

## EDITORIAL:

**William H. Barton**

Welcome to the Spring 2010 (Volume 11, No. 1) issue of *Advances in Social Work*. The work of another academic year is finding its way into neatly organized file folders (right!). Everybody knows that the summer for those of us fortunate enough to work in higher education means a languorous string of balmy evenings on the porch following days of mindless recreation at the beach, lake or wherever. Sound familiar? Not to me either. Summer is more likely to find academics, at least those who don't teach full loads all year, frantically seeking grant funding, reworking or developing new courses, and/or cranking out manuscripts. Speaking of those manuscripts, please consider sending your best ones our way!

Before previewing the current issue, let me remind you that *Advances* will be publishing a special issue on "Social Work and Service Learning in the Age of Competency-based Education," co-edited by Virginia Majewski and Lisa McGuire. This special issue is linked to the conference "Assessing Professional Competencies through Service Learning," to be held in Indianapolis from June 16 to 18, 2010. Attendees will be invited to submit papers for inclusion in this peer-reviewed issue, although others not attending the conference are also encouraged to submit papers as well. Papers may be either theoretical or research-focused. The submission deadline is September 1, 2010, with anticipated publication in the Spring of 2011. To view the complete call for papers, see the announcement on the journal's home page.

The current issue opens with an article by David Hodge, Robin Bonifas and Rita Jing-Ann Chou entitled "Spirituality and Older Adults: Ethical Guidelines to Enhance Service Provision." Recognizing that spirituality plays an important role in the ways many older adults address their challenges, Hodge and colleagues urge gerontological social workers to equip themselves by attending to three ethical principles: 1) client autonomy, 2) cultural or spiritual competence, and 3) professional competence.

Regarding clients at the other end of the lifespan, Madhavappallil Thomas and Barbara Reifel's article, "Child Welfare Workers' Knowledge and Use of a Resilience Approach in Out-of-Home Care," examines the extent to which child welfare workers understand and use a resilience approach in their work. Among their key findings: child welfare workers who have social work degrees are more likely to be familiar with and use resilience-based assessment and interventions that are those workers without social work degrees.

While there is no lack of literature concerning attitudes towards marriage and divorce in Western cultures, the third article, "Attitudes of Kuwaiti Young Adults Towards Marriage and Divorce: A Comparative Study between Young Adults from Intact and Divorced Families" by Humoud Alqashan and Hayfaa Alkandari, provides one of the few descriptions of such attitudes in an Arab country in the Gulf region. While their findings mirror those in the West in many respects, they do find some differences, especially

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among women, and discuss these in terms of both historical and recent cultural, social and political influences in the region.

From another part of the world, Australia, comes our fourth article, “Mental Health, Access, and Equity in Higher Education.” Jennifer Martin and Fiona Oswin present findings from an exploratory study in which they asked students if they experienced mental health difficulties and, if so, whether or not they disclosed such difficulties and if they perceived support or discrimination as a result of such disclosure. The most common types of reported mental health issues included depression and anxiety. Many students indicated that they did not disclose their problems to university officials because they feared discrimination in their studies and future employment. On the other hand, those who did disclose generally reported that they received helpful assistance.

Continuing a “tradition” in *Advances in Social Work*, the next article, “Information and Communication Technologies in Social Work” by Brian Perron, Harry Taylor, Joseph Glass and Jon Margerum-Leys, discusses the role of technology in both social work education and practice. In addition to describing an array of current applications of such technologies, the article critically examines their link to specific standards in the NASW Code of Ethics and makes the argument that such technologies appear necessary for ensuring the delivery of ethical social work practice.

This issue concludes with a report of a state-level workforce survey, “Employment-Related Salaries and Benefits in Social Work: A Workforce Survey.” Noting that the 2004 national NASW workforce survey included too few cases from Arizona to provide state-level information, Suk-Young Kang and Judy Krysik adapted that survey instrument and applied it to a random sample of Arizona’s NASW membership, obtaining a 72% response rate (N=465). Among their findings: salary was positively related to level of education and years of experience; salaries were higher for men than women and higher for those in administrative roles; and access to employee-related benefits appeared widespread. They conclude by suggesting that such information should be used to market social work as a career choice in Arizona, as the profession can provide good salaries and benefits.

In closing, I am pleased to report that *Advances in Social Work* has been able to provide highly efficient processing of most submitted manuscripts, thanks to the timely response by our reviewers. For example, one of the articles in this issue was initially submitted during the holiday break in late December. Both peer reviews were completed within two weeks and the decision made to “provisionally accept – minor revisions needed.” The revised manuscript was submitted within another month, the second round of peer reviews was completed in *two days*, and the manuscript was accepted – total time from initial submission through revision to acceptance was two months! The timeline for another article in this issue was virtually identical – two months total time from initial submission to acceptance with two rounds of review. While these may be the fastest, the four others were not slow, with total times of three, four, six and eight months, and all required at least two rounds of review.

Now, to the beach or porch ....

## **Spirituality and Older Adults: Ethical Guidelines to Enhance Service Provision**

**David R. Hodge  
Robin P. Bonifas  
Rita Jing-Ann Chou**

***Abstract:** Spirituality plays an important role in the lives of many older adults. Consequently, it is not surprising that gerontological social workers frequently engage spirituality in practice settings. The paucity of training gerontological workers have received on this topic, however, is a cause for concern. To help equip workers, three ethical principles are proposed to guide interactions in the area of spirituality. These principles can be summarized as: 1) client autonomy, 2) spiritual competence, and 3) professional competence. The application of these principles in practice settings will enhance the ability of gerontological social workers to interact with older adults' spirituality in a professional and ethical manner.*

***Key Words:** Spirituality, religion, strengths, ethical practice, older adults*

### **INTRODUCTION**

Spirituality and religion are important constructs in the lives of many older adults (Taylor, Chatters, & Jackson, 2007). For instance, among those 65 and older, 72 percent report that religion is very important in their lives (Newport, 2006). This represents the highest percentage reported by any of the age groups surveyed by the Gallup organization (Newport, 2006).

Spiritual beliefs and practices often play a central role in helping older adults navigate life-challenges (Barusch, 1999; Cabassa, 2007; Lawrence et al., 2006). Research has associated spirituality with: health and wellness (Koenig, McCullough & Larson, 2001; Vink, Aartsen, & Schoevers, 2008), life satisfaction (Yoon & Lee, 2007), and self-esteem (Keyes & Reitzes, 2007). Similarly, spirituality has been linked to the ability to cope with a variety of issues, including adversity (Barusch, 1999), anxiety (Rajagopal, MacKenzie, Bailey, & Lavizzo-Mourey, 2002), depression (Koenig, 2007a), fear of falling (Zhang, Ishikawa-Takata, Yamazaki, Morita, & Ohta, 2006), HIV (Vance, 2006), vision loss (Brennan, 2002), and lifetime trauma (Krause, 2009). In short, the extant empirical research suggests that spirituality is typically a strength in the lives of older adults.

In light of this research, some observers have suggested that older adults' spiritual beliefs can be harnessed to enhance outcomes (Koenig, Larson, & Matthews, 1996; Lewis, 2001; Moberg, 2005; Nelson-Becker, Nakashima, & Canda, 2007). Since

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spirituality is often related to outcomes of interest to gerontological social workers, it is argued that practitioners should tap all relevant client strengths to address problems. Consequently, it is perhaps not surprising that the existing research suggests that most gerontological workers are, at least in some form, addressing the spiritual dimension in their practices with older adults (Murdock, 2005).

Incorporating spirituality into practice in an ethical manner may, however, pose somewhat of a challenge to gerontological social workers. Despite widespread interest in tapping clients' spiritual strengths to address problems, most gerontological practitioners appear to have received little or no training on the topic during their graduate educations (Murdock, 2005; Sheridan, 2009). These self-reports have been corroborated by a content analysis of widely used social work foundation practice textbooks, which found minimal content on older adults and spirituality and religion across approximately 10,000 pages of surveyed text (Tompkins, Larkin, & Rosen, 2006).

The lack of training is particularly concerning in light of the vulnerabilities commonly associated with aging. Although many individuals in later life continue to lead productive lives, aging is often associated with increasing cognitive, emotional, and physical challenges (Aldwin, Park, & Spiro, 2007). Further, it is often at points of heightened vulnerability that gerontological social workers encounter older adults. Without proper training workers may engage in unethical practice, perhaps even unknowingly, that engenders harm.

The available research on this topic, although limited, corroborates this concern. A national survey of direct practitioners affiliated with NASW ( $N = 2,069$ ) found that only 17% agreed that their social work colleagues possess the knowledge to appropriately address spirituality in practice settings (Canda & Furman, 1999). This assessment was supported by an analysis of the qualitative data (Canda, Nakashima, & Furman, 2004). Another study that examined practitioners' reliance upon formal ethical frameworks reportedly found that many practitioners were not basing practice decisions on ethical principles (Sheridan, 2009).

In light of these findings, calls have appeared in the literature highlighting the need for more training on ethical principles (Canda et al., 2004; Murdock, 2005; Sheridan, 2009). Murdock (2005), for instance, has specifically mentioned this need regarding gerontological social workers. In other words, gerontological workers' practice with older adults may be enhanced by the delineation of ethical principles related to spirituality (Murdock, 2005).

Accordingly, the purpose of this paper is to provide gerontological workers with some ethical principles to guide interactions regarding client spirituality. Applying these principles will enable workers to approach older adults' spirituality in a professional and ethical manner that helps safeguard older adults' well-being. Before discussing these principles, however, conceptualizations of spirituality and religion are overviewed.

## **SPIRITUALITY AND RELIGION: DISTINCTIONS AND CONNECTIONS**

In academic circles it has become increasingly common to conceptualize spirituality and religion as distinct but overlapping constructs (Canda & Furman, 2010; Derezotes, 2006). Spirituality is commonly defined as a person's existential relationship with God or the Transcendent (Hodge, 2005a; Wuthnow, 2007). Religion can be understood as a shared set of beliefs and practices—developed in community with people who have similar understandings of the Transcendent—which is designed to mediate an individual's relationship with the Transcendent (Geppert, Bogenschutz, & Miller, 2007; Koenig et al., 2001). At the risk of oversimplification, spirituality emphasizes the personal and religion the communal.

While these types of distinctions are widespread in academic circles, it is important to note that such demarcations are less frequent among members of the general population, and perhaps older adults in particular (Moberg, 2005). The vast majority of older adults self-describe as both spiritual and religious (Musick, Traphagan, Koenig & Larson, 2000). In short, many older adults appear to use both terms to connote similar ideas (Musick et al., 2000).

It can also be useful to envision spirituality as a continuous construct (Gallup & Jones, 2000; Miller, 1998). This continuum ranges, on one end, from those who are uninterested in spirituality, to those for whom spirituality is just one of many life-dimensions, through to those on the other end of the continuum for whom spirituality plays the primary role in shaping beliefs and actions (Gallup & Lindsay, 1999; Van Hook, Hugen, & Aguilar, 2001). While ethical practice is imperative across the continuum, older adults on the latter end of the continuum may be particularly at-risk for unethical treatment.

## **ETHICAL PRINCIPLES TO GUIDE INTERACTIONS WITH OLDER ADULT SPIRITUALITY**

As texts on ethical practice indicate, many ethical principles should guide practice decisions (Reamer, 2006). This paper focuses on three interrelated principles that may be particularly pertinent in guiding gerontological workers' interactions with older adult spirituality. These principles are among the most commonly cited in the literature calling for additional training on ethics in practice settings (Canda et al., 2004; Murdock, 2005; Sheridan, 2009).

In brief, these principles can be summarized as follows: 1) respect for client autonomy, 2) sufficient competency in the client's spiritual tradition, and 3) practicing within the boundaries of professional competency. It may be helpful to note that these principles are interrelated. Thus, although discussed separately, they inform one another when working with older adults in practice settings.

### **Client Autonomy**

As indicated in the NASW Code of Ethics (1999), respect for client autonomy is a fundamental social work value. The importance of this value is accentuated when dealing

with spirituality, which is often a highly personal and sensitive subject among clients (Hodge, 2006a). Older adults may be particularly sensitive to breaches of client self-determination due to the importance they often ascribe to spirituality (Lewis, 2001).

Autonomy can be violated in many ways. For example, imposing spiritual beliefs that are inconsistent with clients' spiritual narrative contravenes self-determination (Canda & Furman, 2010). This might take the form of using terminology that is foreign to older adults' spiritual narrative. Similarly, assuming that spiritually committed older adults want to incorporate spirituality into treatment can also represent a more subtle violation of self-determination. Some spiritually committed clients may desire to keep private the spiritual dimension of their lives.

Alternatively, ignoring spirituality when older adults desire to integrate their spiritual assets into the helping process also represents a breach of autonomy (Nelson-Becker, 2005). Clients often believe that spirituality plays an essential role in ameliorating, or coping with, problems (Cabassa, 2007; Lawrence et al., 2006). Disregarding clients' expressed desires also demonstrates a lack of respect for their autonomy.

Likewise, waiting for clients to raise the topic can also be problematic. For instance, elderly clients who want to have their spirituality taken into account during service provision may not initiate a discussion of spirituality. Because of its highly personal nature, older adults may not broach the subject of spirituality unless directly asked (Nelson-Becker et al., 2007).

To fully respect clients' wishes, interactions should typically be preceded by a brief spiritual assessment to determine interest in spirituality, religious tradition, and other basic, preliminary information (Nelson-Becker et al., 2007). Indeed, the Joint Commission—the largest and most influential health care accrediting body in the United States—now requires such assessments in hospitals, nursing homes, home care organizations, and many other health care settings providing services to older adults (Hodge, 2006a; Koenig, 2007b). Such an assessment can be used to create a supportive space in which client self-determination is honored (Hodge, 2004). Both Hodge (2006a) and Koenig (2007b) have developed brief spiritual assessment tools that are congruent with the Joint Commissions' accrediting requirements.

The use of informed consent is an important mechanism for safeguarding autonomy (Miller, 2003). If a brief assessment reveals that spirituality is potentially relevant to professional practice, informed consent should be obtained before proceeding with a more extensive examination of how spirituality might be incorporated into practice. Initially, consent may be obtained on an informal, verbal basis. If the ensuing conversation confirms the relevance of spirituality, then a more formal, written consent might be considered to clarify the nature, scope, and role of spirituality in the helping process.

Ideally, however, informed consent should be viewed as ongoing process rather than an event-specific procedure (Hodge, 2006a). Practitioners should continuously monitor clients' responses to ensure that they remain fully supportive of the continuing dialogue. Older adults' wishes can easily change over time.

In some cases, for example, clients may communicate a desire to integrate spirituality into practice, but later change their minds, perhaps due to perceived lack of sensitivity to their spiritual values. The initial brief assessment may go well, for example, indicating the use of a comprehensive assessment to explore possible ways in which older adults' spiritual strengths might be operationalized (Hodge, 2006a). However, during the comprehensive assessment gerontological workers may, perhaps inadvertently, make comments about the clients' spiritual tradition that are perceived to be offensive.

Alternatively, clients may initially indicate that they are uninterested in discussing spirituality. In some such cases, clients may be hesitant to trust workers with a sacred life-dimension (Lewis, 2001). The potential for such a response is heightened given the lack of training in spirituality most gerontological workers report and the often volatile nature of the subject matter (Murdock, 2005). Trust may be developed over time, however, resulting in a change in disposition. The following principle is intrinsically linked to the process of developing and maintaining trust.

### **Spiritual Competence**

The second principle that should guide interactions with client spirituality is spiritual competence. Due in large part to changing immigration patterns, the population of older adults in the United States is characterized by increasing spiritual diversity (Berkman, Maramaldi, Breon, & Howe, 2002; Melton, 2003). The numbers of Buddhists, Hindus, and Muslims—to list just some traditions—have increased substantially during the past few decades (Smith, 2002; Smith & Seokho, 2005). They join a spiritual landscape populated by various Protestant, Catholic, and Jewish faiths, each with their own distinct value system (Koenig, 1998; Richards & Bergin, 2000; Van Hook et al., 2001). As a result, the United States is now perhaps the most spiritually diverse nation on the planet (Eck, 2001).

Spiritual competence can be understood as a distinct expression of cultural competence that deals with spiritually-informed cultures (Sue & Sue, 2008). The construct can be conceptualized as a continuous, life-long process whereby workers develop: 1) a growing awareness of their own value-informed spiritual worldview and its assumptions, limitations, and biases, 2) an empathic understanding of the client's spiritual worldview, and 3) the ability to design and implement interventions that resonate with their client's spiritual worldview (Hodge & Bushfield, 2006). Thus, spiritual competence is a dynamic set of attitudes, knowledge, and skills regarding various spiritual traditions, which can be developed over time with different populations (Sue & Sue, 2008).

Awareness of one's worldview plays an important role in managing spiritual countertransference (Frame, 2003; Genia, 2000; Hodge, 2003; Miller, 2003). When encountering spiritually different worldviews, unresolved personal issues may unconsciously affect interactions. For instance, gerontological workers who have rejected their family of origin's religion may consciously or unconsciously react when encountering older adults who affirm that particular value system. Subtle expressions of disapproval can damage the worker's relationship with clients. To manage these types of

reactions, self-exploration can be a particularly useful tool, especially when conducted in a supervisory context with spiritually competent practitioners.

Toward this end, gerontological social workers might consider administering spiritual self-assessments (Hodge & Derezotes, 2008). A number of comprehensive spiritual assessment tools have been developed which highlight different aspects of spirituality using diagrammatic approaches that lend themselves to self-assessments (Hodge, 2005b). Included among these pictorial approaches are spiritual lifemaps (Hodge, 2005a), spiritual genograms (Hodge, 2001), spiritual eco-maps (Hodge & Williams, 2002), and spiritual ecograms (Hodge, 2005c). Practitioners might conduct a spiritual self-assessment with each of these tools, and then reflect upon the implications of their spirituality as it intersects practice with various client populations. This exercise helps acquaint practitioners with the strengths and limitations of various approaches to spiritual assessment (Hodge, 2005d), while facilitating self-understanding of one's personal worldview.

Cultivating awareness of the strengths and limitations of one's worldview helps develop a positive understanding of culturally different spiritual worldviews. Demonstrating empathetic awareness of widespread beliefs and practices within older adults' various traditions can meta-communicate respect for, and acceptance of, clients' spiritual choices. In turn, this can help alleviate the concerns among some older adults that practitioners will not respect their spiritual values (Lewis, 2001).

It is at this point of empathic understanding that spiritual interventions can be co-constructed with older adults. While developing fluency in all spiritual traditions may be unrealistic, it is usually possible to develop a working knowledge of traditions that are commonly encountered in practice. For instance, practitioners living in Utah might familiarize themselves with beliefs and practices that are widely affirmed within the Latter Day Saints tradition.

While working to cultivate an understanding of various traditions, it is important to remember the diversity that exists with each individual tradition (Hodge, 2002; Hodge, 2005e). Individuals who self-identify as members of a given spiritual tradition can affirm a wide variety of beliefs, including beliefs that are at odds with the norms of the tradition. As a result, it is helpful to view traditions as flexible templates that suggest, rather than require, the presence of particular beliefs and practices.

While each client's spiritual narrative is individualized by the client's unique experience of the Transcendent, it is also typically expressed within the parameters of a spiritual tradition (Musick et al., 2000). Developing familiarity with common norms can help practitioners use more culturally relevant language, avoid offensive comments, and suggest possible intervention strategies. While older adults must always be encouraged to affirm, reject, or modify the options provided by practitioners, the ability to tentatively offer working models can facilitate engagement and salutary outcomes.

A number of options exist for developing understanding of various traditions. For instance, reading content on frequently encountered spiritual traditions—preferably written by cultural insiders, or sympathizers—can aid understanding of common norms



(Ginsberg, 1999). Toward this end, a number of resources have appeared in the academic literature (Koenig, 1998; Richards & Bergin, 2000; Van Hook et al., 2001). Visits to local houses of worship can also help in enhancing knowledge. Congregants are often willing to answer questions about their spiritual tradition.

Clergy are also frequently open to sharing information about common norms within their tradition (Harr, Openshaw, & Moore, 2006). As will be discussed in more depth below, it is typically productive to form collaborative relationships with clergy whenever possible (Benes, Walsh, McMinn, Dominquez, & Aikins, 2000; Edwards, Brian, McMinn, & Dominguez, 1999). Many older adults exhibit a high degree of trust in their clergy (Oppenheimer, Flannelly, & Weaver, 2004). In addition to helping gerontological practitioners understand the norms within spiritual traditions, clergy are also front-line mental health workers (Oppenheimer et al., 2004). In other words, older adults often present to clergy first with mental health problems. Forming collaborative relationships with clergy can enhance overall service provision to clients (Harr et al., 2006).

Another option for developing understanding of various spiritual traditions is to cultivate relationships with practitioners who are more conversant in the norms of a particular tradition. Some practitioners have developed specialized knowledge of spiritual beliefs and practices within given traditions (Nielsen, 2004). Consulting with such individuals can be particularly helpful as they are often well-versed in how the norms within a tradition intersect health and mental health issues.

If older adults are at-risk of experiencing culturally insensitive practice, referral to a more spiritually competent practitioner should be considered (Reamer, 2006). Some gerontological workers may not have the necessary skills and knowledge to work with older adults from some traditions. Others may feel that worker/client value differences preclude an effective working relationship. Still others may feel the value differences are surmountable, but they have not fully worked through the countertransference issues. Referral may also be relevant in the context of the next ethical principle, although for somewhat different reasons.

### **Professional Competence**

The third ethical principle is to practice within the boundaries of professional competence. As is the case with the above principles, it is drawn from the NASW Code of Ethics (1999, p. 1.04a) and has particular relevance to the area of spirituality. Although closely related to the above content, it can be distinguished from the concept of spiritual competency in some important aspects. Namely, spiritual competency emphasizes training related to workers' interpersonal capabilities while professional competence emphasizes training regarding interventions designed to ameliorate problems (Resnicow, Soler, Braithwaite, Ahluwalia, & Butler, 2000).

For instance, when exploring spirituality with older adults, it is important to ensure the dialogue is focused on addressing clients' problems (Hodge, 2005a). Considerable overlap exists between counseling, a practice designed to minimize clients' difficulties, and spiritual direction, a practice designed to increase a person's intimacy with God or the Transcendent (Tan, 2003). Gerontological workers and spiritual directors can, in the

context of working with older adults, address both content areas: spirituality and problems. Although the content discussed within each area may be similar, the aims tend to differ (Ganje-Fling & McCarthy, 1991). A gerontological worker discusses spirituality with the goal of increasing the client's ability to ameliorate the problem. Alternatively, a spiritual director discusses problems with the goal of increasing the client's intimacy with God.

Table 1 summarizes some common differences between therapy and spiritual direction. Neither enterprise sanctions authoritarian relationships, preaching, or advice giving (Tan, 2003). Both therapy and spiritual direction are conversationally based enterprises that are essentially egalitarian and growth-oriented in nature. Within this context, however, they do tend to stress different points. Understanding these different areas of emphasis can assist practitioners to remain within the parameters of their area of professional competence.

**Table 1: Distinctions between Therapy and Spiritual Direction**

Emphasis in Therapy	Emphasis in Spiritual Direction
<ul style="list-style-type: none"> <li>• Clients typically in crisis/emotional distress</li> <li>• Focuses upon problems</li> <li>• Emphasizes symptom amelioration</li> </ul>	<ul style="list-style-type: none"> <li>• Clients often exhibiting wellness</li> <li>• Focuses upon spiritual growth</li> <li>• Emphasizes the link between life experience and clients' relationship with God</li> </ul>
<ul style="list-style-type: none"> <li>• Empathic to clients emotional experiences</li> <li>• Concentrates on emotional and cognitive dimensions</li> <li>• Typically employs therapies developed and validated within positivistic scientific tradition (e.g., cognitive behavioral therapy)</li> </ul>	<ul style="list-style-type: none"> <li>• Empathic to the Spirit of God</li> <li>• Concentrates on the spiritual dimension (e.g., spiritual experiences)</li> <li>• Typically uses strategies developed and validated over centuries of experience in a given spiritual tradition (e.g., spiritual exercises, such as meditation)</li> </ul>
<ul style="list-style-type: none"> <li>• Aims to enhance client autonomy</li> <li>• May help clients adjust to societal norms</li> <li>• Characteristically fee-based</li> </ul>	<ul style="list-style-type: none"> <li>• Aims to enhance surrender to God's will</li> <li>• Helps clients adjust to spiritual norms</li> <li>• Characteristically offered without cost</li> </ul>

Based upon Ganje-Fling and McCarthy (1991) and Tan (2003)

Gerontological workers—perhaps especially those interested in spirituality—can inadvertently fall into the role of a spiritual director when exploring the issue of spirituality. For most workers, however, this role falls outside the parameters of their professional competence (Richards & Bergin, 2005). It is important to be aware of such dynamics and ensure that the conversation typically remains focused upon the present therapeutic challenges faced by older adults.

In instances where spiritual growth is the primary focus, clients should typically be referred to clergy (Richards & Bergin, 2005). It is important to note that clergy are experts in spirituality, and often have training in mental health issues. For instance, the American Association of Pastoral Counselors requires members to have a bachelor's

degree, a three year professional degree from a seminary, and a specialized master's or doctorate in a mental health discipline. In the same way that social workers should avoid dispensing medical or legal advice, dispensing spiritual advice should also be avoided. Clients' interests are typically served more appropriately by providing services within the boundaries of one's area of professional competence.

By way of qualification, it should be noted that the clear demarcation of professional responsibilities between social workers and clergy is often relatively complex in actual practice (Miller, 2003). For instance, an older adult may be wrestling with spiritual issues related to their clergy member and desire a safe neutral environment in which to process the issues. In other cases, spiritual growth may be intertwined with symptom amelioration (Sullivan, 2009). In yet other situations, gerontological workers may be the only helping professionals whom older clients trust to address spiritual issues (Anderson, Anderson, & Felsenthal, 1993). While it is important to acknowledge this complexity, the limits of one's professional expertise should always be borne in mind and steps should typically be taken to avoid assuming dual relationships (Richards & Bergin, 2005).

This same basic principle also applies to interventions. When constructing spiritual interventions—or therapeutically oriented strategies that incorporate spirituality or religion as a central component of the intervention—it is important to remain within the parameters of one's clinical expertise (Drake, Jonson-Reid, Hovmand & Zayas, 2007; Hodge, 2006b). The degree of training and experience with a given intervention should be considered in the selection process (Canda & Furman, 2010). Spiritual interventions should only be used when workers are reasonably confident that the intervention can be implemented in a professional manner (Richards & Bergin, 2005).

For example, in the same way that gerontological workers trained in cognitive behavioral therapy (CBT) might avoid using psychodynamic interventions, workers should refrain from using spiritual interventions that fall outside the boundaries of their professional training. This is a particularly significant issue in light of the limited training on spirituality most workers may have received during their graduate education (Murdock, 2005; Sheridan, 2009). Clients have a right to expect that workers have some degree of expertise in the interventions used.

Thus, if gerontological workers lack sufficient training in an intervention, referral to a practitioner with the necessary proficiency should be considered (Reamer, 2006). Similarly, if the exploration of spirituality cannot be linked to some therapeutic goal that falls within the preview of a social worker's responsibilities, then referral to clergy is typically appropriate (Gilbert, 2000; –Tan, 2003).

When exploring the issue of referral it is important to ensure that clergy share older adults' value system. As implied above, beliefs and practices can differ substantially within a given tradition. It should not be assumed, for instance, that a Methodist pastor would be a good referral with a Methodist client, just because the client self-identifies as Methodist (Hunter, 1991). To help ensure client autonomy is respected, steps should be taken to help ensure some degree of value congruence exists between older adults and potential referrals. As is the case with many issues, older adults themselves are often

excellent resources and can point gerontological workers in the right direction regarding possible referrals.

Indeed, clients' spiritual expertise can often supplement workers' professional competence. As is the case with spiritual competence, professional competence is best understood as a continuous, rather than a dichotomous, construct. By virtue of their professional training and experience, gerontological workers typically have some degree of competence with an array of different practice strategies. Moderate levels of competence can often be supplemented with the knowledge of clients, who can typically be considered experts on their own spirituality.

Through such a collaborative process, spirituality can often be integrated into treatment (Nielsen, 2004). Consider, for example, a worker trained in CBT who is professionally proficient in constructing health-promoting self-statements to alleviate problems. Such a practitioner may be able to co-construct spiritually modified self-statements in a professional manner when working with a spiritually motivated older adult, particularly if the practitioner is conversant with the norms of the client's spiritual tradition (Ellis, 2000; Hodge, 2006b; Nielsen, 2004).

Similarly, collaborating with clergy can be helpful in developing spiritual interventions (Miller, 2003). As specialists in spirituality, clergy can often provide helpful insights into spiritual beliefs and practices that may be relevant to the challenges encountered by clients. Engaging spiritual specialists from older adults' religious communities can aid in the process of constructing professionally designed, culturally relevant interventions.

It may be helpful to note that some research suggests that many clergy are open to working with social workers (Galek, Flannelly, Koenig, & Fogg, 2007; Harr et al., 2006; Oppenheimer et al., 2004). Gerontological workers can facilitate collaborative relationships by pro-actively implementing a number of strategies (Harr et al., 2006). Included among these strategies are communicating: respect for clergy's status as professionals, deference to clergy's specialized knowledge in spirituality, recognition regarding the importance of spirituality as a distinct dimension of human existence on a par with emotional/cognitive dimensions, and interacting with clergy as co-equals.

When considering potential collaborations or referrals, it is important that clients fully consent to such associations. Although clients generally view their religious communities positively, in some cases conflicts can exist. Such conflicts may be due to value incongruence, interpersonal problems, or other issues. As implied above, it may be appropriate to discuss clients' spiritual concerns in such situations. It may be helpful, however, to obtain supervision in such cases from someone with some degree of expertise in spirituality.

## CONCLUSION

Many older adults believe that spirituality plays an important role in helping them address the challenges they face in later life (Cabassa, 2007; Lawrence et al., 2006). Research suggests that most gerontological social workers are sensitive to these beliefs,

cognizant of their lack of training, and desirous of becoming more proficient in this area (Murdock, 2005). According to one study ( $N = 299$ ), approximately 75% of gerontological social workers wanted to become more sophisticated about the use of spirituality in practice (Murdock, 2005).

Toward this goal, three principles that may be particularly salient in work with older adults were discussed: client autonomy, spiritual competence, and professional competence (Canda et al., 2004; Murdock, 2005; Sheridan, 2009). It is important to emphasize the inter-connected nature of these three guidelines. It is much easier to respect older adults' autonomy if one develops spiritual competence in the client's tradition. Similarly, professional competence can often be supplemented if one has sufficient fluency in the norms of an older adult's tradition and the client desires to work with the practitioner to co-construct spiritual interventions. Engaging clients in the therapeutic process respects their autonomy and can enhance outcomes.

Indeed, this is the bottom line—client welfare. In other words, the point of ethical principles is to ensure clients' best interests are prioritized. The application of these and other relevant ethical guidelines in practice settings will assist workers to interact with older adults in a professional and ethical manner that helps safeguard and enhance their well-being.

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## **Child Welfare Workers' Knowledge and Use of a Resilience Approach in Out-of-Home Care**

**Madhavappallil Thomas  
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**Abstract:** *This paper examines child welfare workers' use of resilience-based knowledge and intervention in a public child welfare system in a county in California. The data for the study were collected from child welfare workers who worked with out-of-home care children (n= 102). Descriptive analysis including chi-square tests was carried out. Findings show that a significant majority of child welfare workers are able to correctly identify risk and protective factors that are central to the concept of resilience. Although a significant majority recognizes the importance of using a resilience-based approach, most workers without a degree in social work are not familiar with it and are not currently using it in their practice. In terms of familiarity with and in the use of resilience-based assessment and interventions, significant differences were found to exist between workers with degrees in social work and workers without degrees in social work. Implications for social work education, agency training, and practice in child welfare are discussed.*

**Key Words:** *Child welfare, resilience-informed intervention, risk factors, protective factors, out-of-home care services.*

### **INTRODUCTION**

Out-of-home care services have become the most widely used intervention with abused, neglected and abandoned children. It is, therefore, extremely important that the benefits of out-of-home care be optimized. Knowledge of resilience-based assessment and intervention can aid child welfare workers in effectively working with the families of children who enter and reenter foster care. An in-depth understanding of a resilience-based approach will help reduce the risk factors and enhance the protective factors in the life of the child in out-of-home care. Such an approach has the potential to enhance prevention and provide growth-promoting opportunities, lead to the development of resilience-based assessment, intervention, and case management, and promote more positive outcomes.

Researchers have identified several factors, such as having multiple placements, being an older child, having an insecure attachment to parents, living in poverty, having behavior problems or special needs, and having a brief stay in an out-of-home placement, as "hazards" or risks, which make children more likely to re-enter out-of-home care after they have been reunified with their families (Courtney, 1995; Davis, Sandsverk, Newton, & Ganger, 1996; Festinger, 1996; Fraser, Walton, Lewis, Pecora, & Walton, 1996; George & Wulczyn, 1990; Jones, 1998; Palmer, 1996; Wells & Guo, 1999). Likewise, a number of resilience or protective factors, such as having a sense of being loved, a positive ethnic identity, family flexibility, and attendance at good schools, are known to

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help shield vulnerable children from high-risk situations (Conger & Conger, 2002; Douglass, 1996; Fergusson & Lynskey, 1996; Henry, 1999; Miller & MacIntosh, 1999; Laframbose, Coleman, & Gerton, 1993; Palmer, 1996; Patterson, 2002; Smokowski, 1998; Werner & Smith, 1982). Child welfare workers who are aware of these risk and protective factors should be better able to develop interventions to enhance resilience and minimize risk than child welfare workers who have limited knowledge and skills in using this perspective. It is therefore important to examine child welfare workers' level of such skills and knowledge in order to address any deficiencies.

Against this backdrop, the study examines the extent to which child welfare workers understand and use resilience-based knowledge and skills in working with children in foster care and whether child welfare workers with a degree in social work differ significantly from workers without social work training in their understanding and use of resilience based assessment and intervention.

### **Resilience as a Construct**

Resilience as a concept emerged in the 1970s and represented a paradigm shift from psychopathology to the identification of protective and risk factors, which differentiate resilient individuals from non-resilient individuals (Anthony, 1987). Recent literature indicates that researchers have operationalized the construct of resilience as both a process and an attribute or trait. Generally defined, resilience refers to "manifested competence in the context of significant challenges to adaptation" (Masten & Coatsworth, 1998, p. 206). It has been viewed as interactional in nature and defined as a "dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 543). In contrast, others consider resilience to be an attribute or trait of the individual. Viewed from this perspective, it is the ability to maintain adaptive functioning in the presence of risk factors without experiencing serious long-term harmful effects largely due to characteristics of the resilient individual (Nash & Bowen, 1999).

Luthar et al. (2000) argue that the terms resilience, resiliency, and the concepts they represent must be differentiated. They describe resilience as most closely related to a "dynamic process" through interaction between the person and their environment at various levels. Resiliency, on the other hand, represents the construct as a trait or characteristic, which is not as amenable to intervention or change. In making the choice to use only the term resilience and the meaning ascribed to this term by Luthar et al. (2000), the authors believe the appropriate emphasis is given to the aspects of this construct which are most amenable to change and avoid any sense of "blaming the victim" for having what might be considered by some as "low resiliency." For the authors, the study of "resilience" as opposed to "resiliency" leads to prioritization of the search for effective ways to decrease risk factors and increase protective factors in order to enhance the resilience. Gilligan (2004) has also affirmed this distinction by indicating acceptance of the definition of resilience as a dynamic process and promoting this definition as the most useful for related conceptualizations and studies on the topic.

Although strengths and resilience have often been used interchangeably in the literature, Goldstein (1997) sees resilience as the attribute that epitomizes and operationalizes the conceptual framework of the strengths perspective. The strengths perspective emphasizes the resources, assets, potentials, and capabilities of individuals, groups, families, and communities (Saleebey, 1997). This approach also marks a paradigmatic shift from the typical human service perspective from a focus on pathology and deficits to a strengths perspective which asks what is right. The strengths perspective emphasizes such concepts as empowerment, dialogue, and collaboration.

Based on a review of the literature, it is logical to surmise that the two concepts—resilience and the strengths-based perspective—are closely linked and quite complementary. However, there is an important distinction between the two concepts. Resilience is a dynamic process which exists in the interaction between clients and their environments, whereas the strengths perspective describes the helping professional's positive framework which enhances the ability to identify and apply resilience-informed assessments and interventions in practice. Unless the client is viewed from a strengths-based perspective, the worker is likely to miss the resilience factors associated with a particular client and his or her environment and thus be less able to build on them.

### **Literature Review**

No research appears to have been published on the subject of child welfare workers' attitudes toward resilience or knowledge concerning resilience. This is also true regarding child welfare workers' application of resilience-informed assessment, interventions, and/or case management in practice settings. Several major databases were queried for this review (i.e., Academic Search Elite, ERIC, PsychArticles, PsychINFO, Sociological Abstracts, Social Sciences Citation Index, Social Service Abstracts, and Social Work Abstracts). Results indicate that there have been many studies involving resilience in the social work literature but none of the authors could locate any investigations of child welfare workers' attitudes toward resilience, knowledge of resilience, or actual use of resilience in social work practice contexts.

Social work researchers have made a convincing case for the utility and effectiveness of resilience as an organizing framework for research in social work (Fraser & Richman, 1999; Gilgun, 1996). As a result, an increasing number of social work researchers have used resilience as the overarching construct that guides studies in a wide variety of practice arenas (Coombes & Anderson, 2000; Dillon, Liem, & Gore, 2003; Early & Vonk, 2001; Flynn, Ghazal, Legault, Vandermeulen, & Petrick, 2004; Fraser & Richman, 1999; Gilgun, Keskinen, Marti, & Rice, 1999; Greene, 2002; Johnson et al., 1998; Kaplan, Turner, Norman, & Stillson, 1996; Little, Axford, & Morpeth, 2004; Nash & Bowen, 1999; Freedman, 2004; Van Breda, 1999). For instance, Early and Vonk (2001) use resilience and related concepts (protective and risk factors) to frame a review of several effectiveness studies concerning the practice of school social workers. In addition, compilations of research on resilience applied to many topics of great interest to social workers are available (Fraser & Richman, 1999), most notably, two recent books which include the works of several authors (Fraser, 2004; Greene, 2002).

Many articles reflect the state of the research as skewed more toward the identification of risk factors than protective factors (Little, et. al., 2004). Fraser and Richman (1999) supply a reason for this imbalance, when they point out that research on resilience seems to indicate risk may be “more potent than protection” when high levels of risk are encountered. Though this may be the case, notable recent efforts are being made to present a more balanced approach with empirical findings concerning applicable protective factors listed simultaneously with risk factors (Corcoran & Nichols-Casebolt, 2004; Fraser & Galinsky, 2004; Thomas, Chenot, & Reifel, 2005; Thomlinson, 2004). Corcoran and Nichols-Casebolt (2004) have outlined the utility of resilience for assessment, goal formulation, and intervention planning based on empirical evidence. Their work is very important in light of the present study. Finally, there have also been studies concerning the resilience of social workers in various practice arenas (Egan, 1993; Horwitz, 1998).

However, many child welfare workers do not appear to have much familiarity with the concept of resilience or how it might be applicable in various practice situations. One of the social work specializations which appears most interested in resilience is school social work (Bein, 1999; Early & Vonk, 2001; Reimer, 2002). This may be due to the long-standing interest in resilience in the field of education and the fact that much of the resilience literature has focused on childhood. However, even in the literature devoted to school social work, there do not seem to be any studies on social workers' familiarity with resilience, knowledge of resilience or applications of resilience-based treatment.

In spite of child welfare workers' lack of familiarity with resilience and its implications for practice, there is an increasing body of knowledge addressing the effectiveness of many resilience-informed interventions (Fraser & Galinsky, 2004). Thomlinson (2004) describes a number of interventions that have been empirically researched and found to be effective in addressing issues leading to or resulting from child maltreatment on an individual, family, and environmental level. For example, there are programs that have been found to be effective for increasing parenting skills or for enhancing family social support, both of which are related to resilience. As pointed out by Fraser and Galinsky (2004), effective social work practice utilizes strategies that enhance protective factors and minimize risk factors in a child's individual life, family life, and community.

Child welfare workers who are operating from a resilience-informed perspective must be aware not only of the risk and protective factors that make up resilience, but also of interventions that have been found to be effective in increasing resilience. Corcoran and Nichols-Casebolt (2004) have developed a framework for assessing risk and protective factors and developing related goals for intervention on three levels: the micro (individual and family), mezzo (neighborhood, school, church), and macro (broader society). For example, intervention goals for a child who is born with low intelligence might be to increase parenting skills (micro), to develop school programs for special needs children (mezzo), or to advocate for educational funding for special needs children (macro).

As brought out by the literature review, researchers have made a convincing argument for the usefulness and effectiveness of the resilience perspective and its relevance to practice. However, there is hardly any research about child welfare workers' attitudes toward or knowledge about the use of resilience in practice. Distinguishing it from other studies, this study examines child welfare workers' application of resilience-informed assessment and intervention. It further answers the question whether child welfare workers with a degree in social work are more likely to use resilience based approach in their practice than those with non-social work training.

## **METHODOLOGY**

The purpose of the study was to examine child welfare workers' self-reported knowledge and skills in using resilience-based assessment, intervention, and case management in working with children in the public child welfare system in a central California county. Accordingly, the data for the current study were collected from a Public Child Welfare Services (CWS) agency in a central California county. All of the child welfare workers contacted had worked or were currently working with children in out-of-home care. A self-administered questionnaire consisting of closed and open-ended questions was used to collect information from the respondents. In order to examine respondents' knowledge of resilience approach, a selected number of variables from the literature review were identified and listed as risk and protective factors associated with the concept of resilience. Respondents were then asked to put a check in one of the appropriate boxes marked as "protective factors" and "risk factors." Questionnaires were then distributed to 240 child welfare workers, and 102 completed questionnaires were returned which resulted in a response rate of 42.5%.

The data collected from the 102 completed questionnaires were analyzed using SPSS. Descriptive analysis including chi-square was performed in order to achieve the study objectives and answer the research questions. Qualitative data were also analyzed by identifying the major themes. The following section summarizes the main findings of the study.

## **FINDINGS**

### **Demographic Profile**

Respondents' ages ranged from 24 to 65 years with the mean age of 39.37 years ( $SD = 10.21$ ). With respect to gender, 69% of the respondents were females and 31% were males. In terms of educational qualification, 24% had MSW degrees while nearly two-thirds (65%) had undergraduate degrees. The majority (53%) had social and behavioral science as the major. While 24% reported social work as their major, the rest had counseling, psychology and business administration as their major.

The respondents worked in a variety of programs such as Adoptions (8.8%), Family services such as Family Reunification, Family Maintenance, Court Review (25.5%), Independent Living and Family Decision Making, etc. (11.8%), Emergency Response (9.8%), Court Intake (15.7%), Long Term Foster Care/Permanent Placement (27.5%),

and Licensing (1%). Their length of experience in these programs ranged from three months to 30 years with a mean of 6.09 years ( $SD = 5.57$ ). Most of the respondents were child welfare workers along with a few supervisors, one program specialist, and one program director.

### Child Welfare Workers' Knowledge of the Concept of Resilience

Review of literature indicates that resilience includes concepts such as: Risk factors, Protective factors, Vulnerability, Adversity/Trauma, Adaptation and Buffer. To examine the extent of child welfare workers' understanding of resilience, respondents were asked to identify whether or not the above listed concepts are associated with resilience. As shown in Table 1, a significant majority of child welfare workers correctly identified all the listed concepts as associated with resilience. Clearly, from a conceptual standpoint, most of the workers were able to identify some of the resilience constructs.

**Table 1. Understanding of Constructs Associated with Resilience**

	Yes	No	Total
Risk Factors	72.5% (66)	27.5% (25)	100% (91)
Protective Factors	79.1% (72)	20.9% (19)	100% (91)
Vulnerability	82.0% (73)	18.0% (16)	100% (89)
Adversity/Trauma	83.7% (77)	16.3% (15)	100% (92)
Adaptation	91.4% (85)	08.6% (8)	100% (93)
Buffer	73.0% (65)	27.0% (24)	100% (89)

Similarly, from the literature review, a selected number of variables identified by the researchers as risk and protective factors were listed. As child welfare workers, respondents were asked to mark whether a given variable is a risk or protective factor associated with resilience in the provision of child welfare services. It was thought that the correct identification of these factors by the majority of the respondents would be further evidence of their understanding of resilience and its application to various situations related to clients. Table 2 presents data on the child welfare workers' views on risk and protective factors.



Based on the literature review, protective factors used in the questionnaire and presented in Table 2 include sense of being loved, positive ethnic identity, family flexibility, and attendance at good schools. Risk factors include multiple placements, being an older child, having a brief stay in out of home placements, having an insecure parent-child attachment, coming from a single parent family, living in poverty, and being a child with special needs. As shown in Table 2, an overwhelming majority of the respondents correctly marked sense of being loved (98%), positive ethnic identity (91.8%), attendance in good schools (88.8%) and family flexibility (85.7%) as protective factors. Similarly, most of them correctly identified multiple placements (91.8%), single parent family (91.5%), living in poverty (93.8%), and child behavioral problems (98%) as risk factors. Interestingly enough, “being an older child” stands out as a variable which 59.2% identified as a protective factor while the existing literature identifies it as a risk factor.

**Table 2. Views of Risk and Protective Factors Related to Resilience**

Factors	Protective factors	Risk factors	Total
Sense of being loved	98.0% (96)	2.0% (2)	100% (98)
Positive ethnic identity	91.8% (90)	8.2% (8)	100% (98)
Multiple Placements	8.2% (8)	91.8% (90)	100% (98)
Family Flexibility	85.7% (84)	14.3% (14)	100% (98)
Being an older child	59.2% (58)	40.8% (40)	100% (98)
Attendance at good schools	88.8% (87)	11.2% (11)	100% (98)
Brief stay in out of home placement	37.8% (37)	62.2% (61)	100% (98)
Insecure parent/child attachment	4.0% (4)	96.0% (95)	100% (99)
Single parent family	8.5% (8)	91.5% (86)	100% (94)
Living in poverty	6.3% (6)	93.8% (90)	100% (96)
Child behavior problems	2.0% (2)	98.0% (97)	100% (99)
Child with special needs	4.1% (4)	95.9% (94)	100% (98)

The study participants were asked to write about their knowledge and understanding of a resilience-based approach in the context of child welfare practice. The majority of respondents had limited knowledge about the approach or were unfamiliar with the

approach. It is important to exercise caution since the majority of the respondents in this sample had social and behavioral sciences as their major and did not have a degree in social work. However, some participants felt Child Welfare staff used this approach. The themes derived from the qualitative data included: 1) Resilience may be genetic; 2) Resilience approach identifies strengths of the child and identifies the risk factors as a way to foster resilience in a child; 3) Resilience approach is the ability of a child to recover from a traumatic situation and 4) Resilience approach encourages intervention that strengthens families through developing supports in the family's environment. These themes show that participants' understanding of the resilience-based approach primarily includes identifying strengths within the individual's and/or family's environment in an effort to foster support systems that will assist individuals and families in becoming autonomous or in recovering from traumatic experiences. Some comments about a resilience-based approach that highlight these themes include:

*This focuses on a child's strengths and how to foster those strengths*

*By reinforcing the child's sense of self worth, and strengthen family ties*

*... use strengths of the child in order to increase the child's self image and therefore impact the child's life*

### **Familiarity with and Use of Resilience**

Table 3 presents data on the familiarity with and use of resilience-based interventions by child welfare workers sorted by those with a degree in social work and by those without a degree in social work. Findings show that 96% of workers with a degree in social work are familiar with the concept of resilience compared to 45% of workers without a degree in social work. These differences are found to be statistically significant ( $df = 1, p < .0001$ ). Similarly, 54% of respondents with a degree in social work reported familiarity with the use of resilience-based interventions in Child Welfare Services (CWS) practice. In sharp contrast, only 12% of workers without a degree in social work are reported to be familiar with the use of resilience-based interventions.

These differences are found to be statistically significant ( $df = 1, p < .0001$ ). Similar differences are found to exist between workers with a degree in social work and workers without a degree in social work in terms of their current and past use of resilience-based interventions and or case management in working with out of home care children ( $df = 1, p < .04$ ).

**Table 3. Child Welfare Workers' Degree and Familiarity with and Use of a Resilience-Based Approach**

Question		Social Work Degree	No Social Work Degree
Are you familiar with the concept of resilience?	Yes	23 (95.8%)	32 (45.1%)
	No	1 (04.2%)	39 (54.9%)
df = 1, p < .0001			
Are you familiar with the use of resilience-based interventions in Child Welfare services?	Yes	13 (54.2%)	9 (12.3%)
	No	11 (45.8%)	64 (87.7%)
df = 1, p < .0001			
Do you currently use any resilience-based assessment or case management in working with foster care/child welfare?	Yes	10 (43.5%)	14 (21.5%)
	No	13 (56.5%)	51 (78.5%)
df = 1, p < .04			
Have you used any resilience-based assessment or intervention in working with foster care/child welfare in the past?	Yes	11 (45.8%)	15 (23.4%)
	No	13 (54.2%)	49 (76.6%)
df = 1, p < .04			

Study participants were asked to describe their understanding of the concept of resilience. Qualitative analysis of the data shows that the majority of the respondents had some familiarity with the concept. Some of the ideas related to the resilience concept include: 1) Ability of the children to “bounce back” from adverse situations; 2) Ability to adapt to various situations; 3) Elements of the social environment that contribute to healthy adoption of children and families; 4) Child’s strength in family and foster family areas; and 5) Use of coping mechanisms under stress. These themes show that the respondents viewed resilience as including both the ability to bounce back from adverse situations or traumas and the existence of certain elements in the family or environment that contribute to the healthy development of individuals despite the adversities of their life. The following quotes on resilience concepts support the above discussion:

*Being able to bounce back to normalcy from a traumatic experience, illness or misfortune*

*Ability to overcome odds that others seem to succumb to*

*Those elements of the social environment that contributes to healthy adoption of children and families to the environment*

This study also examined whether or not child welfare workers used any resilience-based interventions in their work with the children. Respondents were asked to describe their understanding of resilience-based interventions. Qualitative analysis of the data shows that some of them consider the use of the strengths perspective as synonymous with resilience-based interventions. The major themes derived from this question are: 1) Using services that minimize trauma and builds on strength; 2) Using a strengths-based approach; 3) Cultivating strength in children and families to increase functioning; and 4) Fostering protective factors. These themes are generally related to strengths perspective, and child welfare workers in this study seem to relate resilience mostly with strength. The following are some of their responses on resilience-based interventions:

*Any meetings or assessment to assist the family with getting back to normalcy*

*Providing preventive services to clients to strengthen their support structure*

*Utilizing/cultivating strengths in families/children to increase functioning*

The participants were asked to describe whether or not they used any resilience-based assessments, interventions, or case management techniques in working with foster care/child welfare in the past. The majority of the respondents were able to identify some techniques used in their current practice that they believed were related to resilience. The themes derived from the qualitative data analysis included: 1) Using a strengths-based approach with families as a technique; 2) Using resilience-based assessments including a "multi-integrated service" approach (active collaboration with various community agencies); 3) Using the community resources to support a child's current living environment; 4) Maintaining a child's connection to a significant adult, to the child's family, and to other support systems; and 5) Feeling that the child welfare worker's practice itself is based on a resilience-based approach and assessment. Excerpts about child welfare workers' use of resilience-based assessments, interventions, and case management that highlight these themes include:

*Build on child's strengths—provide child with positive experiences and positive understanding of self*

*... SSW's can intuitively identify those strengths on which to build*

*... use of community resources, concurrent planning, permanency planning, least restrictive placements*

*... Use strengths of the child in order to increase the child's self image and therefore impact the child's life*

The respondents' perceived importance of resilience-based assessment, intervention, and case management has been analyzed. On a scale of 1 to 5, with 1 being "not important" and 5 being "important," child welfare workers were asked to rate "How important do you think it is to use resilience-based assessment, interventions and case

management in out of home care services?" Their responses show that a majority think it is important or very important to use resilience-based assessment (65%), resilience-based intervention (68%), and resilience-based case management (66%). Clearly, child welfare workers do recognize the importance of using a resilience-based approach to working with children in out-of-home care.

The study further explored whether or not respondents' education and training contained any course work on resilience in general or resilience-based assessment, intervention and case management. For this, the education variable was recoded into child welfare workers with a degree in social work and child welfare workers without a degree in social work. This variable has been further analyzed using whether respondents' education included content on resilience. The findings reveal that while 79% of workers with a degree in social work reported that resilience was discussed in their course work, only 17% of workers without a degree in social work stated that resilience was discussed in their course work. Furthermore, 36% of workers with a degree in social work also reported that their course work included specific resilience-based assessment, interventions and case management. In contrast, 88% of workers without a degree in social work stated that their course work did not include specific resilience-based assessment, interventions and case management. Clearly, this has implications for practice and for the hiring decisions made by public child welfare programs.

## DISCUSSION

A significant majority of child welfare workers correctly identified all the listed constructs associated with the concept of resilience. Similarly, most of them correctly identified risk and protective factors which are central to the understanding of resilience concepts. They were able to group most of the constructs that were listed in the questionnaire into risk and protective factors. However, findings from qualitative analysis show that majority of the respondents were not very aware of the difference between resilience and the strengths perspective. For example, major themes which emerged from qualitative analysis concerning child welfare workers' knowledge about resilience seem to center on identifying strengths within the individual, family, and the environment. Many respondents described resilience as use of services that minimize trauma and build on strength or use of interventions related to strengths-based approaches to enhance functioning. A similar interchange of concepts is evident in the literature: some writers describe strengths and resilience as synonymous.

In terms of familiarity with and use of resilience concept in their practice, findings reveal a significant difference between workers with a degree in social work and workers without a degree in social work. Clearly workers with a degree in social work are more familiar with the concept of resilience and in the use of resilience based approaches in their practice. Similar differences are also observed between workers with and without a social work degree in their current use of resilience based assessments and interventions. Clearly, resilience based assessment and interventions are currently used more by workers with a social work degree. This has implications in the public child welfare

system for hiring social workers who are trained to use a resilience-based approach in working with children.

The majority of workers without a degree in social work reported that a resilience framework was not discussed in their course work nor did the course work include specific resilience based assessments, interventions, and case management. These findings have implications for hiring social workers over non-social workers and for providing additional training for non-social workers in the use of resilience-based approach. If public child welfare system hires workers with a degree in social work, they are more likely to incorporate resilience informed practice in working with at-risk children. Such resilience-based assessment and intervention strategies focusing on identifying and building protective factors for at-risk children can enhance quality of service. It is equally important to provide extra training for non-social workers in the use of resilience-based approach in working with out of home care children. Such education and training is likely to improve the success rate of out-of-home care services.

Despite the differences between child welfare workers with social work degree and without social work degree, a significant majority of child welfare workers think that it is important or very important to use resilience-based assessment, intervention, and case management in their work. Clearly, child welfare workers in general do recognize the importance of using a resilience-based approach to working with children in out-of-home care. Given the nature of risk and vulnerability found in these children, child welfare workers possibly realize the importance of building on the protective factors which in turn can buffer the risk factors.

In terms of practice, child welfare workers' knowledge of resilience-informed interventions not only helps them to refocus on the assets and resources of the child, but also stimulates children and families to build on resources. Knowledge of a resilience informed framework helps the workers to focus on protective factors and sow the seeds of prevention at an early stage in the intervention process (Thomas, Chenot & Reifel, 2005). This is possible only if all child welfare workers, including those without a degree in social work, possess the knowledge and skills to use resilience-based interventions.

Although the findings of this study add to the existing literature, there are several limitations that need to be considered. The study employed a convenience sample of child welfare workers currently working in the public child welfare system of a central California county. Such a sampling method does not assure adequate representativeness of the population. Thus, the results cannot be generalizable beyond the study population. It should be noted that this is primarily a baseline study, and, by intent, exploratory. Hence, it only provides an empirical base for future theoretical formulations, by identifying a matrix of important variables associated with knowledge and skill levels of some child welfare workers. These factors serve as external threats to the generalizability of the study's findings to child welfare workers in other settings. The weak response rate is yet another threat to the external validity of this study.

## CONCLUSION

The majority of child welfare workers in this study are familiar with the concept of resilience, recognize its importance, and believe that a resilience-informed practice is important. However, the majority also state that they do not use resilience-based assessments, interventions, or case management. Furthermore, the majority of child welfare workers without a degree in social work state that the concept of resilience and its implications for practice were not discussed during their education and training. Child welfare workers with a social work degree are more likely to use resilience-informed practice than those without a social work degree. This paper underscores the benefit of hiring social workers over non-social workers in the public child welfare system and for providing extra training for non-social workers in using resilience based approach in working with out of home care children.

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# **Attitudes of Kuwaiti Young Adults toward Marriage and Divorce: A Comparative Study between Young Adults from Intact and Divorced Families**

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Hayfaa Alkandari**

***Abstract:** This study investigates whether parental marital status affects young adults' attitudes toward marriage and divorce. There exists a vast amount of literature on the impact of divorce on young adults in Western cultures; however, no previous empirical studies have been conducted on the attitudes of young adults from intact and divorced families in the Gulf region or in Arab countries in the Middle East. The sample of the study consisted of 661 young adults from Kuwait University (from divorced and intact families). The findings reveal that adults whose parents divorced show fewer positive attitudes toward marriage than do those individuals from intact marriages. The study also suggests that adults whose parents were divorced carry more positive attitudes toward divorce compared with individuals from intact marriages. Furthermore, gender was found to be an important factor in shaping attitudes toward marriage and divorce. A longitudinal study is recommended to look at the changes in young adults' attitudes toward marriage and divorce over time, which will help to identify the influence of other factors of attitudes toward marriage and divorce.*

**Key Words:** Adults, marriage, divorce, attitudes, Kuwait, Arabs, Muslims.

## **INTRODUCTION**

The impact of parental divorce on children was reported to be associated with a stressful experience for children at any age (Cooney, Hutchinson, & Leather, 1995; Mahl, 2001). Parental divorce was reported to be the most stressful event that children experience in their lives (Wolchik et al., 1993). Likewise, children of divorced families are at an increased risk of social and psychological problems which may continue into their adult life (Amato & Sobolewski, 2001; Wallerstein, Lewis, & Blakeslee, 2000). Moreover, Amato (2006) in a review of a 20-year longitudinal study found that younger adults of divorce have weaker ties with their parents, experience more conflict in their future marriage, and are more likely to experience divorce in their own marriage.

In Kuwait alone, According to the Ministry of Planning of Kuwait (2005), 30% of all first marriages end in divorce. Alqashan (2009) reported that because of the increased rate of divorce, almost 45% of all Kuwaiti children under the age of eighteen live in a single-parent divorced home, compared with Tanner's (2002) report that 40% of children in the United States will experience parental divorce by the age of sixteen. Meanwhile, almost 40% (38.9%) of adolescents from divorced families in Kuwait indicated not being in touch with their fathers since their parents got divorced (Alqashan, 1999). As a result,

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divorced fathers were evaluated negatively by their children due mostly to their lack of interaction with their children. Indeed, parental divorce has major effects on young adults. A study by Kapinus (2004) found that the relationship between parents' divorce and children's divorce attitudes is stronger when children are under the age of 25 at the time of the divorce than when they are over 25.

Attitudes toward marriage and divorce of Kuwaiti young adults could be influenced by the teaching of their religion. Since Islam is the official religion in Kuwait, it encourages its adherents to carry positive attitudes toward marriage. Islam also warns Muslims regarding irresponsible reasons for getting a divorce. Although divorce is permitted in Islam (Alqaradawi, 1997), Islamic law does not encourage Muslims to seek divorce for minor reasons. It is reported that the Prophet Mohammad said "Among Lawful things, divorce is most hated by Allah" (Abu Dawood, 2/254/2177). At the same time, although marriage is regarded highly in Islam, it is not considered a religious sacrament (Ibsen al Faruqi, 1985). Muslim men are encouraged to marry when they can offer emotional and financial support for potential wives. Islam views marriage as sharing between the two halves of society. The main purpose of marriage in Islam, aside from human reproduction, is love, mercy, mutual respect, justice, emotional well being, and spiritual harmony (Khan, 2006). Marriage is viewed as bringing two families together, rather than bringing two individuals together (Ibsen al Faruqi, 1985). Yunus and Ahmad (1985) in their book, *Islamic Sociology: Introduction*, defined marriage as "essentially a social contract, solemnized between the bride and the groom with their full exercise of free choice" (p. 69).

### **Parental Divorce and Young Adults**

Although the literature is inconsistent regarding the impact of parental divorce on young adults, some studies report that some negative attitudes may influence the children's attitudes toward marriage and divorce when they grow up. For example, researchers (Amato & Booth, 1991; Booth & Edwards, 1990) found that those adults who came from divorced families exhibited lower levels of psychological well-being and marital quality. Other researchers found that young adults whose parents divorced hold more condoning attitudes toward divorce and hesitate more on marital commitment due to fear of repeating their parents' mistakes and getting divorced themselves (Jacquet & Surra, 2001; Segrin, Taylor, & Altman, 2005).

The impact of divorce on children and young adults receives a lot of attention from researchers. Some researchers have focused on the well-being of adults before and after divorce, while others have studied the short-term impact of divorce on children of divorce (Amato & Cheadle, 2005; Amato & Keith, 1991). Several studies found children from divorced families to have higher levels of depression (Amato, 1991; Turner & Kopiec, 2006). Others report higher anxiety (Riggio, 2004) and substandard psychological and social adjustment, when compared to children from intact families (Furstenberg & Teitler, 1994).

Other researchers found no or less impact of parental divorce on young adults' marital life or their well-being. Consistent with this result, after the initial adjustment period, the majority of children were reported to have done quite well (Ahrns, 2004;

Hetherington & Kelly, 2002). Furthermore, Gohm, Oishi, Darlington, and Diener (1998) found that parental divorce was not always problematic on young adults. Another study (Kurtz & Derevensky, 1993) found children of divorced parents showed many healthy coping strategies for stages of post-parental divorce.

### **Parental Divorce and Young Adult Attitudes Toward Marriage and Divorce**

Studies investigating whether parental marital status affects young adults' attitudes toward marriage and divorce have yielded conflicting findings. Kinnaird and Garrard (1986), for instance, found that children from intact families have significantly more positive attitudes toward marriage than do individuals from divorced and remarried families. They also found that although almost all of their participants indicated a desire to marry, children from divorced and remarried families were more skeptical about marriage and more accepting in their attitudes toward divorce than were those from intact families. In a 25-year longitudinal study, Wallerstein and Lewis (2004) found that young adults from divorced families were more likely to marry at a younger age and to divorce more often. Researchers therefore concluded that individuals whose parents divorce are more likely to divorce themselves than individuals whose parents did not divorce (Amato, 1996; Hetherington, 2003; Tallman, Gray, Kullberg, & Henderson, 1999, Wallerstein & Lewis, 2004).

Moreover, Kinnaird and Garrard (1986) studied the relationship between mothers' marital status and their daughters' attitudes toward marriage, divorce, and premarital sexual activity. The findings revealed that females from intact families had more positive attitudes toward marriage than did those from divorced and step-families. However, no significant differences were reported between groups in term of attitudes toward divorce.

Other studies suggested that women are more likely than men to initiate divorce (Hetherington & Kelly, 2002), and divorce attitudes of women are more likely than those of men to predict eventual divorce (Matthews, Wickrama, & Conger, 1996). In fact, Larson, Benson, Wilson and Medora (1998) found no significant differences between males and females with regard to attitudes toward marriage. Jennings, Salts, and Smith (1991) investigated the effects of gender and family structure on adults' attitudes toward marriage. They found that females had higher positive attitudes toward marriage than did males. Trent and South (1992), who studied gender differences on attitudes toward divorce, found that females showed more positive attitudes toward divorce than did males.

Researchers found that male children, especially those children whose mothers do not remarry, are more likely to be affected more negatively after their parents' divorce than daughters and those whose mothers do remarry (Goodman & Pickens, 2001). Furthermore, Nicholson (2006) concluded that it is important for male children to maintain a close parent-child bond with their father, which can help them overcome the negative effects of divorce rather than develop social, emotional, and psychological disorders. When a mother does not remarry after a divorce, children of both genders are more likely to experience a higher risk of social, emotional, psychological, and academic problems post divorce, as well as low self-esteem and low self-confidence, poor grades,

and internalizing behaviors, such as anger, depression, and developing anxiety disorders (Nicholson, 2006).

### **Theoretical Framework**

The effects of parental divorce on children's attitudes toward marriage and divorce can be evaluated from several theoretical perspectives. At the broadest level, it can be elucidated using social learning theory (Bandura, 1986). According to this theoretical perspective, individuals are thought to learn attitudes and behaviors through imitation, modeling, observation, and experience (Segrin et al., 2005). Social learning theory can also be used to predict and explain relationship characteristics for individuals whose parents have divorced. Parental divorce can cause children to be more likely to observe interpersonal behaviors that weaken attitudes and increase the risk of their own marital instability in adulthood (Amato & DeBoer, 2001). Because divorced parents are more likely to carry positive views of divorce (Thornton, 1985), children from divorced households may express positive attitudes toward divorce to conform to the views of their parents. Consequently, this study suggests that a potential reason for such attitudes is that children learn skills and behaviors from their parental models.

### **Significance of the Study**

The present study is unique for several reasons. First, although there is a vast amount of literature on the impact of divorce in Western cultures and there are several Arab studies done in several regions in the Middle East about reasons for divorce (Albakaar 2004; Aljalabnah, 2006; Alqashan, 2009), to the best of our knowledge, only a single study was conducted on the well-being of adolescents from divorced families in an Arab country (Alali, 2004). There exist no previous empirical studies comparing young adults from intact and divorced families in the Gulf region, in Arab countries in the Middle East, nor in Kuwait. Therefore, the data from the current study serve a very important descriptive function that will be beneficial to social workers and marriage counselors in Kuwait and surrounding countries, so that they can better prepare young adults to become successful partners in marriage.

Secondly, the researchers tried to avoid a weakness of other studies by including the self-report assessments of both male and female young adults in the data collection measuring children's attitudes toward marriage and divorce. In addition, most of the previous studies have been restricted to only investigating the effect of parental divorce on the children's psychological well-being; no study has examined how parents' marital status may influence the children's attitudes toward marriage and divorce.

Third and most importantly, it is essential to understand attitudes toward marriage and divorce because they serve as key mechanisms for predicting actual marital behavior (Glenn & Kramer, 1987). As previous research reports, parental marital conflict and divorce may have adverse effects on children, which may persist into adulthood (Amato, 2001).

## PURPOSE OF THE STUDY AND RESEARCH QUESTIONS

The literature suggests that divorce is more acceptable in Western cultures (Amato & Booth, 1991). However, it is difficult to discern the data because similar studies have not been conducted on Middle Eastern adults from either intact or divorced family samples. Bean and Crane (1996) reviewed all studies on this subject and found that fewer than 5% of the 2,162 articles published in journals focused on the case of racial minorities.

Therefore, the goal of the present study is to assess the impact of parental divorce on the attitudes of college students toward marriage and divorce in Kuwaiti society. It is assumed that young adults from different cultures may have different attitudes toward marriage and divorce compared with findings done on samples from Western culture.

### Research Questions

1. Are there differences in the attitudes toward marriage among young adults of divorced and intact families?
2. Are there differences in the attitudes toward divorce among young adults of divorced and intact families?
3. Are there gender differences in the attitudes toward marriage among male and female young adults of divorced and intact families?
4. Are there gender differences in the attitudes toward divorce among young male and female adults of divorced and intact families?

## METHODS

The current study is descriptive, and also comparative. It uses a self-report survey methodology to examine the impact of parental marital status and the participant's gender on the attitudes of college students from intact and divorced families toward marriage and divorce. The study also investigates the likelihood that one would view divorce as an option under certain marital circumstances.

### Definition of Terms and Instruments

**Marital Attitudes:** "Marital attitudes" refer to the views of young adults in Kuwait toward the institution of marriage. The Marital Attitude Scale (MAS; Braaten & Rosen, 1998) measures the marital attitudes of unmarried sons and daughters of divorce. Marital attitudes can be positive or negative, and can be held by an individual of any marital status. A positive attitude toward marriage usually includes an idealistic notion of a model marriage (Blagojevic, 1989).

**Attitudes toward Divorce:** Attitudes toward divorce refer to the following opinions toward the future of the relationship when a conflict occurs between the partners:

1. Ask for divorce because he or she thinks that if it does not work out, one can get always a divorce.

2. The personal happiness of an individual is more important than putting up with a bad marriage.

### **The Attitudes Toward Marriage Scale**

This scale is a paper-and-pencil self-report measure in which the participants endorse one of five choices for each of the 23 items (Braaten & Rosen, 1998). The participants were asked to rate each item on how strongly they agreed or disagreed with statements regarding their future marriage. The answers were given on a 5-point scale ranging from (1) Strongly Disagree to (5) Strongly Agree. The total score could range from 23 to 115, with higher scores indicating more positive attitudes toward marriage. The scale presents subjects with statements about marriage such as “People should marry;” “I have little confidence that my marriage will be a success;” and “I am fearful of marriage.”

For the purposes of this study, we translated the scale into Arabic using the method of back-translation. To ensure the validity of the translated form, and to ensure the maintenance of the themes in the original form, the Arabic version was reviewed by several experts. A panel of professors from the Departments of Social Work and Psychology reviewed the instruments and agreed that the items have good content validity. They suggested minor changes to some items in the Arabic questionnaire, and approved it after amendment. The Cronbach alpha coefficient was calculated to test the internal consistency or reliability of the scale. The scale showed excellent reliability with a correlation of 0.86. (See Table 1).

### **Attitudes Toward Divorce Scale**

This scale was developed by Kinnaird and Garrard (1986) to measure beliefs regarding divorce. The scale consisted of 12 questions answered on a 5-point Likert scale, anchored by (1) Strongly Disagree and (5) Strongly Agree. The scale presented subjects with statements about divorce such as “People should feel no obligation to remain married if they are not satisfied.” The total score ranged from 12 to 60, with low scores indicating more positive and more liberal attitudes toward divorce. Our findings suggest that the attitude toward divorce scale is a reliable instrument using Kuwaiti young adults. A coefficient alpha was calculated to test the internal consistency or reliability of the scale. The scale showed a very good reliability with a correlation of 0.92. (See Table 1).

**Table 1: Descriptive Statistics and Reliability Coefficients of Attitudes Toward Marriage & Attitudes Toward Divorce Scales (N=661).**

<i>Scale</i>	<i>Mean</i>	<i>SD</i>	<i>Alpha</i>
Attitudes toward marriage	74.87	11.09	.86
Attitudes toward divorce	42.07	10.28	.92



## Sample

Criteria for subject inclusion were: (1) subject should be enrolled at Kuwait University; (2) parental marital status should be defined as legally divorced or intact; (3) subject should be offspring of Kuwaiti parents. The sample was chosen from 12 introductory courses from the Department of Sociology and Social Work, as well as the Department of Psychology. The total number of students in each class ranged from 60 to 70.

Advance arrangements were made with the instructors of each course. The researchers and their assistants were given approximately 15 minutes at the beginning of each chosen lecture to implement the study questionnaires. The researchers or their assistants thanked the participants and then explained to them the purpose of the study. The participants were asked not to put their names or any personal information such as phone number or addresses to guarantee and maintain confidentiality. The research questionnaires were administered by trained social workers. The instruments were written in English; however, they were translated into Arabic since that was the subjects' native language.

The valid respondents consisted of 661 undergraduate students enrolled at Kuwait University. The sample consisted of two groups: students from divorced and from intact families. The first group consisted of 480 (72.6%) participants who reported that their parents were not divorced. The males constituted 39.6% of the respondents, the females, 60.4%. The second group totaled 181 (27.4%) respondents, who reported that their parents were divorced. In this group, the males constituted 33.7% of the respondents, the females, 66.3%. The students provided demographic information, including gender, academic year, parental marital status, and age at the time of parental divorce (if divorced).

Within the divorced sample, 87% of the students lived with their mothers (apparently the mother having custody of the child). Only 6.1% indicated living with their custodial fathers and stepmothers. The remainder of the sample lived with relatives or remained within a two-parent household.

## RESULTS

The data for this study were analyzed using SPSS. Descriptive statistics were computed to provide information on all variables and on the background of the sample in this study (see Tables 2 & 3).

The research questions of this study were answered using t-tests to determine whether gender and parental marital status influence the attitudes of young adults toward marriage and divorce by comparing group means. The findings showed significant differences between the young adults from intact and divorced families. The answer to the first question revealed that young adults whose parents divorced have less positive attitudes toward marriage ( $M = 60.86$ ) than those individuals from intact marriages ( $M = 80.16$ ) (see Table 2).

Answering the second question suggests that young adults whose parents were divorced carry more positive attitudes toward divorce ( $M = 29.63$ ) compared with individuals from intact marriages (see Table 2). Recall that low scores indicate more positive and more liberal attitudes toward divorce. This finding means that young adults whose parents were divorced had more liberal attitudes toward the tendency of divorcing when they themselves get married in the future.

**Table 2: Attitudes Toward Marriage and Divorce: Comparison of Young Adults from Divorced and Intact Families**

Scale	Young Adults with Divorced Parents (N=181)		Young Adults with Intact Parents (N=480)		<i>t</i>
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
Attitudes toward marriage	60.86	9.41	80.16	5.84	-25.77*
Attitudes toward divorce <sup>a</sup>	29.63	8.01	46.76	6.42	-25.79*

<sup>a</sup> Lower mean scores indicate more positive attitudes toward divorce.

\* $p < .000$ .

### Gender Differences

Regarding the third question, the findings indicate that males and females differ significantly in their attitudes toward marriage. Specifically, the results shown in Table 3 reveal that, among those with divorced parents, males ( $M = 68.80$ ) had significantly more positive attitudes toward marriage compared with female young adults ( $M = 56.82$ ). On the other hand, among those whose parents were still married, the attitudes toward marriage of females ( $M = 81.0$ ) were slightly but significantly more positive than those of males ( $M = 79.32$ ).

Meanwhile, for the fourth question, the results shown in Table 3 reveal that female young adults whose parents divorced had significantly more positive attitudes toward divorce ( $M = 28.13$ ) than did those male individuals who came from divorced parents ( $M = 32.61$ ). On the other hand, males from intact parents showed more liberal attitudes toward divorce ( $M = 44.78$ ) than female young adults from intact parents ( $M = 48.74$ ).

**Table 3. Attitudes Toward Marriage and Divorce: Gender by Family Type**

	Young Adults with Divorced Parents			Young Adults with Intact Parents		
	Males (N= 61)	Females (N= 120)	<i>t</i>	Males (N=240)	Females (N= 240)	<i>t</i>
<i>Scale</i>	<i>Mean (SD)</i>	<i>Mean (SD)</i>		<i>Mean (SD)</i>	<i>Mean (SD)</i>	
Attitudes toward marriage	68.80 (7.99)	56.82 (7.28)	9.82**	79.32 (6.67)	81.00 (4.73)	-3.19*
Attitudes toward divorce <sup>a</sup>	32.61 (8.83)	28.13 (7.15)	3.43*	44.78 (6.54)	48.74 (5.65)	-7.10**

<sup>a</sup> Lower mean scores indicate more positive attitudes toward divorce.

\* $p < .01$ ; \*\* $p < .001$

## DISCUSSION

The results from this study show that young adults from divorced families, and females in particular, have less positive attitudes toward marriage when compared with males from divorced but not from intact family backgrounds. In addition, females, from divorced families but not from intact families showed more positive attitudes toward divorce than did males. Indeed, Kuwaiti young adults whose parents divorced appeared to be more polarized in their attitudes, demonstrating more negative perceptions of marriage and greater openness to divorce. Such attitudes could be acquired through exposure to conflict, and contentious interactions could teach offspring that marriage is challenging.

The findings of this current study are consistent with other studies (Gabardi & Rosen, 1993; Nicholson, 2006; Thornton, 1985) which found that males and females from divorced families possess more negative attitudes toward marriage than do young adults from married families. This finding is also supported by Amato and DeBoer's (2001) longitudinal study of 2,033 individuals from divorced and non-divorced homes, which found that adult children of divorce scored significantly higher on measures of rates of divorce and thoughts of divorce compared with adults from non-divorced homes. Gender differences were reported based on social learning theory, in which females typically have closer, more intimate relationships with others than men (Shek, 1995), while men generally are more independent and less knowledgeable and/or influenced by outside sources (Cross & Madson, 1997). Moreover, women were more likely than men to initiate divorce (Hetherington & Kelly, 2002). However, our findings contradict in some ways those of Ganong, Coleman, and Brown (1981), who found that females had more positive attitudes toward marriage than did males, regardless of their family type. However, our findings did not support that for young adults from divorced families.

Several explanations can be drawn from these findings for such gender differences in the attitudes of Kuwaitis toward marriage and divorce. First of all, since Kuwaiti women

played a significant role during and after the Iraqi occupation of Kuwait, claims of male superiority have eroded (Alqashan, 1995). Kuwaiti women have claimed their right to choose their roles, independent of males. In contemporary Kuwaiti society, women have successfully challenged men in most fields; and this success should be considered when looking at the current findings.

Second, the rapid process of modernization in Kuwaiti society reflects major economic, political, social, and value changes, which have affected the roles of both males and females as individuals and as a group. Therefore, gender differences in this study can be attributed to the sociocultural and economic changes for Kuwaiti women. Recently, Kuwaiti women have participated more in the work force; they are no longer so dependent on their husbands' income. Furthermore, divorced women in Kuwait get financial support from the government when they divorce. Therefore, divorce is increasingly a viable option for young Kuwaitis due to the governmental involvement. The negative stigma associated with divorce in the past is no longer an issue for young adults who are considering marriage and divorce, especially for those from divorced parental backgrounds. Such changes may have had an effect on young Kuwaitis' attitudes toward marriage and divorce, as well as raising the rate of divorce.

Third, Kuwaiti drama on television and the movies may contribute to either unrealistic, idealized marital beliefs, or may inhibit the development of realistic relationship attitudes for females. As it was reported, television may play a significant role in such attitudes. Segrin and Nabi (2002) conducted a study examining college students' beliefs about marriage in association with the amount and genre of television viewed. They found that the genre of television viewed (romantic comedies, soap operas) was positively associated with unrealistic beliefs about marriage.

Fourth, although emotional and financial support from the extended family in Kuwait may lessen the impact of a conflicted divorce and increase resiliency in the child, some researchers have demonstrated that post-divorce conflict between the parents can last for years after the initial divorce process is complete (Forehand, Neighbors, Devine, & Armstead, 1994). In addition, parental divorce and parental custody struggles in Kuwaiti courts can have significant psychological and developmental adverse effects on Kuwaiti children.

Fifth, although most of our sample experienced their parents' divorce when they were very young, they may have still witnessed conflict between their parents, which may have an impact on their social and psychological development and their adjustment in college. It was suggested by Trent and South (1992) that marital and familial attitudes seemed to be shaped early in life and remained somewhat constant throughout life, but that the influence of the childhood environment may have a stronger impact on children's and adolescents' attitudes than on the attitudes of adults, who are no longer in that environment.

Sixth, divorced parent-child interactions may play a role in these findings. Indeed, children of divorce in Kuwait tend to spend less time with their fathers after divorce (Alqashan, 1999); this finding is also the case in Western societies (Amato, 2006; Shulman, Scharf, Lumer, & Maurer, 2001). Taking this point into consideration may also

suggest that the child could be old enough to recognize and possibly understand the conflict between his/her parents and may also be old enough to become involved in the conflict, thereby creating confusion and stress during and after the divorce actually occurs.

The researchers recommend taking two types of action. First, a serious effort needs to be made to raise awareness of the impact of parental divorce on the family as a whole and children in particular. Second, a national campaign needs to be launched to raise public awareness. Such awareness can be done through the local media, religious leaders, community conferences, and the local schools, as well as other venues.

Further studies should include other variables not included in this study, such as inter-parental post-divorce conflict, the quality of the parent-child relationship, and remarriage of one or both parents (Amato, 2001; Amato & Keith 1991; Wallerstein & Blakeslee, 1996; Wallerstein et al., 2000). It may be helpful also to further narrow the scope of the research by age at parental divorce, gender, and remarriage or custody circumstances. Moreover, a longitudinal study to explore the change in young adults' attitudes toward marriage and divorce over time will help to identify the influences of other factors.

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## Mental Health, Access, and Equity in Higher Education

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**Abstract:** *This paper tackles the difficult and often not openly discussed topic of access and equity in higher education for people with mental health difficulties. Recent legislative and policy developments in mental health, disability, anti-discrimination and education mean that all students who disclose a mental health condition can expect fair and equitable treatment. However the findings of an exploratory study at an Australian university reveal that just under two thirds of the 54 students who reported mental health difficulties did not disclose this to staff due to fears of discrimination at university and in future employment. Students who did disclose felt supported when staff displayed a respectful attitude and provided appropriate advice and useful strategies for them to remain engaged in university studies when experiencing mental health difficulties.*

**Key Words:** *Access and equity, stigma, mental health and wellbeing, education*

### INTRODUCTION

Access and equity are at the forefront of legislation, policy and practice in mental health, disability and education in Australia and New Zealand, the United Kingdom, the United States and Canada (Knapp, McDaid, Mossialos, & Thornicroft, 2007). In accordance with these legislative and policy frameworks, government funded universities have clearly articulated access and equity policies and programs. However a dilemma presents itself when students with mental health problems do not disclose the difficulties they are experiencing, or seek assistance, due to fear of possible discrimination (McLean & Andrews, 1999). This paper considers policies and practices in teaching and learning in higher education focusing on issues of access and equity for students experiencing mental health problems within the dominant paradigm of population health wellbeing programs. This is followed by a case study and discussion of the experiences of students with mental health problems enrolled at an Australian university. The main mental health conditions experienced by students are identified and ways in which these have impacted upon their studies. Issues concerning disclosure are considered followed by the identification of the types and sources of assistance that students found most helpful. The paper concludes with a discussion of the key findings of the case study and a conclusion and recommendations for practice and further research.

### Policy Context

Worldwide increased efforts are targeted at programs for the prevention of mental illness by Government, the World Health Organization and the World Bank. This is in

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response to predictions that within the next two decades mental health problems will be the largest single burden of illness globally (Mathers & Loncar, 2006). A main focus is on centralization of governance and stronger accountability measures, with population health and wellbeing programs considered to be the most economically viable and equitable solution (World Health Organization [WHO], 2009). Equity of access to mental health care is a central objective of mental health systems in Canada, Australia and New Zealand and has underpinned the National Health Service of the United Kingdom since its inception in 1948. Contrary to popular belief, high levels of government funding and the privatization of healthcare systems does not ensure equity as witnessed in India, the United States, Australia and New Zealand (Leeder, 2003). Equity is an ethical issue with mental health care primarily concerned with access to hope by 'eliminating disparities that are associated with underlying disadvantage or marginalization' (Braverman & Gruskin, 2003, p. 539).

Mental health services today are provided within the dominant paradigm of wellbeing that has seen a shift from a disease to a wellness model. The WHO (2009, p.1) defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." The focus of wellness models is on general population health promotion and prevention activities such as nutrition, exercise, stress reduction and developing strategies to deal with barriers to wellbeing. The integration of student wellbeing programs in high stress academic vocational programs has resulted in reports of marked improvements in overall student mental health (Hassed, Sierpina, & Kreitzer, 2008). Wellbeing programs are increasingly preferred by policy makers due to current health care costs under existing primary care models and projected increases considered unsustainable in the long term (WHO, 2009). However such reforms will only succeed if the needs of those with chronic conditions are also met. This shift in funding and emphasis, from primary care to general population wellness models, has been criticized as a further means of stigmatization of those diagnosed with severe mental illnesses with them deemed 'unworthy of social investment' (Reidpath, Chan, Gifford, & Allotey, 2005, p.1). Richardson (2005) argues that the current focus on population health and wellbeing programs fails to address major inequities and system deficiencies in Australia's healthcare system. These policy changes have been influenced by dominant paradigms in community mental health such as deinstitutionalization, normalization and, in more recent years, recovery.

The recovery movement, led by consumers of mental health services, originated in the United States in the 1980s. Central to recovery is hope and the active role taken by the individual to live well in the presence or absence of mental health problems. All of the rhetoric associated with the dominant paradigms in community mental health supports access and equity in higher education.

### **Higher Education**

The World Bank's World Development Report 2000/2001, *Attacking Poverty*, highlights the importance of access to education in dealing with poverty. The Organization for Economic Co-operation and Development (OECD) (2009) highlights

both the individual and national benefits that result from educational equity including social inclusion, improved quality of life and satisfying employment. First onset of mental illness can occur at any age, although it is most prevalent amongst young people with three quarters of first diagnoses occurring between the ages of 16 and 25 (Megivern, Pellerito, & Mowbray, 2003). This is the time when young people are likely to be considering, or embarking upon, post secondary education programs. They may have a pre-existing mental health condition or experience stress that can trigger a first episode of mental illness. The nature of the studies may generate stress that can lead to mental health difficulties.

The incidence of mental health problems amongst university students is steadily increasing with estimates of between 10 to 20 per cent (Collins & Mowbray, 2005). Of particular concern are reports that these students have lower completion rates than all other disability groups (Cavallaro, Foley, Saunders, & Bowman, 2005; Moisey, 2004). It is likely that students with mental health problems experience other forms of disadvantage. Students can experience a cumulative impact due to membership in more than one equity group such as: low socio-economic status, Indigenous or non-english speaking background, rural and remote or other disability. They may also have more than one mental health difficulty. Membership in more than one equity group has been found to reduce the likelihood of success in post secondary education and increase the possibility of withdrawal from studies (John, 2004). However the main disadvantage is the stigma arising from discriminatory attitudes and behaviors that deny students opportunities and the support they require to successfully complete their studies.

Stigma insinuates itself into policy decisions resulting in institutional discrimination with the stigma associated with mental illness, and the hidden nature of the disability, constituting powerful barriers to students seeking and receiving assistance (Martin, 2006). For some people the stigma of mental illness can cause even more negative impacts than the mental illness itself (Link & Phelan, 2006). Nonetheless there is increased evidence that students with mental health problems who receive appropriate support to remain engaged with their studies are successful in postsecondary education (Megivern et al., 2003), experience decreased hospitalization rates (Isenwater, Lanham, & Thornhill, 2002), and increased levels of self confidence, self efficiency and empowerment (Collins & Mowbray, 2005). Those who are able to successfully develop strategies to resist and challenge discrimination experience improved mental health and educational outcomes. They are able to do so by externalizing the stigma and viewing it as a means of oppression. In doing so they are able to study in their chosen area and access opportunities for professional identity and social mobility afforded by educational qualifications (Elstad, 2004).

A barrier to university education is the view that people with mental illness are not suitable candidates for vocational courses such as social work and welfare education (Martin, 2006). However, this view is generally not openly expressed particularly because it contravenes disability discrimination conventions, legislation and university policy and procedures. According to this view it is perfectly acceptable to work with people with mental health problems as clients, but not as colleagues. This creates a dilemma for students as they are informed of university policies and procedures for

access and equity yet are not confident that they will receive the assistance required and may experience discrimination (McLean & Andrews, 1999). This leads some students to hide their mental illness in the fear that it may jeopardize their position at university and future career opportunities.

A further problem arises when assistance is sought, and the staff response is that if a student is mentally unwell they should not be attending classes (Martin, 2006). This reflects the dominant view that people must be symptom-free before they can participate or be let in (Davidson et al., 2004). Students receive a double message as they are advised to take time off to recover, yet if they do so they can be penalized for not attending or participating in class activities, and be put at risk of failure or exclusion. The result is active social exclusion particularly for those students with persistent and ongoing symptoms of mental illness (Reidpath et al., 2005). Those who do not support students with mental illness entering the human service professions may use this as an opportunity to exclude a student under the guise of care and concern or the upholding of educational standards.

### **Teaching and Learning**

Approaches to teaching and learning have changed considerably in recent years providing increased flexibility and opportunities for students experiencing mental health difficulties to remain engaged in their university studies during periods of mental illness. Flexible delivery and different approaches to teaching and learning provide scope for increased responsiveness to individual student needs. The three main approaches used in higher education over the past century are absorption, behavioral, and cognitive, with different instructional architectures used to support each approach (Clark, 2003). Increasingly there has been an emphasis on the more active approaches to teaching and learning both in the classroom and online. The suitability of each approach will vary according to a student's mental health status (Martin & McKay, 2009).

Absorption views of education focus on the transmission of information to students, with learning occurring through the assimilation of this content. Receptive architecture is used with an emphasis on the provision of information (Mayer, 2001). In some forms of receptive instruction students have minimal control over the pacing or sequencing of the information provided. Examples of this architecture include didactic methods such as (non-interactive) lectures and instructional videos. Flexibility is provided to students through the use of information communication technology, such as lectopia, that provide an audio recording of the lecture and visual slides for students to access and download online. This is particularly useful for students who want to keep up with course materials and information but are experiencing mental health difficulties that prevent them from attending university and participating in class discussions.

The behavioral approach was promoted in the first part of the 20th Century by behavioral psychologists, with learning based on mental associations. Educators use directive architecture by providing small amounts of information, followed by questions and frequent reinforcement through immediate corrective feedback to ensure that accurate associations are made. Programmed instruction in short lessons, popular in the

1950s and 1960s, is a prime example of directive architecture. This approach is particularly useful for students with mental health problems that affect concentration.

The cognitive approach to education was developed in the latter half of the 20th Century with an emphasis on the active processes learners use to construct new knowledge. The two main architectures used with the cognitive approach are guided discovery and exploratory (McKay, 2008). Guided discovery architecture uses real world problems or scenarios to drive the learning process. Students typically access various sources of data to resolve problems with instructional support available to help them. Guided discovery provides students with opportunities to try alternatives, make mistakes, experience the consequences of those mistakes, reflect on their results, and revise their approach. Exploratory architecture offers high levels of learner control. Instruction is designed to provide a rich set of learning resources that include: learning content, examples, demonstrations, and knowledge/skills building exercises, complete with the means to navigate these materials. Architectures of this type are frequently used for online courseware. High levels of learner control can be useful for students experiencing mental health difficulties that affect class attendance. However clarity is required on the learning tasks required with regular opportunities for communication and feedback from staff to ensure the required learning outcomes are being met. Open-ended tasks and activities can generate considerable stress and anxiety that can exacerbate a pre-existing mental health condition, due to a lack of structure and clarity and even more so if this is reliant upon group work assessment.

Equitable assessment requires consideration of varied approaches to assess the same learning outcomes. It is the responsibility of the educator to assess a student's performance in a manner that allows them to best demonstrate the learning they have achieved according to the required course outcomes. Students experiencing mental health difficulties during their studies are discriminated against if they are not treated as favorably as other students. Discrimination can also occur if students are required to comply with conditions that are unreasonable and that they do not, or are not able to comply with (Martin & McKay, 2009).

The following discussion of the findings of an exploratory study highlight how the approach to teaching and learning, institutional policies and practices, staff and student attitudes, and support services available, influence access and equity in higher education for student's experiencing mental health difficulties.

### **CASE STUDY: MENTAL HEALTH EXPERIENCES IN HIGHER EDUCATION**

An exploratory research project was conducted in an Australian university in an endeavor to gain an understanding of the experiences of students with mental health difficulties during their studies. A main aim was to identify factors that students identified as affecting their performance and ways that staff might respond to support them to achieve their educational goals.

## METHODS

An anonymous online survey was sent to all students enrolled in a School, within an Australian university, identified by the university's Disability Liaison Unit as having the highest number of students with mental health difficulties using their services. This included students enrolled primarily in human services courses in social work, social science, psychology, youth work, planning, environment, international and legal dispute studies. Students were asked to disclose whether or not they had experienced any mental health difficulties during their studies. Those who had experienced mental health difficulties, that had affected their studies, were then invited to complete the online survey. Open and closed questions were asked focusing on three areas: disclosure, impact on studies, and support.

The self-selection process was a significant aspect of the research as it allowed for participation of students who may not have a formal psychiatric diagnosis. It meant that students defined their mental health condition rather than selecting from pre-determined categories of "mental illness." The categories identified by the students were then compared with those used by mental health services during the data analysis. Previous studies of this nature have surveyed students who have declared a mental illness, and registered for Disability Liaison Unit services.

The survey was posted online for a six-week period with a request to participate sent to 1,517 students in the School. This method proved effective as students were able to anonymously share their experiences in their own time. A total of 54 students responded – 3.6 percent of the student body. It is not possible to accurately gauge the proportion of students with mental health difficulties given it is likely that not all students experiencing mental health difficulties would have elected to participate in the research.

The survey included ten open questions to be answered only by those students who self-identified as having experienced mental health difficulties during their studies. Students were asked what their mental health condition was, whether or not it had affected their studies, and if they had disclosed this to university staff. Students who had not disclosed were asked for reasons why they had not done so. Those who had disclosed were asked to provide details of how staff had responded and what they found most helpful, and most problematic. Students were asked to provide details of services used when they experienced mental health difficulties and, finally, general comments and/or advice to staff and/or students. Frequencies were recorded for the responses to each question with thematic analysis also used to collate and present the study findings. Students were not limited in their responses to each question. This meant that if a student recorded more than one category in response to a particular question, each response would be reflected in the data. For instance, Figure 1 presents each diagnosis mentioned with some students having more than one diagnosis, with Figure 2 on area of study affected, showing 85 responses from the 54 students surveyed. Other questions recorded the actual number of students who gave a particular response, as in the reported number of students who had disclosed their mental health difficulties to staff.

## LIMITATIONS

As a small exploratory study of students in one university the study findings are not generalizable. Given the anonymous survey and the self reporting of students of their mental health status, it was not possible to verify that students really had the mental health conditions they reported. The sample size is small and self selecting and as such it is potentially biased as the larger population of all students experiencing mental health difficulties is not included in the study. The length of the survey was limited to 10 questions that did not include demographic data on age, gender or cultural background. A longer survey that collects detailed demographic information would be useful for further research. The collection of detailed demographic data would enable analysis according to gender, age, cultural background and socio-economic status.

In addition, further broad scale research that provides a brief mental health screening tool to select survey participants would be useful to identify the impacts of different types of mental illness, particularly schizophrenia and personality disorder, on students' education experience and performance. A comparative case study approach comparing metropolitan, regional, rural, remote and international experiences would provide further insights.

## FINDINGS

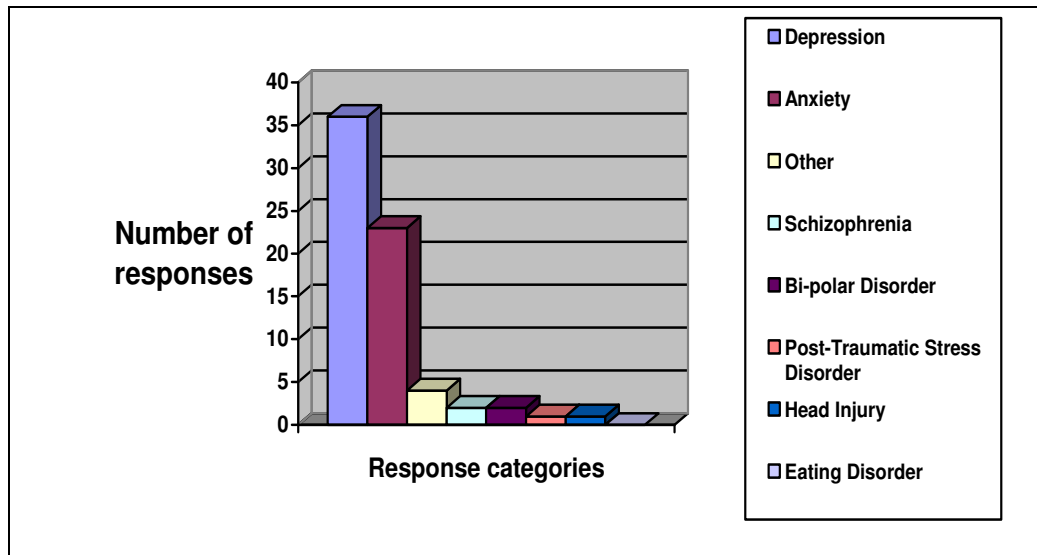
The mental health conditions identified by students are presented, followed by consideration of those who had, or had not, disclosed and reasons for this. The impact of disclosure on study performance is presented, alongside strategies students found most helpful during periods of mental illness.

### **Mental Health Condition**

The main mental health conditions identified by students were depression (n= 35) and anxiety (n=23), with anxiety including students with eating disorders (See Figure 1). Two students were recorded for both schizophrenia and bi-polar affective disorder. Individual students reported post traumatic stress disorder, obsessive compulsive disorder, dissociative identity disorder, Asperger's syndrome, head injury, autism and epilepsy. These latter responses would not normally be classified as mental health conditions by today's standards; however, this was not the case in the not too distant past.

Just over half of the students (n=28) reported multiple conditions with just under half recording a dual diagnosis of depression and anxiety (n=25). Three students reported dual, triple and quad diagnoses. The dual diagnosis was dissociative identity disorder and anxiety. The triple diagnosis was post-traumatic stress disorder, anxiety and depression. The quad diagnosis was Asperger's syndrome, autism, anxiety and obsessive compulsive disorder.



**Figure 1: Mental Health Condition**

A couple of students reported physical problems triggered by their mental health condition. One experienced anxiety that resulted in physical problems that caused further, and more serious mental health problems with depression. The other student's physical condition led to mental health difficulties with anxiety. The complex interplay of mental and physical health conditions is illustrated in the following student comment:

*My mental health condition under extreme forms of stress can activate an underlying physical condition. High stress and ongoing fatigue directly impact on this physical condition which ultimately is life-threatening if not managed.*

### Disclosure of Mental Health Condition

The majority of students, slightly under two thirds (n=34) had not disclosed to university staff about their mental health condition or the problems they were experiencing with their studies, even though many were experiencing considerable difficulties.

Reasons for not disclosing varied. Some students did not disclose because there was no need to, even though for all but one student, their mental health condition had impacted negatively on their studies. Some students did not disclose for reasons of privacy and confidentiality. Others were embarrassed or had past bad experiences disclosing to staff. One student was concerned that staff might not understand and ask difficult and personal questions, with another student noting that communicating with anyone was difficult when unwell. A further student had only recently been diagnosed.

Concerns were expressed that students would be seen by staff as telling lies and/or wanting privileges (n=12). A further concern was a fear of being found out, judged, stigmatized and discriminated against by being treated differently from other students;

possibly losing their place at university and being discriminated against in the workplace (n=9).

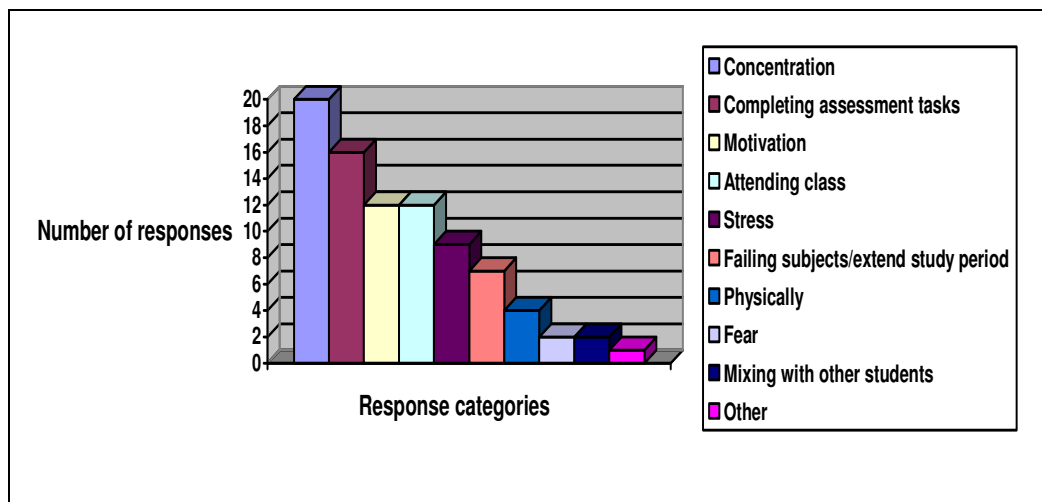
Of those who did disclose their mental health condition to staff (n=20), the responses were mostly positive (n=18), with only two students reporting a negative experience. The main assistance provided was for gaining extensions and Special Consideration. In some instances where extensions were granted, additional support was needed. Students wanted staff to understand the reasons why they were not finishing their work on time. While support was provided, students found it difficult to ask for help. Some staff members tried to be helpful but their efforts were misguided, resulting in embarrassment for the student, particularly when they were singled out for special treatment in front of the student group:

*I'm worried I'll be treated differently or given unwanted attention. However, in the past I have used the Disability Liaison Service to make contact for me. One staff member contacted by the DLS on my behalf then addressed me about my "special needs" in front of the whole class, with everyone's attention, when we had a test saying 'If you don't feel well at any time, you can just leave if you need to.' I never attended that class again, failing it, and have never disclosed to any staff since.*

**Impact of Mental Health Condition on Studies**

All but one student reported that their mental health condition had impacted negatively on their studies as illustrated in Figure 2.

**Figure 2: Areas of Study Affected by Mental Health Condition**



Physical, psychological and social difficulties were experienced in the areas of; concentration (n=20), completing work on time (n=16), motivation (n=12) and attending

classes (n=12). Other areas affected included increased levels of stress (n=8), failing courses (n=6), poor physical health (n=4), fearfulness (n=2) and problems mixing with other students (n=2).

Physical problems included tiredness and exhaustion from not sleeping well, extra time required to complete study requirements as well as overall poor physical health. Inadequate sleep affected mood and coping skills as well as energy levels and academic performance. Students who had a first episode of mental illness, or who went undiagnosed, experienced considerable difficulties with their studies, often over extended periods.

Main psychological difficulties were in relation to concentration and maintaining motivation and focus, as well as managing the disturbing signs and symptoms of the particular mental health condition. For many students this was lowered mood and feelings of overwhelming sadness. Poor concentration impacted negatively on most areas of study including attendance, participation, and assessment, with students losing confidence in themselves and their abilities. It was particularly difficult for students to maintain the focus required if they could not see the relevance of their studies for the future. Feelings of guilt and failure were experienced in relation to studies, for not submitting work on time and having to apply for Special Consideration, and life in general.

Socially students experienced main difficulties in coping with everyday life as well as their studies. Attending and participating in class was problematic for many students who feared an exacerbation of their condition and that others might find out and not understand:

*The main difficulty for me is the fear being found out and considered somehow less than acceptable. This means I don't and won't ask for an extension on the grounds of what is going on in my life at the time, and avoid at just about all cost ever asking for an extension or some kind of support, in case it makes me more open to being found out. I don't want people starting to interact with me on the basis of their interpretation of what such a diagnosis means, rather than taking me for who I am in the present moment. I'm fearful that I won't have the resilience to pull through an episode and get stuff in on time, that I will burn myself out keeping up a façade.*

The university where this study took place did not have an attendance policy. However it was apparent that it was generally difficult to meet the course requirements for those who did not attend classes. Motivation, attendance, and the submission of assignments were affected during periods of mental illness and hospitalization. Often there were major difficulties in managing to complete assessment activities in the set timeframe, with the work submitted not of a standard that students believed reflected their true abilities.

The failure to attend class was connected with low levels of motivation, difficulties with concentration, and high stress levels. Students feared that they might not have the resilience required to pull through and worried about lost time when unwell. The

following comment highlights the added problem of first onset of mental illness and not being diagnosed:

*The hardest thing was trying to keep up with the work and not fall too far behind. I was lucky it happened towards the end of semester so although I had a lot of essays to do I had a six week break to recover. Once medicated it only took me a month or so to get back on my feet, however there were three months when I went undiagnosed where my studies really suffered.*

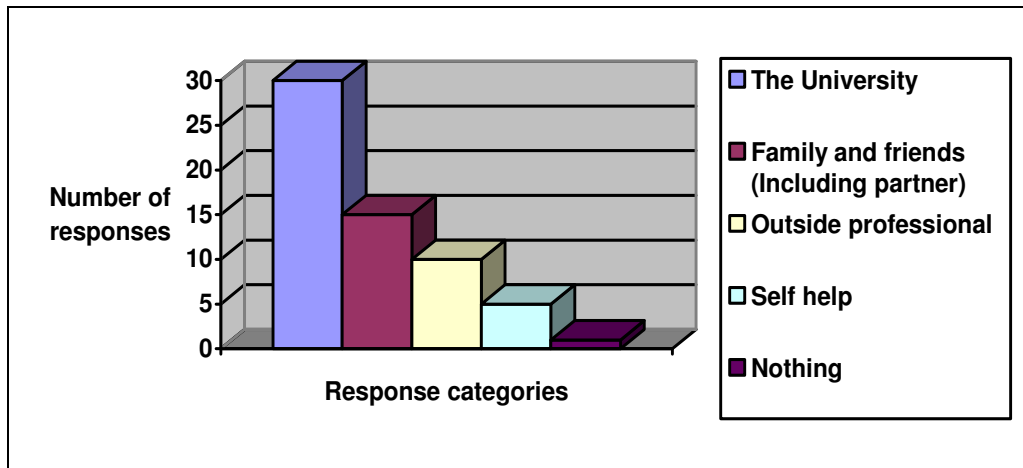
Raising the issue and asking staff for help was a main difficulty for students. They were particularly concerned that a lack of understanding from staff and students would result in stigma and negative discrimination leading to restricted opportunities at university and in future employment. Negative experiences with faculty, administrators and staff from counseling and disability services left students feeling disempowered, particularly when deemed ineligible for services, with one student describing feelings related to being ‘shut out’:

*My main problem was being shut out. Like when I became so depressed and anxious and withdrawn, absolutely no-one made an effort to contact me, to give me the opportunity to explain my circumstances. I know they expect us to be responsible adults but adults are not immune from illness. You do need to look after your students. Staff need training in mental health and how it can affect your studies. I nearly cried when a staff member demanded to know how depression could impact on my studies, the experience was really undermining.*

Additional time was needed during the recovery period to attend regular treatment. A cumulative impact was experienced by students who were members of more than one equity group. Further difficulties were experienced when English was a second language and when alcohol and other drugs were used in excess. The cost of treatment caused financial hardship for some students with this particularly an issue for students with a longstanding mental health condition.

### **Most Helpful Assistance**

Half of the students surveyed sought assistance from services within the university (n=27) and just under half from outside services (n=26), with some of these students using a combination of services within and outside of the university. A smaller number of students (n=8) did not use any services. As illustrated in Figure 3, of those who sought assistance just under two thirds of students (n=30) found the university to be most helpful even though many of these students had not disclosed their mental health condition. The next main source of support was family and friends (n=15) followed by professionals outside of the university (n=10). A small number of students who were using services felt that the best support came from themselves and not service providers (n=5) with one student gaining most support from a pet. All, with the exception of one student, who found that ‘nothing was helpful’, were able to access some kind of positive assistance.

**Figure 3: Source of Most Helpful Assistance**

Sources of assistance within the university were of both a practical and supportive nature and were provided by academic, administrative, counseling, disability, student union and housing services staff. Students valued online access to staff, course information, support services, and information about their rights and responsibilities, so that they could continue with their studies when it was difficult to attend the university. Special Consideration with extensions of time for assignments, altered assessments, and changed exam venues was helpful. The attitude and approach by staff was critical as this impacted on a student's ability to disclose about a mental health condition and seek the support required as reflected in the following student comment:

*Tutors need to not just see their role as 'teaching and marking assignments.' They should take a personal interest in the students as they are after all our role models whilst at university. It sometimes feels like lecturers and tutors are 'untouchable' thereby being difficult to approach. Teachers who understand and are open for discussion are more approachable.*

Students appreciated staff who treated them with respect and dignity; were understanding, supportive, and trustworthy; and provided reassurance, information and advice without being too intrusive. Some students wanted time off to recover while others did not want to do so. These students appreciated staff who reassured them and supported them while they continued with their studies when unwell. Remaining connected to the university was important with one main point of contact preferred. Given the effort required at times to attend class, when unwell it was appreciated when this time was well spent. Structured lectures were preferred by those who found it difficult to interact with others.

Family and friends were main sources of support and encouragement as they listened and provided emotional and practical assistance with organization and time management. Students appreciated a non-judgmental attitude, understanding, kindness, and loyalty – in

spite of the mental health condition. However, students were mindful of not being a burden and straining these relationships.

Services from outside the university were provided by general medical practitioners, specialist mental health youth services, mental health crisis services, psychiatrists, psychologists, social workers, nurses, counselors and therapists. Some students required regular medication with this increasing when the symptoms of their condition were exacerbated. Other interventions included counseling and assistance with coping skills and problem solving. Counseling approaches that addressed issues of stigma and mental illness and used an empowerment approach, combined with practical assistance, were particularly helpful. Wellbeing approaches for stress management and relaxation were also used, including massage.

Students found access to a regular worker important for accessing reports for applications for Special Consideration. Having to explain the situation to a stranger was difficult, even more challenging when unwell, and in some cases not possible due to the mental health condition at the time. The financial costs incurred for some of these services was also an issue.

A range of self help strategies were used by students. Maintaining a positive outlook and remaining connected with university, family, and friends were generally considered important. Approaching staff required considerable motivation and communication skills, particularly at times when these were impaired. Early intervention from academic staff and counseling services was preferred, with concerns that services could only be accessed if problems were acute. Students found it important to acknowledge their reduced level of capacity at different times and to make allowances for this.

A holistic approach to general health and wellbeing was noted with students finding physical exercise, eating well, and regular sleep vital. Relaxing in a quiet area and meditation assisted with stress reduction and remaining calm and positive. One student found playing computer games relaxing. However not all of the 'most helpful' coping strategies reported by students were positive including illicit drug use, social isolation, and self harm.

Students made a number of recommendations for improvements, including respectful relationship building with staff, generic distribution of information on access and equity services through varied face to face and online media that are easily accessed by all students. Students wanted understanding from staff and flexible and responsive arrangements to suit their particular and changing needs. What they did not want was pity or special favors. Nor did they want a lowering of academic standards. If students did attend classes when unwell, they wanted the time to be well spent – given the effort involved in getting there. The following student quote directed at both staff and students highlights the individual response needed:

*If you want to help us then ask us what we think would help - every student with a mental illness will have special/different needs. Your School is like your family for as long as you're there. Treat it as such and expect to be treated as though you belong and have a place, even if you make a few mistakes.*

This sense of belonging extended beyond respectful and responsive relationships with staff to developing friendships with other students, with staff expected to take an active role in facilitating this:

*Encourage friendships during first year. I don't know how you'd do that, but during my first year course they heavily encouraged friendships and having somebody in class, and who you can talk to about class, has helped me cope with the stress immensely.*

Students commented on the University procedures for Academic Progress – similar to most universities – that involve sending an “at risk” letter to students whose results are in the bottom quartile, and inviting them to attend a student progress interview:

*You cannot possibly extract this information from them when they feel they are under attack from their School. Call each student before sending out the letter, arrange to meet them informally, discuss the letter with them, come up with a way to address the problem THEN mail them a letter explaining the outcomes of that meeting. It might also be nice to inform students on their rights etc. special consideration, equitable assessment, remission of fees etc. It's all too easy to feel like you're stuck when you have a problem at university.*

Students noted the importance of addressing possible mental health difficulties early in the semester in a general manner with *all* students and making information accessible through multiple face-to-face and online sources:

*I think it would be extremely helpful if tutors were to speak broadly to their tutorial groups about this very issue at the start of semester and the possible need for non-disclosure, directing any student to the Disability Liaison Unit-without any assumptions of mental health status of the persons in the tutorial group. Obviously this would be a general directive, as it cannot be guaranteed that a student will speak up in class, nor approach the tutors afterwards.*

## DISCUSSION

The study findings illustrate the important and central role the university plays in the development of policy and provision of both academic and support services, to increase the likelihood of successful educational outcomes for students experiencing mental health difficulties during their studies. However as mentioned earlier, it is important to note that these study findings are limited, due to the small sample size and number of survey questions, and are therefore not generalizable to other settings.

Key study findings include the importance of respectful communication and relationship building; between staff and students, and students with each other. Individual responses that allow for flexible and active learning approaches, with appropriate levels of structure, facilitate a learning environment that allows students to remain engaged with the university. The early provision of information on student rights and equitable assessment to all students, with multiple access points, reduces the likelihood of discrimination arising from the stigma of mental illness.

The majority of students in the study experienced multiple levels of disadvantage, due to the presence of more than one mental health condition, thereby increasing vulnerability. The complex interplay between physical and mental health was also evident amongst the study participants.

While the study design allowed students to identify their own mental health conditions, these were consistent with the diagnostic categories in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association. Thus students defined their mental health conditions according to the dominant medical paradigm used for eligibility for mental health services in Australia today. As in previous studies of student mental health, the main disadvantage was stigma arising from fear of discriminatory attitudes and behaviors.

Stigma prevented the majority of students from disclosing their mental health condition. Students were fearful of discrimination in their studies and in future employment, worried that they may be considered undesirable or unsuited to their chosen profession. Interestingly however, almost half of the students were able to gain assistance without disclosing their mental health condition. However, this type of assistance is potentially limited as disclosure is needed for eligibility for Disability Support Services and Special Consideration. It raises the issue of limits to disclosure applied by the students themselves as well as confidentiality of service providers within and outside the university. A key consideration is whether or not staff actually need to know details of a student's mental health condition to best assist them. Further research on disclosure would be useful focusing on issues concerning process, content, response and outcome.

A comparison of students who disclosed and those who did not reveals that those who did not disclose experienced a range of mental health conditions and difficulties that were no less significant than those experienced by students who did disclose. The majority of those who did disclose received helpful assistance. This suggests staff are able to provide appropriate support, and implement more appropriate teaching and learning strategies, when they are aware of the particular difficulties a student faces. This is another area for further substantive research.

Staff development and training in mental health, access and equity in education can provide staff with the knowledge, attitudes, and skills required to intervene effectively in accordance with university policy and legislative requirements. The study findings are consistent with those of Pilgrim (2005, p. 99), with helpful conversations by supportive and empathic staff, without specialized knowledge in mental health, appreciated by students and leading to positive outcomes. Useful conversations with academic and administrative staff facilitate an understanding of how a student's mental health impacts upon their studies, what their rights are, available assistance and how to best access this. Counseling, disability support and student right's services are particularly important in instances where academic and administrative staff responses are either not forthcoming or inappropriate.

The study findings highlight the dilemma that arises when students are not diagnosed, or are unable to communicate effectively due to their mental health condition at the time,



thereby preventing them from being able to seek assistance in an appropriate and timely manner.

The students in the study experienced a range of psychological, social and physical difficulties that impacted negatively upon their studies. The tendency to not disclose mental health difficulties created further problems, with students not attending class in fear of being found out and discriminated against.

Consideration is required of the most appropriate teaching style that best suits the changing and often complex needs of students experiencing mental health difficulties, with suitable architecture to support this. Increasingly students are able to access course materials and other relevant information for their studies online. The cognitive approach to teaching and learning using guided discovery and exploratory architecture, for online course materials means students can continue their studies during periods of mental illness. However the open-ended nature of much of this learning can be problematic with appropriate teacher guided structure and guidance required, particularly if a student is experiencing cognitive difficulties. The availability of lectures online also provides students with greater flexibility. Given the availability of quality online course materials, particularly in more recent years, a main challenge is how much classroom activity is required to meet both university and professional standards and requirements to prepare students for the human services workforce.

Early intervention is crucial for preventing mental health problems by averting fears and anxieties and assisting with the necessary adjustments and changes required to engage in university studies. Many newly enrolled students do not know where and how to get assistance when they experience mental health difficulties. Commencement of studies at university generates considerable stress, and it is therefore important that academic and counseling support and services are offered to prevent first onset or relapse of mental illness. Clear explanations of student rights, staff responsibilities, course expectations, study workload, and assessment requirements provide students with the necessary information required to adequately plan for their studies. The ongoing provision of information on support services available throughout their studies is beneficial, particularly prior to and during peak assessment periods. This includes information on university policies and procedures for extensions, special consideration, equitable assessment, remission of fees, and university academic progress procedures.

A wellbeing preventative approach, targeted at all new students can alleviate stress thereby reducing vulnerability to mental illness. For students who have disclosed a mental illness, particularly those who have applied through university access and equity programs, targeted support can be provided at the outset if required. This study has shown that disclosure is more likely to lead to positive outcomes when university staff have a respectful attitude and provide appropriate assistance and advice, supported by university policies and services.

## CONCLUSION

Legislation and policy in mental health, disability, anti-discrimination and education espouses principles of fair and equitable treatment for students experiencing mental health difficulties. In practice however, a major barrier to the enactment of these principles is non-disclosure of mental health difficulties by students due to fears of discrimination. The exploratory study findings presented in this paper support the findings of previous studies that consider stigma to be a major obstacle preventing students from disclosing mental health difficulties and receiving appropriate assistance. Student mental health and educational outcomes can be improved by universal wellbeing programs and targeted interventions for those students experiencing mental health difficulties. Targeted interventions are required that address the stigma of mental health so that students can confide their difficulties to staff in the confidence that they will be treated fairly and with dignity and respect. At the same time students require assurance that measures will be put in place to assist them to do their best work and remain engaged with their studies during periods of mental ill health. The dominant paradigm of recovery in mental health and access and equity in higher education, alongside increased flexibility in the design and delivery of higher education programs, means that the future for students, experiencing mental health difficulties in social work and welfare studies is more hopeful than ever before. Further research, in particular, substantial comparative case studies, that include a brief mental health screening tool and demographic data, will result in transferable knowledge generation.

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## Information and Communication Technologies in Social Work

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**Abstract:** *Information and communication technologies (ICTs) are electronic tools used to convey, manipulate and store information. The exponential growth of Internet access and ICTs greatly influenced social, political, and economic processes in the United States, and worldwide. Regardless of the level of practice, ICTs will continue influencing the careers of social workers and the clients they serve. ICTs have received some attention in the social work literature and curriculum, but we argue that this level of attention is not adequate given their ubiquity, growth and influence, specifically as it relates to upholding social work ethics. Significant attention is needed to help ensure social workers are responsive to the technological changes in the health care system, including the health care infrastructure and use of technology among clients. Social workers also need ICT competencies in order to effectively lead different types of social change initiatives or collaborate with professionals of other disciplines who are using ICTs as part of existing strategies. This paper also identifies potential pitfalls and challenges with respect to the adoption of ICTs, with recommendations for advancing their use in practice, education, and research.*

**Key Words:** *Information and communication technology, ethics, innovation, continuing education*

### INTRODUCTION

Information and communication technologies (ICTs) are broadly defined as technologies used to convey, manipulate and store data by electronic means (Open University, nd). This can include e-mail, SMS text messaging, video chat (e.g., Skype), and online social media (e.g., Facebook). It also includes all the different computing devices (e.g., laptop computers and smart phones) that carry out a wide range of communication and information functions. ICTs are pervasive in developed countries and considered integral in the efforts to build social, political and economic participation in developing countries. For example, the United Nations (2006) recognizes that ICTs are necessary for helping the world achieve eight time-specific goals for reducing poverty and other social and economic problems. The World Health Organization also sees ICTs as contributing to health improvement in developing countries in three ways: 1) as a way for doctors in developing countries to be trained in advances in practice; 2) as a delivery mechanism to poor and remote areas; and 3) to increase transparency and efficiency of governance, which is critical for the delivery of publicly provided health services (Chandrasekhar & Ghosh, 2001).

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With the growth of the Internet, a wide range of ICTs have transformed social relationships, education, and the dissemination of information. It is argued that *online* relationships can have properties of intimacy, richness, and liberation that rival or exceed *offline* relationships, as online relationships tend to be based more on mutual interest rather than physical proximity (Bargh, McKenna, & Fitzsimons, 2002). In the popular book *The World is Flat*, Thomas Friedman (2005) argues that collaborative technologies – i.e., interactions between people supported by ICTs – have expanded the possibilities for forming new businesses and distributing valued goods and services for anyone. Educational theorist and technologist Curtis Bonk recently published a highly insightful and influential book called *The World is Open* (Bonk, 2009). Bonk (2009) argues that, with the development of ICTs, even the most remote areas of the world have opportunities to gain access to the highest quality learning resources. Proceedings from the 2004 International Workshop on Improving E-Learning Policies and Programs also showed that ICTs are helping transform governments through workforce transformation, citizen education, and service optimization (Asian Development Bank Institute, 2004). Innumerable accounts and data sources demonstrate that ICTs have reduced boundaries and increased access to information and education (see Bonk, 2009; Friedman, 2005), which has led the United Nations Educational, Scientific, and Cultural Organization (UNESCO) to focus on assisting Member States in developing robust policies in ICTs and higher education (UNESCO, nd).

Although ICTs and the growth of the Internet are not without problems, a reality remains that both will continue to shape the global community. Other disciplines have recognized the importance of ICT and consider it to be a key part of professional development. For example, the National Business Education Association (NBEA) states: "mastery of technology tools is a requirement rather than an option for enhancing academic, business, and personal performance" (NBEA, 2007, p. 88). Resources are available that speak to the role of technology in the social work curriculum (e.g., Coe Regan & Freddolino, 2008; Faux & Black-Hughes, 2000; Giffords, 1998; Marson, 1997; Sapey, 1997) and in research and practice (e.g., *Journal of Technology in Human Services*). The National Association of Social Workers (NASW) and Association of Social Work Boards published a set of ten standards regarding technology and social work practice, which serves as a guide for the social work profession to incorporate technology into its various missions (NASW, 2005).

Despite this interest in technology, the attention that the field of social work has given to ICTs in research, education, and practice does not match the efforts of other national and international organizations that view ICTs as critical to improving the lives of disadvantaged and disenfranchised persons, and necessary for all forms of civil engagement. The Council on Social Work Education (CSWE) calls for the integration of computer technology into social work education, but there are no explicit standards for integration or student learning (CSWE, 2008; see also Beaulaurier & Radisch, 2005). Asking other social workers, social work students, and social work educators can easily reveal that many are unaware of the NASW technology standards. A review of syllabi of social work courses will also show that ICTs, beyond e-mail communication, are generally not present in the educational environment. Consequently, social work students

are not being adequately prepared in the use of ICTs, which are integral in the workforce today and will become even more important over time (Parrot & Madoc-Jones, 2008).

In this paper, we argue that ICTs are of critical importance to advancing the field of social work. Specifically, they provide efficient and effective ways for organizing people and ideas, offers greater access to knowledge and education, and increases the efficiency and collaboration of our work. This paper takes the position that many aspects of the NASW Code of Ethics (1999) can be advanced through careful and thoughtful application of ICTs. Thus, competencies with ICTs and ICT literacy should be required learning outcomes in social work education and continuing education. This includes having the knowledge and skills to understand and use ICTs to achieve a specific purpose (i.e., competencies), in addition to knowing the major concepts and language associated with ICT (i.e., literacy). Within this framework, this paper identifies specific aspects of the Code of Ethics (1999), showing how ICTs play a critical role in achieving the desired values and principles. Recommendations on how ICTs can be more strategically incorporated in the classroom, along with potential pitfalls, are discussed.

## OVERVIEW OF ICTs

### ICTs in Society

Computer technology is becoming more efficient, productive, and cheaper. Advances in technology are producing more powerful computing devices to create a dynamic virtual network that allows people all over the world to communicate and share information with each other. The growth and importance of the technology and the virtual network are underscored by two important laws. First is Moore's Law, which states that "integrated circuit technology advancements would enable the semiconductor industry to double the number of components on every chip 18 to 24 months" (Coyle, 2009, p. 559). Essentially, this means that the speed and productivity of a computer increases two-fold every 1.5 to 2 years. While such growth may not be sustained indefinitely, the exponential growth of technology realized thus far has reshaped our society and will continue to be a dynamic force in future generations. It is important that social workers understand the role that technology plays in shaping the lives of clients and the services that are delivered. The second law, Metcalfe's Law, states "the value of a network increases in proportion to the square of the number of people connected to the network" (Coyle, 2009, p. 559). These rapidly developing technologies, and the individuals that utilize them, are producing virtual networks of greater size and value.

At the time Granovetter published his classic study on networks and employment (Granovetter, 1973), ICTs played almost no role in developing and maintaining network relationships. Today, Internet sites such as LinkedIn ([www.linkedin.com](http://www.linkedin.com)) produce vast social networks that provide opportunities for professionals and employers to advertise and communicate. To effectively use social networks, whether for obtaining employment, securing resources, or obtaining information, social workers need to understand the capabilities of these networks, and how they can be effectively understood, managed, and utilized within a digital environment.

### **ICTs in Higher Education**

Applications of ICTs for institutions of higher education have grown tremendously and will continue to shape the delivery of social work education. This is already realized through emerging distance education courses and other strategies for using technology in the social work classroom (e.g., Stocks & Freddolino, 1999; Wernet, Olliges, & Delicath, 2000). Courses offered online greatly assist students who are long distance commuters or students with disabilities. In both distance and local learning, many educators utilize course management systems (e.g., Sakai, Moodle, and Blackboard) for managing virtually every aspect of a course. These course management systems often provide students with tools to assist each other in learning the course material (e.g., synchronous and asynchronous communication). Largely because of these opportunities, some have even predicted that ICTs may eventually eclipse the traditional college classroom (see Bonk, 2009).

Within colleges and universities, ICTs serve both administrative and academic functions. Students are able to accomplish a variety of tasks using computer networks that save the institution time and money, such as facilitating billing and payments to the school, requesting and obtaining financial aid and/or scholarships, class scheduling, requesting official transcripts, selecting housing locations, etc. With regard to social work research, ICTs are part of an infrastructure for newer research methodologies (e.g. Geographic Information Systems, computer simulations, network modeling), making it crucial for universities to harness technology to advance their research missions (Videka, Blackburn, & Moran, 2008). ICTs have the potential to help facilitate a more productive and effective learning environment for both social work students and professors.

### **Continued Growth of ICTs**

Technology innovations are encouraging a trend towards the digitization of the world's information and knowledge, essentially creating stores of the accumulated human experience (Coyle, 2009). Computer technology has become integrated into the modern global society, serving a wide range of functions and purposes. With such growth are extensive arguments that Internet access is a human right because it is necessary to fully participate in today's society.<sup>1</sup> The Federal Communications Commission (FCC) announced plans, in conjunction with the US Department of Agriculture and Rural Development, to create a national broadband internet policy to help ensure all United States citizens have equal access to high speed internet (Federal Communication Commission, 2009). This policy, made possible through the Recovery and Reinvestment Act of 2009, is specifically tailored for citizens who live in rural or underserved areas (Federal Communications Commission, 2009).

As the use of ICTs continues to grow, it is important to realize the importance of convergence, and how convergence shapes the transmission of information and service delivery. This concept refers to “the coming together of information technologies

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<sup>1</sup> During the preparation of this manuscript, a search on Google using the following expression resulted in 35,100 hits: "internet access" and "human rights".



(computer, consumer electronics, telecommunications) and gadgets (PC, TV, telephone), leading to a culmination of the digital revolution in which all types of information (voice, video, data) will travel on the same network” (Coyle, 2009, p. 550). The creation and utilization of *smart phones* (e.g., BlackBerry, iPhone) is a key example of convergence, where one device has multiple functions and different applications, bringing technologies such as social networking, email, videorecording, and traditional cellular telephone service into one's pocket.

Individuals of all age ranges are heavily involved in maintaining social connections through internet networks. For example, social networking websites, such as Facebook and MySpace, are used widely and boast highly active visitor populations. Facebook and MySpace each reached over 100 million active visitors by April of 2008 (Schonfield, 2008). The Internet and other telecommunication networks have an enormous impact on defining the future of human interaction, and to date, these changes have largely been positive across social contexts (Bargh, 2004). The field of social work needs to understand how these changes are influencing and will continue to influence all aspects of social work. As it relates to social work, it is critically important that such a research agenda builds an understanding of both the positive and negative impacts of human interaction.

### **ICTs AND SOCIAL WORK ETHICS**

The growth of the Internet and use of ICTs has changed how we interact with each other and how we work (Bargh & McKenna, 2004). As the millennium generation (also known as generation Y) is raised in an environment with highly complex networks that make use of technology, their importance will continue to grow (Weller, 2005). The field of social work faces a critical need to incorporate ICTs into training social workers, delivering social work services, and the conduct of social work research. It is clear that ICTs, when thoughtfully and effectively used, can improve the various practice methods of social work (i.e., delivery of services, education, and research). Although the potential uses of ICTs have been well defined, to date there has been little discussion of the impact of ICTs on the principles of social work ethics. Provided below are specific examples of how ICTs appear necessary for ensuring the delivery of ethical social work practice. We highlight relevant aspects of the NASW Code of Ethics (1999) and provide specific examples.

*Ethical Principle: Social workers recognize the central importance of human relationships.* ICTs play a major role in human relationships, which has implications for social work practice. More specifically, increasing numbers of people are engaged in relationships that are mediated by some form of ICT, including electronic messages (e-mail), SMS text message, social networking (e.g., Facebook), instant messaging service, or video chat (e.g., Skype). Social workers need to have an understanding of the roles that such ICTs may play in the lives of their clients. This may involve understanding how communication processes are different compared to face-to-face interactions; such as the use of emoticons – that is, characters and symbols use to express non-verbals.

Social workers also need to understand that many relationships develop and may occur exclusively online. For example, the Internet allows groups to convene around a common purpose, including the provision of self-help, social support, and psychoeducation. Depending on their format, such groups may be referred to as electronic groups, listservs, forums, and mail groups. The proliferation of these groups can be attributed to anonymity and their ease of access, particularly for persons with mobility problems, rare disorders, and those without access to face-to-face groups or professional services (Perron & Powell, 2008). A number of studies have tracked the patterns of communication within online groups, and have found that many of the processes used are the same as those used in face-to-face self-help groups (Finn, 1999; Perron, 2002; Salem, Bogat, & Reid, 1997). Given the prevalence of online relationships, social workers and other human service professionals must be aware of the positive (e.g., social support, see Perron, 2002), and negative effects (e.g., cyber-bullying, see Hinduja & Patchin, 2008) they have on their individual clients, with a clear understanding of how relationships are mediated by ICTs. Currently, the social work curricula emphasize the importance and development of in-person relationships, while little attention is given to understanding the role of online relationships and computer-mediated relationships.

*Ethical standard 1.07: (c) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. (l) Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.* Increasing amounts of information are being saved and shared electronically (Rindfleisch, 1997). While training social workers in all aspects of information security would be impractical, it is necessary that they have requisite knowledge for raising fundamental questions about electronic security, and to know when and where to seek additional information. This is particularly true in agencies that lack funding and resources to support information technology specialists. Without this basic knowledge, social workers can compromise the confidentiality of their client records or other important organizational resources, resulting in significant legal consequences and ethical violations.

*Ethical standard 1.15: Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.* Natural disasters and personal factors can easily disrupt the continuity of social work services, and clients living in highly rural areas experience lack of services. ICTs provide options to help maintain or re-establish services during times of personal or community crises, which is described in numerous disaster management reports (e.g., Government of India, National Disaster Management Division, nd; United Nations, 2006; Wattergama, 2007). For example, if a service can be delivered electronically (e.g., psychotherapy) the only service barriers are ensuring that the client and service provider have computers or a mobile device with an Internet connection. Furthermore, the utility of virtual services such as remote psychotherapy (or more generally, "tele-mental health") is not limited to times of disaster. In fact, tele-mental health is used nationally for routine care in the Veterans Health Administration, in order to provide services to veterans in underserved areas (Department

of Veterans Affairs, 2008.) To further illustrate the opportunity to deliver clinical services over ICTs, recent surveys estimate that about 60% of Americans used the internet to access health information in 2008 (Fox, 2009), and about half of all healthcare consumers endorsed that they would be likely to seek healthcare through online consultations if these services were made available (PriceWaterHouseCoopers Health Research Institute, 2009).

*Ethical standard 2.05: Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.* ICTs offer greater flexibility and support for seeking professional consultations, and numerous states permit online supervision. The sheer size of the online world suggests that no matter how specialized one's area of focus, like-minded colleagues can be located, and communities of practice may be established. For example, hoarding behavior is a fairly rare event in mental health services, particularly in comparison to other expressions of psychopathology (Steketee & Frost, 2003). Thus, issues on treating this problem and working with family members are rarely covered in the classroom. In the absence of ICTs, few training or consultation opportunities exist, but a simple search of hoarding as a mental disorder can reveal a wide range of potentially useful resources (including, but not limited to): contact information for experts and directories on hoarding behavior; video lectures on treatment; extensive collection of YouTube videos on providing information and personal accounts; and online support groups. Similar searches of other highly specialized areas such as disaster planning in social work, forensic interviewing of abused children, and inhalant abuse have also revealed a wide range of resources that are unlikely to be available to social workers in their local area.

*Ethical standard 3.07(a): Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.* Creative uses of the Internet are emerging to support advocacy. For example, the online service GiveAnon (<http://givinganon.org/>) uses the powers of ICT to allow donors to connect with recipients, contributing financially, directly, and anonymously. ICT's ability to mask the identity of an online person or entity is creatively used in this case to help donors to provide assistance without revealing their own identity. Thus, they can serve as a powerful organizing and advocacy tool. Social workers are positioned to use this tool, and many others like it, to address various needs and solve problems. Further integration of technology in the curriculum on organizing and advocacy with ICTs can have potentially significant payoffs. A recent article in a leading health services journal, *Health Affairs*, Hawn (2009) describes how Twitter, Facebook, and other social media are reshaping health care. At the time this manuscript was written, it was reported that Chicago's Department of Human Services began using a system that enabled human service providers, agency coalitions and the community to manage client and resource data in real-time (Bowman Systems, 2008). Having real-time knowledge of available resources is critical for making effective and efficient referrals, particularly for crisis issues, such as psychiatric and substance use conditions, and housing.

Ensuring adequate resources to meet clients' needs must be considered within the overall budget of an organization. ICTs are a necessary part of most social work service agencies. Many agencies have large expenses related to their ICT needs, especially

software upgrades. However, organizations can take advantage of the benefits of open source software to decrease costs related to information technology. Open source software "is a development method for software that harnesses the power of distributed peer review and transparency of process. The promise of open source is better quality, higher reliability, more flexibility, lower cost, and an end to predatory vendor lock-in permits users to use, change, and improve the software, and to redistribute it in modified or unmodified forms" (Open Source Initiative, nd; see also Lakhani & von Hippel, 2003). From a user's standpoint, this software is freely available and can be modified to meet a given need. Many agencies use Microsoft Office but cannot afford expensive software or hardware upgrades that are required over time. As an alternative, the same agency could use an open source software package (freely available), such as OpenOffice (www.openoffice.org), which is compatible with the Microsoft Office suite.

Cloud computing alternatives are another option – that is, software services that are provided over the Internet. The premise of cloud computing is that full software packages (e.g. Office suites, database applications) are provided over the internet, eliminating the need for expensive equipment to be purchased and maintained locally (e.g., intranet servers; Hayes, 2008). Google, for example, provides an entire set of office-related applications called Google Docs (<http://docs.google.com>) that can do word processing, spread sheets, and presentations. These applications do not ever need to be installed on a local computer or upgraded by the user. These applications are compatible with other proprietary software, most notably Microsoft Office. Although not typical, this major Cloud computing service is freely available to anybody with a Gmail email account (also free), and the programs and files can be accessed from any computer with an Internet connection. Social workers should have knowledge of such resources and understand how they may be a reasonable alternative to address existing agency needs, in addition to understanding the legal issues of remote data storage and security.

*Ethical standard 3.08. Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.* A growing body of research shows that distance education can be as effective or more effective than face-to-face education (Bernard et al., 2004). Moreover, the educational literature is pointing to the changing characteristics of our students. For example, students of the Net Generation and Millennial Generation, who are the largest age group of consumers of social work education today, have different learning expectations and learning styles that will require social work faculty to change how they teach (see Diaz et al., 2009). Distance education is also increasingly relying on and innovating with ICTs, to facilitate student-to-teacher and student-to-student interactions, and collaborations. The field of social work could enhance its overall educational infrastructure through the effective use of ICTs. This would allow access to opportunities that would not be available or affordable using traditional face-to-face formats. The use of ICTs undoubtedly gives greater access to higher quality educational opportunities (Asian Development Bank, 2004; Bonk, 2009).

*Ethical standard 4.01. Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.* Social workers have a daunting task of remaining current with the research in their area of practice. The reality is that the majority of research findings are disseminated and accessed electronically via the Internet. Many of the barriers that social workers face in accessing and even understanding the research may be overcome, in part, through the efficient and effective use of ICTs. For example, while many journals require expensive subscriptions, a growing body of journals are available online in an open access format. This is an important and complex philosophy; the immediate relevance is that open access gives social workers free and unlimited access to scientific articles (e.g., [www.biomedcentral.com](http://www.biomedcentral.com)) which have been traditionally been available on a subscription basis (see Suber, 2003). Social workers have access to a wide range of electronic video and audio recording, also known as videocasts and podcasts, that discuss recent research developments. For example, social workers interested in psychiatric issues can easily find collections of grand rounds lectures archived by departments of psychiatry at medical schools throughout the United States. Many journals and other science-related newsrooms offer scientific findings in the form of emailed newsletters and electronic news feeds. Social workers can identify and subscribe to specific news feeds using real simple syndication (i.e., RSS feeders) that link to news articles in their area of practice. These resources, and many others, are freely available. However, social workers must have competencies with ICTs in order to identify and use quality resources.

## FUTURE DIRECTIONS

### Developing ICT Competencies and Literacy

Given the growth and impact of ICTs in society and their implications for social work ethics, it is critical that social workers have both competency and literacy with ICTs. While competency refers to being able to use a given technology, literacy refers to the ability to access, manage, integrate, evaluate, and create information (Chinien & Boutin, 2003). It is beyond the scope of this paper to provide a coherent and comprehensive strategy for developing social worker competencies and literacies with ICTs. However, the literature on ICTs and educational innovations in higher education provide extensive resources that are generalizable to the field of social work. Social work educators will need to be proficient with ICTs in order to design assignments, activities, and projects that reflect the real-world use of ICTs. Beyond higher education, continuing education opportunities that respond to recent technology advances are also necessary in order to help social workers stay current with the most relevant and useful technologies. For example, by having basic competencies and literacies, social workers and social work students who want further introduction to ICTs can review the complete curriculum materials for a course entitled *ICTs in Everyday Life* through the Open University (<http://www.open.ac.uk/>), in addition to having access to materials for other courses. This is part of the open education movement that views education as a public good, and

Internet technology provides the opportunity to share, use, and reuse knowledge (Creative Commons, nd). In absence of ICT competency and literacy, social workers will miss important educational opportunities for themselves and their clients.

### **Challenges and Pitfalls of ICTs**

Despite the continued growth and expansion of technologies, many disenfranchised and disadvantaged persons still do not have access to ICTs or the Internet. While initiatives in the United States, and other respective countries around the world, are attempting to provide access to everybody, significant disparities within and across countries exist, particularly in African regions that have low Internet market penetration (Alden, 2004). By developing a stronger focus and infrastructure around ICTs in social work education, social workers will be better prepared to participate in a range of policy initiatives to support activities that seek to address these disparities in social, economic and political participation.

In the training of social workers in ICTs, it is also important to recognize that not all technologies have resulted in added value to education. For example, Kirkup and Kirkwood (2005) argue that ICTs have failed to produce the radical changes in learning and teaching that many anticipated. This underscores the importance of ensuring ICT literacy among social workers – that is, having the ability to access and evaluate information using ICTs (Chinien & Boutin, 2003). This will help social workers select the optimal tools from a wide range of options.

In the provision of clinical services, social workers must be aware that clinical needs can be (and currently are being) met through technologies such as telehealth and e-mail consultations (McCarty & Clancy, 2002). Recent surveys also suggest that clients welcome these new treatment options (Fox, 2009). Further research is still needed to better understand the effectiveness of Internet-mediated services. For example, the effectiveness of online psychotherapy shows promise but the existing research to date remains inconclusive (Bee et al., 2008; Mohr, Vella, Hart, Heckman, & Simon, 2008). The social worker using such technologies must consider how legal, ethical, and social principles apply, in addition to the advantages and disadvantages of online health services (see Car & Sheikh, 2004). Currently, the social work curriculum focuses almost exclusively on relationships in the absence of ICT mediated exchanges, but the growth of technology within the health care system makes these matters a priority in social work education. If such issues aren't addressed, the field of social work is at risk of not remaining competitive in the provision of health and psychosocial services. Moreover, without proper training, social workers in this arena of practice are at risk of delivering poor quality services or facing legal or ethical issues.

Social work researchers and practitioners should work in earnest to document both the successful and unsuccessful initiatives involving ICTs in the field. Case examples can provide the basis for understanding how ICTs can be integrated to enhance various aspects of the process. Unfortunately, the current method of disseminating new information and practice is primarily through professional journals, where the general timeline of an article (the time it takes to have a manuscript submitted, reviewed, and

subsequently published) will likely not be quick enough to keep up with the advances in technology. It behooves the field of social work to explore options to connect with other researchers and practitioners to share knowledge, particularly with social media.

## CONCLUSION

The field of social work education, research, and practice is surrounded by rapid developments in ICTs. In order to ensure that social work practice upholds the standards and values of social work ethics, it is necessary that social workers are competent and literate in ICTs. This will position social workers at all levels of practice to help advance the lives of disenfranchised and disadvantaged persons through greater access to education, knowledge and other resources. While numerous ICTs have failed to realize their expected potential, the ongoing rapid growth of ICTs has created a context in which social workers cannot resist technology, but must understand the role it plays in everyday life.

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## **Employment-Related Salaries and Benefits in Social Work: A Workforce Survey**

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***Abstract:** The purpose of this study was to develop a descriptive benchmark of social work employment in Arizona and to provide useful information to administrators, job seekers, and prospective social work students. The results, based on telephone and Internet surveys to a random sample of 463 NASW Arizona members, indicate that salary was positively related to level of education and years of social work employment experience. Salary was also higher for men than for women and higher for social workers with administrative roles compared to other roles. Access to employee-related benefits appeared widespread. Implications are provided for administration and future research.*

***Key Words:** NASW, social work, salary, work related benefits, workforce survey*

### **INTRODUCTION**

Recently, the NASW warned the public of an impending shortage of professional social workers that could threaten the future of social work services for all Americans (Nadelhaft & Rene, 2006). This warning came as no surprise. The National Institute on Aging (1987) had predicted a shortage of professionally educated social workers over three decades ago. In part, the shortage of professional social workers is due to a greater demand for social work services prompted by demographic changes in the United States. The NASW estimated a 35% increase in employment opportunities for social workers due to the growing elderly population (Fritschi, 2001). The Bureau of Labor Statistics (2008) recently projected higher than average job growth for social workers to the year 2016, particularly in the fields of aging and health, and in rural areas. Child welfare agencies across the nation are also struggling to attract and retain professional social workers (Mor Barak, Levin, Nissly, & Lane, 2006).

The Center for Workforce Studies, established by the NASW in 2004, was created to respond to the problem of limited knowledge on the social work workforce and thus inform related policy and advocacy efforts. The NASW workforce initiative was spearheaded by a national survey of licensed social workers in 2004. The 2004 NASW workforce survey indicated that shortages of professional social workers were burdening the existing workforce as well as disadvantaging the recipients of social work services. The survey documented “increases in paperwork, severity of client problems, caseload size, waiting lists for services, assignment of non-social work tasks, and level of oversight” (Whitaker, Weismiller, & Clark, 2006, p. 5). The survey found commensurate

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decreases in “job security, staffing levels (for both social worker and other staff), availability of supervision, and level of reimbursement for services” (Whitaker et al., p. 5). About one in five of the licensed social workers surveyed indicated, “vacancies in social work positions are common” and “difficult to fill” (Whitaker et al., p. 18).

Salary is one factor influencing recruitment and retention of professional social workers. The 2004 NASW workforce survey found the perceived importance of salary to be consistent across race, ethnicity, and gender (NASW The Center for Workforce Studies, 2006a; b; c; d; e). Approximately three-quarters of female and male licensed social workers indicated salary as the most important factor that would influence a job change (NASW The Center for Workforce Studies, 2006d; e).

The 2004 NASW survey found considerable variability in the salaries and wages of licensed social workers. The median salary for social work employees in 2004 was \$55,129 (Whitaker et al., 2006). Salaries varied significantly by gender, with males earning more than females; and by region, with metropolitan and Pacific regions experiencing higher salaries than south central and rural regions (Whitaker et al.). Sector of employment was also related to salary, with social workers in private practice reporting the highest salaries and those in private, nonprofit organizations reporting the lowest salaries (Whitaker et al.). Education and employment experience was positively correlated with salary (Whitaker et al.).

The purpose of this paper is to report the findings of a 2007 NASW Arizona Chapter workforce survey. The NASW Arizona survey was modeled after the 2004 NASW national survey. The 2004 national survey recruited very few subjects from Arizona ( $n = 24$ ), and therefore did not provide state-level information (NASW The Center for Workforce Studies, 2006f). The findings of this study, however, generally mirror those of the larger survey with 24 participants. For example, 72% of the social work respondents in Arizona were 45 years or older which is similar to the larger survey. However, without the current study’s corroboration, the findings of the national study with only 24 social work respondents from Arizona cannot make a valuable contribution.

This paper describes social work salaries and benefits in Arizona as they relate to workforce demographics. This information can be used to compare across states and to examine within state trends. The study details a successful methodological approach that could be adopted by other NASW state chapters interested in carrying out similar studies without funding. This study addresses the need to replicate the national study in states that had low representation in the national study of licensed social workers. For 20 states, the sample size was less than 50 respondents. Among these 20 states, the sample size in three states was in the single digits (i.e.,  $n=5$  in Montana,  $n=7$  in Rhode Island,  $n=6$  in Wyoming) (NASW The Center for Workforce Studies, 2006g). The methods used in this study can be used to replicate the study in these 20 states.

## METHODS

The present study was made possible by collaboration among the Executive Director of the NASW Arizona Chapter, the authors, 24 Arizona State University MSW student volunteers from two sections of a graduate research methods course, and one BSW

research intern. Together the collaborators designed an 18-item workforce survey. The survey's design and research protocol relied heavily on the 2004 NASW workforce survey, and the evidence-based survey research practices outlined by Dillman (2000). The Institutional Review Board at Arizona State University approved the research procedures for this study.

An initial random sample of 683 NASW members was drawn for the survey from the January 2007 NASW Arizona Chapter membership roster. The sample size was based on a population of 1,892 members, a desired confidence level of 95%, and a confidence interval of  $\pm 3$  percentage points. Of the 683 members originally sampled, 43 were unable to be contacted because they had moved out of state or did not have working telephone numbers or e-mail addresses. Of the 640 potential respondents, 465 completed the survey yielding a 72.6% response rate. Based on the randomly selected sample of 465 members, the results have a maximum margin of sampling error of  $\pm 3.95$  percentage points. The response rate in this study is high compared to other workforce surveys reported in the literature (See for example Dixon, 2002/2003; Whitaker et al., 2006).

In order to maximize response rate and minimize cost and time, Internet and telephone survey methods were chosen. Both telephone and Internet administration cost less and consume less time than mailed or in-person surveys. It was assumed that most professional social workers had access to the Internet and e-mail, and would be reasonably motivated to respond to a request from the Executive Director of their local NASW Arizona Chapter. Surveys that could be completed via the Internet would reduce the resources needed for telephone interviewing. Telephone administration was made feasible by the volunteer labor of 24 MSW students who were granted access to private offices with telephones in the ASU School of Social Work. The survey was conducted as a service/learning project in two sections of a graduate research course instructed by the authors.

Individuals in the sample who had e-mail addresses recorded in the membership database received pre-survey notice e-mails. Pre-survey notice postcards were mailed to those without available e-mail addresses. The pre-notice emails and postcards, sent from the Executive Director of NASW Arizona, described the survey's importance and requested the member's participation.

The survey was programmed for the Internet using the upgraded version of Survey Monkey, and then piloted with NASW Arizona board members and MSW student volunteers. Access to the Internet survey was made available through a link sent in a second email. The Internet survey was open for one month. An interview schedule was developed for the telephone interviews and was piloted with the MSW student volunteers. The authors trained MSW students in telephone interviewing skills. The 24 students' first telephone interviews were supervised by one of the authors or an experienced peer. Telephone calls were made to potential respondents from Monday through Friday in both day and evening hours, and were conducted over a period of one month.

Three follow-up e-mails, also from the Executive Director of NASW Arizona, were sent to non-respondents at one-week intervals. The upgraded version of Survey Monkey

facilitated the tracking of non-response and permitted the automated generation of follow-up e-mails to non-respondents. Any individual not responding after three e-mail reminders was then transferred to the telephone list. To encourage participation, three gift cards valued from \$50 to \$100 each were offered as raffle prizes for respondents.

### **Sample**

Of the 465 NASW Arizona members who responded to the survey, 258 (55.5%) responded by Internet and 207 (44.5%) were interviewed via telephone. Of the 175 non-respondents, 32 refused participation and 143 non-respondents did not respond to numerous telephone calls or e-mails.

The sample demographics shown in Table 1 closely reflect the population of NASW Arizona members. For instance, 78.9% of the sample was female and 21.1% was male compared to the overall population of NASW Arizona members who were 81% female and 19% male. The racial and ethnic distribution of the sample also reflected the population, 85% and 86% white respectively. Finally, the majority of survey respondents were from Maricopa County, the largest urban county in Arizona (57.4%), followed in frequency by Pima County, the second largest urban county (23.0%) and 19.5% came from other areas of the state. The information in Table 1 indicates the sample's geographic distribution was highly representative of the overall population of NASW Arizona Chapter members. Population data on age were not available, however, in the sample, 40% of the respondents were at least 55 years of age, and 9% were age 65 or older.

Not only did the demographic characteristics of the sample mirror the population, but they also reflected licensed social workers responding to the national NASW workforce survey described earlier in this paper (NASW The Center for Workforce Studies, 2006f). That is, the sample could be described as predominantly white, female, nearing the standard age of retirement, and urban.

**Table 1. Comparison of Selected Demographic Characteristics**

Demographic Characteristics	Sample ( <i>n</i> = 347)	Population ( <i>N</i> = 1,892)
Gender		
female	78.9%	81.0%
male	21.1%	19.0%
Ethnicity		
white	85.1%	86.4%
Hispanic	5.3%	5.5%
black/African American	2.9%	2.7%
Asian/Pacific Islander	2.9%	1.0%
Native American	2.0%	2.0%
Other	1.8%	2.3%
Region		
Maricopa County	57.4%	59.4%
Pima County	23.0%	22.7%
All other areas	19.5%	17.9%
Age		
25 years or younger	1.2%	Not available
26 to 34 years	12.0%	
35 to 44 years	14.9%	
45 to 54 years	32.4%	
55 to 64 years	31.0%	
65 years or older	8.5%	

*Note.* Demographic data were only collected for the 347 NASW Arizona members who were employed in social work at the time of the survey. Population data on ethnicity were missing for 572 of the 1,892 NASW Arizona Chapter members. Data on age were missing for five respondents

## RESULTS

Of the 465 NASW Arizona members responding to the survey, 118 or approximately 25% were not employed in social work. Of those not employed in social work, 41 were employed in non-social work occupations (see Table 2). The remaining individuals, 77 of the 118, were not gainfully employed. Although the survey did not ask respondents about their reasons for non-employment, several offered explanations related to retirement, job seeking, and time out for personal health, further education, and caregiving. Those employed in non-social work positions often commented that they could not support themselves on the amount of money that they could earn in social work jobs.



**Table 2. Employment Status of NASW Survey Respondents**

Employment Status	Frequency ( <i>N</i> = 465)	Percent
Employed in social work	347	74.6%
Employed, other than social work	41	8.8%
Not currently employed	77	16.6%
Status of only those Employed in Social Work ( <i>n</i> = 347)		
year-round, full-time	237	68.9%
year-round, part-time	88	25.6%
less than 12 months, full-time	13	3.8%
less than 12 months, part-time	6	1.7%

*Note.* Data on status of only those employed in social work were missing for three respondents.

The next section of this paper focuses on the 347 respondents who were employed in social work. As shown in Table 2, of the 347 respondents, only 68.9% were employed year-round, full-time. A sizable proportion, 25.6%, was employed year-round, part-time; 3.8% were employed full-time although less than 12 months per year, such as a nine-month academic position; and 1.7% were employed both part-time and fewer than 12 months per year. The majority of the 347 respondents who were employed in social work, 81%, reported employment with a single employer; and 19% reported employment with two or more employers.

### **Social Worker Employment Experience**

The majority of the 347 respondents, 54%, had been employed as social workers for more than 16 years. Relatively few respondents were newcomers to social work. For instance, only 2.0% of the social work employed subgroup had been social workers for less than one year, and 13.3% had between one and five years of experience in the profession (See Table 3). Almost 38% of employed social workers had between one and five years tenure with their current employers, and about 16% had less than one year.

**Table 3. Percent Distribution of Social Work Experience and Current Tenure**

Duration of Employment	As a Social Worker ( <i>n</i> = 345)	With Current Employer ( <i>n</i> = 344)
Less than 1 year	2.0%	16.3%
1 to 5 years	13.3%	37.8%
6 to 10 years	16.2%	18.0%
11 to 15 years	14.2%	9.9%
16 or more years	54.2%	17.7%

### Characteristics of Social Work Employment

The majority of the 347 respondents, 79%, were employed by the private sector, split almost equally between for-profit (39%), and non-profit (40%) entities. In the public sector, social workers were employed in order of decreasing frequency by, local government (6.5%), federal and state government (5% each), postsecondary institutions (3%), and the military (1%). The majority of respondents described mental health as the main focus of their primary employment (36.8%), followed in frequency by medical health (13.9%), family services (8.9%), child welfare (6.5%), and hospice (5.6%). Addictions, aging, and school social work were each represented as a primary focus of employment by 4.5% of respondents.

Of those employed in social work, 69% were in positions that required certification or licensure. About one-fourth, 23%, reported experiencing employment-related safety issues, and 33.8% were reportedly required to work weekends or shift work. Ability to speak Spanish, or a language other than English was required in 16% of the social work positions, and 25% of the respondents working in social work were in positions that required work in rural locations.

### Social Work Salaries and Wages

Table 4 presents the percentage distribution of annual gross wages or salary for the 235 year-round, full-time social workers and the 105 part-time and part-year employed social workers. Less than 10% of full-time, full-year employed social workers had salaries lower than \$35,000. About 53% of full-time employed social workers earned between \$35,000 and \$59,999, and almost 38% reported earnings of \$60,000 or more.

**Table 4. Percentage Distribution of Annual Gross Wages or Salary from Social Work**

Annual Gross Wages or Salary	Full-time ( <i>n</i> = 235)	Part-time ( <i>n</i> = 105)
Less than \$15,000	0.4%	19.0%
\$15,000 - \$19,999	0.4%	11.4%
\$20,000 - \$24,999	-	6.7%
\$25,000 - \$29,999	2.6%	10.5%
\$30,000 - \$34,999	6.0%	5.7%
\$35,000 - \$39,999	10.6%	12.4%
\$40,000 - \$49,999	20.0%	11.4%
\$50,000 - \$59,999	22.6%	13.3%
\$60,000 - \$69,999	12.8%	3.8%
\$70,000 - \$79,999	7.7%	1.9%
\$80,000 - \$99,999	10.6%	2.9%
\$100,000 +	6.4%	1.0%

*Note.* Part-time includes those working less than 12-months per year, full-time.

Income from all social work employment was examined by sector of primary employment for the 235 social workers with year-round, full-time employment. The sectors of employment, considered by highest to lowest salaries or wages, are ranked thus: (1) university/college/military; (2) local government; (3) private, for-profit, including private practice; (4) federal government; (5) private, non-profit; and (6) state government. Social workers employed full-time and year-round with administrative roles earned significantly more than social workers employed solely in direct service roles, including case management,  $t(216) = 3.75$ ,  $p = .0002$  (two-tailed), and counseling or psychotherapy roles  $t(299) = 4.30$ ,  $p < .0001$  (two-tailed). Licensure and area of residence, i.e., rural compared to urban, did not have a statistically significant impact on earnings from full-time, year-round social work employment. Education was significantly related to salary as expected, however, the correlation was weak ( $r(342) = .15$ ,  $p = .004$ ). This weak correlation is likely due to the over representation of masters educated social workers among the NASW membership. Most of the respondents, 90% held a masters degree as their highest level of education, about 5% had achieved a bachelors degree and 5% a doctorate, thus there was little variation in education. Years of social work employment experience and salary were also significantly related. The relationship between experience and income could be characterized as moderately positive ( $r(235) = .46$ ,  $p < .0001$ ).

### Access to Employment-Related Benefits

Table 5 displays comparative information on access to 12 employment-related benefits for full-time, full-year employed social workers and part-time or part-year employed social workers. As expected, access to employment-related benefits was greater for full-time, full-year employed social workers than for part-time or part-year employees. The exception was flexible work hours, available to about two-thirds of all employed social workers in the sample. Although the availability of employment-related benefits appears widespread, the survey did not take into account whether or not the employees took advantage of workplace benefits, or the associated costs of such benefits. The majority of social workers in this study had relatively long durations of employment. Emphasizing the duration of employment and access to employer-sponsored health insurance and other benefits may be a good way to recruit individuals into the social work profession.

**Table 5. Percent of Social Workers Reporting Access to Employment-Related Benefits**

Type of Benefit	Full-time ( <i>n</i> = 235)	Part-time ( <i>n</i> = 105)
Health insurance	85.8%	57.8%
Dental insurance	80.2%	44.7%
Life insurance	77.1%	42.6%
Pension	75.1%	49.5%
Tuition reimbursement	58.7%	30.5%
Travel reimbursement	69.2%	47.4%
Dependent child or medical savings account	53.1%	30.9%
Cell phone/cell phone reimbursement	51.2%	25.0%
Continuing education reimbursement	67.6%	39.6%
Paid association membership	27.5%	11.0%
Flexible work hours	66.7%	63.7%
Paid family leave	52.7%	28.3%

*Note.* Part-time includes those working full-time and less than 12-months per year. The percentages represent lower-bound estimates, as some respondents did not know if their employers offered access to specified benefits.

## DISCUSSION

The 2007 NASW Arizona workforce survey is the product of a successful collaboration between the leadership of the Chapter, and faculty and students from the Arizona State University School of Social Work. The high response rate to the survey, 72.6%, and the comparability of the sample to the population serve to illustrate the power of random sampling combined with evidence-based survey research practices. Concentrated in metropolitan areas, the sample was consistent with the NASW Arizona membership, and mirrored the population in terms of race, ethnicity, and gender. Thus, the findings are generalizable and accurate within plus or minus 3.95 percentage points.

The findings of this study suggest possible strategies for recruitment, and point to the benefits of the profession for those who may be considering social work. These include long duration of employment and access to employment related benefits. Our findings suggest the need to plan for the retirement of social workers from the baby boom generation. The findings also point out the need to address the retention of social workers prior to retirement.

The survey found that one-quarter of those sampled were not employed in social work at the time of the survey, and about 35% of those were employed, but outside of social work. Future research should examine the loss of this sizable subgroup from the social work profession to determine reasons for leaving social work and whether those leaving are different demographically from those remaining in the profession. The data collected from the current survey cannot answer whether or not those who leave social work are rewarded through higher salaries and greater benefits, and how much income factored into their decision to leave. This is an important area of inquiry for future workforce research. If we are concerned about the shortage of professional social workers, this study would suggest that we begin with a focus on ensuring those that we are producing are being retained in social work. This gap in knowledge might be filled by alumni studies that survey recent cohorts of graduates.

Another sizable subgroup of NASW Arizona members, 23% of the total sample, was employed less than full-time, year-round. The current survey found that regardless of whether respondents were employed full-time or part-time in social work, about two-thirds had flexible work schedules. The issue of keeping the balance between work and life is a critical issue in many workplaces including social work (Shoenfeld, 2005). Previous studies have found that flexibility in the workplace, such as flextime and a compressed workweek, had a positive effect on productivity/performance, job satisfaction, absenteeism, and satisfaction with work schedule (Baltes, Briggs, Huff, Wright, & Neuman, 1999) and was associated with self-rated physical health (Swanberg & Simmons, 2008). The flexibility associated with many social work positions, including the availability of part-time employment, make social work a particularly attractive career choice, especially for those who desire or require a greater balance in employment and personal life. This may also help explain why NASW members tend to be predominantly female and older. This finding has important implications for the interpretation of workforce data on salaries. Promoting the profession of social work to potential students should highlight salary and benefits, and the opportunity for flexible work schedules.

This survey's findings leave questions as to whether or not social workers are losing ground in regard to earnings. Income from full-time, year-round social work employment in 2007 appeared consistent with that reported in the 2004 NASW workforce survey. In 2004, 45% of licensed full-time social workers in Arizona ( $n = 24$ ) reportedly earned between \$40,000 and \$59,000 annually, and 23% earned between \$20,000 and \$39,000 annually (NASW The Center for Workforce Studies, 2006f). The current 2007 NASW Arizona survey found 19% of social workers with annual gross earnings from full-time social work in the range of \$20,000 to \$39,000, and 42.6% with full-time earnings between \$40,000 and \$59,000 annually,  $\pm 3.95$  percentage points. Comparing the results of these two surveys seem to indicate that professional social workers have not made salary or wage gains over the past three years. In order to better describe trends in social work salary and wages in Arizona, replicating the current workforce survey in coming years is critical. Future research in this area should test the assumptions that salaries and benefits are the main inducements in the social work hiring process. Many social work students are drawn to the profession by their commitments to society. Further study may need to focus on employee morale and working conditions.

The access to employer-provided benefits documented in this survey makes social work appear attractive, with over 85% of full-time social workers reporting access to employer-sponsored health insurance. Combined with information on projected workforce shortages within the profession, this information can be used to market social work as a career choice in Arizona. Future social work workforce surveys, however, should collect data on employee-perceived adequacy of workplace benefits, as well as the take-up rates and employee cost of specified benefits. Not only will this allow the assessment of trends over time, but will add a further dimension to our current understanding of workplace benefits for social workers.

Unknown is how many professional social workers in Arizona are members of the state NASW chapter. As this study was restricted to NASW Arizona members, it has limited ability to describe the entire professional social work workforce. Available information indicates that the NASW Arizona membership is heavily biased in terms of graduate degree holders and licensed social workers making the current survey limited in its ability to assess the benefits of additional education beyond the bachelor's-level and the potential benefits of licensure.

Further study should be conducted to explore the effects of the recent economic crisis. Retention of social workers from burn-out is also a critical issue. Based on this study, 31% of the sample was between 55 to 64 years, younger than the retirement age for Social Security benefits. It would be useful to know if their plans for retirement have changed since the data were collected given the economic downturn.

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