns, and masculinity. They apply a stages-of-change model to the understanding of how a youth goes from pre-contemplation of school shooting through to the termination stage of carrying out violence. Accessing weapons is part of the action stage of this model, and the majority of firearms (between 53% and 68%, depending on the study) used by youths in the commission of school mass shootings are acquired from their homes or from relatives (Bushman et al., 2016).

Involving parents may be a critical component in light of research suggesting that parents of adolescents may be more likely to practice unsafe gun storage, which means adolescents may be able to access parents' guns to commit crimes. In a national random sample of parents with firearms in the home, 42% stored their firearms unlocked, 26% stored their firearm loaded, and 10% stored their firearm unlocked *and* loaded (Johnson, Miller, Vriniotis, Azrael, & Hemenway, 2006). For young children, Morrissey (2017) used data from the Childhood Longitudinal Study – Birth Cohort merged with the FBI's Active Shooter Incidents data to demonstrate that: 1) about one-fifth of young children lived in households with one or more guns, 2) only two-thirds of these homes stored all guns in locked cabinets, and 3) those parents living in closer proximity to recent active shooter

incidents were more likely to lock their guns properly. This suggests that heightened awareness about gun violence may prompt safer storage.

In terms of clinical preparation of social workers for addressing youth violence, reports from the most recently available studies suggest that very few social workers (5%) received violence prevention training in their graduate programs (Astor, Meyer, & Behre, 1999), yet many express desire for such training (Astor, Pitner, Meyer, & Vargas, 2000). Social workers have noted a mismatch between their graduate training and the actual problems they confront related to violence, compounded by excessive caseloads that make preventively meeting client needs difficult (Astor et al., 2000).

Intimate Partner Violence and Firearms

Data from the National Intimate Partner and Sexual Violence Survey (NISVS) in 2011 showed that in the course of their lifetime, approximately 33% of women and 28% of men experience physical violence by an intimate partner (Breiding, Chen, & Black, 2014). Intimate partner violence includes homicide, and is stratified by gender. Female murder victims are six times more likely than males to be killed by an intimate partner (Cooper & Smith, 2011) and more likely to be murdered with a firearm than by all other means combined (Petrosky et al., 2017). The presence of a firearm in the home has been shown to increase this risk eight-fold, even after controlling for a variety of individual-, relationship- and incident-level factors (Campbell et al., 2003).

Firearms are also used to threaten and intimidate, as opposed to injure, in the context of intimate partner relationships. Recent research has shown that this is the most frequent use of guns (69.1%) in relationships involving intimate partner violence (Sorenson, 2017). A previous large study of men enrolled in certified batterer intervention programs found that this occurs in at least four ways – either by directly threatening to shoot, or by cleaning, holding or loading a gun while arguing, or by threatening to shoot loved ones or pets, or by actually firing a gun during an argument (Rothman, Hemenway, Miller, & Azrael, 2004). In a study of women residing in domestic violence shelters, it was reported that of the one-third of women who had previously resided in homes with firearms, the majority (71%) had been threatened with a gun (Sorenson & Wiebe, 2004). This use of guns to coerce and threaten has the effect of making women significantly more afraid of potential gun violence than other types of assaults (Sorenson, 2017).

Addressing the issue of firearm involvement in intimate partner violence is complicated by the lack of research funding, and also by on-the-ground realities of limited or unavailable data on gun ownership. For instance, one social work researcher who set out to explore theorized relationships between domestic violence, rates of gun ownership, and parental educational attainment on aggression in children was stymied in analytic modeling by the inability to assess the number of registered firearms in the counties under study (Sprinkle, 2007). Although there is some evidence to suggest that restricting access to firearms for individuals under restraining orders for domestic violence reduces intimate partner homicide between 7% (Vigdor & Mercy, 2006) to 9.7% (Díez et al., 2017), the relationship between domestic violence and firearms remains under-studied.

Firearms and Suicide

The most common means of completed suicide in the US is death by firearm, accounting for approximately 50% of all suicides annually (CDC, 2016a). Certain populations are at increased risk of attempting suicide, including veterans (Kang, Bullman, Smolenski, Skopp, Gahm, & Reger, 2015), older adults (Conwell, 2013), and certain minority populations such as American Indian/Alaska Natives (Wyatt, Ung, Park, Kwon, & Trinh-Shevrin, 2015), and lesbian, gay, bisexual, and transgender individuals (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; King et al., 2008). Anglemyer, Horvath, and Rutherford (2014) undertook a systematic review and meta-analysis across the professional and gray literatures in order to understand the association between firearm availability and suicide or homicide. The pooled data from 16 studies showed a three-fold risk for homicide, and a two-fold risk for suicide in homes with firearms; the risk for suicide was three-fold when only studies with interviews about firearms were considered. Again, the authors note the difficulty of establishing firearm ownership due to inadequate data access and privacy and legality concerns.

Those who attempt suicide by firearm are largely successful – 91% of attempts are fatal, which is substantially more than any other method (Miller, Azrael, & Hemenway, 2004). Regardless of sex, using a firearm increases the risk of dying by 140 times when compared with other methods (Bostwick, Pabbati, Geske, & McKean, 2016). Efforts to reduce suicide have therefore centered on reducing access to lethal weapons for vulnerable individuals ("means restriction"; e.g., World Health Organization, 2014, p. 8). Recent studies of the impact of state firearm regulations in the US show that restricting overall access to firearms through regulations such as permit and licensing requirements has been found to be associated with reduced suicide rates (Alban et al., 2018; Andrés & Hempstead, 2011; Fleegler, Lee, Monuteaux, Hemenway, & Mannix, 2013).

The majority of individuals have some form of contact with mental health professionals prior to their death by suicide (Luoma, Martin, & Pearson, 2002; Stene-Larsen & Reneflot, 2017). Assessment for suicide risk is a standard of care among many social workers; however, training to do such assessments may be lacking. In a national sample of social workers, less than 25% reported having received any such training; furthermore, a majority reported that they felt their training was inadequate (Feldman & Freedenthal, 2006). A national survey of MSW deans and directors suggests that MSW students received 4 or fewer hours of graduate school education on suicide (Ruth, Gianino, Muroff, McLaughlin, & Feldman, 2012). Overall, a systematic review found that there has been very little evidence-based knowledge produced by the field since 1980, and concluded that this is a "neglected social work research agenda" (Joe & Niedermeier, 2008, p. 507). In a recent scoping review, Maple, Pearce, Sanford, and Cerel (2017) considered knowledge generation across 241 articles on suicide prevention, and found that only 7 of these were wholly authored by social workers, which in part underscores the inherent multidisciplinary nature of suicide prevention, but also suggests that reinforcing the importance of social work perspectives is also important. With inadequacy of training and evidence-based guidance, it is unclear how many social workers are adequately prepared to assess and respond to situations in which a suicidal client has access to a firearm.

Responding to Firearm Injury Risks

From this focused literature review it is clear that these three populations (children, suicidal individuals, and those experiencing intimate partner violence) are vulnerable to firearm injury. Evidence also suggests that small, individual interventions or changes (such as safely locking away or removing guns from a home) can substantially decrease the odds of accidental or impulsive firearm injury (e.g., Barkin et al., 2008). Social workers and other practitioners who work with vulnerable populations are well-positioned to educate and encourage families and individuals to take safety-increasing steps regarding guns in their homes. In the following section, we review and compare some of the public policy statements regarding firearm injury prevention from social work and peer disciplines.

Responses from Other Professional Organizations

Several major professional organizations that represent health workers have made strong statements regarding national policy and offer specific suggestions for their frontline workers to reduce injuries for their clients. For example, the American Psychological Association (2013) convened a panel to review gun violence and produced a number of recommendations for policy and practice, including how psychologists can participate in the prevention of gun violence. The CDC (2014) has made recommendations including increasing youth connectedness at schools or with mentoring or caring adults and prosocial activities in the community. The American Medical Association (2016) recently declared that gun violence constitutes a public health crisis, calling for an end to barriers to quality research in addition to other stances they have taken with respect to gun violence policies. Strong statements concerning practice and policy have also been made by others professional organizations including the American Nurses Association (Pinals et al., 2015), the American Psychiatric Association (2014), and the American Pediatric Surgical Association (Nance, Krummel, Oldham, & Trauma Committee of the American Pediatric Surgical Association, 2013). It is important to note that these recommendations have spanned both policy positions as well as recommendations to member clinicians about practical methods to keep patients and clients safe.

The American Academy of Pediatrics (AAP, 2016) has been exceptionally vocal on the threat of gun violence for children in the United States. In addition to strongly worded statements on the gun law debate (e.g., 2016), the AAP provides guidance to pediatricians about how to prevent the health hazards of firearms. Specifically, they recommend that the best way to keep children safe is to never have a gun in the home (Dowd et al., 2012). They also provide advice for safe gun storage for families with children. Moreover, all pediatricians are actively encouraged to discuss gun safety with patients' families.

These efforts have met with strong resistance is some areas. In Florida, lawmakers passed the Firearm Owners' Privacy Act (Florida House of Representatives, 2011), which prohibits physicians from intentionally soliciting information about firearms from their patients unless it was directly related to their care (and presumably could meet that standard in court). Although given this minor latitude, doctors are unlikely to risk these questions, as the law stipulates that it could result in a fine of $10,000 and the loss of their medical license. This provision was challenged in court (Wollschlaeger v. Governor of the State of

Florida, 2015) in a case commonly known as "Docs versus Glocks." The 11th Circuit of Court of Appeals struck down most provisions of the law in February 2017 (Wollschlaeger v. Governor of the State of Florida, 2017), although other states are reportedly considering similar legislation (Lithwick & West, 2016). Thus, practitioners must remain aware of legislation that may curtail their ability to discuss gun safety with clients.

Response from the National Association of Social Workers (NASW)

The leadership of the NASW has grown more vocal regarding gun violence in recent years; however, they lag with specific recommendations to practitioners on how to prevent firearm injury. A social justice brief about gun violence was released in 2017 which on the whole promotes gun violence prevention laws, regulations, and policies (Arp et al., 2017). On their website, the NASW has also praised specific actions, such as the executive actions President Barack Obama announced in January of 2016 (NASW, 2016a), and issued statements following mass shootings, such as the nightclub massacre in Orlando in June of 2016 (NASW, 2016b). Beyond these supportive statements regarding laws, regulations, and policies, the NASW has not yet elaborated clear and detailed guidelines on policy, practice and research toward preventing and controlling gun violence (similar to the AAP positions), nor does this seemingly exist in the literature as a whole.

The lack of detailed social work practice guidelines may have a number of causes. First, discussing guns may be uncomfortable for many social workers who, on the whole, are ideologically "left" of their client consumers on many social issues, are far less likely to be gun owners, and are more likely to support gun control initiatives (Hodge, 2003). Thus, many may be reluctant to broach the topic, either out of discomfort with what can be a hot-button issue, or perhaps out of a concern for their own safety. The relative lack of training noted earlier in terms of suicide and lethality assessment may be reinforcing the silence, in addition to the lack of training and knowledge on violence and guns in general (Astor et al., 1999). Nonetheless, the magnitude of the problem requires more specific attention from our discipline.

Recommendations for Social Workers in Practice

We respect social workers' diversity in all domains, including their opinions on gun ownership and policies. In no way do we wish to say that social workers must take particular policy positions on gun control or any particular interpretation of the second amendment. We also do not encourage social workers to make strident statements about guns with clients with differing views; doing so may threaten the therapeutic alliance and thereby do harm. Instead, we offer policy-neutral suggestions for practicing social workers that may help protect their clients from gun violence, either accidental or intentional. We encourage respectful engagement in such conversations with an emphasis on safety and preventing injury.

Discuss gun safety with clients. Social workers in practice with families should be prepared to discuss the topic with their clients (Slovak et al., 2008). This conversation would be different based on the nature of the family's situation. For families with young children, the conversation should be about safe storage practices to prevent accidental

injury, as well as addressing safety concerns such as safe passage/travel to school programs. Consideration should also be given to other homes that children spend time in, such as when they have playdates or visit other relatives. The Asking Saves Kids (2016) campaign, created in collaboration with the AAP, is designed to educate parents about the importance of asking about guns in other homes where their children play. They help parents prepare to ask what can be an awkward but important question: "Is there an unlocked gun in your home?" This may be important even for older children, due to the vast differences in exposure to safe gun handling that youth may receive. For example, children raised in a home with guns may be taught to never handle a gun without an adult present, or to never point the gun at any person, even if they do not intend to fire it. A child with no prior exposure to guns will not necessarily know these basic safety precautions; therefore, they may be at higher risk of inflicting or experiencing injury with guns in the homes of their playmates. Social workers who work with older youth should ask them if they or their friends have access to a gun and discuss ways to stay safe. Social workers can also serve as links for individuals to resources for social protection, and act together with others through community building and local resource mobilization within their community, all of which are activities consistent with core values in the field of social work (Douglas & Bell, 2011).

Social workers with clients at risk for intimate partner violence and suicide risk should also stand ready to conduct lethality and suicidality assessments and to inquire about the clients' access to means. Individuals with suicidal ideation may be urged to remove guns from their homes to minimize the risk of impulsive lethal actions. This conversation could also be directed at the families of at-risk individuals. Although research is sparse, there is some evidence that counseling on restricting access can reduce incidence of suicide as well as homicide in IPV relationships (Barber & Miller, 2014; Vigdor & Mercy, 2006). A recent study on an intervention designed to encourage parents to reduce access to guns for adolescents with suicide ideation found that 100% of parents with guns in the home had locked them away by follow up (Runyan et al., 2016).

Despite encouraging findings, social workers may encounter some resistance from their clients to discussing guns. As evidenced by the now-defunct Florida law that regulated patient conversations about guns, some proportion of the American public clearly feels that these conversations are an intrusion of their rights (Parent, 2016). Moreover, asking about some clients' access to guns may be equivalent to asking whether they are disobeying the law, as some individuals with criminal records may be prohibited from possessing weapons. However, social workers are generally well-trained to discuss sensitive topics with hesitant clients while maintaining the therapeutic relationship, even with mandated clients (e.g., Kemp, Marcenko, Hoagwood, & Vesneski, 2009).

Know resources for gun safety and education. Social workers in practice with vulnerable families should have knowledge about online and local resources to refer clients to learn more about safe gun handling and storage methods. Good resources are readily available through the internet and in most communities within the United States. Table 1 provides some online resources for gun safety information. These resources range from search engines for local educational resources to online safety tips, videos, and classes. In addition to online resources, most communities will have access to firearm dealerships that

can provide information, products, and classes on safe storage. Social workers may consider encouraging vulnerable gun-owning clients to pursue educational options (which are often free) about gun safety. Some of these resources, such as Project Child Safe, will also provide free kits for children's safety, including a cable-style gunlock (Project Child Safe, 2018a).

Table 1. *Selected Online Resources for Gun Safety*

Resource	**Description**	**Website**
Lock It Up (2015)	Produced by the National Crime Prevention Council. Contains general information and resources about gun storage safety.	http://safefirearmsstorage.org/
National Rifle Association Training (2017)	Links to online courses and local resources to learn about shooting and gun safety.	http://www.nrainstructors.org/search.aspx
National Shooting Sports Foundation (2018)	Provides information and videos on gun safety, primarily geared for hunters.	http://www.nssf.org/safety/basics/
Project Child Safe (2018b)	A nonprofit organization developed to provide gun safety resources for firearms owners.	http://www.projectchildsafe.org/safety/safety-resources

Know local gun laws. Gun laws differ dramatically across states, with implications for client safety. As mentioned above, in some states all gun owners are required to take gun safety courses to be compliant with laws; however, other states have no such requirements. This can result in stark differences on gun safety knowledge among gun owners in different regions. Some states also have provisions that allow family members or other concerned parties (including counselors) to request that an individuals' access and possession of firearms be temporarily prohibited; preliminary evidence suggests these laws may be effective at reducing completed suicide (Swanson et al., 2017). The Law Center to Prevent Gun Violence (n.d.) provides an excellent database of state and federal laws that are searchable both by state and by topic. This resource makes it relatively easy for social workers and other clinicians to learn about local laws regarding firearm access, storage, and other ordinances. Knowing state laws can facilitate social workers' conversation with clients about salient issues. For example, conversations about safe storage practices for families with children will vary depending on state laws, as some states have requirements and others do not.

Reach out across disciplines. Although social workers may lead the professions in terms of working directly with mental health clients, they cannot tackle the problem of gun violence alone. Research from other disciplines might prove instructive and useful. For instance, a criminological meta-analysis of policies and programs to reduce firearm violence suggests effectiveness for community-based law enforcement initiatives (Makarios & Pratt, 2012), which could be applied across a variety of locations and social

work settings. Another meta-analysis coming out of the nursing profession (Holly, Porter, Kamienski, & Lim, 2018) suggests that gun safety programs do not improve outcomes for children when adequate supervision is not in place, and pointing to the need for more research to better understand how to increase gun safety for children. Collaborations between nursing and social work might be able to elucidate knowledge gaps in this area. A review of research in the area of the prevention of school shootings (Borum, Cornell, Modzeleski, & Jimerson, 2010) pinpoints threat assessment as a promising strategy, and overviews the need for schools to develop crisis response plans. Another study assessing attitudes of school personnel toward firearm violence identifies barriers including lack of expertise, time, and research in implementing violence prevention programs (Price, Khubchandani, Payton, & Thompson, 2016). Social workers in school settings may be in a position to work together with educators to help with such efforts, given their preparation in lethality and suicidality assessment (assuming they received this, as noted above). Similarly, researchers in pediatric primary care are researching the effect of firearms means restrictions for suicide prevention (Wolk et al., 2017); hospital-based social workers may be able to collaborate on the development of such protocols. At the other end of the spectrum, research looking into high-risk management of older adults' suicidal patients (Brown, Bruce, Pearson, & PROSPECT Study Group, 2001) points to the need for stepped-up screening and assessment, which hospital-based social workers are well-suited to implement. These are only a few examples of ways in which working across disciplines may help to address the enormity of the problem of gun violence.

Conclusion

This article is intended to spur action on the part of social workers – clinicians, researchers, and those involved with local and national advocacy – to address the problem of gun violence in the United States. Clinicians should consider whether their client populations merit consideration of gun violence in initial assessments and in treatment planning, with particular attention to the vulnerable populations discussed in this article. Clinicians whose client populations experience frequent gun violence and injury should take the steps outlined to be able to facilitate safe gun practices when indicated. Moreover, social work educators must do a better job of preparing students to discuss firearms with diverse clients, including those at-risk of suicide (Almeida, O'Brien, Gironda, & Gross, 2017; Joe & Niedermeier, 2008; Ruth et al., 2012) as well as other forms of gun violence (Danis & Lockhart, 2003; Kelly et al., 2010).

Although current literature suggests that clinicians can encourage individual and family actions that can prevent gun violence, much more research is needed. Social work researchers should specifically examine how well-prepared and willing practitioners are to engage with their clients regarding gun safety, in addition to how effective these actions are in preventing injuries. The public health social work paradigm, bringing together interdisciplinary scientific research with social work practices, may provide a helpful framework to engage in more effective safety planning. This will involve research and interventions that are cross-disciplinary in nature, and a commitment to promote social justice and public safety and advocate for change. Social workers can assist with other disciplines by shining the light on disparities that may be germane to prevention efforts,

such as heightened vulnerability to gun injury across race, class, and gender. Finally, social work as a profession needs to become more actively engaged in this national crisis, working at multiple levels to educate social workers to prevent gun violence with individuals and families.

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Social Work Practice and Gun Safety in the United States: Are We Doing Enough?

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Abstract: *Public policy debate about guns continues in the United States, with many professional organizations taking strong stands in policy statements. Moreover, many clinical organizations have provided recommendations for practitioners to use with clients to encourage gun safety in the home, particularly for vulnerable populations such as families with young children and those at risk of suicide. Social workers are in an excellent position to encourage gun safety with some of the most at-risk populations; however, clinical guidelines and research on preventing gun violence has lagged in social work compared to other disciplines. In this article we examine the importance of gun safety for social work clients (with special attention to families with children, families experiencing violence, and individuals at risk of suicide), consider the recommendations made by other professional organizations, and provide some initial thoughts about how social workers might engage with the families they serve to reduce the incidence of gun violence.*

Keywords: *Gun safety; firearms; violence prevention; suicide; social work*

In 2015, 36,252 persons in the United States died as result of firearms, which represented nearly 17% of all injury deaths recorded (Centers for Disease Control and Prevention [CDC], 2017). Gun deaths in the United States are an outlier compared to other developed nations; a recent study demonstrated that US gun homicide rates were 25 times higher than our peer nations, and firearm-related suicides were 8 times higher (Grinshteyn & Hemenway, 2016). While firearm-related fatalities in the United States are high, it is estimated that two-thirds of those who are victims of firearm violence survive their injury, a phenomenon that has been described as a "hidden epidemic" (Bernstein, 2017; Kalesan et al., 2017). Given the abiding concern about gun violence in the US, a public health social work perspective (Keefe & Jurkowksi, 2013; Ruth, Sisco, & Marshall, 2016) that focuses on recognizing, preventing, and addressing the problem of gun violence is warranted (Arp, Gonzales, Herstand, & Wilson, 2017), and is consonant with gun policy responses from other sectors, including psychology, public health, psychiatry, nursing, pediatrics, and medicine (American Academy of Pediatrics, 2016; American Medical Association, 2016; American Psychiatric Association, 2014; American Psychological Association, 2017; CDC, 2014; Pinals et al., 2015). In this paper, we use "firearm" interchangeably with the word "gun," to be consistent with common usage in research and lay writing. However, the legal definition of "firearm" implies a shotgun, rifle, or long gun.

Public health social work is a framework that integrates public health with the values and techniques of social work (Keefe & Evans, 2013). The public health approach to

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violence prevention uses multidisciplinary data to address the problem, identify risk and protective factors, and design prevention strategies (CDC, 2015). The social work perspective complements the public health approach by bringing foci to nested levels of influence, including micro, mezzo, and macro practice.

The purpose of this review is to assess the state of gun violence research, highlight the need for broader social work engagement, and to focus specifically on the ways in which social work practitioners can help keep their clients safe within a micro practice framework. For the purposes of this review, we focus on families with children, families experiencing domestic violence, and individuals at risk of suicide.

The State of Gun Violence Research

A recent systematic review of clinician attitudes, screening practices, and firearm injury reduction interventions in the US found that the current literature in this area is not particularly high quality, and recommended more large-scale and adequately funded research (Roszko, Ameli, Carter, Cunningham, & Ranney, 2016). Of the 72 articles included in the review, social work scholarship was comparatively underrepresented; the majority of the research was undertaken by professionals in medical settings, predominately pediatrics, and only two articles covered research in social work settings (Slovak & Brewer, 2010; Slovak, Brewer, & Carlson, 2008).

This relative lack of social work scholarship on gun violence can been seen in other venues that highlight social work research, including our professional conferences. In a recent meeting of the Society for Social Work and Research, the number of abstracts that contain the words “firearm” or “gun” has been very low. Between 2009 and 2016, there were no more than three per year; though the number has increased to six in 2017 and five in 2018, it still reflects a paucity of effort compared to other fields. Moreover, in the four journals produced by the National Association of Social Workers (*Children and Schools*, *Health and Social Work*, *Social Work*, and *Social Work Research*), only 35 articles have been published to date that contain either of those terms. This may be partially due to the fact that many social work researchers are working across sectors with other disciplines, and their scholarship may not be reflected in social work conference abstracts or in social work journals. Some of this research has included firearm-related topics such as sociological autopsy of firearm suicide (Slater, 2011), suicide ideation and intent (Freedenthal, 2008), suicide among the geriatric community (Adamek & Kaplan, 1996; Slovak, Pope, & Brewer, 2016), an editorial piece on gun violence following the Virginia Tech shootings (Jenson, 2007), and an exploration of the etiology of school shootings (Mongan, Hatcher, & Maschi, 2009).

Because gun violence is a multi-faceted problem, multi-faceted research is needed. However, research that directly impacts the micro practice role of social workers is particularly needed given the fact that social workers provide more direct mental health services to individuals than any other mental health profession. According to the United States Department of Labor Bureau of Labor Statistics (n.d.), there were 682,100 individuals working as social workers in the US in 2017, versus 260,200 working as mental health counselors and 166,600 working as psychologists. As such, we would hope to see

more research specifically looking at screening for gun ownership and safety. To our knowledge, only one representative sample of social workers has ever been surveyed about knowledge, attitudes, and behaviors towards screening for guns (Slovak & Brewer, 2010; Slovak et al., 2008).

One possible reason for the paucity of studies has likely been the dearth of funding for firearm-related social science research, extending back to the 1990s. In 1993, an article published in the *New England Journal of Medicine* reported findings of a study funded by the CDC (Kellermann et al., 1993). In an analytic review of 1,860 homicides, Kellerman and colleagues found that the presence of a gun in the home was a strong and independent risk factor for homicide, controlling for illicit drug use, prior arrests, and domestic violence (see also Kellermann, Somes, Rivara, Lee, & Banton, 1998). The researchers' conclusion was that, rather than being an effective means of protection, guns instead posed a substantial threat to household members.

These pronouncements from a federally-funded agency prompted the National Rifle Association (NRA) to support the development of language in Congress's 1996 Omnibus Consolidated Appropriations Act (Jamieson, 2013). This act mandated a prohibition on any funding by the National Institutes of Health (NIH) that might pose a "restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control." An amendment introduced by U.S. House Representative Jay Dickey (R-AR; the "Dickey Amendment") further specified that "none of the funds made available for injury prevention and control at the Centers for Disease Control may be used to advocate or promote gun control" [Omnibus Consolidated Appropriations Act of 1997, 110 Stat. 3009, 3009-244 (1996) (This public law was not codified in the United States Code)]. This policy has had a chilling effect on research directed toward understanding firearm injury in the US. The lack of research has stymied efforts to contextualize gun violence in the US, and has gone so far that Dickey himself expressed regret at the situation. In an op-ed co-authored in 2012 with Mark Rosenberg, who was director of the CDC's National Center for Injury Prevention and Control at the time the Dickey amendment was enacted, Dickey and Rosenberg (2012) wrote:

> Since the legislation passed in 1996, the United States has spent about $240 million a year on traffic safety research, but there has been almost no publicly funded research on firearm injuries. As a consequence, U.S. scientists cannot answer the most basic question: What works to prevent firearm injuries? (…) We were on opposite sides of the heated battle 16 years ago, but we are in strong agreement now that scientific research should be conducted into preventing firearm injuries and that ways to prevent firearm deaths can be found without encroaching on the rights of legitimate gun owners. The same evidence-based approach that is saving millions of lives from motor-vehicle crashes, as well as from smoking, cancer and HIV/AIDS, can help reduce the toll of deaths and injuries from gun violence. (paras. 12-15)

In 2013, in the wake of the mass shooting at the Sandy Hook Elementary School in Newtown, Connecticut, President Obama issued an executive order that the CDC resume research into "the causes of gun violence and how to prevent it" (Engaging in Public Health

Research on the Causes and Prevention of Gun Violence, 2013, p.1). However, this has had little effect. A CDC spokesperson, Courtney Lenard, in a statement to the Washington Post in January 2015 noted that the CDC had possible research goals but lacked funding to pursue such goals. Her statement outlined that it is "possible for us to conduct firearm-related research within the context of our efforts to address youth violence, domestic violence, sexual violence, and suicide, but our resources are very limited" (Frankel, 2015, para. 6).

In March of 2018, a legislative report that accompanied the Omnibus US spending bill included wording that read (reported by Keneally for ABC News, 2018):

> While appropriations language prohibits the CDC and other agencies from using appropriated funding to advocate or promote gun control, the Secretary of Health and Human Services has stated the CDC has the authority to conduct research on the causes of gun violence. (Recent Actions, but No Changes section, para. 8)

Editorial comments following this announcement expressed pessimism that such a statement would increase research into gun violence due to the fact that: a) the original Dickey amendment language is still in place, and b) no federal funding was appropriated for gun research in 2018 (e.g., Greenfieldboyce, 2018; Killough & Walsh, 2018; Weixel, 2018). In short, Congress has not acted on calls to reverse the CDC funding freeze, despite public outcry following recent mass shootings like the Orlando nightclub massacre (Barry, 2016) or the school shooting at Marjory Stoneman Douglas High School in Parkland, Florida (e.g., Blaskey, 2018; Cunningham, 2018).

Given that many social scientists use U.S. federal funding to conduct research, it is understandable that research has been limited in social work as well as other disciplines. Indeed, the lack of good data for firearm violence is frequently lamented by policy-makers and researchers (e.g., Bushman et al., 2016; Foran, 2016), meaning that conclusions must be drawn from smaller or dated studies. However, there have been reports of impactful analyses despite the unavailability of federal support. For instance, research looking at the relationship between gun ownership and firearm homicide rates in the U.S. using publically available databases essentially replicated findings from the 1990s that demonstrated increased rates of firearm homicide in relation to increased rates of gun ownership (Siegel, Ross, & King, 2013). Regardless of the disciplinary foci of the research in this area, it is clear that there are significant concerns that warrant social work attention to gun violence and gun safety. Following, we briefly review the research on three vulnerable populations to illustrate how social workers in direct practice may work to prevent gun injury.

Children and Firearm Injury

Firearm deaths, whether from accident, homicide, or suicide, pose a serious threat to children in the United States. In 2009, 20 children were hospitalized every day for firearm injury, with the majority being males (Leventhal, Gaither, & Sege, 2014). Older children and adolescents (ages 13-17) may be more at risk for violent, *intentional* injuries by firearms, whereas younger children (10 and under) are more likely to sustain *unintentional* injuries (injuries occurred when a gun was accidently discharged during cleaning, hunting, playing with, or inspecting the weapon (Perkins, Scannell, Brighton, Seymour, &

Vanderhave, 2016). Moreover, in 2014 firearm suicide and firearm homicide, respectively, were the third and fourth leading causes of death in children ages 10-14. Firearm homicide was the second leading cause of death for youth ages 15-24 (CDC, 2016a).

High rates of firearm mortality and morbidity in the United States may be related to the number of guns owned and previous exposure to gun violence. One study found that 35% of homes with children below age 18 contained at least one gun, with 43% of those containing at least one unlocked firearm (Schuster, Franke, Bastian, Sors, & Halfron, 2000). More recent data, focusing on parents of pre-school-aged children, showed that 21.6% of parents owned firearms, and only 68.6% stored them in a locked cabinet (Prickett, Martin-Storey, & Crosnoe, 2014). Similarly, it has been shown that one in three homes in which adolescents are living have a gun that is either stored unlocked and/or loaded (Simonetti, Theis, Rowhani-Rahbar, Ludman, & Grossman, 2017). For adolescents exposed to firearm violence in their homes in Chicago, Illinois, propensity scoring analysis suggests that they have double the risk of perpetuating serious violence themselves over the subsequent two years from the date of their exposure (Bingenheimer, Brennan, & Earls, 2005).

There are also racial disparities in the likelihood of a child sustaining a firearm injury. An Alabama study found that African American children were 2.5 times more likely than Caucasian children to be victims of firearm injury (Senger, Keijzer, Smith, & Muensterer, 2011). Firearm hospitalizations also increased for African American children between the years of 1998 and 2011 (Kalesan, Dabic, Vasan, Stylianos, & Galea, 2016). In 2014, the CDC reported that homicide was the leading cause of death for African Americans ages 10 to 24 (CDC, 2016b). Given this reality, it is important to consider societal causes and social determinants for this disparity in risk among our youth.

School mass shootings have brought the issue of youth violence and youth access to weapons to the fore. Looking at the etiology of school shootings, Mongan and colleagues (2009) suggested that risk factors for mass shooting perpetration among youth include marginalization, access to guns, and masculinity. They apply a stages-of-change model to the understanding of how a youth goes from pre-contemplation of school shooting through to the termination stage of carrying out violence. Accessing weapons is part of the action stage of this model, and the majority of firearms (between 53% and 68%, depending on the study) used by youths in the commission of school mass shootings are acquired from their homes or from relatives (Bushman et al., 2016).

Involving parents may be a critical component in light of research suggesting that parents of adolescents may be more likely to practice unsafe gun storage, which means adolescents may be able to access parents' guns to commit crimes. In a national random sample of parents with firearms in the home, 42% stored their firearms unlocked, 26% stored their firearm loaded, and 10% stored their firearm unlocked *and* loaded (Johnson, Miller, Vriniotis, Azrael, & Hemenway, 2006). For young children, Morrissey (2017) used data from the Childhood Longitudinal Study – Birth Cohort merged with the FBI's Active Shooter Incidents data to demonstrate that: 1) about one-fifth of young children lived in households with one or more guns, 2) only two-thirds of these homes stored all guns in locked cabinets, and 3) those parents living in closer proximity to recent active shooter

incidents were more likely to lock their guns properly. This suggests that heightened awareness about gun violence may prompt safer storage.

In terms of clinical preparation of social workers for addressing youth violence, reports from the most recently available studies suggest that very few social workers (5%) received violence prevention training in their graduate programs (Astor, Meyer, & Behre, 1999), yet many express desire for such training (Astor, Pitner, Meyer, & Vargas, 2000). Social workers have noted a mismatch between their graduate training and the actual problems they confront related to violence, compounded by excessive caseloads that make preventively meeting client needs difficult (Astor et al., 2000).

Intimate Partner Violence and Firearms

Data from the National Intimate Partner and Sexual Violence Survey (NISVS) in 2011 showed that in the course of their lifetime, approximately 33% of women and 28% of men experience physical violence by an intimate partner (Breiding, Chen, & Black, 2014). Intimate partner violence includes homicide, and is stratified by gender. Female murder victims are six times more likely than males to be killed by an intimate partner (Cooper & Smith, 2011) and more likely to be murdered with a firearm than by all other means combined (Petrosky et al., 2017). The presence of a firearm in the home has been shown to increase this risk eight-fold, even after controlling for a variety of individual-, relationship- and incident-level factors (Campbell et al., 2003).

Firearms are also used to threaten and intimidate, as opposed to injure, in the context of intimate partner relationships. Recent research has shown that this is the most frequent use of guns (69.1%) in relationships involving intimate partner violence (Sorenson, 2017). A previous large study of men enrolled in certified batterer intervention programs found that this occurs in at least four ways – either by directly threatening to shoot, or by cleaning, holding or loading a gun while arguing, or by threatening to shoot loved ones or pets, or by actually firing a gun during an argument (Rothman, Hemenway, Miller, & Azrael, 2004). In a study of women residing in domestic violence shelters, it was reported that of the one-third of women who had previously resided in homes with firearms, the majority (71%) had been threatened with a gun (Sorenson & Wiebe, 2004). This use of guns to coerce and threaten has the effect of making women significantly more afraid of potential gun violence than other types of assaults (Sorenson, 2017).

Addressing the issue of firearm involvement in intimate partner violence is complicated by the lack of research funding, and also by on-the-ground realities of limited or unavailable data on gun ownership. For instance, one social work researcher who set out to explore theorized relationships between domestic violence, rates of gun ownership, and parental educational attainment on aggression in children was stymied in analytic modeling by the inability to assess the number of registered firearms in the counties under study (Sprinkle, 2007). Although there is some evidence to suggest that restricting access to firearms for individuals under restraining orders for domestic violence reduces intimate partner homicide between 7% (Vigdor & Mercy, 2006) to 9.7% (Díez et al., 2017), the relationship between domestic violence and firearms remains under-studied.

Firearms and Suicide

The most common means of completed suicide in the US is death by firearm, accounting for approximately 50% of all suicides annually (CDC, 2016a). Certain populations are at increased risk of attempting suicide, including veterans (Kang, Bullman, Smolenski, Skopp, Gahm, & Reger, 2015), older adults (Conwell, 2013), and certain minority populations such as American Indian/Alaska Natives (Wyatt, Ung, Park, Kwon, & Trinh-Shevrin, 2015), and lesbian, gay, bisexual, and transgender individuals (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; King et al., 2008). Anglemyer, Horvath, and Rutherford (2014) undertook a systematic review and meta-analysis across the professional and gray literatures in order to understand the association between firearm availability and suicide or homicide. The pooled data from 16 studies showed a three-fold risk for homicide, and a two-fold risk for suicide in homes with firearms; the risk for suicide was three-fold when only studies with interviews about firearms were considered. Again, the authors note the difficulty of establishing firearm ownership due to inadequate data access and privacy and legality concerns.

Those who attempt suicide by firearm are largely successful – 91% of attempts are fatal, which is substantially more than any other method (Miller, Azrael, & Hemenway, 2004). Regardless of sex, using a firearm increases the risk of dying by 140 times when compared with other methods (Bostwick, Pabbati, Geske, & McKean, 2016). Efforts to reduce suicide have therefore centered on reducing access to lethal weapons for vulnerable individuals ("means restriction"; e.g., World Health Organization, 2014, p. 8). Recent studies of the impact of state firearm regulations in the US show that restricting overall access to firearms through regulations such as permit and licensing requirements has been found to be associated with reduced suicide rates (Alban et al., 2018; Andrés & Hempstead, 2011; Fleegler, Lee, Monuteaux, Hemenway, & Mannix, 2013).

The majority of individuals have some form of contact with mental health professionals prior to their death by suicide (Luoma, Martin, & Pearson, 2002; Stene-Larsen & Reneflot, 2017). Assessment for suicide risk is a standard of care among many social workers; however, training to do such assessments may be lacking. In a national sample of social workers, less than 25% reported having received any such training; furthermore, a majority reported that they felt their training was inadequate (Feldman & Freedenthal, 2006). A national survey of MSW deans and directors suggests that MSW students received 4 or fewer hours of graduate school education on suicide (Ruth, Gianino, Muroff, McLaughlin, & Feldman, 2012). Overall, a systematic review found that there has been very little evidence-based knowledge produced by the field since 1980, and concluded that this is a "neglected social work research agenda" (Joe & Niedermeier, 2008, p. 507). In a recent scoping review, Maple, Pearce, Sanford, and Cerel (2017) considered knowledge generation across 241 articles on suicide prevention, and found that only 7 of these were wholly authored by social workers, which in part underscores the inherent multidisciplinary nature of suicide prevention, but also suggests that reinforcing the importance of social work perspectives is also important. With inadequacy of training and evidence-based guidance, it is unclear how many social workers are adequately prepared to assess and respond to situations in which a suicidal client has access to a firearm.

Responding to Firearm Injury Risks

From this focused literature review it is clear that these three populations (children, suicidal individuals, and those experiencing intimate partner violence) are vulnerable to firearm injury. Evidence also suggests that small, individual interventions or changes (such as safely locking away or removing guns from a home) can substantially decrease the odds of accidental or impulsive firearm injury (e.g., Barkin et al., 2008). Social workers and other practitioners who work with vulnerable populations are well-positioned to educate and encourage families and individuals to take safety-increasing steps regarding guns in their homes. In the following section, we review and compare some of the public policy statements regarding firearm injury prevention from social work and peer disciplines.

Responses from Other Professional Organizations

Several major professional organizations that represent health workers have made strong statements regarding national policy and offer specific suggestions for their frontline workers to reduce injuries for their clients. For example, the American Psychological Association (2013) convened a panel to review gun violence and produced a number of recommendations for policy and practice, including how psychologists can participate in the prevention of gun violence. The CDC (2014) has made recommendations including increasing youth connectedness at schools or with mentoring or caring adults and prosocial activities in the community. The American Medical Association (2016) recently declared that gun violence constitutes a public health crisis, calling for an end to barriers to quality research in addition to other stances they have taken with respect to gun violence policies. Strong statements concerning practice and policy have also been made by others professional organizations including the American Nurses Association (Pinals et al., 2015), the American Psychiatric Association (2014), and the American Pediatric Surgical Association (Nance, Krummel, Oldham, & Trauma Committee of the American Pediatric Surgical Association, 2013). It is important to note that these recommendations have spanned both policy positions as well as recommendations to member clinicians about practical methods to keep patients and clients safe.

The American Academy of Pediatrics (AAP, 2016) has been exceptionally vocal on the threat of gun violence for children in the United States. In addition to strongly worded statements on the gun law debate (e.g., 2016), the AAP provides guidance to pediatricians about how to prevent the health hazards of firearms. Specifically, they recommend that the best way to keep children safe is to never have a gun in the home (Dowd et al., 2012). They also provide advice for safe gun storage for families with children. Moreover, all pediatricians are actively encouraged to discuss gun safety with patients' families.

These efforts have met with strong resistance is some areas. In Florida, lawmakers passed the Firearm Owners' Privacy Act (Florida House of Representatives, 2011), which prohibits physicians from intentionally soliciting information about firearms from their patients unless it was directly related to their care (and presumably could meet that standard in court). Although given this minor latitude, doctors are unlikely to risk these questions, as the law stipulates that it could result in a fine of $10,000 and the loss of their medical license. This provision was challenged in court (Wollschlaeger v. Governor of the State of

Florida, 2015) in a case commonly known as "Docs versus Glocks." The 11th Circuit of Court of Appeals struck down most provisions of the law in February 2017 (Wollschlaeger v. Governor of the State of Florida, 2017), although other states are reportedly considering similar legislation (Lithwick & West, 2016). Thus, practitioners must remain aware of legislation that may curtail their ability to discuss gun safety with clients.

Response from the National Association of Social Workers (NASW)

The leadership of the NASW has grown more vocal regarding gun violence in recent years; however, they lag with specific recommendations to practitioners on how to prevent firearm injury. A social justice brief about gun violence was released in 2017 which on the whole promotes gun violence prevention laws, regulations, and policies (Arp et al., 2017). On their website, the NASW has also praised specific actions, such as the executive actions President Barack Obama announced in January of 2016 (NASW, 2016a), and issued statements following mass shootings, such as the nightclub massacre in Orlando in June of 2016 (NASW, 2016b). Beyond these supportive statements regarding laws, regulations, and policies, the NASW has not yet elaborated clear and detailed guidelines on policy, practice and research toward preventing and controlling gun violence (similar to the AAP positions), nor does this seemingly exist in the literature as a whole.

The lack of detailed social work practice guidelines may have a number of causes. First, discussing guns may be uncomfortable for many social workers who, on the whole, are ideologically "left" of their client consumers on many social issues, are far less likely to be gun owners, and are more likely to support gun control initiatives (Hodge, 2003). Thus, many may be reluctant to broach the topic, either out of discomfort with what can be a hot-button issue, or perhaps out of a concern for their own safety. The relative lack of training noted earlier in terms of suicide and lethality assessment may be reinforcing the silence, in addition to the lack of training and knowledge on violence and guns in general (Astor et al., 1999). Nonetheless, the magnitude of the problem requires more specific attention from our discipline.

Recommendations for Social Workers in Practice

We respect social workers' diversity in all domains, including their opinions on gun ownership and policies. In no way do we wish to say that social workers must take particular policy positions on gun control or any particular interpretation of the second amendment. We also do not encourage social workers to make strident statements about guns with clients with differing views; doing so may threaten the therapeutic alliance and thereby do harm. Instead, we offer policy-neutral suggestions for practicing social workers that may help protect their clients from gun violence, either accidental or intentional. We encourage respectful engagement in such conversations with an emphasis on safety and preventing injury.

Discuss gun safety with clients. Social workers in practice with families should be prepared to discuss the topic with their clients (Slovak et al., 2008). This conversation would be different based on the nature of the family's situation. For families with young children, the conversation should be about safe storage practices to prevent accidental

injury, as well as addressing safety concerns such as safe passage/travel to school programs. Consideration should also be given to other homes that children spend time in, such as when they have playdates or visit other relatives. The Asking Saves Kids (2016) campaign, created in collaboration with the AAP, is designed to educate parents about the importance of asking about guns in other homes where their children play. They help parents prepare to ask what can be an awkward but important question: "Is there an unlocked gun in your home?" This may be important even for older children, due to the vast differences in exposure to safe gun handling that youth may receive. For example, children raised in a home with guns may be taught to never handle a gun without an adult present, or to never point the gun at any person, even if they do not intend to fire it. A child with no prior exposure to guns will not necessarily know these basic safety precautions; therefore, they may be at higher risk of inflicting or experiencing injury with guns in the homes of their playmates. Social workers who work with older youth should ask them if they or their friends have access to a gun and discuss ways to stay safe. Social workers can also serve as links for individuals to resources for social protection, and act together with others through community building and local resource mobilization within their community, all of which are activities consistent with core values in the field of social work (Douglas & Bell, 2011).

Social workers with clients at risk for intimate partner violence and suicide risk should also stand ready to conduct lethality and suicidality assessments and to inquire about the clients' access to means. Individuals with suicidal ideation may be urged to remove guns from their homes to minimize the risk of impulsive lethal actions. This conversation could also be directed at the families of at-risk individuals. Although research is sparse, there is some evidence that counseling on restricting access can reduce incidence of suicide as well as homicide in IPV relationships (Barber & Miller, 2014; Vigdor & Mercy, 2006). A recent study on an intervention designed to encourage parents to reduce access to guns for adolescents with suicide ideation found that 100% of parents with guns in the home had locked them away by follow up (Runyan et al., 2016).

Despite encouraging findings, social workers may encounter some resistance from their clients to discussing guns. As evidenced by the now-defunct Florida law that regulated patient conversations about guns, some proportion of the American public clearly feels that these conversations are an intrusion of their rights (Parent, 2016). Moreover, asking about some clients' access to guns may be equivalent to asking whether they are disobeying the law, as some individuals with criminal records may be prohibited from possessing weapons. However, social workers are generally well-trained to discuss sensitive topics with hesitant clients while maintaining the therapeutic relationship, even with mandated clients (e.g., Kemp, Marcenko, Hoagwood, & Vesneski, 2009).

Know resources for gun safety and education. Social workers in practice with vulnerable families should have knowledge about online and local resources to refer clients to learn more about safe gun handling and storage methods. Good resources are readily available through the internet and in most communities within the United States. Table 1 provides some online resources for gun safety information. These resources range from search engines for local educational resources to online safety tips, videos, and classes. In addition to online resources, most communities will have access to firearm dealerships that

can provide information, products, and classes on safe storage. Social workers may consider encouraging vulnerable gun-owning clients to pursue educational options (which are often free) about gun safety. Some of these resources, such as Project Child Safe, will also provide free kits for children's safety, including a cable-style gunlock (Project Child Safe, 2018a).

Table 1. *Selected Online Resources for Gun Safety*

Resource	**Description**	**Website**
Lock It Up (2015)	Produced by the National Crime Prevention Council. Contains general information and resources about gun storage safety.	http://safefirearmsstorage.org/
National Rifle Association Training (2017)	Links to online courses and local resources to learn about shooting and gun safety.	http://www.nrainstructors.org/search.aspx
National Shooting Sports Foundation (2018)	Provides information and videos on gun safety, primarily geared for hunters.	http://www.nssf.org/safety/basics/
Project Child Safe (2018b)	A nonprofit organization developed to provide gun safety resources for firearms owners.	http://www.projectchildsafe.org/safety/safety-resources

Know local gun laws. Gun laws differ dramatically across states, with implications for client safety. As mentioned above, in some states all gun owners are required to take gun safety courses to be compliant with laws; however, other states have no such requirements. This can result in stark differences on gun safety knowledge among gun owners in different regions. Some states also have provisions that allow family members or other concerned parties (including counselors) to request that an individuals' access and possession of firearms be temporarily prohibited; preliminary evidence suggests these laws may be effective at reducing completed suicide (Swanson et al., 2017). The Law Center to Prevent Gun Violence (n.d.) provides an excellent database of state and federal laws that are searchable both by state and by topic. This resource makes it relatively easy for social workers and other clinicians to learn about local laws regarding firearm access, storage, and other ordinances. Knowing state laws can facilitate social workers' conversation with clients about salient issues. For example, conversations about safe storage practices for families with children will vary depending on state laws, as some states have requirements and others do not.

Reach out across disciplines. Although social workers may lead the professions in terms of working directly with mental health clients, they cannot tackle the problem of gun violence alone. Research from other disciplines might prove instructive and useful. For instance, a criminological meta-analysis of policies and programs to reduce firearm violence suggests effectiveness for community-based law enforcement initiatives (Makarios & Pratt, 2012), which could be applied across a variety of locations and social

work settings. Another meta-analysis coming out of the nursing profession (Holly, Porter, Kamienski, & Lim, 2018) suggests that gun safety programs do not improve outcomes for children when adequate supervision is not in place, and pointing to the need for more research to better understand how to increase gun safety for children. Collaborations between nursing and social work might be able to elucidate knowledge gaps in this area. A review of research in the area of the prevention of school shootings (Borum, Cornell, Modzeleski, & Jimerson, 2010) pinpoints threat assessment as a promising strategy, and overviews the need for schools to develop crisis response plans. Another study assessing attitudes of school personnel toward firearm violence identifies barriers including lack of expertise, time, and research in implementing violence prevention programs (Price, Khubchandani, Payton, & Thompson, 2016). Social workers in school settings may be in a position to work together with educators to help with such efforts, given their preparation in lethality and suicidality assessment (assuming they received this, as noted above). Similarly, researchers in pediatric primary care are researching the effect of firearms means restrictions for suicide prevention (Wolk et al., 2017); hospital-based social workers may be able to collaborate on the development of such protocols. At the other end of the spectrum, research looking into high-risk management of older adults' suicidal patients (Brown, Bruce, Pearson, & PROSPECT Study Group, 2001) points to the need for stepped-up screening and assessment, which hospital-based social workers are well-suited to implement. These are only a few examples of ways in which working across disciplines may help to address the enormity of the problem of gun violence.

Conclusion

This article is intended to spur action on the part of social workers – clinicians, researchers, and those involved with local and national advocacy – to address the problem of gun violence in the United States. Clinicians should consider whether their client populations merit consideration of gun violence in initial assessments and in treatment planning, with particular attention to the vulnerable populations discussed in this article. Clinicians whose client populations experience frequent gun violence and injury should take the steps outlined to be able to facilitate safe gun practices when indicated. Moreover, social work educators must do a better job of preparing students to discuss firearms with diverse clients, including those at-risk of suicide (Almeida, O'Brien, Gironda, & Gross, 2017; Joe & Niedermeier, 2008; Ruth et al., 2012) as well as other forms of gun violence (Danis & Lockhart, 2003; Kelly et al., 2010).

Although current literature suggests that clinicians can encourage individual and family actions that can prevent gun violence, much more research is needed. Social work researchers should specifically examine how well-prepared and willing practitioners are to engage with their clients regarding gun safety, in addition to how effective these actions are in preventing injuries. The public health social work paradigm, bringing together interdisciplinary scientific research with social work practices, may provide a helpful framework to engage in more effective safety planning. This will involve research and interventions that are cross-disciplinary in nature, and a commitment to promote social justice and public safety and advocate for change. Social workers can assist with other disciplines by shining the light on disparities that may be germane to prevention efforts,

such as heightened vulnerability to gun injury across race, class, and gender. Finally, social work as a profession needs to become more actively engaged in this national crisis, working at multiple levels to educate social workers to prevent gun violence with individuals and families.

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Engaging MSW Students in Policy Practice: Evaluation of Service-Learning Outcomes

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Abstract: *Social policy courses are a staple in social work curricula, particularly in graduate-level social work education. Indeed, policy practice is among the nine social work competencies stipulated by the Council on Social Work Education. The purpose of the present study was to measure the effectiveness of service-learning compared to traditional-learning methods in achieving civic and course-learning outcomes. This study compared a purposive sample of 89 graduate-level social work students enrolled in advanced social policy courses (30 in a service-learning section, and 59 in traditional sections). Employing a quasi-experimental design, we found that service-learning is associated with better civic and course-learning outcomes. Service-learning may be used to enhance policy practice efficacy based on knowledge, skills, values, and competence.*

Keywords: *Policy practice efficacy; service-learning outcomes; course-learning outcomes; competence*

Social policy courses are a staple in graduate-level social work curricula. *Policy practice* is an essential field of social work practice that can be used to address the dynamic nature of 12 pressing social issues, termed *grand challenges* (Uehara et al., 2013). Policy practice is included among the nine social work competencies stipulated by the Council on Social Work Education (CSWE, 2015), the accrediting body of the profession. In the context of an uncertain and complex sociopolitical environment, the significance and need for competent social workers in policy practice has never been greater. However, policy courses are among those in which students have the least interest (Anderson & Harris, 2005; Henman, 2012).

Social policy instructors must therefore find new and effective ways to hold students' attention and foster their curiosity and interest in the subject matter. Team-based learning (Macke, Taylor, & Taylor, 2013), films (Anderson, Langer, Furman, & Bender, 2005), and tablet computers (Young, 2014) have all been employed to promote student engagement in policy courses. Another promising approach is the use of service-learning methods to engage Master of Social Work (MSW) students in social policy course material.

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Literature Review/Background

Service-Learning

First introduced in the 1960s (Stanton, Giles, & Cruz, 1999), service-learning is a form of school-based community service in which students engage with community members for mutual benefit. Service-learning promotes civic engagement by demonstrating the impact students can have on their communities simply by becoming involved in meaningful ways. According to Bringle and Hatcher (1995),

> Service-learning is most commonly defined as a course-based, credit-bearing educational experience in which students (a) participate in an organized service activity that meets identified community needs and (b) 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)

To reiterate, the key features of service-learning are the community-identified need, which becomes the service, and the meaningful reflection in which students engage during and/or after the experience.

Service-learning is implemented in classrooms from kindergarten through college and is appropriate for learners of any age (Kielsmeier, Scales, Roehlkepartain, & Neal, 2004; Lu & Lambright, 2010). Community partners can come from within or outside the immediate area (Karasik & Wallingford, 2007) and can come from the non-profit, for-profit, and public sectors (Blouin & Perry, 2009). Service-learning is suitable for a variety of disciplines and has been applied in accounting, biology, environmental studies, nursing, psychology, and sociology (Campus Compact, n.d.).

Service-learning generally results in one of two end products: services or deliverables. Services are activities that are typically performed on-location; performing the service is the end product in and of itself. Examples of services are cleaning/restoration/beautification projects, reading/literacy/tutoring programs, and community organizing. Deliverables are tangible products that may be completed on-site or off and are given to or left with the community partner. Examples of deliverables are construction projects, written reports or white papers, and brochures/pamphlets/resource lists.

Service-Learning in Social Work

Service-learning, with its philosophy of helping communities in need, finds itself at home in social work, whose emphasis is on serving vulnerable populations (Byers & Gray, 2012; Cipolle, 2010; Peterson, 2009). That the two are so close in their end goal may lead some faculty, and perhaps students as well, skeptical of the need for service-learning in social work and leaves them unable to differentiate the two (Cronley, Madden, Davis, & Prebele, 2014; Madden, Davis, & Cronley, 2014). In addition to being complementary, however, there are, indeed, differences.

Service-learning, the most common type of experiential learning (Moore, 2010), is similar to other approaches such as cooperative education (i.e., paid work experience that coincides or alternates with academic coursework) and internships (tied to academic institutions; Cooperative Education and Internship Association, n.d.). However, service learning embodies several key differences. Primary among them is their purpose. Social work field education prepares students specifically for the profession and is guided by core competencies outlined by CSWE. The purpose of field education is to develop these competencies through direct or indirect social work practice in a professional setting under the supervision of a licensed social worker. Moreover, unlike service-learning, in which the service is driven by the community-identified need, social work field education is driven by the student's need to gain professional experience. Although the internship setting may benefit from the work performed by the student, that benefit is a byproduct and not the sole intent of the student's placement. Secondary is the academic credit awarded for the student's participation in and successful completion of the activity. In service-learning, students earn credit for a course in which service-learning is one part of the learning experience, in addition to, typically, classroom lecture, assigned reading, and graded assignments. In field education, students earn credit for the experience as a whole.

Service-learning has been used at both the undergraduate and graduate levels in social work education. Gerontology (Ames & Diepstra, 2006; Gutheil, Chernesky, & Sherratt, 2006), poverty (Forte, 1997), research methods and statistics (Wells, 2006), and special populations, such as burn survivors (Williams, King, & Koob, 2002), are just some of the topics in social work curricula taught using service-learning. Social policy is among them, although to a lesser degree than other courses (Anderson & Harris, 2005; Lim, Maccio, Bickham, & Dabney, 2017) and with less known about this merger (Droppa, 2007a).

Service-Learning in Social Policy Curriculum

Along with research methods, social policy courses are generally the least liked among social work students. Students find the material dry and uninteresting (Gordon, 1994), a perception that may interfere with learning. Moreover, social work students who pursue direct-practice (i.e., micro- or mezzo-level) tracks find little relevance of macro-level social policy (Kilbane, Freire, Hong, & Pryce, 2014). However, policy is crucial to understand at any level of practice and is thus prescribed by CSWE's (2015) Educational Policy and Accreditation Standards. This requirement in the face of student disinterest and reluctance, then, places social work educators in an unenviable position. In an attempt to make the course more palatable and thus foster learning and acquisition of the material, instructors must find creative ways to expose students to the material and keep them engaged. Service-learning is an effective means of accomplishing that goal.

There is some evidence of successful implementation of service-learning in social policy curriculum. For example, Rocha (2000) compared experiential learning, including service-learning, to traditional learning on the variables of policy-related values, competency, and activity levels. The sample was comprised of 72 recent MSW graduates, 39 (54.2%) of whom had taken a social policy course using an experiential learning method (30 using service-learning and 9 using another method) and 33 (45.8%) of whom had taken policy via traditional classroom-based instruction (Rocha, 2000). Students in the

experiential learning condition worked in small groups for several hours a week both inside and outside of the classroom (Rocha, 2000), engaging in "planning change at the organization, community, and state levels; policy development and implementation of projects; and increasing public awareness of political issues" (Rocha, 2000, p. 56). Each of the three outcome variables—value of policy-related tasks, competency of performing policy-related tasks, and participation in political activity—was comprised of 8 indicators, each measured on a 5-point Likert-type scale. Data were analyzed using *t*-tests and multiple regression. Findings revealed no significant differences between the experiential and traditional-learning groups on social policy-related values; however, students in the experiential learning group were more likely to perceive themselves as competent in the area of policy, which was associated with engaging in policy-related activities after graduation.

Service-learning thus assists social work educators in meeting the course goal of increasing competency in policy practice (Rocha, 2000). Service-learning not only increases students' social policy comprehension (Droppa, 2007b) but also improves their attitudes toward social policy (Anderson, 2006; Sather, Carlson, & Weitz, 2007). To the former point, 19 students enrolled in an undergraduate social policy course completed 16 different projects with 14 organizations (Droppa, 2007b). Although the research question was not clearly defined, the author's goals were 1) for students to choose a partner organization from the community, 2) for students to "relate in a more intensive fashion to a community organization or entity" (Droppa, 2007b, p. 86), and 3) for students to have "gained more knowledge, skills, and confidence in their ability to engage in policy practice and policy advocacy" (p. 86). Data specific to the third goal, the most salient of the three, were captured through a focus group. The author used no formal method of qualitative analysis; however, according to the author, the students reported that the course and its infused policy project gave them a better understanding of course content, various levels of government, and advocacy; made them more marketable; and encouraged them to become involved in various policy activities. Similarly, in a course involving a cultural immersion program, service-learning facilitated an understanding of the link between policy and advocacy (Mercier, Harold, Johnson, & Pond, 2016). Twenty-eight undergraduate social work/pre-social work students over a period of three years participated in a week-long camp for LGBT-parent families. After working closely with these families, eight (29%) of those students remarked on the role that policy and advocacy play in social work practice.

In an effort to promote positive attitudes toward social policy, Anderson (2006), through an extensive literature review, makes the case for service-learning and community-based research as means to better prepare students for policy analysis, promote civic engagement, and improve their collaboration with community members. Sather et al. (2007) integrated service-learning into a research methods course and a macro practice course for senior undergraduates and came to a similar conclusion. The two courses, taught during the same semester and containing the same students, shared one service-learning project. Although unclear how the data were collected, after engaging all semester with a homeless and housing services agency, 75% of the 24 students reported an increased interest in policy.

Service-learning is not without its limitations, however. Some colleges and universities fail, through various means, to support the community engagement of their faculty, despite touting institutional missions and values to the contrary (Jaeger & Thornton, 2006). Research-intensive universities in particular may lack incentives and rewards for faculty who engage in service-learning and similar activities. These institutions prioritize research over teaching and service, two areas that service-learning taps into. In fact, engaging in service-learning may negatively impact faculty at institutions that offer little to no salary or tenure and promotion rewards for community engagement activities, leaving tenured faculty to discourage their tenure-track colleagues from such pursuits (Jaeger & Thornton, 2006).

These factors and others were borne out in a study conducted by Abes, Jackson, and Jones (2002) focused on service-learning motivators and deterrents. More than 500 (N = 518) service-learning and non-service-learning faculty in various disciplines from 29 institutions of higher education returned a survey regarding factors that motivate and/or deter them from engaging in service-learning. Participants cited motivators such as encouragement from institutional administrators, the support they received in the form of advice from colleagues, and student learning outcomes. Regarding deterrents, service-learning faculty cited "time, logistics, and funding; student and community outcomes; reward structure; and comfort with ability to effectively use service-learning" (Abes et al., 2002, p. 10) as factors that might make them less likely to continue using service-learning. Among non-service-learning faculty, logistical challenges, lack of skill in using service-learning, the perception of service-learning's irrelevance, and the lack of time to prepare for service-learning courses served as the greatest deterrents.

Social work faculty report many of these same challenges. Madden et al. (2014) surveyed 208 social work faculty and 68 criminal justice faculty on, among other variables, perceived barriers to using service-learning. Social work faculty cited "lack of faculty reward" (73.1%), "logistically unfeasible" (71.2%), "unfamiliarity with the community" (69.7%), and "lack of teaching preparation time" (65.9%) as the top four barriers to implementing service-learning. Despite these challenges, service-learning has repeatedly demonstrated positive outcomes in student learning across a number of domains in various undergraduate and graduate disciplines.

This paper adds to the literature on the infusion of service-learning in graduate-level social policy courses in social work education. The present study builds on Rocha's (2000) work; however, it is different from Rocha's in several important regards. First, this study evaluated the effectiveness of service-learning pedagogy exclusively as compared to traditional-learning methods, whereas Rocha evaluated the effectiveness of experiential learning methods, which included service-learning rather than traditional-learning methods. Secondly, this study uniquely measured civic outcomes as well as course-learning outcomes that comprised both knowledge-oriented proficiency and advocacy- (action-) oriented proficiency, whereas Rocha measured three outcomes including value of policy-related tasks, competency of performing policy-related tasks, and actual participation in political activity. Thirdly, this study used a comparison group consisting of students who opted to enroll in the traditional (i.e., non-service-learning) course during the same semester (spring 2015). Students in Rocha's comparison group were in two other policy

courses in another substantive area, whereas her service-learning course focused on child and family policy at five different times from spring 1995 to summer 1996. Fourthly, this study administered a pretest at the beginning of the semester to identify any differences between the two groups in terms of values and attitudes toward community, social responsibility, and civic awareness before taking the Advanced Social Policy course. Rocha did not administer a pretest survey, which makes it impossible to gauge whether students who had opted to take the experiential-learning course would have been equivalent to their counterparts who had opted to take the traditional-learning course. Lastly, this study measured the pre- and post-test differences between two groups to ascertain whether the service-learning approach produced a greater difference in both civic and course-learning outcomes, whereas Rocha administered only a posttest survey after students had graduated. It is possible that factors other than the type of policy course taken could have affected post-graduation differences in values and competency in policy-related tasks and political activities.

About the Course

Three sections of an Advanced Social Policy course were offered to advanced-year MSW students: two traditional classroom-based sections and one service-learning section. Service-learning was an obligatory rather than voluntary component of that section, and students were allowed to self-select into the section of their choice. The service-learning project was service in nature, namely serving low- and moderate-income individuals with tax preparation assistance and educating human service workers and clients at two social service agencies about the benefits of Earned Income Tax Credit (EITC) and Volunteer Income Tax Assistance (VITA) as well as potential disadvantages of using refund anticipation loans and commercial tax preparers for the 2014 tax filing season.

In tandem with the service-learning projects, course assignments included writing a paper analyzing state EITC policy to effect positive change. The purpose of this analytic paper was to "aid lawmakers who sponsor a bill that increases the state Earned Income Tax Credit (EITC) from the current rate of 3.5% to an increased rate of 7% (of the federal EITC amounts) during the 2015 legislative session" (Lim, 2015, p. 6). Additionally, in order to encourage critical reflection on their service-learning activities, the students were asked to compose five reflective journal entries to document their service-learning experiences throughout the semester. Reflection topics included understanding the social problem of poverty; the working poor and the decline of the middle class; the contribution and limitations of the federal EITC, state EITC, and VITA in reducing poverty; the rise of a fringe economy such as commercial tax preparation and refund anticipation loans (RALs); and the implications their services have for the aforementioned social/community issues. Together, the ultimate goal of this service-learning course was to learn and craft the best policy practices to present to the community partners and stakeholders for policy advocacy.

Once the service-learning project was selected and community partners were on board with the proposed project, the instructor of the course submitted a study proposal to the university's Institutional Review Board (IRB) about a month prior to the spring 2015 semester. The IRB approved the study proposal to measure the effectiveness of engaging MSW students in policy practice that involves students as researchers, educators, and

practitioners in the lives of the individual clients, social service agencies, and the broader community. After reviewing the project details and signing consent forms, students were asked to voluntarily complete pre- and post-surveys.

Earned Income Tax Credit (EITC). EITC is a tax credit for low- and moderate-income earners based on annual income, number of dependents, and filing status. For example, using 2015 tax year figures, an unmarried individual with no dependents, making less than $14,820 per year, would qualify for a tax credit of $503. At a maximum, a married couple filing jointly, with three or more dependents, making less than $53,267, would qualify for a credit of $6,242 (U.S. Internal Revenue Service, 2015a). Despite the benefits and relative ease of claiming this credit, nearly a quarter (24.7%) of claimants do not. The southeast region of the U.S., of which Louisiana is a part, was tied for second-lowest EITC participation rates in 2005 (Plueger, 2009). The failure to claim the credit may be due to taxpayers' lack of awareness and understanding of and complexity surrounding EITC (Bhargava & Manoli, 2015).

Volunteer Income Tax Assistance (VITA). Tax return preparation assistance is available free of charge for those who qualify at sites scattered throughout communities nationwide and staffed by volunteers certified by the United States Internal Revenue Service. Eligible participants are those "who generally make $54,000 or less, persons with disabilities, and limited English-speaking taxpayers" (U.S. Internal Revenue Service, 2015b, para. 1). Over one-quarter (25.5%) of Baton Rouge residents/residents in the city in which the university is located live in poverty, a rate far higher than that of the US (14.8%), state (19.8%), and parish (18.4%; U.S. Census Bureau, n.d.). This results in a considerable number of people eligible for VITA.

Service-learning projects. A local association of nonprofit organizations, charity coalition, and credit union served as the community partners and identified the underutilization of VITA sites as a concern within the community. Therefore, the students in the service-learning section (1) became VITA-certified volunteers after completing an 8-hour United Way tax assistance training; (2) served low- and moderate-income individuals with tax preparation assistance for at least 20 hours; and (3) educated human service workers, clients, and community partners at two social service agencies on the benefits of the EITC and VITA. One of the most critical components of the service-learning pedagogy for students was the five written reflections on their experiences as well as class discussions throughout the semester about the tax assistance services they provided.

On one Saturday at the beginning of the semester, students attended an 8-hour training offered by United Way to become VITA-certified. In exchange, students were to provide at least 20 hours of assistance with tax filing to residents from low- and moderate-income households who stopped by VITA sites. These sites were funded and operated by United Way during the 2014 tax year (2015 calendar year) beginning in February and lasting through April 10th. Students also approached two social service agencies to educate workers and clients about EITC and VITA. At the close of the semester, students presented their experiences with VITA training, tax assistance, and the VITA and EITC education campaign, as well as research findings on state EITC to stakeholders (i.e., the three community partners). The research on state EITC was based on a request from community

partners so they could use that information to lobby for the state EITC expansion during the legislative session in upcoming years.

Method

Sample

Service-learning pedagogy was incorporated into a required Advanced Social Policy course during the spring 2015 semester at Louisiana State University. Students voluntarily registered for one of three sections. Service-learning projects were mandatory for those who were enrolled in the service-learning section. Thirty-one MSW students were enrolled in the service-learning section, while 67 were enrolled in two traditional-learning sections. The final sample included 89 students who completed both surveys (n=30 for the service-learning section; n=59 for the traditional-learning sections). Student outcomes in the service-learning section were compared to those in the traditional-learning sections.

Instrumentation

This study assessed two types of student outcomes: civic outcomes and course-learning outcomes. The Virginia Tech Service-Learning Participant Profile (Virginia Tech Survey; see Roemer [2000] for the instrument) served as the survey instrument to measure the five civic outcomes of personal social responsibility, importance of community service, civic awareness, self-oriented motives, and service-oriented motives (Parker-Gwin & Mabry, 1998). Personal social responsibility was assessed using a composite score of five items that measured the value that students placed on advocating for improving social justice issues that adversely impact vulnerable populations. The importance of community service was assessed using a composite score of five items that measured the value that students placed on community volunteerism. The civic awareness variable consisted of a composite score of seven items that measured the students' self-evaluations of their competency in advocating for change for social justice issues. The self-oriented motives and service-oriented motives consisted of composite scores of four and three items, respectively, that measured the students' self- and service-oriented reasons for participating in community service and/or volunteer activities.

The students could select from four response options for personal social responsibility (from 1 [*not important*] to 4 [*essential*]), five response options for importance of community service (from 1 [*strongly disagree*] to 5 [*strongly agree*]), five response options for civic awareness (from 1 [*lowest*] to 5 [*highest*]), and three response options for both self-oriented motives and service-oriented motives (from 1 [*not important*] to 3 [*very important*]). Thus, higher composite scores indicate higher degrees of each dependent variable of interest (Parker-Gwin & Mabry, 1998; Roemer, 2000). Cronbach's alpha reliability coefficients ranged between 0.74 and 0.77 for the personal social responsibility variable, 0.77 and 0.83 for the importance of community service variable, 0.71 and 0.72 for the civic awareness variable, 0.68 and 0.79 for the self-oriented motives variable, and 0.77 and 0.80 for the service-oriented motives variable, suggesting that the Virginia Tech Survey reliably measures these five dependent variables.

In addition to the civic outcomes, 12 learning objectives on the Advanced Social Policy course syllabus were used to measure two dimensions of course-learning outcomes—knowledge-oriented proficiency and advocacy- (action-) oriented proficiency. Knowledge-oriented proficiency consisted of a summed composite score of six learning objectives such as "understanding dimensions and dynamics of social welfare policy," while advocacy-(action-) oriented proficiency consisted of a summed composite score of six learning objectives such as "understand and demonstrate policy practice skills." The students could select from nine response options for each learning objective from 1 (*extremely incompetent*) to 9 (*extremely competent*), with the higher composite scores indicating higher competency levels. Cronbach's alpha reliability coefficients were 0.91 for knowledge-oriented proficiency and 0.93 for advocacy- (action-) oriented proficiency. The independent variable was dichotomous and indicated whether a student was enrolled in the service-learning class (coded as 1) or a traditional-learning class (coded as 0).

The students' participation in the study was voluntary, and their responses were collected confidentially at the beginning and end of the semester. To assure the voluntary nature and confidentiality of survey participation, each survey was numbered on the back according to the order of the students' appearance on the class roster, for matching purposes only. Additionally, students were asked not to write any identifying information on the surveys.

Data Analysis

A pretest-posttest comparison design was used to explore the impact of taking a service-learning course compared to taking traditional-learning courses. To compare group differences in demographic characteristics between students in the service-learning and traditional-learning courses, a chi-square test for nominal variables (i.e., race and gender) and a *t*-test for the continuous variable (i.e., age) were used. Paired *t*-tests were used to compare pretest mean scores to posttest mean scores in civic and course-learning outcomes for students in the two course formats. In addition, independent samples *t*-tests were employed to compare mean differences in the civic and course-learning outcomes between students in the two course formats. Although independent samples *t*-tests results show whether there are statistically significant mean differences between two groups, it does not tell the magnitude of a treatment effect (i.e., taking the service-learning class for this study). To test effect sizes (ES) of taking a service-learning class compared to taking traditional-learning classes in the outcomes, Cohen's (1988) *d* tests were utilized:

$$\text{ES } (d) = \frac{\text{(Experimental group mean) – (comparison group mean)}}{\text{(pooled standard deviation)}}$$

According to Cohen (1988), $d \geq .2$ is considered a small effect size, $d \geq .5$ is a medium effect size, and $d \geq .8$ is a large effect size.

Results

Table 1 displays descriptive statistics for the sample by course format. A majority of the students were White (77.3%) and female (87.5%), with an average age of 26.7 (*SD* =

6.92) years. The service-learning students were more likely to be White, female, and slightly younger than the traditional-learning students. However, chi-square and *t*-test result showed no significant group differences at the .05 level.

Table 1. *Student Descriptive Statistics by Course Type (n=89)*

	Service Learning (*n*=30)	Traditional (*n*=59)	All (n=89)
Race (%)			
White	80.0%	75.9%	77.3%
Black	13.3%	20.7%	18.2%
Other	6.7%	3.5%	4.6%
Female (%)	90.0%	86.2%	87.5%
Age (years)			
Mean	26.0	27.1	26.7
SD	6.2	7.3	6.9
Range	22—53	21—63	21—63

Note. Chi-square tests and a *t*-test showed no statistically significant difference at the 0.05 level between students in the service-learning course and students in the traditional course.

Table 2 shows the independent samples *t*-test results, which compare the mean differences in the civic outcomes between the service-learning and traditional-learning courses at pretest. Although the mean scores for each of the five civic outcomes for the service-learning class were slightly higher than the scores for the traditional-learning classes, the results indicated that before taking the service-learning class, the service-learning students did not differ significantly at the .05 level from the traditional-learning students.

Table 2. *Differences in Civic Outcomes Between Service-Learning Course and Traditional Course at Pretest: Independent Samples t-test*

	Service Learning (n=30)		Traditional (n=59)		
Civic Outcomes	M	SD	M	SD	*t*
Personal social responsibility	17.93	1.62	17.42	2.08	-1.27
Importance of community service	21.50	2.67	21.15	2.54	-0.59
Civic awareness	27.00	2.85	26.88	2.91	-0.18
Self-oriented motives	10.33	1.63	10.51	1.56	0.49
Service-oriented motives	8.63	0.85	8.47	0.90	-0.82

Note. No statistical significance was found at the 0.05 level. Only civic outcomes are reported here because course-learning outcomes were measured only at posttest.

Table 3 reports the paired *t*-test results, which compare the mean differences in the five civic outcomes before and after taking the Advanced Social Policy course for students in the service-learning and traditional courses. The service-learning students showed

significant increases in three of the civic outcomes: personal social responsibility, $t(29) = -2.80$, $p = 0.005$, importance of community service, $t(29) = -3.44$, $p < .001$, and civic awareness, $t(29) = -4.63$, $p < 0.001$. The traditional-learning students showed significant increases in two of the civic outcomes: importance of community service, $t(58) = -2.07$, $p = 0.021$, and civic awareness, $t(58) = -3.17$, $p = 0.001$. The results indicated that taking an Advanced Social Policy class, regardless of the type of course, significantly increased students' perceptions of the importance of community service and civic awareness. However, the increase in the two civic outcomes (importance of community service and civic awareness) was greater for students in the service-learning course. Furthermore, a significant increase in students' personal social responsibility between pretest and posttest was found only in the service-learning course.

Table 3. *Differences in Civic Outcomes Between Pretest and Posttest for Both Service-Learning Course and Traditional Course: Paired Sample t-test*

	Service Learning (n=30)			Traditional (n=59)		
	M (*SD*)			*M* (*SD*)		
Civic outcomes	Pre-test	Post-test	t	Pre-test	Post-test	t
Personal social responsibility	17.9 (1.62)	18.7 (1.17)	-2.80**	17.4 (2.08)	17.9 (2.15)	-1.48
Importance of community service	21.5 (2.67)	23.0 (1.93)	-3.44***	21.2 (2.54)	22.1 (3.13)	-2.07*
Civic awareness	27.0 (2.85)	29.1 (2.54)	-4.63***	26.9 (2.91)	28.4 (3.10)	-3.17**
Self-oriented motives	10.3 (1.63)	10.6 (1.67)	-0.95	10.5 (1.56)	10.8 (1.48)	-1.43
Service-oriented motives	8.6 (0.85)	8.9 (0.40)	-1.49	8.5 (0.9)	8.6 (0.78)	-1.47

Note. *p<0.05. **p<.01. ***p<.001. Only civic outcomes are reported here because course-learning outcomes were measured only at posttest.

Table 4 presents the independent samples *t*-test results, which compared the mean differences in the five types of civic outcomes and two types of course-learning outcomes between the service-learning class and the traditional-learning classes at posttest. There were no significant differences in civic awareness and self-oriented motives between the two groups. Upon completion of the class, however, students in the service-learning class showed higher levels of personal social responsibility, $t(86.47) = -2.47$, $p = 0.007$, importance of community service, $t(83.65) = -1.70$, $p = 0.047$, and service-oriented motives $t(86.95) = -1.91$, $p = 0.030$, compared to students in the traditional-learning classes. Regarding the degree of effectiveness in civic outcomes of the service-learning class, Cohen's d ES results showed medium effect sizes for personal social responsibility ($d = 0.50$), importance of community service ($d = 0.35$), and service-oriented motives ($d = 0.39$).

Table 4. *Mean Differences and Effect Sizes in Civic and Course-Learning Outcomes Between Service-Learning Course and Traditional Course at Posttest: Independent Samples t-test*

Civic and Course-Learning Outcomes	*M* (*SD*) Service Learning (*n*=30)	*M* (*SD*) Traditional (*n*=59)	*t*	Cohen's *d* ES
Civic outcomes				
Personal social responsibility	18.73 (1.17)	17.86 (2.15)	-2.47 **	0.50
Importance of community service	23 (1.93)	22.08 (3.13)	-1.70 *	0.35
Civic awareness	29.1 (2.54)	28.39 (3.10)	-1.16	0.25
Self-oriented motives	10.63 (1.67)	10.83 (1.48)	-0.55	0.13
Service-oriented motives	8.9 (0.40)	8.66 (0.78)	-1.91*	0.39
Course-Learning Outcomes				
Knowledge-oriented	44.97 (0.76)	42.62 (0.76)	-2.18*	3.09
Advocacy (action)-oriented	46.03 (0.64)	42.34 (0.82)	-3.55***	5.02

Note. *p<0.05. **p<.01. ***p<.001.

In addition, students in the service-learning section showed significantly higher average scores on course-learning outcomes than students in the traditional-learning sections including both knowledge-oriented, $t(77.52)= -2.18$, $p = 0.016$, and advocacy- (action-) oriented, $t(86.05) = -3.55$, $p < 0.001$ outcomes. Cohen's d results showed large effect sizes on both civic outcomes: knowledge-oriented ($d = 3.09$) and advocacy- (action-) oriented ($d = 5.02$).

Discussion

The purpose of this study was to measure the effectiveness of service-learning compared to a traditional-learning methods in an Advanced Social Policy MSW course. The study measured five civic outcomes and two course-learning outcomes. This study demonstrated the effectiveness of service-learning in enhancing students' responsiveness to social problems, human rights, and social and economic justice issues. Moreover, the service-learning version of the course boosted knowledge- and advocacy- (action-) oriented proficiency (i.e., the course-learning goals). While this study did not use randomization, the absence of group differences at pretest provides a relative level of confidence that the group differences at posttest were a result of the different course formats (i.e., the service-learning course compared to the traditional-learning courses).

The data revealed that, regardless of course format (either service-learning or traditional-learning), upon completion of an Advanced Social Policy class, students' sense of personal social responsibility, importance of community service, and civic awareness increased. This is good news for all social work educators, irrespective of their teaching methods, who desire to effectively teach advanced policy in a way that will instill in students civic-minded attitudes toward community and social problems that lend to post-graduation involvement (Rocha, 2000). However, the pretest/posttest differences for these civic outcomes were more pronounced for students in the service-learning course. Social work educators may want to adopt service-learning when teaching graduate-level policy

courses to achieve better civic outcomes. Consistent with conceptual articles about the positive effect of service-learning on cultivating students' personal social responsibility (Anderson, 2006; Bringle & Hatcher, 1996), the present study found that students' attitudes toward responsibility increased significantly (Lim et al., 2017). Students in the service-learning class may have "gained a deeper understanding of the social problem" (Anderson, 2006, p. 13) of taxpayers' failing to claim the EITC and underutilizing the VITA sites, having worked with EITC-eligible individuals and social work agencies that assist low- and moderate-income families. With "a deeper commitment to social action and change" (Anderson, 2006, p. 13), the students' sense of civic awareness also increased significantly. Then, they would have wanted to implement individual, agency, and policy responses that address the issues (Jansson, 2013) of under-utilization of social policies and services that would have helped economically vulnerable families if they avail themselves of the policies/services. This increase likely stemmed from the service-learning project and the course content, bolstered by critical reflections and in-class discussions of those reflections throughout the semester.

Second, and probably the most notable finding of this study, is that service-learning methods are effective not only in enhancing several civic outcomes (specifically, personal social responsibility, importance of community service, and service-oriented motives) but also in enhancing course-learning outcomes (both knowledge-oriented and advocacy-[action-] oriented proficiency). Effect size also showed that the group differences between service-learning and traditional-learning courses in the course-learning objectives appeared more substantial for the service-learning course, implying that service-learning is more likely to meet educational goals. This presents a great opportunity and a challenge for the social work profession, as knowledge-based policy advocacy skills may be becoming more indispensable to address the dynamic nature of the 12 grand challenges (Uehara et al., 2013).

Thirdly, the self-oriented motives score was lower for service-learning students at both pretest and posttest, which is not surprising given that service-learning students more than traditional-learning students tend to want to give back to the community and are thus service-oriented (Lim et al., 2017). Given that service-learning students' self-oriented motives were non-significant in both paired sample and independent samples *t*-test results, social work educators may want to consider ways to better market to students the personal benefits of service-learning policy courses. It may be interesting to investigate the motivations of students who opt to take a service-learning class: Is it unbecoming to choose to take a service-learning class when motivated by self-oriented interests? Can self-oriented motives complement other types of motivations for taking a service-learning class? Social work educators who implement service-learning in social policy courses need to explore the reasons why the decreases in the self-oriented motives among students were not significant, and possible ways to increase those motives, if desired.

Limitations

The present study has a number of limitations. First, while it instituted pre- and post-test surveys with a comparison group (and the two groups did not statistically differ on several characteristics), the study could not control for other possible participant

characteristics and, thus, could not establish causality. Using a sample from a larger theoretical population and more rigorous research designs (i.e., longitudinal studies, experimental designs) may pose difficulties from an administrative standpoint (Lim et al., 2017). Doing so, however, does promise a next step up for pedagogical research that measures the effectiveness of service-learning methods. Second, to run a paired samples *t*-test, the instructor recorded identifiers of survey participants to match pre- and post-test surveys. While it was explained to students that participation was voluntary, students might have felt pressure to participate and/or to respond in certain ways due to the identifiable responses between pretest and posttest. Third, the present study used purposive sampling, and thus, findings are not generalizable to all MSW students. Fourth, a few or several students could have been previously or simultaneously enrolled in more than one service-learning course. Some of the change in students' attitudes could have been ascribed to the additive effect of being enrolled in multiple service-learning courses. On the other hand, these students could have become fatigued with labor-intensive service-learning courses and projects, producing counter-intuitive changes in the direction opposite of the expected improvement in the outcomes.

Implications and Conclusion

A unique contribution of the present study is its engagement of students in service-learning social policy courses that encompassed working directly with community members, campaigning for EITC policy and VITA programs in the community, and interacting with macro-level stakeholders. This study demonstrates that service-learning fosters a sense of personal social responsibility, importance of community service, and civic awareness. Moreover, service-learning in social policy courses is more effective than traditional methods in helping students increase both knowledge- and advocacy- (action-) oriented social policy course goals.

Professional values and attitudes toward social personal responsibility and community services influence not only social workers' perceptions of policy practice but also their actual involvement in advocacy activities (Weiss-Gal & Gal, 2008). As Rocha (2000) attested, students in the experiential learning courses, including service-learning, rate themselves as more efficacious policy practitioners, and consequently are more likely to perform policy-related activities. Participation in service-learning promotes a sense of personal social responsibility (i.e., personal value systems) and, subsequently, encourages students to become more involved in their communities (importance of community service and service-oriented motives) as informed citizens and motivated social work practitioners (Anderson, 2006). Social work students often receive little or no exposure to macro-level systems (Figueira-McDonough, 1993; Miller, Tice, & Harnek Hall, 2008). Service-learning social policy courses help to fill that void.

Some universities like Duke (2018) and Purdue (2018) have a variety of excellent compendia of service-learning resources for faculty. The most important motivations for faculty members who adopt service-learning pedagogy are intrinsic—"passion and personal interests" for better student learning outcomes, "social commitment," and "intangible rewards" (Hou & Wilder, 2015, pp. 3-4). By aligning intrinsic faculty values with extrinsic rewards such as institutional commitment to facilitate the integration of

faculty responsibilities (i.e., research, teaching, and service) in tenure and promotion (Abes et al., 2002; Hou & Wilder, 2015), research-intensive universities can bolster civically-engaged scholarship and promote the civic mission of higher education.

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Depression Education As Primary Prevention: The Erika's Lighthouse School-Based Program For High School Students

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Abstract: *Major depression is a treatable and common mental health disorder for youth. Untreated depression is a major risk factor for youth who become suicidal and die by suicide. Recent focus in the school-based literature on creating universal mental health promotion programs have recognized the need for effective depression awareness education programs to assist youth in identifying symptoms of depression in themselves and their peers, and to encourage those youth to seek trusted adults for help. A quasi-experimental design (QED) was employed in two suburban Chicago high schools (n=652) to evaluate the intervention, Real Teenagers Talking About Adolescent Depression (RTTAAD), a video-based universal classroom discussion intervention created by clinical social workers, parents, and youth. The analysis showed that RTTAAD led to statistically significant changes in adolescent knowledge about depression and their stated willingness to seek help from trusted adults at 6-week follow-up compared to a control classroom condition. This study supports the notion that school social workers and other school mental health professionals need to allocate more time to primary prevention work to help build mental health awareness in their school communities and to help prevent depression and suicidal behavior.*

Keywords: *Depression; youth; school social work; suicide prevention*

Major depression is a prevalent disorder for young people. According to the National Institute for Mental Health (2018), 12.8% of youth (ages 12-17) experienced major depressive disorder in 2016, suicide is the second leading cause of death for individuals between the ages of 10 and 24, and over 6,000 youth died by suicide in 2016. Research continues to show a strong link between youth depression and risk of suicide attempts and completions (Deutz, Geeraerts, van Baar, Deković, & Prinzie, 2016; Goldston et al., 2009; Miller et al., 2017; NIMH, 2015). Still, despite these serious outcomes from depression, many youth do not seek or receive the mental health treatment they need to treat their depression, increasing the chance that their depression might escalate into suicidal ideation (NIMH, 2017). Recent research has focused on using depression education as a prevention activity to increase the knowledge youth have about depression and suicide risk, to build their capacity to identify trusted adults in school and their community to help them and their peers, and to increase the help-seeking behavior of depressed youth (Balaguru, Sharma, & Waheed, 2013; Surgenor, Quinn, & Hughes, 2016). The present study extends that work using a one-session universal intervention (a school-based depression awareness curriculum) to assess whether youth's knowledge and skills can be impacted by such an intervention.

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With depression being one of the primary mental health issues associated with suicide, and many youth reporting that stigma presents a major barrier to seeking help for depression, education in schools is viewed as a key component in preventing youth suicide (Petrova, Wyman, Schmeelk-Cone, Pisani, 2015; Pisani et al., 2012; Ruble, Leon, Gilley-Hensley, Hess, & Swartz, 2013; Surgenor et al., 2016; Swartz et al., 2010). By offering depression education as a primary prevention strategy for youth, and addressing depression through school programs, a larger segment of the youth population can be reached (Bevan et al., 2017). The evidence indicates that these interventions can be beneficial, though the evidence is still limited by a lack of rigorous randomized trials and quasi-experimental designs, though more rigorous trials have been conducted recently (Singer, Erbacher, & Rosen, 2018; Swartz et al., 2017). Current research indicates that the more youth and school communities can learn about depression, the more likely it is for the stigma around mental disorders to be reduced and, in turn, for students to seek out help from trusted adults (Joshi, Hartley, Kessler, & Barstead, 2015; Pisani et al., 2012; Surgenor et al., 2016).

School social workers (SSW) have long been at the front lines of providing support for youth within an ecological framework that addresses prevention as well as direct clinical problems (Kelly, 2008; Thompson, Frey, & Kelly, 2018). SSW have reported a high level of interaction with students who are depressed and suicidal (Singer & Slovak, 2011), and have worked to implement depression education and suicide prevention programs in diverse school contexts (Ciffone, 2007; Schmidt, Iachini, George, Koller, & Weist, 2015; Wright-Berryman, Hudnall, Hopkins, & Bledsoe, 2018). As with most problems SSW report working with, the challenge with providing prevention support for youth with depression is identifying interventions that are feasible to implement within the school context (Kelly, Raines, Stone, & Frey, 2010; Singer et. al, 2018).

The present intervention (Real Teenagers Talking About Adolescent Depression [RTTAAD], 2015) builds on previous evidence-based interventions (e.g., Break Free from Depression [BFFD], Boston Children's Hospital, 2018; Signs of Suicide [SOS], SOS 2018) offered to youth in schools to raise awareness about depression and decrease suicidal behavior, but with some key differences. RTTAAD is shorter, free, and driven by youth's voice in ways that distinguish it from the other established programs. It is designed to be implemented by any high school staff who want to bring the program to their campus with minimal start-up costs or training.

Like the other programs, RTTAAD uses video as its prime teaching tool, but unlike the multiple sessions of the other programs, the video and ensuing discussion are built around one typical 50-minute high school class session. Teen voice is also included in other programs, though RTTAAD explicitly involves the youth themselves in creating the video content (not as actors or using scripted content) in direct collaboration with the mental health experts of Erika's Lighthouse (EL), the Chicagoland-based non-profit organization that created RTTAAD. The youth in the RTTAAD videos are essentially "the voice" of the program, telling their stories and relating what they have learned about their own depression and how they decided to seek help. Finally, in the interest of increasing the social validity of the program, all RTTAAD materials are free and require no additional training for use by a school mental health professional and/or health educator, making the program accessible to most any high school (SOS charges for their training and materials,

and BFFD requires an online train-the-trainers component that might prevent some schools from adopting the program quickly.)

Background on RTTAAD

Real Teenagers Talking About Adolescent Depression: A Video-Based Study Guide was created by the staff and advisory board of EL to be a turn-key universal intervention for high school classroom environments (RTTAAD, 2015). While the clinicians and staff at EL are clinical social workers with decades of experience in clinical work with youth, the organization's advisory board is composed of adults and teens, many of whom are either suicide survivors and/or people who have suffered depression, who have come together to work to reduce the stigma around childhood and adolescent depression.

The purpose of RTTAAD is to increase student knowledge about depression, reduce stigma surrounding depression, and increase the likelihood that students with depression will seek help. The program content, developed by a team of school-based mental health professionals, parents, and youth, draws on the latest evidence to help students understand that depression is common amongst youth, that it is serious and the largest risk factor for youth suicide, and that it is a diagnosable and treatable mental disorder with specific symptoms, and that peers are often the first to know of a teen's depression. The tone of the program is critical to its success and is also derived from evidence-based concepts of safe and effective messaging for suicide prevention - avoiding dark, sensational and fear-based messaging, and instead, providing a message that is positive, honest, fact-based, and inclusive (RTTAAD, 2015; Singer et al., 2018).

RTTAAD has been offered by EL since 2011. To date, it has been implemented in over 60 schools, religious institutions, and health care settings. The program contains two sections, both to be delivered in a classroom setting by a classroom teacher, and preferably, with a school mental health professional co-leading the session.

The first section of the program engages students in a beginning exercise that introduces mental health and depression concepts. Students watch the 10-minute RTTAAD video in their class and then participate in a discussion with the facilitator about teen depression. Though schools can use the materials themselves without contracting directly with EL, it is considered best practice to have proper student support and school mental health infrastructure in place to handle the potential student response to RTTAAD. This includes the potential increase in self-referrals and peer referrals related to depression (RTTAAD, 2015).

The second section of RTTAAD builds on the first with supplemental exercises to be led by the classroom teacher for a typical 50-minute class period. This session focused on stigma reduction, depression and brain science, and suggestions on how to help a peer with depression. (Note: this program evaluation is restricted to only the first section, as EL noted that at least some of the schools were not consistently implementing the second section, and they wished to evaluate the most commonly-used component of RTTAAD). RTTAAD is also equipped with facilitator teaching instructions which includes: a) a primer on depression; b) a mental health resource ("bookmark handout") for students; c) an intervention tool that students can use at the end of the session to confidentially ask for

help; and, d) an appendix with other mental health resources and information (RTTAAD, 2015). Though the program has proven to be popular and has numerous anecdotal examples testifying to its impact and effectiveness, to date no formal evaluation of RTTAAD has been conducted. The EL team asked the first author to help them construct a study to examine the impact of RTTAAD.

Purpose of the Evaluation

The main objectives of the proposed evaluation were to examine the effects of RTTAAD on first-year high school students on knowledge of depression, help-seeking, and trust of adults related to help-seeking. Specifically, the evaluation sought to test the following hypotheses:

1) Students in RTTAAD classrooms will show increased knowledge about depression, stigma, and signs of suicide compared to a control group of similar first-year high school students.
2) Students receiving the RTTAAD intervention will show higher scores on knowledge of help-seeking behaviors for depression and suicidal ideation compared to control group first-year students.
3) Students receiving RTTAAD will show an increase in their reported trust of adults to help them or their peers with depression and suicidal behavior compared to students in the control group condition.

Method

Two Chicago suburban high schools agreed to be part of the RTTAAD intervention study. Both schools (referred hereafter as HS 1 and HS 2) agreed to have the program delivered to first-year students via their required health classes in accordance with the team's research design goals. In collaboration with the first author's institution, the team received approval for the research project from the Institutional Review Board (IRB), and the project followed typical research procedures for a school-based intervention study.

In both schools, a pre-post-test wait-list control quasi-experimental design was used. The pre-test was delivered to both the RTTAAD groups (in their health class) and the control students (in their P.E. class) at the same time, and each condition received the post-test at 6 weeks after the RTTAAD intervention. The RTTAAD intervention was conducted by the second and third author of this paper (both of them creators of the intervention). This approach further ensured that the program was implemented with full fidelity. All students in the two schools' control conditions received RTTAAD in the Winter 2015 semester when the students in the P.E. class control condition had their health class. Each student in the study (total n=652) completed a questionnaire that incorporated a depression knowledge scale created by the EL team and two additional standardized scales, detailed below.

Measures. Two standardized measures were employed for this evaluation: the Help-Seeking Acceptability at School Scale (HSA), a 4-item scale that tests youth' willingness to seek help from an adult at school for mental health distress (Wyman et al., 2008) and the Adult Help for Suicidal Youth Scale (AHSY), a 3-item scale that tests adolescent's

beliefs that there are trusted adults who can help them and their peers with mental health distress (Schmeelk-Cone, Pisani, Petrova, & Wyman, 2012). Both scales were found in a 2012 study by Schmeelk-Cone and colleagues to have acceptable internal consistency (0.84 for HSA, 0.67 for the AHSY). According to these authors, the scales "provide researchers and program evaluators with psychometrically sound scales for measuring, within a school population, student norms and attitudes about help-seeking for suicide concerns" (Schmeelk-Cone et al., 2012, p. 169).

Table 1. *Codebook example for open-ended knowledge questions*

List 5 symptoms a teen might have to be diagnosed with depression – **0-5 points** (Note: each coder independently entered 1 point for any of the items on this list, and then compared their codes after completing them to get to acceptable inter-rater reliability.)
1. Sad/always sad/constantly sad/sadness, depressed, feeling down
2. Change in sleep, irregular sleeping patterns
3. Sleeping too much, sleeping more, over-sleeping
4. Sleeping too little, sleeping less, insomnia, not sleeping/not sleeping well
5. Restlessness, agitation, feeling "sped up"
6. Persistent crying, tearfulness
7. Physical symptoms, aches and pains, headaches, stomachaches
8. Trouble focusing, trouble concentrating, trouble paying attention, trouble making decisions
9. Withdrawal from people/isolation, anti-social behavior, spending lots of time alone
10. Loss of interest or pleasure in favorite activities
11. Change in weight, weight gain, weight loss
12. Change in appetite
13. Loss of appetite, eating less, eating too little, not eating, not eating enough
14. Increase in appetite, eating more, eating too much, over-eating
15. Pessimism
16. Fatigue, tired all the time/exhausted, no energy/loss of energy
17. Feelings of worthlessness
18. Feelings of guilt
19. Feelings of hopelessness
20. Thoughts of death, suicidal thoughts, any other signs of suicidal behavior
21. Self-harm/self-injury, cutting
22. Lack of hygiene, lack of self-care for appearance
23. Low self-esteem
24. Using/abusing drugs and/or alcohol
25. Emotional numbness/apathy
26. Feeling lonely/alone/loneliness
27. Missing a lot of school, skipping school
28. Drop in grades, failing classes, low motivation
29. Reckless behavior (including examples of reckless behavior)
30. Anger, irritability

Additionally, the EL team created a knowledge instrument containing true/false items on depression, as well as six open-ended questions to evaluate the extent that students understood depression symptoms, strategies students could use to improve their mental health, the impact of stigma on help-seeking for depression and suicidal ideation, and

warning signs indicating a teen might be considering suicide. The final study instrument is available from the first author. Two college-aged student research assistants coded the responses to the six open-ended questions, scoring them based on the quality of the answers. Two EL team members coded a sub-sample of responses to attain sufficient inter-rater reliability (IRR) of .8 or above. All remaining responses were coded and all responses (both IRR and the two separate coders' work) were built into the analysis. (See Table 1 for sample codes).

The two high schools were chosen because they matched well on several school characteristics (see Table 2).

Table 2. *Selected RTTAAD Study High School Characteristics*

School Variables	High School 1	High School 2
SES (Low-income households)	13%	8%
Student mobility	<3%	<3%
Graduation rate	98%	95%
Students with IEPs	10%	9%
Racial demographics		
White	61%	Not available
Asian-American	20.7%	

(Illinois Report Card, 2018)

The results from the two schools were combined for this analysis. A pre-post/test wait-list control group design was employed to test the study hypotheses.

Results

Demographics

Of the 652 first-year students in the study, 286 (43.8%) were male and 329 (50.5%) were female; 37 (5.7%) either chose to not identify their gender or left the section blank. No other demographic data was collected on the specific first-year students in this sample (i.e., SES, race/ethnicity).

Findings from RTTAAD Questionnaire Data

Based on an independent sample t-test analysis of the pre-and post-tests for the RTTAAD and Comparison classrooms, the following preliminary results can be drawn from the data.

Student knowledge of depression. For the knowledge scale, participants in the RTTAAD condition showed greater increases in their knowledge score (M=0.67, SE=0.08) than did those in the control condition (M=0.39, SE=0.12). This difference was statistically significant $t(650)=2.0209$, $p<.05$. At 6 weeks post-test students who participated in RTTAAD had retained a statistically significant amount of new information about depression and how to deal with depression affecting either a peer or themselves.

For each of the 6 open-ended questions on the questionnaire, RTTAAD participants reported highly significant change from pre-to post-test (M=1.65, SE=.09) compared to the control condition students (M=1.13, SE=.08). This difference was statistically significant $t(634)=4.3278$, $p<.0001$. This means that a statistically significant portion of students in the RTTAAD condition could:

a. Identify up to five symptoms of depression
b. Accurately recount how long someone needs to be depressed to be diagnosed with depression
c. Identify up to three healthy ways that youth can take care of their mental health
d. Explain how stigma might prevent people from seeking help for their depression
e. List two warning signs for someone considering suicide
f. Identify strategies to help a peer who is suicidal involving seeking out a trusted adult

Students' willingness to seek help from trusted adults at school with depression and other mental health problems. Participants in the RTTAAD condition showed greater change in their average score on the HSA (Help-Seeking Acceptability Scale; M=0.19, SE=0.03) than did those in the control condition (M=0.09, SE=0.04). This difference was statistically significant $t(650)=2.0344$, $p<.05$. At 6 weeks post-test RTTAAD, participants reported that they were more likely to see adults in the school as people they could seek help from if they were upset.

Students' belief that adults could help one of their peers who is suicidal. Students who participated in RTTAAD showed greater change in their average score on the AHSY (Adult Help for Suicidal Youth Scale; M=0.26, SE=0.03) than those in the control condition (M=0.10, SE=0.04). This difference was statistically significant $t(650)=3.2250$, $p<.0001$. Students who participated in RTTAAD were much more likely to view adults as helpful resources for an adolescent peer who was suicidal. Overall, at 6-week follow-up across all three measures (the knowledge scale, the HSA, and the AHSY), RTTAAD appeared to have an impact on key areas of depression awareness/suicide prevention for first-year students in the RTTAAD condition compared to the control group classrooms.

Discussion and Implications for Additional Research and Practice

This pilot evaluation confirms that RTTAAD can improve knowledge and attitudes on depression and help-seeking among youth, and these outcomes are consistent with the features of other interventions in the depression awareness/suicide prevention literature (Klimes-Dougan, Klingbeil, & Meller, 2013; Petrova et al., 2015; Swartz et al., 2017; Whitlock, Wyman, & Moore, 2014). These initial findings show that RTTAAD is a promising intervention that merits further investigation, particularly for high school-age youth. Based on the data described here, RTTAAD demonstrates potential as an efficient and basic intervention that builds awareness of what depression in teenagers looks like, how teens can recognize symptoms in themselves and/or their peers, and how they can identify and eventually turn to trusted adults at school to help themselves or a peer.

These preliminary results are encouraging for several reasons. First of all, this is the first trial of RTTAAD since its inception, and the results indicate that the anecdotal and intuitive appeal of this program is bolstered by empirical support. Secondly, this trial tested the intervention in a real-world setting of two suburban Chicago high schools. These two high schools are similar to other schools that have been working with EL and the RTTAAD intervention for years. The fact that these changes were seen in two settings that closely match the school conditions that EL is used to working in further validates the efforts of the team to deliver this program as it has been already doing.

Each of the key indicators (increased knowledge, increased willingness to seek help from school adults, increased belief in the ability of adults to provide real help to a suicidal peer) are considered essential to programs that are trying to increase depression awareness and impact help-seeking attitudes around teen suicide. RTTAAD impacted all of these indicators, and did so even after a 6-week follow-up period. It is also important to note that all of this is being accomplished by a remarkably brief and efficient intervention model, one that requires relatively little training to implement and very little time to conduct relative to other evidence-based depression awareness/suicide prevention curriculum. From this initial pilot study, there is preliminary evidence to support the notion that RTTAAD "works," and does so largely in the ways that its creators intended it to work.

The findings from this initial pilot study offer several important implications for school social workers (SSW) and other related school mental health professionals. Due to high caseloads and other workplace demands, most SSW report struggling to find the time to deliver evidence-informed Tier 1 and Tier 2 interventions within the commonly-understood multi-tiered systems of supports (MTSS) framework (Kelly et al., 2016). This intervention offers an opportunity for SSW to address depression awareness and suicide prevention at the Tier 1 universal level, and to work within their school community to build the capacity of other key stakeholders (teachers, administrators, peers, and parents) to make school communities more responsive to youth who struggle with depression and suicidal thoughts (Erbacher, Singer, & Poland, 2014). That this could be done in a free and time-limited way makes RTTAAD a promising option for SSW looking to become more involved as change agents in mental health promotion and prevention work within their schools (Avant & Lindsey, 2015).

Limitations

While this study shows some positive initial outcomes, there are important limitations to bear in mind when interpreting these results. The sampling plan and wait-list control design, while more rigorous than a simple pre/post-test design, was not a randomized trial, as both the RTTAAD and comparison group youth represented a convenience sample of schools who were willing to participate. The data was all youth self-reports about possible changes to their knowledge and attitudes. The study design did not allow the researchers to assess behavioral outcomes such as whether RTTAAD increased youth referrals for mental health treatment in the school setting, or a resulting decrease in suicidal behaviors among the youth of the two high schools. Future research is needed to discern the behavioral changes stemming from RTTAAD. This is an area that the research team is considering as the next steps of developing the programs offered by EL.

Furthermore, though the two high schools used for this study shared many demographic and SES similarities, the specific youth themselves were not precisely matched on all demographic variables for the evaluation. This significantly limited this study's ability to test RTTAAD's impact on specific racial/ethnic minorities, as well as possible differential impacts of the intervention for LGBT youth. Further research is needed to assess how well RTTAAD and other depression awareness interventions are culturally relevant to the wide diversity of youth in the U.S. Further, because RTTAAD was facilitated by Erika's Lighthouse staff and not the school's own teachers, future studies would benefit from assessing the program's impact when taught by health teachers or other faculty.

Conclusion

The preliminary results discussed here represent encouraging findings that invite additional investigation into the potential scope and reach of RTTAAD to impact depression awareness/suicide prevention outcomes for early adolescent youth in middle and high school. This work stems from a collaboration of a dedicated group of practitioners and researchers, and follows a collective process built on the wisdom of several years of building RTTAAD. Future work would do well to further investigate the ways by which RTTAAD can be feasibly and effectively translated to more diverse adolescent populations (e.g., rural youth, inner-city youth), as well as ways that the materials might be refined by future study to be more widely disseminated through face-to-face educational classroom instruction in the program as well as sharing the RTTAAD program via social media apps and other online tools frequented by youth.

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Student, Faculty, and Field Instructor Approaches to SBIRT Implementation: Implications for Model Fidelity

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Abstract: *Informed by an empirically-based implementation model, this study examined how social work faculty, student, and fieldwork instructor approaches to using the evidence-based SBIRT protocol affected implementation and model fidelity. Data were obtained from two rounds of focus groups with three groups of stakeholders (faculty, students, and fieldwork instructors) about their experiences teaching, learning, using, and supervising SBIRT and were analyzed using a hybrid inductive and deductive process. Analyses yielded three main categories of approaches: those that impeded implementation and model fidelity; those that supported implementation but were not congruent with model fidelity; and those that supported both implementation and model fidelity. Lack of consciousness about model fidelity was an issue across groups. Efforts to find a fit between the protocol, settings, and professional approaches to social work often led to implementation but questionable model fidelity. Repeated exposure to new material and opportunities to engage with it, having specific tools, and supporting learners' efforts to uphold social work values can promote faithful implementation.*

Keywords: *Evidence-based practice; implementation science; model fidelity; SBIRT*

Implementation science and evidence-based practice (EBP) have been a central concern of social work for decades, leading to significant changes in the profession as evidence increasingly informs social work practice, administration, and policy. An ongoing challenge of the profession has been delivering evidence-based interventions within agencies to clients in ways faithful to the protocols upon which the scientific evidence was established. In 2005, Mullen, Shlonsky, Bledsoe, and Bellamy asserted that social work lacked literature that empirically examined and addressed barriers and facilitators to implementation. Since then, knowledge and information developed by social work and other professions have been used to address these issues (Acri et al., 2017; Atkins & Frederico, 2017; Cabassa, 2016; Gray & Schubert, 2012; Kerner & Hall, 2009; Otto, Polutta, & Ziegler, 2009). As a result, protocols are now being designed to maximize diffusion so that, while establishing the evidence, researchers consider how the intervention will be adapted and integrated into routine practice (Kerner & Hall, 2009). Nonetheless, much work remains to be done to establish evidence-based practices in real world settings. In particular, understanding of what happens between development of the scientific evidence and implementation of the evidence-based protocol in practice remains incomplete (Gray & Schubert, 2012).

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One aspect of implementation involves transmission of knowledge across social work faculty, fieldwork instructors, and students. How these three groups of stakeholders approach scientific information and how their respective approaches might affect the role of evidence in social work have received limited attention to date. This focus group-based study addresses this important ongoing issue and contributes to knowledge about how an evidence-based protocol reaches clients and whether it reaches clients in a way faithful to the original model. Informed by the authors' (Ogden, Vinjamuri, & Kahn, 2016) empirically-based model of barriers and facilitators to implementing an EBP in student fieldwork placements, this study addressed the question: What were the approaches of faculty, students, and field instructors to implementing SBIRT that impeded or promoted model fidelity? For the purpose of this project we defined "approaches" as the combination of self-reported perspectives, attitudes, and actions around SBIRT implementation.

Background

In 2005, Fixsen, Naoom, Blase, Friedman, and Wallace found "the science related to implementing EBPs and programs with fidelity and good outcomes for consumers lags far behind the development of them" (p. vi). Arguably, this remains the case in social work today (Cabassa, 2016). Aarons, Hurlburt, and Horwitz (2011) wrote about implementation science as a quickly growing discipline with lessons learned from business and medical settings being applied in social service settings. However, they cautioned that it is unclear how well results from other types of organizations translate to settings with different historical origins and customs, such as public mental health, social service, and substance misuse sectors.

Within social work there are no agreed-upon standards or steps to implementation or universal definition of what the science of implementation involves (Atkins & Frederico, 2017). Varying depictions of implementation science have emerged in the literature. Palinkas, He, Choy-Brown, and Hertel (2017) defined implementation science as the "generation and application of models and conceptual frameworks that identify potential barriers, facilitators, the process, and outcomes of program, practice, and policy implementation" (p. 182). Implementation of a new EBP can happen at various levels from the "paper" level with new policies and procedures; to the "process" level with trainings, supervision, and different reporting forms; and through the "performance" level with real, functional changes to operational impact with good effects for clients (Fixsen et al., 2005). However, implementation must be distinguished from adoption, which is merely a decision to use an evidence-based intervention (Mitchell, 2011). Implementation aims to achieve regular use of evidence-based interventions. Sustaining the practice is key. Delivering complex social interventions requires a comprehensive implementation strategy, including specific actions within a planned, long-term implementation and maintenance process (Mildona & Shlonsky, 2011). Thus, in real-world settings, stages of implementation and maintenance are not necessarily linear but are, rather, dynamic.

Key Features and Impediments of Successful Implementation

Implementation and model fidelity can be promoted successfully. Existing lists of factors needed for successful implementation are invariably lengthy and complex,

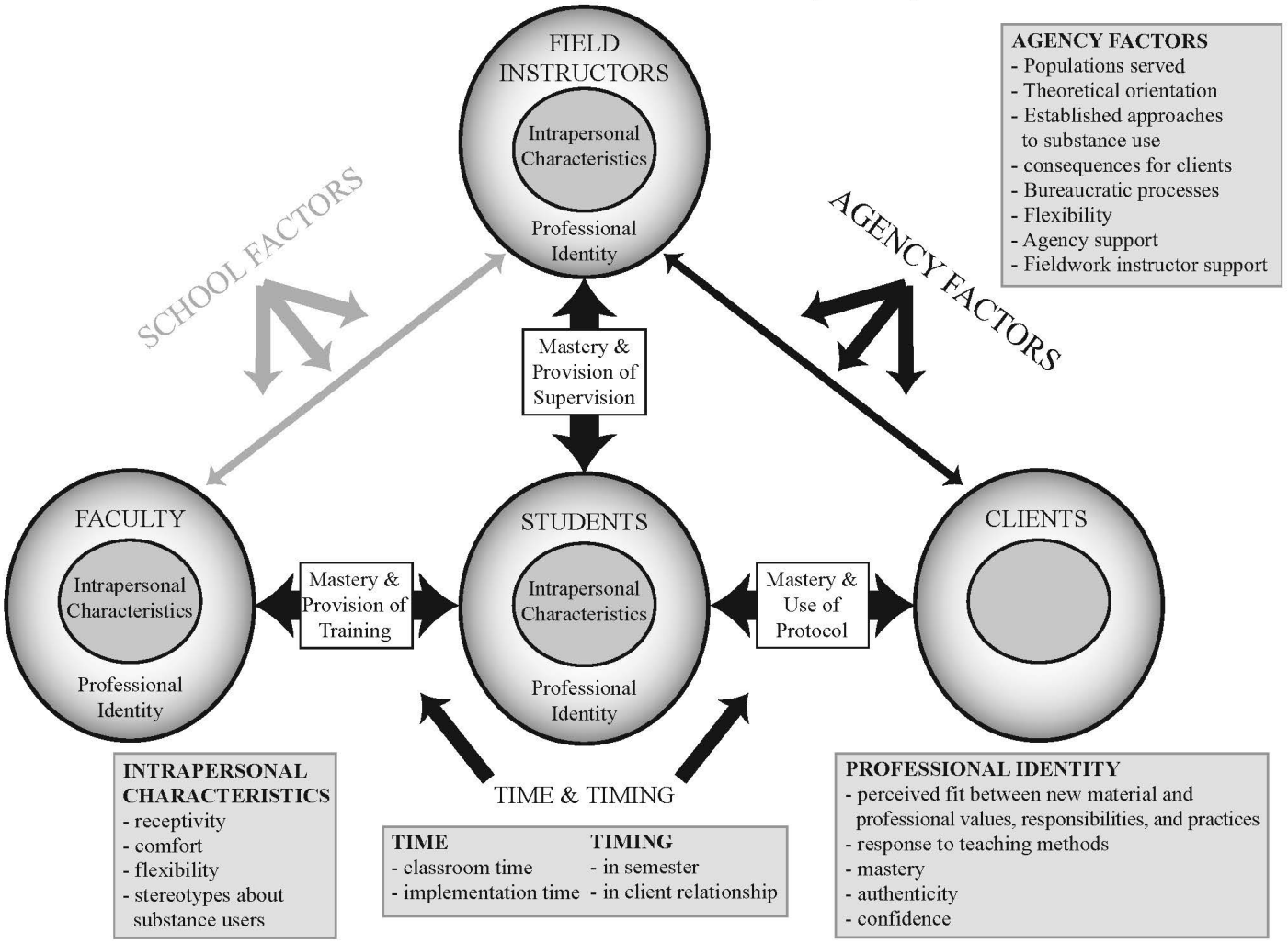
suggesting implementation requires more than training practitioners (Aarons et al., 2011; Bhattacharyya, Reeves, & Zwarenstein, 2009; Fixsen et al., 2005; Kerner & Hall, 2009; Mildona & Shlonsky, 2011; Mitchell, 2011; Palinkas et al., 2017). Nuanced, dynamic interactions affect implementation, and ideal circumstances are not always possible to attain. Implementation can be impeded at any stage of the process, with impediments coming from individual practitioners or agency and organizational factors.

Using a multi-systemic lens, Palinkas et al. (2017) identified several barriers to implementation, including the limited time and resources of practitioners, insufficient training, lack of access to peer-reviewed research journals, lack of feedback and incentives for use of EBPs, assumptions behind the design of research trials, and inadequate infrastructure and systems to support implementation. Focusing on organizational factors, Mitchell (2011) cited culture, climate, structure, mission, and philosophy of the organization plus leadership and network connectedness. Agencies may also struggle to provide training and supervision, incentives for practitioners, material resources, and administrative support. In terms of practitioner-specific barriers, Gray and Schubert (2012) described resistance to change, especially when new ideas are inconsistent with organizational beliefs, and Mitchell (2011) identified the attitudes of providers, such as skepticism about the clinical value of EBPs. Acceptance of a new protocol can be particularly challenging if it was developed for and tested with client populations with relatively simple problems, homogeneous groups, or when perceptions of inconsistencies between protocol and recognized characteristics of effective programs appear. Real or perceived mismatches to client populations and their complex needs can also impede implementation. Practitioners may also be resistant if they are concerned about clinical freedom and the ability to respond to individual client needs. While these factors have not all been exhaustively or empirically examined, they serve as a guide for this study. To date, data-derived, specific measurement instruments to guide the process of implementing and evaluating the implementation of an evidence-based protocol are lacking. The current study aimed to add information about the implementation process, focusing upon factors that impede or promote model fidelity as a protocol is implemented.

An SBIRT-Based Implementation Model

Previously, the authors (Ogden et al., 2016) used focus group data to develop a model (herein referred to as "the Implementation Model") that identified barriers and facilitators to implementing SBIRT in social work student fieldwork placements (see Figure 1). Development of the Implementation Model revealed issues related to model fidelity. Subsequent focus groups affirmed further model fidelity issues, which became the focus of the present study. The following is a basic overview of the Implementation Model, which is provided to contextualize this inquiry and findings.

Figure 1. **Barriers and Facilitators to Implementing an Evidence-Based Practice in Student Fieldwork Placements: An Empirically-Based Model**



(Ogden et al., 2016)

The Implementation Model (Ogden et al., 2016) identified multiple interacting factors influencing students, faculty members, and fieldwork instructors. These three stakeholder groups can also be considered representative of practitioners, trainers, and supervisors, respectively. All of the identified factors can serve as either barriers or facilitators to implementing an evidence-based practice. The factors in the Implementation Model include intrapersonal characteristics, as well as mezzo- and macro-level factors. Intrapersonal characteristics of receptivity, comfort, and flexibility affect an individual's approach to new knowledge. Also at the individual level are the practitioner's perception of the fit between the protocol and professional values, responsibilities, and practices plus one's sense of mastery of the material, authenticity in implementing it, and confidence in doing so. Mezzo- and macro-level factors that can affect implementation include agency factors, such as the population served, the agency's theoretical orientation, established approaches to treatment, consequences of the protocol for clients, bureaucratic processes, agency flexibility, agency support, and supervisor support. The Implementation Model shows how these factors work in dynamic ways, often compounding or counteracting each other and leading to an undetermined net effect. How the factors connect to model fidelity is of particular concern to the present study because data used to develop the Implementation Model suggested wide variance. The current study is a first step towards understanding the dynamic interplay between factors that promote the use of SBIRT and those that contribute to model fidelity. To date, this implementation model appears to be the only one grounded in SBIRT-implementation data directly connecting social work education to implementation and practice. The implementation model provided the central analytic frame but was also critically examined throughout the analytic process.

Design

The present study used a train-the-trainer model. Faculty with expertise in the Screening, Brief-Intervention, and Referral to Treatment (SBIRT) protocol used materials provided by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2011) to train all social work faculty in an urban college in the Northeastern United States. The nine hours of training included a specially created SBIRT manual, role-plays, and videos as well as dialectic and lecture-based instruction. In turn, those faculty then trained all graduating bachelor- and master-level social work students to use SBIRT. Student training occurred over several weeks during required core curricula courses. The training was the same for undergraduate and graduate students. The students received at least four hours of training in the classroom, which included lecture, discussion, role-play, and videos. All students received the SBIRT manual, which they could bring to their fieldwork placements, plus visual aids, which are an integral part of the SBIRT implementation process. Training was completed by the end of the first semester, and students were charged with using SBIRT in their fieldwork agencies for one semester.

Fieldwork instructors were charged with supervising students' use of SBIRT. All fieldwork instructors received the same basic information about SBIRT: Through emails and telephone conversations, faculty advisors and field education staff informed fieldwork instructors that students were receiving SBIRT training and were expected to use it in field. Fieldwork instructors also received an electronic version of the SBIRT manual and were

asked to review it. The social work faculty advisors, who had been trained in SBIRT and were teaching it to the students, conducted on-site visits with every fieldwork instructor and student dyad. At those meetings, the faculty advisors provided basic introduction to the SBIRT protocol, answered questions, and told the fieldwork instructors what to look for when supervising SBIRT. For additional training, fieldwork instructors were invited to participate in voluntary three-hour trainings at the college provided by project faculty. Furthermore, the social work department offered voluntary advanced SBIRT training and specialized training for SBIRT with older adults. Although not all fieldwork instructors attended the additional voluntary trainings, all received the SBIRT manual and engaged in in-person discussions with trained faculty members about SBIRT and its role in their agencies. Some fieldwork instructors did not allow their students to use SBIRT in their fieldwork placements. At the end of each academic year of the study, faculty, students, and fieldwork instructors participated in focus groups that examined the factors that impeded or promoted the implementation of SBIRT.

Methods

Sample and Recruitment

This article reports on second and third year focus group evaluation data of a three-year SBIRT training grant. The training model is described more thoroughly elsewhere (Ogden et al., 2016). The present study examined data from end-of-year focus groups with students, faculty, and fieldwork instructors, with one of each group held in 2015 and 2016, totaling six focus groups.

Student recruitment. For student recruitment, all faculty members teaching SBIRT used a script to ask their SBIRT-infused course sections for one volunteer to participate in the focus groups, making clear that participation would have no effect on their grades or academic standing. Undergraduate- and masters-level social work students were recruited for the same focus groups. In Year 2, there were 222 students (90 MSW and 132 BA) in total with 15–25 students per SBIRT-infused course section and 12 sections. In Year 3, there were 226 (73 MSW and 153 BA) students in total with 15–25 students per section and 12 sections. In the project's second year, there were 12 students (6 MSW and 6 BA) in the student focus group. In the third year, there were 13 students (8 MSW and 5 BA). Students were provided with a $25 gift card incentive for participating.

Faculty recruitment. All faculty teaching SBIRT were asked to join the focus group with the exception of the three who had designed and facilitated the SBIRT training in order to decrease social desirability bias in focus group discussions. As compensation for participating in the project, faculty received two weeks of summer salary. This compensation was provided to pay for their time attending SBIRT trainings and retreats, as well as the additional work of learning and incorporating new material into their courses. There were nine social work faculty participants in the second-year faculty focus group and nine participants in the third year.

Fieldwork instructor recruitment. All current fieldwork instructors (186 in Year 2 and 192 in Year 3) were sent an e-mail requesting their voluntary participation in a focus

group. Six participated in the second-year focus group. Of these participants, two received the additional voluntary SBIRT training. Fifteen fieldwork instructors participated in the third year focus group. Of these participants, ten received the additional voluntary SBIRT training. Fieldwork instructors who participated in the focus group received a $25 gift card.

Research Participant Protections

Several steps promoted protection of research participants. Focus group participation was voluntary for all participants. Because providing detailed demographics could have easily led to identification of the participants, particularly in the faculty focus group that drew from a very small population, demographic information was not collected from any focus group participants. Confidentiality was maintained throughout focus group participation, recording, and transcription. All participants provided informed consent to be audio-recorded. During focus groups, members received random numbers as identifiers, which ensured anonymity in the discussion and recording. Identifying information regarding individual interviewees was, therefore, not available in transcripts, which promoted the integrity of data analysis as well as protected confidentiality. Focus group audio recordings were professionally transcribed. All study data were stored on password-protected computers in locked offices. Institutional Review Board approval was granted by the host college.

Focus Group Procedure

The focus groups were held each year within one month of completion of the academic year that included the SBIRT curriculum. Focus groups lasted 60-90 minutes with moderation provided by faculty involved in the SBIRT project evaluation team. All six groups involved in-depth discussions guided by moderators using semi-structured, open-ended interview questions informed by the Implementation Model. The discussions addressed topics such as participants' experiences learning, using, teaching, and/or supervising SBIRT; difficulties and barriers encountered in implementing SBIRT; the role of the agencies and academic institutions in implementation; the impact of the protocol on perceptions towards people who use substances; and recommendations for improving the training.

Data Analysis

Verbatim transcripts of the six focus groups were the source of data for the present study. Analysis involved thematic coding of the transcripts, guided by the hybrid process of inductive and deductive thematic analysis described by Fereday and Muir-Cochrane (2006). A codebook was developed using the authors' Implementation Model, which originated from focus group analysis of the same project's first year (Ogden et al., 2016). Using this codebook, each author reviewed transcripts identifying the presence of factors from the Implementation Model while remaining open to new codes that expanded on existing concepts or illustrated new phenomena or processes. The rigor of the study was enhanced by the input of multiple researchers throughout the analytical process. Each focus group was coded by at least two authors. Creation of audit trails delineated clear pathways

from codes to analytical and process memos. Analytical memos included examples of existing codes and new codes that emerged, their definitions and illustrative quotes, and the story of the relationships among the codes. The relationships between new codes and existing codes were discussed amongst the authors and documented in analytic and process memos. Constant comparison was the central analytical process leading to the organization of initial codes into categories of inductively-identified themes. Transcript data were repeatedly analyzed, each time using codes that emerged in the previous stage of the analysis as a temporary conceptual framework, while the authors remained open to discarding and creating new concepts and categories. The authors engaged in reflexive discussion wherein ideas and assumptions were considered, challenged, and debated, ensuring that individual researcher biases and opinions were moderated so that the emerging analysis was grounded in the data.

Results

Analysis of focus group data from six focus groups, collected over a two-year period, led to an in-depth understanding of approaches that supported or presented barriers to SBIRT implementation and model fidelity from the perspective of three groups of stakeholders. These approaches fell into three categories: approaches that impeded implementation and model fidelity; approaches that supported implementation but were not congruent with model fidelity; and approaches that supported both implementation and model fidelity. While some approaches appear to be transferable to the implementation of EBPs more generally, some appear to be specific to SBIRT and/or the SBIRT project from which the data were drawn.

Approaches that Impeded Implementation and Model Fidelity

Approaches that impeded implementation and model fidelity of the SBIRT protocol had two common elements. First, some participants expressed viewing the universal screening principle as optional, which immediately meant that model fidelity was not followed since universal screening is a key element of faithful implementation of SBIRT. Thus, lack of universal screening was a primary indicator of model infidelity. Second, participants identified barriers to fully using SBIRT in fieldwork agencies related to the degree to which SBIRT fit with existing policies, practices, and systems and the level of support provided by fieldwork instructors.

Viewing the universal screening principle as optional. The SBIRT for substance use protocol begins with the premise that almost anybody can be misusing substances, including alcohol, and, therefore, the brief screening for substance use should be used with every client. This is central to the model's public health approach of targeting individuals without severe substance use disorders who would benefit from reducing their substance use (SAMHSA, 2011). However, across all stakeholder groups, data emerged delineating times when the students did not use the universal screening principle. Several factors contributed to this breach in model fidelity.

Fieldwork instructors sometimes viewed asking about substance use as inappropriate for their client populations and therefore, did not permit the universal screening. Other

times, they chose clients within their agencies who they thought would be appropriate. For example, one fieldwork instructor stated:

> *My student was very excited to use the SBIRT but she had three components of her field placement, and it was only appropriate to be used in one of the components because she was in one component where they had home visits where they had a questionnaire where they asked questions about drug and alcohol use so it's appropriate in that one. But the other two components, one was interviewing parents for a Head Start program and the other was interviewing parents for a parenting program. And I had requested that for those two parts that she not use it.*

It is unclear how this fieldwork instructor decided that the screening was acceptable in some circumstances and not in others, as substance use can certainly be a contributing factor to problems in parenting. However, this approach seems to have been typical, as several field instructors identified populations, or sub-populations, for whom they felt using SBIRT was inappropriate. Therefore, model fidelity was lacking in those cases as the result of ideas about who should or should not be screened for substance misuse.

Stereotypes about substance users contributed to the belief amongst fieldwork instructors and students that some clients should not be screened for substance misuse. As in the above example where the fieldwork instructor believed some parents did not need to be screened, stereotypes included beliefs about what substance users looked like, how they behaved, and whom one should screen for substance misuse, as well as what non-substance users looked like. For example, one student explained not using SBIRT because, "I work with older adults, so, sixty and older. I pretty much didn't encounter any client who would currently be using alcohol." Because of the clients' older ages and the services provided, that student did not even ask if the clients ever drank alcohol. Some faculty accepted students' perceived inabilities to implement SBIRT, colluding with and enforcing student preconceived notions about substance users and where substance use screening can occur. Other faculty did address students' preconceived notions, but these could be so entrenched that even faculty feedback did not change students' fixed beliefs or affect their client interactions:

> *I had a handful of students who seemed to not want to use it in the field, one who didn't even sign the agreements and was absolutely not interested and said, "We're not comfortable using it with kids." . . . I consistently pointed out, having had experience with kids, that they start engaging in these behaviors a lot younger than we think, so that bringing it up in a way that they can understand . . . in a way that's comfortable, is important, because it needs to be addressed.*

Some faculty did successfully address students' preconceived notions, and their students developed an understanding of the reality of not being able to "tell" if someone used substances. Those students then employed the universal screening protocol. In other words, their stereotypes were successfully challenged:

> *My professor, she always told us, "No matter what population you're in, it's important to ask this question." . . . Because you never know, what—what the*

client's been through or—or if they've used that and how that could've affected them . . . We have to know everything about the person . . . From this training, I'll know that [substance use screening] is something important and no matter where I'm at, I should ask those questions 'cause it could be beneficial.

Encountering and responding to agency barriers. Practices are not introduced in a vacuum; rather they are introduced in the context of existing practices, policies, and systems. As in the present study, it is often left to individual practitioners to determine how a new practice will or will not fit in. Fieldwork instructors were particularly conscious of contextual factors and how they affected staff buy-in to new EBPs. For example, some described intake forms they were required to use and that could not be changed easily. Others were positioned to respond to such barriers more actively:

We have a form that was part of the intake process which I intend to revamp and substitute it with . . . the SBIRT [forms] because I find it more humanistic and that's where I am. And that's probably going to take place this summer, with my social work staff, because I want them all to buy into it. . . . The substance abuse counselors are not using the model which is very upsetting for me.

Being positioned to address agency barriers and encourage buy-in was an important factor affecting implementation.

The fieldwork settings also influenced students' experiences using SBIRT due to the level of support fieldwork instructors provided. A student described this phenomenon:

My supervisor didn't know SBIRT . . . so that was one problem and, you know, many of our [client] interactions were very quick and . . . and the only question they want you to ask is if . . . they have a current problem or if they have a history of alcohol abuse or substance abuse.

Students often faced the problem of knowing more about the intervention than their fieldwork instructors. This may represent a common barrier: If a practitioner receives training and wants to bring it to an agency, that practitioner would need to educate both superiors and peers, possibly creating complicated workplace dynamics.

Agency contexts affected the messages students received about the fit of SBIRT with their work, which may have been contrary to the student's perceptions and plans. For example, one faculty member described students who were eager to implement SBIRT but who were told by their fieldwork instructors and/or other agency personnel that SBIRT did not fit with the agency's work:

Some of [the students] had very short-term interactions with clients and so then if you're only going to talk to somebody once then you're not going to do a substance abuse screening . . . that's what they were told . . . The response I would say was disappointing overall, but that's not the student's fault. It's not because they weren't enthusiastic . . . it was just, [SBIRT] didn't fit.

While the SBIRT model posits that a brief, single time interaction is in fact an ideal place for conversations about substance use, beliefs and stereotypes about substance use, and,

relatedly, perceptions about what substance use screening and intervention is and where they fit inhibited their use in practice.

In some cases, existing protocols impeded implementation by portraying a new practice as burdensome. One fieldwork instructor said:

> *I think the biggest barrier though is the fact . . . that the agencies usually have their other tools that [they are] using . . . like the assessment package is so huge that to incorporate something else kind of seemed like a burden.*

Perception of burdensomeness of an intervention by fieldwork instructors and other agency personnel thus emerged as a significant barrier to implementation.

Approaches Congruent with Implementation but Not Model Fidelity

Two themes emerged that supported implementation of SBIRT but appeared to compromise model fidelity. The first theme is described as "finding a fit." Finding a fit between SBIRT and existing practice allowed components of SBIRT to be implemented; however, it likely compromised model fidelity because pieces of the protocol were altered or omitted so SBIRT would fit better with usual practice. As a result, participants considered their practice to be consistent with SBIRT, but they were not using SBIRT in ways true to the evidence-based protocol. In line with the Implementation Model, flexibility that promotes implementation is desirable; however, straying from what the research indicates is effective to engage in selective or modified activities might be just as ineffective as not using any elements of an established protocol. The second theme, "being thrown off by client reactions," concerns reactions to clients who responded to SBIRT in a negative way. Client reactions could move a student from using SBIRT as taught to ending the protocol prematurely or altering the intervention, which in both cases compromises model fidelity.

Finding a fit. Some participants showed receptivity and flexibility, searching for a fit between SBIRT and practice-as-usual while demonstrating their desire to use SBIRT. However, it became clear from the data that some participants were picking and choosing aspects of SBIRT based on what worked with their existing practices. Furthermore, as participants grew more comfortable with the material, they wanted to make it their own, fitting it into their existing practice approaches so that it felt authentic. However, this approach may have compromised model fidelity.

For faculty, finding a fit meant adding in their own exercises as they were teaching. Although this was encouraged by the project directors to improve faculty buy-in, it also meant that a single model for teaching was not followed. As one faculty member shared:

> *I got more comfortable with the material and the format of it that I too wanted to do more with it. So, I tried doing some role plays toward the end but I found that it was hard to balance whether or not I was going too much outside of the evidence-based model versus being very prescriptive in terms of what is supposed to be there . . . But as I got more familiar with it and felt more comfortable, I wanted to do more interactive activities.*

Significantly, faculty expressed adding to material but never described skipping any pieces of it, and, aware of the issue of model fidelity, appeared to have adhered to a level of model fidelity despite instructional innovations.

Fieldwork instructor approaches to SBIRT emphasizing authenticity were more problematic from a model fidelity perspective. One field instructor described, "You don't get everything, but you take away the most important points. What's important to you." This type of approach was common among fieldwork instructors, whose discussions never addressed model fidelity or the importance of "getting everything," which is central to model fidelity. A "take away the most important points" approach inherently compromises model fidelity.

Students described a similar "take away the most important points" approach to SBIRT:

> *I use SBIRT in a very loose, unstructured way; I used it in a way that just suited me based on the placement that I was at; on top of it, my placement did not want to turn the school into a drug rehab center 'cause like all the kids were like smokin' weed and drinkin' on the weekend.*

While the student seemed to be implementing SBIRT, it was not in a way that was faithful to the full SBIRT protocol. Participants used their preconceived notions to pick and choose not just "if" they would use it but also when and how to do so.

Being thrown off by client reactions. The SBIRT training delivered as part of the present study could not cover all material necessary to respond to clients in real life situations, including the more complicated emotional responses many people will have in discussing how substances are affecting their lives. As a result, not knowing how to handle client reactions was a barrier to fully implementing SBIRT, and evidence suggests that it led to a breakdown in model fidelity. One fieldwork instructor described a student's use of SBIRT as follows:

> *She did the SBIRT with that person and the person wasn't a drug or alcohol user, but apparently there was a family member that was a drug and alcohol user, and the minute she brought up the topic she wasn't able to continue with the rest of the interview . . . because the parent just fell apart and started talking about this family member and all these issues. And then my student felt like she wasn't prepared, like, how to react to that happening.*

Students who got "stuck," not knowing how to respond, often did not fully implement the protocol. For example, one student working with high school students explained, "I didn't know where to go when someone says, "I don't have a problem with my cocaine; I don't—I don't care to change it . . ." Another student experienced clients who became "aggravated" or "angered" and wanted additional training on how to "move on" in those situations. Limits of training is another aspect of implementation not identified in the Implementation Model but that was clearly significant.

Approaches Congruent with Implementation and Model Fidelity

Several themes emerged from participants who implemented SBIRT in ways that were identified as likely to promote model fidelity. These themes were: repeated learning, having the right tools, and a desire to uphold social work values.

Repeated learning. Participants who experienced repetitive exposure to SBIRT material seemed to have a deeper understanding of the material, which in turn facilitated their implementation of the protocol with a greater likelihood of maintaining model fidelity. Among the faculty, this shared attitude is encapsulated in one of the participant's comments that "the more frequently you do it, the easier it becomes and you can easily weave it in" and another who described being able "to teach it and help the students to learn it in just a more knowledgeable way" by the third year.

Students were also aware of the importance of repeated learning and expressed the importance that material "was reiterated a bunch of times by my professor." Another student observed that faculty used various pedagogical strategies to repeatedly convey content "because he wanted us to get a concrete foundation of this training, so when we go out in the field we can use it and implement it in the right way."

Fieldwork placements were another venue for repeated learning that provided opportunities for practice, which was appreciated by students. As one student stated, "The more you use it, the more you become familiar and be able to apply it fully." In contrast to the theme of "being thrown off by client responses," the repeated learning added confidence to implement the material and opportunities for students to have the experience to "actually practice it in real life" and, when clients responded, to discover, "Oh—it really works!" Students who saw field as an opportunity for repeated practice gained confidence in fully implementing the protocol.

Having and using the right concrete tools. Faculty approaches that promoted implementation and model fidelity included using a wide variety of training tools. These included concrete tools such as videos, role-plays, and feedback on process recordings. Specific and pointed feedback on process recordings was particularly important to students:

> *The professor did use the process recordings . . . to help us and tell us where – to give us pointers to where we could ask some questions and why, and . . . to just give us insight on how we could have did something better, or add to it.*

This pointed feedback was likely central to model fidelity as specific correctives could be made.

Active teaching and learning also happened in interactions between faculty and fieldwork instructors:

> *In my [agency] visits a couple of times I actually brought out that laminated [visual aid] and sort of walked [the field instructors] through it, which definitely seemed to be helpful. They felt as overwhelmed, the ones who had not been exposed to it before, felt as overwhelmed I thought as our most overwhelmed students did . . . So when I broke it down for them in the visit, also it was face-to-face in that initial*

> *visit, that seemed to help out. And a lot of times then they were like "oh, okay, so this is kind of what we do already."*

Faculty members also saw that having concrete tools increased student confidence and considered that the concreteness of the tools and specificity of the practice might contribute to model fidelity and certainly to implementation:

> *I felt that the students had a vocabulary, they had words to use to make the assessment, because I think that they want words to use for everything. They want to know what do I say in this situation, that situation, and every situation, so this was something that gave them some words to use which was helpful. And we talked about how you use the words and it's not just the words themselves, but it's how the engagement and the warm handoff and all that, but it was a process, it was very concrete steps and visual aids, a lot of things.*

For students, having and using concrete tools, such as the SBIRT manual and visual aids that were developed for this specific SBIRT project and the reliable and validated substance use disorder measures, promoted comfort and confidence and contributed to an affinity towards using a universal screening approach. One student said, "So every time I had to use it, I would actually go to the [SBIRT manual] and make sure I know where to go if we continue the process." Approaching the practice in close consultation with the SBIRT manual allowed students to feel they had a "safety net" that increased a sense of "I know what I'm talking about" and "helped me feel more confident in speaking with clients and I was able to refer back to a secure resource." Using the SBIRT manual in this way is consistent with model fidelity, as students stayed close to practice taught in the classroom. One student described, "In class when we got all the charts, it was much easier to bring that up . . . knowing that you have that information." That student also appreciated the SBIRT manual's "listing of drugs and possible outcomes of over-usage and things like that. So I'm not so familiar with those types of drugs but by having that, my knowledge just got extended and now, talking to someone who is using that substance, I'm more informed."

By contrast, not having the right tools can lead to lack of implementation and lack of model fidelity as illustrated by one student who "lost the paper" s/he was using as a cue during the SBIRT interviews and "after that . . . there was no more structure." The student understood model fidelity was lost, even without using that term.

Fieldwork instructors sometimes approached the tools, particularly the SBIRT manual and standardized assessments, as "a script" or a "formula" from which to practice and used it to help focus on the details of the protocol. Those who saw the benefit of paying attention to the details saw the connection between the details and the overall philosophy of the practice and its fit within social work values.

Desire to uphold social work values. Among all participants there was a desire to uphold the core social work value of respecting the dignity and worth of the person. This value prevailed over concerns about model fidelity. However, many participants identified motivational interviewing, which underlies SBIRT, as being in line with this core social work value. For those participants, model fidelity was not just about adhering to concrete steps in practice but adhering to the spirit of practice. As one faculty member described:

> *My approach really is about how do we not judge and not stigmatize, and I like . . . talking about how do we challenge our own assumptions about people. So that way it fit… my professional identity . . . that we're a profession that's about working with marginalized communities . . . The SBIRT approach is very much about how . . . you help a group that's already feeling marginalized feel less so.*

Similarly, some students articulated that fit with social work values was central to their implementation of the protocol: "The opportunity for a client to make choices is very, very, very important. But not the social worker or the social work intern making a choice for the client. That is really a big, big difference." Another student said:

> *I think it gave me a better perspective as far as treating the person as a whole. You know, not just the mental health issues, not just the substance abuse issues, not just the environmental issues, just as, the person as a whole. And, you know, helping develop a complete plan, treatment plan. I think it's helped me for that.*

Seeing a fit with professional values was thus in line with implementation and model fidelity.

Discussion

This article builds on the Implementation Model created by the authors (Ogden et al., 2016) and helps develop urgently needed implementation knowledge and theory by examining processes through which an evidence-based protocol reaches clients and whether it does so with model fidelity. Our findings confirmed, added, and developed several impeding and promoting factors already theorized in implementation literature. The Implementation Model provided a useful framework to find points of intervention to promote model fidelity during the implementation process. Findings of the present study were focused on SBIRT and implementation that moves a practice directly from an educational setting to the field; however, the implications are transferable to other evidence-based protocols.

Approaches that impeded both implementation of SBIRT and model fidelity to the protocol were viewing the universal screening principle as optional and the ways in which participants encountered and responded to agency barriers. Specifically, practitioners were affected by agency-level buy-in, level of knowledge and training, and perceptions about the degree of fit between the EBP and agency clients and services. One striking feature of the focus group data was the lack of consciousness of model fidelity as an issue across all three groups. No participants explicitly discussed model fidelity; rather, problems with model fidelity were detected through critical data analysis. This may be a central problem with implementation of EBPs into social work practice: Social workers "take away the most important points" as they subjectively see them, rather than adapting new material with model fidelity in mind. As such, practitioners and social work faculty alike need training in identifying barriers to model fidelity that will also raise consciousness of this aspect of implementation. Additionally, when agencies implement new protocols and when practitioners are trained, the importance of model fidelity should be explicitly addressed with those charged with applying the protocols with the clients. Raising consciousness and awareness of how one's practices may or may not promote model fidelity moves

practitioners from merely deciding to use an EBP to critically evaluating how one is using it and client outcomes (Mitchell, 2011).

Challenges experienced by students as they responded to the uncomfortable situation of trying a new practice, and sometimes to negative client responses, suggests a need for training to help students and other practitioners to use a new EBP practice as given, with particular attention paid to the discomfort that may arise. Helping practitioners understand and grow from discomfort that comes with practices can address practitioner-specific attitudinal barriers towards implementation, such as resistance to change (Gray & Schubert, 2012) and skepticism about a new practice's clinical value (Bellamy, Bledsoe, & Traube, 2006; Mitchell, 2011). Given that consciousness of ethical issues is a central element of evidence-based practice in social work (Gambrill, 2007), finding fit between new practices and values, and simultaneously striving for model fidelity, is an integral part of providing ethical services to clients. Highlighting the relationship between scientific practice and ethical practice is key.

Results of this study shed further light on how agencies and practitioners can move from "process" to "performance" levels of implementing new EBPs (Fixsen et al., 2005) by revealing elements central to the faithful implementation of a new practice. These include repeated exposure to new material and opportunities to engage with it, having specific and concrete tools that remind practitioners of a new practice and support them in its use, and validating and supporting learners to uphold social work values in their new practice. Thus, passive learning is not likely to lead to faithful implementation; conversely, active and repeated learning likely supports implementation with good model fidelity. These findings are consistent with what adult learning principles identify as key elements of integrating new knowledge: finding applicability and relevance, being co-authors in one's learning, and engaging in active problem-solving (Knowles, 1980, 1984; Plack et al., 2007). Additional and ongoing training closely tying new practices to social work curricula and existing agency practices might help students feel more comfortable in fully and faithfully using a new practice, while honoring clients' responses to the new practice.

Consistent with previous recommendations (Fixsen et al., 2005), our findings suggest the central importance of skillful and timely supervision and coaching throughout the implementation process and add the need to focus particularly and explicitly on approaches to model fidelity. The current study, both in design and results, illustrates the importance of understanding stakeholders' needs and perspectives and of providing open channels of communication to create and sustain successful implementation (Mildona & Shlonsky, 2011).

Finally, this study highlights a larger workforce issue: Fieldwork instruction is a voluntary activity. Mandatory training is thus infeasible. Prior to the students' expected use of the SBIRT protocol, all of the fieldwork instructors in this project received information about SBIRT in the form of written materials and conversations with faculty. However, not all fieldwork instructors attended the additional voluntary trainings that could have increased their knowledge, competence, and commitment to SBIRT. Invariably, this leads to inconsistencies in implementation of evidence-based practices and supervision of students. This aspect of our social work professional pedagogy, integral to how the

profession trains future professionals, can stand in conflict with faithful implementation of an evidence-based protocol when using this type of design. Further examination on how to resolve this conflict is warranted.

Limitations and Strengths of the Study

The current study has several limitations. Given that not all fieldwork instructors participated in additional SBIRT training beyond the basic introduction, knowledge of SBIRT and supervision around SBIRT was inconsistent. Some fieldwork instructors could have had up to nine additional hours of training, while others may have merely reviewed the manual and had a single conversation about it. There is likely some self-selection bias in the results, given that those who volunteered for the focus groups may be those who had strong responses towards SBIRT, either positive or negative. Focus groups in general present other limitations: While providing detailed information elicited through group interactions and participant sharing, social desirability bias likely hinders comments that sway too far from any particular group's norm (Hollander, 2004). Finally, given the scope of this study, perceptions of SBIRT were not elicited directly from clients, who are the fourth key stakeholder in the implementation process.

One strength of this study is its use of triangulation in data collection and data analysis: Data were collected from three groups of stakeholders, and the three authors engaged in a rigorous multi-stage constant comparison coding and analysis process to determine the key themes, which supported the integrity of the analysis and transferability of the findings. Finally, the study incorporated both inductive and deductive processes of generating knowledge, using an existing model grounded in data about SBIRT implementation, which enhanced the richness and trustworthiness of the findings. While using an existing model developed by the researchers as an analytical lens to provide sensitizing concepts, the authors also generated themes that added depth of understanding for how barriers and facilitators interact to promote and/or impede effective implementation of an evidence-based practice.

Implications for Future Research

Clearly defined model fidelity measures may help further determine the existence, source, and extent of factors that impede or promote model fidelity. Awareness of model fidelity needs to be improved in order to help practitioners, especially students and fieldwork instructors, to think about model fidelity as they learn and apply new practices. Combining model fidelity training with training in an EBP would be useful for implementation and deserves further research attention. With these considerations in mind, we recommend the development of a diagnostic tool to assess for individual- and organizational-level barriers and facilitators to both implementation and model fidelity.

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Exploring How Practicing Social Workers Define Evidence-Based Practice: Research Note

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Abstract: *This research note presents findings from a study that sought to garner a better understanding of the way in which practicing social workers defined Evidence-Based Practice (EBP). As part of a larger quantitative study, 137 social work practitioners provided a definition for EBP through an online survey and indicated the extent to which they: consider themselves an evidence-based practitioner; believe practitioners should apply EBP in social work; and were prepared through their social work education to use EBP. Content analysis of the practitioners' definitions of EBP revealed that the majority of respondents described EBP as an intervention or a product versus a process. Regardless of the definition that was provided, descriptive statistics revealed practitioners reported on average that they identified somewhat as an evidence-based practitioner, believed that practitioners should apply EBP in practice moderately to always, and felt only moderately prepared by their social work education for EBP. The findings suggest an opportunity in social work education may exist to further reinforce the process of EBP to delineate it from the evidence-based interventions that may also be taught, especially in clinical programs. Dissemination may also need to occur through mandated continuing education hours, much like ethics has been added as a requirement in some states.*

Keywords: *Evidence-based practice; evidence-informed practice; social work practitioners; social work education*

Evidence-based practice (EBP) in social work has been defined in various ways, but the most widely accepted definition originated from evidence-based medicine, which describes it as "the integration of best research evidence with clinical expertise and [client] values" (Sackett, Straus, Richardson, Rosenberg, & Hayes, 2000, p. 1). In integrating EBP into social work, Manuel, Mullen, Fang, Bellamy, and Bledsoe (2009) provide the following definition tailored specifically to social work practice: "a decision-making process integrating best research evidence, practitioner experience, and client or community characteristics, values, and preferences in a manner compatible with the organizational systems and context in which care delivery occurs" (p. 614). This definition of EBP considers three specific factors that should inform and guide the social work practice process: the best available research; social work practitioners' knowledge and expertise; and clients' wishes, values, and circumstances, yet also acknowledges that the extent to which EBP is integrated into practice will vary based on the organizational context in which the practice occurs.

In defining EBP, it is important to note the difference between EBP as a *process* (or a verb) and EBP as a *product* (or a noun; McLaughlin & Teater, 2017; Williams & Sherr, 2013). The definitions of EBP as provided above describe EBP as a process consisting of

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the social worker taking into account the best available evidence, the client's values and wishes, and the practitioner's experiences and knowledge through the work with the client. In this process, EBP is often described as consisting of five stages that the social worker works through (not necessarily in a linear fashion), which consists of the following: (a) formulate a well-structured answerable question to address a practice need; (b) search the best available evidence to answer the question; (c) critically assess and evaluate the evidence for its validity, impact, and applicability to the situation; (d) integrate the evidence with clinical expertise and judgment and client wishes, values, and circumstances; and (e) evaluate the process of conducting steps 1 – 4 as well as the outcome of the intervention (Gibbs & Gambrill, 2002; Jayne, 2014; Sackett et al., 2000). This process of engaging in EBP is different from EBP as a method or product, often referred to as empirically validated treatments, empirically supported treatments, or evidence-based interventions (EBI), which are specific interventions found to be effective, or "evidence-based," and have established protocols for their implementation (McLaughlin & Teater, 2017; Tuten, Morris-Compton, Abrefa-Gyan, Hwang, & Harrington, 2016; Williams & Sherr, 2013). EBP as a five-step process considers EBIs as one critical aspect of the process, but EBIs are to be weighed against the social worker's clinical expertise, the client's wishes and values, and the organizational context (Jayne, 2014).

The delineation of EBP as a process instead of a product (i.e., treatment approach; intervention) is essential to ethical social work practice in that the role of the clients' values and preferences should be weighed against empirical evidence. In addition, the clinical expertise of the social work practitioner in making decisions regarding treatment and in implementing the intervention is also a key component of the process. A practitioner can be knowledgeable and possess skills in a certain practice area, but still consider that particular approach for treatment with this client to be inappropriate or not applicable due to the client's circumstances, values, and/or wishes.

Moreover, even if practitioners have access to the best available research, the integration into clinical practice can be a slow and challenging process as the extent to which practitioners engage and apply the process of EBP with their clients has been found to vary based on numerous factors, such as time to engage in research and the EBP process, access to research, outside political or insurance pressure, organizational support, knowledge and skills of the practitioner, and ongoing training, support, mentorship, and supervision (Bellamy, Bledsoe, & Traube, 2006; Bledsoe-Mansori et al., 2013; Gray, Joy, Plath, & Webb, 2015; Morago, 2010; Tuten et al., 2016; Wharton, 2010). For example, social workers need time to search for and appraise evidence as part of the EBP process, which requires organizations to acknowledge and support such activities through dedicated staff time as well as access to libraries and online databases of research evidence. Yet such support and resources are often reported to be lacking in social service organizations (Gray et al., 2015). Additionally, lack of knowledge and skills of social workers in critically appraising research and applying findings to practice, due to lack of adequate training, has been identified as a barrier to integrating EBP (Bellamy et al., 2006; Gray et al., 2015; Mullen & Bacon, 2004). For example, Parrish and Rubin (2012) found only 38% of master's level social workers in Texas (n=688) read research evidence often or very often when making practice decisions, with only 28% reporting relying on research evidence as

the best guide for making practice decisions either often or very often. Similarly, Pope, Rollins, Chaumba, and Risler (2011) found social work practitioners to have a moderate knowledge and use of EBP with nearly 30% disagreeing or somewhat disagreeing with the statement, "I am able to critically appraise/review professional literature" and 56% agreeing or somewhat agreeing to the statement, "I use relevant research to answer my clinical questions."

Such findings point to the importance of integrating the necessary knowledge and skills to engage in EBP in social work education to assist future practitioners to engage in the process of EBP in their work with clients. Thus, social work education can serve as the initial starting point for future practitioners to learn the skills in engaging in the EBP process, including the skills necessary for evaluating research evidence. Education on the EBP process across the curriculum may help reinforce its components, and research indicates that the majority (73%) of social work faculty (n=973) reported being supportive of the inclusion of EBP into graduate social work curriculum (Rubin & Parrish, 2007). Likewise, the majority (87%) of field instructors (n=283) indicated that EBP was useful for practice (Edmond, Megivern, Williams, Rochman, & Howard, 2006).

The Council on Social Work Education (CSWE, 2015) specifies that social work students are to engage in research-informed practice and practice-informed research; yet it does not specifically refer to the inclusion of EBP in the explicit curriculum. In particular, students are to demonstrate competency in the following three areas: (a) "use practice experience and theory to inform scientific inquiry and research; (b) apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings; and (c) use and translate research evidence to inform and improve practice, policy, and service delivery" (CSWE, 2015, p. 8). Despite the enthusiasm for the inclusion of EBP into the curriculum by social work faculty (Rubin & Parrish, 2007) and field instructors (Edmond et al., 2006), and the professional mandate by CSWE to train social work students on how to be good consumers of research evidence (one aspect of the EBP process), it is not clear from the substantive literature exactly how EBP is being taught at the more than 770 accredited social work programs. Despite the continual examination of the extent to which social work practitioners engage and apply the EBP process to their practice, there is a dearth of studies exploring how practitioners actually understand and define EBP. Without a consensual definition of EBP, researchers and educators are limited in fully understanding how EBP is used and understood within social work practice, and how to most effectively modify and enhance social work education to more fully prepare future practitioners to engage in EBP.

Therefore, this study sought to further explore EBP among currently practicing social workers by asking them to provide their definition of EBP. An examination of social workers' definitions can provide a greater understanding of how social workers conceptualize EBP and the extent to which their definitions are congruent with the definitions of EBP as a process, as defined by Sackett et al. (2000) and Manuel et al. (2009), versus a product.

Method

Sample and Setting

Data were collected from practicing social workers in the United States via an online survey, which included standardized instruments, demographic questions, and several open-ended questions. Participation was completely anonymous, and participants were not asked about how they learned of the study. Results of the quantitative findings exploring the factors that contributed to identifying as an evidence-based practitioner are reported elsewhere (Teater & Chonody, 2017). The current analysis is primarily focused on responses to an open-ended question regarding EBP. Three quantitative single-items indicators were used descriptively to further contextualize the narrative findings.

The electronic survey was distributed in 2016 to known social workers within the authors' networks, including their university databases, which consisted of field placement supervisors and past social work students. The link to the survey was also posted on social media (e.g., Facebook, Twitter) and social work listservs (e.g., BPD, MSW-ed). In addition, participants were encouraged to share the link with other practitioners who might be interested in completing the survey. Given the use of a snowball sampling technique and the use of social media, the number of social workers who were exposed to our survey recruitment efforts is not known, and therefore, a response rate could not be calculated. Approval for the research was obtained prior to data collection by the relevant Institutional Review Boards (IRB). Before completing the survey, participants were provided with an overview of the study and were informed their participation was anonymous and voluntary. Completion of the survey served as consent for participation in this study. A total of 152 social workers completed the survey, and 137 of these social workers are included in this research paper as they provided a response to the open-ended question.

Data Collection

To explore the research question: "How do social workers define EBP?" the participants were asked to provide their definition of EBP. The survey included demographic questions and work characteristics along with the following three single-item indicators, which were used to assess practitioners' preparation and identification with EBP: (1) "To what extent do you consider yourself an evidence-based practitioner?" Response options ranged on a Likert-type scale from 0 (*absolutely not an evidence-based practitioner*) to 5 (*somewhat an evidence-based practitioner*) to 10 (*absolutely an evidence-based practitioner*); (2) "To what extent should practitioners apply the evidence-based practice process in social work?" Response options ranged on a Likert-type scale from 0 (*should not apply at all*) to 5 (*should apply moderately*) to 10 (*should always apply*); and (3) "To what extent did your social work education prepare you to use evidence-based practice in your practice?" Response options ranged on a Likert-type scale from 0 (*not at all prepared*) to 5 (*moderately prepared*) to 10 (*greatly prepared*). These three items as well as participants' sociodemographic characteristics were used in this study for descriptive purposes only.

Data Analysis

To code responses to the open-ended question, content analysis (Lune & Berg, 2017) was used whereby themes were generated based on participants' definitions of EBP. In the initial stage, all responses (n=137) were read by both researchers to garner an overview of the data. During this stage, the authors examined the manifest content and independently found that the participants were defining EBP as either product-focused or process-focused with some definitions encapsulating aspects of both. During the next stage, the researchers reviewed the responses together to classify each response as to whether it was process or product focused. The guiding principle for this delineation was whether the participant primarily focused her/his response on an evidence-based intervention or focused the definition on the process whereby a client's perspective is considered alongside empirical evidence and practitioner knowledge and/or expertise. Then, the number of times a particular word (e.g., "empirical") or phrase (e.g., "use of evidence") occurred was noted and counted, and the independent counts were compared. Any disparities that occurred were discussed and then resolved by comparing the respondent's definition to the framework that was created for comparison. In the final step, the researchers worked together to create categories for the data by grouping words and phrases that represented similar ideas together to garner a representation of the findings from the data. SPSS Statistics 24 was used to generate descriptive statistics.

Results

Demographics

The sample was predominately female (85.6%) and White (86.1%) with an average age of nearly 42 years. Most respondents held an MSW degree (78.7%) and some type of social work licensure (80.2%). The average number of years in practice was approximately M=13 (SD=11.16), and their primary geographic setting was slightly more urban overall (38%). The largest percentage of participants worked in direct practice (59.7%) and in a nonprofit setting (30.1%). Tables 1 and 2 provides further information on the characteristics of the sample.

Table 1. *Sociodemographic Characteristics of the Sample (n=137)*

Variable	Mean (SD)	n[a]
Age	41.9 (13.59)	124
Number of years in practice	13.4 (11.16)	126
Consider self EBP	6.4 (1.85)	129
Practitioners should apply EBP	7.2 (1.74)	128
Education preparation for EBP	5.5 (2.94)	128

Note: [a]Sample sizes are different on each variable due to missing data.

Table 2. *Sociodemographic Characteristics of the Sample (n=137)*

Variable	n (%)
Gender (n=125)	
Male	18 (14.4%)
Female	107 (85.6%)
Ethnicity/Race (n=116)	
White/Caucasian	105 (86.1%)
African American/Black British	3 (2.5%)
Biracial/Multiracial	6 (4.9%)
Asian American	2 (1.6%)
Education (n=122)	
BSW/BSSW	10 (8.2%)
MSW/MSSW	96 (78.7%)
PhD	13 (10.7%)
DSW	1 (0.8%)
Other	2 (1.6%)
Social Work License (yes)	101 (80.2%)
License Type (n=99)	
LSW	11 (11.0%)
LISW	4 (4.0%)
LCSW	61 (61.6%)
LMSW	14 (14.1%)
Other	9 (9.1%)
Practice Setting (n=123)	
Rural	24 (19.5%)
Suburban	20 (16.3%)
Mid-size City	34 (27.6%)
Urban	45 (36.6%)
Social Work Position (n=124)	
Direct practice/frontline	74 (59.7%)
Supervisor/management	11 (8.9%)
Director	14 (11.3%)
Other	25 (20.2%)
Primary Work Environment (n=123)	
Private practice/consulting	15 (12.2%)
Nonprofit	37 (30.1%)
Government	19 (15.4%)
Higher education	21 (17.1%)
Research institute	1 (0.8%)
Medical/palliative	16 (13%)
Other	14 (11.4%)

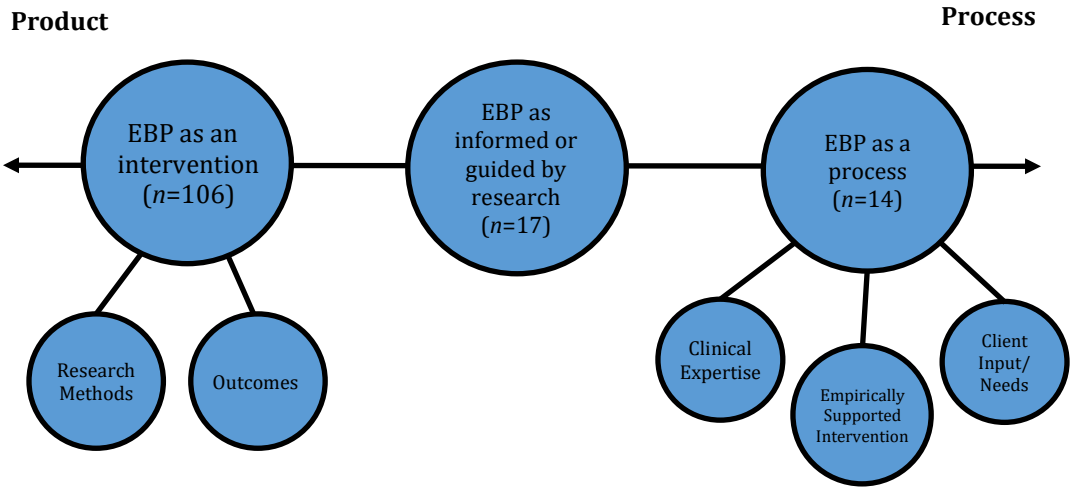
Note: [a]Sample sizes are different on each variable due to missing data.

Product Versus Process

As Figure 1 illustrates, participants overwhelmingly defined EBP as an intervention, or product, with 77.4% (*n*=106) using this as the basis for their description. Only 14 participants (10.2%) defined EBP as a process that incorporates clinical judgment and

client wishes alongside research outcomes. The final 17 social workers (12.4%) provided a definition that fell slightly between these two definitions whereby they described EBP as "practice informed by research." Further analysis of the words that participants used within these definitions resulted in the following categories: research methods, outcomes, empirically-supported intervention, client needs/input, and clinical expertise.

Figure 1. *EBP as Product Versus Process*



EBP as Product. For the participants that defined EBP as an intervention, they mostly included either research methods or outcomes in their definition and occasionally they mentioned both. This response represents a typical definition within this grouping: "utilizing techniques/interventions that have been proven to be effective" or "practice [that] includes qualities/approaches to clinical work that hold research evidence to improve patient care." Other participants elaborated a bit further on this theme. For example, one participant stated, "the use of models and/or therapeutic approaches that have had a substantial amount of rigorous research over time to support their effectiveness in treating particular disorders/symptoms." Many respondents incorporated measurable outcomes, reliability, and/or validity into their responses, which positively reflects on the necessity to critically evaluate research studies before accepting the "evidence." For some, EBIs were provided as their definition of EBP, such as "motivational interviewing" or "CBT."

EBP as Process. Participants who described EBP as a process were more inclusive in their definition, which aligns more closely with the meaning of EBP within social work practice as indicated in the Manuel et al. (2009) definition. One participant's responses is quintessential: "[…] EBP is a process by which decisions for interventions are made based on the best available evidence that is compatible with the client's values and preferences." The following participant further extends this process to include how evidence is broadly defined and is used to generate a dialogue: "I think that it is using evidence to inform practice decisions. That evidence is research, experience of the practitioner, and client experience. EBP suggests that one is overt about the use of this evidence in conversation with the client." This response demonstrates a clear understanding of the Sackett et al. (2000) and Manuel et al. (2009) definitions for EBP and incorporates each of the

components demarcated as important to the process. Important distinctions found in these process-based definitions are the inclusion of keywords; that is, respondents explicitly highlighted the three key components of EBP—clinical expertise, client input/needs, and empirically-supported intervention. This participant concisely encapsulates the process of EBP when she defined it as "using research in tandem with clinical judgment and client input to guide treatment decisions."

Very few social workers included the value base of social work as part of the EBP process, yet there were some exceptions, notably the response of one respondent who stated: "The combination of social work ethics, education, and skill applied with social work research to back up principles. This is used to gain a better understanding of social work practice and to make sure to provide best practice."

"Informed by research." This middle category for EBP definitions reflects the fact that participants did not completely limit their description to a product, but their definitions were also not process-based. Most notably, these definitions lacked any mention of the role of client preference and clinical expertise; rather they tended to stick to ideas such as the way that "evidence [is] used to make decisions." As such, these definitions predominantly focused on the way that research "guides" or "informs" practice. For example, one participant simply stated, "the use of evidence to guide treatment," and another described it as "research-informed practice." These short definitions reflect that research is used within practice but does seem to limit this idea solely to an intervention. A few participants in this category expounded on this notion a bit further, such as: "Practice supported by sound research that shows adequate evidence, the methods utilized have shown to be effective." What appears to be missing from such definitions is the integration of clients' values and wishes in receiving interventions.

Demographic Differences by Definition

To contextualize the responses, further analysis was conducted on the sample according to the type of EBP definition that was given. These results are included for descriptive purposes only and are not suggesting they are representative of social work practitioners; however, the overall patterns may warrant further investigation. Most notable in these descriptive findings is that those practitioners who described EBP as a process (n=14) had on average more than twenty years of practice experience, while those in the other two categories had an average of 12-14 years. Also, those practitioners in the process group had the lowest rating for educational preparation for EBP. Table 3 provides the mean on these single-item indicators along with work-related descriptors.

Table 3. *Characteristics of Practitioners by EBP Definition*

Variable	Product (n=106)	Between (n=17)	Process (n=14)
Age	40.31 (13.73)	44.0 (10.13)	50.92 (12.89)
Licensed (Yes)	81.6%	80.0%	69.2%
Years practicing	12.23 (10.98)	14.20 (8.68)	21.46 (12.41)
Consider self EBP practitioner	6.28 (1.87)	6.93 (1.79)	6.77 (1.69)
Should use EBP	7.11 (1.78)	7.33 (1.59)	7.31 (1.75)
Education prepared for EBP	5.42 (3.00)	6.29 (2.73)	5.08 (2.75)

Discussion

This study found that the majority of the social work respondents described EBP as an intervention (or product) instead of a process that is inclusive of both the clinical expertise of the practitioner and the client's values and preferences. Defining EBP in this way may suggest that such social workers view EBP as the incorporation of an EBI in social work practice with clients, for example, integrating a specific evidence-based method (e.g., cognitive behavioral therapy) versus considering EBIs as one part of EBP that is to be considered alongside the practitioners' knowledge and expertise, and clients' circumstances, values, and wishes. However, this does not suggest that this is necessarily the way that these practitioners actually practice. Their definitions of EBP suggest a limited view consisting only of the integration of practice approaches or treatments found to be effective through research. In this sense, the practitioners are suggesting that social work practitioners who use EBP in their practice are using an intervention couched in evidence. If the social worker does not integrate EBIs in their practice, then they are not evidence-based practitioners. This view could possibly be influenced by the increasing demands from government agencies and funding bodies for social services to demonstrate effectiveness and efficiency often through the adoption and use of EBIs (Pope et al., 2011).

This is an important finding in light of the profession's commitment to self-determination and practice that considers the client from a holistic perspective. Presenting the client with treatment options while balancing this against the training and expertise of the practitioner and/or available referral resources within the community are essential to creating an ethical collaborative working relationship. Moreover, this helps to ensure that clients are aware of practices grounded in research evidence and provided by practitioners who are skilled in its execution. Interestingly, very few social workers included the value base of social work as part of the EBP process. Evidence alone is not enough to warrant the use of a particular practice. For example, Freud and Krug (2002) posited that even if chain gangs had an evidence base for reducing recidivism, we would not support them as social workers because they violate human rights. Future research should seek to further delineate how EBP is defined and how it is implemented across different practice settings.

While further inferential statistical analysis was not possible in this study due to small cell sizes, the descriptive findings suggest future research should seek to investigate the way that practitioners are being educated about EBP. For this sample, practitioners who described EBP as a process (n=14) were in practice for more than 20 years, were older, were less likely to be licensed, were more likely to consider themselves an evidence-based practitioner when compared to those who defined EBP as a product, and were the least likely of the three groups to report being prepared through their social work education to practice EBP. Such findings differ from previous research. For example, Parrish and Rubin (2012) found that social workers who had earned their MSW degree within the past five years reported more positive attitudes towards EBP, whereas Pope et al. (2011) found no statistically significant difference in knowledge and use of EBP based on years in practice, licensure type, year obtained social work degree, area of practice, or level of social work education, yet did find social workers in their 30s and 40s to have statistically significant higher levels of knowledge and use of EBP than other age groups. Neither study asked the social workers to report their definitions of EBP.

While the findings from this study are only exploratory, it is counterintuitive given that EBP is a relatively newer element in social work education. Some of the participants who provided a process definition were employed in higher education, and thus, they may teach this content or be exposed to it. However, it should be noted that many of these participants were still practicing, and other participants who were employed in higher education provided a product-based definition. These findings may suggest that practitioners in this study who reported EBP as a process have sought out (or have been required to gain) continuing education on EBP, and as such, they correctly identify EBP as a process. Alternatively, it could be that those practitioners who report EBP as a product are learning EBIs in their social work education and are then equating the use of EBIs as the practice of EBP. This speculative conclusion should be explored in future research, which could identify educational methods and outlets and how they are related to the way practitioners define and practice from an EBP process.

The findings are suggestive of a possible opportunity within social work education to create curriculum that further reinforces the EBP *process* to ensure that future practitioners are approaching practice from this perspective. Jenson and Howard (2013) argue, "a consistent definition of EBP and an educational commitment to the process steps required in EBP are critical at this juncture to prevent the misuse or misunderstanding of this new paradigm" (p. 1). Social work education can respond to the need to strengthen the definition of EBP as a process and the promotion of social work students' and future practitioners' use of EBP through several activities and initiatives. First, social work programs can integrate EBP throughout the curriculum and, in particular, through field education where students are to apply the research evidence and theories learned in coursework in their field practice experience where they also consider their practice experience and knowledge and the client's values and wishes. Such practice can reinforce EBP as a process and as a routine part of their future social work practice. Berger (2013) suggests this can be taught by breaking down the EBP process into manageable steps where students proceed through the stages deliberately while taking the time to process each step under supervision in their field education. Second, social work programs can partner with social service agencies to provide training on EBP, research assistance, and access to EBP information and materials to encourage and support current practitioners to continually engage in the EBP process (Bledsoe-Mansori et al., 2013). Finally, social work programs that provide continuing education to social work practitioners can ensure that the EBP process is integrated into the training to reinforce the use of EBP in the field.

The results of this study should be considered in light of its limitations. First, the sample was small and cannot be considered representative of practicing social workers; thus, generalizability is limited. In addition, a self-selection bias may have occurred whereby those who felt most knowledgeable in EBP chose to participate in the study. Nonetheless, their responses indicated that their definitions were not reflective of the process that EBP is meant to denote. Second, the data for this study are based on an open-ended question that was part of a largely quantitative study, and as such, these definitions may be somewhat limited in their depth. Future research should seek to conduct focus groups or interviews with practitioners to gain further insight into both their definitions of EBP and the way they practice using this process and how they differentiate it from EBIs.

These findings add to the substantive literature on EBP in social work and also raise questions for future research. Understanding how practitioners gain new knowledge about EBP and EBI are essential to strengthening the role that social workers play in mental health and health settings. Social work education is a part of this process, but continuing education is also important. Licensing bodies and social service agencies may want to consider EBP as part of their required educational standards for practice to help facilitate ongoing exposure to EBI and reinforcement of the EBP process.

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Examining Self-Care Among Individuals Employed in Social Work Capacities: Implications for the Profession

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Abstract: *Increasingly, the social work profession recognizes the need for more attention to self-care. Concomitantly, this growing awareness and ethical commitment is fostering a burgeoning self-care movement. However, despite recognition about the importance of self-care, there is a paucity of research that explicitly examines self-care practices among social workers. This cross-sectional study examined the self-care practices of individuals employed in social work capacities (n=1,011) in one southeastern state in the United States. Findings suggest that participants in the sample engaged in personal and professional self-care practices only moderately. Further, data suggest significant group differences in the practice of self-care, by relationship status, educational attainment, health status, and current financial situation, respectively. Overall, results indicate self-care as a potential area of improvement for participants in this study, in general, and perhaps for individuals employed in social work contexts, more generally.*

Keywords: *Self-Care; Social work; Wellness*

The profession of social work plays a crucial role in the betterment of society and human well-being (National Association of Social Workers [NASW], 2008). This demanding role leads to particular challenges for social workers. Research suggests that social workers may be at increased risk for a plethora of "conditions of professional depletion" (Greville, 2015, p. 14). These conditions include compassion fatigue, vicarious traumatization, secondary traumatic stress, and burnout, among other problematic phenomena (e.g., Adams, Boscarino, & Figley, 2006; Dunkely & Whelan, 2006; Grise-Owens, Miller, & Eaves, 2016; Lee & Miller, 2013). Moreover, social workers, and others employed in social service settings, may be disproportionately affected by cumbersome bureaucratic processes, funding cuts and restrictions, and changing political climates, when compared to individuals in other professions (e.g., Whitaker, Weismiller, & Clark, 2006). Systemically, these factors can impact adroit and effective service delivery.

Against this backdrop, increasingly, the social work profession recognizes the need for more attention to self-care. The National Association of Social Workers (2008) issued a clarion call for self-care as "an essential underpinning to best practice" (p. 268). Likewise, the International Federation of Social Workers (2004) includes self-care as a core aspect of ethical practice. This growing awareness and ethical commitment is fostering a burgeoning self-care movement. However, despite recognition about the importance of self-care, there is a paucity of research that explicitly examines self-care practices among

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social workers. This study contributes to addressing this limitation in the current research and practice landscape.

From the outset of this paper, it is pertinent to make a clear distinction. While all individuals taking the survey identified as a "social workers," per definition, this may not be the case. This study occurred in a state with title and practice protection statutes. However, like many places, this state does have exemptions related to these laws. Thus, some individuals who do not have a social work degree may engage in social work practice, and as such, refer to themselves as "social workers." So as to acknowledge the uniqueness of the profession, we refer to participants in this study as individuals employed in social work capacities.

Conceptualizing Self-Care

Historically, self-care has been viewed through a medical prism, whereby, patients were encouraged to engage in self-care to assuage the negative outcomes with medical ailments. Since gaining prominence in the literature in the 1960s (e.g., Norris, 1979; Valentine, 1970) this framework has shaped the paradigm of self-care. In 1983, this "medical" view manifested via a report in which the World Health Organization (WHO) defined self-care as "the activities individuals, families and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health" (p. 2). This definition is focused on self-care as a means to improve medical outcomes for those being helped by medical interventions (i.e., patients).

Evolving Framework and Definitions

More recently, the conceptualization of self-care is shifting to embrace a holistic perspective of the self. Concomitantly, the conceptualization is acknowledging the humanity of all persons, both those being helped and the helpers, themselves. Like the adage, "physician, heal thyself," this shift is predicated on the notion that whilst self-care can be an effective tool to help patients deal with medical issues, it can also assist in professional practitioner well-being. This shift is necessitated by some of the afore-mentioned deleterious effects on practitioners, such as burnout, which then impacts quality of service (Cox & Steiner, 2013). With an understanding of systemic effects and parallel processes, the profession is recognizing the interactive effects of practitioner well-being on the quality of services, and, indeed, the viability of the profession.

Amidst this evolving conceptualization, defining *self-care* can be challenging. This challenge, in part, stems from the varied and subjective forms that self-care may take (Lee & Miller, 2013; Smullens, 2015). For instance, Dorociak, Rupert, Bryant, and Zahniser (2017) defined self-care as a "multidimensional, multifaceted process of purposeful engagement in strategies that promote healthy functioning and enhance well-being" (p. 326). Others have asserted that these domains include physical, spiritual, social, and psychological aspects of self-care (e.g., Grise-Owens et al., 2016). Lee and Miller (2013) denoted two domains of self-care: *personal* and *professional*. These authors described personal self-care as "a process of purposeful engagement in practices that promote holistic health and well-being of the self;" professional self-care was defined as "the process of

purposeful engagement in practices that promote effective and appropriate use of the self in the professional role within the context of sustaining holistic health and well-being" (p. 98).

Despite the subjective nature of self-care, several authors have proposed universal concepts related to self-care (Smullens, 2015). Cox and Steiner (2013) suggested two universal categories as "lifestyle choices and workplace adaptations" (p. 33). In fact, many concepts related to the practices of self-care can be universal (Grise-Owenset al., 2016). Grise-Owens and colleagues articulated that each practitioner needs to construct a specific self-care plan. This plan must be designed to fit the individual's life circumstances and personal interests. At the same time, the self-care plan needs to encompass a range of universal considerations, such as relationships, physical health, and professional development. Undoubtedly, the evolving definition of self-care needs to be grounded in both practice wisdom and formal research. This grounded understanding can inform the attention needed to promote holistic self-care as an ethical imperative in professional practice.

Importance of Self-Care

Research suggests that individuals employed in social service contexts are at an increased risk for vicarious traumatization, secondary traumatic stress, compassion fatigue as trauma-related stress, and professional burnout (e.g., Adams et al., 2006; Dunkely & Whelan, 2006; Newell & MacNeil, 2010). As well, social service workers are likely to be more sensitive to shifting political landscapes, funding cuts, and so on, when compared to individuals employed in other social contexts (e.g., Lee & Miller, 2013; Whitaker et al., 2006).

Several authors have suggested that engaging in adept self-care practices may be one way to assuage some of these problematic circumstances (Greville, 2015; Grise-Owens et al., 2016; Weinberg, 2014). For example, Salloum, Kondrat, Johnco, and Olson (2015) suggested that engaging in self-care could help mitigate issues associated with professional burnout. Pope, Giger, Lee, and Ely (2017) and Cohen and Gagin (2005) made similar assertions. Asuero et al. (2014) suggested that engaging in self-care may positively impact professional self-efficacy and professionalism and Bush (2015) explained that self-care can improve services offered to clients.

Social Work Research about Self-Care

Literature, in general, and social work literature, specifically, is in the nascent stages of explicitly examining self-care as a professional practice among social workers. Indeed, a leitmotif clear in the current literature is the need for *more* literature. For instance, NASW (2008) proclaimed that self-care, as a construct, had not been fully examined within the social work profession. Bloomquist, Wood, Friedmeyer-Trainor, and Kim (2015) asserted that "a paucity of research exists with regard to social workers' perceptions of self-care" (p. 294). Miller, Lianekhammy, Pope, Lee, and Grise-Owens (2017) reported that there are not as many research studies on self-care as one might expect. Others have made similar

assertions (Cox & Steiner, 2013; Grise-Owens, Miller, Escobar-Ratliff, & George, 2017; Lee & Miller, 2013).

Limitations notwithstanding, some researchers have examined self-care among social workers. For example, Bloomquist and colleagues (2015) explored the relationship between self-care practices and professional quality of life. These authors found that while social workers valued self-care, they only engaged in self-care sparingly. Miller et al. (2017) examined the self-care practices of social workers employed in healthcare settings. Similar to Bloomquist et al., these authors concluded that social workers in their sample only engaged in self-care at a moderate level.

The implications derived from the literature are clear. Recognition of the importance of self-care and the role it can play in moderating the challenges associated with professional social work practice is growing (e.g., Cox & Steiner, 2013; Miller et al., 2016; Smullens, 2015). However, few studies have explicitly examined the concept. If social workers are to provide adroit social work services, research must examine the self-care practices of these practitioners, and pursue strategies aimed at improving these practices. This paper seeks to achieve this important aim, and in so doing, address limitations in the current literature.

Study Aim and Research Questions

The overarching aim of this study was to explore the personal and professional self-care practices of individuals employed in social work capacities in one southeastern state. Specifically, this study was rooted in answering three distinct research queries (RQ): RQ1: How often do individuals employed in social work capacities engage in self-care practices?; RQ2: Are there group differences in self-care practices by demographic/professional characteristics?; and, RQ3: What variables predict self-care practices?

Method

Research Design, Protocol, and Sampling Approach

This study employed a cross-sectional survey design. An electronic survey was used to collect primary data from individuals who self-identified as individuals employed in a social work capacity in one southeastern state. The survey was sent to various agencies/organizations known to be associated with individuals employed in social work capacities. Individuals were asked to forward the survey. Survey data were collected and managed via an online survey system. All participants were offered the chance to enter their email address for a $500 cash card drawing. The incentive survey link was disconnected from the larger survey, thus, participants responses were anonymous. All data were collected during Winter 2017. The protocol utilized for this study was approved by an university Institutional Review Board (IRB).

Instrumentation

The instrument used to collect data for this effort was divided into two sections: (1) general demographic and professional information; and, (2) self-care practices. First, participants were asked to provide general demographic (e.g., age, race, education level, etc.) and professional (e.g., time in the profession, current practice setting, etc.) data.

Second, participants completed the *Self-Care Practices Scale* (SCPS; Lee, Bride, & Miller, 2016) to measure self-care practices. SCPS is an 18-item instrument designed to measure the frequency of personal and professional self-care (i.e., nine items for personal self-care and nine items for professional self-care). For the purpose of this study, professional self-care was defined as "the process of purposeful engagement in practices that promote effective and appropriate use of the self in the professional role within the context of sustaining holistic health and well-being" (Lee & Miller, 2013, p. 98). Exemplars of items from this part of the scale include "I take small breaks throughout the workday" and "I seek out professional development opportunities."

Personal self-care was defined as "a process of purposeful engagement in practices that promote holistic health and well-being of the self" (Lee & Miller, 2013, p. 98). Exemplars of items for this part of the scale include "When I am not feeling well, I take action to get better" and "I employ strategies to manage stress in my life."

SCPS utilizes a five-point Likert scale ranging from 0 (*never*) to 4 (*very often*) and produces three scores: a summative personal self-care score (0-36), a summative professional self-care score (0-36), and a total score comprised of the sum of personal and professional self-care scores (0-72). For all three, higher scores indicate greater frequency in self-care practices. For this study, measures for personal (Cronbach's Alpha=.80) and professional (Cronbach's Alpha=.78) care displayed high internal consistency. SCPS has been used in other studies (e.g., Pope et al., 2017, etc.) and has been observed to have acceptable psychometric properties (Lee et al., 2016).

Results

Participants

A total of 1,011 individuals employed in social work capacities participated in this study. The typical participant identified as female (88.3%), Caucasian/White (85.8%), heterosexual (90.8%), and aged 40.1 years (SD=11.96). Respondents worked an average of 40.6 hours per week (SD=10.03) with approximately 12.8 years (SD=9.86) of experience practicing social work. Descriptive data for other demographic and personal/professional characteristics of the sample are presented in Table 1.

Table 1. *Demographic and Professional Characteristics*

	n (%)
Gender (n=1009)	
Male	108 (10.7%)
Female	891 (88.3%)
Other (ex. Gender-Expansive, Gender fluid, etc.)	10 (1%)
Race/Ethnic Background (n=1005)	
White non-Hispanic	862 (85.8%)
Black non-Hispanic	107 (10.6%)
American Indian or Alaskan Native	4 (0.4%)
Asian or Pacific Islander	5 (0.5%)
Hispanic	10 (1.0%)
Biracial/multiracial	9 (0.9%)
Other (ex. Jamaican, Ashkenazi, etc.)	8 (0.8%)
Current Relationship Status (n=1009)	
Married	621 (61.5%)
Partnered	68 (6.7%)
Divorced, separated, or widowed	118 (11.7%)
Never married	202 (20.0%)
Sexual Orientation (n=1007)	
Heterosexual or straight	914 (90.8%)
Gay, lesbian, or bisexual	85 (8.5%)
Other (ex. Asexual, Pansexual, etc.)	8 (0.8%)
Highest Academic Degree (n=1010)	
High School Diploma/GED	19 (1.9%)
Associate's	4 (0.4%)
Bachelor's	123 (12.2%)
Master's	836 (82.8%)
Doctorate	23 (2.3%)
First Professional (i.e., law, medicine, or dentistry)	5 (0.5%)
Social Work Degree (n=1011)	
Yes	944 (93.4%)
No	67 (6.6%)

	n (%)
Degree Type	
BASW/BSW	231 (24.4%)
MSW	713 (75.6%)
Employer Type (n=955)	
Non-Profit Setting	656 (68.7%)
For Profit Setting	299 (31.3%)
Employer Sector (n=956)	
Public (e.g., Governmental)	543 (56.8%)
Private (including private practice)	413 (43.2%)
Level of Work (n=953)	
Mostly micro-level work (e.g., clinical, individual therapy treatment, etc.)	484 (50.8%)
Mostly mezzo-level work (e.g., work with families, small groups, etc.)	181 (19%)
Mostly macro-level work (e.g., policy advocacy, community organizing, etc.)	66 (6.9%)
My work is spread out equally across more than one area.	222 (23.3%)
Health Status (n=1010)	
Excellent	130 (12.9%)
Very Good	439 (43.5%)
Good	336 (33.3%)
Fair	100 (9.9%)
Poor	5 (0.5%)
Current financial situation (n=1008)	
I cannot make ends meet.	52 (5.2%)
I have just enough money to make ends meet.	305 (30.3%)
I have enough money, with a little left over.	482 (47.8%)
I always have money left over.	169 (16.8%)

Self-Care Scores

As discussed, self-care was measured via the SCPS. On a scale of zero to 36, the sample had an average score of 24.2 (*SD*=5.32) on the personal self-care domain and 23.5 (*SD*=4.78) on the professional self-care domain. The mean overall self-care score for all participants was 47.7 (*SD*=9.00; out of a possible score range from 0 to 72). Both of these

scores indicate that participants engage in neither high, nor low amounts of personal and professional self-care.

Bivariate Analyses

An independent samples t-test was conducted for variables with two levels, namely employer type (*for-profit/non-profit*) and employer sector (*public*/*private*). Results showed no significant differences in mean personal or professional self-care for employment type or sector. Group comparisons for variables with three or more levels were assessed using one-way ANOVAs, except when assessing gender and race. No statistical differences in personal self-care practices were found for gender, race, or sexual orientation. Further, no statistical group differences were found in professional self-care practices among these variables: gender, race, sexual orientation, and level of work.

Results yielded significant findings for relationship status, educational attainment, health status, and current financial situation. Refer to Table 2 for means, standard deviations, and confidence intervals for significant variables. Four levels of relationship status (*married*, *partnered*, *never married*, and *divorced, separated, or widowed*) were examined to investigate differences in self-care practices. Results indicated a significant difference in personal self-care, $F(3, 1007)=4.931$, $p<.01$, and professional self-care, $F(3, 990)=6.189$, $p<.001$, among those with different relationship statuses. Tukey's post-hoc analysis revealed participants who *never married* reported less personal self-care practices compared to those who were *married*. For professional self-care, those *never married* had fewer reported practices on average compared to those who were *married* or those who were *divorced, separated, or widowed*. Mean score differences for *partnered* respondents in personal and professional did not yield significant differences with any other level of relationship status possibly due to power issues as a result in sample size ($n=68$ vs. $n=120+$). Further research is warranted to determine whether self-care practices of those in partnered relationships truly differ from those in other types of relationships statuses.

Mean differences in educational attainment (*High School/GED, Associates or Bachelor's, Master's, or Doctoral/Professional degrees*) were significantly different for personal $F(3, 1006)=3.213$, $p<.05$, and professional, $F(3, 992)=3.685$, $p<.05$, self-care scores. Post-hoc analysis examining pairwise comparisons between education levels did not yield significant differences in personal self-care scores. This discrepancy in results could be due to Type I error with the ANOVA or a lack of power to detect differences between comparisons in more conservative post-hoc analyses. However, significant differences were found in professional self-care between those holding a *Ph.D. or professional degree* and *an Associate's or Bachelor's degree*, with those with a doctorates or professional degree reporting greater professional self-care.

There were significant differences between varying levels of health (i.e., *Excellent*, *Very Good*, *Good*, *Fair*, and *Poor*) and self-care in both personal, $F(4, 1005)=57.187$, $p<.001$, and professional, $F(4, 998)=21.210$, $p<.001$, practices. Follow-up analyses showed group differences in personal self-care was significant for all paired comparisons. All paired comparisons had significantly different mean professional self-care scores, except for *Fair* vs. *Good* and *Poor* vs. *Fair* pairings. Mean scores for personal and professional

self-care held similar patterns in that as health of the respondent decreased, the number of self-reported practices decreased.

Group comparisons for current financial situation (*I cannot make ends meet, I have just enough money to make ends meet, I have enough money with a little leftover, and I always have money left over*) revealed significant differences in personal, $F(3, 1004)=34.852$, $p<.001$, and professional, $F(3, 987)=21.120$, $p<.001$, self-care. Post-hoc pairwise comparisons showed significant differences in average personal self-care scores for all pairings, except between *I cannot make ends meet* and *I have just enough money to makes ends meet*. All pairings revealed significant differences in average professional self-care scores.

Table 2. *Self-care Means and Standard Deviations for Significant Independent Variables*[1]

	Personal			Professional		
	n	***M***	***SD***	***n***	***M***	***SD***
Relationship Status						
Married	621	24.53	5.29	612	23.79	4.62
Never married	202	22.91	4.95	197	22.31	4.85
Divorced, separated, or widowed	120	24.44	5.94	119	24.23	4.93
Educational Attainment						
Associate's or Bachelor's	127	23.21	6.06	123	22.57	5.27
Doctorate/Professional	28	25.82	5.65	28	25.43	4.83
Health Status						
Excellent	130	27.47	4.63	130	26.02	4.23
Very Good	439	25.50	4.69	432	23.91	4.54
Good	336	22.37	5.06	328	22.62	4.75
Fair	100	20.57	4.75	98	21.51	4.82
Poor	5	12.20	3.96	5	16.40	1.95
Financial Situation						
I cannot make ends meet	52	20.88	6.74	50	20.50	7.17
I have just enough money to make ends meet	305	22.60	5.10	300	22.56	4.37
I have enough money, with a little left over	482	24.49	4.82	475	23.70	4.42
I always have money left over	169	26.96	5.10	166	25.45	4.82

Note: [1] $p<.05$

Multivariate Analysis

A multiple linear regression analysis was conducted to assess the relationship between total self-care scores using explanatory variables for demographic and other personal/professional type characteristics. Continuous variables (age and average hours worked per week) were added to the model. Categorical variables (race, gender, relationship status, current financial situation, sources of income, employer type, and employer sector) were converted into dummy variables and included in the model, with the exception of the levels used as the reference group for comparison (identified in Table 3). The regression results are summarized in Table 3. The model was statistically significant, $F(21, 652)=11.55$, $p<.001$, R^2 *adj*$=.25$.

Table 3. *Regression Analysis Summary*

Model	*B*	*SEB*	ß	*p*
Years in practice	0.05	0.05	0.05	0.35
Age (Year)	0.12	0.04	0.16	<0.001***
Average Weekly Work Hours	-0.15	0.03	-0.17	<0.001***
Health status	-3.12	0.36	-0.30	<0.001***
Relationship Status	Reference			
Partnered	0.86	1.41	0.02	0.54
Never married	-0.24	1.16	-0.01	0.84
Divorced, separated, or widowed	1.07	1.33	0.04	0.42
Married	Reference			
Current Financial Situation				
I cannot make ends meet	-5.57	1.61	-0.14	<0.001***
I have just enough money to make ends meet	-4.32	0.95	-0.23	<0.001***
I have enough money, with a little left over	-2.56	0.84	-0.15	<0.001***
I always have enough money	Reference			
Income Source				
Single Income/More Than One Source	-0.41	1.27	-0.01	0.75
Two Incomes	0.70	1.06	0.04	0.51
More Than Two Incomes	2.87	1.76	0.07	0.11
Single Income/One Source	Reference			
Race				
Other Race/Ethnicity	-2.05	1.78	-0.04	0.25
Black	3.26	1.03	0.11	<0.001***
White	Reference			
Gender				
All other types	0.92	3.84	0.01	0.81
Male	-0.04	0.97	0.00	0.97
Female	Reference			
Organization Type				
For-profit setting	-0.35	0.68	-0.02	0.60
Non-profit setting	Reference			
Employer Sector				
Public (e.g., Government)	1.51	0.65	0.09	0.02*
Private	Reference			

Note: R^2=.27, R^2 *adj*=.25 (n=674, p<.001)

Six explanatory variables were significantly related to differences in total self-care practices: age, average hours worked per week, health, current financial situation, race, and employer sector, even after controlling for all other variables in the model. For every 4-year increase in age, total self-care score increased by .5 points. Every 10-hour increase in work per week equated to a 1.5-point decrease in total self-care score. Health was rated by respondents on a scale of 1 (*Excellent*) to 5 (*Poor*). Each unit increase represented a decline in health status, which led to a decrease in total self-care score by 3.12 points. For current financial situation, those who "*cannot make ends meet*," "*have just enough to make ends meet*," and "*have enough, with a little left over*" showed lower total self-care scores by 2.5 - 5.5 points compared to respondents who "*always have enough money*." Race was a

significant predictor of total self-care score. The adjusted mean difference in total self-care score for black participants compared to white participants was 3.26 points with black participants reporting higher levels of self-care. Lastly, participants working for employers in the public sector had higher total self-care scores (1.51 points) compared to those working for employers in the private sector.

Discussion

This exploratory study examined the self-care practices of individuals employed in social work capacities in one southeastern state. For clarity, this section is presented in a format that explicitly mirrors the above posited research questions.

RQ1: How often do participants engage in self-care practices?

Overall, data from this study suggest that social workers in this sample engage only moderately in professional and personal self-care. Mean scores for personal and professional self-care were 24.2 (range of 0 - 36) and 23.5 (range of 0 - 36), respectively. These data indicate that, overall, social workers in this study reported engaging in self-care "sometimes."

Given existing, albeit limited, research in this area, perhaps these findings are not surprising. Both Bloomquist et al. (2015) and Miller et al. (2017) concluded that social workers in their study engaged in self-care moderately. The lack of self-care practices may be associated with contextual factors. For instance, agency culture and organizational functioning definitely impact staff morale and effectiveness (Kanter & Sherman, 2017). As such, effective self-care can be a key strategy for offsetting deleterious effects of problematic organizational dynamics. However, self-care is misunderstood and underutilized; in part, this underutilization is due to the lack of skill development as part of professional preparation and development (Smullens, 2015). Social workers and individuals employed in social work positions receive very little, if any, explicit education or training associated with self-care (Grise-Owens et al., 2017). This training can help social workers develop tools and skills to better navigate the organizational contexts and professional stressors. This training can also help practitioners impact the organizational cultures in which they work.

There are other plausible reasons as to why individuals reported engaging only moderately in self-care. For instance, participants in this study may not view self-care as important. Said another way, they may not value self-care. Or, they may not view self-care as connected to their professional practice. No matter the reason, these data lend credence to the notion that self-care is an area of growth for participants in this study, specifically, and perhaps for individuals employed in social work contexts, more generally.

RQ2: Are there group differences in self-care practices by demographic/professional characteristics?

Analyses revealed several group differences related to self-care practices. For instance, current relationship status does appear to impact self-care practices. Participants who *never married* engaged in personal self-care significantly less frequently than did individuals who

were *married*. In terms of professional self-care, individuals who *never married* reported significantly fewer self-care practices than participants who were *married, divorced, separated, or widowed*, respectively. This finding merits further exploration and generates further critical questions. For example, relationship status could be related to income; married or partnered respondents would be more likely to have dual-incomes. More broadly, this finding generates questions about the impact of emotional supports on attention to self-care.

There was also a difference between individuals at varied educational levels. Specifically, those holding a Ph.D. or first-professional degree indicated higher professional self-care practices when compared to those with an Associates or Bachelor's degree. This finding may be linked with the related function of income (see below). Also, presumably, increased educational attainment typically results in higher ranking positions, which often allow for greater control in job functions and greater rewards/recognition. These aspects contribute to greater job satisfaction, which contributes to self-care practices (Cox & Steiner, 2013; Maclean, 2011). Similarly, greater training and professional preparation can contribute to increased awareness about the importance of self-care or increased self-efficacy. Cox and Steiner summarized several studies that found self-efficacy mitigates high-stress working conditions. In a related factor, higher education attainment might indicate more opportunities for sustained supervision and/or mentoring. Supervision and professional development are key aspects of professional self-care.

Interestingly, perceived health status and current financial situation both seemed to impact self-care practices for individuals in this sample. Participants at each "level" of perceived health (i.e., *Excellent*, *Very Good*, *Good*, *Fair*, and *Poor*) indicated significantly higher self-care practices than the preceding level, with the exception of professional self-care scores for those indicating *Fair* vs. *Good* and *Poor* vs. *Fair* health statuses. Stated plainly, the poorer the reported health status of the participant, the less frequently the participant engaged in self-care practices. On the surface, this finding seems self-explanatory and appears to be the proverbial "chicken and egg" cycle, in which of lack of self-care creates health issues, which lead to decreased self-care, and so forth. However, a more nuanced consideration is needed. Traditionally, self-care has been framed primarily as physical activities completed after work hours, such as "going to the gym." As noted in the introduction of this article, the definition of self-care is expanding beyond the traditional medical model and limited frame of physical health. This finding indicates the need to build a more expansive understanding of self-care that encompasses a holistic approach—beyond the parameters of the medical model.

Differences in self-care practices were also detected based on current financial situation (e.g., *I cannot make ends meet, I have just enough money to make ends meet, I have enough money with a little leftover, and I always have money left over*). Typically, individuals in more stable financial situations engaged in significantly more professional and personal self-care practices (except for personal self-care scores between those who responded *I cannot make ends meet* and *I have just enough money to makes ends meet*).

Intuitively, these findings may be expected. Certainly, finances are a significant life stressor. This finding points to the clear need to advocate for fair and just salaries in the

profession of social work and within organizations. At the same time, similar to the discussion above related to health, this finding may indicate the need for a more holistic approach to self-care. Traditionally, self-care has been conceptualized as activities that involve cost, such as "going to the spa," and so forth. A multi-faceted approach to self-care engages these traditional activities; however, this holistic approach expands self-care to a much more comprehensive practice.

Similarly, this finding needs to be examined more specifically. The survey did not ask for income, but rather the respondent's assessment of their financial status. As such, this response may not relate as much to income-level as it does to financial satisfaction—or some combination of both. Rath and Harter (2010) reported on a Gallup study examining financial well-being. The study found that people with the *same* levels of income differ in their assessments of whether that income is adequate. Furthermore, Rath and Harter reported that the differences in perception are largely dependent on the respondent's level of engagement in their work. Higher scores of engagement correlated with higher scores of satisfaction with income. Rath and Harter (2010) concluded, "Money is easily counted, but it is still a highly subjective variable" (p. 59). Particularly given these interesting considerations, the current study's finding points to the need for including financial well-being as part of self-care.

RQ3: What variables predict self-care practices?

The exploratory model yielded a total of six variables that were significantly related to self-care practices. As indicated above, these variables are: age, race, health, current financial situation, average hours worked per week, and employer sector.

For every 4-year increase in age, total self-care score increased by .5 points. This finding is congruent with previous studies that found a correlation between age and burnout, with younger workers reporting higher levels of stress (Maslach, 2005). Age may also interact with the variables of finances and level of education as mitigating factors—as discussed earlier. This finding may relate to the particulars of life stage; for example, parenting responsibilities can bring particular stressors for professionals. The interaction of life stage and self-care merits more critical exploration.

Race was the only other demographic category that was a significant predictor of total self-care score. The adjusted mean difference in total self-care score for black practitioners compared to white practitioners was 3.26 points. This finding is particularly intriguing. Certainly, organizational and interactional discrimination contribute to individual workplace stress-levels (Cox & Steiner, 2013). Members of marginalized groups have been found to experience stress that is additive to general stressors (Cox & Steiner, 2013; Meyer, 2003). These findings about demographic differences merit ongoing critical exploration.

As discussed above, health and finances correlated with self-care practices. For health, each unit increase represented a decline in health status, which led to a decrease in total self-care score by 3.12 points. For current financial situation, those who "*cannot make ends meet*," "*have just enough to make ends meet*," and "*have enough, with a little left over*" showed lower total self-care scores by 2.5 - 5.5 points compared to respondents who

"*always have enough money*." As discussed above, these findings merit further examination and point to the need for a more holistic approach to self-care.

In a similar vein, the number of hours worked correlated with self-care. For every 10-hour increase in work per week equated to a 1.5-point decrease in total self-care score. This finding underscores the traditional admonition for "work-life balance" as part of a self-care approach. However, using the holistic approach, this finding points to the need to more broadly conceptualize self-care. Rather than limiting self-care to what employees do *after* work, an expansive framework would include *how* employees work. That is, self-care is not just about taking care of oneself in non-work hours, but, also how one practices self-care in the workplace. This approach sees self-care as an ongoing lifestyle, rather than an emergency response to stress (Grise-Owens et al., 2016; Lee & Miller, 2013).

Limitations

As with any research endeavor, this study is certainly not without limitations. All participants identified as an individual employed in a social work capacity in one southeastern state. Each individual self-selected into the study, and respondents were overwhelmingly female and white. Though these demographics may be reflective of the larger profession, a more heterogeneous sample may have yielded different results. Certainly, future research may look to recruit a more diverse sample. Further, as noted, differential groups sizes may have impacted the analyses (e.g., statistical power), specifically as it related to detecting group differences. And, the scale does not include secondary anchors that denote contextual data for ranking categories (e.g., frequency of "sometimes"). Future studies should collect additional data related to significant findings (e.g., income) and look to control for those, and other, mediating/moderating variables that may impact self-care practices.

Implications

Adept and ethical social work practice requires that practitioners engage in self-care. Thus, studies that examine self-care must also explicate pragmatic implications related to social work practice. In a key, overarching finding, data indicate that participants struggle to engage in apt self-care practices. Also, certain factors are predictive of level of self-care. These findings have particular implications for administrators and supervisors. For example, administrators can advocate for just and fair wages and work hours. Likewise, given that financial insecurity/dissatisfaction is a key predictor of low self-care, the organization could provide accessible resources for employees to learn personal financial management strategies. Similarly, given the finding pertaining to age, supervisors can proactively support younger employees (in particular) in attention to self-care. Since professional development and supervision are core aspects of professional self-care care, supervisors can promote self-care accountability processes as part of the supervision process and team culture. Likewise, administrators can include attention to self-care as part of professional development plans and evaluation processes.

Awareness about the need for attention to practitioner well-being leads to the realization that both individual and organizational responses are necessary. As such,

agencies should engage in strategic initiatives aimed at improving self-care practices. These initiatives may take several forms. Kanter and Sherman (2017) advocated that organizations should take a "WE-Care" approach. These authors contended that traditional "wellness programs," while helpful, are not sufficient for human services. These authors delineate facets of the WE-Care approach to organizational wellness. Similarly, Miller et al. (2016) provided a description of a comprehensive wellness initiative in a multi-state non-profit organization. More models of organizational wellness initiatives are needed. These models need to incorporate attention to professional development trainings for employees on how to engage in effective self-care. Like any aspect of professional practice, adeptness in self-care needs to be taught and reinforced. Professional development trainings can provide staff with the knowledge, skills, and values necessary for competence in practicing self-care.

The development of self-care as part of professional practice should be integrated in social work curricula (Grise-Owens et al., 2017; NASW, 2008). The current study found that younger professionals tended to report lower self-care scores. This finding supports the need for preparation of professionals to ensure that graduates enter the field prepared to practice self-care. Social Work education inculcates core values and ensures core competencies of the profession; the Council on Social Work Education (CSWE, 2015) delineates these competencies for accreditation purposes. Progressively, self-care is being identified as a core competency (Jackson, 2014).

However, to date, CSWE has not included self-care in its accreditation standards. A self-care competency framework should be developed to ensure best practices. Likewise, models for integrating self-care into social work curricula are needed.

Finally, the profession of social work, as a whole, needs to promote self-care as a valid and essential aspect of professional practice. The NASW (2008) Policy Statement on Self-Care is an excellent example of this promotion. More such statements are needed. Building on these statements, pragmatic resources must be developed. For instance, professional organizations can support the development of materials and practice models for individuals and organizations. Similarly, licensing/credentialing boards can support professional development of self-care practice. For example, all licensed professionals are required to complete ongoing continuing education trainings. Professional boards can include trainings in self-care as one of these requirements.

The crucial mission of the social work profession is laudable and essential. As such, the rewards of practicing in the profession are significant. At the same time, the need to address the costs borne by practitioners fulfilling the profession's purpose is increasingly apparent. Fulfilling the mission of the profession means sustaining the practitioners activating that mission. Therefore, the profession of social work is compelled to support practitioner well-being, as an integral aspect of professional identity and purpose.

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