EDITORIAL

William H. Barton

Welcome to the Spring 2009, Volume 10(1) issue of *Advances in Social Work.* The academic year has ended; for many of us, the summer brings a welcome change of pace, and a chance to devote time to those manuscripts that we've placed on the back burner. I encourage you to take this opportunity to add to the knowledge base of our profession, and to submit your work to *Advances*. The journal's online format makes submitting manuscripts quick and easy – just check out the Author Guidelines. You can view these by clicking on the word "ABOUT" at the top of the journal's home page and scrolling down to the items under "Submissions." I assure you that we will continue to try to provide a quick turnaround for the peer reviews, even during the summer.

If you happen to be reading this and have not yet registered with the journal, it's free and easy to do. Benefits include email notification whenever a new issue is published, the opportunity to serve as a peer reviewer for manuscripts received by the journal, and easy access to manuscript submission. Just click on the word "REGISTER" at the top of the home page and provide the requested information. I encourage you to select the "Reviewer" role and to include a list of review topics of interest to you as part of the registration process.

The current issue contains a combination of research reports on a variety of topics using diverse methods, as well as several articles related to social work education. It begins with the report of a quantitative study by Robin Ersing, Richard Sutphen and Diane Loeffler, "Exploring the Impact and Implications of Residential Mobility: From the Neighborhood to the School." This article examines the relationship between residential mobility among fifth graders and academic and disciplinary problems in school as well as protective services involvement. In "Child Welfare Workers' Connectivity to Resources and Youth's Receipt of Services," Washington University researchers Alicia Bunger, Arlene Stiffman, Kirk Foster and Peichang Shi use administrative and survey data to measure child welfare workers' service actions on behalf of youth. Their results suggest that child welfare service delivery to youth may be improved by training workers in the signs and symptoms of behavioral health problems and enhancing their awareness of other service providers in the community.

A promising model of community-based groups connecting older adults with international exchange and multicultural students is described by Scott Anstadt and Deb Byster, in "Intergenerational Groups: Rediscovering our Legacy." The authors frame these groups in a theoretical model of participatory, community-based outreach and then describe the process stages of the program's development and some preliminary pilot outcomes. Next, in "Clinical Social Workers: Advocates for Social Justice," Anne Marie McLaughlin presents qualitative results from interviews with a sample of Canadian clinical social workers regarding how they conceptualized and incorporated advocacy in their work. From the results, the author develops a matrix describing instrumental,

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educational and practical advocacy strategies aimed at micro (individuals), mezzo (marginalized groups) and macro (society) targets.

The last three articles address issues relevant for social work education. In "Addressing the Mental Health Problems of Chinese International College Students in the United States," Meirong Liu systematically describes the specific sources of mental health problems and stressors facing Chinese students in the United States and then presents several culturally sensitive recommendations for ways that health providers, mental health social workers, university faculty and staff can better serve these students. In the next article, "Examining Predictors of Social Work Students' Critical Thinking Skills," Kathleen Deal and Joan Pittman surveyed a sample of social work students at all three degree levels, looking at the relationship between background characteristics, personality factors, curricular choices and level of critical thinking skills. Their results suggest that higher levels of critical thinking skills are found among students with more highly educated parents, personalities more open to experience, and a background in science courses. They also found that critical thinking skills were higher as academic degree level increased. In the final article, "Addressing Sexual Minority Issues in Social Work Education: A Curriculum Framework," Lindsay Gezinski advocates for the use of constructivist strategies to help students critically assess their own beliefs/attitudes, knowledge and skills to promote more culturally competent practice with the lesbian, gay, bisexual, transgender, and queer community.

I ended my inaugural editorial in the previous issue with the hypothesis that no one reads the editorial in an issue of an online journal and invited readers to disprove it by sending me an email indicating that they had indeed read the editorial. So far, my hypothesis has not been disproven. To do so, send me an email at wbarton@iupui.edu. Please also feel free to provide feedback about the journal's format or contents.

Exploring the Impact and Implications of Residential Mobility: From the Neighborhood to the School

Robin L. Ersing
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Abstract: *This cross-sectional study examines residential relocation among a cohort of 495 fifth graders in one urban community in the Southeastern U.S. The impact of residential mobility is discussed in relation to student/family outcomes as well as the stressors placed upon schools. Results support previous findings which suggest residential relocation is correlated with academic problems. In addition, highly mobile students are twice as likely to be referred by teachers for disciplinary intervention and families are five times more likely than their residentially stable counterparts to be involved with child protective services. Implications from this study address the need for school systems, including school social workers, to look beyond the classroom to understand and respond to the needs of highly mobile families.*

Keywords: *Residential mobility, children and families, education*

INTRODUCTION

We are a mobile nation. Data from the U.S. Census Bureau shows that 17% of families with children both pre-school and school-aged experience at least one residential move each year (U.S. Census Bureau, 2007). Among these movers, 68% relocate within the same county. This relatively high percentage of families with children that relocate annually raises many concerns for researchers and practitioners alike (Dong et al., 2005). Previous research has been conducted on both the reasons for and implications of residential mobility, yet recent findings are contradictory (Currie & Yelowitz, 2000; Duncan, Clark-Kauffman & Schnell, 2004; Hango, 2003) and research on school-aged children is limited. For school-aged children, a residential move is often coupled with a change in schools—which implies a change in routine, a need to make new friends/assimilate into new social groups, and a disruption in a child's education.

Although not all moves result in a need to transfer to a new school, a residential change can still create stress for children who face adjusting to new living space and integrating into a new neighborhood. This is especially relevant for highly mobile families who may have relatively few resources to support the many transitions required by a move. These families may not have an abundance of social capital upon which they can rely for support during such transitions (Coleman, 1988; 1990; Tucker, Marx & Long, 1998).

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The purpose of this study is to understand the effect that frequent residential moves can have on educational and social outcomes of elementary school age children. Are children who experience more frequent residential moves more likely to have lower educational attainment than their less mobile peers? Are these same children at risk for behavior problems and/or involved in more disciplinary action within the classroom than their less mobile peers? And, finally, are these children more likely to be involved in the child welfare system than their less mobile peers? If residential mobility is related to these factors, then intervention strategies that extend beyond the school's walls must be created and implemented, increasing opportunities for vulnerable children to achieve their full potential.

LITERATURE REVIEW

Schafft (2005) suggests that for economically vulnerable families moving is generally not associated with "moving up;" rather moves are often "unplanned and unpredictable" and can create "broken social ties and interrupted academic experiences" (p. 1). These lateral moves within limited geographical areas are more typical among lower-income families (Fitchen, 1994; Gramlich, Laren & Sealand, 1992; Long, 1992; Kerbow, 1996; Tucker, et al., 1998; Schafft, 2005; Wood, Halfon, Scarlata, Newacheck & Nessim, 1993).

It is often assumed that a move to a "better" neighborhood or community may benefit school-aged children; however, research findings in this area remain contradictory. Regardless of where and why, a move is often viewed as a "stressful life event" (Henderschott, 1989) and can be a disruptive process for school-aged children. Hango's (2003) research suggests that the effects of residential mobility can vary depending upon the nature of the move. Using the National Longitudinal Study of Youth, she examines the relationship between neighborhood and negative behaviors among children. In this study, negative behaviors were defined using mother's report of negative behaviors, as scored using the Behavior Problem Index (p. 53). Moves from "poor" to "non-poor" neighborhoods were correlated with decreased negative behaviors (though this impact was found to decrease over time) and lateral moves within poor neighborhoods were related to an increase in negative behaviors (though these behaviors also manifested over the course of several years). Duncan, Clark-Kauffman and Snell (2004) further highlight the complexity of residential mobility among children. Findings from their study of the Moving to Opportunity (MTO) program indicate that for boys, moves may be associated with negative behaviors, even when the moves were to more affluent areas. However, Currie and Yelowitz (2000) report that residential stability has been linked to positive outcomes for children. Thus, these contradictory findings suggest that the impact and implications of residential mobility are complex and in need of further study.

There is a substantial body of evidence that links residential mobility to negative outcomes. The adjustment to new schools, peers, and teachers can be stressful for students (Tucker et al., 1998). Additionally, children who are frequent movers may also have to adjust to family crises and uncertainty that create a cycle of perpetual mobility (Wood et al., 1993).

Residential mobility has been shown to have a direct negative effect upon the well-being of children including decreases in self-concept and locus of control and increases in the likelihood of depression (Hendershott, 1989), emotional-behavioral problems (Simpson & Fowler, 1994), and engaging in acts of violence (Haynie, 2005). Many researchers have suggested that residential mobility is a "proxy" for an underlying construct of personal instability that is believed to be at the root of family and residential instability (Astone & McLanahan, 1994; Long, 1992; Speare & Goldshneider, 1987).

Additional research has revealed that residential mobility is associated with an array of negative outcomes in children including increased psychiatric admissions, multiple hospitalizations, impaired impulse control, antisocial behavior, and caregiver abuse and neglect (Eckenrode, Rowe, Laird & Brathwaite, 1995; Mundy, Robertson, Greenblatt & Robertson, 1989). In their retrospective cohort study of over 8000 adults, Dong et al. (2005) examined the relationships between residential mobility and adverse childhood experiences using respondents' self-report of childhood sexual abuse/neglect. Their findings show that the odds of having endured emotional, physical and sexual abuse increased with the number of residential moves experienced during childhood (p. 1107).

The relationship between residential mobility and academic performance is also complicated. Coleman (1988) uses the construct of social capital to explain how residential mobility negatively affects school performance through the loss of social capital. When families move, they may lose social capital as established supportive relationships in the family, neighborhood and community are severed (Coleman, 1988, 1990; Hagen, MacMillan & Wheaton, 1996; Tucker, et al., 1998). Residential mobility is associated with lower school attainment including an increased probability of dropping out (Astone & McLanahan, 1994; Coleman, 1988), lower graduation rates (Haveman, Wolfe & Spaulding, 1991), lower school achievement that is often operationalized as a greater likelihood of repeating a grade (Eckenrode et al., 1995; Wood et al., 1993), lower math and reading test scores (Schuler, 1990; Warren-Sohlberg & Jason, 1992), and more academic problems (Tucker et al., 1998). Additionally, the effects of mobility are not cross sectional; rather students feel those effects over time. Dunn, Kadane and Garrow (2003) found that one move (to a new school) was as detrimental to a student as 32 absences in the year following the move – and as 14 absences in the third year. The effects of mobility are both immediate and long-term.

Similarly, students who are highly mobile are more likely to experience more behavioral problems in school (Tucker et al., 1998; Wood et al., 1998). Given the association between academic performance and behavior problems, this is not surprising. Maladjustments to a new school can result in social isolation, disruptive or antisocial behavior, and detachment from the educational process (Astone & McLanahan, 1994; McLanahan & Sandefur, 1994). Hango's (2003) work suggests that the extent and duration of different negative behaviors is mediated by the type or types of moves experienced by the child (e.g. poor to non-poor, poor to poor, poor to poorer). Taken together, these findings all suggest that further research needs to examine how academic performance and behavior problems can be related to—or perhaps understood by—residential mobility.

Residential mobility also has a role in mediating the relationship between child maltreatment and lower academic outcomes. Maltreating families are more unstable and isolated with fewer social supports and ties to neighborhoods (social capital). This increases the likelihood of residential mobility as well as subsequent academic failure (Eckenrode et al., 1995). A study by Ziesemer, Marcoux and Marwell (1994) demonstrated the extent to which highly mobile children are an at-risk population by comparing their school achievement and behavioral performance with a population of homeless children. They found that there were no differences between the groups; both exhibited low levels of school achievement and higher levels of behavioral problems.

Highly mobile families may continually uproot themselves from neighborhoods and communities, therefore limiting the development of social capital. Several studies have identified social capital as being related to educational attainment (Coleman, 1988; Israel, Beaulieu & Hartless, 2001; McNeal, 1999; Parcel & Dufur, 2001; Sandefur, Meier & Hernandez, 1999) as well as to school behaviors (Parcel & Dufur 2001). Additional research supports the idea that mobility erodes social capital, which helps to explain negative child outcomes (Astone & McLanahan, 1994; Coleman, 1988; Furstenberg & Hughes, 1995; Hagan et al., 1996; Pribesh & Downey, 1999). In considering how mobility impacts students in terms of academic behavior, behavioral problems and involvement with child protective services, recognition of social capital—or a lack thereof—is potentially helpful in thinking about how to positively impact the lives of highly mobile children.

In spite of this body of research, there is still a need for current research to further explore the relationships between child well-being and residential mobility. Thus, this research addresses a gap in the literature and focuses on the effect of residential moves on educational attainment, and social and behavioral outcomes, including family involvement with child protective services due to allegations of abuse and neglect. We hypothesize that elementary school-aged children experiencing higher rates of residential instability are more likely to perform academically below their less mobile peers and that children in highly mobile households face an increased risk for social and behavioral problems both within and outside of the classroom. Specifically, we posit a direct relationship between residential mobility and the likelihood of family involvement with the child welfare system.

METHODS

Sample

The sample consisted of 495 fifth grade students attending public elementary schools in one urban school district in a mid-south city with a population of 250,000. Since students enrolled in this public school system transfer to middle school beginning in sixth grade, it was necessary to pull our sample from the population of fifth graders to maintain a focus on the residential mobility experiences of elementary school children. Stratified random sampling was used to ensure inclusion of schools with concentrations of both poor and more affluent student populations. The purpose was to obtain a representative

sample of students from varying neighborhoods and school types. Thirty-five elementary schools located within the district were divided into three strata using the combined percentage of free and reduced lunch as a proxy for school socioeconomic status (SES). The population of elementary schools fell into three strata that corresponded to low SES (63.6%-94.6% combined free and reduced lunch rate), moderate SES (36.6%-53.2% combined free and reduced lunch rate), and high SES (5.8%-26% combined free and reduced lunch rate). The low SES group contained thirteen schools while the moderate and high SES groups each contained eleven schools.

A total of 11 elementary schools were randomly selected from among the three strata of schools to generate an optimal sampling frame of 5th grade students. A random sample of the fifth grade student population was then selected in equal proportions from each of the three school tiers representing 22% of the total fifth grade population in the school district. After accounting for student records that were unavailable, the final sample for the study (N = 495) was reached.

Data Collection

Data for this secondary analysis were compiled from three sources: cumulative student records, a district-wide data base, and a state-level family and child welfare agency. The IRB approved protocol for this study involved the use of school social workers employed by the district to collect data from student records of enrolled fifth graders. All data were extracted from school files and/or a central student database maintained by the district, and stripped of any personally identifying information (e.g. names, identification numbers). In order to standardize the process, an instrument was created to ensure that data were appropriately gathered on each subject. Each of the data sources is discussed below:

Cumulative student records. School social workers were trained to use the data collection instrument, ensuring that there was consistency in the information extracted from the student records. The cumulative student record provided historical and background information on the individual child and his/her and family, including residential moves. Academic information included standardized reading and math scores, attendance, grade retention, and teacher referrals for behavioral concerns. The research team collected retrospective data on each child from first through fifth grade. Given the nature of the data, some student files were incomplete meaning not all of the requested information was available.

District Wide Data Base. Data collected from the central office data base included system wide information for each school such as rates of free and reduced lunches, the ethnic and racial composition of the student body, and each school's standardized achievement test scores.

State office on family and child welfare. This agency is responsible for addressing issues that impact the well-being of children and families throughout the state, including the protection of children suspected of having been maltreated. This agency confirmed, while maintaining confidentiality, whether a child in the sample had been referred for suspected abuse or neglect during their fifth-grade year. No information related to past

involvement with the agency was reported, nor did the agency indicate the outcome from any referral.

Variables

Residential mobility is used as a predictor variable in the study. Residential mobility is operationalized as a change of address recorded in the student's cumulative file. Each change of address denotes a single move. The variable was coded categorically with zero moves representing "stable households," one or two moves representing "low mobility" households and three or more moves representing "high mobility" households. Coding mobility categorically is consistent with other recent research on mobility (for example, in her 2003 work, Hango creates a dichotomous mobility variable).

Several student educational outcomes are used as criterion variables in the study. Standardized math and reading scores are taken from results of standardized tests administered to 5th graders throughout the State. School attendance is a count of the number of days each student was marked present during the 5th grade school year. Grade retention was operationalized as a categorical variable (1 = retained; 0 = not retained). Teacher referrals for behavior or disciplinary concerns during the 5th grade school year were operationalized by the use of the district's Suspension and Failure Elimination Program (SAFE). SAFE is an in-school intervention tool that assists students in adjusting to the classroom environment. Referrals to SAFE may include disruptive outbursts by the student, use of inappropriate or profane language, and inability to cooperate with classmates. This variable was also coded categorically (1 = referred to SAFE; 0 = no referrals to SAFE). Given that not all disciplinary referrals are equal, it was deemed appropriate for the purpose of this study to create a dichotomously coded proxy variable to capture whether or not the student has had a disciplinary referral, not how many referrals have been made.

Involvement with the child protection system (CPS) is also operationalized as a categorical variable wherein 1 indicates an open case during 2001 and 0 represents the absence of an open case in 2001 (the child's fifth grade year).

Data Analysis

Three analytic strategies were used in examining the data. First, frequency distributions were computed for each of the sociodemographic variables and a chi-squared test was performed to examine relationships across levels of residential mobility. Second, linear regression models were used to evaluate the effect of residential mobility on the continuous education variables (e.g. reading and math scores, attendance) controlling for sociodemographic factors. A hierarchical regression was conducted entering covariates initially, controlling for each, and then entering the predictor variable for mobility. Finally, residential mobility was used as a predictor in logistic regression models to examine the effect on dichotomously coded criterion variables including disciplinary referrals (i.e. SAFE), grade retention, and CPS involvement. Only variables with significant bivariate relationships to the dependent variables were included in the multivariate analyses.

RESULTS

Descriptive Statistics

Over half the students in the sample were male (52%). More than two-thirds of the sample (69%) were non-Hispanic White and a quarter (26%) were African American. Children living in two-parent households comprised slightly more than half the sample (51%) compared to 32 percent who resided in households headed by a single parent. In cases where information on housing status was available in student records, slightly more than one-quarter of the sample (27%) were identified as renters compared to 36 percent who owned their homes. Thirty-six percent of the sample had no information on file.

Residential moves ranged from zero to 16 (m = 1.4 moves, SD = 1.8). Nearly two-thirds of students sampled had experienced at least one episode of residential mobility between first and fifth grade. Thirty-seven percent of the students were considered "stable" with no moves; 46 percent were considered "low mobility" with one or two moves; and 17% were found to be "highly mobile" with three or more moves between the first and fifth grade.

Descriptive data for the dependent variables show a mean standardized reading test score of 832.9 (SD = 240.8, range = 151-1500); and an average standardized math test score of 6.23 (SD = 2.1, range = 2.0-12.9). The mean attendance rate was 95.6 days (SD = 5.6, range = 6.8-100). Nearly one-fifth of the sample (19.4%) had received a disciplinary referral (SAFE), and 18.2% had been referred to Child Protective Services (CPS).

Table 1 displays additional descriptive characteristics for students in the sample according to their level of residential mobility. Chi-square tests indicate that students changing residences three or more times between 1st and 5th grades were more likely to be African American, (χ^2 = 46.0, df = 4, $\rho \leq .001$), and live in single parent families (χ^2 = 101.6, df = 6, $\rho \leq .001$).

Table 1: Descriptive Statistics for Students across Residential Mobility Groups (N = 495)

Variable	Stable (0 moves) n = 181	Low (1-2 moves) n = 228	High (3 > moves) n = 86
Gender[a], %			
Male	51.4	53.5	52.9
Female	48.6	46.5	47.1
Race/Ethnicity, %***			
African American	12.7	28.5	46.5
White (non-Hispanic)	85.1	63.6	48.8
Other[b]	2.2	7.9	4.7
Family composition, %***			
Single parent	16.0	35.1	55.8
Two parent	76.2	43.9	17.4
Step parent	6.1	14.9	10.5
Other[c]	1.7	6.1	16.3

Note. [a] N = 490.
[b] Other category for race includes Asian, Hispanic, and other race/ethnicity.
[c] Other category for family composition includes foster parent, grandparent, and other family composition.
$p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Multivariate Analysis

Educational outcomes. Residential mobility was entered into a linear regression model to predict three educational outcomes: achievement on standardized reading and math test scores, and daily school attendance. With regard to reading scores, after controlling for the sociodemographic factors (i.e. gender, race, and family composition), having a high level of residential mobility was significant in the regression equation (see Table 2). Thus, students who have moved 3 or more times between 1st and 5th grades scored on average 97 points lower on state-wide reading tests compared to their stable counterparts who had never encountered a residential move ($\beta = -.153$, $\rho \leq .01$). No statistically significant effect was found for students with low mobility (i.e. 1 or 2 moves). Other factors in the regression model that significantly predicted reading scores included race ("being African American", $\beta = -.266$, $\rho \leq .001$), and family composition ("residing with a step parent", $\beta = -.104$, $\rho \leq .05$). It should be noted that although

mobility was found to significantly affect reading scores, the added explanatory power of this predictor is small (.011). Residential mobility was not found to be significant in predicting achievement on standardized 5th grade math tests. Table 3, however, does show the variable school attendance to be statistically significant with highly mobile students (β = -.201, $\rho \leq .001$). Thus, students who relocate frequently have a greater number of recorded school absences compared to their residentially stable peers. Although the overall explained variance on attendance is rather low (R-square = .072), the predictor of residential mobility in this model adds greater explanatory power than found with standardized reading scores (see Table 2).

Table 2: Regression of 5th Grade Reading Scores[a] (N = 428)

	Step 1		Step 2	
Variable	**β**	**t**	**β**	**t**
Gender				
Male (coded = 1)	-.063	-1.384	-.067	-1.486
Race				
African American	-.281	-5.774***	-.266	-5.462***
Other[b]	-.034	- .738	-.024	- .523
Family composition				
Single parent	-.148	-2.906**	-.092	-1.684
Step parent	-.129	-2.726**	-.104	-2.148*
Other[c]	-.098	-2.071*	-.061	-1.250
Residential Mobility				
Low (1-2 moves)			-.069	-1.311
High (3 > moves)			-.153	-2.717**
R^2	.156		.167	

Note. [a] January 2001 standardized 5th grade reading scores.
[b] Other category for race includes Asian, Hispanic, and other race/ethnicity.
[c] Other category for family composition includes foster parent, grandparent, and other family composition.
* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Table 3: Regression of 5th Grade School Attendance[a] (N = 459)

	Step 1		Step 2	
Variable	**β**	**t**	**β**	**t**
Gender				
Male (coded = 1)	.050	1.066	.048	1.058
Race				
African American	.059	1.188	.074	-1.496
Other[b]	-.013	- .270	-.010	- .218
Family composition				
Single parent	-.168	-3.233**	-.110	-1.995*
Step parent	.002	.031	.018	.375
Other[c]	-.018	- .373	.031	.630
Residential Mobility				
Low (1-2 moves)			.044	.830
High (3 > moves)			-.201	-3.536***
R^2	.028		.072	

Note. [a] Reported for the 2000-2001 school year.
[b] Other category for race includes Asian, Hispanic, and other race/ethnicity.
[c] Other category for family composition includes foster parent, grandparent, and other family composition.
* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Social-behavioral outcomes. We used logistic regression analysis to determine whether residential mobility was a statistically significant predictor of three dichotomous dependent variables: student disciplinary referrals (SAFE), grade retention, and involvement with child protection services (CPS). Results from this type of analysis are most often reported in terms of the odds ratio for a unit change in a given independent variable. In other words, the odds to which an event will occur. When the variables for gender, race, and family composition were held constant in the model, being highly mobile increased the likelihood of receiving a teacher referral to the SAFE program for behavioral or disciplinary reasons by 2 times ($\beta = .725$, $\rho \leq .05$) compared to residentially stable households (see Table 4). In other words, children who experienced three or more residential moves through 5th grade increased the odds of receiving a disciplinary referral by a factor of two (*OR* = 2.064) when compared to classmates living in non-mobile households. Similarly, when we examined CPS involvement (see Table 5), highly mobile students were 5.5 times at greater risk for having an open case with child protective

services ($\beta = 1.709$, $\rho \leq .001$) compared to students experiencing no residential moves. Residential mobility was not found to be a significant predictor of grade retention.

Table 4: Logistic Regression of Referrals to SAFE Program[a] (N = 490)

Variable	β	SE	Odds Ratio
Gender			
Male (coded = 1)	.570	.254	1.767*
Race			
African American	.643	.271	1.903*
Other[b]	.726	.540	2.067
Family composition			
Single parent	1.127	.315	3.085***
Step parent	1.302	.390	3.675***
Other[c]	2.060	.467	7.844***
Residential Mobility			
Low (1-2 moves)	.299	.304	1.349
High (3 > moves)	.725	.368	2.064*
Constant	-3.082		
Model χ^2	65.7***		
df	8		

Note. [a] Suspension and failure eliminated program.
[b] Other category for race includes Asian, Hispanic, and other race/ethnicity.
[c] Other category for family composition includes foster parent, grandparent, and other family composition.
$p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Table 5: Logistic Regression of Involvement with Child Protective Services (CPS) (N = 490)

Variable	β	SE	Odds Ratio
Gender			
Male (coded = 1)	.340	.258	1.405
Race			
African American	.078	.284	1.081
Other[a]	-.463	.691	.630
Family composition			
Single parent	.910	.320	2.483**
Step parent	1.356	.386	3.881***
Other[b]	1.685	.481	5.394***
Residential Mobility			
Low (1-2 moves)	.619	.330	1.858
High (3 > moves)	1.709	.381	5.522***
Constant	-3.052		
Model χ^2	65.4***		
df	8		

Note. [a] Other category for race includes Asian, Hispanic, and other race/ethnicity.
[b] Other category for family composition includes foster parent, grandparent, and other family composition.
* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

DISCUSSION

The findings from this study suggest those elementary school students living in families that make frequent residential moves are an at-risk population who are likely to have academic and behavioral problems in school. These children are more likely to be African American, living in single parent impoverished families and to have involvement with child protective services.

More specifically, the findings indicate that high residential mobility is related to academic and behavioral problems in elementary school children. High mobility students had significantly lower reading scores (97 points) than stable students. They were also more likely to be referred for behavioral problems. The poorer school performance of mobile students may be related to a number of problems that emanate from both the

immediate adjustments that children have to make when changing residences and schools, and the disruptive impact that mobility has on instruction and learning. These findings are consistent with previous findings on child mobility (Hango, 2003; Schuler, 1990; Tucker et al., 1998; Warren-Sohlberg & Jason, 1992). Changing residences can be viewed as a major stressor for children that probably presents more challenges and needed adjustments for them than it does for adults, not only because children may have fewer coping abilities, but also because they must also adapt to a new school and neighborhood environments.

Most of the time school changes accompany residential moves. When children change schools, it requires an immediate adjustment to a new school setting, new teachers and students, possibly a different academic focus and curriculum, and perhaps a more accelerated pace of curriculum coverage. Additionally, student mobility occurring during the school year disrupts the continuity of instruction and can create many challenges for teachers and administrators related to enrollment and attrition (Schaff, 2005).

As we found in the study, low-income families headed by a single parent are likely to change residences more often than other types of family configurations and income levels. It is common for these residential changes to be short lateral moves from one low-income neighborhood to another (Schaff, 2005). There are many income-related reasons for frequent family moves. The lack of affordable housing is a major problem for most low-income families. The growth of single parent families over the past thirty years, many of whom are poor, have greatly increased the demand for more affordable housing. An increase in demand along with a lack of available affordable housing, especially inexpensive rental units, has disproportionately raised the cost of renting compared to the cost of owning. Most of the highly mobile families in this study were renters. They, like other low-income families, have taken the brunt of the "shelter-poverty" crisis in America that has been created by a serious decline in available low-income housing (Mulroy, 2002; Mulroy & Lane, 1992). Many of the families in our study lived in several predominately African American neighborhoods where it is difficult to find sufficient affordable housing. Perhaps many families are forced to accept housing that they cannot afford.

One of the strongest findings of the study indicated that CPS involvement was 5.5 times more likely to occur in families with high residential mobility. The referrals involved CPS investigations into allegations of abuse and neglect of children and for reported incidents of domestic violence and unfortunately did not reflect rates of substantiation. There is very little in the research literature on the rates of residential mobility for maltreating families. The work of Eckenrode and associates (1995) stands out as the first empirical verification of this relationship demonstrating that maltreating families had high rates of residential mobility. The study found that the relationship of child maltreatment to poor school performance was mediated by high rates of residential mobility. Maltreating families move for some of the same income-related reasons as other low-income families such as the problems associated with the lack of affordable housing. They also move for reasons connected to the unstable relationships and poor family functioning that characterize these families. Families may be constituted and

reconstituted as members come and go and as they move from one residence to another. Maltreatment incidents themselves create mobility when child victims are placed with foster care families. Maltreating families may move more often because they are more socially isolated with fewer ties to parents, extended family members, neighbors and teachers, greatly diminishing their connections to given residences and neighborhoods. They have few supports and low social capital.

The way in which maltreatment incidents are related to residential mobility is not entirely clear. In the study conducted by Eckenrode et al. (1995) based on a small sample, they reported that maltreatment incidents preceded mobility events. However, without time-sequenced data to match incidents to moves, they could only speculate that the stress from residential moves would be a likely contributor to the possibility of subsequent maltreatment. Astone and McLanahan (1994) suggest that an underlying factor of personal instability in these families contributes to both unstable family relationships and residential mobility. Research into the temporal sequencing of residential moves and school transfers with maltreatment incidents would help to clarify the nature of this relationship.

Among highly mobile children, school records were often incomplete or spotty. Thus, this study was limited by the data that was available. We frequently encountered missing or incomplete data and data entered over time by multiple people in multiple locations. Though not uncommon within social science research that relies on extant data, this did limit the depth of our analysis and bears mentioning within this discussion. As discussed above, the initial sample included 22% of fifth grade students from the school district. Students with very limited records (e.g. missing most data) were excluded from the sample. While we cannot be certain of the reason for their spotty records, we can likely infer that among those excluded may have been highly mobile students or students with very limited attachment to the school.

Implications for Social Work

Children from families with high residential mobility constitute an at-risk population who are likely to suffer from poor school performance. These children are embedded in family and neighborhood environments that present a broad array of risk factors including impoverished single parent families, changing family composition, frequent residential and school moves, and a substantial likelihood of maltreatment or domestic violence. Taken together these factors can place children at significant risk for many negative outcomes in addition to school failure. These risks could include delinquency, substance abuse, mental health problems, teen pregnancy and running away. This is an at-risk population with whom social workers have great familiarity, yet rarely is residential mobility alone viewed as a risk factor leading to negative outcomes. Although social workers are likely to encounter these children in school settings, workers must possess skills that go beyond school walls to be effective with these children. Social workers must engage with students, their families, and their communities to help create opportunities and to decrease negative outcomes.

Interventions targeted to address the problem of residential mobility among families with school-age children require a range of social work skills including those at the mezzo and macro levels of practice. We suggest that an important priority of this work focus on promoting family stability and the building of social capital. At the mezzo-level, school-based interventions such as orientation programs, tutoring, and counseling can be useful tools to help a family forge a stronger connection with the educational system. School social workers can be instrumental in strengthening ties between the home and the classroom through an open line of communication between parents and teachers. Direct school services should be augmented with school-based family and community services that provide economic, psychosocial, educational, and social networking assistance. Such resources offer support to those families who must cope with the stressors of a new environment.

An important priority at the macro level involves the need for social workers to advocate for policy change in an effort to support the provision of special services to mobile children and their families. Social workers should be willing to address client housing problems including intervening in disputes with landlords, advocating for rent supports, affecting government policies and practices concerning low income housing and mobilizing community support. Furthermore, child welfare advocates should urge child protection systems to consider residential mobility to be a significant risk factor negatively impacting the well-being of children in their care. They should be encouraged to develop policies that support the prevention of residential mobility with the goal of keeping families stable and children healthier and safer.

Future research on residential mobility and student outcomes should examine evidence-based strategies within school and community settings to promote more stable behavioral and academic outcomes for school-aged youth. An examination of the impact of state and federal legislation on the ability of school systems and community institutions to address student mobility is warranted.

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Child Welfare Workers' Connectivity to Resources and Youth's Receipt of Services

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Abstract: *Youth involved in the child welfare system are at high risk for mental illness, substance abuse, and other behavioral health issues, which child welfare workers are expected to address through referrals. Child welfare workers (N=27) who participated in Project IMPROVE (Intervention for Multisector Provider Enhancement) reported on services they provided to youth (N=307) in their caseloads. Using survey and administrative data, this paper examines workers' service actions on behalf of youth. Results were consistent with the Gateway Provider Model and showed that youth received help from a greater variety of service sectors when their workers were able to identify behavioral health problems, and were familiar with and connected to other providers in the community. Improving service delivery to youth in child welfare may be accomplished by training workers in the signs and symptoms of behavioral health problems and familiarizing them with providers in the community.*

Keywords*: Child welfare workers; behavioral health; connectivity*

INTRODUCTION

Child welfare workers are responsible for advancing the safety, permanency, and well-being of youth involved in the child welfare system. Consistent with federal child welfare goals, workers must also help youth obtain treatment and support services (U.S. Department of Health and Human Services, 2003) requiring them to reach across the traditional boundaries of the child welfare system to other human service systems. Because the estimated prevalence of behavioral health conditions is greater for youth in the child welfare system than in the general public assistance sector, workers' connections with behavioral health services are particularly important (Burns, et al., 2004; Harman, Childs, & Kelleher, 2000; Leslie, Hurlburt, Landsverk, Barth & Slymen, 2004).

Workers in public child welfare agencies are well-positioned to identify behavioral health service needs among youth and connect them to appropriate care in the community, thus serving as Gateway Providers to mental health, substance abuse, and other service sectors (Stiffman, Pescosolido & Cabassa, 2004). This paper examines the predictors of child welfare workers' service actions for youth with behavioral health

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problems from the context of the Gateway Provider Model (Stiffman, Pescosolido et al., 2004).

Behavioral Health Problems and Services Use

Youth who experience traumatic and adverse experiences like child abuse and neglect are at high risk for psychiatric disorders, social problems, and general functional impairment (Cerezo & Frias, 1994; Famularo, Kinscherff, & Fenton, 1992; Kaufman, 1991; Kazdin, Moser, Colbus, & Bell, 1985). Youth involved in the child welfare system have high rates of behavioral health problems with estimated prevalences ranging from 50-70% (Burns, et al. 2004; Garland,et al., 2001; Trupin, Tarico, Low, Jemelka, & McClellan, 1993) compared to 20% in the general youth population (Costello et al., 1996; Shaffer, et al., 1996). Behavior problems and conduct disorders are particularly prevalent but depression, anxiety, post-traumatic stress, and substance use disorders are also common (Garland et al., 2001; Halfon, Berkowitz & Klee, 1992; Stiffman, Chen, Elze, Doré & Cheng, 1997).

Youth in the child welfare system use behavioral health services at high rates. State Medicaid programs and child welfare agencies finance a range of behavioral health services that include inpatient, outpatient, and residential care. Studies of mental health service users show that youth in child welfare, particularly those in out-of-home placements, use these behavioral health services at a much higher rate than youth in the community (Farmer et al., 2001; Halfon et al., 1992; Harman et al., 2000).

Youth's need is a strong predictor of their use of behavioral health services. Although research supports the relationship between need and receipt of behavioral health services, evidence suggests that other factors such as abuse type, placement type, age, and race/ethnicity also influence youth's receipt of services (Garland, Landsverk, Hough & Ellis-MacLeod, 1996; Hurlburt et al., 2004; Leslie et al., 2000; Walrath, Ybarra, Sheehan, Holden & Burns, 2006). In addition, child welfare workers' daily decisions and actions on behalf of the youth they serve also have the potential to impact the services youth receive.

Role of Child Welfare Workers in Youth Access to Care

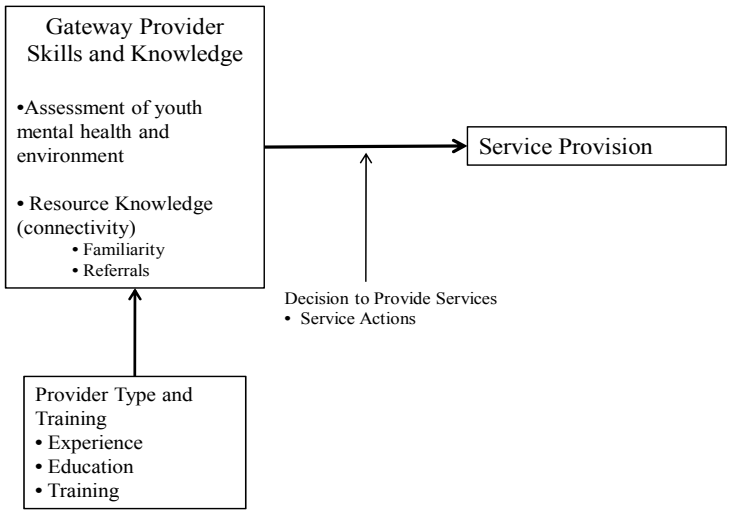
Child welfare workers impact the services, resources, and placements youth receive when involved with the system (Ryan, Garnier, Zyphur, & Zhai, 2005). Specifically, youth's entry into the behavioral health service sector has been linked to their contact with child welfare services (Leslie, Hurlburt et al., 2005; Stiffman, Chen, Elze, Doré & Cheng, 1997). However, poor assessment of treatment needs and limited access to behavioral health services are barriers in youth's pathways between the child welfare and behavioral health systems, leaving many with unmet service needs (Leslie, Gordon, et al., 2005; Stiffman, Pescosolido et al., 2004).

Research on systems of care suggests that provider-level actions are important determinants of care regardless of administrative reforms designed to bridge systems (Bickman, 1996; Bickman, Lambert, Andrade & Penaloza, 2000; Bickman, Noser & Summerfelt, 1999). The Gateway Provider Model posits that non-mental health providers play a key role in connecting youth to services (Stiffman, Pescosolido et al., 2004). To

ensure that youth receive treatment, gateway providers must be able to recognize behavioral health service needs and be familiar with and connected to the larger service network. Therefore, connectivity, or the degree to which a provider interacts with youth-serving agencies can influence services youth receive (Stiffman, Hadley-Ives et al., 2000; Stiffman et al., 2001).

This paper examines the relationship between worker knowledge and skills and behavioral health service provision to youth. We believe it is the first to explore the applicability of this framework for child welfare workers, while verifying it with state billing data. Based on evidence with providers from multiple disciplines (Stiffman, Hadley-Ives et al., 2000; Stiffman, Pescosolido et al., 2004), we posited that child welfare workers' connectivity and recognition of behavioral health service needs would be positively associated with service provision (Figure 1).

Figure 1. Selected Elements of the Gateway Provider Model of Service Provision



METHOD

Design

Project IMPROVE (Intervention for Multisector Provider Enhancement) was an intervention study funded through the National Institute of Mental Health (NIMH). Through the intervention, the study examined child welfare worker knowledge of their clients' needs, their referral and treatment actions on behalf of those clients, and also obtained billing records concerning diagnoses and services provided to these youth (Stiffman, Foster, Hamburg, & Doré, 2003). The analyses for this paper utilized state billing records and baseline quantitative survey data from the larger IMPROVE intervention study.

Sample

Child welfare workers (N=27) in the St. Louis City and County Children's Division, Missouri Department of Social Services self-selected into the study, providing they had an active case load of at least 15 youth between five and 17 years of age and a job description that included mental health and substance abuse assessment and referral as regular job duties. As part of the intervention, workers were invited to the university for training and data collection. While onsite, workers completed self-administered surveys where they provided data on 307 youth whom they identified only though their public record locator code (the Departmental Client Number or DCN). Both the university's Institutional Review Board and the Missouri Department of Social Services Privacy Review Board approved the protocol and each worker provided written consent. The review boards waived third party consent for workers' reports on the youth because youth names were never available to the study, and all other youth data were de-identified prior to the study's access.

Workers in the sample were predominantly female (85%) and white (66%). All workers possessed a bachelors-level degree with 15% having a masters-level degree. The average worker was employed by the Children's Division for three years (SD=2.14), with a range from less than one year to seven years.

Measures

Measures consisted of worker reports and state administrative data.

Worker Reports

Workers reported on (1) their background and knowledge of community referral resources (connectivity); (2) youth's mental health and environmental problems; and (3) services obtained for youth, via self-administered surveys comprised of measures used successfully in several prior studies (Horwitz et al., 2001; Stiffman et al., 2006; Stiffman, Hadley-Ives et al., 2000; Stiffman, Horwitz et al., 2000; Stiffman et al., 2001),

Worker Background

Education and Training. Workers reported the highest level of education they obtained, the total hours of in-service training or continuing education in the past year, and the types of topics covered in the training (e.g. illicit drug use, assessment, neglect).

Connectivity. Provider connectivity is the degree to which an individual worker is connected to other youth-serving agencies (Stiffman et al., 2006; Stiffman, Hadley-Ives et al., 2000; Stiffman et al., 2001). Workers reported their relationships with twenty-eight service categories grouped into four major service domains (Appendix A): six for the health and education domain (e.g., job training, tutoring, public health centers); seven for the inpatient behavioral health care domain (e.g., psychiatric or substance abuse treatment facilities); eight for the outpatient treatment domain (e.g., community-based mental health or substance abuse services); and seven for the 'Other' service domain (e.g., religious providers, basic needs).

Workers reported on two types of relationships: familiarity and referrals (for any youth in their caseload, not just those reported on in this study) in the past six months. The data provided three measures: 1) the number of service categories with which workers were familiar (familiarity); 2) the sum of referrals made to service categories (referrals); and 3) an aggregate score of the sum total of both familiarity and referrals (total connectivity).

Worker Reports on Youth

Workers reported on their perceptions of youth's behavioral health and environmental problems.

Behavioral Health Problems. We measured workers' perceptions of behavioral health problems using eight questions concerning depression, post traumatic stress, anxiety, alcohol misuse, illicit drug use, behavior problems/conduct disorder, and other (Stiffman et al., 2006; Stiffman, Hadley-Ives et al., 2000; Stiffman et al., 2001). Youth could have between zero and eight behavioral health problems. Behavioral health problems were assigned if the worker perceived the problem to be moderate, serious, or critical.

Environmental Problems. Workers reported on the presence or absence of 14 types of environmental or social problems including school and learning problems, physical health problems, basic need issues, problem peers, violence in the family, family problems, living in a violent neighborhood, exposure to violence in school, gangs, family instability, not living at home, lack of family support, legal problems, and family financial problems (Stiffman et al., 2006; Stiffman, Hadley-Ives et al., 2000; Stiffman et al., 2001).

Service Provision

We collected information about workers' service actions on behalf of youth, and the services youth obtained.

Service Actions. The number of services that workers provided directly to youth, and the number of services referred were measured (Stiffman, Hadley-Ives et al., 2000, Stiffman et al., 2001). Workers reported whether they acted in any of four ways (took no action; recommended or referred youth to service; personally provided but did not refer; or personally provided and referred) for 11 types of services: parenting/caregiving, counseling/therapy, teaching/alternative/education-related services, substance abuse treatment, self-help group or peer counseling, crisis intervention, inpatient/residential mental health care, medication to control symptoms, psychiatric evaluation, family counseling, and service coordination and referral.

Services Obtained. Workers completed the brief module of the Services Assessment for Children and Adolescents (SACA) which collects information about inpatient, outpatient, school and other services used in the last six months, whether or not they were provided by the child welfare workers (Horwitz et al., 2001; Stiffman, Horwitz et al., 2000).

Administrative Data

Billing records from the Missouri Division of Mental Health and Medicaid were extracted for each youth reported on by the workers. These records were included because they reflect outcomes of child welfare service actions - child welfare workers refer youth to outside service providers who, in turn, bill the Division of Mental Health or Medicaid for services rendered.

We used DCN numbers to merge the records from both sources. The data included information about services billed for the youth between July 1, 2005 and March 8, 2008. Each billing record contained a diagnostic code indicating the type of problem the youth was treated for, and a procedure code indicating the type of service provided.

Diagnostic Codes

The data contained ICD-9 behavioral health diagnostic codes and their descriptions. We grouped the diagnostic codes into the same eight types of problems that workers reported in the survey (depression, post traumatic stress, anxiety, alcohol misuse, illicit drug use, behavior problems/conduct disorder, and other).

Procedure Codes

Procedure codes followed the Common Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) conventions. We obtained descriptions of the CPT and HCPCS codes and grouped them into four main types of services: overnight, outpatient, school-based, and other. Procedure categories (like the diagnostic categories) were grouped to parallel the types of services reported through the SACA.

Analyses

Two forms of analysis were performed: 1) accuracy calculations (the percentage of all cases in which both data sources agreed that the youth had a problem or service or did not have a problem or service) to examine the relationship between provider reports on youth and the billing data; and 2) generalized estimating equations (GEE) with a negative binomial distribution to examine multivariate predictors of service provision. Our data did not satisfy the independence and normality assumptions of general linear regression. First, our data was nested (307 youth clustered by 27 workers) and the reports about youth with the same worker were related observations, and not independent. Second, the dependent variable (services obtained as reported on the SACA) was not normally distributed. As is common when studying services or other counts of rare events, the data took the shape of a negative binomial distribution (Gardner, Mulvey, & Shaw, 1995), where the majority of observations were concentrated at the low end (none or only a few types of services), and only a few observations fell along the upper range (six or more types of services). Therefore, GEE is an appropriate method to analyze the non-normal (negative binomial) distribution of the dependent variable and to account for correlations within worker subgroups (Ballinger, 2004). The model fit was determined by a Pearson chi square test where a lack of significant difference between the observed and expected values indicated a good fit. Analyses were run using SAS 9.1 and Stata SE 9.

RESULTS

We examined information about youth's demographic characteristics, the relationships between worker reports and administrative data on youth's behavioral health problems, environmental problems, and services received, and workers' connectivity to community resources. Then we explored the Gateway Provider Model's assumptions about predictors of service provision.

Youth Demographic Characteristics (based on worker reports)

The youth were nearly evenly split between males (49%) and females (51%). The age of the youth ranged from five to 20 (median of 13 years). Over two-thirds of youth in the sample were African-American (70.9%), about one-quarter were Caucasian (28.8%), 1.5% Hispanic, and 1.2% were "other."

Relationship between Worker Reports and Administrative Data

Youth's behavioral health and environmental problems, and service provision reported by workers and documented in the administrative data were examined separately. Then the two data sources were compared to determine the correspondence between both types of reports.

Behavioral Health Problems

We examined youth's behavioral health problems by analyzing worker reports and the diagnostic codes that accompanied the billing records in the administrative data. Findings from each data source were then compared (Table 1).

Worker Reports of Behavioral Health Problems. Workers reported that nearly two-thirds (64%) of youth in each of their caseloads had a moderate to severe behavioral health problem. The two most commonly reported were depression (44%) and behavior problems/conduct disorder (43%), followed by anxiety (33%), post traumatic stress (29%), illicit drug use (5%), suicidality (4%), and alcohol misuse (2%). About 10% of youth had "other" types of behavioral health problems such as developmental delays and personality disorders.

Billing Records on Behavioral Health Problems. Like the worker reports, billing records showed that nearly three quarters (73%) of youth were diagnosed with some type of behavioral health problem. Similarly, the most common diagnoses were behavior problems/conduct disorder (57%) and depression (41%), followed by anxiety (18%), post-traumatic stress (11%), illicit drug use (10%), suicidality (1%), and alcohol misuse (1%). Unlike the worker reports, a much higher percentage of youth had "other" types of behavioral health problems. Approximately 50% of youth were diagnosed with psychotic and personality disorders, developmental delays, or other disorders not otherwise specified.

Relationship between Worker Reports and Billing Records for Behavioral Health Problems. Behavioral health diagnoses in the billing records and worker reports on whether or not youth had a behavioral health problem matched 69% of the time. The highest concordance between worker reports and billing records were for alcohol misuse

(97%), suicidality (96%), and illicit drug use (89%), followed by post traumatic stress (72%), behavior problems/conduct disorder (65%), anxiety (63%), depression (62%) and other (52%).

Table 1. Youth Behavioral Health Problems Reported by Workers and Billing Data (N=307)

Behavioral Health Problem	Worker Report %	Billing Data %	Concordance %
Depression	44	41	62
Behavior Problems/Conduct Disorder	43	57	65
Anxiety	33	18	63
Post-traumatic Stress	29	11	72
Illicit Drug Use	5	10	89
Suicidality	4	1	96
Alcohol Misuse	2	1	97
Other	10	50	52
Total	64	73	69

It is unlikely that two data sources will ever be in total concordance, therefore some discordance between worker reports and billing data is to be expected. These data may not agree because of differences in perception of the problem between workers and providers, as well as differing reporting, and billing policies.

Environmental Problems

First we explored worker reports of environmental problems and second we examined the diagnostic codes that accompanied the billing records in the administrative data. Findings from each data source were then compared (Table 2).

Worker Reports of Environmental Problems. Almost all (98%) of the youth had environmental problems, which is not surprising for public child welfare clients (for example, see Berger, 2004 or Hardin & Koblinski, 1999). Workers most frequently noted the following environmental problems among youth in their caseload: family instability (78%), family problems (78%), not living at home (67%), and school and learning (66%). These were followed by lack of family support (53%), basic need issues (52%), family financial problems (41%), problem peers (38%), violence in the family (30%), physical health problems (14%), violent neighborhoods (13%), violent schools (12%), legal problems (9%), and gangs (7%).

Billing Records for Environmental Problems. Billing records showed much lower rates of environmental problems than worker reports. These results are to be expected since billing records reflect service needs reimbursed by the state which are typically psychiatric or health-related rather than environmental. Almost 21% of youth were diagnosed with some type of environmental problem. About 10% received a diagnostic

code for violence in the family, 7% with family problems, 4% with basic needs, 2% with school and learning problems and 1% with exposure to violence in school.

Relationship between Worker Reports and Billing Records on Environmental Problems. The diagnostic codes in the billing records matched worker reports of environmental problems (those that are billable) 65% of the time. Exposure to violence in schools had the highest match rate (83%) followed by violence in the family (65%), basic needs (49%), school and learning problems (35%), and family problems (27%).

Table 2. Youth Environmental Problems Reported by Workers and Billing Data (N=307)

Environmental Problems with billing codes	Worker Report %	Billing Data %	Concordance %
Family Problems	78	7	27
School and Learning	66	2	35
Basic Needs	52	4	49
Violence in the Family	30	10	65
Violent Schools	12	1	83
Total (for problems with billing codes)	94	21	65
Environmental Problems without billing codes			
Family Instability	78	--	--
Not Living at Home	67	--	--
Lack of Family Support	53	--	--
Family Financial Problems	41	--	--
Problem Peers	38	--	--
Physical Health Problems	14	--	--
Violent Neighborhoods	13	--	--
Legal Problems	9	--	--
Gangs	7	--	--
Total	98	--	--

Service Provision

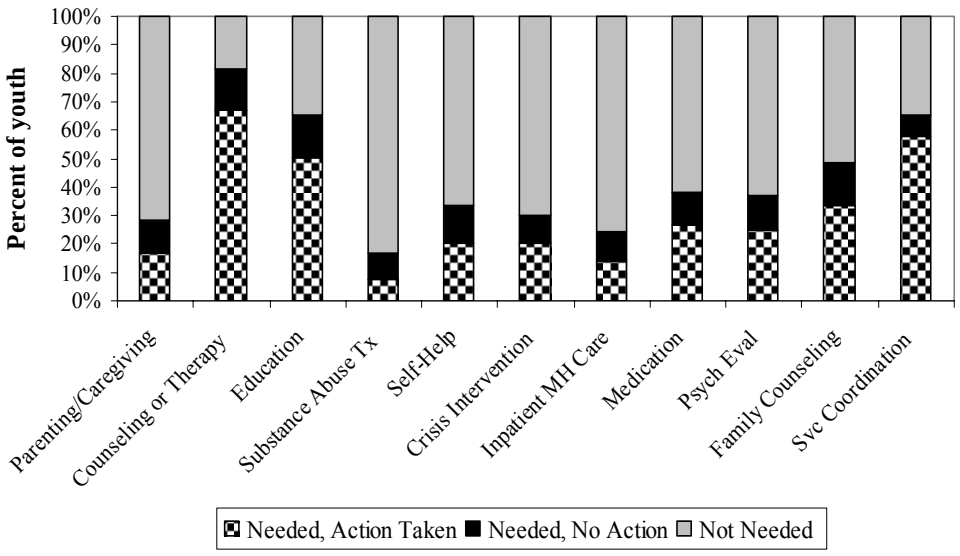
We explored three types of service reports: (1) worker reports of personal service actions on behalf of youth, (2) worker reports of any youth services according to the SACA, and (3) procedure codes for services in the billing records. The agreement between the SACA service data and billing records was also calculated (Table 3).

Worker Reports – Service Actions. Workers reported their personal service actions on behalf of the youth. Workers provided and/or referred 84% of youth to services. For the most part, when workers identified youth's need for service, they responded by either

providing the service or through referral. On average, workers did not take action for 12% of youth's identified service needs.

Most commonly, workers provided or referred youth for counseling/therapy services (67%) followed by service coordination and referral (57%), and education-related services (50%). Other services included family counseling (33%), medications for symptom management (26%), psychiatric evaluation (25%), crisis intervention (21%), self help or peer groups (20%), parenting/care-giving (17%), inpatient mental health care (14%), and substance abuse treatment (7%) (Figure 2).

Figure 2. Service Actions on Behalf of Youth



Worker Reports – SACA. Workers reported that youth and their families received services from an average of four different service sectors within the previous six months. The most commonly received services by youth include incidentals/clothing/transportation (68%), school-based help for problems with behavioral health issues (47%) and recreational/community activities (46%). According to workers, about 38% of youth received help from outpatient facilities such as a mental health clinic, and 23% received overnight help from a facility such as a hospital, group home, or foster home for problems with drugs, alcohol, or emotional problems.

Billing Records of Services. Similar to worker reports, administrative data showed that 88% of youth had a procedure code in the billing records for services. Unlike the SACA data, only 12% had records for incidentals/clothing/transportation. But once again, as with environmental issues, these types of services are seldom billed to Medicaid or the Division of Mental Health. Most youth (88%) had records for outpatient services, 15% had charges for overnight services.

Relationship between Worker Reports and Billing Records of Services. The presence of worker reports and procedure codes in the billing records matched 80% overall. The highest match rate was for overnight care (76%), followed by outpatient services (45%), and incidentals/clothing/transportation (38%).

Table 3. Services Provided Reported by Workers and Billing Data

Service Sector	Worker Report %	Billing Data %	Concordance %
Incidentals/Clothing Transportation	68	12	38
School-based Help	47	--	--
Recreational/Community Activities	46	--	--
Outpatient	38	88	45
Inpatient/Overnight	23	15	76
Overall Match (services v. no services)	86	88	80

Connectivity Scores

Workers' connectivity to referral resources in the community is a key construct examined in this study. Total connectivity scores (familiarity and number of referrals) ranged from 37 to 272. The average was 83 with a median of 64, indicating that the distribution was positively skewed by several extreme outliers. There was no statistically significant relationship between worker education, number of training hours, or type of training and connectivity. Each component of the score is described below and summarized in Table 4.

Familiarity

Workers are familiar with at least some organizations in most service domains. All of the workers were familiar with at least one resource in each of the four domains and almost half (47%) were familiar with all 28 service categories. On average, workers were familiar with 26 of the 28, or about 93% of the service categories.

Referrals

Workers made referrals across all four major domains of services in the six months prior to the intervention. The number of total referrals ranged from 15 to 245. The average number of referrals was 57 and the median was 37, indicating large variations in referral patterns. Twenty six percent of referrals were made to outpatient services, 25% to inpatient services, and 19% to health and education services, with the greatest (29%) to "Other" service domains.

Table 4. Familiarity, Referrals and Connectivity by Domain

Domain	Baseline		
	Familiar %	Referrals $\bar{X}$/(Median)	Connectivity $\bar{X}$/(Median)
Health & Education	92	10.7/(8.0)	--
Inpatient	93	14.4/(8.0)	--
Outpatient	93	14.9/(11.0)	--
Other	94	16.6/(14.0)	--
Total	93.2	56.7/(37.0)	82.7/(64.0)

Model Exploration

Above, we examined the separate constructs of the Gateway Provider Model which posits that providers' connectivity to the larger service network and ability to identify behavioral health service needs influences youth's receipt of behavioral health services. Here we examine the multivariate relationships between those variables and service provision.

Multivariate Predictors of Service Provision.

The Gateway Provider Model predicts that provider assessment of behavioral health problems and connectivity determines provision of care. The multivariate model is based only on worker reports of behavioral health problems, connectivity and services; billing records are not included in this analysis because they reflect the billable actions of multiple service providers, not the individual child welfare actions that are the focus of this study. As hypothesized, when all key variables were entered into the equation, workers' assessment of mental health and workers' connectivity together contributed to the prediction of SACA reports of the number of sectors of care that served youth. However, assessment of environmental problems was not significantly related to service receipt.

In our final model, where we retained only the significant predictors, workers' assessment of mental health problems (b=.2923, SE=.0664, p<.0001) and workers' connectivity (b=.0026, SE=.0009, p=.0048) predicted 37% of the variance (marginal R^2) in service receipt. A goodness of fit test demonstrated an adequate model fit, $\chi^2(253)=260.12$, p=.37.

We ran a similar analysis to examine whether workers' assessment of behavioral problems and connectivity predict the number of sectors of care that served youth in the billing records. None of the independent variables significantly predicted the number of sectors of care reported in the billing records.

DISCUSSION

This paper addressed the influence of child welfare workers' ability to recognize mental health problems and the effect their knowledge of community referral resources had on behavioral health service provision to youth. Youth involved in the Missouri Children's Division received services from multiple sectors of care, reinforcing the importance of child welfare workers' role as gateways to care for youth. As expected, child welfare workers' connectivity and their identification of mental health problems were associated with youth's receipt of services and explained 37% of the variance in youth's service receipt. These two worker-level characteristics had more explanatory power than Andersen's model which is usually found to explain about 20% of the variance in service use (Mechanic, 1979; Phillips, Morrison, Andersen & Aday, 1998).

Youth receive help from a greater variety of service sectors when their gateway providers are able to identify mental health problems and are familiar with and connected to community resources. For example, one way of thinking about these relationships is that if a youth with two types of mental health problems is working with a child welfare worker with a connectivity score of 131, she or he will likely receive care from an average of six different service sectors. However, if the same youth is working with a child welfare worker with a connectivity score of 74, she or he will likely receive care from about five different service sectors (assuming that both child welfare workers similarly identify youth's mental health problems).

These are important findings because youth in the child welfare system have multiple behavioral health and environmental problems requiring services from multiple service sectors. While more service referrals may not benefit an individual client, the more service sectors involved in their care increases the likelihood that a greater number of service needs are addressed, which is the ultimate goal of the call for inter-agency coordination and reduced fragmentation (Stroul & Friedman, 1986).

Identification of Youth's Problems

Our data show that workers' ability to identify mental health problems among youth in their caseload is critical for service delivery. Workers reported that most of the youth had moderate to severe mental health problems. Behavior problems and mood disorders were most common among youth while substance misuse and suicidality were less frequent. Workers identified environmental problems for nearly all of the youth. The majority of these problems were related to families and school. Although workers' identification of environmental problems was not significantly related to service provision in multivariate analyses, the descriptive information about the types of mental health and environmental problems illustrates the multitude of complex problems that child welfare workers address on behalf of youth.

Worker Response to Youth's Problems

Workers responded to mental health problems with a variety of services. The service action data suggests that workers address youth's mental health problems by recommending counseling and therapy, service coordination, and education-related

services. Their connections with community agencies that provide these services reveal additional insight about referral practices that guide youth in the child welfare system to the behavioral health service system.

Connectivity

Data show that workers are familiar with nearly all of the service domains and make frequent linkages with other organizations. Workers often connected with general social service agencies in the community to meet youth's basic needs. However, workers also refer frequently to outpatient and inpatient services specifically designed to address behavioral health needs.

The wide range of reported referrals to and familiarity with youth-serving agencies suggest that workers vary in the way they are connected with the full inter-organizational network of agencies in the region. Neither education, experience, nor training accounted for the variations in connectivity, suggesting that other factors determine workers' knowledge and connections to referral resources. Understanding these variations in connectivity is important because workers' connections to resources facilitated youth's receipt of services. Our results provide an opportunity to advance a practice-oriented research agenda focusing on individual worker characteristics, practices, and skills that help bridge multiple service delivery systems.

Limitations

The primary findings of this study were based on workers' reports on youth so we were concerned that recall biases may influence the data. To evaluate the potential impact of such a bias, we compared worker reports with state billing records. If there was little concordance between billing records and worker reports, our findings in support of the model might have been spurious. However, the billing records support the general reliability of worker assessments and reports of service provision. Both worker reports and billing data were consistent in reports of mental health problems, particularly conduct disorder/behavior problems and depression. The high correspondence between worker reports of service receipt and billing records bolstered our confidence in the reliability of the SACA data.

The discrepancy between worker reports and the billing records on youth's environmental problems may be attributed to an underestimation of environmental problems in the billing records in our study because CPT or HCPCS codes do not exist for all of the types of environmental problems measured in the workers' survey instrument, and the state may not reimburse providers for services related to all of types of environmental problems. The discrepancy does raise questions regarding youth's access to social services, and how organizations finance the provision of services that address environmental problems among youth in the child welfare system. Our worker reported data indicate that youth obtained services (e.g. transportation and incidentals) that could address some environmental problems (e.g. basic needs and family financial problems). However, we cannot draw any conclusions about whether and how youth-serving agencies in the community address other environmental problems like family violence or instability. This gap suggests that child welfare workers need to be familiar

with youth-serving agencies that are able to provide non-billable services in addition to those with formal contracts or the ability to bill public systems for services.

Neither worker self-reports nor billing records are gold standard measures for behavioral health or environmental problem diagnoses and there is no perfect measure for capturing service receipt. However, we can present our data and results here with greater confidence because the billing data and worker reports of youth's problems and services are fairly consistent.

The study focused on practices within public child welfare offices in St Louis, MO and findings may not be generalizable across other locales. Other factors not included in this study may influence assessment, referral practices and service provision for youth. Studies conducted with the St. Louis Children's Division (Fedoravicius, McMillen, Rowe, Kagotho & Ware, 2008; Foster & Stiffman, 2009; McMillen, Fedoravicius, Rowe, Zima & Ware, 2007) show that mental health services for youth in the child welfare system are frequently court ordered. The pressure to comply with court demands for documentation and time constraints influence workers' assessment and referral practices (Fedoravicius et al., 2008; Foster & Stiffman, 2009; Smith & Donovan, 2003).

The small sample size did not allow us to run a structural equation model to test the Gateway Provider Model, the preferred method to examine such relationships. Social desirability and recall biases may have influenced the accuracy of the connectivity data reported. Workers may have felt pressure to appear well-connected or may have had difficulty remembering the number of referrals they made. Finally, the continuity of services was not addressed in the data. We cannot determine whether youth received continuous services from a single provider, or sporadically by many providers. Despite these limitations, the study findings provide support and direction for the growing body of literature on the role of child welfare workers' knowledge and practices on youth entry into the behavioral health service system.

Future Studies

Given the variation in workers' connectivity, the next step in this line of research is to examine how workers develop their knowledge of referral resources. If training, experience and education were not associated with connectivity, other factors that were not included in these analyses must be important. Focus groups revealed that interactions at the office shaped workers' familiarity with other providers and their referral patterns (Foster & Stiffman, 2009). Constructive organizational culture and positive perceptions of organizational climate influence work-place interactions and may have a role in the transfer of practice knowledge (Glisson & Green, 2006; Uzzi & Lancaster, 2003). The Gateway Provider Model also posits that organizational culture and climate are related to connectivity. Exploring and testing these relationships could inform training in child welfare agencies and have implications for cross-sector service delivery to youth served by the system.

CONCLUSION

This study highlights how child welfare workers act as gateway providers and influence youth's receipt of behavioral health services. The identification of behavioral health problems and connections to service providers who can meet youth's needs are critical skills and knowledge for child welfare workers. These skills might also be important for social workers and other human service professionals who are responsible for working across system boundaries.

Child welfare workers' ability to identify behavioral health problems and their knowledge of service providers in the community make a difference. Given the high prevalence of behavioral health problems among youth involved in the child welfare system, it is important to identify and provide clear pathways to needed treatment for youth. By improving providers' connections with agencies in their community and their ability to identify behavioral health problems, child welfare systems may enhance youth's service access and receipt and reduce unmet needs for behavioral health services.

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APPENDIX A: ***Service Domains and Categories***

Domain	Service Category
Health and Education	Any Public Health Clinic with Mental Health Services Pregnancy related services or similar resources A school social worker, guidance counselor or school psychologist Special schools Job training resource Educational resources (e.g., tutoring)
Inpatient Resources	Psychiatric hospital or psychiatric or medical units in a general hospital for emotional or behavioral problems Drug or Alcohol treatment units Residential treatment centers Group or foster homes Detention center/prison or jails Emergency shelters for emotional or behavioral problems Other places like summer treatment programs or boarding schools
Outpatient Resources	Community mental health center or outpatient mental health clinics Professionals (e.g., psychologist, psychiatrist, social worker or marriage or family counselor) not mentioned Day treatment programs Intensive in-home services Emergency room that treats emotional/behavioral problems Pediatrician/family doctors for emotional or behavioral problems Probation or juvenile corrections services Self-help groups (e.g., AA, 12-step programs, or peer youth counseling program)
Other	Crisis intervention services (e.g., suicide hotlines) Social services (basic needs) Religious providers of services (e.g., churches, ministers) Life skills programs for children/youth Family or parenting programs Victim's programs (domestic violence programs; crime victims' assistance) Any other resources which service the drug/alcohol/mental health needs of children/youth

Intergenerational Groups: Rediscovering our Legacy

Scott P. Anstadt
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Abstract: *Intergenerational groups are a community-based group concept designed to engage and mobilize often untapped resources of older adults in effective interaction with younger populations. These groups support an atmosphere of synergistic interaction. Members of each generation share reflections on interpersonal strengths and capacities and rediscover emotional and spiritual anchors and bonding. Illustrated here is Community Connections (CC), developed using the phase driven participatory culture-specific intervention model (PCSIM; Nastasi, Moore & Varjas, 2004) that included self selected local older adults, caregivers, and multicultural exchange students. The program was structured to offer mutual opportunities for activities built around exchanging cultural and life experiences. The goals were: 1) to reduce social isolation due to age, culture, or disability 2) for international students to practice English and learn about local cultural traditions, and 3) to build intergenerational 'extended family' relationships.*

Keywords: *Intergenerational; community outreach; group; older adult; international students; multicultural*

INTRODUCTION

Intergenerational groups connote the process of bridging beyond and moving across what is often perceived as barriers in relationships between generations. Several studies support the benefits of systematically reducing self isolation for both older adults and other vulnerable populations and a strong and consistent social support system which is offered to the consumer (outreach) reduces the risk of inpatient medical and mental health hospital utilizations, chronic physical illnesses such as cardiovascular diseases, and the need for long term out of home placements (Caplan, 2004; Chan, Kasper, Black & Rabins, 2003; Ghose, Williams & Swindle, 2005; Keyes, 2004; 2005; Reynolds et al., 1997). The benefits of psychosocial contact in helping to prevent depression (e.g. Kasen, Cohen, Chen & Castille, 2003; Russell & Cutrona, 1991) and anxiety (e.g. Fry, 2003) as well as improving overall quality of life (e.g., Cohen & Wills, 1985; House, Landis & Umberson, 1988; Stanley, Beck & Zebb, 1998) have been well researched and documented.

Programs supplying these intergenerational social support services serve as 'ice breakers' which encourage the participants to venture out of their home more often to seek additional services such as pharmacological and/or psychosocial interventions, or to enjoy the companionship of others (Health Resources and Services Administration, 1993; Korte & Gupta, 1988; Mistry, Rosansky, McGuire, McDermott & Jarvik, 2001). Common

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Common to all of these studies is that positive informal interactions and trustworthy companionship result in higher self-efficacy, feelings of well being, and self-esteem (Bartels et al., 2002; Bruce, Van Citters & Bartels, 2005; Cole & Dendukuri, 2003; Cuijpers, 1998).

More specifically, this community-based group concept is designed to engage and mobilize the considerable and often untapped resources of the older adult population in effective and sharing interaction with targeted younger populations. The younger populations may consist of cohorts of various age ranges, i.e. toddlers, children, adolescents, or younger adults. The focus of activities and interactions is strength-based, leading to both recognition of what each generation can offer to a group activity and what each may learn in the process (University of Pittsburgh, n.d.). Transformation away from a negative thought framework is commandeered through the development of mutual appreciation of commonality and generativity at all ages. Members become both mentors and learners alike in a holographic context whereby members solidify self concept through reciprocal positive regard. (Mistry et al., 2001).

The literature shows these groups to be primarily open-ended and based in a community setting such as daycare settings, schools, senior centers, houses of worship, and recreational centers. The structure and theoretical orientation of the group sets the stage for an atmosphere of synergistic interaction (Yang & Jackson, 1998); thus microcosmic development of a sense of community can be generalized to applications in everyday life. Each generation looks at interpersonal strengths and capacities in a contrapuntal and harmonious discovery of ways to relate across a generation gap from which they may have previously felt cast adrift and segregated (Ghose et al., 2005; Keyes, 2004; 2005; Reynolds et al., 1997). Self-efficacy around having purpose and a place in humanity expands member perceptual, cognitive, spiritual, and social boundaries and offsets perceptions of aloneness, obsolescence, and self isolation. Examples of activities include: a wellness education focus, caregiver supports, sharing vocational expertise and skills, life story reminiscence, parenting skill building (such as foster grandparents), tutoring school work, crafts, and volunteerism (Seidel, Smith, Hafner & Holme, 1992; Vitaliano, 1995).

Using the medium of narrative self expression or ‘storytelling’ in its many natural forms, members come to appreciate and understand generational idiosyncrasies of expression around group tasks and reminiscent sharing, thus encouraging members to stretch themselves into a deeper appreciation of generational cultural diversity. Mutual benefits are found in reducing age and culturally based stereotypes, building mutual respect, and increasing understanding of each other’s generations through ‘life story’ reminiscence and mentoring (Kwan, Love, Ryff & Essex 2003; LaPorte, 1999).

A spiritual appreciation for all persons and accompanying lightness of mood in the group is often the product of this process (Aranda, 1990). Mutual assistance in both expressive and task oriented skill building can kindle faith, appreciation, and conviction in a common foundation for all humanity. Cultural traditions and legacy can be passed on through positive reflective interaction and trustworthy companionship. Such a cyclical mirror effect has lead to self evaluative ratings showing increased self-efficacy, sense of

well being, and self-esteem (Kwan et al., 2003; McGowan, 1994; Morris, 1984; Raynes, 2003). In this regard, these community-based groups have primary and secondary prevention potential (Health Resources and Services Administration, 1993; Korte & Gupta, 1988).

ILLUSTRATIVE PROGRAM – COMMUNITY CONNECTIONS

Community Connections (CC) was launched in spring 2007 as a pilot program that included self-selected international exchange and multicultural students, self-selected older adults and caretakers, Center for Life Experiences (a faith based community outreach program) staff, and community volunteers. CC was held every other Friday beginning in the later afternoon and extending into the early evening. The program was structured to offer mutual opportunities for activities built around exchanging cultural and life experiences through the fine arts and small narrative story telling groups. It provided a "community" family style meal that included nutritionally healthy foods of both local and international cuisines. The goals of this community-based, intergenerational group program were : 1) to reduce the social isolation of older adults, caregivers, and international and multicultural students and offer them the opportunity to get out of a limited social environment due to age, culture, or confinement, caring for a family member or declining health, 2) to expand the opportunities for international and multicultural students to practice their English and learn more about local cultural and American traditions through interaction with community members in a social non-academic setting, and 3) to build relationships between older adults needing to feel valued through sharing their life experiences and international students who are seeking the security of "extended family" relationships found in many of their cultures.

Background, Rationale and Significance of Program Framework

CC was a community-based program, providing a gathering place for individuals to convene every other week. The First Presbyterian Church provided the space at no charge and placed no requirements on the CC groups. A room large enough to hold up to 100 participants had a kitchen for meal sharing. Transportation through the generous support of the university was provided to the site for those unable to provide their own. The theme, structure of presentations and activities as well as the meal presentations were developed in monthly CC Task Force meetings. These were attended by representatives from a variety of community and university-based groups facilitated by a part time Director of CC.

The meeting lasted approximately three hours and included a culturally-based presentation and activity with participant involvement. This activity, as with so many culturally-based traditions, was an example of a universal theme with many counterparts throughout the world. Dance and music was one such example. At various meetings, ethnic student and local resident groups would share their music and teach participants how to enjoy simple dance moves. CC participants may experience polka in one meeting, tai chi in another, and rap in yet a third. These presentations of universal themes

illustrated through culturally-based activities provided a focus for conversation during a buffet style dinner enjoyed at small tables. Here, for example, favorite music and dances participants do could be shared in dialogue. Staff facilitators at these tables encouraged a narrative exchange of ideas. Folks were encouraged to 'tell their story' about the universal theme. This rich sharing of past and present experiences encouraged deeper interaction where folks could relate to common themes, and emotions. This, according to many of the participants, seemed to help build continuing relationships. For example, many of the international students and older adults 'adopted' each other by keeping in touch by phone and regular visits.

Population Groups Served

Older adults 65 years of age and older represent the fastest growing segment of our population, about one half of which live below the Federal poverty line, one out of three lives alone, and close to one half are disabled (National Family Caregivers Association (2006). Most older adults have traditionally relied upon informal support networks such as families which in recent years have been dwindling due to out-migration (U. S. Census Bureau, 2000; Connelly, 2002; Glasser et al., 2003; Markello, 2002; McDonald, 2001).

Caregivers of the older adults are also in need of social support, education, and social service coordination assistance. A recent research study conducted jointly by the National Association of Social Workers and the New York Academy of Medicine (2008) described caregivers as the 'sandwich generation' referring to the stress related to taking care of and providing for both children and elderly parents (Family Caregiver Alliance, 2006). International exchange students, through the local university International Partners program, were a motivating force in the CC program. They came a long way to learn both the English language as used in fluid and colloquial conversation and the rich subtleties of a local U.S. culture. Participation in local and down home activities within a helping context such as CC represented a very essential part of international students' experience (Barker & Smith, 1996; Harvey, 2007).

Targeted older adults, caregivers, and the multicultural students were somewhat isolated from the rest of the community; the older adults and caregivers by the physical conditions and limitations, and the students by their language skills and marginalized status in the predominantly European American community.

Program Theoretical Model

The conception of the program started with a strong conviction in the strengths-based foundation of community-based outreach groups (Carruthers, Hood & Parr, 2005). Such a foundational approach allows application of a social exchange enhancement process designed to give isolated older adults, caregivers, and multicultural/international students in a rural community an opportunity to transcend their traditional social networks, and engage in a new and thought provoking interactive environment.

The participatory culture-specific intervention model (PCSIM), a community planning approach, was used in the inception and developmental phases of the CC

intergenerational group program. PCSIM is helpful in facilitating achievement of both individual and sociocultural (transcultural) goals related to the mental health of the participant generational groups. PCSIM methodology provides an intervention model for translating mental health research into practice while incorporating the views of culturally diverse participants, providing a guideline for developing empirically based and culturally specific services (Nastasi, Moore & Varjas, 2004). The following outlines with examples how this model was used in phase development of CC.

Phase 1: Existing theory, research, and practice. The initial germ of an idea for CC came from students and staff at the university. This raised the question of what had been done in other communities where such a need existed. A literature review resulted. This lead to the selection of the PCSIM approach as described here. Nested within this approach is our integration of the Values in Action (Peterson & Seligman, 2003) framework of service to the community with reciprocal beneficial qualities. This is essentially a strength-based approach as applied to community action development using an adult education model of resident participation in building community capacity through organizing and networking local groups.

Phase 2: Learning the culture. Initial efforts concentrated on discovering what types of programs were currently being offered in the community which proactively addressed the mental health of older adults, caregivers and multicultural groups and whose aim was to strengthen diversity and multicultural acceptance.

In addressing the multicultural aspects of the target populations, individuals with cultural expertise were approached to contribute to the early concept development of CC. The CC task force concluded there was a gap in services that could be provided simultaneously and in a synergistic manner to persons of various generations and cultural backgrounds. The university had its student International Partnership organizations and the local community had various community-based groups including various houses of worship and the Area Agency on Aging, but these groups had no activities in common and so remained segregated from each other.

Phase 3: Forming partnerships. The CC Program Director assumed the responsibility of recruiting the CC task force with intention to fully involve community grass roots efforts. The participants of the task force were recruited through informal networking of key stakeholder groups in the community. These included community agencies, faith-based groups, community action groups, adult education, the university student coalition of groups, and the university administration. This allowed for publicity to be distributed throughout the community and a resulting growing buy-in of interest. For each of these groups, the extended commitment and involvement was negotiated. For example, a letter of support for the program's development was secured from the university. This allowed CC to advertise on campus and to secure transportation through the university administration.

Phase 4: Goal or problem identification. At the first task force meeting, findings of empirical research gathered in Phases 1 and 2 were presented. Agreement that the program was of benefit was solicited and received. Discussion ensued regarding how each

each team member's expertise and interests could enhance the development of this program, and what efforts they could bring to the program to help ensure its success.

An important part of this process is the continual refinement of consensus on the goals and general methods. It is in this identification phase that problem-solving skills were refined and normed. In this manner divergent ideas could be integrated. This process turned out to be as critical to the development of CC as the content of the CC meetings; it was the glue that held the whole project together.

Phase 5: Formative research. Additional constituent organization representatives were identified and encouraged to join the task force. Some focus groups were formed in order to solicit feedback on potential CC activities to meet the primary goal of cultural sharing and enrichment within the community. For example, CC had a presentation on the universal theme of holiday celebrations featuring the Chinese New Year. For this to be truly meaningful, a focus group was formed headed by the Chinese Student Association. The purpose was to explore amongst themselves what that holiday season really meant to them. They went on to speak to various other student and community groups to get a sense of which activities could have associated meaning for Americans.

Phase 6: Culture-specific theory or model. The culture-specific model was developed as a specific agenda item in task force planning meetings for each CC. Based on target-specific formative research such as used above, the considerations of why one method was chosen over another were refined. Additional experts and stakeholders from the community were also identified to add further refinement where possible. For example, the preparation of the meals was done in an ethnic manner. However expert opinion had to be gleaned as to how various tastes and appetites might appreciate certain dishes.

Phase 7: Program design (participatory generation). Specific component activities for the groups were identified and began to take tangible form. This was a creative and at times frustrating phase with competing ideas that needed to be discussed and coalesced. It was necessary to form sub-committees and establish priorities.

CC did not have the structure of programming described above at its inception. The format developed over time and with many intense and committed discussions of the task force. Sticking with this process allowed the CC program structure to solidify. Perhaps one of the most conscious group normative developmental aspects in all phases was the encouragement of all task force participants to feel welcome and appreciated for their contributions.

Phase 8: Program implementation (natural adaptation). Any proposed alterations in the program needed to be evaluated to ensure that enough was known about the shortcoming and determine whether a component could be enhanced (such as through training). Since the CC task force was comprised of stakeholders, team building required continual affirmative buy-in to the CC program as it was evolving, including resolving subtle issues. One example involved the length of time for the CC meetings. Since both young adults and older folks were involved, a balance of time and energy had to be found. The task force elicited comment from the participants and came up with the three-hour program.

Phase 9: Program evaluation (essential changes and elements). In the development of the evaluation plan, we were careful to identify the goals stated at the project's inception, and to associate various stakeholders with each of those goals. By doing this, we were able to identify the appropriate parties to provide their estimation of the success of each goal as well as the overall program.

Pilot Study Data Collection

Over the course of the first year and one-half of the CC program, a pilot study was conducted through the use of a simple four question satisfaction survey handed to the participants at the end of each meeting and completed before they left. The questions asked if participants felt the atmosphere welcomed social and cultural exchange provided an opportunity to meet new friends, share culturally based traditions and activities, and provided an opportunity for the international students to practice conversational English. Collection included 400 student and 364 community participant surveys representing 69.6% of all participants who attended. Students represented 21 nations with the highest number from China. The local older adult community ranged in age from 57 to 103. The data were used to give feedback to the Task Group as it was formulating and developing the CC program. The descriptive research question explored if CC provided an opportunity of positive social exchange, defined as creating a welcoming atmosphere, opportunity to meet potential friends, and share culturally based activities amongst younger and older adults from a variety of cultural backgrounds. Results are shown in Table 1.

We plan to conduct interviews and focus groups with selected participants (and non-participants) to better understand their qualitative evaluation of the program or reasons for non-participation. It is hoped that our surveys in combination with these interviews and focus groups will provide data on which decisions may be made to monitor and improve the program in the future.

Table 1: Percent of Participants Endorsing Social Exchange Opportunities at Community Connections as a Function of Participant Type

	Social Exchange Items			
Participant type	Welcoming atmosphere	Opportunity to meet friends	Cultural exchange	Practice conversational English
International students	100%	96%	98%	97%
Older adults and caregivers	99%	98%	98%	N/A

Intervention: Program Continuation or Extension

Phase 10: Capacity building (sustainability and institutionalization). The decision-making involvement of our stakeholders at every step has contributed to their sense of ownership, as well as their continued interest and involvement, and serves to empower them and sustain the program. As we are better known in the community, we have grown. Donations and materials for the meetings are more available, allowing the programming to be more sophisticated. However, as new partnerships of support are developed, it is necessary to be creative concerning how the program can benefit them directly and to welcome the increased range of interest in program agenda. For example, a CC program on Kwanza now involves not just the Black Student Union but also several local religious and cultural organizations. Its presentation involves a wide variety of traditions.

Phase 11: Translation (dissemination and deployment). We do have plans in the near future to implement a next stage of the program which will involve group support for caregivers, as well as in-home visits as a vehicle for service learning experience for university students in the behavioral sciences (Social Work, Counseling and Psychology). These may include the gleaning of local oral histories.

CONCLUSION

Community Connections, an intergenerational and multicultural strength-based community outreach group, used the application of PCSIM throughout its development, implementation and ongoing evaluation. At each developmental phase of the PCSIM model, a facilitated team-building approach sought out and honored the considerable input of various task force stakeholder groups to craft each CC community event. The task force has been a model of the intergenerational group process enlightenment. Dedication to the viability of the program's goals has transcended all differences and continues to shine a light of faith on opportunities for personal growth and interpersonal community-based cohesiveness.

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Clinical Social Workers: Advocates for Social Justice

Anne Marie McLaughlin

Abstract: *Advocacy activities provide an avenue for all social workers to connect their practice with the profession's aim of social justice. In fact, it is this social justice connection to the advocacy role that may distinguish social work from other professions. Yet advocacy remains a controversial practice for many clinical social workers. This study reports on one aspect of a larger study (McLaughlin, 2006), which examined how clinical social workers in mental health conceptualized social justice as part of their work. The data revealed a strong relationship exists between clinical social work practice, social justice and advocacy. The concept of advocacy that emerged from the data was multi-dimensional and included strategies that were instrumental, educational, and practical.*

Keywords: *Advocacy, social justice, mental health*

INTRODUCTION

Although in the past clinical social workers have been maligned by their own profession in terms of their commitment to social justice (Andrews & Reisch, 2002; Hawkins, Fook & Ryan, 2001; Specht & Courtney, 1994), current practice models tackle social justice issues head on. Such frameworks as anti-oppressive practice, feminist practice, and narrative and constructionist models consider contextual issues such as culture and gender, as well as social, economic and political imbalances (Morley, 2003; Parker, 2003; Swenson, 1998; Vodde & Gallant, 2002). Yet suspicions regarding clinical workers' commitment to social justice persist. For many, practice models and frameworks are insufficient and students and practitioners alike wonder exactly what the link between their practice and social justice might be.

Results of a recent qualitative inquiry into clinical work and social justice (McLaughlin, 2006) revealed that participating mental health social workers overwhelmingly identified advocacy efforts—with and on behalf of clients—as strategies for social justice. That inquiry posed three questions: 1) how do mental health social workers conceive of social justice; 2) how do they incorporate social justice in their work, and; 3) what barriers do they encounter. This paper reports on one aspect of the larger study, specifically, the predominant way in which participants incorporate social justice into their work. The data revealed a strong relationship exists between clinical social work practice, social justice and advocacy. The concept of advocacy, as described by practitioners, was multi-dimensional and included strategies that were instrumental, educational, and practical.

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Social justice and Advocacy

Advocacy is a well-established strategy for achieving social justice (Gehart & Lucas, 2007; Hoefer, 2006; Kiselica & Robinson, 2001; Miley, O'Melia & DuBois, 2007). Moreover, advocacy is considered a professional obligation (Hepworth, Rooney & Larson, 2002). National and international professional social work bodies entrench professional social work practice, advocacy and social justice through their codes of ethics (British Association of Social Workers, 2002; International Federation of Social Workers, 2004; National Association of Social Workers, 2008). The Canadian Association of Social Workers (2005) explicates the link between advocacy and social justice:

> Social workers advocate for fair and equitable access to public services and benefits. Social workers advocate for equal treatment and protection under the law and challenge injustices, especially injustices that affect the vulnerable and disadvantaged. (CASW, 2005)

Many studies have explored the connection between social justice and advocacy (Bowes & Sim, 2006; Kiselica & Robinson, 2001; Miley et al., 2007; Mitchell & Lynch, 2003; Van Voorhis & Hostetter, 2006), and agree that advocacy strategies provide powerful "tool[s] for challenging social injustice" (Dalrymple, 2004, p. 188; Kiselica & Robinson, 2001). While the connection between advocacy and social justice is sometimes indirect (Johnson, 1999), advocacy activities provide an avenue for all social workers to connect their practice with the profession's aim of social justice (Wakefield, 1988a, 1988b). In fact, it is this social justice connection to the advocacy role that may distinguish social work from other professions (Butler & Webster, 2003; Ezell, 1994; Hoefer, 2006, Reamer, 1998).

Advocacy is often represented in the literature as a strategy more closely aligned with macro or policy practice (Wolfer & Gray, 2007). However, social workers in direct practice are intimately involved in many aspects of individual client lives, including financial, cultural, medical, legal and spiritual issues, and are therefore able to assess and intervene in many areas in which injustice may occur. The advocacy role appears to be a hand-in-glove fit with generalist practice (Hoefer, 2006; Kirst-Ashman & Hull, 2006; Walker, 2004). Yet, most current generalist practice text books make scant reference to the role of advocacy in social work practice (Compton, Galaway & Cournoyer, 2005; Heinonen & Spearman, 2006; Miley et al., 2007; Poulin, 2005; Segal, Gerdes & Steiner, 2007; Sheafor & Horejsi, 2008). Further, little attention to advocacy or social action can be found in undergraduate curricula. When evidence of advocacy instruction emerges it falls primarily in community development courses, which frequently are optional for students (Radian, 2000). This has led some to wonder if social work's "tradition of advocacy for social and economic justice has fallen prey to benign neglect" (Mitchell & Lynch, 2003, p. 14).

Advocacy: Form and Function

The concept of advocacy varies both in form and function. In form, advocates can be paid professionals, as in the case of patient advocates in mental health or child welfare systems (Herbert & Mould, 1992). The citizen advocate is another form of advocacy where non-professionals volunteer time to help another (Hunter & Tyne, 2001; Rapaport, Manthorpe, Hussein, Moriarty & Collins, 2006). Self-advocacy is an important contribution to the advocacy movement with deep roots in the disability field. Empowerment forms the cornerstone of self-advocacy where individuals build skills and gain strength to advocate for themselves (Buchanan & Walmsley, 2006; Walker, 2004). Within generalist practice advocacy is considered a technique or skill, typically a subset of case management (Compton, Galaway & Cournoyer, 2005; Hepworth, Rooney & Larson, 2002; Hoefer, 2006; Miley et al., 2007).

Historically, advocacy has been divided into case and cause (Carlisle, 2000; Compton, Galaway & Cournoyer, 2005; Miley et al., 2007; Sheafor & Horejsi, 2008). Cause advocacy addresses systemic issues and involves lobbying efforts aimed at policy or institutional restructuring. Cause (sometimes referred to as class) advocacy has as its goal "to advance the cause of a group in order to establish a right or entitlement to a resource or opportunity" (Sheafor & Horejsi, 2008, p. 425). This form of advocacy has been closely allied with policy practice and other forms of macro social work.

In case advocacy, the aim is to redress power imbalances and promote the rights of individuals who are marginalized or vulnerable (Carlisle, 2000). Narrowly defined case advocacy "assure[s] that the services or resources to which an individual client is entitled are, in fact, received" (Sheafor & Horejsi, 2008, p. 55). This definition appears weak and does not distinguish itself from case management or other types of service delivery (Herbert & Levin, 1996). Social workers advocating for resources may find clients require more than they are entitled to, depending on who has established the entitlement. A more robust definition rejects entitlement and emphasizes need. For instance case advocacy implies intervention when available services are not relevant to needs or when an organization is not responsive to those needs (Herbert & Levin, 1996).

Advocacy can be directly related to clinical work through a common goal, that is, "helping clients become independent and exercise influence and control over their own lives" (Lens & Gibelman, 2002, p. 614). Contemporary social work practice models have moved beyond individualistic problem-focused perspectives and attend to issues of power, culture, social and economic injustices (Finn & Jacobson, 2003). In the current global climate of job and financial insecurity where individuals and groups have shrinking access to resources and opportunities, advocacy takes on greater urgency not only within macro approaches to social work but also within direct practice (Walker, 2004)

Although advocacy appears to be a central role for social workers, many authors are extremely cautious and somewhat ambivalent in supporting its implementation. For instance, Forbat and Atkinson (2005) doubt social workers' ability to separate client needs from organizational demands and to speak against colleagues. Shearfor and Horejsi

(2008) caution that class advocacy is not for everyone, especially those who feel uncomfortable with confrontation. Compton, Galaway and Cournoyer (2005) are even more cautious and raise flags for those contemplating class advocacy saying that practitioners "risk infringing upon the self-determination of those for whom [they] claim to speak. Who is the client? Who decides the purpose and objectives of your actions?" (p. 128). They also ask social workers to reflect on who suffers if they are successful in achieving their ends. The warning to social workers is to think through ethical obligations to individual clients before pursuing structural and systemic change (Compton, Galaway & Cournoyer, 2005). Controversy continues around the relationship between clinical work and advocacy for social justice (Egan, 2007).

This controversy impacts practice. Despite the relevance of advocacy in theory, in practice advocacy is not as common as it would seem (Davis, Baldry, Milosevic & Walsh, 2004; Ezell, 1994; Herbert & Levin, 1996; Lens & Gibelman, 2000; Nelson, 1999). For instance Nelson (1999) found that frontline workers in her study ranked advocacy last out of five commonly performed functions. In a similar study, social workers in an Australian hospital ranked advocacy ninth out of eleven identified functions (Davis et al., 2004; Davis, Milosevic, Baldry & Walsh 2005). Similarly Ezell (1994) evaluated time spent in advocacy activities and discovered that 90% of responding social workers (n=353) indicated some advocacy activities within their regular employment. However, the actual number of hours involved in advocacy was low (less than five hours per week for the majority).

Social justice as well as advocacy are both considered professional and ethical obligations, yet few studies have explored with practitioners how these may be linked in practice. Clinical social workers and those in direct practice carry the same professional and ethical obligations to work for social justice but may feel limited in their opportunities. This study explores how participants expressed social justice in their work.

METHOD

In this qualitative research study 18 social workers from a western province in Canada were sampled. Purposeful sampling was used for the first five participants. These participants were considered to be information-rich sources (Patton, 2002). They were selected for their practice experience in mental health and their interest in social justice, as demonstrated through their participation in their professional association. Snowball sampling, with participants providing the names of potential additional participants, provided the remainder of the sample. Participants identified themselves as clinical social workers (considered the standard for practioners working in mental health in this province), had earned an MSW degree and were employed in various aspects of a provincially funded mental health system. Nine participants worked on in-patient wards or programs including geriatric psychiatry, forensic psychiatry, mental health administration, and a brain injury unit. Two participants worked as outreach psychiatric emergency/crisis workers, six participants worked in community clinics, and one worked in a day program.

Participant interviews lasted between 1 and 1.5 hours and were conducted at the convenience and discretion of each interviewee either at their place of work (n=13) or at an agreed upon location. Interviews were transcribed and coded using familiar qualitative processes (Strauss & Corbin, 1998). Computer assisted qualitative data management software (QSR International, NVivo 7) was utilized for data management and retrieval.

The results reported in this paper comprise one element of a larger research project which explored the meaning participants brought to the term social justice and how that meaning was translated into practice (McLaughlin, 2006). Grounded theory methodology was utilized and the concept of advocacy emerged early as an *in vivo* category representing participants expression of social justice in their work. The author initially resisted this concept in part, because of received ideas, preconceived notions, assumptions and conceptualizations already surrounding advocacy. Eventually, the author began to think of advocacy as a sensitizing concept (Bowen, 2006; Charmaz, 2006; Glaser, 1978). Rather than resist the term, advocacy was used to explore participants' meaning in depth.

Data analysis proceeded according to the constant comparison method in which each slice of data is compared to each other slice (Glaser & Strauss, 1967). Analysis and data collection proceed together and the researcher is guided by what emerges. As mentioned, the theme of advocacy emerged early in the data analysis and each incident and each sentence were compared against each other. Throughout the interview process, as well as the analysis, the researcher stayed open to variations, interpretations and applications. In later interviews the author became sensitized to discussion concerning advocacy and used more probes when this discussion arose. The author also returned to earlier interviews, once advocacy was identified as a sensitizing concept, to reexamine the texts with fresh awareness.

To ensure the trustworthiness of the findings the author employed several techniques (Cohan & Crabtree, 2008; Creswell, 1998). The author attempted to maintain a reflexive stance toward the data by way of memo writing and peer debriefing. Memos were written following individual interviews as well as throughout the data analysis process. The author met with a peer team throughout the research and writing process to share themes as they emerged and to discuss possible research bias and assumptions as well as to review possible connections between concepts and categories. The analyst also sought negative cases as a way of exploring and accounting for all the data.

Eventually, a conceptual framework for advocacy emerged representative of the participants' experience. While generalization to the larger population is not a goal of qualitative research, identifying and describing patterns of behavior in a specific context is. This tentative conceptualization expands and enlarges on previous iterations of the concept of advocacy and relates particularly to clinical social workers in mental health.

FINDINGS

Advocacy

The concept of advocacy captures significant variation in the ways in which participating social workers worked for social justice. At times advocacy appeared to be a proxy for social justice, as one worker expressed, "I think [advocacy] would be the closest thing to embodying social justice at a practice level in clinical social work". Advocacy also served as a direct example of social justice: "when I am advocating, I am aiming for a target that I think everybody deserves… In a sense I am seeking justice for this person." The goal of advocacy, as the next participant explains, is the realization of social justice, "anytime I go to an appeal [with my client], the person that is appealing feels (and I would not appeal it if I did not believe) that they were achieving some sort of social justice."

Regardless of the meaning of social justice for participants, the most frequent manifestation of social justice appeared through advocacy activities. Advocacy goals and strategies, according to participants, are both broad and varied, encompassing micro (aimed at a particular individual), mezzo (aimed at a particular group of people, such as the mentally ill, or those living in poverty), and macro levels (activities aimed at betterment of all society such as a fair minimum wage, clean water, or access to health care). A number of strategies were identified at each level. These strategies and dimensions are listed in part in Table 1.

Three types of advocacy are embedded in the data: instrumental advocacy, educational advocacy, and practical advocacy. Instrumental advocacy concerns particular actions taken by the study participants on behalf of clients. Educational advocacy involves heightening awareness of social justice issues, rights, needs, and opportunities, not just for clients but also for colleagues or the public at large. Practical advocacy involves working with clients directly to access resources, such as in accompanying them to appeals or even filling out documentation that is posing a barrier to the access of resources. These three types of advocacy are listed below.

*Instrumental advocacy***.** In some situations requiring advocacy activities, clients may be unable to take direct action themselves, either as a result of their marginalized status, or because of particular challenges they face. For instance, in the following scenario, the social worker working on a geriatric psychiatric ward describes her advocacy work for seniors who resist institutionalization:

> *When anyone at that age isn't functioning the way they should, everyone wants them placed somewhere that is secure so that nobody has to worry about them. That's the big thing. I have been a very strong advocate of risk, and allowing people to live in risk if they are competent to understand the risk.*

Table 1: Advocacy Strategies and Dimensions

	Individual	Marginalized Groups	Just Society
Instrumental Holding systems accountable	• lobby on behalf of • ensuring accountability • liaison between services	• letter writing • demonstrations • marches • program development	• campaign for social issues e.g. living wage • professional association work
Educational Educating individuals, families, colleagues, society	• educating individuals about rights, options or choices, the system • educating others about needs/rights, stigma	• committee work • anti-poverty groups • school systems • multidisciplinary teams • Public education initiatives	• Public health awareness strategies, AIDS, Mental Health
Practical engaged in action	• assist by filling out forms • accompany to appeals or interviews • locating housing	• volunteer work for food bank, HIV network • volunteer on crisis line	• run for political office

In the next example, a community mental health social worker advocates for children he is counseling who are drifting in the foster care system. Instrumental advocacy on the part of this social worker involves contacting a client's child welfare worker in an effort to see service improve and hold systems accountable:

> *[It was a] child welfare case and children who were taken from the home and placed with another family member, hadn't had contact with their parents, I think it was for four weeks. I know that … the child welfare worker had every intention to have the children return to live with their family, but for whatever reason the children hadn't met with their parents in perhaps four weeks. To me that was just ludicrous from the point of view of the child's perspective, strictly. …I get upset about it, I can't believe that. …The children have rights, the children weren't informed of anything, they had no idea what was going on. And so I [got] in touch with [the worker].*

Working on behalf of others occurs frequently, in particular with vulnerable populations. Instrumental advocacy involves engaging with other systems to secure rights and resources. In the next example a mental health social worker describes institutional constraints that adversely affect her client:

> *Often the challenge in these facilities is lack of staff, and there was a client who was in the later stages of multiple sclerosis, and she had depression which is why we were involved. Through doing the assessment I had a chance to speak with her husband, and he had informed me that his wife wasn't getting fed enough and he had some concern around that. When I approached the care manager of the facility, she expressed that there are a certain amount of hours per resident per a 24 hour time period that residents were entitled to. When someone is in the later stage of MS, everything is time consuming because they are extremely heavy care. And so the reality was, from the perspective of this care manager, that there simply wasn't enough time for her to be fed completely, and so the staff would do what they could and then they had to move on.*

The worker, on behalf of the client and her family, advocated for a humane response from an unyielding bureaucracy. Respondents frequently indicated that they are first-hand witnesses to bureaucratic injustice that place unnecessary constraints on individuals. Respondents know these systems and often challenge the injustices they meet. The next participant, a mental health worker for inner city residents, explains:

> *I have to fight with social services financial benefits workers for little things. For example, a fellow who has a decent work history, but has a horrific past that has kind of caught up with him, so he has gotten depressed and suicidal…. He needs life skills and how to deal with stress and anger and conflict and managers and so on. He had good potential for that, and so the occupational therapist set him up in a sheltered workplace out of [a local] hospital, a very good wood working shop. He has not enough money to get there by bus, and so we have had to fight for the last three months for them to fulfill their own regulations about giving him enough money for bus fare to get to this.*

This participant recognizes the injustice facing the client and advocates vigorously on his behalf.

Educational advocacy. Educational advocacy concerns efforts social workers engage in on behalf of a particular client or client group, with the goal of influencing others in the direction of social justice. As one respondent noted, "you keep trying to educate the system about the population." In institutional settings clinical social workers use sensitivity and skill to influence other members of the multi-disciplinary team around issues of social justice, without alienating others, as this respondent illustrates:

> *Our team [has] a good reputation and I think a lot of that is because we really try to work collaboratively with staff. We don't come in there and try to tell them what to do, because they have enough of that. We are there to listen to their concerns and try and do a little bit of negotiation between the needs of the*

residents and resources of staff, and trying to get them to look at things at a different slant.

This worker emphasizes that the goal of her advocacy is to influence. She is attempting to shift institutional attitudes. Respondents recognize that environmental conditions and a problem focus within institutions negatively impact staff's ability to view each client as unique and valued. Advocacy, in this instance, means directing the attention of others away from the problem focus of classification and toward a more human understanding of the individual and their particular needs.

Other strategies employed by respondents include: attempting to encourage more client input in decisions affecting them, or finding a more equitable allocation of resources based on needs rather than protocol. Education advocacy attempts to influence those within the system, as one respondent pointed out: "it's some of the people working in the system that need to be educated and taught an attitude change." Education advocacy includes educating others about issues that oppress or stigmatize:

When I am spending extra hours every year doing [awareness] activities—going on TV, radio, newspaper articles—why I am doing that is because my clients say that they feel stigmatized in the community and they want people to understand more about brain injuries so they can feel more a part of society. I am being motivated by social justice values in doing that, not because I like to be on TV.

Bringing issues of social justice to the awareness of colleagues is part of advocacy work. Social workers in this study are familiar with how attitudes and judgments can negatively impact access to resources:

We need to bring it to people's awareness, that this is a social justice issue—awareness among other health care providers. Now a days, we deal a lot with judgment—we can't get away from the fact that a lot of health care providers come from a privileged position, so they get attitudes and judgments around what is the right way to do something and whether or not somebody should be allowed to do thus or so. [for example] 'you can't let them go back home to live such and such a life'.

Educational advocacy also includes educating clients about their own rights within the system so they "can access systems and situations in better ways that they might not have come up with by themselves," as one participant explains. This advocacy strategy views knowledge as power and empowerment as informed decision-making. Educating clients to the system is part of empowerment:

Clinically, if you are not writing policy and you are not doing any of that stuff, so you're not doing social justice, I think that's false. I think on an individual level, knowledge is power, by providing somebody with all the information of the mental health act, all the help available to them, the good and bad parts of medication, the good and bad parts of accepting this diagnosis…. The fact that you do not have to accept this label, and I will say that to people that they don't.

*Practical advocacy***.** Practical advocacy is typified by clinical social workers assisting individual clients in various ways: assisting with an application for funding, accompanying clients to appeals or interviews and, on some occasions, much more. For some individuals with chronic mental illness it may mean that the worker must take an active role in assisting as the following worker describes:

> *… accompanying … patients to interviews to ensure that they are properly heard and understood when they are in an interview. It's a vulnerable population, and they often get overwhelmed by so many questions or questions they can't answer, and we're able to be there to rephrase questions for them, to ensure that they are heard. A lot of them don't have the confidence and skill to present themselves well during an interview.*

The next participant describes his practical efforts with a client who was turned down for financial benefits:

> *I helped him when the time was right to apply for [assistance]. He was turned down partly, or mostly, based on his history being a drug user and all that. It was not based on the fact that he had become quite disabled, physically and cognitively, and needed the support that he was supposed to have a right to. I did the appeal for him, went to the appeal with him, and made the case that he have equal access to [assistance] as anybody else. I brought his mother in to help make the case, we won the appeal, and he got his [money] and was able to live a reasonable quality of life.*

By giving practical and often hands-on assistance the workers in conjunction with clients achieve justice for their clients.

Barriers

Advocacy as a strategy for social justice is not without challenges. Advocacy for social justice may be blocked within organizations and not viewed as "part of the job" that social workers were hired for: "I don't think I have ever been at a table where social justice or social action has been the primary objective." Social workers who embrace the advocacy role may find themselves marginalized or discounted as others tire of the message:

> *You're sort of going against the stream when all around you people seem to say, "We're not listening". …So what happens is, after a while, you have to sort of back off, because it becomes, "Well, that's [the social worker] and that's the way that she sees things."*

Social workers fear being stereotyped. One respondent, adept at accessing scarce resources for clients, expresses resentment at being seen only as "the resource girl." She also expresses concern for social workers who advocate for resources: "We're the resource people… I have had to spend the last two years proving that I have some value, that I have some knowledge base, first of all. I am very conscious of the fact that I am not *just* the resource girl." In this instance participants also find themselves advocating for their professional identity.

Advocacy efforts may also be seen as misguided due to a lack of appreciation of the larger issues. Not all participants valued individual advocacy efforts: "the advocacy that I've seen done… consisted of lower level case by case stuff when the problems were up here."

Beyond this, social workers are also faced with philosophical questions regarding whether or not to engage those they work for in a political battle for social justice. The mental health population is vulnerable and frequently is already shouldering additional burdens such as poverty and stigma. Some participants question the ethics of politicizing clients in their own quest for social justice, and are concerned about the implications of advocacy when and if workers start to drive the agenda.

A related dilemma is the concern that by making social justice the priority, the real mental health treatment issues may be eclipsed. Focusing on societal change could compromise issues for the individual. Advocating for wholesale change may seem misguided:

> *To me that advocacy role would be more about changing society, and that's what I think the danger is, that idealistically and philosophically buying into an idea about how things should be, and then going out and trying to do it. I think it's really dangerous because you are not looking at the individual situations, and it could overstep what really needs to take place.*

For this participant, the focus in clinical work has to be on the individual. Advocating for group issues may jeopardize the needs of the individual, "I think that everybody has to be treated individually around these issues, not as a group, 'cause that sort of supersedes everything. When you group people together, you don't see the diversity."

DISCUSSION

This study extends the discussion of advocacy to better reflect and capture advocacy strategies employed by participating mental health social workers pursuing social justice. The case/cause dichotomy does not adequately do justice to the breadth of activities employed by participants in this study. The proposed typology sees advocacy as having three functions: instrumental, education and practical. Each of these functions can be practiced at the level of the individual, group, community or societal level. Advocacy strategies described here comprise an integral component of direct social work practice and need not be seen as a separate skill set (Hoefer, 2006).

Hoefer (2006) defines social work advocacy as, "That part of social work practice where the social worker takes action in a systematic and purposeful way to defend, represent, or otherwise advance the cause of one or more clients at the individual, group, organizational or community level, in order to promote social justice" (p. 8). This definition fits well with what participants in this study have described. Yet, many research studies report that advocacy in practice is lagging behind other social work functions such as assessment, counseling, resourcing, and consulting (Ezell, 1994; Nelson, 1999). Considering the close association between advocacy and pursuit of social

justice, and, considering the desire on the part of the profession to strengthen efforts to affect social justice, greater emphasis on advocacy seems timely.

Based on the findings from this study it is possible to propose a framework for advocacy by clinical social workers and to more clearly delineate the connection these practices have with the pursuit of social justice. Making the connection between advocacy and social justice explicit could increase commitment and provide impetus for practitioners to enhance and hone their advocacy skills. Van Voorhis and Hostetter (2006) argue that increased self-confidence and competence with advocacy increases an individual's commitment to the process. Social workers who feel empowered are better equipped to advocate with and on behalf of clients. Like participants in this study it is possible that not all social workers are clear about the connection between social justice and advocacy.

Advocacy's Connection to Social Justice

In order to connect advocacy as described here with the social justice mission of the social work profession, we must first consider the meaning of social justice. This is no easy task as the meaning of social justice not only changes with the times but may change depending on the context (Reisch, 1998; 2002). Two prominent interpretations of social justice familiar to social workers are distributive justice as articulated by Rawls (1971) and the politics of identity as expressed by Young (1990). From the distributive paradigm, issues of access to resources and the fair and equitable distribution of scarce resources are central. In addition, social justice is concerned with fair and just procedures and treating individuals with dignity and respect. Social workers pursue fair and just procedures for distribution of social goods and hold governments and agencies accountable for this. Distributive social justice stipulates that each individual is entitled to a minimum of basic social goods: liberty, wealth, opportunity, and also, self-respect (Rawls, 1971).

We can see that participants in this study are, in fact, conscious of and concerned with distributive issues of social justice. Participants pursed fair and equitable access to resources with and on behalf of their clients. They worked hard to hold systems accountable and ensure needs were met. They encountered unjust procedures and advocated with and on behalf of those they worked with. They pursued care for individuals that respected the dignity and worth of those they served. Within the mental health system as with many bureaucracies dehumanizing and unjust practices persist. A social worker's ability to advocate with and on behalf of clients, individually or collectively, is important work that confronts injustice and seeks change.

The politics of identity conceives of social justice differently. Here social justice is not limited to the distribution of social goods. Rather the central concern is with how individuals and groups are valued or devalued in society and how existing social structures: values, attitudes, behaviors and beliefs, support and perpetuate these positions (Young, 1990). The result of these valued and devalued positions is domination and oppression; one group is privileged while another is suppressed-male over female, able bodied over disabled, rich over poor. Marginalization, exploitation, and powerlessness

occur as individuals are shut out from decision-making (Young, 1990). Tackling injustice from this perspective requires challenging the domination of ideas, values, beliefs and behaviors of one group over another.

Those accessing services within the mental health system may find themselves marginalized and powerless, cut out of decision-making, unable to advocate on their own because of stigma, a debilitating illness or temporary incapacitation, overwhelmed by the many social and institutional injustices they face. Clinical social workers can use advocacy strategies to change attitudes, secure resources, reduce stigma, defend cultural identities, remove barriers, and ensure discounted voices are heard. Healing and health require more than counseling and support, they require attention to attitudes, values, and practices that oppress and constrain individuals from fully participating in society (Gomez & Yassen, 2007; Pearlmutter, 2002).

Advocacy strategies with the aim of social justice include educating individuals about their rights: rights to service, rights to resources, rights to respect, rights to appeal, and rights to refuse treatment. Instrumental, educational and practical components of advocacy may challenge the way some social workers have viewed direct practice. The obligation to be an advocate pushes workers to get involved. Advocacy requires the acknowledgment that many constraints and limitations that individuals experience are not the result of personal or mental deficits but are real limits imposed by unjust environments. Social workers are adept at understanding the interplay between the person and their environment and it is this perspective that motivates workers and facilitates a social justice perspective.

Concerns

Some participants expressed reservations about the social justice agenda and its impact on clients. Others noted that a focus on social justice may overshadow the real concerns of mental health clients. Still others maintain that while they value the role of advocate and feel obligated to speak out with and on behalf of clients, they sense that this role may not be valued by others such as colleagues and employers. This can lead to the marginalization of some workers as well as resistance and push-back from organizations (Greene & Latting, 2004). These are real ethical and practical issues that cannot be ignored. However, workers in this study have found ways and means to be both an advocate and maintain employment. In part, as one participant noted, workers must make judgments about what strategies to pursue, and when. More discussion among practitioners and students, regarding the challenges and opportunities for incorporating advocacy for social justice into direct practice is required. Practitioners and students alike report an interest in bettering their skills (Gomez & Yassen, 2007).

CONCLUSION

Participants in this study clearly identified advocacy strategies as their best efforts to link clinical practice with social justice; advocacy with and on behalf of clients to access resources, increase opportunities and reduce barriers and stigma. On one hand, advocacy in clinical practice is obviously part of how social workers, those in direct practice and

others, view good social work practice (Herbert & Levin, 1996). On the other hand, reports from the practice literature indicate that as a component of practice it is underutilized. The challenge for clinical social workers and those in direct practice is to find ways to work for social justice and to respect the individual needs of clients. Integrating advocacy into practice poses specific challenges. These challenges are practical as well as ethical and deserve further exploration.

Within the social work curriculum advocacy has not received the attention it requires in order to become a more effective and relevant component of practice. Advocacy needs to come out of the macro and policy classes and be fully integrated into clinical and direct practice course work. Social justice and the code of ethics require that all social workers develop the skills and knowledge to recognize and overcome injustice. Yet, social workers appear to face resistance to advocacy activities.

On a practical level we need to know more about how to support advocacy practice in the field. Do employers view advocacy activities by clinical social workers in a positive light? Is advocacy even valued as a practice strategy in any mental health job description? Practice research indicates that although not a top priority for social workers in terms of job functions, advocacy is a relevant and legitimate component of most mental health practice. The need for highly developed advocacy skills and knowledge is well recognized as vulnerable individuals increasingly find themselves overwhelmed and underserved by complex social systems (Bronstein, Kovacs & Vega, 2007; Levy & Payne, 2006).

Finally, this paper has delineated three crucial components of advocacy activities: educational, practical, and instrumental. By identifying these specific components of advocacy, educators and practitioners may be able to increase awareness and skills related to advocacy in social work and thereby better meet their social justice aims.

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Addressing the Mental Health Problems of Chinese International College Students in the United States

Meirong Liu

Abstract: *This article identifies unique mental health problems experienced by Chinese international students in the United States. The uniqueness of these problems suggests the need to address them independently from other Chinese and international student communities. First, an overview of the common sources of mental health problems and specific stressors these students face is provided. This article then develops culturally sensitive programming recommendations to improve collaborative efforts between health providers, mental health social workers, faculty, and academic staff within universities to serve these students more effectively.*

Keywords: *Chinese international student; mental health*

INTRODUCTION

The increase in cultural diversity in the United States is reflected in its educational systems (Bradley, Parr, Lan, Bingi, & Gould, 1995). Being an important center of information and advanced technology, along with its generous scholarship policy, the U.S. attracts more international students than any other country (Sandhu, 1995). During the 2004-2005 academic year, a total of 565,039 international students were studying at the academic institutions in the U.S. (Institute of International Education [IIE], 2006). Students from Asian countries represent more than half (55%) of these students (IIE, 2006).

Transition to university can be a dramatic life change for all young people. First year university students can experience elevated psychological distress (Fisher & Hood, 1987), and features of the new environment can interact with personality factors to precipitate psychological problems (Fisher, Murray, & Frazer, 1985). Therefore, not surprisingly, international students who enter American universities and also must cope with cultural relocation tend to experience more psychological problems than do American students (Leong & Chou, 1996; Mori, 2000; Pedersen, 1991; Sandhu & Asrabadi, 1994). In addition, Yeh and Inose (2003) found that international students from Asian countries, including China, experience more acculturative stress than their counterparts from Europe.

Since the open-door policy in the 1980s, the number of mainland Chinese students attending Western universities has increased dramatically. In the 2004-2005 academic year, China became the second largest sending country, with 62,523 students enrolled in U.S. educational institutions (IIE, 2006). Because of the large cultural differences between long-isolated China and the Western world, Chinese students can face severe

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cultural shocks upon landing in the U.S. For example, embracing Confucian philosophy of harmony, which is passive and yielding (e.g., Oldstone-Moore, 2002), Chinese international students, in order to fulfill the expectations of American society and develop a non-confrontational relationship with members of the host society, may experience more difficulty than international students from other regions (Hsieh, 2006).

Research suggests that Chinese students' psychological problems should not be simply considered the same as those of Chinese immigrants. Berry, Kim, Minde, and Mok (1987) identified five distinct different acculturation groups on the basis of the nature of their contact with the host culture: immigrants, refugees, native people, ethnic groups, and sojourners. International students are most accurately described as sojourners according to this classification scheme (Wang & Mallinckrodt, 2006). Their status as sojourners is more likely to contribute to difficulties such as lack of experience, social connectedness, and language ability. They are also less likely to have time to develop coping mechanisms to cope with discrimination and isolation and to establish a social support system, and may be more likely to be subject to many legal restrictions with regard to their academic eligibility and employment opportunities in the United States than immigrants (Bikos & Furry, 1999). However, despite the unique issues faced by Chinese international students, little research has been done on this population.

This article addresses the mental health problems of Chinese international students who come from mainland China and attend American universities. The article first explores the students' views of mental health, followed by an examination of common sources of mental health problems experienced by them. The main intent of the article is to develop a nuanced understanding that is needed to develop culturally sensitive programs and services. The article concludes with programming suggestions to guide collaborative efforts between health providers, mental health social workers, faculty, and academic staff within universities for serving these international students more effectively. The ultimate goal is to help Chinese international students to enhance their functioning on university campuses.

CONCEPTS OF MENTAL HEALTH IN CHINESE CULTURE

Introverted Concepts of Mental Health

Chinese and American cultures are fundamentally different from each other. First, there are cultural variations in the concept of mental health. It has been suggested that Chinese culture has introverted inclinations, while modern Western culture has extroverted inclinations (Yip, 2005). Western concepts of mental health include role performance, adaptation, social functioning, and well-being in various aspects of social life (Laffrey, 1986). Individuals should function well in their families and employment settings. They also should improve or change oppressive social systems so as to assert their own rights and functions (Read & Wallcraft, 1995).

In contrast, the introverted inclinations of Chinese culture imply self-absorption or self-demand, but not being demanding of others or trying to change the external environment (Yip, 2005). The traditional Confucian concepts of mental health, which still

have a strong influence on Chinese people, suggest both internal and external requirements for individuals to maintain good mental health (Yip, 2005). The internal requirements encourage people to restrain emotions, including the expression of intense emotions and desires (Sue & Sue, 1990). It suggests a step-by-step process to cultivate one's mind, restrain one's emotion, and discipline one's behavior so as to achieve peace of mind (Yip, 2005). The external requirements of Confucian concepts of mental health are moral standards in interpersonal and societal interactions. This suggests that one has to be kind, humane, and considerate in interactions with others; to be faithful to one's friends, family, and country; and to be forgiving of others' faults and shortcomings (Oldstone-Moore, 2002). In short, in Confucianism, internally, a mentally healthy individual is self-cultivated with a purified mind, a well-disciplined manner and mild expressions of emotion; externally, an individual is humane, righteous, faithful, and forgiving in interactions with others. Besides Confucianism, traditional Chinese medicine also describes that in order to maintain a good mental balance, one should reduce his or her inner desires, emotions, and stress to an extent that he or she is psychologically released from external and internal burdens. Finally, Taoism, another influential ideological concept in China, also points out that the best way to achieve a high level of mental health is to maintain a state of nothingness and let everything, including life and death and calamity and blessing, happen naturally (Yip, 1999).

These introverted traditional Chinese concepts of mental health, therefore, facilitate a form of passive egocentric preservation (Sue & Sue, 1997). Chinese people are encouraged to restrain emotion and suppress individual rights to maintain harmony with other people and the law of nature. Under this influence, Chinese people typically choose self-control, self-discipline, and self-transcendence, rather than attempting to change the social environment. These tendencies may heavily influence the likelihood that individuals with problems will seek mental health services, as well as their responsiveness to services. For example, their introverted nature may help explain why Chinese international students tend to underuse mental health services, despite the fact that they experience more problems than students in general and have an urgent need for psychological assistance (Bradley et al., 1995; Pedersen, 1991). In addition, in the helping process, they are more likely than American students to terminate therapeutic relationships prematurely (Pedersen, 1991).

Somatic Tendency: Integration of Body and Mind

In Chinese culture and medicine, the body and mind are integrated (Kaptchuk, 2000); no distinction is made between physical and mental illness. Psychological, physical, and social factors are viewed as collectively contributing to the development of specific symptoms and illness (Lin & Yi, 1997). Yet, people tend to manifest stress through physical symptoms. For example, "neurological weakness" is the preferred diagnosis over the psychological diagnosis of major depression, because it recognizes the presence of a physical process (Kleinman, 1986). Chinese international students, therefore, often seek medical help for their physical complaints, such as sleep disturbances, eating problems, fatigue, stomachache, or headache, even when those problems may stem from psychological stressors (Lin & Yi, 1997). If such physical causes are not found, they

probably will not continue to seek alternative causes or services that are mental health in nature.

The stigma of mental health illness, that is, losing face and embarrassment, may also prevent Chinese international students from seeking mental health services. These students may choose to keep their difficulties or emotional problems to themselves because they may imply personal failures, which actually only increases their vulnerability to depression (Heppner, et al., 2006). Empirical studies have found that although prevalent in all cultures, stigma of mental health illness is much more severe among Asians than among white Europeans and Americans (Fogel & Ford, 2005; Furnham & Chan, 2004).

UNIQUE SOURCES OF MENTAL HEALTH PROBLEMS

Understanding the sources of mental health problems among Chinese international students might facilitate counselors and educators in preventing or addressing these students' mental health problems. Chinese international students report a variety of mental health and personal concerns related to social interaction and communication problems, social connectedness, social support, filial piety, language barriers, homesickness, and academic, financial, and other difficulties (Leong & Chou, 1996; Mallinckrodt & Leong, 1992; Mori, 2000; Pedersen, 1991; Yeh & Inose, 2002).

Social Interaction and Communication Problems

Asian students encounter values and customs in the U.S. that contradict those of their country of origin, such as cooperation versus competition (Lynch, 1992), collectivism versus individualism, and hierarchical relationships versus equality of relationships (Sue & Sue, 1990). The accepted norms and behaviors in their country of origin may be ridiculed or misunderstood in the new environment, which can create confusion and discomfort (Lynch, 1992). Researchers suggest that Asian international students may have more difficulty than students from other regions in fitting the norms and expectations of the dominant culture (Hsieh, 2006). The students are aware of the need to learn Western values and cultural norms; however, despite the widespread belief that adolescents can adjust easily to a new culture (Huang, 1997; Hernandez & McGoldrick, 1999), this learning process is not easy (James, 1997) and requires considerable time for many. This may explain why Chinese students who have been in the U.S. for a shorter time (one year or less) reported more stress than those who have been in the U.S. for a longer period of time (four years or more) (Wei et al., 2007). Overall, differences in cultural values and customs, especially when coupled with other factors such as language, often create social interaction, social connectedness, and social communication problems.

Cross-cultural differences in social interaction may prevent international students from forming close relationships with American students and may contribute to acculturative stress (Mallinckrodt & Leong, 1992). For example, Yeh and Inose (2002) found that Asian immigrant students reported having social interaction problems. Lack of

skill in English and strong cultural differences in interactional styles are among the factors argued to contribute to such problems.

The Chinese self is fundamentally a social one. Hsu (1953) has argued that people in the West are defined by their uniqueness and separateness from others. In contrast, people in the East are defined by their similarity and connection with others. The permeable boundary between the self and other is exemplified by the use of body parts to describe intimate relationships in the Chinese language. For example, siblings are referred to as "hand and foot" (Tung, 1994). As such, Chinese society has been characterized as interpersonally oriented and collectivistic (Markus & Kitayama, 1991; Triandis, McCusker, & Hui, 1990).

In contrast, there is a clear demarcation between the self and other in American mainstream culture, which highly values independence (Markus & Kitayama, 1991). Americans are strong proponents of individual freedom and the right to exercise control over their lives without outside interference (Bellah, Madsen, Sullivan, Swidler, & Tiption, 1985). Indeed, Hofstede (1980) found Americans scored significantly higher on individualism compared with Chinese people. For Americans, the wish for interpersonal connectedness is counterbalanced by a wish for autonomy and privacy (Lutz, 1985). As such, American society has been characterized as individualistic (Markus & Kitayama, 1991; Triandis, McCusker & Hui, 1990).

Hence, students from collectivistic cultural backgrounds may prioritize close relationships, and they may feel confused when interacting with Western students who tend to emphasize aspects of individualism, such as independence, assertiveness, and self-reliance (Cross, 1995). Consequently, many international students perceive friendships in western culture to be less permanent and lasting than in their home countries (Cross, 1995; Mori, 2000). Findings of a related study conducted in the United Kingdom suggest that Chinese international students often perceive the nature of relationships with host country students as problematic. Many felt "very alone" and "marginalized and isolated" from "home" students. They perceived that while "home" students are outwardly friendly, relationships usually remain superficial, and it is difficult to determine who is a friend (Bradley, 2000). In addition, Chinese international students can feel disappointed and discouraged with their interpersonal connections (Mori, 2000). These issues partially explain why international students tend to remain exclusively in limited groups of their fellow nationals (Yeh & Inose, 2003). This is unfortunate, because close relationships with American students may predict better adjustment (Furnham & Alibhai, 1985). Such isolation from American peers likewise forces international students into a highly artificial social environment dominated by "forced" interactions with a small number of their fellow nationals (Wright, 1987).

One study also indicates that Chinese international students are significantly more likely to have communication difficulties than Japanese and Korean international students (Yeh & Inose, 2002). These greater difficulties are likely to result from the previously discussed unfamiliar values, behaviors, and norms. Furthermore, these difficulties can result in Chinese students becoming frustrated, irritated, depressed, and withdrawn. To complicate matters, it is difficult for these students to express their feelings due to

linguistic barriers and the fact Chinese Confucian culture emphasizes self-control and de-emphasizes emotional expression (Lee & Zhan, 1998).

Social Connectedness

Social connectedness is defined as the self-in-relation-to-others, particularly the subjective recognition of being in a close relationship with the social world (Lee & Robbins, 1995; 1998). This sense of connectedness guides individuals' feelings, thoughts, and behaviors in social situations (Lee & Robbins, 1998). Thus, people with high levels of connectedness are better able to manage their own needs and emotions through cognitive processes (Tesser, 1991). On the other hand, people with low levels of connectedness are unable to effectively manage their needs and feelings and are more prone to low self-esteem, anxiety, and depression (Lee & Robbins, 1998). International students with high social connectedness are, therefore, likely to adjust to the new social environment more easily and to experience less psychological stress than students with low social connectedness. Unfortunately, most Chinese international students stay in the circle of their national fellows, thus lack broader social connectedness (Yeh & Inose, 2003). This formulation of cultural subgroups, in turn, tends to isolate international students even further (Hayes & Lin, 1994).

Social Support

Research indicates that a loss of social support has a significant influence on the psychological well-being of international students (Hayes & Lin, 1994; Mallinckrodt & Leong, 1992; Pedersen, 1991). In moving to another country, international students tend to feel a deep sense of loss after leaving their families and friends (Hayes & Lin, 1994). Establishing a comparable social support system in the U.S. also is extremely challenging for them (Mallinckrodt & Leong, 1992). Therefore, international students may be suddenly deprived of social supports that validate their sense of self-esteem and provide emotional and social support (Mallinckrodt & Leong, 1992; Pedersen, 1991; Sandhu, 1995). There is an old saying in China that captures this hardship: "everything is easy when you stay home, but everything becomes difficult when you are away from home." Normal responses to the withdrawal of social support include anxiety, ranging from irritation and mild annoyance to the panic of extreme pain and the feelings of disorientation which accompany being lost (Pedersen, 1991).

Mallinckrodt and Leong (1992) investigated the significance of social support among international students and found that the quality of the social support system can have both a direct and a buffering effect when international students undergo psychological stress. These authors concluded that social support, especially from one's academic program, is essential to the welfare of international students. Differing cultural values with respect to how international students perceive social support systems and how satisfied they are with their social support networks also may influence their levels of acculturative stress (Yeh & Inose, 2003).

Together, loss of social support and lack of social connectedness contribute to international students' acculturative stress. This acculturative stress often accompanies

emotional pain, such as feelings of powerlessness, marginality, inferiority, loneliness, and perceived alienation and discrimination (Sandhu & Asrabadi, 1998). In addition, particularly difficult acculturative stress experiences tend to remain within the individuals over a long period of time (Sanhu & Asrabadi, 1998).

Filial Piety

In western culture, although parents are honored, there also is an emphasis on the nuclear family and independence, which reduces the importance of the family of origin. In fact, obligation to children is often stressed. However, as Hsu (1953) observed, what parents should do for their children is a priority for Americans; but for Chinese, what children should do for their parents is emphasized. In Chinese culture, persons are taught to obligate, respect, and have duty to their parents. The principles, which collectively are referred to as "Filial piety," are highly valued among Chinese people. Allegiance to parents is expected from offspring even after they have married and begun a family of their own and the pressure to meet parental obligations and expectations often clashes with individual goals and desires (Sue & Sue, 1997). This latter observation is supported by research, which found nearly all of a sample of Chinese students seeking counseling (both foreign and America-born) experienced stress associated with filial piety (Bourne, 1975).

Language Barriers

Language barriers appear to be one of the most challenging issues for international students (Mori, 2000). In addition, Asian international students appear to have the greatest difficulty in the use of the English language among international students (Abu-Ein, 1993; Stafford, Marion, & Salter, 1980). In Yeh and Inose's study (2003), higher frequency of use, fluency level, and the degree to which participants felt comfortable speaking English, predicted lower levels of acculturative distress among international students. This finding is associated with the fact that higher English fluency indicates smoother interactions with majority group members (Hayes & Lin, 1994; Pedersen, 1991). Students with higher English fluency are able to more easily interact with people in new cultural settings, and this leads to greater feelings of adjustment. International students also may be less embarrassed and less self-conscious about their accent or ethnic background (Barratt & Huba, 1994).

Higher levels of English language fluency also help international students perform at a higher level in some academic classes, because they may feel more comfortable in articulating their knowledge in classrooms and on essay exams or research papers (Kao & Gansneder, 1995; Lin & Yi, 1997). In contrast, low English language fluency is likely to affect international students' academic performance, which in turn negatively affects their psychological well-being (Lin & Yi, 1997; Mori, 2000). Finally, international students with few English language skills might not be eligible for receiving teaching assistantships in universities because students complain about their foreign accents. In response, several state legislatures have passed laws mandating higher educational institutions to test foreign teaching assistants for English competency (Lin & Yi, 1997)

Homesickness

Another important stressor that international students face is homesickness. Previous research (Fisher & Hood, 1987) demonstrates that homesickness often accompanies students' transition to university life. The previously mentioned strong links with family members in Chinese culture is likely to exacerbate this problem among Chinese international students.

In Lu's study (1990), every subject in the entire overseas Chinese student sample in Great Britain reported homesickness. Because there were no differences between the more homesick and less homesick groups in personality traits, or in perceived demands or symptoms, the study concluded that among Chinese international students, homesickness is a general widespread phenomenon resulting from being away from family.

Academic Difficulties

Chinese students also are likely to experience academic and career problems (Yeh & Inose, 2003). There are several explanations for these negative outcomes. First, language difficulties and the difference in teaching styles between the U. S. and China can negatively influence Chinese students' academic performance, as they must learn entirely new classroom norms and skills (Yeh & Inose, 2003). For example, the format and emphasis on classroom participation varies greatly between China and the U.S. In addition, since many Asian families strongly emphasize academic achievement (Homma-True, 1997; Kim, 1997; Sue & Sue, 1997), Chinese international students likely feel pressured to succeed academically, even in the new environment. Moreover, those who are accepted by American universities, and particularly those who are provided scholarships, have always been excellent students (Pedersen, 1991). They would, of course, like to continue to be successful academically in the new environment.

Unfortunately, a strong emphasis on academic achievement can result in international students feeling too pressured to succeed. Sue and Sue (1990) noted that Asian students experience greater fear of academic failure than their non-Asian counterparts. In addition, academic achievement comes at a price. Sue and Zane (1985) found that foreign-born Chinese American university students achieve higher grade point averages by studying more hours per week. Partly because of this, the students experience greater anxiety, loneliness, and feelings of isolation and have difficulties in social interaction compared to other college students (Sue & Morishima, 1982).

Additional Factors Contributing to Mental Health Problems

There are other factors which contribute to the psychological problems of Chinese international students. One study found that European international students are significantly less likely to experience acculturative distress than are students from the geographic regions of Asia, Africa, and Latin/Central America (Yeh & Inose, 2003). The researchers believe that this is because European students experience less acculturative distress associated with racism and discrimination than students from these other regions (Yeh & Inose, 2003).

Maintaining non-immigrant status also creates barriers for Chinese international students. That is, they are legally prevented from assuming part-time student status or from temporarily dropping out, both of which often serve useful functions for domestic students. Otherwise, they would have to forfeit their student visas (Lin & Yi, 1997). In addition, due to the strict immigrant visa policies, Chinese international students may experience difficulties in re-entering the U. S. if they need to leave for any reason. In particular, students who are majoring in certain "sensitive" technological subjects (e.g., chemical, biotechnology and biomedical engineering) are required to go through an often long "Visas Condor Program," in which the Consulate and the Department of State check the students' security background for counter-terrorism purposes (Jacobs, 2003). This, along with academic and financial issues, creates a major barrier for family reunions, which exacerbates the previously mentioned homesickness and loss of social support. Finally, financial problems could be severe for Chinese international students. The reasons include the considerable expense of U.S. study for foreign students and immigration regulations that strictly limit opportunities for employment outside the university and for welfare benefits, loans, and federal financial aid (Lin & Yi, 1997; Pedersen, 1991).

IMPLICATIONS

The preceding discussion suggests several possibilities for addressing the mental health problems of Chinese international students. Implications are presented for health providers, mental health social workers, faculty, and academic staff within universities.

Health Providers and Mental Health Social Workers

It is important to educate health providers and mental health social workers on the importance of multicultural training to increase their awareness of the help seeking behaviors of Chinese international students. Because of cultural stigma or their lack of awareness of the availability of psychological services, Chinese international students may not seek formal assistance and may be reluctant to discuss personal problems (Pedersen, 1991). Thus, student service professionals can conduct culturally sensitive outreach programs to increase these students' awareness of the available resources to normalize their experiences (Wei et al., 2007). Counseling centers could also be located close to or in the same building as the health center or student affairs office to reduce the potential stigma that students may have when seeking help.

The somatization pattern among Chinese international students is important to monitor. College health and mental health care providers need to be aware that the tendency to manifest stress through physical symptoms may lead to an underutilization of potentially beneficial counseling and mental health services. Health providers should determine whether students are experiencing mental health problems while they are reporting physical problems, and refer such students to university or community mental health services (Mallinckrodt & Leong, 1992).

Due to the unfamiliarity of Chinese students with mental health problems and services, preparing them for counseling by engaging in role preparation may be effective.

Lambert and Lambert (1984) found that Asian clients who were told about what happens in therapy, the need for verbal disclosure, problems typically encountered by clients in therapy, the role of the therapist and client, misconceptions of therapy, and the need for attendance adjusted better to counseling than did a control group who did not receive role preparation. The clients who were prepared developed more accurate perceptions of the therapy and were more satisfied with their adjustment (Lambert & Lambert, 1984).

Practitioners also might assist Chinese international students by teaching them effective coping skills. In a study on Chinese international students in Australia, two coping strategies were identified: problem-solving and seeking social support (Le & Liu, 2007). In another study on Chinese immigrants' resettlement in Hong Kong, problem-solving and seeking social support were reported to be the most widely used coping strategies (Wong, 2002). To assist Chinese international students to use these strategies effectively, practitioners first must be aware of the common sources of the problems that the students may have (as was previously discussed in this article). Practitioners should focus on the specific problems identified by the students, and assess whether the identified problems have arisen from specific constraints such as language barriers. Second, assisting students in effectively solving problems and in enhancing social support requires practitioners to be aware of and provide information about the resources that may help solve problems and provide social support, For example, practitioners should be aware of available language training resources and make appropriate referrals when necessary (Wang & Mallinckrodt, 2006). They must also be aware of the resources that may increase international students' contacts with local people or cultural events to establish social networks and to interact more with the host culture (Pan, Wong, Joubert, & Chan, 2007). Third, it is equally important to help students recognize what they can and cannot resolve in a given time period, lest they become more emotionally upset or unhappy when nothing positive is forthcoming. While using these strategies, practitioners should also take the length of the time in the U.S. into consideration, as was discussed earlier. They may need to develop and implement different strategies for those who have studied and lived in the United States for a longer period of time as compared with those who recently arrived.

Berry et al. (1987) identified that integrated individuals, defined as those with a high degree of identification with both home and the host culture, tend to report lower levels of distress and better adjustment. Integration is achieved when one tries to maintain his or her own culture and also participates in the host culture. Thus, it appears that valuing both acculturation to the host culture and continuing strong identification with the home culture may be necessary for optimal socio-cultural adjustment. With this in mind, practitioners should not automatically set assimilation as the counseling goal when helping Chinese international students or other groups of international students with issues such as cultural adjustment. A more appropriate counseling goal might be to assist international students in developing cultural competence to function in the host culture while embracing their home culture. Such an approach might help them bridge and integrate the two cultures.

During the counseling process, practitioners should listen and talk to the students patiently. This allows the concerns of the students to be presented, and reduces the

chance that the western world view of the therapist will be imposed on students (Ishisaka, Nguyen & Okimoto, 1985; Lorenzo & Adler, 1984; Tung, 1985). While engagement of clients in this respect is important in all counseling arrangements, the significant cultural differences and language problems discussed in this paper elevate the importance when working with Chinese international students.

Practitioners, however, should take an active and directive role in counseling sessions. Because of introverted Chinese cultural expectations and a lack of experience with mental health therapy, the clients will rely heavily on the counselor to furnish direction (Ishisaka et al., 1985; Lorenzo & Adler, 1984;). Sue and Sue (1997) also found that in the process of psychotherapy, clients influenced by Chinese culture are more prone to external locus of control, that is, to being controlled by others.

Universities

Hsieh (2006) found that Chinese international students reported not receiving sufficient and immediate help from their institutions. Hsieh suggested that the large population of international students is usually disproportionate to the small number of staff in the international student office, and the office has difficulty offering quality services to meet the students' needs. Because most international students have problems with the English language and are unfamiliar with culture and the structure of higher education in the United States, they need much more help from their institutions than do American students. Therefore, to meet international students' needs, colleges and universities may need to recruit additional staff for their international student offices.

Social support, especially from one's academic program, is essential, and schools can play useful roles along these lines (Malinckrodt & Leong, 1992). Interventions to assist Chinese international students in developing a strong social support system may be effective. For example, writing support letters for students or their family members in the visa application process can facilitate family reunions and reduce homesickness. Program advisors can play an active and important role in this process. Professors also should be informed of the potential psychological and culture issues of their students and should be aware of class diversity.

Providing students with mentors may be another useful approach. For example, Mallinckrodt and Leong (1992) found that quality relationships with faculty, as well as the quality of instruction perceived by students, can provide a strong protective function against the development of depression in international students undergoing stress. These findings are congruent with a number of other studies that underscore the importance of mentoring for U.S. graduate students (Cronan-Hillix, Gensheimer, Cronan-Hillix & Davidson, 1986). The quality of student-faculty relationships may be especially important for international students, because of their preference for formal sources of help and their difficulty in building social relationships with American students (Furnham & Bochner, 1982; Leong, 1984).

Pairing or mentoring international students with host national students could be a promising intervention (Bradley, 2000). This suggestion is based on previous research indicating that international students prefer host nationals to other nationals (Alexander,

Klein, Workneh & Miller, 1981). Host students can help international students by providing information and guidance on academics, social life, and western culture. Recruit more staff for the international student offices. Some of the participants reported that they could not receive sufficient and immediate help from their institutions.

Host family programs also have been successful (Pedersen, 1991). Such programs pair international students with local American families for monthly get-togethers to share activities, interests, and ideas. In these programs, international students can share time with a family, resulting in their feeling less lonesome for their own family. Together with peer help, these two programs can provide international students with social support and social connections. They also can help to improve language and provide more knowledge on western culture.

International programs of educational institutions can develop online communities for students and offer them ongoing support. Online ethnic groups appear to be an effective resource for providing social support and reducing acculturative stress for Chinese international students (Ye, 2006). The unique features of online groups, such as anonymity and easy accessibility, can encourage these students to express their feelings and exchange opinions and ideas and at the same time reduce stigma.

Parr, Bradley, and Bingi (1992) have made a number of other suggestions that can assist international students to successfully adjust to the U.S. For example, special efforts can be focused on helping students prepare for a letdown that often occurs in the second year of residence. Preparation might be enhanced by having their more senior international counterparts discuss successful methods for acquiring realistic expectations, coping with cultural differences, and being "school wise." In addition, given the great concern students have about their extended family, offices of student affairs could increase their efforts to promote family contact. Videos, letters informing parents of college activities, programs, departmental accomplishments or plans, special events, and services available to students could be sent more often to reassure parents that the college welcomes and values international students. Offices of student affairs might periodically feature articles in the school newspaper about international students, and these issues also could be mailed to parents. Dormitories and student service offices also could be encouraged to display pictures and celebrate some important Chinese festivals.

The suggestions discussed in this section, as well as a number of other creative efforts, can help prevent or reduce mental health problems of international Chinese students and assist them in making a successful social and academic adjustment. Acting on these suggestions also can convey the message that these students are cherished guests who enrich our university campuses.

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Examining Predictors of Social Work Students' Critical Thinking Skills

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Abstract*: This study examined BSW, MSW and PhD social work students' (N=72) critical thinking skills using the California Critical Thinking Skills Test (CCTST). Social work students who tested as more open to experience on a personality inventory, took chemistry in college, and reported having both parents with a college degree had higher critical thinking skills. There was a trend toward higher levels of critical thinking as academic levels increased. Implications and recommendations are discussed for social work classrooms, field practica, and admissions.*

Keywords: *Critical thinking, personality factors, social work education*

INTRODUCTION

National education reports since the 1980's have emphasized the role of higher education in developing students' critical thinking skills (Tsui, 1999). However, research shows mixed results on whether a college education improves these skills (see, for example, McMillan, 1987; Williams & Worth, 2001). The Educational Policy and Accreditation Standards (EPAS) of the Council of Social Work Education (CSWE) (2008) reflect this national interest in the importance of critical thinking by identifying critical thinking as one of the 10 core competencies social work students must master during their professional education. Educational Policy 2.1.3 identifies how critical thinking should be applied to "inform and communicate professional judgments" based on social workers' knowledge of "logic, scientific inquiry, and reasoned discernment . . . augmented by creativity and curiosity" (CSWE, p. 4). This policy statement identifies critical thinking as crucial to social workers' ability to:

- distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom;
- analyze models of assessment, prevention, intervention, and evaluation; and
- demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues. (CSWE, 2008, p. 4).

The ability to think critically has direct relevance for competent social work practice. Social work students need to learn how to assess client problems using a complex biopsychosocial model and how to implement interventions at multiple levels. They are being trained to collaborate within interdisciplinary settings with professionals whose

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perspective on client problems and preferred interventions may differ from theirs. Social work students must develop skills to make nuanced judgments about complicated ethical dilemmas that have no clear or obvious solutions. The importance of helping students develop critical thinking skills assumes particular importance as the social work profession moves toward an emphasis on evidence-based practice (EBP) defined as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of clients" (Gibbs & Gambrill, 2002, p. 452). As Shlonsky and Stern (2007) explain, "EBP is a way of putting critical thinking into systematic action" (p. 604). Thinking critically, therefore, is a core competency in the development of professional judgment, a hallmark of our profession.

The EPAS also specify that social work programs identify how they assess each of the core competencies in order to "evaluate the extent to which the competencies have been met" (CSWE, 2008, p. 16). Whether or not students are learning critical thinking skills needed for competent professional practice, therefore, is an important focus for social work educators. Despite recognition of its importance to the development of professional competence, research on social work students' critical thinking skills has been sparse. Little is known about students' skill levels, including whether these skills improve over the course of social work education or whether courses designed to increase students' critical thinking skills are successful. Even less is known about whether student characteristics are associated with critical thinking ability. The purpose of this study is to add to the knowledge about whether demographic and/or personality variables are related to critical thinking skills and to determine the levels of critical thinking skills attained by social work students at the baccalaureate, masters, and doctoral levels.

Various definitions of critical thinking stress different aspects of this concept. Halpern (1997) identifies "thinking that is purposeful, reasoned, and goal-directed" and consists of "strategies that increase the probability of a desirable outcome" (p. 4). Dobrzkowski (1994) concludes that critical thinking "requires one to be able to discriminate relevant from irrelevant, to consider multiple facts and data from a variety of sources, to analyze these facts and data into working hypotheses, and to derive plausible consequences from these hypotheses" (p. 273). Gambrill (1990) stresses the ability to identify and refute fallacies in logic, consider contrary evidence, understand statistical principles, and apply research findings to understanding client problems. Under the leadership of the American Philosophical Association, a group of 46 experts engaged in a systematic study of the elements of critical thinking resulting in The Delphi Report (Facione, 1990) which defines critical thinking as "purposeful, self-regulatory judgment which results in interpretation, analysis, evaluation, inference, as well as the explanation of evidential, conceptual, methodological, criteriological, or contextual considerations upon which that judgment is based" (p. 3). This definition was used as the basis for developing a discipline-neutral test of critical thinking skills called the California Critical Thinking Skills Test (CCTST) (Facione, Facione, Blohm & Giancarlo, 2002).

A controversy within the critical thinking literature exists over the extent to which the generic critical thinking skills described above are sufficient for, or good predictors of, making well-reasoned judgments in a particular domain (Smith, 2002; Williams, Oliver & Stockdale, 2004). Gibbs et al. (1995) developed a domain-specific measure of critical

thinking for social work students called PRIDE 1 (Principles of Reasoning, Inference, Decision-Making and Evaluation). This instrument attempts to measure whether students transfer knowledge about research principles to practice decisions by analyzing the extent to which student responses to a video employ logical reasoning and identify common fallacies in arriving at a sound clinical decision. However, the PRIDE 1 has not been widely used and has failed to find a relationship between critical thinking about practice and research knowledge (Gibbs et al.) or detect a change in BSW students' critical thinking following a course designed to teach critical thinking skills (Kersting & Mumm, 2001).

This study uses the CCTST (Facione et al., 2002) to measure students' levels of critical thinking. One advantage of using the CCTST over other generic scales is that it is based on the American Philosophical Association's definition of critical thinking (Facione, 1990) which was developed by a multidisciplinary group of experts through a process of consensus (Facione et al.). This same definition of critical thinking was used as the framework for the US Department of Education in setting its educational goals in 2000 (Facione et al.). Therefore, the definition of critical thinking underlying the CCTST has wide acceptance as conceptually valid. A second reason for choosing the CCTST for this study is its history in measuring the critical thinking skills of nursing students who, like social workers, are being educated to develop sound clinical judgment. Aggregate data analysis of 145 samples from 50 nursing programs that used the CCTST to test their students' critical thinking skills showed modest gains in critical thinking (Facione & Facione, 1997). More recent studies of nursing students using the CCTST found significant increases in students' scores over time (McCarthy, Schuster, Zehr & McDougal, 1999; Spelic, et al., 2001; Thompson & Rebeschi, 1999) and across educational levels (Shin, Jung, Shin & Kim, 2006), while others had mixed results (Beckie, Lowry, & Barnett, 2001) or found no change (Choi, 2004; Saucier, Stevens & Williams, 2000).

Nursing research on critical thinking has been driven by the National League for Nursing requirement that nursing schools provide quantifiable evidence of their students' critical thinking skills (Rapps, Riegel & Glaser, 2001). This requirement has resulted in a substantial body of literature that focuses on ways to measure nursing students' critical thinking and to test the effectiveness of educational strategies in improving these skills (For overviews, see Staib, 2003 and Tanner, 2005). The controversy mentioned above concerning the use of generic measures (such as the CCTST) versus developing discipline-specific measures of critical thinking is evident in the nursing literature. Although a Delphi study of expert nurses agreed on a discipline-specific definition of critical thinking for nursing (Scheffer & Rubenfeld, 2000), this definition has not been used to guide further research (Tanner). The experience of nurses, who have conducted research on critical thinking for over a decade, highlights for the social work profession the complexity involved in describing critical thinking, choosing and/or developing appropriate measures, and testing which educational methods are effective in enhancing students' skills.

LITERATURE REVIEW

Six studies have tested the critical thinking skills of BSW and/or MSW students, while there have been no studies involving social work PhD students. Using the CCTST, Clark (2002) found no statistical differences between the scores of BSW and MSW students; however, scores of both groups were comparable to norms established for college students by the developers of the measure. Klau (1996), using the Watson-Glaser Critical Thinking Appraisal, found that BSW students scored lower than upper division students in four-year colleges, but that BSW students who took chemistry and geometry scored significantly higher than students who did not. While Harrison and Atherton (1990) did not measure critical thinking per se, their study of the related concepts of reflective judgment and cognitive maturity is informative. They used the Scale of Intellectual Development (SID-IV) to measure reflective judgment and The Attitudes About Reality (AAR) scale to distinguish between a positivist or social constructivist view of reality. The SID-IV consists of four subscales (dualism, relativism, commitment, and empathy) and is derived from Perry's (1970/1999) scheme of how individuals' problem-solving processes become more complex and ethical over time. Using these instruments, the authors found that MSW students were significantly more likely than BSW students to view reality in complex, rather than dualistic ways, indicating the greater cognitive maturity of MSW students.

Three studies examined whether specific training in critical thinking improved social work students' skills. Huff (2000) found that MSW students' scores on the CCTST significantly increased after a policy course, whether their educational experience was in the classroom or by interactive television. Statistically significant increases were found for overall scores and for the subscales of Evaluation and Inference. Plath, English, Connors, and Beveridge (1999) found that BSW students' scores on the Ennis-Weir Essay Test showed statistically significant improvement following an instructional unit on critical thinking, while their scores on the Cornell Critical Thinking Test (CCTT) did not. Kersting and Mumm (2001) taught a one-semester BSW course that emphasized identifying and evaluating evidence and recognizing faulty reasoning. The authors found no statistical difference in students' pre- and posttest scores using a social work-specific instrument (PRIDE 1) that measured how students made decisions about interventions. A related study tested the critical thinking skills of social work field instructors. Rogers and McDonald (1992) found that supervisors who were taught critical thinking skills in a 10-session seminar had higher posttest scores on the Watson-Glaser Critical Thinking Appraisal than a control group.

There is some preliminary evidence that students with low critical thinking skills encounter particular difficulty in improving these skills. Kowalski and Taylor's (2004) finding that psychology students with higher critical thinking scores were more willing than those with lower scores to change their misconceptions about psychological information suggests that students with lower levels of critical thinking may require additional assistance in overcoming a natural bias toward belief preservation. Williams et al. (2004) concluded that students with low critical thinking skills "appear to find critical thinking activities somewhat disconcerting, often characterizing critical thinking demands as tricky and even unfair" (p. 50). Williams, Oliver, Allin, Winn, and Booher

(2003) observe that students with lower critical thinking skills are more focused on identifying correct answers than understanding the reasoning involved in arriving at those answers.

Certain personality characteristics have been found in previous studies to be related to critical thinking skills and have been included in this study. Studies of undergraduates (Clifford, Boufal & Kurtz, 2004) and nursing students (Profetto-McGrath, 2003) have found a relationship between the personality characteristic of open mindedness and higher critical thinking scores. Ennis (as cited in Clifford et al., 2004) was one of the first to advocate that cognitive ability and personality dimensions contribute jointly to critical thinking skills. As Facione et al. (2002) conceptualize this relationship, simply possessing good critical thinking skills does not guarantee that individuals will choose to routinely use these skills. Certain mental disciplines or habits, such as open mindedness, cognitive maturity, truth-seeking, and being systematic, are elements of our personality or character that "impel us toward using CT [critical thinking], rather than something less rational, as our problem-solving strategy" (Facione et al., p. 4). Previous research has also shown that certain demographic variables such as race/ethnicity (Flowers & Pascarella, 2003), socioeconomic status (Cheung, Rudowicz, Lang, Yui & Kwan, 2001; Klau, 1996), and undergraduate courses in science and/or math (Klau, 1996; Tsui, 1999) are associated with critical thinking.

Building on prior research, this study examines whether certain personality characteristics or demographic variables are associated with higher levels of critical thinking. The study also explores critical thinking skills across academic level by including social work students at the baccalaureate, masters, and doctoral levels. Such information can begin to inform social work educators about students' critical thinking skills and guide them in developing curricula and teaching strategies that further the ongoing development of these skills across the educational continuum.

METHODS

Participants

Participants for this study included 73 social work students from three social work programs located in Mid-Atlantic region of the United States. Sixty of the participants (82.2%) were enrolled in a large publicly funded social work program as masters (n = 49) and doctoral students (n = 11). The remaining 13 participants were enrolled as bachelors of social work students at a small private college (n = 12) and a large public university (n = 1). One participant was excluded from the study due to incomplete data on the critical thinking test, resulting in a final sample size of 72. Most respondents were female (93.1%) and Caucasian (80.6%), ranging in age from 21 to 60 (M = 32.39, SD = 10.51). A majority of masters and doctoral students (69.5%) had an undergraduate degree in psychology (n = 24), sociology (n = 4) or social work (n = 14). When compared to national data on social work students (Lennon, 2000), this sample had a higher percentage of Caucasian and female students.

TABLE 1. Sample Demographics

	BSW (N=13)	MSW (N=48)	PhD (N= 11)	Total (N=72)
Race/Ethnicity				
Caucasian Non-Hispanic	11	40	7	58
Minority	2	7	3	12
Missing		1	1	2
Gender				
Female	13	44	10	67
Male	0	4	0	4
Missing			1	1
Age				
21-29	10	29	2	41
30-49	3	13	8	24
50+	0	6	1	7
Parents' College Degree				
Both parents	8	33	9	50
One or no parents	5	14	2	21
Missing		1		1

Procedures

A cross sectional design which examines a single group at one point of time was used for this survey research project. Study participants were recruited in April and May of 2007 by receiving a flyer in their student mailboxes and classrooms explaining the purpose of the study and inviting all students to participate. To facilitate greater student participation, surveys were administered several times at each participating University. At each survey administration session, students received a letter of invitation which explained the purpose of the study and the anonymous and voluntary nature of the study. The authors provided directions for completing the survey instruments and monitored the sessions. Consistent with the time periods suggested by the authors of the personality inventory and the critical thinking test, students were given 75 minutes to complete the full survey which also included demographic information. No incentives were offered to the students who volunteered. Study procedures were reviewed by the Institutional Review Boards of all three universities, which granted exemptions due to the anonymity of the survey.

Measures

California Critical Thinking Skills Test 2000 (CCTST). The CCTST is a 34-item multiple choice test based on the American Philosophical Association's definition of critical thinking as "the process of purposeful, self-regulatory judgment" (Facione et al., 2002, p. 2). The test provides a total critical thinking score and five subscales. The subscales of analysis, evaluation, and inference represent the core critical thinking skills and when combined provide a total critical thinking score. "The two other sub-tests on

the CCTST follow a more traditional conceptualization of reasoning which divides the realm into inductive and deductive reasoning" (Facione et al., 2002, p. 6).

The analysis subscale includes the skills of categorization, clarifying meaning, examining ideas, and assessing arguments (Facione et al., 2002). Evaluation refers to the ability to assess the credibility and logical strength of relationships as well as the ability to justify reasoning (Facione et al.). The inference subscale includes the skills of "querying evidence, conjecturing alternatives, and drawing conclusions" (Facione et al., 2002, p. 7). The CCTST has demonstrated good reliability and validity (alphas ranging from .70 to .84) (Facione et al.). For this study, the most recent version of the test was used (CCTST 2000) which is considered to be a richer and more robust instrument for evaluating critical thinking (Facione et al.).

NEO-Five Factor Inventory (NEO-FFI). The NEO-FFI is a 60-item test with good reliability (alphas ranging from .74 to .89) that measures five personality domains: neuroticism, extroversion, openness, agreeableness, and conscientiousness (Costa & McCrae, 1992). Each domain represents a continuum of the personality dimension and although the scales are described as a comparison of the extremes, most individuals will score in the middle of the scale (Costa & McCrae). The neuroticism scale contrasts emotional stability at the lower end of the scale with emotional distress at the high end of the scale (Costa & McCrae). Extraversion is defined as a preference for being around people as well as being more energetic; while introversion is defined as being independent, reserved, and even tempered (Costa & McCrae). The openness domain, short for openness to experience, measures a person's preference for variety and curiosity (open) versus a preference for conventional behavior and a narrow scope of interests (closed) (Costa & McCrae). Agreeableness contrasts the tendency to help and cooperate with others with the opposing tendency toward competitiveness and skepticism of others' intentions. Lastly, the conscientious individual is determined, focused, and strong-willed (Costa & McCrae). The NEO-FFI uses a five-point Likert scale ranging from *strongly disagree* (0) to *strongly agree* (4). In this sample of social work students, all personality domains had good reliability scores with alphas ranging from .72 to .89.

Demographics. Students were asked their race, age, gender, and academic degree. Because the sample size was smaller than expected, and had limited diversity, race was recoded into two categories: Caucasian and minority. Based on prior research exploring SES status (Cheung et al., 2001) and the influence of undergraduate science courses (Klau, 1996), students were asked if their mother and father had a college degree and if they had completed undergraduate courses in geometry and chemistry. Completion of a course was coded as 1 and non-completion was coded as 2. Data on parent's degree was recoded into one dichotomized variable representing students with two college degree parents (coded as 1) compared to students with one or no college degree parents (coded as 0).

Data Analysis

Using SPSS 13, predictors of critical thinking were analyzed by running a regression analysis. Research and theory did not provide a clear rationale for the order of entry into

the regression model; therefore all variables were entered simultaneously. Nine predictor variables were entered into the regression model: race, parents' degree, the five personality domains from the NEO-FFI, geometry, and chemistry. Assumptions for regression analysis (Cohen, Cohen, West & Aiken, 2003) were tested and adequately met.

RESULTS

Predictors of Critical Thinking

The overall regression model was significant (F = 3.423, p = .002), accounting for 35.5% of the total variance in critical thinking (adjusted R^2 = 25.1). The lower adjusted R^2 is due to the limited sample size in relation to the number of predictors in the model. Students who reported that both of their parents had a college degree had significantly higher critical thinking scores (t = 3.238, B = 3.460, p = .002). Students with higher scores on the openness scale of the NEO-FFI had higher critical thinking scores (t = 2.594, B = .243, p = .012) and those who reported taking an undergraduate chemistry course also had higher scores (t = -2.182, B = -3.740, p = .033). Race was also significant (t = -2.014, B = -2.834, p = .049) with Caucasians having higher critical thinking scores than minorities. However, this finding should be interpreted with caution due to the p value being close to .05. Geometry was not significant and openness was the only personality domain significantly related to critical thinking (See Table 2 for regression statistics). Thus, social work students who took chemistry in college, reported having both parents with a college education, and are more open to experiences had higher critical thinking skills.

TABLE 2. Summary of Regression Analysis for Variables Predicting Critical Thinking (N = 66)

Variable	*B*	*SE B*	β	*t*	*p*
Race (Caucasian = 1, Minority = 2)	-2.834	1.407	-.233	-2.014	.049
Parents - college degree (both yes = 1, no = 0)	3.460	1.069	.381	3.238	.002
Neuroticism	.021	.068	.040	.313	.756
Extraversion	-.019	.095	-.025	-.201	.841
Openness to experience	.243	.094	.305	2.594	.012
Agreeableness	.138	.105	.158	1.311	.195
Conscientiousness	.059	.088	.083	.676	.502
Geometry (yes = 1; no = 2)	1.180	1.993	.069	.592	.556
Chemistry (yes = 1; no = 2)	-3.740	1.714	-.255	-2.182	.033

(F = 3.423, p = .002)

Critical Thinking Skills by Social Work Degree

Due to a limited number of respondents in the BSW and PhD categories, the study had insufficient power for a statistical comparison by social work degree. However, it is interesting to note that critical thinking scores were in the expected direction (higher scores for higher degrees) and the mean scores for each degree category were higher than the averages given by the test developers (Facione et al., 2002; Insight Assessment, 2006).

TABLE 3. Critical Thinking Scores by Social Work Degree (N = 72) Compared to Norm Samples (Facione et al., 2002; Insight Assessment, 2006)

	N	*Mean*	*SD*
Social work students:			
BSW	13	17.92	4.33
MSW	48	19.83	4.64
PhD	11	22.00	4.69
Total	72	19.82	4.679
Norm samples:			
4-year college	2677	16.80	5.062
Masters nursing	153	19.01	5.087

DISCUSSION

The purpose of this study was to explore social workers' critical thinking skills across academic levels and examine the predictors of these skills. The regression model found several significant relationships between demographic and personality variables and critical thinking skills. The correlation between critical thinking and socioeconomic status in this study is consistent with previous research. Higher socioeconomic status has been found in previous studies to be correlated with higher levels of students' critical thinking (Cheung et al., 2001; Klau, 1996). Previous studies, however, measured SES by parents' occupation (Cheung et al.) or used Hollingshead's criteria (Klau). This study's finding that students who had two parents with college degrees had higher levels of critical thinking than students with only one or neither parent with a college degree adds information on the significance of a different indicator of SES (i.e., level of parental education), to students' critical thinking skills.

Due to an inadequate number of BSW and PhD respondents, it was not possible to conduct a statistical analysis of critical thinking scores by social work degree. However, critical thinking scores did show a clear trend toward greater ability to think critically as social work students' academic levels increase. This trend is of particular interest as the study is the first to include doctoral social work students. Future longitudinal studies that include social work students at all academic levels could help to assess changes in students' critical thinking skills over time.

Limitations and Strengths

The generalizability of this study's findings is limited by its use of a small, mostly female, volunteer sample, predominantly from one school of social work. The predictor to respondent ratio (9 to 66 in this study) for the regression analysis exceeds the 1 to 15 recommendation by Stevens (2002) which may decrease the generalizability of the regression results. In addition, the small sample size compromised the power to detect statistically significant relationships where they may have existed. Using a cross-sectional rather than a longitudinal design, limits the ability to examine the effects of social work education on students' critical thinking skills. Finally, students self selected to participate in this voluntary study, therefore results may be influenced by selection bias.

This study has several strengths. It is unique in that it represents the first effort to include students across the entire continuum of social work education and to examine the connections between personality factors and critical thinking for social work students. Another asset was the use of reliable and valid instruments to measure critical thinking skills and personality factors.

Implications for Social Work Education

One of the study's most important findings, a correlation between critical thinking skill and openness to new experience, has several implications for social work educators. Suggestions are offered on ways to foster the development of students' critical thinking skills in the classroom and field by focusing on increasing their open-mindedness and ability to imagine alternative ways to assess and solve problems. Implications for admissions and field instructor training are also offered.

While previous studies of nursing students (Profetto-McGrath, 2003) and undergraduates (Clifford et al., 2004) found a correlation between critical thinking and the personality characteristic of open-mindedness, this was the first study of social work students to find this connection, lending additional support to a correlation between these two variables. This finding suggests that helping social work students develop the habit or discipline of open-mindedness may have a positive effect on their critical thinking skills. Some of the attitudes and behaviors associated with the openness domain in the NEO-PPI include "active imagination, aesthetic sensitivity, attentiveness to inner feelings, preference for variety, intellectual curiosity, and independence of judgment" (Costa & McCrae, 1992, p. 15). Individuals who score high on this scale tend to have an interest in both their inner lives and the outer world, are open to new ideas, and experience emotions intensely (Costa & McCrae). By designing assignments to target the enhancement of these qualities, establishing a safe atmosphere where discovery is valued, and modeling an attitude of open inquiry, classroom teachers can help to increase students' openness to new ideas and experiences with the ultimate goal of improving their ability to think critically.

By providing an environment that encourages discovery, including being open to new learning that emerges through student inquiry and discussion (Pithers & Soden, 2002), social work educators can model an attitude of openness to new experiences. Gray (1993)

suggests that after teachers present their ideas as clearly as possible, they honestly invite students to collaborate in examining these ideas and to generate alternative views by asking such questions as, "I can't think of any other explanation, can you?" (p. 70). Such questions are most effective when posed in the spirit of genuine inquiry, not as a way to "test" students or as a device to help them arrive at a pre-determined "correct" answer. Irving and Williams (1995) caution that instructors may feel anxious when "dealing openly with challenging and conflicting views" as this process entails "being prepared to expose our own (and others') vulnerabilities" (p. 112). However, when the classroom instructor is willing to take such risks, the classroom environment can feel like a place for students to acknowledge their own limitations, increase their willingness to examine their own views and consider alternatives.

Van Gelder (2005) identifies cognitive bias, a natural tendency of individuals to selectively use evidence to support and preserve their own beliefs, as a hurdle to developing openness to new information. By explicitly raising students' awareness of this tendency, along with providing opportunities to actively practice looking for contradictory evidence, students can be helped to be open to changing their minds when evidence contradicts their original belief (van Gelder). Gibbs and Gambrill (1999) offer games and exercises that highlight cognitive bias which can be effective tools in helping students recognize how such biases affect perception and decision-making. Social work educators can design assignments to highlight cognitive bias while encouraging students' intellectual curiosity, imagination, and openness to new ideas and information. For example, prior to studying adolescence as a life stage in an HBSE class, instructors could ask questions about this developmental stage such as: "Is it generally a time of turmoil? What happens to teenagers' relationships with their parents and siblings during this time? What marks the "end" of adolescence?" Students could then be assigned to find evidence that supports and evidence that contradicts their opinion and bring this information to a subsequent class discussion. As part of this discussion, the instructor could invite students to consider how much their own experience of adolescence affected their initial opinions and to what extent research evidence supports and/or challenges their beliefs.

Specific strategies for helping students become more openminded are often based on using group discussion and analysis, for example, listening to, considering, and evaluating alternative views and experiences in arriving at a solution. Material in films (Shdaimah, 2009; Weerts, 2005) and case vignettes can be used to identify problems and generate alternative solutions. For example, Mottola and Murphy (as cited in Staib, 2003) trained nursing students to be open to alternative views through having them engage in group discussion and analysis of solutions to a practice dilemma. Students were directed to identify all the factors they included in formulating their solution and then "think about factors they had not previously considered before the group discussion" (Staib, p. 502). The final step, which explicitly required students to identify and be open to previously unconsidered solutions, was seen as crucial by the researchers.

As mentioned earlier, there is preliminary evidence that students with low critical thinking skills present particular problems due to their unwillingness to change their misconceptions (Kowalski & Taylor, 2004), their experience of critical thinking as "tricky" (Williams et al., 2004), and their preference for concrete answers (Williams et

al., 2003). Such research seems consistent with the connection found in this study between open-mindedness and critical thinking. For these students, instructors can help by focusing on the decision-making process, rather than the correct answer, when reviewing exam material or in-class exercises. Williams et al. (2004) suggest a peer coaching program in which students with high levels of critical thinking review exams with students with lower critical thinking levels and explain how they arrived at their answers, a process that could benefit both groups of students. Instructors can also address students' lack of critical thinking skills by providing written feedback on assignments, e.g., thoughtful questions which are intended to provoke students' curiosity about their work. The student could be given a period of time to consider the questions posed by the instructor and then meet to discuss their thoughts. This process allows the instructor to identify strengths and weaknesses in the student's critical thinking skills and to use the specifics of the student's written work to engage and challenge the student.

Devising strategies to assist students who are less interested, motivated, or able to engage in a critical thinking process is a fruitful area for additional research. Helping these students first develop open-mindedness as a "habit of mind" could lay the groundwork for developing critical thinking skills such as seeking and evaluating evidence to support their beliefs or decisions.

Field instructors have many opportunities to provide new experiences for their students through selecting case assignments in the agency and community. In order for these experiences to provide fertile ground for development of critical thinking skills however, field instructors need to purposefully engage students in reflecting upon and evaluating their experiences. By modeling openness to students' ideas, sharing with students *how* they make decisions and evaluate their own work, and asking questions that require reflection and analysis, field instructors can help students use their new experiences to sharpen their critical thinking (Deal, 2003). Schools of social work might consider offering training in critical thinking to field instructors. By improving their own critical thinking skills, field instructors could be better prepared to assist their students develop these skills (Rogers & McDonald, 1992).

The correlation between critical thinking and openness to new experiences also provides implications for admission of students into social work programs. As part of admissions scoring, schools of social work could design an essay question to evaluate students' openness and curiosity or consider looking for signs of these attributes in student essays or interviews. One school found that applicants who succeeded in gaining admission to a social work postgraduate program following an interview scored higher on the openness scale of the NEO-PI-R, suggesting that students perceived by interviewers as "more open, less judgmental and more accepting" were seen as a good fit with the profession (Manktelow & Lewis, 2005, p. 305).

CONCLUSION

Given the mixed results found in this and previous studies (Clark, 2002; Harrison & Atherton, 1990; Huff, 2000; Kersting & Mumm, 2001; Klau, 1996; Plath et al., 1999), future research is needed to assess the impact of social work education on social work

students' critical thinking skills, particularly whether social work education in general, and/or courses specifically designed to teach such skills, are successful in increasing students' critical thinking abilities. The correlation found between students' ability to think critically and the personality trait of open-mindedness, however, suggests one promising area of future knowledge development. By developing and testing strategies to increase students' openness and curiosity in both classroom and field, social work educators may discover ways to prepare students to engage in the rigorous process of critical thinking.

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Addressing Sexual Minority Issues in Social Work Education: A Curriculum Framework

Lindsay Gezinski

Abstract: *This paper will explore a curriculum framework that explicitly addresses the reduction of heterosexism as a means to produce students that are culturally competent to practice with the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. Van Den Bergh and Crisp (2004) place great importance on addressing beliefs/attitudes, knowledge, and skills when broaching culturally competent practice with the LGBTQ population. Beliefs/attitudes, knowledge, and skills in an educational approach will be advocated in this paper. Specifically, the creation of a constructivist environment will be endorsed as a means for students to critically assess their own beliefs/attitudes, knowledge, and skills. A curriculum framework that utilizes classroom activities related to heterosexual privilege, policy, and practice role plays will be discussed. This curriculum framework is intended to prepare social work students to work with LGBTQ clients.*

Keywords: *LGBTQ, social work, curriculum, constructivism, heterosexism*

INTRODUCTION

The sexual identities of lesbian, gay, bisexual, transgender, and queer (LGBTQ) represent a risk factor within the context of social work practice (Van Den Bergh & Crisp, 2004). However, LGBTQ issues are not sufficiently included in social work education (Mackelprang, Ray & Hernandez-Peck, 1996). Therefore, this paper will develop a culturally competent curriculum framework to prepare social work students to work with LGBTQ clients. Emphasis will be placed on the acquisition of critical thinking skills in a constructivist learning environment.

LITERATURE REVIEW

Cultural competence is the end result of a process requiring one's attempt to recognize and understand another's culture (Van Den Bergh & Crisp, 2004). The Council on Social Work Education (CSWE)'s accreditation guidelines for schools of social work address diversity in the learning environment, as well as diversity in practice. Accreditation Standard 3.1.1 states that the social work program "describes the specific and continuous efforts it makes to provide a learning environment in which respect for all persons and understanding of diversity and difference are practiced" (Council on Social Work Education [CSWE], 2008, p. 11). Further, the program and curriculum are expected to understand and respect diversity.

The National Association of Social Workers (NASW) (2001) *Standards for Cultural Competence in Social Work Practice* emphasize the importance of self-awareness of

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one's values and beliefs, as well as knowledge and skills of cultures that are different from one's own. The aforementioned guidelines and standards serve as a framework for the evaluation of social work programs to determine if curriculum is inclusive of LGBTQ issues.

The likelihood is high that social work students will interact with LGBTQ clients at some point during the course of their careers (Mackelprang et al., 1996); however, colleges of social work often fail to incorporate LGBTQ material in programs of study (Hylton, 2005). This lack of inclusion may be a result of the fact that sexual orientation is consistently ranked as being less important than race, ethnicity, and gender (Mackelprang et al., 1996). The inclusion of LGBTQ issues in curriculum is necessary due to rates of homophobia among social work practitioners and students. While Berkman and Zinberg (1997) found that 10.7 percent of social workers holding a MSW are low-grade homophobic, Wisniewski and Toomey (1987) found that one-third of social workers are homophobic. MSW students were found to be more tolerant than existing social work practitioners (Newman, Dannenfelser & Benishek, 2002), which may indicate that the field is becoming increasingly tolerant and accepting of sexual minorities.

While several of the previously mentioned studies indicate relatively low homophobia in the field of social work, one must also consider the construct of heterosexism. Morrow (1996) defines heterosexism "as the promotion and valuing of heterosexuality over nonheterosexuality. Heterosexism systematically privileges those who have a heterosexual identity while simultaneously oppressing those who have a gay, lesbian, or bisexual identity" (p. 2). Raiz and Saltburg (2007) found that 21.3 percent of BSSW students were non-accepting of lesbians and gay men, while 40.0 percent of BSSW students were found to be tolerant with conditions. The 'tolerant with conditions' subgroup was found to conceive this population in a heterosexist manner. Thus, many participants held heterosexuality as the norm.

This paper will explore a curriculum framework that explicitly addresses the reduction of heterosexism as a means to produce students that are culturally competent of the LGBTQ community. Van Den Bergh and Crisp (2004) place great importance on addressing beliefs/attitudes, knowledge, and skills when broaching culturally competent practice with the LGBTQ population. Beliefs/attitudes, knowledge, and skills in an educational approach will be advocated in this paper. Specifically, the creation of a constructivist environment will be endorsed as a means for students to critically assess their own beliefs/attitudes, knowledge, and skills.

CURRICULUM FRAMEWORK

A holistic approach that examines the macro/micro, theoretical/practical is necessary in the inclusion of LGBTQ material in social work curriculum. Although schools of social work may offer courses with a focus on LGBTQ issues, the infusion of LGBTQ material into all social work coursework is necessary. This relies on the belief that LGBTQ oppression cannot be viewed separate from other oppressions (e.g., race/ethnicity, sex, physical ability, class, etc.) due to the intersectionality of individuals. Intersectionality realizes the social stratification of people, meaning that the combination

of one's race/ethnicity, sex, physical ability, class, sexual orientation, and gender identity intersect resulting in unique experiences (Collins, 2000). For example, in contrast to white gay men, black lesbians are forced to contend with heterosexism *and* racism *and* sexism. The endorsement of within group differences is extremely important when discussing LGBTQ material with students. However, the creation of binaries is potentially dangerous resulting in an object/subject dichotomy (McPhail, 2004). The creation of a constructivist environment that fosters and nurtures students' critical thinking skills may contribute to the rejection of such binaries that create sexual minorities as "other".

Setting the Stage—Creating a Constructivist Space for Critical Thinking

The effectiveness of engaging with students in a dialogue about sexuality and gender identity will rest on the environment of the larger community, college, and classroom. Prior to the first day of class, the instructor may choose to assess the context of the larger community and the college. Questions may include the following:

- Is the college or school located in a rural or urban area? Rural areas have been found to contribute to higher sexual prejudice towards homosexuals (Herek, 2002; Wills & Crawford, 2000).
- Does religion figure prominently in the community and in the college? Identification as Protestant or Catholic is associated with negative anticipated professional behavior with lesbian clients (Cramer, 1997).
- What is the racial breakdown of the community and school? Some studies have shown that blacks hold more negative attitudes towards homosexuality than whites (Lewis, 2003), while others indicate that whites hold more negative attitudes (Levitt & Klassen, 1974).
- Do the community and college favor conservative or liberal ideology? Conservatism has been found to be associated with greater homophobia when compared to liberalism (Snively, Krueger, Stretch, Watt & Chadha, 2004).

Answers to these questions may offer important information related to teaching approaches. For example, students attending schools of social work in rural areas that are highly conservative and religious may be resistant to LGBTQ material. Thus, a great amount of attention may be placed on attitudes/beliefs prior to addressing knowledge and skills. In contrast, social work students in urban areas that are highly liberal may be more receptive to such material. Therefore, emphasis may be placed on knowledge acquisition and skills rather than attitudes/beliefs. It is important to consider whether or not students are bred inside or outside of the community surrounding the college. The aforementioned assessment may be more pertinent for students bred in the surrounding community. However, some students may originate from communities quite different than the one surrounding the college.

The creation of a constructivist classroom that acts as a safe space is of utmost importance to student learning. Brooks and Brooks (1993) describe a constructivist classroom in contrast to a traditional classroom (p. 17) as follows:

Traditional Classroom	**Constructivist Classroom**
Curriculum is presented part to whole, with emphasis on basic skills.	Curriculum is presented whole to part with emphasis on big concepts.
Strict adherence to fixed curriculum is highly valued.	Pursuit of student questions is highly valued.
Students are viewed as ‘‘blank slates’’ onto which information is ‘‘etched’’ by the teacher.	Students are viewed as thinkers with emerging theories about the world.
Teachers generally behave in a didactic manner, disseminating information to students.	Teachers generally behave in an interactive manner, mediating the environment for students.
Teachers seek the correct answer to validate student learning.	Teachers seek the students’ point of view in order to understand students’ present conceptions for use in subsequent lessons.
Assessment of student learning is viewed as separate from teaching and occurs almost entirely through testing.	Assessment of student learning is interwoven with teaching and occurs through teacher observations of students at work and through personalized assignments.

Piaget is often considered to be the founder of constructivism. He held that reality is not concrete. Instead, individual realities are constantly changing as a result of time and new experiences (Piaget, 1970). A constructivist environment is the result of teamwork and support on the part of the instructor and students in an effort to analyze one’s own beliefs and the beliefs of others (Nichols-Casebolt, Figueira-McDonough & Netting, 2000). Discourse is constructive when students are active participants in their own learning and the learning of others. The instructor may facilitate this type of environment through denying ideas as factual and concrete and rather as fluid and open to interpretation. Additionally, it is the instructor’s responsibility to act as a model for challenging her/his own beliefs and those of the students. Through modeling the instructor, students may feel greater comfort in challenging beliefs and attitudes.

This type of environment is conducive to the endorsement of critical thinking. Critical thinking relies on the notion that knowledge is socially constructed and requires students to be reflexive considering strengths, weaknesses, and underlying notions of arguments (Gibbons & Gray, 2004). A guiding question for conversation may be “How do we know what we know?” This simple question relates to the social-historical construction of knowing and may act as a catalyst for deep analysis of the origins of beliefs/attitudes regarding power dynamics on multiple levels.

This constructivist environment of critical thinking is likely to be most effective in a classroom that acts as a safe space. A safe space is defined as "a classroom climate that allows students to feel secure enough to take risks, honestly express their views, and share and explore their knowledge, attitudes, and behaviors" (Holley & Steiner, 2005, p. 50). The space is safe when students know that they will not face criticisms as a result of sharing their ideas (Boostrom, 1998). Rather than prohibit conflict amongst students, it should be the responsibility of the instructor to manage conflict (Osborne, 1997). Holley and Steiner (2005) found that the creation of a safe space results in students' increased learning and self-examination of beliefs. This safe space results in free expression, which may result in the discomfort of some students. The instructor may choose to devise a policy that balances this freedom of expression with a stance of non-discrimination.

While the aforementioned strategies for inclusion of material are relatively abstract, tangible strategies are also available. For instance, the random assignment of students to small groups for the length of the course may allow students to become acquainted with others that are unlike themselves resulting in relationship-building and a sense of community offering opportunities for empowerment (Dore, 1997). Students that openly identify as LGBTQ may positively impact group members. Research indicates that homophobic attitudes are reduced when an individual has contact with a gay man or lesbian (Berkman & Zinberg, 1997). This process of creating a constructive atmosphere conducive to free thought sets the stage for challenging beliefs/attitudes.

Challenging Beliefs/Attitudes—The Power Dynamics of Institutionalized Heterosexism

The discussion of power differentials and the "mythical norm" (Lorde, 1984) may serve as a backdrop for continued conversations of oppression, such as institutionalized heterosexism. Lorde (1984) describes the "mythical norm" and states, "In America, this norm is usually defined as white, thin, male, young, heterosexual, Christian, and financially secure. It is with this mythical norm that the trappings of power reside within society" (p. 116). Thus, this "mythical norm" serves to define those that do not fall into these categories as the "other." Students could be asked to reflect on this notion of the "mythical norm" and discuss its implications. For instance, students could describe their own "otherness" and how this "otherness" fosters various forms of oppression, including institutionalized heterosexism.

Students could be requested to describe the ways in which social welfare policy perpetuates institutionalized heterosexism. For example, the underlying notion of heteronormativity found in Temporary Assistance for Needy Families (TANF) could be analyzed (Fineman, Mink & Smith, 2003). Students could be requested to describe the ways in which this promotion of marriage and two-parent families relies on the presumption of heterosexuality. Further, discussion could reflect on the ways this presumed heterosexuality results in the invisibility of the LGBTQ population.

A discussion of heterosexual privilege would nicely complement this discussion of institutionalized oppression. McIntosh (1990) describes the privileges associated with being white, which include the following:

> "If I should need to move, I can be pretty sure of renting or purchasing housing in an area that I can afford and in which I would want to live."
>
> "I can go shopping alone most of the time, pretty well assured that I will not be followed or harassed."

Students could be assigned McIntosh's (1990) article and requested to identify heterosexual privileges. The LGBT Resource Center at University of Missouri-Columbia (2008) exemplifies heterosexual privileges with the following statements:

> "If you are heterosexual (or, in some cases, simply perceived as heterosexual), you can go wherever you want and know that you will not be harassed, beaten, or killed because of your sexuality (16 people were known to be murdered in 2000 because of being perceived as gay, 29 were killed in 1999, and 26 in 1998)."
>
> "If you are heterosexual (or, in some cases, simply perceived as heterosexual), you can raise, adopt, and teach children without people believing that you will molest them or force them in to your sexuality. Moreover, people generally will not try to take away your children because of your sexuality."

A discussion of institutionalized heterosexism could be followed by a self-assessment of students' own homophobia and heterosexism. The use of a pre- and post-test may represent a useful tool for students to gauge their own levels of homophobia and heterosexism. The following represent reliable instruments for this task: Attitudes toward Lesbians and Gay Men Scale (Herek, 1988) and Index of Attitudes towards Homophobia (Wisniewski & Toomey, 1987). Following the students' initial self-assessment, the instructor could facilitate a discussion requesting students to reflect on their understanding and perceptions of homophobia and heterosexism. Students could again complete the self-assessment at the conclusion of the course. Resultant discussion could revolve around changes in attitudes or lack thereof over the course of the class.

Building Knowledge—Theory and Practice

The acquisition of knowledge regarding LGBTQ issues can be framed in theoretical and practical terms. In Human Behavior and the Social Environment (HBSE) courses, theories of development can be viewed as they apply to sexual minorities (Van Den Bergh & Crisp, 2004). For instance Cass' (1984) model of gay and lesbian identity formation could be examined in combination with Erikson's (1950; 1959) stages of psychosocial development. Identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis are associated with gay and lesbian identity formation (Cass, 1984). Additionally, theories may be examined as to how they affect sexual minority populations in contrast to other populations.

Regarding practice, knowledge is needed around appropriate terminology, coming out, familial relationships, and so on (Morrow, 1996). Further, students should become acquainted with community resources and social service networks that specifically address the LGBTQ population, as well as effective methods for advocacy work (Mackelprang et al., 1996; Van Den Bergh & Crisp, 2004). Videos, guest speakers, and

journal articles represent various methods for knowledge acquisition regarding minority populations (Colvin-Burque, Zugazaga & Davis-Maye, 2007). Various journal articles may be helpful in incorporating LGBTQ issues in mental health, health, aging, youth, families, and so on. (See Berger, 1984; Gomez & Smith, 1990; Laird, 1994; Levy, 1995; Marsiglia, 1998; Parks, 2001).

Teaching Skills for Practice

Vignettes and role-plays represent mediums in which to practice clinical skills (Cramer, 1997; Van Den Bergh & Crisp, 2004). The following represent potential role-plays for classroom activity.

> ***Role play 1.*** You are a school social worker in a rural area. Charlotte, once a straight 'A' student, has experienced a sharp decline in grades and class participation. Charlotte tells you that she has been thrown out of her household following "coming out" to her parents. She currently has no communication with her parents and is residing on friends' couches.

For role play 1, students could be encouraged to examine the ways in which Charlotte's sexual orientation interacts with her school and home life. Issues for special consideration include: school, family, homelessness, child welfare, and so on. Cass' (1984) model of gay and lesbian identity formation could be discussed in relation to adolescent development. Further, exploration of housing issues, social support networks for LGBTQ youth, and community resources provide a starting point for discussing the impact of lesbian-identification on youth.

> ***Role play 2.*** You are a hospital social worker. Darrell has been hospitalized following a stroke and remains in a coma. His partner of forty years, Michael, is being refused access to Darrell by hospital staff because they state that he is not a relative.

For role play 2, students could be asked to reflect on the implications of policy and the ways in which marriage affects gay and lesbian rights. Further, students may be requested to explore effective ways for navigating the bureaucracy of the hospital system. Special issues for consideration include grief and bereavement, as well as family systems. It may be important for the student to consider the quality of the relationship that exists between Michael and the rest of Darrell's family. Are they accepting and supportive of Darrell and Michael's relationship? Further, access to resources may be addressed. For instance, Michael may not have access to Darrell's assets despite their lengthy cohabitation.

> ***Role play 3.*** Leslie, born Joel, presents at your office due to depression and cocaine abuse. Leslie states that she hopes soon to transition fully from male to female. She claims that her mental health and substance abuse issues will diminish following transition.

For role play 3, students may be asked to consider Leslie's mental health and substance abuse issues. Further, special consideration should be placed on Leslie's

transition process, including key terminology and stages of transition. The student may choose to assess Leslie's claim that her depression and cocaine abuse will cease to exist following transition. Further, a discussion could ensue around community resources and social support networks for transgendered individuals. Finally, a discussion could commence regarding the ways in which the Diagnostic and Statistical Manual of Mental Disorders (DSM) pathologizes transgendered individuals with the classification of Gender Identity Disorder.

FUTURE RESEARCH

Although a curricular framework has been presented here, its level of effectiveness is unknown. Research is needed that examines the reliability and validity of this approach through the utilization of a quasi-experimental design. Research questions may include the following:

- Do social work students experience a change in their attitudes/beliefs, because of increased coverage of LGBTQ issues in social work curriculum? Specifically, do homophobia and heterosexism decrease as a result of LGBTQ-inclusive curriculum?
- Do social work students gain knowledge regarding the LGBTQ community, because of exposure to LGBTQ issues in social work curriculum? Specifically, do students gain knowledge of theories of development, terminology, community resources, etc.?
- Do social work students gain effective skills for practice with LGBTQ clients as a result of LGBTQ-inclusive curriculum? Specifically, are social work practitioners able to effectively interact with LGBTQ clients as a result of LGBTQ-inclusive curriculum?

CONCLUDING REMARKS

A culturally competent curriculum framework is necessary to prepare social work students to work with LGBTQ clients. A constructive, "safe space" is essential for the development of students' critical thinking skills. These critical thinking skills will allow students to analyze their own attitudes/beliefs regarding oppressions, including institutionalized heterosexism. Through the dispersal of diverse knowledge and skills, schools of social work will likely produce culturally competent social work practitioners.

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