

EDITORIAL

A “Seasonal Stew” – Food for Thought; Fuel for Action

William H. Barton

Welcome to the Fall 2013 issue of *Advances in Social Work*. Arriving on the heels of our previous, 17-article special issue on Latinos/Latinas, we now present the largest regular issue (21 articles) ever published by *Advances*. For this, we must thank the many authors who submitted manuscripts during the last several months, as well as a tireless cadre of reviewers who typically view and evaluate each eventually successful manuscript at least two times prior to its acceptance. We appreciate the increase in submissions and the growth in our ranks of registered authors, readers, and reviewers. We now have more than 800 social work researchers, educators, and practitioners from around the world registered with the journal, about 300 of whom serve as reviewers.

The sheer number of articles in this Fall 2013 issue precludes the usual practice of individually introducing each one here in detail. Instead, what follows are descriptions of several loose groupings of these articles. The first four articles should be of broad interest. The first, by Chaumba, presents a classification and list of mixed methods studies in social work, organized by the reasons mixed methods were chosen. The second, by Strand, Hansen, and Courtney, extracts common elements across several evidence-based trauma treatment protocols. The third, by Dybicz, contrasts traditional, problem-oriented and postmodern, strength-based practice approaches in terms of their respective approaches to gathering information from clients. The fourth, by Powell, Garrow, Woodford, and Perron, suggests a variety of ways direct practice social workers can influence policy.

Next is a set of articles concerned with specific populations. Hodge and Limb discuss using spiritual histories in practice with Mormons, or Latter-day Saints. Shier and Graham focus on how community-based organizations can identify and respond to social service needs of Muslims in the post-9/11 era in the United States. Fasbinder, Monson, Montero, Sanders, and Williams derive implications for social work with same-gender partners from an analysis of published survey data from 1996 to 2013 tracking public attitudes towards same-gender marriage and civil unions. The next article, by Wall, takes a more direct approach to offer suggestions for social worker practitioners and agencies working with lesbian-headed families. The last article in this group, by S. Young and McLeod, addresses strategies for HIV/AIDS prevention and intervention with Black men who have sex with men.

The following two articles contain the results of survey research studies. Haffejee, Yoder, and Bender report on results from a mixed methods study of a sample of college students aged 18-25 examining factors differentiating those who abstained from illegal behaviors, desisted from illegal behaviors, and persisted in illegal behaviors. Castillo, Asante, Dwumah, Barnie, and Becerra present results from their survey of Ghanaian social work students' perceptions of poverty and social welfare policies in Ghana.

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Three diverse conceptual articles comprise the next group. Sutphin, McDonough, and Schrenkel argue that formal theories are relatively rarely used to guide social work research. By using Family Systems Theory as an example, they suggest that formalization of theories can usefully guide social work research and practice. Next, J. Young presents a conceptual model to describe how contemporary nonprofit organizations can use social media as part of their organizational identity construction. Organizations are also the focus of Majiros' article that examines principles of social exchange theory associated with mentoring as a means of knowledge transfer in the federal workplace.

The final group of seven articles is related to social work education. McCave, Rishel, and Morris present the second in a two-part series of articles (the first appeared in *Advances* in the Fall 2011 issue) decrying the relative absence of prevention-focused language and content in social work curricula, textbooks, and presentations at national social work conferences. Park, Hawkins, Hawkins, and Hamlin examine attitudes towards interprofessional collaboration among a sample of medical, nursing, and social work students, with implications for expanding interprofessional education efforts. The next two articles focus on styles of leadership. Goldkind and Pardasani surveyed a sample of human services executive directors to explore the relationship between academic background (i.e., social work vs. other disciplines) and leadership style. Call, Owens, and Vincent present a qualitative analysis from a survey of social work faculty members about how they experienced the leadership style of their current academic unit heads. Hunter and Mileski offer a case study of academic civic engagement, the formation and impact of the Emerging Leaders Project, a community-based participatory action research (CBPR) project focused on capacity building with new arriving communities in Salt Lake City. Turning to the classroom, Acquavita and Tice discuss lessons learned from incorporating a process of reflection and peer review in a social policy course. Closing out our Fall issue is a critique of neo-liberal social work education from our colleagues to the North (Canada) – George, Silver, and Preston – who argue for nothing less than a reconceptualization of social work field education that could result in a more transformative educational experience.

There you have it, a seasonal stew – food for thought and, perhaps, fuel for action in the realms of social work practice, research, and education. You may have noticed from the announcement on the home page of *Advances in Social Work* that our Spring 2014 issue will be very special, indeed. “Eyewitnesses to History: First-Hand Accounts of Sages of the Profession,” under the guidance of co-editors Drs. Virginia Majewski and Gerald T. Powers, will consist of a series of invited articles concerning “sages of the profession,” individuals who are generally recognized as intellectual and professional pioneers in the field of social work. Then, as usual, we will produce a “regular” issue with a range of topics in the Fall of 2014. Look for a call for papers this spring or summer for a 2015 special issue on “Technology, the Internet, and Social Work Practice.”

I hope you enjoy the current issue, work on those manuscripts to submit, tell your colleagues about *Advances in Social Work*, and urge them to register to submit articles and to join our growing corps of reviewers.

Happy Holidays!

The Use and Value of Mixed Methods Research in Social Work

Josphine Chaumba

Abstract: *The complexity of social problems addressed by the social work profession makes mixed methods research an essential tool. This literature review examined common quantitative and qualitative techniques used by social work researchers and what mixed methods research may add to social work research. Surveys and in-depth interviews were the most common quantitative and qualitative data collection methods, respectively. The t-test was the most frequently used quantitative data analysis method. Although thematic analysis was the most common qualitative data analysis method, 12% of the qualitative data analysis techniques were not specified. Mixed methods research adds three important elements to social work research: voices of participants, comprehensive analyses of phenomena, and enhanced validity of findings. For these reasons, the teaching and use of mixed methods research remain integral to social work.*

Keywords: *Mixed methods research, social work*

There is increasing recognition of the importance of combining quantitative and qualitative research methods (hereafter mixed methods research) when conducting social work research and evaluation (Cowger & Menon, 2001; Grinnell & Unrau, 2008; Padgett, 1998, 2008; Yegidis & Weinbach, 2009). At its most basic, mixed methods research refers to research in which investigators use “both qualitative and quantitative approaches or methods in a single study or program of inquiry” (Tashakkori & Creswell, 2007, p. 4). Nevertheless, potential obstacles to the use of mixed methods research in social work have been reported and these include misunderstanding over components that could be integrated in a single study, and training in either qualitative or quantitative methods but not both (Padgett, 1998).

This article explores the use of mixed methods research in social work through a systematic review of studies that combined quantitative and qualitative methods in published social work journals. The main aims of this literature review were two-fold. First, to understand the common quantitative and qualitative techniques used by social work researchers and second, to explore what mixed methods research may add to social work research. This information may be useful to social workers who are planning to use mixed methods research. Most important, knowledge on how to mix quantitative and qualitative methods is needed so that social workers are equipped to conduct and consume mixed methods research. After this introductory section, an overview of mixed methods research is presented highlighting connections between qualitative, quantitative, and mixed methods research, including when and how mixing occurs. This is followed by the method used to select articles for this review, after which the findings, discussion, and implications of the research effort are articulated.

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Review of the Literature

This literature review provides an overview of key characteristics of qualitative and quantitative methods and their connection to mixed methods in relation to goals, sampling, data collection, and data analysis. Whereas the main goal of quantitative research is to test existing theories and understand connections among particular variables through a deductive research process, primary goals of qualitative research include comprehending multifaceted worlds of study participants and associated subjective meanings and processes using an inductive research process (Padgett, 2008; Rubin & Babbie, 2008). Clearly there are unique advantages and disadvantages associated with qualitative and quantitative forms of inquiry, which may render each method suited to particular research questions. Hence, “the goal of mixed methods research is to draw on the strengths and minimize the weaknesses of both types of research” (Connelly, 2009, p. 31). As the social work profession advances its understanding of complex social problems such as child abuse, poverty, and substance abuse, mixed methods research will allow exploration of generalizable findings on specific measurable outcomes while capturing the influence of external contexts and subjective processes in a single study (Hopson & Steiker, 2008).

In view of the above-mentioned goals of quantitative, qualitative, and mixed methods research, sampling, data collection, and analysis methods characteristic of each form of inquiry are reviewed. For instance, the logic underlying quantitative and qualitative sampling varies (Klenke, 2008). The principal reason for sampling in quantitative research is to select individuals that are representative of the population, and this is best achieved through the use of larger sample sizes and random sampling procedures so that the researcher can estimate the representativeness of the sample to facilitate generalizability (Creswell, 2008; Patton, 2002; Rubin & Babbie, 2008). In contrast, the primary rationale for sampling in qualitative research is to select “information-rich cases for study in-depth” so that the researcher can learn about the issues of central importance to the purpose of the research (Patton, 2002, p. 230). This is best achieved through purposive or theoretical sampling, and the sample size is determined when the point of saturation is reached as marked by redundancy in participants’ responses (Klenke, 2008). Consistent with the varying logic between qualitative and quantitative sampling, mixed methods sampling honors the two parallels of representativeness and information-rich cases, and the sample size varies depending on the research strand and questions (Teddlie & Yu, 2007).

Even though distinctions between quantitative and qualitative data collection strategies may be blurred because of similar terminology, the form of data that are gathered differs. Whereas qualitative research seeks textual data that capture the context such as words and images, quantitative research collects numbers with less emphasis on context (Creswell & Plano Clark, 2007; Padgett, 1998). Qualitative and quantitative researchers may use similar terminology when referring to methods of data collection such as surveys, interviews, or observations (Axinn & Pearce, 2006; Johnson & Turner, 2003), but differ on issues that are emphasized during the data collection process. For instance, when using observations quantitative researchers may use rating scales or count frequencies whereas qualitative researchers may emphasize processes or interactions in

the setting. Similarly, quantitative surveys typically consist of structured questionnaires with embedded standardized scales, whereas qualitative surveys use open-ended questions (Weathington, Cunningham, & Pittenger, 2010). Given the differences in the type of data collected for quantitative versus qualitative research, mixed methods research emphasizes the collection of multiple forms of data, such as both numbers and words or images (Johnson & Christensen, 2007). In addition, there are specific decisions to be made at this stage, especially for concurrent studies, regarding whether the same types of questions or concepts will be used to collect data for both strands (Creswell & Plano Clark, 2011).

There are marked differences in the data analysis procedures for quantitative research and qualitative research. Quantitative data analysis seeks to quantify phenomena including identifying statistical relationships among variables, differences between groups, or change over time, whereas qualitative data analysis aims at making sense of the text by searching for themes and patterns in the data (Creswell, 2008; Johnson & Christensen, 2007). Methods of qualitative data analysis include thematic coding, grounded theory coding, and narrative analysis (Flick, 2009). On the other hand, quantitative data analysis methods can be categorized as descriptive and inferential statistics. Whereas descriptive statistics summarize how variables of interest are distributed in the sample by describing what the data show, inferential statistics are used to make conclusions about the data. Examples of descriptive statistics include frequencies, mean, median, and standard deviation, while statistical tests such as analysis of variance (ANOVA), chi-square, *t*-tests, Pearson's product moment correlation (*r*), and regression are examples of inferential statistics (Rubin & Babbie, 2008). Although mixed methods researchers continue to rely on the unique methods of quantitative or qualitative data analysis, they tend to use a variety of data analysis techniques from both forms of inquiry in a single study (Creswell & Plano Clark, 2011).

Having compared key characteristics of qualitative, quantitative, and mixed methods research, this section delves deeper into the process of doing mixed methods research. Prominent scholars in this form of inquiry have provided guidance on how to combine qualitative and quantitative methods (Cowger & Menon, 2001; Creswell & Plano Clark, 2007, 2011; Greene, 2007; Padgett, 1998, 2008). Foremost are the key decisions that researchers need to resolve prior to conducting a mixed methods study, and these are: (1) whether the quantitative and qualitative methods will be implemented at the same time (concurrent), in two distinct phases (sequential), or in three or more phases that combine concurrent and sequential elements (multiphase), (2) the relative weight of the two approaches, that is, whether there will be more emphasis on one method over the other or both methods will have equal weighting, and (3) when and how the quantitative and qualitative methods will be mixed (Creswell & Plano Clark, 2007, 2011). Determination of how and when mixing occurs is discussed in the remainder of this section.

Lodico, Spaulding, and Voegtle (2006) caution that "just adding a couple of open-ended questions to a quantitative measure does not constitute a true mixed-methods study" (p. 282). In order to clarify how and when mixing occurs, Creswell and Plano Clark (2011) envisage four possible points. It is worth noting that a study may have

primary and secondary points of mixing, and examples of primary points of mixing from the reviewed studies are included.

The first possible point of integration is *at the design level*, where the overall plan of the research involves embedding one approach within a design based on the other type. For instance, a qualitative technique can be embedded within an experimental design, as illustrated by Sanders and Roach (2007). In their evaluation of a family support services intervention, Sanders and Roach used a quantitative pre-test post-test non-equivalent groups design with embedded qualitative methods.

The second point of integration is *during data collection*, where results from one strand are used to shape the research questions, sampling, or data collection instruments for the other strand. For example, a researcher may start off with in-depth interviews and use the findings from this qualitative study to construct a survey instrument for use in the quantitative part, or conduct a survey and use the results to identify cases for follow-up, in-depth interviews. Varas-Díaz and Marzán-Rodríguez (2007) developed an instrument, Emotions Associated with AIDS Inventory, for use in the quantitative part of the study, drawing from the findings from in-depth interviews that had explored practitioner emotions associated with interacting with people living with HIV/AIDS. The third point of integration is *during data analysis*. At this stage results from a qualitative study can be transformed to numerical data and analyzed using quantitative methods, as demonstrated by Redman (2008) who used categories from qualitative findings as the dependent variables for quantitative data analysis.

The fourth point of integration is *during interpretation*, where the researcher merges the qualitative and quantitative strands by comparing or contrasting findings from the two data sets. While this is the only point of integration for researchers who use procedures with separate qualitative and quantitative strands, synthesizing what was learned from mixing the two methods in the discussion section is anticipated in mixed methods studies (Creswell & Plano Clark, 2011). For instance, McAuley, McCurry, Knapp, Beecham and Slead (2006) discuss how the data from the two methods converged. On the other end, Nicotera (2008) discusses how mixed methods research aided in understanding differences between neighborhoods. It is important to note that merging findings at the interpretation stage can be challenging, as Padgett (2009) stated, "Perhaps the most daunting challenge is integrating findings from the two 'sides', especially, when the findings conflict" (p. 104).

Given the potential challenges associated with mixed methods research, what does mixed methods research add to social inquiry that qualitative or quantitative methods alone may not achieve? To answer this question, the value of mixed methods research is considered drawing from literature on the purposes or rationales that drive the use of mixed methods inquiry and mixed methods research designs. A useful framework for classifying the purposes of mixed methods research was devised by Greene, Caracelli, and Graham (1989) and also reported by Greene (2007). Table 1 summarizes the five main purposes of mixed methods research, highlighting their descriptions, goals, and benefits in a table format for comparison and clarification.

Table 1. Purposes of Mixed Methods Research Adapted from Greene (2007) and Desimone (2009)

Purpose	Description	Goal	Benefit
Complementarity	Different methods are used for different facets of the same phenomena	Enrichment, elaboration, or clarification of results	Increases the depth and confidence in interpretation as results from one method clarify or illustrate results from the other method
Development	Involves the sequential use of different methods in the development of the study for sampling or instrumentation purposes	Use the results of one method to inform the other method	Takes advantage of inherent method strengths for better understanding; e.g., results from a questionnaire can be used to identify issues for in-depth study
Expansion	Different methods are used for different phenomena or questions	Expand the scope or breadth of a study	Enables study to answer more questions of interest
Initiation	Different methods are used for different facets of the same phenomena with the goal of identifying contradiction	Non-convergence of results	May lead to new questions or rephrasing of the problem or phenomena under study
Triangulation	Use of mixed methods to answer the same question	Correspondence of results across different methods	Enhanced validity of results as the combined methods offset biases of either a quantitative or qualitative only study

Researchers may have multiple purposes for using mixed methods in a single study, such that there can be primary and secondary reasons for the choice of mixed methods (Bryman, 2006; Greene, 2007). A review of 232 mixed methods studies by Bryman (2006) using Greene and colleagues' framework established that complementarity and expansion and were the most frequently cited reasons accounting for 29% and 25% of the studies, respectively. It is important to note that following this review of 232 articles, Bryman developed an expanded classification of possible purposes of mixed methods research that can be a useful resource when planning a mixed methods study. Stating at least one reason for adopting mixed methods research is critical when planning and reporting a mixed methods research study (Creswell & Plano Clark, 2011), because, when the rationale is explicated, readers are presented with an opportunity to assess the value of combining quantitative and qualitative methods.

Apart from relying on the frameworks of Greene and colleagues (1989) or Bryman (2006) to identify the rationale for a mixed methods study, articulating the adopted mixed methods research design may point to the underlying primary purpose of a mixed methods study (Creswell & Plano Clark, 2011). For instance, Creswell and Plano Clark (2007) distinguished four main types of mixed methods research designs with associated rationales, and these are:

1. *Triangulation, Concurrent, or Parallel Design* which entails separate quantitative and qualitative data collection and analysis within the same timeframe, and merging of data during interpretation for various reasons that may include validating findings from one method, gaining a complete understanding of phenomenon under study, or confirming findings.
2. *Embedded Design*, a concurrent design where a qualitative part is embedded in a quantitative study, or vice versa, so that the findings of one part (e.g. qualitative) are used to support or explain findings from the other method. This can take the form of an experiment with embedded interviews or observations to understand the process or participant experiences. This design can be useful in research that seeks to develop or gain a complete understanding of interventions.
3. *Exploratory Sequential Design*, a sequential design in which a *qualitative* study conducted in the first phase informs a *quantitative* study conducted in the second phase. When using this design, qualitative findings can be used to guide the development of a quantitative instrument or theory development when hypotheses from qualitative findings are validated or tested using quantitative methods.
4. *Explanatory Sequential Design*, a sequential design in which a *quantitative* study conducted in the first phase informs a *qualitative* study conducted in the second phase. With this design, the results of the qualitative design can be used to explain quantitative findings, or quantitative findings can be used to guide sample selection for the qualitative part (Creswell & Plano Clark, 2007, 2011)

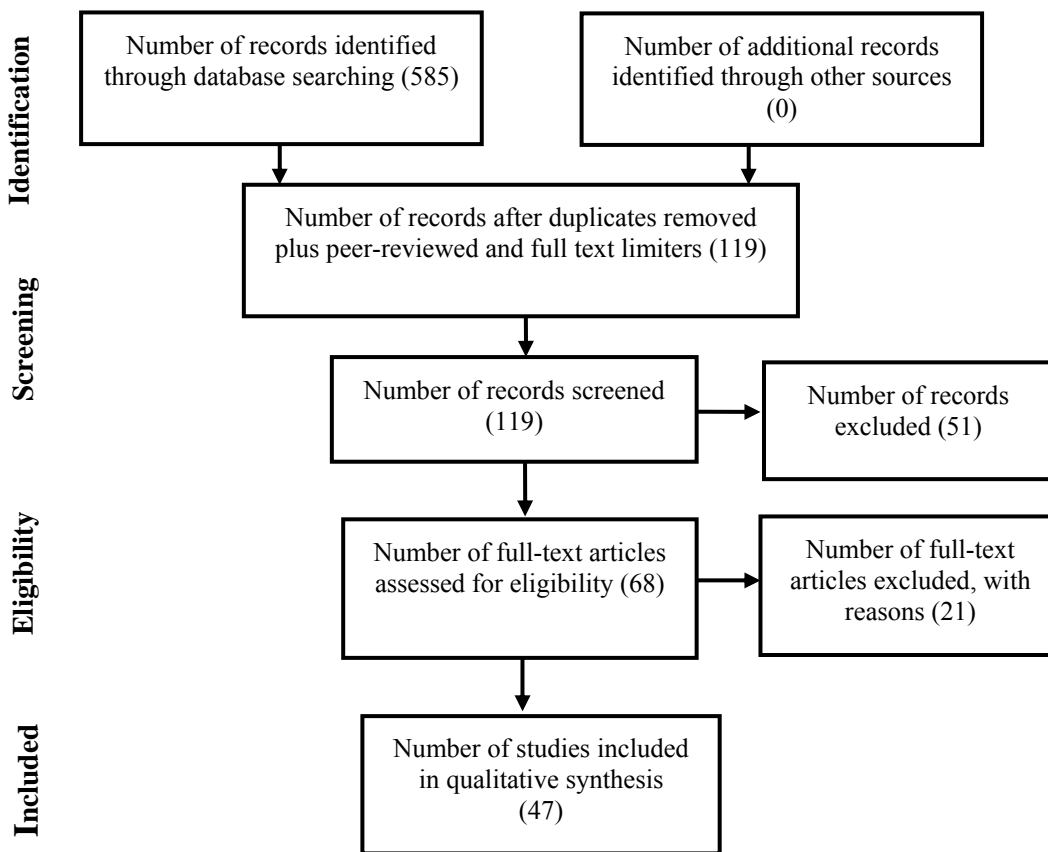
In sum, if researchers clearly define their mixed methods design and its associated primary purpose, the potential value of combining qualitative and quantitative methods is expressed in addition to enhancing the study's rigor and quality (Creswell & Plano Clark, 2011). Having highlighted the key characteristics of qualitative and quantitative research, the question of when and how mixing occurs, and the purposes of mixed methods research, the method and findings of the systematic review are presented next.

Method

A systematic literature search in *Social Work Abstracts*, *PsycINFO*, *Academic Search Complete*, *MEDLINE*, *Family & Society Studies Worldwide*, *Sociological Collection*, *CINAHL*, *Family Studies Abstracts*, and *PsycARTICLES* was conducted to identify research articles that had used mixed methods research. The literature search was conducted in August 2010 using the EBSCOhost's advanced search option with "mixed methods" and "social work" as the search terms. The search yielded 585 articles published between 1995 and 2010. After the removal of duplicates and limiting the

search to peer reviewed and full text articles, the sample was reduced to 119. Abstracts were then reviewed to identify research studies that had combined qualitative and quantitative methods. Conceptual articles and literature reviews were excluded during this stage of the review leaving 68 full text articles that were further assessed for eligibility. During this stage, 21 articles were excluded. Figure 1 shows a PRISMA Statement flow diagram of the article selection process according to the guidelines by Moher, Liberati, Tetzlaff, Altman, and The PRISMA Group (2009).

Figure 1: The Prisma Statement Illustrating the Flow of Information Through the Different Phases of the Systematic Review.



Articles were included in the synthesis if the study procedures involved the use of both quantitative and qualitative techniques and demonstrated at least one point of integration either at the design level, during data collection or analysis, or interpretation in accordance with the classification by Creswell and Plano Clark (2011). In addition, the articles were reviewed for two other key mixed methods research features. First, the purpose of mixed methods research was evaluated using the framework by Greene and colleagues (1989) that identifies complementarity, triangulation, expansion, initiation, and development as the main purposes of mixed methods research. Second, the type of

mixed methods research was determined using the classification by Creswell and Plano Clark (2007) emphasizing four research designs, namely, triangulation/concurrent/parallel design, embedded design, exploratory sequential design, and explanatory sequential design. Data were extracted using an adapted coding scheme informed by O’Cathain, Murphy, and Nicholl (2007). The coding form included the following categories, focus of study, purpose or rationale for mixing methods, type of mixed methods design, focus of the quantitative and qualitative parts, point where mixing occurred, qualitative methods of data collection and analysis, and quantitative methods of data collection. Table 2 summarizes the 47 articles that were synthesized in this literature review in line with the categories in the coding form.

After completing the literature review table, frequency counts were performed to establish the types and number of times specific qualitative and quantitative methods were used in the reviewed articles. In addition, drawing from the stated foci of the qualitative and quantitative parts, the researcher inferred elements that mixed methods research may add to social work. The study’s main findings are presented next.

Results

To understand where mixing occurred in the reviewed studies, analyses of the extracted data showed that the most frequently used point of integration was the interpretation stage, accounting for 62% ($n = 33$) of all the 53 points of integration represented in the articles. Integration at the design level accounted for 24% ($n = 13$) and data collection and data analysis stages accounted for 13% ($n = 7$) each. The other main findings of this review are organized according to: 1) common methods of qualitative and quantitative data collection, 2) common methods of qualitative and quantitative data analysis, and 3) key areas addressed by the qualitative and quantitative strands.

Table 2. Published Social Work Journal Articles used in the Literature Review

Author	Focus of Study	Primary Purpose of Mixed Methods Research	Mixed Methods Research Design	Focus of Qualitative Part	Focus of Quantitative Part	Where Mixing Occurred	Qualitative Data Collection & Analysis Methods	Quantitative Data Collection & Analysis Methods
Abel & Campbell (2009)	Assessment of teaching approaches	Triangulation	Triangulation	Students' perceptions	<ul style="list-style-type: none"> • Students Perceptions • Differences in outcomes 	Interpretation	Focus Groups Open & Axial Coding	Survey Descriptive and Inferential statistics <ul style="list-style-type: none"> • Chi Square Test
Antle & Collins (2009)	Evaluation of a breast cancer support group	Complementarity	Embedded	Respondents' perspectives and experiences	<ul style="list-style-type: none"> • Measure key variables • Examine variable relationships 	Design level	Survey questionnaire with qualitative questions Thematic analysis Descriptive and inferential statistics- ANOVA and Pearson's <i>r</i>	
Ayón & Lee (2009)	Evaluation of a Neighborhood Leadership Program	Expansion	Explanatory	Participants' experiences on use of skills	Measure Leadership Skills and Knowledge	Design level	In-depth interviews Open-coding	Survey Descriptive and inferential statistics <ul style="list-style-type: none"> • T-test
Beecher (2009a)	Influence of the medical model on treatment of individuals with schizophrenia	Complementarity	Triangulation	Practitioner views	Measure key variables	Interpretation	Web-based survey Thematic analysis	Secondary data Descriptive and inferential statistics <ul style="list-style-type: none"> • ANOVA • Kruskal Wallis
Beecher (2009b)	Practitioner views toward families and barriers to collaboration	Complementarity	Triangulation	Practitioner experiences & views	Examine variable relationships	Interpretation	Web- based survey Thematic analysis	Survey Descriptive and Inferential statistics <ul style="list-style-type: none"> • ANOVA • <i>t</i>- test

Bellamy et al. (2006)	Effects of group leadership on group functioning	Triangulation	Triangulation	Group activities and interactions	Exploration of differences	Data Analysis	Observations Coding	Transformed qualitative codes Descriptive and Inferential statistics • <i>t</i> -test • Pearson's <i>r</i> • Chi-Square
Berger, Otto-Salaj, Stoffel, Hernandez-Meier, & Gromoske (2009)	Barriers and facilitators of transferring motivational interviewing into practice	Expansion	Embedded	• Perceived barriers & facilitators • Needs and expectations	Measure key variables	Design level	Focus groups Grounded theory	Survey Descriptive and Inferential statistics • Pearson's <i>r</i>
Boateng (2009)	Social capital & Liberian refugee women's well-being	Triangulation	Triangulation	Participants' experiences & shared issues	Measure dimensions of social capital	Interpretation	• In-depth interviews • Focus groups • Photographs Constant comparative analysis	Survey Descriptive statistics
Bryan, Flaherty, & Saunders (2010)	Evaluation of Adoption Support for Kentucky Program	Development	Exploratory	Gather information to guide the development of a quantitative survey	• Examine survey instrument's measurement structure • Describe program participants	Data collection	Focus groups Open coding	Survey Descriptive and Inferential statistics • Cronbach's alpha • ANOVA
Butler (2006)	Evaluation of the Senior Companion Program	Triangulation	Triangulation	Participants' experiences	Measure key constructs	Interpretation	Open-ended questions on questionnaire Open coding	Descriptive and Inferential statistics • Pearson's <i>r</i> • <i>t</i> -tests • chi-square

Campbell (2008)	Stakeholder experiences with compulsory admission to psychiatric hospitals, and the use of the Mental Health Review Tribunal (MHRT) in Northern Ireland	Triangulation	Triangulation	Views of a range of stakeholders e.g. clients and key informants	Describe experiences, knowledge and views on the adequacy of mental health law and policy, and the Tribunal system	Interpretation	<ul style="list-style-type: none"> •focus groups •key informant interviews •document analysis Thematic Analysis	Survey Descriptive Statistics
Carpenter, Barnes, Dickinson, & Wooff (2006)	Evaluation of a postgraduate program	Expansion	Embedded	Students' experiences and process of implementation	<ul style="list-style-type: none"> •Measure key outcomes •Assess changes in students' perceptions of their knowledge and skills 	Design level	Participant observation Focus groups Individual interviews Thematic analysis	Survey Descriptive and Inferential statistics <ul style="list-style-type: none"> •ANOVA/ANCOVA •t-tests •Cronbach's alpha
Chan, Chi, Ching, & Lam (2010)	Student perceptions of learning	Complementarity	Embedded	Students' transactions	Student's ratings of the approach used to facilitate learning	Design Level Interpretation	<ul style="list-style-type: none"> •Videotape recordings •Telephone interviews Thematic analysis	Surveys Descriptive statistics
Chan, Mok, Po-ying, & Man-chun (2009)	Evaluation of a teaching method	Complementarity	Embedded	Students' transactions	Measure effectiveness of approach	Design level	<ul style="list-style-type: none"> •Videotape recordings Telephone interviews Content analysis	Surveys Descriptive statistics
Cheung (2008)	Resilience among older immigrant couples	Triangulation	Triangulation	Respondents' lived experiences	Measure key variables	Interpretation	In-depth Interviews Narrative Analysis	Survey Descriptive statistics

Daftary (2009)	Factors that shape elected leaders' decision making	Complementarity	Triangulation	Explore process	Examine variable relationships	Interpretation	Ethnography No specified method of data analysis	Survey Descriptive and Inferential statistics •Structural equation modeling
Fernandez (2008)	Outcomes of children in foster care	Complementarity	Embedded	Process of interactions	Evaluate outcomes	Design level	In-depth interviews No specified method of data analysis	Survey Descriptive and Inferential statistics • Chi-Square • T-test
Freedman (2009)	Examination of local food environments	Triangulation	Triangulation	Participants' perceptions	Identify the types of food stores and food items	Interpretation	In-depth Interviews Thematic analysis	Food audit – Survey Descriptive statistics
Gallagher, Malone, & Ladner (2009)	Teamwork among school psychologists, counselors, and social workers	Triangulation	Triangulation	Perceptions of the team process	Measure attitudes and perceptions about teamwork	Interpretation	Open-ended questions on survey Content analysis Survey Descriptive and Inferential statistics • Pearson's <i>r</i>	
Gioia (2006)	Work delay in young adults with schizophrenia	Triangulation	Triangulation	Participants' experiences and meanings of work	Pre and post illness history	Interpretation	Semi-structured face to face interview Descriptive statistics (In-depth interview) Thematic analysis	
Gioia & Brekke (2003)	Knowledge and use of ADA provisions among people with schizophrenia	Triangulation	Triangulation	Participants' experiences and meanings of work	Pre and post illness history	Interpretation	Semi-structured face to face interview Descriptive statistics Thematic analysis	
Hernandez et al. (2009)	Provision of workplace accommodations	Complementarity	Triangulation	Employer perceptions on providing workplace accommodations	Data on accommodations	Interpretation	Focus group Content analysis	Survey Descriptive statistics

Hodge & Boddie (2007)	Personal spiritual characteristics and understanding of religion	Complementarity	Triangulation	Participants' definitions of key variables	Measure key variables	Interpretation	Survey Instrument with structured & open ended questions Thematic analysis Descriptive statistics Inferential – chi square, t- test, ANOVA	
Hodge & Limb (2009a)	Validation of an ecomap assessment tool for use with American Indians	Triangulation	Triangulation	Strengths and limitations of the concept and suggestions for improvement	Assess consistency of assessment tool	Interpretation	Questionnaire with structured & open ended questions Constant Comparative Method Descriptive and Inferential statistics – Pearson's <i>r</i> , <i>t</i> -test, ANOVA	
Hodge & Limb (2009b)	Validation of a spiritual assessment tool for use with American Indians	Triangulation	Triangulation	Strengths and limitations of the concept and suggestions for improvement	Assess consistency of assessment tool	Interpretation	Questionnaire with structured & open ended questions Constant Comparative Method Descriptive statistics and Inferential Pearson's <i>r</i>	
Hodge & Roby (2010)	Coping among women living with HIV/AIDS	Triangulation	Triangulation	Participants' coping strategies	<ul style="list-style-type: none"> ▪Measure perceptions on the usefulness of coping strategies ▪Examine variable relationships 	Data analysis Interpretation	Questionnaire with structured & open ended questions Constant Comparative Method Descriptive statistics Inferential – chi-square, Pearson's <i>r</i> , <i>t</i> -test, ANOVA	
Huyck, Ayalon, & Yoda (2007)	Validation of assessment tool	Triangulation	Triangulation	Participants' experiences	Assess changes in outcome over time	Design level Interpretation	In-depth interviews Observations Grounded theory	Survey Descriptive and Inferential statistics <ul style="list-style-type: none"> ▪Cronbach's Alpha

Lee, H. & Eaton (2009)	Older adult Korean immigrants' perceptions & response to financial abuse	Triangulation	Triangulation	Perceptions and responses to a financial abuse case vignette	Measure key variables	Interpretation	In-depth interviews Grounded theory	Survey Descriptive and inferential statistics ▪ Logistic Regression
Lee, S. et al. (2008)	HIV vaccine acceptability among ethnically diverse persons	Complementarity	Triangulation	Social issues, concerns, barriers and motivators of HIV vaccine acceptability	Measure consumer preferences	Interpretation	Focus Group Thematic analysis	Conjoint analysis Descriptive and inferential statistics ▪ <i>t</i> -test ▪ ANOVA
Leslie, Weckerly, Plemmons, Landsverk, & Eastman (2004)	Evaluation of a project protocol	Triangulation	Triangulation	Experiences of stakeholders	Measure key variables	Interpretation	Interviews Thematic analyses	Survey Descriptive and inferential statistics ▪ <i>T</i> -test ▪ Chi-Square
Maiter (2004)	Cultural sensitivity and cultural competence in child protection	Triangulation	Triangulation	Perceptions of parents and child welfare workers	Examine differences in responses between parents and child welfare professionals	Interpretation	Survey- Instrument with structured & open ended questions Content analysis Descriptive statistics Inferential – Mann-Whitney U	
McAuley, McCurry, Knapp, Beecham, & Slead (2006)	Evaluation of a family support program	Triangulation	Triangulation	▪ Participants' experiences with parenting stress ▪ Perceptions of services	Assess maternal and child wellbeing	Design level Interpretation	In-depth Interviews No specified method of data analysis	Survey Descriptive and Inferential Statistics ▪ ANOVA
McCarter (2009)	Minority overrepresentation in the juvenile justice system	Triangulation	Triangulation	Participants' perceptions	Examine variable relationships	Interpretation	In-depth Interviews Coding	Secondary Data Analysis Descriptive and Inferential Statistics ▪ Logistic regression

Nicotera (2008)	Measurement of the concept of neighborhood	Triangulation	Triangulation	Children's descriptions of their neighborhoods and neighboring experiences	Measure neighborhood characteristics	Data Analysis Interpretation	Document Analysis Content Analysis Constant Comparative	Secondary Data Transformed qualitative data Descriptive Statistics Inferential Statistics Chi-Square
Park, Knapp, Shin, & Kinslow (2009)	Social engagement experiences of older men in assisted living facilities	Purpose not Stated	Explanatory	Participants' social engagement experiences	Measure well-being & social engagement variables	Data collection	In-depth interviews Coding	Survey Descriptive Statistics Inferential Statistics Chi-Square T-tests
Rakfeldt (2005)	Evaluation of dialectical behavior therapy	Purpose not Stated	Embedded	Participants' experiences and interactions	Measure outcomes	Design level	In-depth Interviews Focus Groups	Survey Descriptive Statistics Inferential Statistics Chi-Square T-tests
Redman (2008)	Coping-related motives for substance use	Triangulation	Triangulation	Respondents' meanings & motives	Examine variable relationships	Data analysis	Survey with open-ended and closed questions ▪ Grounded theory for qualitative data ▪ Descriptive and Inferential Statistics ▪ Discriminant Analysis	
Redmond, Guerin, & Devitt (2008)	Attitudes of social work students	Expansion	Triangulation	Participants' future plans	Measure variables	Interpretation	Survey with open-ended and closed questions Focus group for qualitative data collection ▪ Content Analysis for qualitative data ▪ Descriptive and Inferential Statistics ▪ Friedman's Analysis of Variance	

Sanders, R., & Roach (2007)	Evaluation of family support services	Triangulation	Embedded	Family views and service expectations	Measure outcomes and change after intervention	<ul style="list-style-type: none"> ▪ Design level ▪ Interpretation 	In-depth interviews <ul style="list-style-type: none"> ▪ No specified method of qualitative data analysis 	Survey Descriptive and Inferential statistics <ul style="list-style-type: none"> ▪ <i>T</i>-test
Sanders, S., Ott, Kelber, & Noonan (2008)	Grief reactions	Triangulation	Triangulation	Lived experiences	Measure grief levels	Interpretation	In-depth Interviews Coding	Survey Descriptive and Inferential Statistics <ul style="list-style-type: none"> ▪ <i>T</i>-tests ▪ Chi-square
Smith & Roberts (2009)	Young parents' antenatal & postnatal needs	Triangulation	Triangulation	Add detail and context to survey findings	Measure variables	Interpretation	Focus Group Thematic analysis	Survey Descriptive and Inferential Statistics <ul style="list-style-type: none"> ▪ Chi-square ▪ (Fishers' Exact Test)
Tolmie et al. (2009)	Needs of older people in cardiac rehabilitation	Triangulation	Triangulation	Participants' experiences	Measure key study variables	Interpretation	In-depth interviews Framework Analysis	Surveys Descriptive and Inferential Statistics <ul style="list-style-type: none"> ▪ Kruskal-Wallis ▪ One Way ANOVA ▪ Mann-Whitney U
Varas-Díaz & Marzán-Rodríguez (2007)	Role of Emotions in HIV/AIDS Stigmatization	Development	Exploratory	Perceptions of people living with HIV/AIDS and associated emotions	<ul style="list-style-type: none"> ▪ Measure the different emotions ▪ Examine differences 	Data collection	In-depth Interviews Thematic analysis	Survey Descriptive and Inferential Statistics <ul style="list-style-type: none"> ▪ <i>t</i>-tests
Waldrop (2007)	Caregiver grief	Triangulation	Embedded	Participants' experiences	Measure dimensions of distress	Design level	Survey with open-ended and closed questions <ul style="list-style-type: none"> ▪ Open and axial coding of qualitative data ▪ Descriptive and Inferential Statistics <ul style="list-style-type: none"> ▪ <i>t</i>-tests 	

Yamatani, Engel, & Spjeldnes (2009)	Caseload standards for child welfare workers	Triangulation	Triangulation	Examine caseload service tasks in their context	Classify & record case management tasks	Interpretation	Focus Group No specified method of data analysis)	Direct Observation Document Review Descriptive statistics
Yoo (2003)	Organizational characteristics and client outcomes	Expansion	Triangulation	Perceptions of the organization	Measure key outcomes e.g. job satisfaction	Interpretation	In-depth interviews Grounded theory	Document Review Survey Descriptive Statistics and Inferential ▪ T-test
Yoon (2009)	Role of leadership, community cohesion and mental health in community rebuilding after a flood	Complementarity	Embedded	<ul style="list-style-type: none"> ▪ Views on elected leadership ▪ Identify community assets ▪ Check convergent validity of data from surveys 	Measure outcomes and examine variable relationships	Design level	<ul style="list-style-type: none"> ▪ In-depth Interviews ▪ Document review No specified method of qualitative data analysis	Survey Descriptive and Inferential Statistics <ul style="list-style-type: none"> ▪ Spearman's correlation

Common Methods of Qualitative and Quantitative Data Collection

Table 3 presents all the methods of qualitative and quantitative data collection used in the reviewed articles. In-depth interviews were the most common qualitative data collection method, accounting for 41% of all the qualitative techniques reported in the articles, whereas surveys represented 55% of all the quantitative data collection techniques.

Table 3. Methods of Qualitative and Quantitative Data Collection

<u>Qualitative</u>		<u>Quantitative</u>	
Type	Count (%)	Type	Count (%)
In-depth Interviews	21 (41)	Surveys	30 (55)
Focus Groups	13 (25)	Close-ended Questions in Questionnaire	12 (22)
Open-ended Questions in Questionnaire	12 (24)	Observations with Rating Scale	4 (7)
		Secondary Data	3 (5)
Document Review	3 (6)	Document Review	2 (4)
Web-based Survey	2 (4)	Transformed Data	2(4)
		Conjoint Analysis	1(2)
Total	51		54

Common Methods of Quantitative and Qualitative Data Analysis

Table 4 shows all the qualitative and quantitative data analysis methods employed in the reviewed articles. Thematic analysis accounted for 29% of all the qualitative data analysis techniques and *t*-test represented 30% of all the quantitative data analysis methods. Whereas all the quantitative data analysis techniques were elaborated, 12% of the qualitative data analysis techniques were not specified.

Key Areas Addressed by the Qualitative and Quantitative Strands

The key areas addressed by the qualitative and quantitative strands in the reviewed articles are summarized in Table 5. Drawing from Table 5 three elements that mixed methods research adds to social work were categorized. First, mixed methods research adds voices of study participants to social work research. Understanding participants' experiences and views constituted 68% of the stated foci of the qualitative strand in the mixed method studies. The need to understand and incorporate client views and perspectives is central to social work practice and research because it is the means through which social workers are equipped to become the voice for their respective clientele (Fernandez, 2008).

Table 4. Methods of Qualitative and Quantitative Data Analysis

<u>Qualitative</u>		<u>Quantitative</u>	
Type	Count (%)	Type	Count (%)
Thematic Analysis	14 (29)	<i>t</i> -test	18 (30)
Open Coding	10 (21)	Chi-Square	12 (19)
Content Analysis	6 (12)	ANOVA	11 (20)
Constant Comparative Method	6 (12)	Pearson's <i>r</i>	7 (12)
Not specified	6 (12)	Cronbach's alpha	3(5)
Grounded Theory	5 (10)	Logistic Regression	2 (3)
Framework Analysis	1(2)	Mann-Whitney U	2 (3)
		Discriminant Analysis	1(2)
		Friedman's Analysis of Variance	1(2)
		Spearman's Correlation	1(2)
		Structural Equation Modeling	1(2)
Total	48		59

Table 5. Focus of Qualitative and Quantitative Parts

Focus of Qualitative Part	Number (%)	Focus of Quantitative Part	Number (%)
Participants' Experiences	20 (39)	Measure/Describe key constructs	38 (69)
Participants' Views/Perspectives e.g. with program or intervention	15 (29)	Examine variable relationships	7 (13)
Examine Process e.g. caseload service tasks in their naturalistic setting, interactions between case workers and clients	7 (16)	Examine differences	7 (13)
Validity Issues e.g. check convergent validity	7 (14)	Validate Instrument Structure	3 (5)
Instrument Development	1 (2)		
Total	50		55

Second, mixed methods research allows for comprehensive analyses of phenomena. Central to this category is the realization that a single phenomenon can be best understood from different angles, such as perceptions held by the participants, underlying factors or process as well as the measurable or quantifiable trends and outcomes. To this end the foci of the reviewed studies illustrated these aspects with 29% of the focus areas related to capturing participants' views/perspectives, 16% examining processes, 69% measuring or describing key constructs, and 13% examining variable relationships. For instance, in his study of the factors associated with community rebuilding after a flood, Yoon (2009) used quantitative methods to examine relationships between various outcomes, whereas qualitative methods were used to gather views about elected leadership from diverse informants and to understand other important community assets. After data analyses, Yoon found that while elected leaders' ability to mobilize resources was significantly related to financial recovery, this specific community's symbolic meaning as the first town chartered by African Americans in the United States was also an important asset in the rebuilding process. Thus, the ability to simultaneously measure outcomes and capture the context, processes, and participants' views enable mixed methods research to achieve a more holistic analysis of phenomena.

Third, mixed methods research enhances the validity of findings. A basic foundation of mixed methods research is the notion of triangulation whereby "two or more methods that have offsetting biases are... intentionally used to assess the same conceptual phenomenon" (Greene et al., 1989, p. 256). In addition, "triangulation of methods can provide opportunities for testing alternative interpretations," such as the influence of context on the observed results (Polit & Beck, 2007, p. 310). Validation of instrument structure accounted for 5% of all the quantitative strand foci whereas efforts to enhance validity, such as by checking for convergent validity, represented 14% of the qualitative strand foci. For example, in their study of well-being of mothers with families under stress, McAuley and colleagues (2006) used quantitative methods to assess the levels of parenting stress and depression among the mothers and qualitative methods to gather their experiences with parenting stress. After analyzing the quantitative data, these authors found that the mothers had high levels of parenting stress and depression, results which were supported by the symptoms reported by the mothers in the qualitative interviews. Validity is enhanced when comparisons of results obtained across the quantitative and qualitative methods and data support each other (Greene et al., 1989).

Discussion and Social Work Implications

To build our knowledge on the current state of mixed methods research in social work, this literature review examined the common quantitative and qualitative methods used by social work researchers and inferred the value of mixed methods research for social work based on the foci of the qualitative and quantitative strands. Similar to reviews in other disciplines, surveys and interviews were the most common methods of quantitative and qualitative data collection, respectively (Bryman, 2006; O'Cathain et al., 2007). The dominance of in-depth interviews is acceptable because in-depth interviews facilitate access into participants' cultures and perspectives, and shift authority away from the researcher to the participants (Goodman, 2001). The recognition of document

review as a method of gathering both qualitative and quantitative data is a positive development that may allow increased use of existing agency data by social work researchers, and thereby promote collaboration with social work practitioners.

Thematic analysis and *t*-tests were the most common methods of qualitative and quantitative data analysis, respectively. Of particular concern 6 out of the 52 (12%) qualitative data analysis techniques used in the reviewed articles were not specified. This finding raises questions regarding the incorporation of qualitative research procedures. Failure to elaborate on the qualitative data analysis methods may indicate possible difficulties in ensuring an acceptable balance to the integration of the quantitative and qualitative techniques. Cognizant of the challenges associated with achieving competency in both qualitative and quantitative research, the promotion of team work when conducting mixed methods studies is encouraged (Padgett, 2009; Plano Clark, Huddleston-Casas, Churchill, O'Neil Green, & Garrett, 2008). In addition, explicit teaching of mixed methods research in social work is warranted to familiarize social workers with mixed methods research terminology and procedures.

The studies reviewed demonstrate that there are added advantages in using mixed methods research in social work. By allowing comprehensive analyses of phenomena mixed methods research echoes principles of social work practice that require social workers to "study things holistically, in context, and from more than one frame of reference" (Cowger & Menon, 2001, p. 477). Given that social workers represent vulnerable populations, capturing the voices of our client groups may be integral to their emancipation and empowerment (Fernandez, 2008; O'Cathain et al., 2007). For these reasons, the teaching and use of mixed methods research remain integral to social work.

This article would not be complete without an acknowledgment of the limitations of this study. First, the reviewed articles do not represent a comprehensive list of all possible mixed methods articles in social work. Second, the researcher's subjective judgment influenced the review process and understanding of the reviewed articles. Despite these limitations, this study represents a preliminary attempt to systematically review the use and value of mixed methods research in published social work articles. Most important, it provides social work researchers with examples of published mixed methods studies and advances our understanding of the value of mixed methods research in social work.

Conclusion

This literature review examined the common quantitative and qualitative methods in published social work articles and what mixed methods research may add to social work. Mixed methods research's ability to simultaneously capture measurable outcomes, context, participants' voices, and process underscores its value to social work research. Giving voice to study participants and allowing for a holistic analysis of complex social problems may advance the development of useful knowledge and provide a richer understanding of the populations that we serve. Even though the idea of mixing qualitative and quantitative methods is not new to social work practice, there is need for more research to understand how mixed methods research is taught and embraced in

social work. Social work educators and researchers may play a pivotal role in ensuring adequate training to conduct, consume, and assess mixed methods research.

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Common Elements Across Evidence-Based Trauma Treatment: Discovery and Implications

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Abstract: *The social work profession is facing a critical gap in its provision of effective services to an increasingly large number of clients who are affected by trauma. To explore for the presence of common components in evidence-based trauma treatments, a qualitative content analysis of 8 trauma treatment manuals was undertaken. Analysis resulted in the identification of 35 Intervention Objectives and 59 Practice Element codes. These were further organized into nine domains: trauma assessment, safety, engagement, attachment, core treatment interventions, attention to the social context, trauma processing, post trauma growth, and therapist self-care. Future work for the profession may involve synthesizing and integrating what has already been learned, and translating that knowledge into the classroom. Significantly, three domains which stress activities with the client in their social context were found to be common to trauma treatments, including safety promoting activities. Implications for social work education, practice, policy, and research are discussed.*

Keywords: *Trauma treatment, evidence-based practice, common elements*

The social work profession is facing a critical knowledge gap in its provision of effective services to an increasingly large number of clients who are affected by trauma. The prevalence of trauma exposure in many, if not most, clients served by social workers, coupled with the dual problems of both identifying appropriate treatments and accessing training for implementation of evidence-based trauma treatments, is presenting a major challenge for practitioners. A corresponding shortfall in social work education of both training in trauma and training in evidence-based practice may exacerbate the problem in the next generation of practitioners. In this article, dilemmas in the field in regard to dissemination of evidence-based trauma treatments and the parallel challenges in social work education are identified, findings regarding common elements in trauma treatments presented, and implications for social work education, practice, social policy and research discussed.

By definition, children who have experienced child abuse and neglect, sexual abuse, and/or witnessed domestic violence have been exposed to trauma. Many children, adults and their families have often also had exposure to community violence, war-related refugee experiences, combat violence for returning veterans, medical trauma, natural disasters, and traumatic loss. When these experiences are unaddressed, clients are at greater risk for a range of behavioral, emotional, educational and social problems in childhood and later in life. Many studies document the widespread prevalence of trauma

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exposure and its lasting impact across the life cycle in all the populations served by social workers (Dong et al., 2004; Felitti et al., 1998; Putnam, 2006). The Adverse Childhood Experiences Study (ACES), using a sample from a non-clinical population of adults presenting for routine annual physical exams found a significant relationship between negative childhood experiences (including physical, emotional, and sexual abuse, interpersonal violence, divorce, mental illness, alcoholism and family member incarceration) and a range of lifelong serious physical and mental-health problems. These adulthood problems included, but were not limited to, higher rates of adult depression, drug use, juvenile arrest, obesity, diabetes, and overall occupational health and job performance impairment as they were reported by those with histories of adverse childhood experience (Anda et al., 2006; Felitti et al., 1998)

Literature Review

The past several decades have yielded more evidence-based or empirically-supported treatment interventions and yet it has been challenging to integrate those treatment approaches into everyday practice for the typical front line clinician (Weisz & Gray, 2008). There are methodological issues along with differing opinions about whether treatments tested in a laboratory setting can be replicated in the field, as well as issues of fidelity to the model once the treatment approaches are introduced into natural settings. Weisz and Gray (2008) also report that there are some inconsistencies in the research findings resulting in evidence-based treatment approaches not consistently outperforming usual care. This results in a questioning of evidence-based treatments and leaves both clinical staff and social work educators to wonder about their effectiveness as a whole. In the area of trauma treatment, while evidence-based interventions for children and adolescents have been disseminated through the federally funded National Child Traumatic Stress Network (NCTSN), they are by no means universally available. Adult trauma treatment, lacking a funding “engine” like the NCTSN to drive dissemination, are not nearly as widely available as the child trauma treatments.

The debate has affected the degree to which training in evidence-based practice has been incorporated into social work education. According to a recent article (Bledsoe et al., 2007), fewer than 40 percent of MSW programs meet the “gold standard” of integrated clinical training as proposed by Weissman and colleagues (2006). “Gold standard training” consists of didactic training in an empirically-supported treatment (EST) paired with its implementation in a field setting with supervision by a clinician trained using the same EST. This 40% stands in contrast to 60% of PhD clinical psychology graduate schools and 90% of medical schools nationwide who provide training in at least one EST. To increase the prevalence of “gold standard training” in social work education, the importance of strengthening the link between classroom-based and field practicum learning settings has received enhanced emphasis (Boitel, Farkas, Fromm, & Hokenstad, 2009; Mullen, Bledsoe, & Bellamy, 2008; Proctor, 2007). In a parallel process, social work education has struggled with the need to incorporate trauma content into its curriculum (Bussey, 2008; Cunningham, 2004; Miller, 2003; McKenzie-Mohr, 2004; Strand, Abramovitz, Layne, Robinson, & Way, in press).

There is another interesting dialogue now occurring in the field. According to Chorpita and colleagues (2011), there is a present “knowledge management problem” (p. 494). They assert that the mental health professional community must begin to address how to manage the current knowledge base that is already in existence. In other words, it is no longer about creating more evidence-based treatment protocols, but about synthesizing and integrating what has already been learned. In a prior publication, Chorpita, Daleiden, and Weisz (2005) proposed a model to allow the treatment intervention literature to be “factored or distilled” in an effort to create a synopsis of evidence-based treatment elements that can then be matched to individual clients (p. 5). This distillation and matching model involves distilling the empirical data to develop profiles from the evidence-based models that allow for matching treatment interventions with clients’ problem behaviors and individual and environmental variables. Chorpita and colleagues (2011) have raised the question of whether greater proliferation of treatment approaches is helpful to the field or whether identifying ways to design, apply, and organize the information from treatments already in existence has more utility.

Barth and colleagues (2012) concur and argue that the social work profession is at a crossroads, suggesting that the time has come for the field to turn its attention to the development of common factors as well as common elements. Common factors are defined as those elements that are not specific to any particular treatment model but may contribute extensively to client outcomes (such as worker-client relationship). A common elements framework, incorporating a modular approach to treatment, is viewed as having potential advantage over individualized manualized treatment.

A similar question regarding how to organize information from treatments already in existence has been posed by the National Child Traumatic Stress Network (NCTSN), a federal initiative to both increase access and improve the quality of trauma treatment available to traumatized children and adolescents (Pynoos et al., 2008). As part of its mandate, the NCTSN has been active in the dissemination of evidence-based trauma treatments (EBTT). However, as early as 2007, the training arm of NCTSN identified the problem of duplication in training content across many of the treatments it was disseminating.

This led to a decision by the NCTSN leadership to create a foundational curriculum in child trauma that would draw on *common concepts, components and skills* across EBTTs. The Core Curriculum on Childhood Trauma (CCCT) Task Force was formed to develop this curriculum. Composed of national experts in trauma treatment, the CCCT Task Force first developed the *Core Concepts* phase of the curriculum. Twelve core concepts were identified using an expert consensus model and five developmentally and culturally contextualized cases created using a problem-based learning methodology. (See Layne et al., 2011 for a fuller description of the CCCT). The goal of the *Core Concepts* portion of the curriculum is to provide a foundation in trauma knowledge to assist with case conceptualization, formulation, and assessment. This curriculum has been adapted for social work education and disseminated nationally (Strand et al., in press) and the curriculum is in the process of being adapted by NCTSN for agency in-service training.

The second phase of curriculum development is designed to focus on *Core Components* of evidence-based trauma treatment, in which components are defined as both *intervention objectives and practice elements*. Rather than use an expert consensus approach to develop the Core Components portion of the curriculum, a decision was made to code trauma treatment manuals in order to identify the common intervention objectives and practice elements across these manuals.

Others have undertaken the challenge of defining and codifying client treatment operations/techniques/strategies. Bisson and colleagues (2010) used a Delphi technique, which recognizes the experience and knowledge of experts when empirical knowledge is lacking, to develop evidence-informed guidelines for post disaster intervention. Sburlati, Schniering, Lyneham, and Rapee (2011) also used a Delphi method, which they defined as a “procedure that draws together empirical evidence and iterative expert review to achieve consensus regarding effective and ineffective treatment approaches” (p. 91). Chorpita and colleagues (2005), as described in their distilling and matching initiative noted above, have defined practice elements as “discrete clinical techniques or strategies used as part of a larger intervention plan” (p. 11). Using an expert consensus method, those elements most often identified in the literature were combined into a coding manual (Practice Wise, 2005) and this coding manual was then used in analysis of evidence-based treatments focused primarily on child anxiety and depressive disorders.

The NCTSN developed a partnership with *Practice Wise* in 2010, with the intent to code 26 evidence-based trauma treatment manuals. However, when the Practice Wise (2005) coding manual was reviewed by the CCCT Task Force, it was felt that the codes would not capture trauma-specific practice elements in the EBTT manuals. Therefore, a special project was launched with the aim of identifying trauma-specific codes for use in coding the EBTT manuals.

Overview of the Coding Project

In 2010, a research team at the National Center for Social Work Trauma Education and Workforce Development, a center funded through the NCTSN initiative, utilized a grounded theory approach (Glaser & Strauss, 1967) to embark on a qualitative research project with a mission of creating a coding manual that could be utilized to code promising practices and empirically-supported treatments specifically related to trauma interventions. Evidence-based practice can be conceptualized as both a verb (an *approach* to practice) and a noun (a specific, usually manualized intervention with some level of empirical support). For purposes of this study, evidence-based practice is defined as a manualized, empirically-supported treatment that is considered to have a certain level of evidence supporting its efficacy (Barth et al., 2012; Pettus-Davis, Grady, Cuddeback, & Scheyett, 2011).

The coding manual would be developed by the National Center for Social Work Trauma Education and Workforce Development and then used to code the full sampling of treatment intervention manuals. This article reports on the process of developing the coding manual, and the implications for training, practice, policy, and research that arise

from the identification of common intervention objectives and practice elements codes in a sample of empirically-supported treatment manuals.

Method

Sample

The sample included eight trauma treatment manuals, which were drawn as a purposive subsample from the larger group of 26 manuals. The eight were varied in regard to treatment modality (e.g., child, dyad, family), age of the child for whom the intervention was designed (preschool, school-age, adolescent), intensity of intervention (i.e., trauma treatment or post-disaster intervention), and level of empirical support, ranging from those with RCTs to those with outcome studies only. The criteria used to assess the level of empirical support are based on the schema developed by Saunders and Berliner (2004), which defines treatments with the strongest empirical base (most efficacious) as those which have at least two randomized, controlled treatment trials (RCTs) that have found the treatment protocol to be more effective than that of an appropriate comparison group. The criteria also include that the treatment has a book, manual, or other writings that specify the components of the treatment and explain how to implement it. Five levels of empirical support are identified, with level 5 (an innovative or novel treatment) characterized by a theoretical basis, a small clinical literature but the treatment is not in wide use. All of the manuals in this sample fell between levels 1-4. (See table 1).

*Table 1. Trauma Treatment Manual by Level of Evidence**

Level of Evidence	Trauma Treatment Manual Number							
	1	2	3	4	5	6	7	8
1. Well-supported, Efficacious Treatment		X	X					X
2. Supported and Probably Efficacious Treatment					X			
3. Supported and Acceptable Treatment	X			X				X
4. Promising and Acceptable Treatment						X		
5. Innovative or Novel Treatment								

* Saunders, B. E., Berliner, L., & Hanson, R. F. (Eds.). (2004). *Child physical and sexual abuse: Guidelines for treatment* (Revised Report: April 26, 2004). Charleston, SC: National Crime Victims Research and Treatment Center.

Design

The project was undertaken over a four month period and utilized a qualitative content analysis research methodology. A basic qualitative approach utilizes procedures to generate theory grounded in data. As noted by Babchuk (2011), “It involves an iterative process of simultaneous data collection and analysis, ... constructing codes and categories from data rather than from a preconceived hypothesis ... and the theoretical saturation of categories signaling a stopping point in data collection” (p. 386). While many “branches” of grounded theory have emerged since the seminal work of Glaser and Strauss (1967), this project adopted the overarching method, most consistent with Glaser’s (1978, 1992) open coding, in which the codes emerged from the data and were not selected prior to the data analysis. Consistent with this approach, codes are often labeled from words found in the data themselves. The codes are then clustered into categories and conceptual saturation is reached when no new categories are generated from the open codes.

Content analysis, a refinement of a qualitative approach for use with text documents, has been defined by some to include two approaches: an inductive method, in which codes or categories are derived from the data; and a deductive approach, which is based on previous knowledge and research (Elo & Kyngas, 2007). Others have suggested three categories—conventional (similar to the inductive method), directed, and summative. The latter both involve a deductive approach (Hsieh & Shannon, 2005). The qualitative content analysis methodology utilized here, while consistent with Glaser’s approach, has as its purpose not the construction of theory but the identification of categories or codes and is consistent with the inductive or conventional approaches. It uses open coding, the creation of categories, and abstraction. The purpose of creating categories using content analysis is to “describe the phenomenon, increase understanding and generate knowledge” (Elo & Kyngas, 2007, p. 111). Abstraction is used to group categories, or in this study, to group codes.

Unit of Analysis

The coding team prepared for the analysis by defining the unit of analysis as a trauma treatment manual available in print form. While this contributed to the development of a large data set, the use of computerized software (described in more detail below) allowed for relative ease in the management of the quantity of data. Since the purpose of the eventual analysis of a larger sample of manuals was to search for common intervention objectives and practice elements, an *a priori* decision was made to code for these using the following definitions:

Intervention Objectives: A specific therapeutic outcome the therapist intends to achieve through implementing a given set of practice elements in a given setting.

Practice Elements: Observable, concrete therapeutic procedures the therapist implements with the client or on behalf of the client (when acting in an advocacy role) with the intention of achieving one or more Intervention Objectives.

Multiple Coders

The use of multiple coders has generally been viewed as an aid to establishing methodological rigor in qualitative research (Berends & Johnston, 2005; Ryan, 1999). It has also been argued that having multiple coders is beneficial when the data set is large (Lu & Shulman, 2008). In this project the research team consisted of four coders, the three authors plus an additional doctoral student. This is consistent with a recommendation for team-based coding (Laditka et al., 2009). All four members were professional social workers, all four had worked as clinicians, and more specifically, all had provided trauma treatment, albeit with differing degrees of years of experience and intensity. There is some evidence that the history of working as a therapist, where the development and use of empathy is an important skill, supports the approach of open coding, where the researcher has to become immersed in the data and allow the authors' meaning to emerge.

Type of Content to be Coded

The team decided to code only for manifest, not latent content, since there is debate about whether "hidden" meaning can be accurately coded in text documents, as this usually involves considerable interpretation (Elo & Kyngas, 2007). Therefore, for example, to determine if a statement or description was to be coded as an Intervention Objective, the coder searched to see if the author of the treatment manual used words like "the goal is", "the desired outcome is", or "the purpose is" in describing the activity. Similarly, in deciding if a statement or description was to be considered a Practice element, the procedure, operation, strategy, or technique needed to be observable.

A separate issue relates to the presence of handouts in the manuals. Some of the manuals contained dozens of handouts totaling over 100 pages. While some developers argued that these should each be analyzed for content in order to capture the full scope of intervention objectives and practice elements in the treatment approach, this would have significantly increased the data set to be coded. After an exploratory analysis of handouts from two manuals, it was determined that coding handouts would contribute little to the development of new codes. A typology of handouts was developed instead for coding.

Computer Software

The research team used the Atlas.ti 7.1.4 software in the coding process. The advantages of using this kind of computer-assisted qualitative data analysis software include that it provides a straightforward data reduction method to handle large amounts of data. Each of the 8 manuscripts were on average 200 pages of text, and using Atlas.ti made it easy for every coder to have the same text and to be able to easily compare codes for sections of the text. The use of computer software also makes for flexibility in the coding process as new ideas or codes can be readily inserted. Furthermore, exploratory coding schemes can be developed as soon as the first data are entered, yet because there is an ongoing record of codes and memos, these can be refined or revised upon reflection and more in-depth consideration of initial codes. Fundamentally, it also makes the analytic process more transparent, as the process is explicit and easier to report.

The potential downside is that the capability to deal with large samples can lead to a focus on quantity, rather than meaning. Learning and using the software can in and of itself become a distraction, and the researcher needs to be careful not to let the structure of the software drive the research (Lu & Shulman, 2008).

Iterative Process

Three levels of review were included in this iterative process: 1) the team of primary coders independent and combined coding; 2) integration of feedback from the authors of the manuals; and 3) integration of input from an external review team of non-developer trauma experts.

1) The primary author and two others read each manual independently, coding as they went. To be immersed in the content and assure that the material was understood, sections of the manual were often read more than once as the codes were developed. The three coders then met to review each chapter of the manual, compare codes, identify areas of agreement and disagreement, and discuss options for consolidation. This method is consistent with the recommendation for frequent and face-to-face communication among team members (Laditka et al., 2009). The number of codes was not limited in the initial stages of the project, and after an analysis of three manuals, approximately 300 Practice element codes had been developed. The process of dialogue, dissection of the codes, and reconceptualization based on mutual agreement resulted in consolidating the number of codes by the time of the analysis of the seventh manual to approximately 30 intervention objectives and 60 practice elements. With the analysis of the 7th manual, saturation was reached and no new intervention objective or practice element codes were found. These codes were then used successfully in the coding of the eighth manual.

2) Outreach to EBTT authors. All of the authors were invited to comment and 5 of the 8 authors provided feedback to the research team. After codes were developed from a given manual, a report was generated for the authors. The authors were asked for both a reliability and validity check, that is, to see if the definition of the code adequately reflected the meaning they (the authors) would ascribe, based on a text sample from their manual provided for each code, and if the range of codes was sufficient to describe what they would estimate were the range of intervention objectives and practice elements contained in their approach.

3) A final step in the analysis was a review of the codes by the lead author and an external team of three additional trauma experts. The purpose of this review was to examine alternatives for further consolidation of the codes and to refine definitions of the codes. In writing definitions for the codes, the team retained the words of authors where relevant. This team met for two days and reviewed each of the codes. The final coding manual contained 35 intervention objectives and 59 practice element codes.

Categorization

There has been some attempt to define either the nature or levels of categorization as an aid to qualitative methods. Rabinovich and Kacen (2010) review the method developed by Tutty, Rothery, and Grinnell (1996) in which three key relationship types were identified: contained, temporal, and causal. Contained categories are those in which one category is contained in another, or several categories in one larger category. Temporal relationships, however, reveal relationship in time, that is, which categories precede others. Causal relationships identify the occasion when one category is the reason for another. In this study, “contained” categories were used. The large contained categories are termed “domains” for the purpose of this study. Temporal categories are used to a lesser extent; however a temporal arrangement of domains is suggested. By combining practice elements in the same domain as intervention objectives, a link is made in a causal sense (intervention objectives in a domain are achieved through the implementation of certain practice elements). However, as described in more detail below, neither intervention objectives nor practice elements are viewed as mutually exclusive to a domain in practice.

Results

As noted above, 35 intervention objectives and 59 practice elements were identified for the coding manual. Findings suggest that there are, indeed, common intervention objectives and practice elements across trauma treatments. Each code has a name and a 2-5 line description. An example of an Intervention Objective code is:

Address Adversities in the Social Environment: Includes activities aimed at addressing adversities which either pre-exist the trauma or are a secondary effect of the trauma experience with the goal of enhancing the ability of the social environment to support the child/family with needed resources and services. Interventions may include advocacy, case management and/or collaborative intervention service planning.

An example of a Practice element code is:

Narrative Story Building: Activities designed to provide a summary of important experiences which incorporate an integrated understanding of past experiences. May include the development of a “life story” book. Includes activities designed to help the individual share their story and receive acknowledgement.

Consistent with the abstraction process identified above, categories were created with the purpose of bringing together codes that could be argued belong together conceptually. The codes were thus clustered into domains based on an estimation of shared properties. Nine domains were identified, as follows:

- 1) Trauma Assessment: Specific to activities undertaken to assess the presence and impact of *trauma*;

- 2) Safety: Activities undertaken with or on behalf of the client to reduce the potential of *harm to the child*, self-harm, or harm to others, and to build stability within the social environment;
- 3) Engagement: Includes general assessment (non-trauma specific) as well as interventions to build a working alliance, increase motivation, identify obstacles and provide psychoeducation to the child and family;
- 4) Attachment/Strengthening Relationships: Activities undertaken to strengthen parent-child, caregiver-child and/or family relationships by enhancing attunement, communication and problem solving capacities;
- 5) Core Treatment Interventions: Interventions to reduce symptom distress and strengthen affective, cognitive and behavioral coping strategies within the context of the client's culture. Generally undertaken prior to trauma processing;
- 6) Attention to the Social Context: Activities undertaken with other service providers for collaborative treatment planning, advocacy or case management in an effort to address environmental adversities;
- 7) Trauma Processing: Activities specific to processing and integrating traumatic experience.
- 8) Consolidation/Post Trauma Growth: Future-oriented interventions subsequent to trauma processing focused on making meaning of the traumatic experience and promoting adaptive functioning.
- 9) Therapist Self Care: Interventions that the therapist engages in to anticipate and manage vicarious trauma or secondary traumatic stress;

There is an inherent chronology in the listing of the domains in that to some extent the creation of the domains can be considered in temporal order. Thus, assessment usually precedes treatment planning, safety planning precedes intervention, and intervention for trauma processing precedes post trauma growth or consolidation. However, the researchers caution against strict interpretation of these domains in temporal order, as assessment is on-going throughout treatment, regulation of affect may be achieved prior to trauma processing but need to be revisited during that phase of treatment, and issues in regard to safety can occur at any phase of treatment.

Table 2 lists these domains along with their respective intervention objectives and practice elements. It is acknowledged that these groupings are somewhat arbitrary and not mutually exclusive. The authors are of the opinion that a particular intervention objective could exist in more than one domain. For example, the intervention objective of "Enhance Affect/Emotional Regulation," which is defined as

“_____to assure that emotional difficulties are less intense and manageable, to regulate affective emotional arousal to trauma reminders and foster the capacity to respond realistically to threats, and enhance existing strengths; Includes the intention to identify feelings or emotional states, to interpret others' cues and expression, and to manage, organize, and coordinate emotional

responses; Also includes the intention to help the client/client system share emotional experience,”

could occur not only as part of the “Core Interventions” work done with clients (often undertaken before trauma processing), but also occur in the “Trauma Processing” phase of treatment. Similarly, the practice element entitled “Parent Skills Training/Development”, defined as “Introduction of skills to support effective parenting (praise, positive attention, selective attention, etc.)”, could be used not only to achieve the objective of “Improving Parental/Caregiver Functioning or Competence”, an objective in the “Attachment/Strengthening Relationships” domain, but also to meet the objective of “Building Routines and Rituals”, an objective in the “Safety” domain.

Table 2. Intervention Objectives and Practice Elements by Domain

<i>Domains</i>	<i>Intervention Objectives</i>	<i>Practice Elements</i>
Trauma Assessment	<ol style="list-style-type: none"> 1. Gather Information 2. Identify Grief & Loss 	<ol style="list-style-type: none"> 1. Assess Trauma/Symptoms/Reactions 2. Assess Presence of Trauma Reminders, Triggers, Stressors
Safety	<ol style="list-style-type: none"> 1. Promote Safety 2. Build Routines & Rituals 3. Stabilization 	<ol style="list-style-type: none"> 1. Safety Planning 2. Interventions to Build Routines & Rituals 3. Safety Promoting Interventions 4. Safety Actions
Engagement/General Assessment	<ol style="list-style-type: none"> 1. Develop Alliance/Engagement 2. Explain Phases of Treatment 3. Treatment/Intervention Planning 4. Promote Understanding of Dimensions Important to Treatment 5. Evaluate Treatment Model or Intervention 6. Identify Obstacles to Intervention/Treatment 7. Increase Motivation 	<ol style="list-style-type: none"> 1. Psychoeducation about Trauma and its Impact 2. Interventions to Carry Out Treatment Planning 3. Interventions to Promote Therapeutic Working Alliance/Engagement 4. Assess individual 5. Psychoeducation that is not Trauma Specific 6. Assess Family 7. Generalized Assessment Instruments 8. Assess Eligibility for Intervention/treatment 9. Assess Culture and Religion
Attachment/Strengthening Relationships	<ol style="list-style-type: none"> 1. Build Problem-Solving Skills 2. Improve Parental/Caregiver Functioning or Competence 3. Improve Family Communication 4. Improve Family Interactions/Relationships 5. Foster Attachment 6. Improve Family Structure 	<ol style="list-style-type: none"> 1. Validating Interventions 2. Therapeutic Interventions to Improve Parental Functioning 3. Interventions to Improve Family Interactions & Relationships 4. Attunement Promoting Interventions 5. Developmental Guidance 6. Parent Skills Training/Development 7. Interventions to Strengthen Family Structure 8. Interventions for Circular Causality

Continued

Table 2 (continued)

<i>Domains</i>	<i>Intervention Objectives</i>	<i>Practice Elements</i>
Core Interventions	<ol style="list-style-type: none"> 1. Enhance Affect/Emotional Regulation 2. Enhance Cognitive Restructuring/Regulation 3. Enhance Behavioral Regulation 4. Enhance Capacity for Physiological Regulation 5. Incorporate Cultural Sensitivity and Spirituality 6. Acknowledge the Child's Reality 	<ol style="list-style-type: none"> 1. Feelings Identification 2. Affect/Emotion Regulation 3. Communicating Emotions 4. Intervening to Improve Family Communication 5. Behavior Regulation Interventions 6. Cognitive Regulation/Restructuring Interventions 7. Problem Solving Interventions 8. Social Skills Development 9. Homework 10. Mindfulness 11. Relapse Prevention 12. Relaxation/Stress Reduction 13. Attend to Latent Content 14. Non-Verbal Interventions 15. Interventions to Incorporate Cultural Sensitivity and Spirituality
Attention to Social Context	<ol style="list-style-type: none"> 1. Promote Supportive Networks 2. Address Adversities in the Social Environment 	<ol style="list-style-type: none"> 1. Activities to Promote Supportive Networks 2. Case Management' 3. Assess Social Environment 4. Advocacy 5. Crisis Management 6. Collaborative Intervention Service Planning
Trauma Processing	<ol style="list-style-type: none"> 1. Promote Understanding of Connection Between Trauma and Current Experience 2. Process Trauma Memories/Integrate Trauma Experiences 	<ol style="list-style-type: none"> 1. Trauma-Specific Interventions/Tools 2. Narrative Story Building 3. Interventions to Process/Integrate Traumatic Memories/Experiences
Consolidation/Post-Trauma Growth	<ol style="list-style-type: none"> 1. Promote Post Trauma Growth 2. Build Integrated Sense of Self 3. Promote Adaptive Functioning 4. Make Meaning of Experience 5. Build Family Identity 6. Promote Therapeutic Termination 	<ol style="list-style-type: none"> 1. Termination Rituals/Interventions 2. Interventions to Promote Adaptive Functioning 3. Build Interpersonal Competencies 4. Interventions to Build Family Identity 5. Interventions to Build an Integrated Sense of Self 6. Build Cohesion 7. Meaning Making Activities 8. Strategies to Promote Post-Trauma Growth 9. Intervention for Grief/Loss
Therapist Self Care	<ol style="list-style-type: none"> 1. Attend to Self Care 	<ol style="list-style-type: none"> 1. Interventions to Promote Clinician Self Care

While a determination of the frequency of the codes across the 26 manuals awaits further analysis, the commonality found in these manuals during the coding process warrant discussion. First, there is preliminary evidence that, indeed, evidence-based trauma treatments do contain common intervention objectives and practice elements. This finding was true across all domains but was particularly striking in some.

For example, not surprisingly, almost all manuals articulated the objective of processing the trauma, defined in our codebook as:

“Processing/integrating traumatic memories/experiences – the goal is to develop a coherent, integrated understanding of trauma and of the abusive parent, to unpair thoughts, reminders or discussions of the traumatic event from overwhelming negative emotions, mastering or re-integrating traumatic memories, to re-integrate painful memories, and to build Individual and interpersonal resources to aid in this process.”

The following reflect examples from 3 of the texts reflecting the intervention objective to “Process Trauma”:

- a) “Work with children to actively explore, process, and integrate historical experiences into a coherent and comprehensive understanding of self in order to enhance their capacity to effectively engage in present life” (Blaustein & Kinneburgh, 2010, p. 209).
- b) “The main theme of the ... phase is the establishment of therapeutic communication about the traumatic experience so that the child and family are no longer consumed by the traumatic experience” (Saxe, Ellis, & Kaplow, 2008, p. 127).
- c) “ _____ is designed to help both parent and child understand and modulate their responses to traumatic reminders, to help them find ways to calm and soothe themselves when faced with upsetting feelings, to restore their trust in one another, and to address these misattunements between the parent and the child” (Lieberman & Van Horn, 2005, p. 12).

Another example of commonality is found in what we described as the “Core Treatment Interventions” domain. The practice element “Feelings Identification” was defined as:

“Interventions or strategies to build a vocabulary for emotional experience in self and other, discriminate among emotional states, and to acknowledge the presence of mixed or ambivalent feelings.”

The following are excerpts from three different manuals where this Practice Element entitled “Feelings Identification” was identified, illustrating the commonality of this practice element in many trauma treatment approaches.

- a) “There are several different ways to help children enhance their feeling identification and expression skills.... The therapist can initially ask the child to write down all the different feelings he/she can think of in 3 minutes (younger children may only be able to think of 5-10 feeling words, whereas adolescents will typically identify more feelings than they can write in 3 minutes). This exercise....” (Cohen, Mannarino, & Deblinger, 2006, p. 88).
- b) “Affect identification work often occurs in stages.... Interventions may include: Inviting the child to share daily emotional experiences (e.g. How are you feeling today?) ; Naming emotions in the context of specific experiences (e.g. How did it feel when it happened?). Inviting observation of the

experience of others (e.g. How do you think Jimmy was feeling when....)” (Blaustein & Kinniburgh, 2010, p. 119).

- c) “Use the "Knots" and "Personal Power" thermometers at the beginning and end of each session to guide a child to step back, self-monitor, and share with therapists how they are feeling. It is important to check in with a child periodically throughout a session and the thermometers can be used at any time. This will help the child begin to connect external variables with differences in his or her internal states. Use of the thermometers also provides a means for the therapist to validate a child's ability to 'stop' work that becomes too painful and to remind a child to utilize self-soothing skills.” (Kagan, 2007, p. 106).

These findings and many similar ones across the nine domains lead us to anticipate that continuing commonalities may emerge with a wider application of the codes to all 26 manuals. In the next phase of the coding project all 26 manuals will be coded by an independent coding team.

Discussion

Implications for Social Work Education

As noted above, the findings suggest that there are common intervention objectives and practice elements across trauma treatments. Just as we have found it to be helpful in building foundational knowledge about trauma through the dissemination of the Core Concepts course, it is anticipated that it will be useful for MSW students with only a beginning knowledge of trauma to be exposed to common intervention objectives and practice elements. Learning common practice elements, in particular, may help prepare students for training post MSW in specific trauma treatments. Knowing why and how to do a *trauma* assessment, understanding key components in collaborative treatment planning and case advocacy, and learning some of the common practice elements like affect, behavioral, and physiological regulation, will develop a foundation upon which training in a specific evidence-based treatment can more easily be built. The development of curriculum materials to foster this learning will put MSW students at an advantage in working with clients with histories of exposure to trauma.

Social work education reflects and attempts to imbue in the graduate the core value of the person-in-environment perspective. Results of this project suggest that practice with the child's family and social environment is essential to the delivery of evidence-based trauma interventions for children and adolescents. To prepare social work students for effective interventions will require elaboration of skills in working with traumatized children and their families in the social context. The second phase of curriculum development already underway by the NCTSN CCCT Task Force will assist social work educators with this task. However, new graduates will continue to be frustrated in their ability to deliver effective trauma services if the policy framework for reimbursement does not sufficiently support interventions in the social environment. Social work

education will need to continue to educate students regarding effective policy advocacy as well as effective practice.

Implications for Practice

Many of the implications discussed for social work education apply to current practitioners. However, the authors stress that the purpose of the coding project is to develop a familiarity among social work practitioners with trauma components common across interventions, and not the development of an intervention *per se*. It is critical to recognize that there is no empirical base for the effectiveness of *individual* components in trauma treatment; the research the field has compiled has studied these elements as they have been “packaged” by individual developers for specific target populations with specific modalities. It is the treatment as an entity that has an empirical base, not specific elements, “common” as they may be across trauma interventions. This is stressed in order to dissuade those who might think that because they have training in common elements they can practice trauma treatment. The evidence-based trauma treatments are still the class of interventions that have the *best* empirical support for working with traumatized children and adolescents. It is anticipated that familiarity with common elements will *prepare practitioners for training in a specific evidence-based treatment*.

Implications for Social Policy

Of particular interest was the emergence of three domains which are significantly consistent with the person-in-environment perspective of social work, and which have significant implications for policy. The domains are: 1) Safety, 2) Attachment/Strengthening Relationships and 3) Attention to the Social Context. The first—Safety—often involves interventions in the social environment (family, school, and neighborhood) and with other service providers. The Attachment/Strengthening Relationships domain includes a focus on improving attachment and relationships between the child and significant figures in the child’s environment: parents and siblings, extended family members, staff in residential settings, teachers, and peers. The third—Attention to the Social Context—is specific to interventions undertaken in the social environment, and includes, among others, activities to promote supportive networks, crisis management, and collaborative intervention service planning.

The relevance of these findings is that by and large these interventions involve activities outside of the 45- (or in these times even 30-) minute “hour” of direct client contact for which mental health clinicians can typically claim reimbursement. Intervention objectives (IOs) and/or practice elements (PEs) regarding the need to assure safety from future trauma or interpersonal abuse is a critical prerequisite for trauma treatment, and were found in 7 of the 8 manuals; those related to Attachment/Strengthening Relationships were found in all 8 manuals and IO and/or PEs regarding Attention to the Social Context were found in 7 of the 8 manuals, suggesting how important, and common, these components are for trauma treatment.

Federal and State funding sources, as they become more actively involved in promoting the adoption of empirically-supported treatments, will need to take these

factors into consideration. Innovative examples for such funding streams exist. It is clear that the federal government, through SAMHSA, has taken an active role in forming trauma-based initiatives, researching and discussing trauma-informed care, identifying barriers to implementing trauma informed care and creating dialogue about possible solutions.

Trends related to mental health reimbursement are an obvious barrier to accessible trauma informed care for consumers. The states' and insurance companies' control over the "who, what, how, when, and where" of reimbursement makes implementation of trauma-informed services very challenging. A state example helps illustrate the dilemma. In 2006, the New York State Office of Mental Health announced its Achieving the Promise initiative designed to authorize the single largest investment in children's mental health services in New York's history. As part of this initiative the Child and Family Clinic-Plus Program was initiated in New York State. Within this program, broad-based screening occurred as well as comprehensive assessment, expanded clinic capacities, in-home supports, and evidence-based practice supports. These features provided greater access and flexibility within the system to enhance positive outcomes. By 2009, however, a shift away from the expanded scope had already occurred in New York State with the initiation of a Clinic Restructuring Implementation Plan (NYS Office of Mental Health, 2009). Despite attempts by the New York State Office of Mental Health to soften the impact of this restructuring challenge, there is a dramatic shift occurring in the outpatient mental health service system in New York State. Given that over 100,000 children and families receive services annually from clinics throughout New York State (NYS Office of Mental Health, 2006), the impact is extensive. The shifts will disproportionately affect families with fewer financial resources and the child welfare population who utilize mental health services from clinic settings with few other options available to them.

As Kazdin and Nock (2003) point out, this issue is not limited to New York State. If 20% of the 70 million children and adolescents living in the United States suffer from developmental, emotional, or behavioral problems, then there are 14 million children who suffer from impairments in their functioning. Social policy advocates will need to be vigilant to assure that further legislative changes do not disadvantage traumatized children and their families who are entitled to effective treatments, which will need to include community-based as well-as office-based intervention.

Implications for Research

Assuming that the next phase of the coding project consolidates the identification of common intervention objectives and practice elements in trauma treatment, developing a second phase of the CCCT curriculum will necessitate evaluation. Does education at the graduate level in core concepts and components of trauma treatment prepare students for work with traumatized children and adolescents more effectively than education "as usual"? Does this education in fact accelerate the acquisition of an EBTT? Does in-service training for agency-based practitioners have similar results?

At the direct practice level, intervention studies to investigate the critical or "trauma-specific ingredients" of the social, or person-in-environment practice elements for

effective trauma treatment will be helpful and absolutely essential before the field of trauma treatment considers a move to a common elements intervention approach as advocated by Chorpita and colleagues (2011) and Barth and colleagues (2012). Comparative studies undertaken in environments that allow for provision of all elements of evidence-based trauma treatment in contrast to those environments that do not support the social context elements will also advance the fields' understanding of the relevance of the array of practice elements. There continues to be a need for research that compares different interventions to each other and for research undertaken by investigators other than the developers of individual trauma treatments.

Limitations of the Study

Limitations include the lack of a methodology to calculate statistical inter-rater reliability. There are now methods to do this; lack of time and resources meant that the research team relied on discussion, comparison and deconstruction in our deliberations to establish reliability. The coding manual may have been strengthened by more precise attention to this matter. The review at two additional levels was an attempt to assure the development of meaningful and representative codes. A second limitation is that not all 8 manuals used for this project were child and adolescent *treatment* manuals; one was an intervention designed for post-disaster work. This potentially skews the sample in unexplored ways. A third limitation is that implications are developed based on the coding of a sample of manuals, not all 26. The issues discussed must therefore be viewed as ideas for further consideration, not generalizations that are informed by the research. Fuller confidence in the inferences drawn awaits further analysis of the 26 manuals. While the authors anticipate that these findings may not be so different—partly based on the high level of evidence supporting the 8 trauma manuals used to develop the codes—the findings need to be viewed as preliminary.

Conclusion

As the search for common elements in evidence-based treatments has gathered steam, researchers and practitioners are increasingly turning to qualitative methods to synthesize what is known about empirically supported treatments for a given problem or class of disorders for particular client groups (Bisson et al., 2010; Hsieh & Shannon, 2005; Sburlati et al., 2011). This study adds to the growing literature, serving as an important place-holder for common components across evidence-based trauma treatments in the absence of more rigorous dismantling studies for many empirically-supported trauma interventions. It provides benchmarks for practitioners against which to evaluate a given trauma treatment as well as providing an important knowledge base for trauma education and training.

Evidence-based trauma treatments do appear to have common intervention objectives and practice elements. Incorporating these into social work education and agency in-service training has promise for increasing the preparedness of both MSW students and practitioners for trauma treatment. These evidence-based treatments typically have elements that require activity on the part of the clinician in the client's social environment

and beyond that of office-based direct client contact. This will remain true even with a move toward a “common elements” or modular intervention for trauma treatment.

The emphasis placed on the importance of providing empirically-supported interventions is based on a shared value among mental health providers including social workers, psychiatrists, psychologists, and others of the imperative to provide the best available mental health treatment for children and families. This value resonates with the social work principles of human rights and social justice which assert that children and families have a *right* to the best available health care. If as these results suggest, trauma treatment needs to include person-in-environment interventions, then reimbursement support clearly needs to be expanded to move us in this direction. Social work professionals have the ethical obligation to incorporate new knowledge into education and practice and to advocate for responsible and reliable choices in policies that affect the availability of effective services for traumatized children and their families.

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Client Goals and Dreams: Replacing the Norm of Functioning

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Abstract: *This article examines how knowledge gathering is organized when interviewing a client and designing a treatment plan. When the focus of social work practice is upon adaptation (e.g., achieving a goodness-of-fit), knowledge gathering is organized by the presenting problem or need and the social worker's expertise on human functioning. When the focus of social work practice is upon identity formation (as advocated by postmodern approaches), knowledge gathering is organized by the client's dreams/goals and the client's preferred identity (of who she or he would like to be). Within these postmodern approaches, practice falls into three much different broad phases, encapsulated by the terms "confront, generate, solidify."*

Keywords: *Postmodern, problem-solving model, mimesis, narrative, strengths perspective*

Client goals and dreams play a prominent role in the application of the strengths perspective (Saleebey, 2006) and solution-focused therapy (De Jong & Berg, 2008). They also play a role in narrative therapy (White, 2007), although this role is less articulated than in the above two practices. Yet client goals also play a role—much different in character—in traditional social work interventions that employ the problem-solving model. In addition, problem-solving is used in the postmodern practices—but in a much different way than when employing the problem-solving model. What is the nature of these differences, and are they significant? Postmodern social work practitioners assert a paradigm shift in understanding is necessary in order to understand these differences and successfully apply the above approaches (De Jong & Berg, 2008; Weick, Kreider, & Chamberlain, 2006; White & Epston, 1990). It is this paradigmatic shift that accounts for the radically different foci between traditional, modernist social work practice and postmodern social work practices like those listed above. This paper seeks to elaborate one small ripple of this paradigmatic shift: the roles each that client goals and problem-solving play. First, these roles will be briefly elaborated for traditional practices. Next, the roles that goals and problem-solving play in postmodern practices will be articulated, thus illustrating the paradigm shift in understanding that is needed.

The Problem-Solving Model and Generalist Practice

“Social Workers are problem solvers” is a phrase that is often heard to describe the work we do. While this conception of social workers may be found throughout our history, it took a more definitive shape with Perlman's (1957) celebrated elucidation in her work: *Social casework: A problem solving process*. Today, the problem-solving model is deeply embedded in social work's understanding of the helping situation. As Turner and Jaco (1996) note, “It [the problem-solving model] seems to have been so completely absorbed into much of social work thought and process that it has essentially

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become the basic method that underlies much of practice in addition to the generalist approach” (p. 519).

The problem-solving method is an outgrowth of the profession’s embrace of scientific knowledge to guide practice. This is because the problem-solving method seeks to employ the basic principles comprising the scientific method: the impartial gathering of data and hypothesis testing. As the hypotheses to be tested take the form of potential remedies to a client’s problem, it is easy to see why the presenting problem or need becomes a major mechanism for organizing information into relevant and irrelevant categories.

There are two underlying concepts of the modernist paradigm of note here—adaptation and causality—which shape the roles that problem-solving and client goals play. Interweaving seamlessly with generalist process steps, the problem-solving approach views the client as possessing a presenting problem or need—the issue that has triggered services. This presenting problem and the efforts to solve it consequently hold much influence over the process steps that are followed. When gathering information, the presenting problem or need serves to define what information is relevant (in some way causally connected to the presenting problem or its remedy—seen as successful adaptation, or goodness-of-fit) or irrelevant (not connected to the presenting problem or remedy); it defines the nature of the assessment (seeking the causal factors contributing to the presenting problem and the resulting areas of adaptive need); and it defines the intervention (that addresses these causal factors in some manner to remedy the areas of adaptive need). The danger here is not in the correctness or incorrectness of the problem-solving model, but rather that its dominance goes unexamined by students and practitioners. Typical practice textbooks (e.g., Gambrill, 2006; Hepworth, Rooney, & Larsen, 2009; Johnson & Yanca, 2009) make no special mention that they are adopting the problem-solving model; its ubiquitousness has come to present itself as a fundamental feature of social work itself. Consequently, this makes the consideration of much different models of practice—most notably postmodern approaches—more problematic; hence, the need for a paradigmatic shift in one’s thinking if one wishes to successfully employ these much different models of practice.

Client Goals as a Process Step

In modernist practice, there is no “problem-solving” phase in the generalist process steps. Rather as noted above, problem-solving (within the framework of causality and adaptation) serves as the theme, or overarching concept, guiding the entire generalist process steps of study/interview, assessment, goal setting, contracting, intervention, and evaluation. As Turner and Jaco (1996) aptly note: “problem solving draws a conceptual map to guide both worker and client through the stages and steps involved in a change process...” (p. 504). Client goal setting, by contrast, can be seen as a specific phase in the generalist process steps.

And as is the case with all the specific process steps, creating client goals with the client is necessarily guided by the concept of problem-solving, which furthermore, is built upon the concepts of adaptation and cause-effect. Thus for example, goals gain

recognition and relevance in direct proportion to how they are able to address or circumvent causal variables of the presenting problem and consequently advance the client towards a solution. The solution is framed as a restoration of or further promotion of functioning (i.e., enhancing adaptive fit). Consequently, goals are viewed as the client's attempts at adaptation (either through making personal changes or changes in the environment). The generalist process steps encourage these goals to arise during the assessment phase (Birkenmaier, Berg-Weger, & Dewees 2011; Kirst-Ashman & Hull, 2009). The interview phase is devoted to gathering the necessary information to start developing hypotheses concerning the presenting problem. During the assessment phase is when plans are collaboratively developed to address the presenting problem. Hence, client goals perform the function of seeking to advance the problem-solving process through moving the client toward the sought after ideal of normal/healthy functioning. They provide a plan of action and then an evaluative component via concrete measurable steps to mark the client's progress towards this ideal.

Typical hospital social work provides a good example of this process. The goal is to return the client to a level of functioning appropriate for discharge. The social worker gathers information concerning possible impediments to this level of functioning once the client is to return home (e.g., stairs, lives alone, etc.) and seeks remedies to address these impediments. This hospital social work case example may also serve to illustrate the notion of "starting where the client is" within a modernist context when developing goals with the client. The presenting problem is the current medical condition from which the client is rehabilitating; typical client concerns and goals will naturally relate to this problem (i.e., getting well and leaving the hospital). The key themes of adaptation and understanding cause and effect are drawn upon to shape the intervention (i.e., the human action necessary to achieve the client goals). And this approach may achieve satisfactory results in a number of cases.

Yet drawing upon the work of Foucault (1991/1975, 1994a/1963, 1994b/1966) and his notion of a discourse that shapes knowledge generation, the postmodern critique argues that the dominant discourse circulating within a societal setting (in this case, themes of adaptation and cause-effect) will shape the knowledge generation of all the parties involved: clients and the social worker are equally affected. Hence according to this critique, when "starting where the client is," the client is starting within the dominant discourse and his/her goals will reflect this. Modernist practice does not pay any attention to the discourse shaping knowledge generation; it remains science-based regarding its interventions. As will be elaborated shortly, postmodern practice consists of examining this discourse, and confronting it when it acts to disempower the client.

Postmodern Practice

Operating from a different paradigm, postmodern insights cannot be simply folded into the problem-solving approach, despite efforts by some to do so (e.g. Hepworth et al., 2009; Johnson & Yanca, 2009). This is because they are built upon new philosophical assumptions at the most fundamental level of knowledge: embracing phenomenology as an alternative way to conceive of reality, and embracing social constructionism as an alternative way to verify true knowledge. These fundamental postmodern philosophical

assumptions privilege language and culture in how we understand the human condition, and thus, postmodern approaches turn to the humanities for guidance in the intervention process. This in turn has profound implications for how social welfare and practice is conceived, which then dramatically sets these practices apart from traditional, scientific (i.e. modernist) approaches to practice.

For example, take the following quote by Saari (1991) which sharply illustrates the paradigm shift in understanding taking place concerning the broad focus of intervention efforts:

The perspective taken in this book asserts that the adaptive point of view has provided an inadequate foundation for clinical social work theory. A theory of meaning in which psychological health is indicated by a constructed personal meaning system (or identity) that is highly differentiated, articulated, and integrated is proposed to take the place of conceptualizations about adaptation (p. 4).

The scientific concept of adaptation serves as the broad theme for the problem-solving model, a theme that serves to organize information into relevant and irrelevant categories. This is not the case for postmodern practice. Instead concerns over identity—more specifically the client's preferred identity of who he/she would like to be—serve as the broad theme for organizing information into relevant and irrelevant categories.

Mimesis

One reason concerns over identity gain such prominence in postmodern practice is because the humanities offer us a much different theory to explain the fundamental causes of human action than Newtonian notions of cause-effect (which is a theory to describe the motions of objects). This much different theory is mimesis, first offered long ago by Aristotle (1996/c. 335 BCE), and more recently as part of the postmodern movement, updated by Paul Ricoeur (1984-88). While an extended treatment of this theory's application to social work has been given elsewhere (Dybicz, 2010), simply put, mimesis states that we each have an image of who we are and who we would like to be. The literal interpretation of mimesis is "imitation"; one's actions imitate the identity of a preferred future image of oneself. As Davis (1992) notes, "All human action is always an imitation of action—Achilles is living up to his own image of himself...like all brave men, he wants 'to die like Achilles'" (p. xviii). Ricoeur (1984-88) further refines Aristotle's notion of mimesis via describing its dynamics when operating within a Foucaultian discourse.

Thus mimesis is a theory advancing the concept that an image of who we would like to be (based in the future) is what motivates one's present actions. So for example, think back to the time when you were enrolled in a social work program studying to become a social worker. Were your actions of attending class and doing homework motivated by causal factors in your past that shaped your personality? Or were your actions motivated by the goal or dream you had of being a social worker in the future? Mimesis argues the latter. While mimesis does not discount the possible truth of the former, if one is seeking to promote change in human action as we do in social work, mimesis shifts the focus (to

the future) as the means to promote this change. Thus the notion that we look to the future to explain present human actions rather than to the past—and do the same to promote change in present actions—illustrates one aspect of this paradigmatic shift in thinking that needs to occur. This shift in thinking lends great importance to a client's main goal when initiating services, as this goal speaks to the notion of who the client would like to be.

The Process Steps of Postmodern Practice

Being based upon different philosophical positions than modernism, postmodern practice approaches consequently are fundamentally different in a number of ways. Most prominently, the two organizing structures for sifting relevant from irrelevant knowledge are the client's goal (rather than concerns over adaptive fit), and the client's preferred identity (instead of social scientific causal knowledge of human functioning). Consequently, the primary steps of intervention from the generalist model—"interview, assessment, intervention"—are no longer valid within a postmodern approach as they represent a problem-solving process guided by the overall theme of adaptation. Rather, as will be explained below, the process steps of a postmodern intervention can be described as "confront, generate, solidify." These steps reflect a process of consciousness-raising that guides the overall endeavor. The master narrative (i.e., social construction) that acts to disempower the client is confronted, then an effort is made to generate and explore new possibilities of being "who I can/want to be" (i.e., new possible identities). Once a new possible identity arises and is embraced, the endeavor turns toward solidifying this social construction so that it achieves the necessary level of verisimilitude. Thus the articulation of identity replaces the theme of adaptation, as was noted by Saari (1991).

Within a postmodern approach, the client is viewed as struggling under a master narrative that is oppressive. Let's use the example of Bob, who suffers from schizophrenia and is receiving Supplemental Security Income (SSI). In Bob's case the oppressive narrative is the following: a "normal" adult male should be symptom free and a self-sufficient, productive member of society. While this particular narrative serves a purpose for broader society (as a norm of human functioning), for Bob as a unique individual, the narrative becomes oppressive because it paints him as a failure. Thus the challenge becomes how to socially construct a new narrative that paints Bob as a "normal," hence valued, member of society (his preferred identity) while at the same time recognizing the existence of the presenting problem (his schizophrenia). This often will occur by creating a theme that depicts the client as someone who is valiantly struggling against an oppressive force. Hence, the fact that the client sits before the social worker is not an indication of a lack of fit with one's environment (as is the case when the focus is on adaptation). Rather (when the focus is on articulating identity), it is a testament of the client's strength; that despite facing all the various travails of the problem, the client has survived, and in some areas of his/her life, maybe even thrived—and that these strengths and successes can speak to empowering identities for the client. An example of this dynamic is captured in the following quote by Saleebey (1994):

These individuals, almost without exception, began to construct a life—collaboratively—that no one could have predicted. The interesting thing is that

they did this “in spite of their illness.” In fact, their symptoms may have occurred at the same level, but the other parts of them became part of their unfolding story: “me as employee,” “me as piano player,” “me as driver,” “me as spouse and parent.” The symptoms move into the background of a much richer symbolic ecology (p. 357).

Confront

When the focus of the intervention revolves around the articulation of identity as the means to change behavior (via mimesis), then the first step in this consciousness-raising effort is to help the client move away from being overly defined by the presenting problem. This social construction must be confronted and dethroned from its “truth” status and revealed for what it is: simply one possible social construction. This is often difficult to accomplish, as this social construction is based within strong societal and scientific norms of proper functioning. By the very fact that the client is experiencing a problem and thus is unable to adapt on his/her own, the client’s image of him/herself is undercut. This begins to limit the horizons of possibilities of the client imagining “who I can be.” The preferred self image—of being “normal”—is not reached until the problem is resolved. Until that time, the client’s self image suffers. So for example, Bob can never truly be “normal” until his symptoms stop (e.g., hearing voices). Thus, if the client suffers from a chronic condition (such as schizophrenia), the restoration of the client’s self image will never be achieved because he/she will never be able to view her/himself as normal.

The technique used to confront such a strong narrative is known as making the familiar strange; this technique arises from postmodern theorist such as Bakhtin (1984/1929) and his notion of the carnival and Wittgenstein’s (1968) notion of attending to backgrounds (O’Conner, 2002). Such a move illuminates the realization that qualities of existence that previously held great importance no longer do so in this new context. Thus, qualities such as schizophrenia are still recognized, but lose their central role in defining the client. There are many ways such a move can be undertaken. For example, White and Epston (1990) accomplish this move in narrative therapy with their technique of externalizing the problem. Externalizing the problem metaphorically depicts the problem as a force the client must struggle against, thus effectively excising it from the client’s identity. De Jong and Berg (2008) do the same with the miracle question in solution-focused therapy. The miracle question asks the client to imagine a future in which the problem no longer exists; hence, it is used to spark the client’s imagination to facets of identity unburdened by the problem. And the strengths perspective accomplishes this through conscientious use of the strengths assessment (Rapp & Goscha, 2006). The strengths assessment acts a canvas upon which alternative, empowering identity features can be considered. These three techniques are used to engage the client’s imagination, and by so doing, serves to dethrone the truth status of the problem-saturated narrative shaping the client’s identity.

Generate

Once the client gains an awareness that there are multiple possibilities in how to organize his/her lived experiences (that is, multiple ways in which to construct the narrative of his/her life in relation to the presenting problem), the client is able to take a more active, conscious role in generating a social construction. Again, this involves an appeal to the client's imagination and represents the consciousness-raising process that must occur in the client. At first, the client's lived experiences are organized for him/her by a social construction of society based within a norm of functioning; this is because understanding is occurring at an intuitive level. When the client understands that this norm-of-functioning social construction is not the only (or most correct) way to organize his/her lived experiences, he/she begins to consciously contribute to this process.

The generation of a new social construction occurs through organizing the client's lived experiences around the client's preferred identity ("who I want to be") and the client's ultimate goal (the "end" of the story). As the client is in the best position to elaborate both of the above criteria, this is what prompts the tag line "the client is the expert" (Anderson & Goolishian, 1992; Goldstein, 1990). The social worker's role is to provide advice and support in this generative process; hence, the metaphor of author/editor (Goldstein, 1990; Saleebey, 2006; White, 2007) used to describe the client/social work relationship and collaborative process.

Now a client will often state that his/her ultimate goal is the end of the problem. But in attempting to help the client articulate his/her identity, a good editor asks the client to reflect more deeply, to find the theme supporting this goal. Why is the termination of the problem desirable? What is accomplished? What does the client receive? For Bob, the amelioration of his problem may speak to images of independence and feelings of worth to society—sentiments that have been diminished since his schizophrenia began. This theme is then something which informs the client's preferred identity (wanting to be a "strong" and "capable" man). By consciously choosing to change the plot of Bob's social construction—to that of a man named Bob, valiantly struggling against the negative force of schizophrenia (an externalized conception of his condition), Bob does not have to wait till the end of the story to capture his preferred identity of being a "strong and capable" man or to realize the theme of independence and worth to society. This begins to happen immediately because his strengths and the successes he has achieved—in spite of his illness—are highlighted. Furthermore, this new narrative construction continues to strengthen each day, as Bob makes progress towards his goal of achieving greater and greater levels of independence.

These approaches emphasize a future orientation and rely upon the client to imagine an end of his/her story with a new theme (to replace theme of the dominant social construction of adaptation accomplishing a return to normal functioning). So the client's ultimate goal serves the role of defining the end of his/her story and thus bringing into focus the theme of the social construction as it relates to the client's identity. It is in this way that the client's goal is crucial to articulation of the client's empowering social construction.

Solidify

It is not enough to simply generate a new narrative. This new narrative must gain a strong enough level of verisimilitude for the client to begin basing his/her actions upon it. For the client to begin basing his/her actions upon the identity arising from the empowering social construction, being a *social* construction, it must gain recognition in the social arena. The client does not need the whole of society to agree with his/her newly constructed counter narrative, but he/she does need important people in his/her life to agree to it.

Thus the strengths perspective (Rapp & Goscha, 2006; Saleebey, 2006), solution-focused therapy (De Jong & Berg, 2008; De Shazer et al., 2007), and narrative therapy (White & Epston, 1990; White, 2005) each make use of family members, friends, teachers, etc., to strengthen the counter narrative by sending a message to the client, “yes, I see you this way too.” The social worker sends this message as well. In narrative therapy, White and Epston (1990) also make use of “outsider witnesses” to contribute to this process. Once the client’s narrative becomes solidified, the client will achieve a moment of intellectual insight wherein his/her actions will no longer need to be consciously directed. Rather, the empowering social construction’s replacement of the dominant societal social construction becomes so complete that the client understands this new way of being-in-the-world on an intuitive level, and thus his/her actions become directed by this new intuitive understanding.

Client Goals as an Organizing Structure

With the articulation of identity being the defining concern for postmodern interventions, consciousness-raising concerning articulating the client’s identity replaces problem-solving as the process guiding investigations. Consequently, this consciousness-raising endeavor prominently features client goals as a vehicle in which to advance the articulation of the client’s identity. Client goals—in representing the “end” of the client’s alternative construction—play a key part in defining “who I want to be.” They also help the client redefine “who I am” by encouraging the client to look for strengths and successes related to these goals. In this manner, client goals replace expert knowledge on normal functioning as the desired endpoint organizing relevant and irrelevant information. In addition, the very process of forming goals is part of the consciousness-raising process (i.e., “treatment”). Working with a client to formulate goals is what contributes to the construction of a new identity. So as opposed to the modernist paradigm, where the formation of goals arises from the assessment and is a specific phase in the intervention process (Compton, Galloway, & Cournoyer, 2004), in the postmodern paradigm the formation of goals guides the entire intervention process, beginning immediately when interviewing the client.

Problem-solving is still relied upon, as there will be many obstacles along the client’s path toward his/her goal. In both the problem-solving approach and postmodern approaches, clients describe their problems and the social workers assist them in finding solutions. The key difference in the postmodern approaches is that the problem-solving activity does not involve a search for (Newtonian) cause-effect mechanisms that have

contributed to the problem. As De Jong and Berg (2008) note, “We ask for fewer details about the nature and severity of client problems, and we do not ask for possible causes of the problem” (p. 17). With its emphasis on the articulation of identity, postmodern approaches embrace mimesis as the theory of causality to promote change in human behavior, and thus, they focus upon the future. As noted above, client goals serve as the overarching concept in assisting the client to articulate his/her identity. In this context, problem-solving acts in the supporting role, serving as a tool to help move the client toward his/her desired goal. This dynamic is illustrated by the following case anecdote from the strengths perspective:

Once a trusting relationship had been established, Mrs. J. divulged that she hated the idea of living in a home and going to day centers, and that she really wanted to be the Queen [of England]. She challenged the Practitioner to work toward that aim. Without promising too much, the Practitioner began to work out with Mrs. J. what she felt the Queen did that was worth aiming for. It emerged that Mrs. J. believed that the Queen did not have financial or administrative worries, she always knew where she was going to live, people respected her because she helped them, and most importantly, she had “companions” and “ladies in waiting” who helped her and kept her company. The subsequent assessment stated that Mrs. J. needed a strong sense of financial security and the guarantee of help with day-to-day organization, she needed to move to one location and be promised that she need never move again, she needed to feel that she was helping people and feel respected for it, and she needed some “old-fashioned” companionship. Mrs. J eventually began considering sharing a house with another person being discharged who was already a firm friend and an effective organizer both of good works and administration (Bleach & Ryan, 1995, p. 175 as quoted in Rapp & Goscha, 2006, p. 133).

For the social worker, it did not matter that Mrs. J’s goal was delusional, and thus unreachable as stated by her. Rather, by focusing upon the articulation of identity the case manager used her goal of wanting to be the Queen of England as an organizing tool to search for ways that would speak to this identity of feeling “queenly.” No attempt was made to seek the cause of this delusion or of any other symptoms she may have been expressing. Rather, problem-solving was used—in the form of finding a friend being discharged and possible housing—as the means to help move her along the process of articulating this identity.

Hence, the roles of client goals and problem-solving are reversed in postmodern practice. In modernist practice, problem solving acts as the overall theme guiding the change process and client goals act in a support role as a tool to help move the client toward the desired solution (normal functioning). In postmodern practice, client goals act as the overall theme guiding the change process, whereas problem-solving serves in the support role of aiding the client to advance towards her/his goals and the subsequent articulation of the client’s preferred identity.

Conclusion

It is important to note that the postmodern critique of modernist practice is not a critique of scientific knowledge itself, as some misunderstand (Thyer & Myers, 1999), but rather, of how scientific knowledge is used. When one's understanding of human action (i.e., causality) is based upon *defining identity* (i.e., mimesis) rather than *explaining behavior* in terms of Newtonian cause and effect, the parameters defining the change process radically shift. Advocates of the strengths perspective (Weick et al., 2006), narrative therapy (White & Epston, 1990), and solution-focused therapy (De Jong & Berg, 2008) each claim that practitioners must undergo a paradigm shift in understanding in order to correctly practice their approach. Undergoing this shift is often a very difficult journey for practitioners and students to embark upon for the very reason that many elements of practice are present in both. If we view the concept of "social work" itself as a social construction, this shift represents a shift in meaning and understanding that occurs when social work is conceived as taking place in a different (i.e., postmodern) context. The existent qualities of social work do not change. Social work (at the micro level) remains an endeavor where social workers are involved with linking clients to services and providing counseling. In addition, social workers make use of scientific knowledge of human functioning as well as assist clients in problem-solving efforts. However, these two qualities occupy center stage in a modernist context—playing the central role of organizing knowledge gathering and directing intervention efforts. When operating from a postmodern context these qualities do not disappear. Rather, they move to the background and play the part of a supporting role. This is the shift that practitioners must understand.

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Policymaking Opportunities for Direct Practice Social Workers in Mental Health and Addiction Services

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***Abstract:** Direct practice social workers have potentially significant policymaking opportunities as mediators of top-down policy and as creators of policy where none exists. The power they possess stems from their ‘on the ground’ expertise and the discretion available to them in making practice decisions. By understanding their power as “street-level bureaucrats” they can significantly improve policy. Drawing on policy issues in mental health and addictions services, this article illustrates how social workers can use their power in an ethically sensitive manner to enhance policy outcomes for clients.*

***Keywords:** Policymaking, social policy, direct practice, mental health services, addiction services, social work education*

Many direct practice social workers tend to ignore or dismiss their role in policymaking; they think of it as a top-down process for elite governmental and organizational policymakers and not something they should be concerned with (Sherraden, Slosar, & Sherraden, 2002; Weiss-Gal & Levin, 2010). They tend to overlook opportunities to shape policy as they implement it or to provide input into the larger policy development process (Westhues, 2003).

When social workers are not aware of their power to influence policy, they may inadvertently reinforce dysfunctional policies or fail to utilize opportunities to make positive changes. But when they are aware of their power they can use their on-the-ground expertise and discretion in an ethically sensitive manner to positively impact policy. They can a) provide input to policy planners, b) shape existing policy as they provide services, c) create policy in their practice domain where none exists, and d) encourage clients to become involved in policymaking.

To impact policy, social workers must understand the nature of policy, their power to influence policy, and the strategies available to them to make policy. The mental health and addictions field will be used to illustrate the ways in which practitioners can shape policies. Similar opportunities are likely available in other fields of practice.

Policy and the Direct Practitioner

Policy is often misunderstood to be solely the domain of the elite. According to this view, the President, Congress, the Courts, major federal agencies such as the National

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Institutes of Health (NIH) and Substance Abuse and Mental Health Services Administration (SAMHSA), in concert with their counterparts at the state level determine policy (Gerston, 2004). At the local service-providing level, policy is often misunderstood as solely the responsibility of agency staff occupying roles such as organizational leaders, managers, and policy analysts. The source of these misunderstandings is the assumption that policy is what is promulgated. Instead policy should be understood as the typical course of action or what is actually implemented.

The pivotal importance of implementation is reflected in definitions of policy that refer not only to what is promulgated or intended but also to what actually happens. Pressman and Wildavsky (1979) make implementation the key as they assert that so-called policy is only “a collection of words” and “exhortation.” Written policy, they argue, “is a point of departure for bargaining among implementers” (p. 180). It is not necessary to fully accept this proposition to appreciate the importance of implementation. Unintended or unforeseen outcomes (some favorable and many not) are a consequence of the implementation of policy. Both the intended and unintended outcomes flow from the numerous decisions social workers and others make as intermediaries shaping policy outcomes (Westhues, 2003).

Whether aware or not, direct practice social workers inevitably mediate the intended policy because the policy rarely comes down the chain of command with instructions detailed enough to implement the policy. Discretion is inevitably involved as decisions must be made to interpret the policy or adapt it to the present circumstance. Even Medicaid rules and regulations, which are numerous and explicit, leave room for discretion as decisions are made about what services the person's need justifies. Most other policies come with fewer directives and constraints. For example, person-centered planning, a broad policy framework endorsed by many agencies relies even more heavily than Medicaid does on social workers' and others' discretion as they mediate the policy. Thus, in mediating top-down policies or taking concrete action to implement a general guide, social workers influence the “what happens” or the on-the-ground course of action.

The Policymaking Power of Direct Practice Social Workers

As policy implementers, social workers have been held up as wielding considerable power to influence policy (Schorr, 1985; Scott & Davis, 2007). Lipsky (1980) suggested this power arises from their role as “street-level bureaucrats,” whom he defined as “lower participants in the organization.” Earlier Mechanic (1962, p. 352) had observed that these lower participants impact policy outcomes owing to their “commitment, effort, interest, willingness to use power, skills, and attractiveness.” The power of street-level bureaucrats has been explored in a large body of research. In their authoritative text Scott and Davis (2007) conclude that:

while it is widely presumed that policies are determined by political leaders and high-ranking officials, a vast body of research on [policy] implementation suggests that a variety of factors—poorly specified or conflicting objectives, inadequate budgets, weakness of authority, misdirected incentives, existing work routines of operational personnel—transform policies so that the actions of

“street-level bureaucrats” differ markedly from the intentions of those who designed the programs but establish the meaning of the policies. (pp. 318-319)

Lipsky (1980) specifically included social workers among street-level professionals, along with lawyers, doctors, and teachers, who he said were expected to use their discretion on behalf of their clients. That discretion is inherent in social work roles has been documented by Evans and Harris (2004). Discretion, however, is not always a ‘good thing.’ Its misuse has also been observed particularly in under-resourced public agencies settings (Brodkin, 1997; Smith & Donovan, 2003). Counter observations, however, have been made. Evans’ (2011) research suggests that a professional culture promotes the positive use of discretion. He found that the professionalism of mental health workers protected clients from managerialist values that would undermine client interests.

An illustration of the positive use of discretion is when direct service practitioners use their discretion to address shortcomings of established policies by creating new ones. For example, social workers have initiated harm reduction policies out of concern for clients unable to commit to abstinence-based programs. Similarly, social workers and other mental health professionals have created programs to re-engage relapsing clients in addiction-related services (White & Kelly, 2011).

Establishing informal policies is another way discretion is positively exercised by social workers. The decisions they make to create referral patterns or procedures for inter-agency coordination have significant consequences for clients. Other informal or unwritten policies may affect clients who, for example, decline to take prescribed psychiatric medications, or show up in a drug treatment program with signs of having used. To the extent that direct practice social workers decide how to handle these situations they are policy makers.

Finally, social workers can also shape policy by participating in online surveys and community meetings, and where available, directly in policy deliberations. However, since the meaningfulness of these options varies, social workers will need to think carefully about when these opportunities represent effective input strategies (Woodford, 2010).

Three Policymaking Strategies for Social Workers

Providing input to “top” policymakers. Since elite policymakers are usually far removed from the situations the policies are meant to address, they need to tap the experience of those immersed in the situation (King, Feltey, & Susel, 1998; SAMHSA, 2011). Elites need to know the answers to several questions: What needs exist? What options would be most effective? When policy already exists, how well is it working? Are the intended outcomes being achieved? What modifications or revisions should be considered? Without input and feedback, including client feedback, from the practice level, these questions cannot be answered. Needs assessments and client satisfaction surveys fulfill some of this function but since they have limited utility in determining service effectiveness or explaining why things happen they need to be supplemented. Social workers with first-hand experience need to share their insights with policymakers being careful to ensure that their clients' interests, and not their own, get the emphasis.

This form of input and feedback is what C. Wright Mills (1959) insists is necessary to solve problems.

Know that many personal troubles cannot be solved merely as troubles, but must be understood in terms of public issues ... Know that the human meaning of public issues must be revealed by relating them to personal troubles—and to the problems of individual life. (p. 226)

Providing input to policy elites is something that all social workers should consider. And yet it is something that not all social workers are prepared to do. However, all direct practice social workers are inevitably involved in mediating policy and they must make wise use of their discretion.

Mediating existing policy. Effective use of discretion requires social workers to be aware of the play or degrees of freedom in human service organizations (Dolgoff & Gordon, 1981). Play in the system or places where practitioners make choices are everywhere and often intentional since no policy can cover all contingencies. A number of guides are available to “street-level” social workers who wish to use this freedom to tailor programs to the individual needs of their clients (e.g., Dodson, 2009; Maynard-Moody & Musheno, 2000; Watkins-Hayes, 2009).

Two evidence-based SAMHSA programs—Assertive Community Treatment (ACT) and Family Psychoeducation—illustrate the play in the system (SAMHSA, 2008, 2009). ACT, an intensive, 24/7 outreach program for people with severe mental illness leaves many choices to the discretion of the social worker implementing the program. To be considered a faithful model, a panel of clients (about 100) is served by a multi-professional staff in a low client to staff ratio (about 10:1). The program design favors work at the client’s residence or in other community settings. Staff often work side-by-side with clients engaged in tasks such as shopping and getting to doctor’s appointments. Despite design features that are more concrete than what is found in most programs, several key program characteristics are not specified. For example, social workers and other mental health professionals are (wisely) left to decide the frequency of client visits. The choice of program theory backing up the service activities is also left to the discretion of the social workers and other professionals. Even the basic requirement of 24/7 coverage is subject to interpretation and mediation as practitioners (along with managers) decide how they will cover the peak and low demand times of the day. And while the model calls for a variety of professionals, there is considerable discretion at the agency level in deciding the final mix of professions and peer support specialists. The basic idea is that every local adaptation, even those adhering to fidelity requirements, results in a unique interpretation of the model.

At first glance, another of SAMHSA’s mature and more fully developed, evidence-based programs, family psychoeducation might seem to provide less room for discretion than ACT. Family psychoeducation specifies that programs must be offered for a period of at least six months. Additional standards and guidelines are set forth in several detailed booklets, each of which runs to more than 20 pages covering the following topics: supporting evidence, getting started, building the program, training, evaluating, and using multimedia (SAMHSA, 2009). But even in the faithful implementation of these detailed

guidelines, many important decisions are left to the discretion of social workers and other professionals. They decide, for example, on the relative priority and sequencing of the educational topics, and they decide who will present on these topics. Thus, they decide in a substantial way the educational content of the program.

Many of the guidelines or recommendations associated with the other four SAMHSA evidence-based practices kits (supported housing, supported employment, illness management and recovery, and integrated treatment for co-occurring substance use and psychiatric disorders) require similar choices on the part of those implementing the policy. Thus, much of what actually happens is determined by social workers and others implementing the program. And in programs more generally, there is the paradox that the more numerous the rules, the more the discretion practitioners have in deciding which ones to follow (Evans & Harris, 2004). On the other side many social workers will find themselves in situations where there are few rules and policies to guide them.

Creating policy where none exists. Since policies cannot cover every eventuality, social workers must develop policies. With online technology, for example, social workers have choices to make about emailing clients, recommending treatment-related Internet sites, and advising about online self-help groups or chat rooms (Edwards & Hoefler, 2010). As another example, they may enact a policy (perhaps wisely left unwritten) to suspend paper work when it interferes with client services. On a smaller scale they may decide when it is appropriate to send notes or cards such as birthday greetings to children or sympathy cards to adults.

Larger scale decisions offer choices about what services to offer, and in what priority, which in turn often force choices between case management, education, therapy, and resource development. Then decisions must be made about whether these services will be offered in individual, family, or group formats and what theories will be used to guide them (e.g., attachment, psychodynamic, cognitive, social learning, etc.). Still more decisions must be made about the location of the services—in the home, agency office, or community site such as a park or coffee shop. In all of these decisions social workers, making wise use of their discretion, can affect positive policy outcomes.

In choosing theories and service models, social workers must not assume that a commitment to evidence-based practices simplifies choice and reduces opportunity to contribute to policy (Cohen, 2011). Even if preference is given to certain theoretical frameworks, social workers need to be aware of variables such as relationship quality that need to be managed (Duncan & Miller, 2006; Wampold, 2006). In their review, Norcross and Lambert (2006) conclude that therapist characteristics and therapist commitment to the particular treatment combined with the quality of the relationship account for the largest part of the variance in treatment outcome. The specific treatment intervention, they conclude, accounts for a smaller part of the variance (Baker, McFall, & Shoham, 2009). Thus, social workers need to understand that commitment to evidence-based practice does not exempt them from decisions to be made about the development and maintenance of an effective relationship (Luborsky & Barrett, 2006). Scaling up and looking ahead, decisions must be made about how to recruit social worker therapists with

the appropriate characteristics and help them acquire a confidence inspiring theoretical system to guide their therapy (Duncan, Miller, Wampold, & Hubble, 2010).

From the standpoint of choosing interventions, hundreds have been designated as empirically supported or evidence based (Chambless & Ollendick, 2001; SAMHSA, 2013). Choosing among them involves considerable judgment given the ambiguous and often-contested nature of the empirical support associated with particular interventions (Shedler, 2010) and the need to adapt them to local circumstances (Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004). Inevitably the decisions about which treatments to master among the unmanageably large number must take into account the situations in which they are likely to be used (Staller, 2006). Thoughtful decisions about these matters can have a profound positive effect on client outcomes (Glasner-Edwards & Rawson, 2010).

The ongoing evolution of managed care is another arena of policymaking opportunities. The current bias favoring psychopharmaceutical drugs stands out as requiring examination. But even when psychotherapy is readily available, it is constrained by a subtle bias favoring designs modeled after dose-response pharmaceutical interventions rather than a mutual client-therapist process (Bohart, 2006; Greenberg & Watson, 2006). Social work values and research mandate that clients cannot be treated as merely passive responders to psychotherapeutic interventions. They must be engaged in morale enhancing, resource generating, self-efficacy building practices (Duncan et al., 2010). Such practices embedded in empowering models are needed to tackle the range of complex person-in-environment problems, such as homelessness, unemployment, interpersonal violence, and relationship disruption. In contrast, models narrowly tied to DSM IV problem definitions limit and distort the way many real-world problems can be understood and addressed (Cohen, 2011). Social workers must use their discretion to move toward policies more attuned to the realities of practice.

Implications for Practice

Practitioners are well positioned to influence policy. They can provide input to elite, top-down policy makers. Because of play in the system they make policy in their own service agencies and the field of organizations within which their agencies are situated. Even in well-developed programs like ACT, they make choices and thus shape the course of action for clients. Lastly, they create policy where none exists or where directives or rules conflict. Social workers need to be aware of how these opportunities manifest themselves in an agency context. The following list of questions is meant to raise awareness about the opportunities to influence policy in mental health and addiction service agencies.

Agency Policy Questions

Client Demographics. From a social justice perspective, who are the clients, and who are not clients? What barriers block access for certain groups of people? Are minorities affirmatively included? Are people from all socioeconomic backgrounds treated equitably? Are criteria about severity of illness or level of functioning appropriate?

Mission/Vision. Are agency mandates firmly focused on recovery rather than limited to the control of symptoms and maintenance of functioning? Do clients with substance use disorders have the option to pursue recovery with and without the assistance of medication? Has the agency drifted from its core mission?

Organizational Climate. Do clients experience the climate as warm and friendly or cold and bureaucratic, proactive or reactive, generous or withholding, orderly or chaotic, and efficient or inefficient?

Services. Is there an appropriate mix of services (e.g., medication, counseling or psychotherapy, ACT, clubhouse, psychoeducation, and transitional housing)? Are there gaps? Are the values guiding programs appropriate (e.g., is the family viewed as a resource in psychoeducation programs and ACT programs)? Is employment a goal in case management? Does staff facilitate client involvement in NAMI, the Depression and Bipolar Support Alliance, and other self-help groups? When substance use disorders need to be addressed are clients linked to the recovering community and 12-step groups?

Quality of Services. Is there appropriate fidelity to evidence-based program models? Is there an appropriate balance between fidelity and adaptation to local circumstances? Is attention paid to client preferences, enhancing motivation, and building healthy relationships? Are appropriate feedback mechanisms in place to monitor and correct problems? Are staff qualifications appropriate? Are workloads appropriate?

Budgetary Priorities. Are the allocations to various service units appropriate? Are they in proportion to service demand and needs?

Governance Issues. Do consumer, self-help and recovery community representatives participate in board, task, and advisory groups? Does NAMI, for example, participate in search activities for key staff? Do consumer and family representatives participate in the awarding and monitoring of contracts? Does the agency coordinate with other key agencies and the recovering community?

Organizational Field Policy Questions

Social workers and their organizations interact in a field of organizations. The field or network of organizations is defined “by rules, conventions and expectations that define appropriate activities and legitimate positions” (Owen-Smith & Powell, 2008, p. 601). Within the field, organizations are linked to some as partners and rivals on the horizontal plane, and to others as subordinates or super ordinates on the vertical plane. Those above on the vertical plane are often involved in funding or standard setting for the organization (Scott & Davis, 2007). The questions below describe opportunities to effect changes in the field of organizations.

Justice System. Are there intercept and diversion programs along the criminal justice continuum—police, prosecutor, court, jail, probation and parole? Does the Probate Court seek alternative solutions to involuntary treatment or criminal trial (Munetz & Griffin, 2006)?

The Network of Disability Agencies. Do the community mental health and addictions agencies participate in programs to integrate people with disabilities in the community? Is there an effective relationship with the local Center for Independent Living?

Education and Rehabilitation Services. Does the agency coordinate with community and four-year colleges to provide supportive educational service? Are clients provided effective vocational rehabilitation services? Are supportive employment services offered in conjunction with rehabilitation agencies?

Income Support Agencies. Are Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI) and Medicaid applications efficiently and equitably processed? Are there open channels of communication to relevant offices to facilitate the application process?

Housing. Are supportive housing services available? Is transitional housing available? Is permanent housing the goal? Are there additional opportunities to create more affordable housing units?

General Medical Services. Do clients have appropriate access to primary care? Do they have a health care home? Are outreach programs effective? Do services meet quality standards? Are there special programs for people at risk for, or struggling with, diabetes, coronary disease, hepatitis, HIV, or other chronic diseases?

State Mental Health and Addiction Agencies. Are relationships in place to take advantage of special incentive programs and training resources?

SAMHSA. Do agencies regularly access electronic resources and take advantage of opportunities for in-person consultation?

Insurance Organizations. Are communication channels available to address issues such as benefit eligibility, definition of service, and reimbursement procedures?

Safeguards Against the Misuse of Discretion

Notwithstanding the potential for positive uses of discretion, it should be understood that discretion intrinsically is neither good nor bad and can be misused. Its use must be monitored and conditions must be established to ensure its effective and ethical use. Research can be used to identify a number of conditions associated with the risk of misuse. Workers in situations with limited resources and poor work conditions may be at risk to use their discretionary power to disentitle clients and privilege their own interests (Brodkin, 1997; Smith & Donovan, 2003). High caseloads may incline workers to ration services or triage clients based on informal categories of “deserving” and “undeserving” (Lipsky, 1980). Workers may also be at risk for sharing among themselves practice ideologies that rationalize their discriminatory practices (Hasenfeld, 1987). The result may be, for example, racial or gender bias that systematically disadvantages entire categories of people (Fording, Soss, & Schram, 2007).

To safeguard against these risks, a culture of professional accountability and support needs to be cultivated within agencies. This culture is more likely to be found in an agency that employs professionally educated social workers who are personally

committed to the agency's mission and their profession's code of ethics (Evans, 2011). The culture is also more likely to flourish in adequately resourced agencies that incentivize quality services. This culture is often associated with agencies that have a relatively flat power structure, reasonable caseloads, and a culture that values the voice of direct practitioners and their clients (Shera & Paige, 1995).

Conclusions

Direct practice social workers, whether they are cognizant of their policymaking role or not, influence what actually happens to clients as they inevitably make decisions that mediate or implement top-down policies. Social workers are also policymakers insofar as they make decisions in areas where there is play in the system and policy is absent. The effective and ethical use of discretion in implementing and creating policy is a topic that deserves more attention in social work policy courses. Part of this training should help social workers to provide policy relevant input up the chain to elite policymakers. Another part would be to make social workers more aware of their discretion and mediation opportunities such that they enhance their positive impact on policy or what actually happens to clients.

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Spiritual Histories and Latter-day Saints: A Mixed-Method Preliminary Validation Study

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Abstract: *Spirituality plays a primary role in health and wellness for many Latter-day Saints (LDS). Despite being one of the largest religious cultures in the nation, few, if any, spiritual assessment tools have been validated with this population. This mixed-method study modifies an existing spiritual assessment approach—spiritual histories—that may be congruent with LDS culture. Using a national sample of experts in LDS culture (N = 100), this study identifies: 1) the degree of cultural consistency, strengths, and limitations of the approach at a conceptual level, and 2) a culturally valid question protocol to operationalize the concept for use with LDS clients. The results suggest that spiritual histories represent a highly appropriate assessment method for LDS clients. The paper concludes by providing suggestions to administer an assessment in a culturally competent manner in clinical settings.*

Keywords: *Spirituality, assessment, spiritual history, Latter-day Saints, Mormons*

Mormons, or Latter-day Saints (LDS) as they often prefer to be called, now represent the fourth largest religious denomination in the United States (Linder, 2011; Melton, 2009). LDS can be found in every state in the union, although they are concentrated in the mountain west states and Utah in particular (Pew Research Center, 2012). From their origin in the US in the 1820s, the Church of Jesus Christ of Latter-day Saints has grown to the point that more members now reside outside the US than inside (Haynes, 2001). This growth is fueled by comparatively high birth rates and conversions, and is expected to continue. The projected growth of the Church suggests that therapists will increasingly encounter LDS clients in the future regardless of their state of residency (Ulrich, Richards, & Bergin, 2000).

LDS comprise a distinct cultural population (Cnaan, Evans, & Curtis, 2012; Marks, 2004). As Haynes (2001) notes, LDS' spiritual identity serves to frame life experience in much the same way that race or ethnicity often do for other people. This spiritual identity provides a worldview that functions to shape, order, and interpret life experiences. Put differently, for LDS spirituality is not so much a Sunday morning event as it is a distinct way of life, a cultural grid through which reality is experienced (Anderson, 2008). This is not to say that LDS are the only faith group for which this is true. Muslims (Hodge, 2002), Native Americans (Hodge, Limb, & Cross, 2009), Hindus (Hodge, 2004), and many other spiritual groups (Van Hook, Hugen, & Aguilar, 2001) also view reality through a spiritual lens. Rather, as is the case for many people of faith, LDS religious culture provides a grid through which events are understood and interpreted.

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For example, Loser, Klein, Hill, and Dollahite (2008) examined the way in which religion affected day-to-day activities among a sample of LDS families. Respondents typically reported that religion was strongly integrated into their lives. Analysis indicated that religion influenced every ecological system examined: individual, familial, structural, and social.

In turn, LDS cultural values can play an important role in service provision. Thomas, Cunningham, and Donnell (2011) examined the pattern of symptom reduction among LDS and non-LDS clients. The results revealed differential efficacy between the two groups, a finding that underscores the importance of considering LDS values when providing services to this population.

Indeed, it is essentially impossible to work effectively with LDS clients without understanding the role that spirituality and religion plays in clients' lived realities (Haynes, 2001). As the NASW Standards for Cultural Competence in Social Work Practice (2001) imply, effective service provision is contingent upon understanding the role of clients' spiritual beliefs and values. A spiritual assessment that explores the role of spirituality and religion in clients' lives is indispensable if practitioners hope to work effectively with LDS clients (Canda & Furman, 2010; Haynes, 2001; Loser et al., 2008; Marks, 2004).

In spite of its importance, little research has been conducted on spiritual assessment from a LDS perspective. A search of Social Services Abstracts (5/18/2012) using the keywords "Mormon" or "Latter-day Saint" or "LDS" yielded 45 articles, none of which focused on spiritual assessment. This is consistent with research indicating most social workers report receiving little, if any, content on spirituality and religion during their graduate educations (Canda & Furman, 2010; Sheridan, 2009).

The lack of culturally relevant spiritual assessment tools is disconcerting. As noted above, LDS have unique cultural values that can (Marks, 2004), if not taken into account, lead to differential treatment outcomes (Thomas et al., 2011). In addition, LDS have a history of being oppressed by dominant groups (Ulrich et al., 2000). Misconceptions and biases among the general population continue to exist as seen in public polling data indicating that the Mormon faith is one of the least liked and/or understood religions in the nation (Chen, 2011).

Latter-day Saints also report that extensive misinformation exists about their beliefs and values. Approximately 62% of LDS report that Americans are misinformed about Mormonism (Pew Research Center, 2012). When asked to describe the most important problems facing LDS, 56% report misperceptions about their beliefs, discrimination, lack of acceptance in American society, and similar themes (Pew Research Center, 2012). In light of these data, it is unsurprising that some commentators report that LDS clients may be hesitant to trust practitioners due to concerns about lack of cultural competency (Ulrich et al., 2000).

The need for culturally relevant assessment approaches is accentuated by the fact that spiritual assessments are now mandated in many settings frequented by LDS. The Joint Commission—the largest health care accrediting organization in the United States—

requires the administration of spiritual assessments in, for example, hospitals, long term care facilities, and behavioral health care organizations providing addiction services (Hodge, 2006).

Since practitioners are required to conduct spiritual assessments with LDS clients, it is imperative that assessment tools are developed that are valid, relevant, and consistent with LDS culture, especially given the lack of training on spirituality and religion reported by most practitioners (Canda & Furman, 2010; Sheridan, 2009). To provide effective, ethical services to LDS clients, it is necessary to explore clients' spirituality with tools that have been shown to be culturally relevant by members of this population. Accordingly, this study modifies an existing spiritual assessment tool for use with LDS clients. In the following section, the tool is overviewed and research questions are delineated.

Spiritual Histories

One assessment approach that may be congruent with LDS culture is the concept of a spiritual history. Spiritual histories are among the more widely used approaches to assessment (Canda & Furman, 2010; Furness & Gilligan, 2010; Pargament, 2007). With this approach, a particular set of questions is used to elicit a client's spiritual story in a manner analogous to eliciting a family history. For LDS clients, spiritual histories are similar in nature to the idea of family histories—an important LDS church doctrine (Haynes, 2001).

Table 1 features one approach to operationalizing a spiritual history. This approach consists of two question sets, which are used to help practitioners explore clients' spiritual stories (Hodge, 2001). The narrative question set provides practitioners with some possible questions to help clients relate their spiritual stories, typically moving from childhood to the present.

The anthropological question set is designed to elicit spiritual information as clients relate their stories. Based upon the work of Nee (1968), this anthropological framework posits the existence of three dimensions of personality—affect, behavior, and cognition—and three dimensions of spirit—*communion*, *conscience*, and *intuition*. *Communion* refers to the ability to bond or relate to God (or the Transcendent). *Conscience* relates to one's ability to sense right and wrong. *Intuition* refers to the ability to know—to obtain insights that bypass normal cognitive channels. In each of these six intertwined dimensions, questions are provided to explore clients' spiritual strengths and values.

As clients relate their spiritual narratives (prompted, if needed, by items from the narrative question set), they often touch upon some of the six anthropological dimensions (Hodge, 2001). If the area warrants further clinical exploration, practitioners can use items from the anthropological question set to explore clients' spiritual reality in greater depth. In short, the narrative questions help clients tell their stories while the anthropological questions assist practitioners to draw out clinically salient spiritual information as the stories unfold.

Table 1. Spiritual History Question Sets for General Population

1. Narrative Question Set

Describe the spiritual/religious tradition in which you grew up. How did your family express its spiritual beliefs? How important was spirituality to your family? Extended family?

What sort of personal experiences (rituals, ceremonies, or practices) stand out to you during your years at home? What made these experiences noteworthy? How have they informed your later life?

How have you changed or matured from those experiences? How would you describe your current spiritual or religious orientation? Is spirituality currently a personal strength? If so, how?

2. Anthropological Question Set

- Personality

Affect: What aspects of your spiritual or religious life give you pleasure? What role does your spirituality play in handling life's sorrows? Enhancing life's joys? Coping with life's pain? How does your religion or spirituality give you hope for the future? What do you wish to accomplish in the future?

Behavior: Are there particular spiritual beliefs, ceremonies, or practices that help you deal with life's obstacles? What is your level of involvement in spiritual communities, such as church, spiritual groups, etc.? How are they supportive? Are there spiritually encouraging individuals that you maintain contact with?

Cognition: What are your current spiritual/religious beliefs? What are they based upon? What beliefs do you find particularly meaningful? What does your faith say about personal trials? How does this belief help you overcome obstacles? How do your beliefs affect your health practices?

- Spirit

Communion: Describe your relationship with God (or Father in Heaven, etc.). What has been your experience of God? How does God communicate with you? How have these experiences encouraged you? Have there been times of deep spiritual intimacy? How does your relationship help you face life challenges? How would God describe you?

Conscience: How do you determine right and wrong? What are your key values? How does your spirituality help you deal with wrongdoings or guilt? What role does forgiveness play in your life?

Intuition: To what extent do you experience intuitive hunches (flashes of creative insight, premonitions, spiritual insights)? Have these insights been a strength in your life? If so, how?

Adapted from Hodge (2003).

As implied above, the purpose of this present study was to modify this assessment tool for use with LDS. Toward this end, this mixed-method study sought to answer two broad questions regarding the tool and its operationalization. First, as a general concept, how consistent was this particular assessment approach with LDS culture and what were its strengths and limitations for working with LDS clients? Second, in terms of operationalizing the concept, how consistent were the questions featured in Table 1 with

LDS culture and how might they be improved or changed to be more valid, relevant and consistent with LDS culture?

Method

Participants

To answer these two questions, the study surveyed a sample of practitioners with extensive practice experience with LDS clients. To identify “experts” in LDS culture, a hybrid purposive/snowball sampling strategy was used (Babbie, 2010). The second author served as the Director of the School of Social Work at Brigham Young University, an LDS university, at the time the study was conducted. This author, who has numerous professional contacts in the LDS community through his professional affiliation, contacted a number of potential participants in different geographic regions throughout the United States. The purpose of the present study was explained to these individuals, and they were asked to identify other practitioners with extensive knowledge of LDS culture. All correspondence was conducted via email and was personalized in keeping with research suggesting that this practice enhances response rates (Heerwegh, Vanhove, Matthijs, & Loosveldt, 2005).

Using this approach, 125 social work practitioners with at least five years of practice experience with LDS clients were identified. Of these, 100 participated in the study, resulting in an 80% response rate. Participant solicitation continued until the number of practitioners from a given geographical area was roughly proportional to the national LDS population residing within the same area, according to data obtained from the Church’s official website (www.lds.org).

Table 2 lists the demographic characteristics of the sample. A majority of respondents resided in the western United States. Most of the respondents were LDS and white, with a slight preponderance being male. The average respondent was approximately 44 years-old and reported working in the profession for just over 13 years since obtaining their social work degree, suggesting that the participants were well situated to complete the survey.

Apparatus

To develop the mixed-method survey, the authors first modified the questions featured in the original spiritual assessment instrument to eliminate obvious inconsistencies with LDS culture. The first author has expertise in different spiritual traditions and, as alluded to above, the second author works in an LDS cultural context. Only very clear inconsistencies were revised. For example, the original question set used the term “the Ultimate” to refer to an entity that holds ultimate sacred or transcendent meaning within a particular spiritual narrative (i.e., “Describe your relationship to the Ultimate.”). Both authors agreed that this terminology is foreign to LDS culture, where individuals talk about “God” rather than “the Ultimate.” In addition, rather than having a relationship *to* God, people have a relationship *with* God in the LDS narrative. Thus, the

question “Describe your relationship to the Ultimate” was changed to “Describe your relationship with God.”

Table 2. Participant Characteristics (N = 100)

Characteristic	%	<i>M</i>	<i>SD</i>
Region			
West	59		
Southwest	10		
Northwest	8		
Midwest	9		
East	14		
Religion			
LDS	98		
Other	2		
Race			
White	89		
Other	11		
Gender			
Male	55		
Female	45		
Social Work Degree			
Yes	100		
Yrs. in Profession		13.27	7.69
Age		43.76	9.92

This initial survey was then pilot tested with six LDS faculty at Brigham Young University. These individuals were asked to assess the survey’s content and design for clarity and face validity. Minor changes were made based on the provided feedback. For example, individuals noted that a widely used synonym for God in LDS culture is “Father in Heaven” or “heavenly Father.” Thus, the survey was revised to include the phrase “Father in Heaven” in brackets after God at one point in the instrument to clarify to potential respondents that practitioners operationalizing the assessment had the freedom to use such terms [i.e., “Describe your relationship with God (or Father in Heaven, etc.)”].

In keeping with the two research questions, the final survey included 1) a general conceptual overview of the spiritual history instrument discussed above and 2) the questions designed to operationalize the concept featured in Table 1. After being presented with an overview of the general concept, participants were asked to assess the consistency of the concept with LDS culture on an 11-point scale in which 0 corresponded to the complete absence of consistency with LDS culture, while 10 corresponded to complete consistency with LDS culture (Hodge & Gillespie, 2007).

Two open-ended questions were used to identify the strengths and limitations of the concept in work with LDS clients. The question concerning strengths asked, "In terms of working with LDS clients, what are the strengths of spiritual histories?" This was followed by a similar item using the term "limitations" instead of "strengths."

As implied above, the survey also included the question sets listed in Table 1 for the narrative framework: affect, behavior, cognition, communion, conscience, and intuition. Each of the seven question sets was followed by two questions. A quantitative item was used to assess the overall consistency of the question set with LDS culture using the 11-point scale discussed above. This question was followed by a qualitative item designed to identify ways in which the questions could be modified to be more congruent with LDS culture. More specifically, the item asked, "How could these questions be improved to be more valid, relevant, and consistent with LDS clients?"

Procedures

The survey instrument was placed online and the URL link was emailed to practitioners who agreed to participate in the study. Individuals were concurrently informed that a paper copy of the survey was available, although no one requested this option. This result is consistent with research indicating that educated professionals prefer web surveys over mail surveys (Barrios, Villarroya, Borrego, & Olle, 2011). Although studies suggest the data obtained is generally similar for both formats, some research indicates that web surveys may yield somewhat higher quality data in answer to qualitative questions (Barrios et al., 2011; Shin, Johnson, & Rao, 2012). Participants received a \$50 honorarium for their time spent in completing the survey.

Data analysis

After cleaning the quantitative data, tests of associations were conducted between the dependant variables and the demographic variables reported in Table 2 when statistical assumptions were met. For the qualitative data, a constant comparative methodology was used (Corbin & Strauss, 2008). In this approach, data are examined for similarities, patterns, and common themes (Dye, Schatz, Rosenberg, & Coleman, 2000). In a recursive process, the emerging themes are continually compared to similar phenomena across survey instruments. Primary themes were identified, organized, and labeled. Direct quotes are used to illustrate the themes. As a final supplementary step, the data were synthesized to develop an alternative question protocol to operationalize spiritual histories with LDS clients in a more culturally valid manner.

Results

The results are presented in two subsections that reflect the study's two research questions. The first subsection reports the findings on the cultural consistency, strengths, and limitations of spiritual histories at a conceptual level. The second subsection reports on the operationalization of the concept, specifically the cultural consistency of the various question sets and how they might be improved. This sub-section concludes with an alternative spiritual history protocol, based upon respondents' suggestions.

General Concept: Consistency, Strengths, and Limitations

As a group, respondents reported the concept of conducting a spiritual history was generally consistent with LDS culture, as indicated by the mean of score of 8.06 on the 0 to 10 scale (see Table 3). The mode was 10, indicating a plurality of respondents believed the concept was completely consistent with LDS culture. These perceptions were stable across the demographic characteristics. Region of residence, gender, years of professional experience, and age were all unrelated to perceptions of cultural consistency.

Table 3. Perceptions of Consistency with LDS Culture (N = 100)

Area	<i>M</i>	<i>SD</i>
Spiritual histories as a general concept	8.06	1.68
Narrative Question Set	8.48	1.45
Anthropological Question Set		
Affect	8.70	1.47
Behavior	8.39	1.61
Cognition	8.94	1.30
Communion	8.71	1.53
Conscience	9.03	1.15
Intuition	8.15	1.62

The qualitative question regarding strengths helped illuminate the relatively high cultural consistency score. Analysis indicated that the most prominent asset of the concept is its narrative format. As various respondents stated, “It allows clients to tell their story and be validated in the story telling,” and “Allows clients to tell their stories in their own words.” Others noted that sharing one’s spiritual story or testimony is a common practice in LDS culture and, correspondingly, the approach should resonate with LDS clients. Additional themes included the approach’s ability to provide: insights into important beliefs and practices; information about coping strategies and resources, and points of spiritual tension; opportunities to build rapport with clients; and the therapeutic benefit of being able to relate one’s story in a supportive context.

The question regarding limitations served to qualify these strengths. The three most widely mentioned concerns were intertwined and centered upon: a) the sensitive nature of LDS spirituality, b) practitioners’ lack of cultural competency, and c) the use of terminology that is inconsistent with LDS culture. As respondents noted, many dimensions of LDS spirituality are highly sacred and/or personal in nature. Consequently, clients may be hesitant to share their spirituality with non-LDS practitioners for fear of being misunderstood, labeled irrational, or otherwise disparaged. Other, less prominent limitations cited include: the unreliable nature of memories, the time required to conduct a complete assessment, the potential to elicit too much detail, and the approach’s relatively poor fit with clients who are less verbally or spiritually oriented.

Operationalization: Consistency and Improvements

As can be seen in Table 3, the means for the narrative framework and the six dimensions of the anthropological framework indicated a relatively high level of consistency with LDS culture. As was the case above, perceptions were stable across the demographic variables. The mode was 10 for each question, with two exceptions (9 for both the narrative framework and the intuition dimension). Reflecting the high mode values, many respondents endorsed the present operationalization (e.g., “These are great questions”), which was a theme that emerged for all the subsequent questions. Accordingly, only unique themes are reported below to conserve space.

Narrative Framework—Analysis revealed three themes: eliminate language that is inconsistent with LDS culture, use less intellectual terminology, and less frequently, talk about religion rather than spirituality. Regarding the first theme, many respondents noted terms such as “rituals, ceremonies, or practices” are not common in LDS culture and can even have negative connotations with some clients. Accordingly, respondents recommended terms that have specific meaning within the LDS tradition (e.g., “family home evenings,” “baptisms,” “blessings,” “missions,”). Respondents also recommended replacing more intellectually oriented language (e.g., “informed,” “orientation,” & “matured”) with direct, clear terminology that reflects typical LDS practice. For instance, it was noted that LDS frequently talk about levels of activity in Church functions. Others suggested that talking about religion, rather than spirituality, would be more commonplace in LDS culture.

Affect—Two prominent themes emerged from the analysis. First was the use of “pleasure.” Many respondents noted that the term “pleasure” is inconsistent with LDS values. As one person observed, “it often has negative connotations.” In its place, respondents recommended using terms such as “joy,” “meaning,” “purpose,” “endure,” “happiness,” and “comfort.” Another theme concerned the need to create space for negative emotions. For example, one respondent noted that some clients may wrestle with guilt if they do not successfully live up to the teachings of the Church.

Behavior—Analysis yielded three themes. Respondents noted that many of the questions were too vague and lacked resonance with LDS culture. For example, one respondent noted that “spiritual groups is not a common LDS term.” In a closely related theme, respondents recommended using familiar LDS terms to set clients at ease. For example, instead of “ceremonies,” terms such “ordinances,” “temple worship,” and “prayer” were suggested; instead of “spiritual communities,” respondents suggested using “ward,” “branches,” and “stakes”; instead of “spiritually encouraging individuals,” using “religious leaders” or more specifically “bishop,” “stake president,” or “relief society president.” A less frequently mentioned theme was the sensitive nature of some LDS practices. As one respondent noted, some practices are sacred and should not be discussed with non-LDS members.

Cognition—Analysis produced two themes. First, respondents noted that the question about health practices intersected with a specific LDS teaching called the “Word of Wisdom” (i.e., abstinence from tobacco, coffee, tea, and harmful drugs). Some recommended eliminating this question or asking a more direct question if the

practitioner was interested in clients' health (e.g., "How do your beliefs affect your ... physical health?"). Another theme that emerged was the broad nature of the first question—What are your current spiritual/religious beliefs? To keep the session focused in light of the expansive nature of LDS teaching, respondents recommended asking a more focused question.

Communion—Analysis yielded four themes. Respondents noted the personal nature of this content area and raised questions about the willingness of clients to answer the questions for fear of being judged. Another theme that emerged was the centrality of the concept of one's relationship with God or Heavenly Father in LDS culture. In keeping with this value, respondents recommended phrasing questions in a way to explore this relationship. Thus, a related theme was the importance of exploring times of both closeness and distance in clients' relationship with God. Finally, a number of respondents indicated that the concept of "spiritual intimacy" was inconsistent with LDS culture and recommended asking about one's connection or closeness to God or Heavenly Father.

Conscience—Four comparatively minor themes emerged regarding this question set. First, it was noted that repentance and forgiveness are generally linked concepts in LDS culture. Second, mentioning the term "sin" might help in normalizing this teaching for clients. Third, it was mentioned that some LDS clients may struggle with shame, guilt, and perfectionism; hence it is important to be sensitive to these issues during the assessment process. Finally, it was observed that the concept of values might not resonate with some LDS clients.

Intuition—Analysis yielded one prominent theme. The language used to express the underlying concept was widely thought to be inconsistent with LDS culture. As a result, respondents recommended expressing the underlying ideas using terms such as "promptings from the Holy Ghost," "personal revelation," and to a lesser extent, "spiritual insights," and "dreams."

Respondents suggested many helpful questions in the processing of answering the above qualitative items. Table 4 represents an attempt to synthesize many of the recommendations. It is important to note that this question set represents one of many that could have been constructed. The questions used to explore clients' spiritual stories should be adapted to correspond to each individual client's reality. The question set presented in Table 4, however, may serve as a useful starting point in work with many LDS clients.

Table 4. Alternative Spiritual History Question Sets for LDS Clients

1. Narrative Question Set

Was your family part of a religious group? What religious practices did your family do together? How involved was your family? How did you feel about your level of involvement?

What sort of religious experiences (family home evenings, baptisms, blessings, temple, missions) stand out to you during your childhood and teenage years? How have these religious experiences influenced your later life? Did you embrace them as your own? Why or why not?

Do your current religious beliefs and practices differ from those in which you were raised? If so, how have they changed? Was there a time when your religious beliefs helped you through a particularly difficult time in life? At present, what religious beliefs are most important to you?

2. Anthropological Question Set

- Personality

Affect: What aspects of your religious life give you joy? What role does your faith play in handling adversity? Coping with life's challenges (fears)? Are there aspects of church involvement that are difficult for you? Or cause you guilt? How do you feel about your church leaders? How does your religion give you hope for the future? What religious goals do you hope to accomplish in the future?

Behavior: Are there particular religious practices, which you would be comfortable sharing with me, that help you deal with challenges (e.g., prayer, temple attendance, scripture reading, family home evening, or other religious practices or ordinances)? How active are you in your ward or branch? How does this compare to your past level of involvement? Are there individuals in your ward or branch (e.g., bishop, home or visiting teacher, relief society president) that are especially supportive? In what ways are they supportive?

Cognition: What religious beliefs are most important to you? What beliefs do you find particularly meaningful? What does your religion teach about personal trials? Does this belief help you overcome problems and difficulties? If so, how?

- Spirit

Communion: Describe your relationship with God or Heavenly Father. What has been your experience with Heavenly Father? How have these experiences influenced you? When have you felt especially close (distant) to Heavenly Father? Describe the last time you felt angry with or disappointed by Heavenly Father. How does your relationship with Heavenly Father help you face challenges? How would you describe your Father in Heaven? (His characteristics?) How would Heavenly Father describe you? (your strengths? limitations? personality?)

Conscience: How do you determine right and wrong? Can you describe a time when you followed (did not follow) what you felt was right? To what extent are your behaviors consistent with your religious beliefs? Do you ever struggle to know the difference between right and wrong? How did you resolve the confusion? How do you feel when you have done something wrong or sinful? What have you learned from such experiences? How does your religion help you deal with guilt? (shame? sin?) To what extent has the Church (your relationship with Heavenly Father) helped (hindered) your ability to forgive yourself (others?)

Intuition: To what extent have you had experiences where you felt Heavenly Father revealed things to you? Are there times when you are more (less) sensitive to receiving personal revelation? How do you distinguish between your own thoughts and the promptings from the Holy Ghost? To what degree have these spiritual insights influenced your life (the lives of others?) Have these insights been a strength in your life? If so, how?

Discussion

LDS clients report the administration of a spiritual assessment is among the most effective interventions practitioners can employ in clinical settings (Martinez, Smith, & Barlow, 2007). Yet few, if any, assessment methods have been validated for use with this population. The present study addressed this gap in the literature by modifying an existing spiritual history assessment tool for use with LDS clients.

The results suggest that spiritual histories represent a highly appropriate assessment method for LDS clients. At the conceptual level, respondents reported that this approach is congruent with LDS culture. The notion of telling one's spiritual story or religious testimony was perceived to be one that would resonate with most clients from this tradition.

Concurrently, considerable apprehension also emerged in this study. As noted in the introduction, the LDS population is very sensitive to biases regarding their beliefs and values in the broader society (Pew Research Center, 2012). Similar views were expressed in the present study. Respondents emphasized the importance of using culturally relevant language, the sensitive nature of LDS spirituality, and client concern about being misunderstood or disparaged by practitioners unfamiliar with the culture.

The findings underscore the importance of developing cultural competency prior to engaging clients (Haynes, 2001). Effective service provision is contingent upon developing a certain level of cultural competence with clients' spiritual beliefs and values (NASW Standards for Cultural Competence in Social Work Practice, 2001). This is particularly important in light of the repeated finding that most practitioners report receiving minimal training on spirituality and religion during their graduate educations (Canda & Furman, 2010; Sheridan, 2009), in tandem with the growing emphasis on addressing spirituality by accrediting organizations such as the Joint Commission (Hodge, 2006).

To enhance their level of competency, practitioners might obtain specific resources that have been written with this aim in mind (Haynes, 2001; Ulrich et al., 2000). Forming relationships with LDS clergy, known as bishops, can often be helpful. For example, such religious experts are well positioned to assist in the process of distinguishing between symptoms of psychopathology and authentic expressions of faith. Practitioners may also consider establishing relationships with other colleagues who have more experience working with LDS clients. Such individuals can provide valuable therapeutic insights as well as offer options for referral (Reamer, 2006).

When administering assessments with LDS clients, it is critical to develop an atmosphere of trust and respect (Canda & Furman, 2010). Toward this end, it is helpful to approach the assessment process with an attitude characterized by openness, humility, and a desire to learn from clients. To create a proper context for the assessment, one might begin by acknowledging that religious beliefs and practices are often highly personal and sensitive, explain the purpose for administering the assessment, ask for permission to proceed, and request forgiveness in advance for asking any questions that might inadvertently be offensive (Hodge & Limb, 2009). As one respondent suggested,

one might conclude by asking “are there spiritual taboos you would like me to be sensitive to?” (e.g., discussion of specifics relating to temple attendance).

It is important to reiterate that the question sets featured in Table 4 represent a working, rather than a definitive, assessment framework. The questions should be adapted to reflect each individual client’s beliefs and values. While common LDS beliefs and practices should be legitimized, language that resonates with the client’s worldview should be incorporated into the therapeutic dialogue.

Caution is warranted when using items from the anthropological question set, which can elicit a considerable amount of information. It is important to ensure that the dialogue remains focused on exploring data that is therapeutically relevant. The goal of the assessment should always remain on enhancing the client’s wellness. Limiting the scope of the assessment in this manner also helps to safeguard sensitive dimensions of LDS spirituality.

In some cases, it may seem as if clients’ beliefs and practices may be contributing to the presenting problem. Social workers, however, must respect clients’ autonomy, including their right to self-determination in religious matters (NASW Code of Ethics, 2008). As the NASW Standards for Cultural Competence in Social Work Practice (2001) stipulates, social workers do not have to agree with clients’ values in order to provide effective, culturally relevant services. As alluded to above, practitioners should exercise discernment and focus upon those dimensions of clients’ spirituality that ameliorate the presenting problem (Garner, 2012; Hill & Pargament, 2003).

The results must be interpreted in light of the study’s limitations. The use of a non-probability sampling methodology precludes generalizing the results. Although the regional representation helps to safeguard against any extant geographic bias, using a different sample of experts may produce a different set of findings. The use of a hybrid purposive/snowball sampling strategy, however, is an appropriate choice in light of the difficulty of obtaining a random sample of individuals with specialized knowledge of LDS culture (Babbie, 2010).

Conclusion

Spirituality plays a central role in LDS culture (Loser et al., 2008). In therapeutic settings, addressing spiritual beliefs and practices can play an instrumental role in enhancing outcomes among this population (Martinez et al., 2007; Thomas et al., 2011). Yet, few spiritual assessment approaches have been validated for use with this group, despite the profession’s commitment to culturally competent practice (NASW Standards for Cultural Competence in Social Work Practice, 2001).

To assist practitioners address spirituality in a culturally competent manner, this study validated one spiritual assessment tool—spiritual histories—for use with LDS clients. Given the growth in this culturally distinct population, this study fills a significant gap in the literature. By providing practitioners with a validated tool for conducting culturally relevant assessments with LDS clients, practitioners are better equipped to

utilize a strengths perspective and fulfill their mission of providing ethical and effective services.

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Identifying Social Service Needs of Muslims Living in a Post 9/11 Era: The Role of Community-Based Organizations

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Abstract: *In this qualitative study the investigators sought to better understand the ways in which service provider organizations (n=19) working with Muslim service providers have adapted to the changing social and political contexts in a post-9/11 era in New York City, and how this changing environment has affected the types of services that Muslims need. Service providers described two general ways in which services were adapted: 1) they have sought to address limits in service delivery programs that were a result of emerging sociopolitical dynamics (such as increasing discrimination) through adaptations to existing programs or through the development of new initiatives, programs, and organizations; and 2) they have adapted programs and services to meet the emerging sociocultural demands (such as changing attitudes towards help-seeking, and presenting problems of services users) of the Muslim population. The study illustrated the role of service provider organizations in adapting existing services, or creating new services, in response to a changing sociopolitical context. Social work education must focus attention on how social workers can adapt and create organizations that are responsive to the changing needs of service users. More curriculum content is necessary on the intra- and inter-organizational context of direct social work practice, with particular attention to innovation and adaptation within and between human service organizations.*

Keywords: *Social work, social environment, service delivery, Muslims, organizations*

Social work research supports the notion that socioeconomic and sociopolitical events within a social environment can have a direct impact on social service user groups' experiences (Greene, 2008; Zastrow & Kirst-Ashman, 2010). Social scientists have found that complex socioeconomic and sociopolitical factors (such as the events of 9/11) can influence the types of services and programs that populations need to ensure their well-being (Hacker, 2002; O'Connor, 2001). A major theoretical framework informing this type of understanding is the person-in-environment approach in which social work serves as a bridging agent between the service user and the complex environment in which services are offered (Kirst-Ashman & Hull, 2008; Rogge & Cox, 2002).

In practice, the person-in-environment approach stresses the role of the social work practitioner in helping individual service users navigate their social environment. This can include support to individuals seeking employment, community access, and mental health treatment; among other forms of direct intervention where the social worker

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themselves act as a bridging agent for a social service user to meet their individual needs. However, this approach only considers the direct (or micro-level) aspects of how social workers act as a bridging agent between the social environment and service users (Ezell, 2001; Schneider & Lester, 2001; Spencer, Gunter, & Palmisano, 2010). Instead, social service organizations (and in particular, non-profit organizations) have also been found to be active agents in addressing emerging issues or challenges within the social environment (Boyd & Wilmoth, 2006; Choca et al., 2004; Gulati & Guest, 1990; Kline, Dolgon, & Dresser, 2000; Spergel & Grossman, 1997). What this previous research suggests is that the mezzo (or organizational) level interaction with service user groups is also important and can be instrumental in addressing service user needs.

The present qualitative study focused on understanding the mezzo level experiences of service provider organizations working predominantly with Muslim service users living in New York City. Our main question was: As a result of the changing social and political contexts after the September 11, 2001 (9/11) terrorist attacks, in what ways (if any) did social services providers working with Muslims adapt their services? This study illustrates that social service needs of individuals cannot be assessed or determined effectively without examining the broader sociopolitical context in which clients are living in, and that service provider organizations within local communities are instrumental in assessing changing (or emerging) service user needs and responding through adapted or new programs and initiatives.

Literature Review

The effect of September 11, 2001 touched all parts of American life. Social scientists have studied its impact on American attitudes towards their government (Kimberly, Brewer, & Aday, 2009), legal system (Morgan, 2009), and social structures (Gross, Aday, & Brewer, 2004). Numerous scholars have examined how Americans experienced this collective trauma (Updegraff, Silver, & Holman, 2008), with some research indicating that some residents living around crash sites were at risk of post-traumatic stress (PTSD) (DiGrande et al., 2008; Wilson, Lengua, Meltzoff, & Smith, 2010) and suicide (Claassen et al., 2010). Research has also shown that the nation's sense of social trust may also have been impaired (Gross et al., 2004). Gross and colleagues (2004) found that individuals exposed to television news coverage of the September 11, 2001 terrorist attacks experienced declines in levels of trust towards other individuals.

Muslims have been specifically impacted. For instance, numerous studies illustrate that Muslims have been the subject of increased Islamophobia if living in the United States (Jalalzai, 2011), or other countries (Mandaville, 2009; Sheridan, 2006). Islamophobia has generally been defined as the fear of Islam and Muslims with increased prejudice and discrimination directed to them due to their religion. Public opinion polls conducted in the United States have showed public opinion towards Muslims has generally been negative since 9/11. One study illustrated that 50% of Americans thought that Muslim individuals were being unfairly targeted since 9/11, but by January 2002 the proportion of Americans who felt this way decreased to 31 percent, rising to approximately 35 percent by September 2002 (Panagopoulos, 2006). A year following the terrorist attacks, the majority of Americans (approximately 60 percent) were reported

to believe that the Muslim “world” considered itself at war with the United States. In 2002 there were about 42% of Americans (a number only decreasing to 39 percent by 2003) who believed that the American government should have more powers to monitor Muslims (Panagopoulos, 2006).

To add, after the attacks on the World Trade Center, the Muslim community living in the United States, and in other parts of the world, particularly the West, became widely mis-represented in the mainstream media (Hodge, 2005; Kenan, 2005). The term terrorist has generally become associated with Muslim. Hence, many Muslims appear to experience negative sociocultural, sociopolitical, and socioeconomic consequences, especially those who live in New York City. They experience more stereotypes, more hatred directed to them and appear to be feeling more segregated from the larger mainstream population (Bornstein, 2005; Peek, 2003). Employment discrimination of American Muslims after 9/11 has become more common (Cavico & Mujtaba, 2011) and many acts of vandalism, threats, and attacks on mosques have occurred. One study illustrated that Muslims living in New York City experience more fear, than other ethno-religious minority groups, that a hate crime will be directed at them and they are more anxious about the future (Abu-Ras & Abu-Bader, 2008; Akram, 2002). Employment-based discrimination towards Muslims has increased 150 percent since 9/11 (Pelofsky, 2010). Likewise, hate crimes directed towards Muslims remains high when compared to many other religious groups (Federal Bureau of Investigation, 2011). The numbers of hate crimes towards Muslims have decreased considerably when compared to the 1600 percent increase in hate crimes directed towards Muslims directly following the 9/11 terrorist attacks (Potok, 2011), but recent reports have shown increases beginning again in 2010. For instance, there was a 50 percent increase in hate crimes towards Muslims in 2010 when compared to 2009 (Federal Bureau of Investigation, 2010). These trends demonstrate the continued prevalence of hate crimes directed towards Muslims post 9/11. Recent anecdotal evidence from news reports following the 2013 Boston Marathon bombings reaffirms the prevalence of this negative sentiment directed towards Muslims in the United States (Gray, 2013).

Post 9/11 there were also public policy changes related to national security and immigration which led to a substantial increase in the number of deportations of undocumented immigrants within the United States. The passage of the Homeland Security Act led to an increase in financial resources used to monitor immigrants within the United States and provided greater flexibility for immigration officers to detain illegal immigrants (Besthorn, 2008). These policies affected the well-being of Muslims, who now had to deal with the possibility of deportation (in the case that they were undocumented migrants) and detainment. Furthermore, under the Homeland Security Act, efforts to address the situation of undocumented immigrants within the United States were coordinated among multiple government departments (including the Department of Health and Human Services). As a result, individuals who needed health and human services became less likely to seek such support because of fears it would impact their immigration situation. These policies also led to Muslims now needing more services related to employment discrimination, legal services as some became the victims of hate acts and detention, and supports promoting community inclusion as the general public

perception towards Muslim became negative. Many of New York City's Muslim communities then started turning towards their mosques for services (such as for legal, financial and subsistence resources) to deal with the increased discrimination and inequality that they were facing, whether it be at the workplace, when travelling, when accessing government services, within the school systems, and generally when undertaking their day to day activities (Abu-Ras, Gheithb, & Cournoisc, 2008).

The dominant focus within the research literature has been on investigating experiences of individual Muslims post 9/11 (Abu-Ras & Abu-Bader, 2009; Carter, 2010; Hall, 2007). Other studies have looked into the experiences of social work practitioners working with Muslim service users (Adams, Boscarino, & Figley, 2006; Matthieu, Lewis, Ivanoff, & Conroy, 2007; McTighe, 2009). Both research trajectories focus on identifying gaps in knowledge and training needs of service delivery personnel to assist Muslims (Colarossi, Berlin, Harold, & Heyman, 2007; Miller, 2001). Few studies have looked at how service provider organizations that work with Muslim service users have responded to the changing sociopolitical context post 9/11. Waizer, Dorin, Stoller, and Laird's (2005) exploratory research described the need for service providers to re-focus service delivery goals and the types of services offered based on the emerging needs of members in the community (both Muslim and non-Muslim alike). But their research only describes an organization within New York City being responsive to the immediate needs that emerge following a crisis. For instance, they describe the need to be responsive with food and other forms of subsistence aid. They describe organizational processes that are necessary to be effective in their response to the immediate crisis, such as being coordinated or having adequate infrastructure support. Based on the description of their case study analysis, this one organization did not change or adapt to meet the emerging needs of a population of service users because of a changing sociopolitical context. Instead, they describe an organization that is immediately responsive to help deal with a particular crisis. In this particular case, it is apparent that human service organizations responding to social service users post 9/11 were simply looking to address the needs that individuals had because of the act of terrorism itself.

The assumption within much of this research is that the social environment did not permanently change because of the terrorist act and that the role of service provider organizations is only to respond to the immediate crisis. Other research on the role of human service workers in responding to the needs of service users following a situation of terrorism has similarly made this assumption. For instance, the focus is primarily on individual service users and the implications of the terrorism experience for individual-level functioning with a focus on addressing experiences with trauma and grief in certain population groups, such as children (Baum, 2005; Kaplan, Pelcovitz, & Fornari, 2005). Within these studies, emphasis is placed on the role of practitioners in being responsive to these individual-level psycho-social needs by providing therapeutic interventions or outreach services to affected individuals (Miller, 2003). However, what has become apparent following the 9/11 terrorist attacks is that the sociopolitical context has changed permanently and this has resulted in different social welfare needs among Muslims. For example, Kaplan and colleagues, (2005) described methods of intervention when working with children directly impacted by the 9/11 terrorist attacks. However, their research did

not comment on the longitudinal impacts of the 9/11 terrorist attacks on Muslim children and their experiences. The present study is the first to consider the impact of 9/11 on human services that served a predominantly Muslim clientele living in New York City.

Methods

Data were collected in 2004 from all five of New York City's densely populated boroughs. A total of 19 social workers or related human service professionals participated in face-to-face interviews with the researcher and/or a trained research assistant. Since changes in public policy would likely impact adaptations to service provision differently in community-based organizations and public sector programs of support, we differentiated between participants working in community-based organizations (whether they received government funding or not) and those that were working directly for government programs. Our focus was on the efforts of community-based organizations that were providing services and supports (including counseling services, resources, community access, etc.) to Muslims.

Purposive sampling methods were used to identify participants. Initially, a member of the research team conducted a preliminary screening of key informants through interviews with leaders (both professional and religious) in the Muslim community in New York City. The inclusion criteria of the study were that all respondents must be working with Muslim service users and/or Muslim communities providing some form of mandated individual, familial, or community support such as advocacy, referrals, implementation of community development projects, counseling, and so on. Many participants were Muslim, but not all were. Table 1 provides a description of participant gender, educational background, area of practice, and religious community of service users. The study received ethics certification and approval from the University of Calgary's Conjoint Faculties Research Ethics Board.

Table 1. Characteristics of Study Participants

Gender and Frequency	Educational Background and Frequency	Categories of Area of Practice	Religious Community of Service Users
Female - 9	Uncompleted Post-Secondary -3	Corrections	Shi'ia
Male - 10	Certificate- 1	Immigration services	Sunni
	Bachelor - 9	Child welfare	Ismaeli
	Master - 4	Youth development	
	PhD - 2	HIV/AIDS support	
		Domestic violence	
		Mental health	
		Housing support	
		Income support	

Data Collection

Qualitative interviewing techniques were utilized to collect data (Holstein & Gubrium, 1995; Patton, 1990; Seidman, 1991). Initially, participants were contacted by telephone and informed of the study by one of the research team members. After

respondents agreed to participate, the initial interviews were conducted in-person by a trained research assistant, usually in the respondent's office. Most participants were interviewed twice for approximately one and a half hours each time (some participants declined participating in a second interview). Two interviews were conducted, several months apart, to allow the researchers to follow up with content reported in the initial interview. In some cases (for participant convenience) the second interview was conducted over the telephone. The interviews were digitally recorded with consent.

A semi-structured, open-ended interview guide was utilized. The interviewer asked the respondent a question from the interview guide, allowing sufficient time for an in-depth response. Depending on the extent of the response or the reaction of the interviewee (i.e. inquiring for more clarification) probing questions were utilized to get at the phenomenon under study. Questions included: What are the models of social work intervention used by you and your agency? What has been the agency's role after the September 11, 2011 terrorist attacks? What aspects of your training work well with Muslim people? Are there aspects that don't work well? How does your ethno-religious background influence your practice? What are the most important pieces of knowledge a practitioner needs in order to work in a Muslim context? Other questions related to ways of implementing ethno-religiously sensitive practice techniques, practicing with clients of the opposite gender, and discussing the agency's role in the context of New York City after the 9/11 terrorist attacks.

Data Analysis

Qualitative methods of analytic induction and constant comparison strategies were used to analyze the data (Goetz & Lecompte, 1984; Glaser & Strauss, 1967). Specifically, emergent themes (Charmaz, 2000; Williams, 2008) and patterns (Creswell, 2009; Fetterman, 2008) were identified that focused specifically on how participants described their interaction with clients and other factors that could be considered external to their organization. First, the researchers read through all the interviews with the goal of identifying common themes related to the different ways in which service providers responded to the changing social environment factors external to their organization post 9/11. These themes were then coded based on the theme they represented, and the data were searched for instances of the same or similar phenomena. Following this, the themes were then translated into more general categories and refined until all instances of contradictions, similarities, and differences were explained, thus increasing the dependability and consistency of the findings. All members of the research team worked collaboratively on this stage of research to maintain the credibility criteria of the study. That is, each of the three members of the research team independently coded the data, keeping notes about their own thoughts and impressions of the themes (i.e. audit trail), and then consulted with each other. Two general categories related to the organizational level context of service delivery post 9/11 emerged from the analyses. Within each of the two categories, data were analyzed further following the same processes as described above until all findings were coded. The following section provides the findings, supported by representative participant quotes.

Findings

The two general themes that emerged were: 1) organizations sought to address limits in service delivery programs that were a result of emerging sociopolitical dynamics (such as increasing discrimination) through adaptations to existing programs or through the development of new initiatives, programs, and organizations; and 2) organizations adapted programs and services to meet the emerging sociocultural demands (such as changing attitudes towards help-seeking, and presenting problems of services users) of the Muslim population.

Addressing Limits of Service Delivery Programs

When systemic issues in society go unaddressed and traditional methods of service delivery are not challenged, there can be an ongoing repetition of service usage that does not meet changing service user needs. Most research has preferred to focus on the role of practitioners working with service users in addressing these systemic issues or service delivery challenges, with less emphasis on how these issues are addressed at an organizational level (Ezell, 2001; Lundgren, Curtis, & Oettinger, 2010; Schneider & Lester, 2001; Spencer et al., 2010). This omission is problematic since locally based non-profit direct social service organizations have taken on increasing responsibility over the last three decades in addressing the direct needs of service users (Maloney & van Deth, 2008; Mayer, 2003; Mulvale, 2001; Powell, 2007; Salamon, 2002). The findings from this study contribute to this literature by pointing out the role undertaken by predominantly Muslim service providers in New York City in addressing limitations in existing programs and services as a result of the changing social and political context post 9/11. Respondents highlight that their community-based organizations responded to these changing needs by adapting existing programs and by developing new initiatives, programs, and organizations.

By Adapting Existing Programs

Following the 9/11 terrorist attacks, public policy (such as immigration and national security policy, with the advent of the Homeland Security Act) and general public perception towards Muslim individuals changed considerably (Jalalzai, 2011). As a result, local community-based social service organizations were challenged to address emerging issues of discrimination that Muslims who lived in New York were facing, along with their increasing fears of detainment and deportation if they accessed government social support. While previously, individuals might simply have accessed benefits on their own, following 9/11 more outreach was required from social service agencies to reach individuals in need. Beyond outreach, other respondents described the need to adapt programs to be more focused on advocacy. One respondent commented on how Muslims now experienced more violations of human rights in their local communities, unfair access to resources, poor employment opportunities and unlawful detainment:

The needs of [people], basically [we asked] ‘what should be the first thing we should do?’, and we found out that so many people were uneducated especially

just in speaking English or writing English that it was greatly needed. So we started doing ESL courses and as we did ESL courses we got legal representation, we did legal clinics, we did “know your rights” clinics, we gave help to people who were detained.

Addressing language barriers is important for all new immigrant groups, but it became particularly important for Muslims living in New York City post 9/11 so that they could advocate for their rights when being questioned about their legal status by authorities. Respondents also said that, among programs aimed at supporting individuals directly affected by the 9/11 terrorist attacks, they perceived an absence of support to Muslims who were now the subject of a growing public resentment. For instance, one respondent said:

...[Respondent identified initiative] was the initiative we launched immediately after 9/11 because the city and the country seemed to only be focused on psychological healing and America defending itself and attention to the victims. We (Muslims) all were suffering along with the rest of the country, but it was clear also that there was something else at play here with the hate crimes, and the scapegoating of south Asians. Immediately after (the attacks) I got a random call from a funder, a south Asian funder at [Respondent names foundation] asking about the situation because the word was spreading within the south Asian community – south Asian and other Muslim communities – that we were isolated and there was really no attention or recognition of what was happening with our community.

Respondents also said that help-seeking by Muslims changed because now they required more direct support. Muslims felt so vulnerable that agency staff had to be present when Muslims were dealing with the legal and immigration system. Agency staff reported having to really advocate for Muslims who now felt fearful even when they had done nothing wrong, especially if they were interacting with the legal authorities. There was a tremendous sense of fear and isolation by Muslims living in a post 9/11 climate in New York City.

One respondent said,

So we become the third person sitting in the office with the lawyer to provide them with what the client is saying ...That again happens in the housing. People are usually afraid when they sit in front of a lawyer so we not only do that but we also provide a kind of a moral support. When they go to the immigration judge, we stand together with them...Going with them to the court so that they do not feel alone. This is even in the cases where people with legal backgrounds have received Notices To Appear.

Social service agencies also had to provide increased support in other areas of services users' lives. For instance, some respondents talked about having to provide support to assist children facing discrimination in schools. One respondent shared:

For example: say if I was a Muslim person and I have to report a crime to the police, I worry are they going to ask me for my social security number or are

they going to ask me if I am documented or not. If they are doing that then I am better off not asking for help. So not only are people now scared of asking for help to the law enforcing agencies but that fear has been extended to asking for social services. Even the concrete type of social services like your benefits, medical care and public assistance.

By Developing New Initiatives, Programs, and Organizations

Some organizations also began challenging these emerging sociopolitical dynamics by developing new initiatives, programs, and organizations or by restructuring existing organizations. Respondents identified six ways that their organizational focus changed when assisting Muslims. First, respondents described changing program mandates and their general goals of service delivery.

This program now offers a bit of counseling and it's a space where youth can share, name their feelings and understand it within a broader context. You know the context of post 9/11, being south Asian in America, being an immigrant, being a minority, being a man, etc. Then there's an organizing piece. They wanted to do something. They wanted to exercise their new skills or share what they've learned. What they've decided to do is to put on a play which highlighted some of the challenges that they face and I thought it was quite powerful.

As this respondent describes, a key focus of organizational efforts for some organizations was on creating awareness and validation among Muslims about their experiences with discrimination.

Second, other service providers described how they created organizations to respond to some of the needs of Muslims living in New York City. One respondent described:

We were able to come together quickly...we all took ownership of the organization and we took the responsibility of responding to the media, responding to children, to interfaith groups. That was our responsibility, and only ours in the sense that even if somebody else was out there to do it we wanted to be the people who were the go 'teach people about Islam.

This respondent describes the need to develop a new organization following 9/11 that sought specifically to educate others on who Muslims were. There appeared to be a great misunderstanding of what Islam was.

A third theme was that some service providers felt they had to change their organizational make-up by changing the diversity of human resources and the specific demographic categories (such as gender and age) of service users that qualified for services. For instance, one respondent said:

Well I would say that we get a lot of phone calls and a lot of inquiries for help and I think the main thing is that we want to expand our services. We also are a multi-ethnic staff of Muslims and we want to continue to expand on that because that alone helps us break down stereotypes that people have; ethnic stereotypes

or ethnic preferences. So that's something that you can just do and it speaks for itself. I think that is very important.

A fourth theme was that some service providers felt they had to change the mission of the organization so that they addressed the misperceptions of Muslims held by the general public. Instead of just offering individual level services some organizations began public education initiatives. Now agencies were finding that they had to undertake advocacy-based initiatives to address the discrimination experienced by Muslim service users. For instance, one respondent described:

There is certainly a lack of understanding or even lapses of understanding of the needs of the Muslim community and what goes on in their lives. So I have been focusing a lot on educating people and raising awareness of what the trauma of 9-11 has done to us collectively and how it has changed the lives of the Muslim community. Especially those that have come directly under attack.

A fifth theme described how service providers responded to the sociopolitical context by changing the way that their services were offered.

The workshop environment [type of service delivery model this organization was using before September 11, 2001] may not be the best situation, and also parents may not want to talk about their situation, their child, or their family, particularly in the heightened fear of immigration, almost McCarthy like period that New York City at least, if not the country, is living under. Also there have been difficulties in terms of people reporting on each other to the FBI, and nobody wants to draw attention to themselves in this really heightened, politicized environment. We had to find different ways of training parents, and this was not the best way.

The final theme in this category was the recognition by organizations of their need to interact in collaborative advocacy arrangements with other organizations and community groups:

And yes, we do, the advocacy part is in collaboration efforts, like for example, we did participate in the freedom right movement. We did...we put our point of view towards the Mayor for the Executive Order 41 which is the do not tell policy. And [long pause] we focus on every issue which is important to an immigrant and whatever can be done, we try to do. We are young. We are not even two years old, so we take our help of the umbrella organizations and advocacy based organizations and join hands with them.

Some respondents also described the need to work with other community-based actors and connecting with cultural groups:

Yes, this is the one that just happened last week, December 2. We wanted to work in a low threshold way into the south Asian community. We were talking about drugs and alcohol which are often the negative side effects of stress. Especially after 9/11, that's something that we wanted to address as part of our work. That's the mandate of our grant—prevention and treatment of drugs and alcohol.

Obviously we connected that to stress management and the factors that cause stress in these communities that can lead to abuse of alcohol and drugs and domestic violence that emerges and sexual health, as well as hate crimes and racial discrimination obviously. In order to address these factors, we planned a community event where we brought together social service providers such as lawyers, doctors, and employment specialists and some of our social workers who acted as consultants and could speak to people one-on-one, give them advice and services on an individual level at this community forum.

Another respondent described the need to develop relationships with other organizations and work collectively towards some larger systemic goals.

Because we want experts, so we actually got in touch with them and got them. We got the New York Civil Liberties Union, the New York Immigration Coalition, AALEF (Asian/American Legal Education Fund). We are also now working with the city board. We are working with private attorneys also – (respondent gives name) one of the best immigration attorneys. We're also working to help to help to initiate a coalition BORDC – Bill of Rights Defence Campaign.

Refocus Programs and Services to Align with Sociocultural and Demographic Changes

Community-based human service organizations are challenged to adapt to emerging trends within the social environment (Gronbjerg, 2001; Spall & Zetlin, 2004; Strolovitch, 2006). These adaptations (or innovations) have been defined in a typology of three categories: 1) adaptations to programs and initiatives to meet the changing administrative and technological needs of the organizations (including fundraising, resource sharing, and technological improvements) (see for example: Mano, 2009; Sargaent, 2001); 2) direct practice innovations including implementation of evidence based practices and changing methods of intervention (see for example: Cook & Sabah, 2009; Murray, 2009; Simpson, 2009); and 3) program implementation, including new program development to meet changing or emergent client needs and the procedures utilized in the way services are provided (see for example: Blue-Howells, McGuire, & Nakashima, 2008; Prince & Austin, 2001; Wood, 2007). In this order, Jaskyte and Lee (2006) refer to these three types of innovative or adaptive programs or initiatives as administrative, product, and process innovations.

Respondents here provide evidence that their organizations undertook product and process innovations by refocusing existing programs to align with changing sociocultural and demographic needs (such as attitudes towards help seeking or increasing the level of services available for a specific gender) of Muslims living in New York City. For instance, some respondents described that patterns and attitudes towards help-seeking among Muslim people in New York City changed resulting in the need for more informal processes of helping:

This is what's happening. Do you think if this individual witnesses a rape, a murder, do you think he's going to say, "oh that's the person," no way. I had another case – I came from work – a 12-hour shift...individuals crying on my

doorstep. I asked them what happened. He said he was unable to urinate for the past 12 and ½ hours. I said, “why don’t you go to the hospital? Why don’t you call 911?” And he’s crying and said, “because I’m undocumented. I’m afraid to go there.” I took him immediately to the hospital – the doctors worked on him for two hours – operated on him. And the doctor informed me if he did not come in at that moment he would have been in critical condition. His bladder would have burst. He had some sort of blood clot.

Besides changing patterns in service utilization and access, other respondents identified that Muslim men would require more services and some organizations adapted the focus of their programs that might only provide services for women and children:

Some people find that women come to us more often after the special registration and 9/11. After special registration you will see men, a lot of men coming here for legal advice and legal services.

Similarly, another respondent described:

We have males coming here to the centre. They were shy about it but some others you know they just feel they have to do it because they were not in a good situation and they needed help.

Some respondents also described how the presenting issues of service users had changed and this resulted in service delivery adaptations to adequately reach the population in need. For instance, one respondent described:

I’ll give you examples – pre 9/11 a lot of women who were undocumented and had found themselves in abusive relationships would, if encouraged enough, seek counseling, seek advocacy, seek legal help. We have the Violence Against Women Act that allows them to self petition for themselves if they are undocumented and their abusive husband or spouse is a green card holder ...now post 9-11 these women are very hesitant to go and ask for help unless there has been a breach of trust. The women who are being abused at home, and I am giving you a scenario where the abuser says “try going out and asking for help, the children will be taken away and you will be put on a plane and be deported”. Whether that would actually happen or not that’s enough to put fear in the woman’s mind to not access help.

Likewise, another respondent commented on how the issues faced by youth in the community had changed resulting in changes in program focus to deal with the psycho-social implications of experiencing discrimination or the fear of deportation:

Most of the young people were shocked and they were upset and they were grieving and they were confused, but the one thing that they experienced which was unique is – after the attacks and the rumors about the attack spread very quickly, is they suddenly felt like they were being scapegoats or that they were responsible for it. Then there were the special registrations targeting them as a community, and some of these kids, kids who were born here or had been here

who only know America even if you know they came here when they were small, were like "well ok I thought this was my country...where do I fit in".

Respondents also identified that they saw changes in clients' cultural identity. For one respondent service delivery adaptation was about recognizing the new dynamics between Muslim cultural groups:

Yes, I mean sometimes Muslims would be active within their own Muslim cultural groups within a certain area and would build a mosque together, would organize together, help each other get jobs and things like that. But now it has become much broader and it is beginning to expand beyond those ethnic boundaries.

Discussion and Conclusion

For respondents in this study, social environment factors such as rights violations, changes in public perceptions about a service user group, the emergence of restrictive public policy, the lack of acknowledgement of social injustice by the general population, and the absence of supports and empathy from government institutions, all acted as triggers for organizations to adapt after 9/11. The result were changes to organizational mandates and the general focus of service delivery, the creation of new organizations, changes to the organizational structure and the diversity of personnel within organizations, new missions and goals within organizations, adaptations to service delivery approaches, and increasing collaboration with other organizations and community groups. As a result of the changing social environment for some Muslim service users after 9/11, from the perspective of these respondents, these adaptations were important because patterns and attitudes of help seeking, types of services needed, the demographics of the service user population, and the presenting issues within the service user group all changed.

The findings demonstrate the need for social workers and other human service practitioners to be adaptive and flexible in the program delivery models offered in their organizations. Extending these ideas into other practice settings might be useful for social work practitioners who struggle to become adaptive and flexible as service progresses. This research gives service provider organizations some ideas about where to begin thinking about what factors external to their organization are impacting their services. If service providers can make these connections between social environment change and service user needs they might be able to respond differently (as service providers in this study did) to the changing needs that service users have.

There are some limitations of this research. This research is exploratory and, as is the case with all qualitative research, the findings are not generalizable to all organizations providing services to Muslim service users. In fact, some human service organizations are more adept at responding to those social environment factors that promote or support marginalization of certain groups within the population (Jones, 2006; Netting, O'Connor, & Fauri; 2007; Schmid, 2004). Our findings identify ways in which some human service organizations providing services to Muslim client groups had adapted their services after the events of 9/11. We also identified what factors acted as triggers for these changes. These excerpts help to highlight those sociopolitical and sociocultural factors that they

were responding to, providing useful insight for the transferability of the findings to other contexts where service providers are working with marginalized groups in society made vulnerable by negative social environment factors.

The data presented in this study were collected in 2004. This is an important period, following a several-year hiatus since 2001, that provides historical perspective with which the reader may begin to put the data in proper context. But further research based on the present context of services for Muslim service users needs to be undertaken to determine the extent that these factors contribute to service delivery adaptation in the present. Nonetheless, the 2004 data still provides a context for better understanding the role of community-based or nonprofit service delivery organizations in addressing the needs of service user groups and the aspects of our social environment that contribute to organizational adaptation. For this purpose, the data and findings are particularly useful for social welfare theory development.

For instance, large portions of the system of social welfare in North America, and throughout many parts of the developed world, have been changing modestly since the mid-1990s. In many places there has been further government decentralization, heightened individualism, and neo-liberal policies supporting financial retrenchment of welfare state spending (Evers, 2009; Jordan, 2008; Gonzales, 2007; Mulvale, 2001). Likewise, nonprofit and nongovernmental organizations have become more involved in directly addressing the changing social welfare needs of individuals and communities (Anheier, 2004, 2009). This study provides some empirical evidence of the role of organizations in addressing changing needs as a result of sociopolitical changes in our social environment.

Mulroy (2004) clarifies these emerging dynamics of the role of community-based organizations and service user need through a discussion of an 'Organization-in-Environment' approach. She highlights how organizations and communities are embedded in a hierarchy of structural conditions, but at the same time they have the capacity to change macro inequities that exist within society. This organization-in-environment approach is evident in the case of the Muslim service providers in this study. These agencies, of which the practitioner participants from this study were a part, played an active role in meeting the social welfare needs of some Muslim individuals and groups in New York City after extreme sociopolitical shifts that emerged out of public reaction to the 9/11 terrorist attacks. In many cases these organizations acted as a first wave of response by assessing immediate changing needs of Muslim service users. What these participants describe is that in order to be responsive to changing needs—developed from ongoing changes within the social environment—service providers, generally, need to be actively engaged in responding to these negative sociocultural and sociopolitical aspects of the social environment. For instance, practitioners need to look for changes in the demographic aspects of the service population; they need to examine the sociopolitical and sociocultural context impacting client groups; and they need to undertake ongoing assessment of the role of their organization in defining service based on changing service user needs that are in conflict with government policies.

While these data show that events happen that require service organizations and practitioners to change in many different ways, it is important to ask: how do they respond if these 'events' are slow progressions, in situations where clients have simply become passive recipients of a service that is defined by an ineffective government policy or externally mandated initiative? These findings suggest that social work education could train students to better recognize and adapt to the implications of locality – not just cultural factors related to a demographically defined sub-population, but also political factors, public perception, economic conditions, geographic parameters, and social relationships. Content within social work education could focus not just on organizational management, but also methods of collaboration, program and service delivery development, and ongoing community or environmental assessment.

The research here also demonstrates the complexity of the social environment and the implications for social service user groups that are specifically affected by the sociopolitical and sociocultural context of the present. Moreover, the insights that the respondents in this study provide are practical, and many can be carried out without enormous commitments of resources. But also, many of the ways these respondents describe adapting and changing services to meet evolving needs are complex and require a substantial commitment on the part of the service provider and an effort of actively seeking resources to adjust service mandates. This creates significant challenges for social workers and other human service professionals in community-based settings to adequately adapt services to changing service user needs.

Within our current social environment context there may be potential for scaling up these insights to any agency that works with Muslim communities. And further research to consider how to scale up, and evaluations of such activities, would be valuable. This is necessary to adequately investigate the role of social work and its functional purpose with groups or individuals negatively affected by 9/11 in the United States and elsewhere in the world where similar experiences exist (such as in Canada and European countries). More fundamental though, there needs to be an adaptation to mainstream social work knowledge and education within traditional welfare state countries which begins to recognize the role and function of direct service providers in nonprofit and nongovernmental organizations in adapting their services to meet changing service needs. As demonstrated by the respondents in this study through this case example of service providers for Muslim service user groups in New York City post 9/11, it is evident that practitioners and organizational-level service providers have a key role in assessing need and responding through revised organizational mandates and practices.

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Same-Gender Marriage: Implications for Social Work Practitioners

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Abstract: *Notably, in 2013, Maryland, Rhode Island, Delaware, and Minnesota became the 10th, 11th, 12th, and 13th states, respectively, to legalize same-gender marriage. Without legal recognition or social support from the larger society, the majority of same-gender partnerships in the U.S. are denied privileges and rights that are considered basic for heterosexual marriages. This manuscript draws from a national cross section of published survey data from 1996 to 2013 reporting Americans' attitudes regarding same-gender marriage and civil unions. Social work practitioners have broad opportunity to apply their skills to the critical needs facing same-gender partners. After an overview of the legal status of same-gender marriages and their accompanying social and policy issues, recommendations are provided that include identification of specific needs for premarital counseling of same-gender partners and ensuring sensitivity to the myriad challenges they face.*

Keywords: *Same-gender marriage, same-sex marriage, civil union, marriage equality*

Same-gender partnerships in the U.S. have had a very tumultuous history. Notably, the 2010 census reported the existence of same-gender couples in 99% of the counties in this country (Williams Institute, 2011); however, currently only 13 states recognize same-gender marriage. Existing without legal and social recognition and support for their family unit is a constant, harsh, and exhausting strain on many same-gender partnerships in this country. These couples are often denied certain privileges and rights that are considered basic for heterosexual marriages. Indeed, some 1,100 legal privileges have been identified as stemming from the institution of legal marriage (Duncan & Kimmelmeier, 2012). There are also often negative consequences for the mental and emotional well-being of the individuals within these family units, which, many times, include children. This is sometimes referred to as minority stress theory (Alessi, 2013; Ponterotto, Casas, Suzuki, & Alexander, 2010). The 2010 Census Bureau reported that 115,000 same-gender couples out of 594,000 have at least one child (Lofquist, 2011). Some studies have revealed that partners in same-gender relationships desire the recognition of marriage for their relationship regardless of whether or not such recognition is accompanied by additional benefits (Shulman, Gotta, & Green, 2012).

Social work practitioners have broad opportunity to apply their practice to the many areas of need facing same-gender partners, using their training as practitioners, advocates, and researchers to intervene effectively at multiple levels (Rostosky & Riggle, 2011).

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This article highlights potential avenues for these professionals to assist with the issues faced by same-gender marriages, after an overview of the relatively recent evolution of the legal status of same-gender marriages, and their accompanying social and policy issues. In addition, we report national poll data from 1996 to 2013 which address America's attitudes regarding same-gender marriage and civil unions. Our rationale for presenting these national survey data is that there is ample evidence that public opinion impacts policy formation, such as the legalization of same-gender marriage in this case (Agnone, 2007; Blekesaune & Quadagno, 2003; Zernike, 2013).

Legal Background

In the U.S., the legal status of same-gender partnerships began to emerge sporadically as a social issue throughout the 1960s and 1970s, predominantly through the voices of journalists, playwrights, and other writers and artists. A seminal legal challenge to Minnesota's denial of a marriage license to a gay activist in the early 1970s was unsuccessful (*Baker v. Nelson*, 1972), followed by similar decisions in Kentucky and Washington State (Geidner, 2011). Later in that decade, the U.S. Episcopal Church considered banning the ordination of openly gay priests (Sheppard, 1979). It was not until 1989 that the issue began to take shape and gain momentum, and was swept up in the rising wave of the gay and lesbian rights movement of the 1980s. In that year, in two reversals of traditional U.S. thinking on marriage and family, New York's judiciary ruled that for the purposes of rent-control laws, two gay men qualified as a family, and the State Bar of California publicly advocated recognition of same-gender marriages (Gutis, 1989).

DOMA. Though the stage was readying for a pendulum swing, the aforementioned steps were not widely accepted or integrated into America's social or political fabric just yet. In 1996, both houses of the U.S. Congress passed the Defense of Marriage Act (DOMA) by large majorities, restricting to opposite-sex marriages all federal marriage benefits, including insurance benefits (for government employees), Social Security survivors' benefits, immigration, and tax filing status (Epstein, 2012; Franck, 2011; Willetts, 2011). DOMA's provisions restricting same-gender couples from rights and benefits with regard to bankruptcy, public employee benefits, estate taxes, and immigration were subsequently held to be unconstitutional in eight federal courts. DOMA also required recognition of inter-state marriage status only for opposite-sex marriages; the states were left with the ability to determine whether to allow same-gender marriages or unions within their borders, and whether they would recognize marriages performed legally in other states (Zupcofska, 2010).

In 2000, Vermont became the first state to legally recognize same-sex unions, referred to as civil unions, granting same-gender couples certain rights and benefits of marriage ("Vermont Lawyer," 2013). It took years for additional states to begin to react, some expanding on their definitions of legally recognized same-gender partnerships, and some solidly rejecting any such expansion. Domestic partnership policies were implemented in seven states, namely, California, Maine, New Jersey, Washington, Oregon, Nevada, and Wisconsin (Willetts, 2011). In 2008, New Hampshire passed legislation allowing for civil unions. However, that same year, Arizona, Florida, and

California amended their state constitutions to legally define marriage in a way that outlawed same-gender unions (Whitehead, 2010).

California's mechanism for outlawing same-gender marriage was ballot Proposition 8 (Sherkat, Powell-Williams, Maddox, & Mattias de Vries, 2011), which actually reversed an earlier state Supreme Court decision holding that same-gender couples have a constitutional right to marry. Existing same-gender marriages were "grandfathered" in and allowed to stand, under a subsequent California Supreme Court decision upholding Proposition 8. In *Perry v. Schwarzenegger* (2010), Proposition 8 was overturned as a violation of the Due Process and Equal Protection clauses of the U.S. Constitution (Nicolas, 2011). Overall, 41 states have passed state-level versions of DOMA, expressly prohibiting rights for same-gender couples (Ellison, Acevedo, & Ramos-Wada, 2011; Woodford, Chonody, Scherrer, Silverschanz, & Kulick, 2012).

Historically, in June 2013, the U.S. Supreme Court struck down DOMA, allowing for federal recognition of same-sex marriage in the states where it was legal. This action provided access for same-gender couples to over 1,100 federal benefits which were formerly denied to them. The Court also declined to consider a case challenging Proposition 8. As such, on June 28, 2013, gay and lesbian couples resumed marriage ceremonies in California (Leitsinger, 2013).

Religion and Spirituality

Walls (2010) observes that failure to recognize and address the importance of religious motivations about same-gender marriage could result in a substantial portion of the U.S. population remaining opposed to equal rights for same-gender couples. As pointed out by Judge Walker (in *Perry v. Schwarzenegger*), moral views are the primary basis of objection that individuals have against same-gender couples (Franck, 2011).

There are clearly vast differences of opinion among churches on this topic. Many liberal religious groups and movements have promoted rights and recognition for same-gender couples (Sherkat et al., 2011). However, opposition to same-gender marriage remains high among conservative Protestant and sectarian faith communities (Ellison et al., 2011), and Sherkat and colleagues found that both denominational ties and religious participation traditionally have negative influences on support for same-gender marriage. Incidentally, it has been suggested that Canada's great strides toward equal rights for lesbian and gay citizens are due to the fact that Canada does not have a strong religious right advocating against their equal rights (Green, Murphy, & Blumer, 2010).

The Vatican publicly opposes same-gender marriage and same-gender relationships in general. However, in 2013, Pope Francis declared that homosexuals should not be marginalized stating, "Who am I to judge?" In addition, when he was asked if he approved of homosexuality, the Pope replied, "Tell me: When God looks at a gay person, does he endorse the existence of this person with love, or reject and condemn this person? We must always consider the person" (Goodstein, 2013, p. A1). In concert with this position, Catholic Charities in Massachusetts has declined to place any adoptive children with same-gender couples (Franck, 2011). Similarly, research suggests that U.S. Latinos,

who are largely Catholic, tend to oppose progressive policy regarding same-gender marriage (Ellison et al., 2011).

Other non-Christian religious groups' attitudes toward same-gender marriage range from outright condemnation by a substantial number of Orthodox Jews and Muslims (Marcus, 2013; Pew Research Religion & Public Life Project, 2012) to tacit support for those who embrace Reform and Reconstructionist Judaism (Kipnes, 2013). The Conservative Jewish movement approved a ceremony in 2012 to allow same-gender couples to marry. There is no official Buddhist or Hindu position on same-gender marriage (Pew Research Religion & Public Life Project, 2012).

Family and Adoption Issues

Gay and lesbian persons often face tensions and dilemmas in the context of family relationships (Green, Murphy, Blumer, & Palmanteer, 2009). This discord is easily compounded when it progresses from a matter of their own sexuality to the context of a relationship with a member of the same sex. Same-gender couple relationships are often ignored or rejected by parents and relatives, rather than validated, supported, and celebrated (Rostosky & Riggle, 2011). When they announce to family and friends a decision to get married, they tend to receive mixed reactions (Baker & Elizabeth, 2012). Same-gender couples that have had wedding ceremonies have reported being told by family members that they will not live "happily ever after," and that their choice of a same-gender partner is "wrong" (Rostosky & Riggle, 2011, p. 959).

With regard to parenting rights of same-gender couples, many U.S. states protect gay and lesbian parenting without officially recognizing gay and lesbian couples. For instance, almost half of U.S. states recognize second-parent adoption, whereby a child may be adopted by a second parent in the home who is not married to the legal parent of the child (Epstein, 2012).

Healthcare

While some studies have found that legal and social recognition of same-gender marriage has had positive health outcomes for the LGBT (lesbian, gay, bisexual, and transgender) community (Buffie, 2011), generally, compromised healthcare delivery to this community compared to that provided to the general population is well documented (Bonvicini & Perlin, 2003; Penniman et al., 2007). One aspect to consider is that a partnered LGBT person is less likely to receive employee-sponsored dependent health insurance coverage (Buffie, 2011). Partnered gay men are much less likely than are married heterosexual men to have access to employer-sponsored dependent coverage, while partnered lesbians have even less opportunity for coverage than married heterosexual women. Moreover, enrolling a same-gender partner or spouse as a dependent frequently requires that an employee "come out" as lesbian or gay if the employee has not done so already (Ponce, Cochran, Pizer, & Mays, 2010).

Methods

The findings of this study are based on previously published opinion polls from the Gallup Organization (2013), CBS News/New York Times Poll (2012), and CNN/ORC Poll (2013). For the Gallup Organization, the design of the sample for personal (face-to-face) surveys is that of a replicated area probability sample down to the block level, in the case of urban areas, and down to segments of townships, in the case of rural areas. After stratifying the nation geographically and by size of community according to information derived from the most recent census, over 350 different sampling locations are selected on a mathematically random basis from within cities, towns, and counties that have, in turn, been selected on a mathematically random basis.

The procedures just described are designed to produce samples that approximate the adult civilian population (aged 18 and older) living in private households (that is, excluding those in prisons, hospitals, hotels, and religious and educational institutions, and those living on reservations or military bases) and, in the case of telephone surveys, households with access to either a landline or cell phone. The manner in which the sample is drawn also produces a sample that approximates the distribution of private households in the United States; therefore, survey results can also be projected onto the number of households. For further detailed methodology, see Gallup Organization (2013), CBS News/New York Times Poll (2012), and CNN/ORC Poll (2013).

Results

Given that same-gender marriage is one of the most controversial and divisive social issues faced by Americans, national polls have been conducted on this topic for nearly two decades. For example, from 1996 to 2012, the Gallup Organization (2013) asked a cross section of Americans the following question: "Do you think marriages between same-sex couples should or should not be recognized by the law as valid, with the same rights as traditional marriages?" (see Table 1). Results showed a notable increase for support for same-gender marriage: In 1996, only 1 in 4 Americans were in support, whereas by November 2012, a majority (53%) of Americans expressed their support.

In order to tap into Americans' attitudes toward same-gender marriage in a slightly different format, from 2004-2012, the CBS News/New York Times Poll (2012) asked a cross section of Americans: "Which comes closest to your view? Gay couples should be allowed to legally marry. OR, Gay couples should be allowed to form civil unions but not legally marry. OR, There should be no legal recognition of a gay couple's relationship?" (see Table 2). The most striking difference compared to the results reported in Table 1 is that when respondents were provided with three response alternatives, support for legal marriage declines from a majority (53%) to only 40% of Americans in support of legal marriage. Approximately one quarter of Americans support civil unions as opposed to legal marriage, while nearly one third of Americans desire no legal recognition of a gay couple's relationship.

Table 1. Attitudes toward the Legal Recognition of Same-Gender Marriage, 1996-2012

	Should be valid (%)	Should not be valid (%)	No opinion (%)
2012	53	46	2
2012	50	48	2
2011	48	48	4
2011	53	45	3
2010	44	53	3
2009	40	57	3
2008 [^]	40	56	4
2007	46	53	1
2006 [^]	42	56	2
2006 ^{*^}	39	58	4
2005 [*]	37	59	4
2004 [*]	42	55	3
1999 [*]	35	62	3
1996 [*]	27	68	5

Question: Do you think marriages between same-sex couples should or should not be recognized by the law as valid, with the same rights as traditional marriages?

Note*: [Question was slightly different]: Do you think marriages between homosexuals should or should not be recognized by the law as valid, with the same rights as traditional marriages?

Note[^]: Asked of a half sample.

Note^a: Data reported two or more times in one year indicate that the same question was asked multiple times.

Note^b: Figures may not total 100% because of rounding.

Note^c: Random sample of 2,027 adults, aged 18+, living in all 50 U.S. states and the District of Columbia. For results based on these samples of national adults, one can say with 95% confidence that the margin of error is ± 3 percentage points (T. Sugar [Gallup Organization], personal communication, September 5, 2013).

Note^d: For each table, the authors have reported all data that were collected by the Gallup Organization. However, it is important to note that the Gallup Organization did not conduct the same survey every year, which explains the occasional gaps in data reported from year to year.

Source: Poll data compiled by the Gallup Organization (2013).

Table 2. Attitudes toward Same-Gender Marriage and Civil Unions, 2004-2012

	Legal marriage (%)	Civil unions (%)	No legal recognition (%)	Unsure (%)
2012	40	23	31	6
2011	38	27	28	7
2010	40	30	25	5
2010	39	24	30	7
2009	33	30	32	5
2009	42	25	28	5
2009	33	27	35	5
2008	30	28	36	6
2007	28	32	35	5
2006	28	29	38	5
2006	27	30	40	3
2005	23	34	41	2
2004	21	32	44	3
2004	28	31	38	3
2004	28	29	40	3
2004	22	33	40	5

Question: "Which comes closest to your view? Gay couples should be allowed to legally marry. OR, Gay couples should be allowed to form civil unions but not legally marry. OR, There should be no legal recognition of a gay couple's relationship."

Note^a: Data reported two or more times in one year indicate that the same question was asked multiple times.

Note^b: $N = 1,197$ adults nationwide with a margin of error of ± 3 percentage points.

Note^c: For each table, the authors have reported all data that were collected by the CBS News/New York Times Poll. However, it is important to note that the CBS News/New York Times Poll did not conduct the same survey every year, which explains the occasional gaps in data reported from year to year.

Source: Poll data compiled by the CBS News/New York Times Poll (2012).

To gain yet another perspective, Table 3 presents CNN/ORC Poll (2013) data from 2008 to 2013 derived from a slightly different question: "Do you think marriages between gay and lesbian couples should or should not be recognized by the law as valid, with the same rights as traditional marriages?" It is interesting to examine these data by important demographic subgroups: gender, age, and political party affiliation. For example, women were slightly more likely than men to support same-gender marriage during the two years reported, 2012 and 2013. When we examine the impact of age, the younger respondents (under 50) supported the proposition by nearly two thirds, whereas of those 50 and older, only 4 in 10 expressed similar support. Finally, the sharpest differences were reported between those who identified their political affiliation as either

Republican or Democrat: nearly 3 times as many Democrats (70%) as Republicans (25%) supported same-gender marriage.

Table 3. Attitudes toward Same-Gender Marriage by Gender, Age, and Political Party Affiliation, 2008-2013

	Should %	Should not %	Unsure %
<u>2013</u>	53	44	3
Men	49	48	3
Women	56	40	4
Under age 50	61	36	3
50 and older	42	53	4
Democrats	70	28	2
Independents	55	41	4
Republicans	25	71	4
<u>2012</u>	54	42	3
Men	52	43	5
Women	56	42	2
Democrats	70	28	2
Independents	60	37	4
Republicans	23	72	5
2011	53	46	1
2011	51	47	2
2009	44	54	2
2008	44	55	1
2008	44	53	3

Question: "Do you think marriages between gay and lesbian couples should or should not be recognized by the law as valid, with the same rights as traditional marriages?"

Note^a: Figures may not total 100% because of rounding.

Note^b: Data reported two or more times in one year indicate that the same question was asked multiple times.

Note^c: $N = 1,014$ adults nationwide with a margin of error of ± 3 percentage points.

Note^d: For each table, the authors have reported all data that were collected by the CNN/ORC Poll. However, it is important to note that the CNN/ORC Poll did not conduct the same survey every year, which explains the occasional gaps in data reported from year to year.

Source: Poll data compiled by the CNN/ORC Poll (2013).

Discussion

What is most striking when we review the findings reported in Tables 1 and 2 are the substantial differences in support for same-gender marriage, ranging from a majority (53%) expressing support for marriage equality to only 4 in 10 supporting same-gender marriage when Americans are offered three response alternatives: support for legalization of marriage, civil unions only, or no legal recognition of same-gender couples. An alternative interpretation emerges when we combine responses supporting civil unions and no legal recognition. More than 5 in 10 Americans support these two approaches, whereas only 4 in 10 support the right to legally marry.

For social workers committed to social action and legislative change, it is useful to be aware of the various demographic subgroups which support marriage equality, as reported by national polls. As such, this knowledge would provide a beginning point to focus on populations within states that have not approved same-gender marriage. Towards this end, when we examine the data in Table 3, two important demographic subgroups emerge: age and political party affiliation. When age is considered, those under 50 years of age are much more likely to support same-gender marriage than Americans 50 and over. Another national survey (CBS News Poll, 2013) reported a very strong relationship between age and support for same-gender marriage. For example, nearly 3 in 4 (73%) of respondents aged 18-29 were in support of marriage equality. This level of support declines systematically through each older cohort without exception. For example, only 35% of the oldest cohort (65+) supports same-gender marriage.

Political party affiliation yields the greatest response differences: Nearly three quarters of Democrats support same-gender marriage versus one quarter of Americans who consider themselves Republicans (see Table 3). It is useful to note that several national surveys have reported similar results (NBC News/Wall Street Journal, 2013; Pew Research Center, 2013, Princeton Survey Research Associates International, 2008; Quinnipiac University Poll, 2012).

Finally, regarding religious affiliation, the strongest support for same-gender marriage comes from the following demographic groups: Jewish Americans (81%), the religiously unaffiliated Americans (76%), Catholics (58%), and mainline Protestants (55%) (Jones, Cox, Navarro-Rivera, Dionne, & Galston, 2013). Social workers may wish to look to these groups as their support base as they advocate for marriage equality.

The results from these national public opinion surveys may be useful for social workers who seek to advance social justice and marriage equality for the gay and lesbian population (National Association of Social Workers, 2012). There is a great deal of evidence that public opinion can directly influence public policy (Burstein, 2003; Kenworthy, 2009; Silver, 2013). For example, DOMA was approved under the Clinton Administration, when public opinion did not strongly support same-gender marriage. However, recently, the Supreme Court, some would argue, was influenced by public opinion, when it struck down DOMA and took no action on California's Prop 8 with a near majority supporting same-gender marriage. Some would also suggest that the 13 states that have approved same-gender marriage were influenced by national and state-wide public opinion supporting same-gender marriage.

Study Limitations and Directions for Future Research

Study Limitations

Numerous scholars have reported the limitations of survey research methodology (Creswell, 2013; Dillman, Smyth, & Christian, 2009; Groves & Couper, 2012; Groves et al., 2013). The findings can be impacted by numerous factors: the size, quality, and representativeness of the sample; survey type (face-to-face, online, mail, or telephone); question wording; question ordering; potential for social desirability response bias; number of response alternatives; and potential impact of various media announcements at the time of data collection (e.g., Supreme Court rulings, newspaper headlines, social media, etc.).

Limitations specifically related to data reported in Table 1 include a change in question wording from “homosexuals” to “same-sex couples” by the Gallup Organization. For example, in 2006, Gallup collected data twice that year, once using the question: “Do you think marriages between homosexuals should or should not be recognized by the law as valid, with the same rights as traditional marriages.” In the same year, they changed the wording: “Do you think marriages between same-sex couples should or should not be recognized by the law as valid, with the same rights as traditional marriages?” We note that there was a negligible change in response rate from 39% agreeing that marriage should be valid to 42% when the second version of the question was asked. This difference is considered to be within the margin of error of ± 3 percentage points, as reported by the Gallup Organization (see Note^c in Table 1).

In examining the data in Table 2, we note the following limitations: The CBS News/New York Times Poll (2012) decided to frame their question differently than did Gallup in Table 1. Table 2 used the phrase “gay couples” as opposed to “same-sex couples” in Table 1. In addition to wording differences, Table 2 offered respondents three response alternatives: legal marriage, civil unions, and no legal recognition. It is interesting to note in Table 1 that when respondents are limited to one of two response categories—should be valid and should not be valid—53% felt that same-gender marriage should be legally valid in 2012. However, when data were collected in 2012 by the CBS News/New York Times Poll, which provided three response alternatives, only 40% of Americans expressed support for legal marriage. It appears that the impact of question wording and the availability of several response alternatives yield substantially different results.

The data reported in Table 3 have the following limitations. It is interesting to note that the CNN/ORC Poll (2013) uses yet a third variation in question wording: “gay and lesbian couples”; however, the results for their 2012 survey are almost identical to Gallup’s results (54% and 53%, respectively, supporting same-gender marriage). In addition, the age categories of “under 50” and “50 and over” are extremely broad. However, other polling organizations report that for each cohort as age increases from youngest to oldest, there is a steady decline in support for same-gender marriage (Jones, 2013). Similarly, regarding political party affiliation, if respondents were given a fourth

choice of no political affiliation, in addition to Democrat, Republican, or Independent, these results may yield a measurable difference.

Future Research

Future social work research might focus on the demographic subgroups in American society that do not support marriage equality. Findings from such research may shed light on how we can address the serious concerns of those Americans opposed to the legalization of same-gender marriage. To effectively conduct this research may require detailed, qualitative, face-to-face interviews, which generally provide much richer insights than can be gathered by using standard survey research methods. Collecting data from a sub-sample of Americans that do not support same-gender marriage is, of course, time consuming, costly, and may lack generalizability. Drawing from the results of these in-depth interviews may enable researchers to design meaningful questions that may have eluded earlier researchers who had used standard survey methodology.

Groups to be identified include the politically and religiously conservative as well as respondents over 50 years of age who typically report the lowest level of support for marriage equality. With this arsenal of detailed qualitative information, social workers could draw from these data as they pursue their various social policy advocacy efforts. In the past, social workers have only been armed with a thumbnail sketch of the demographic subgroups that are opposed to same-gender marriage, whereas the data gathered through this new research direction could provide a detailed breakdown of the reasons why certain demographic subgroups are opposed to the legalization of same-gender marriage. Addressing such concerns may accelerate the progress towards full marriage equality for all Americans.

Implications for Social Work Practice

Direct Practice

The number of lesbian women and gay men who turn to therapy for help for any number of reasons is rapidly increasing. For example, 72% of American Association of Marriage and Family Therapy Clinical Members indicate that approximately one tenth of their practice is with lesbian and gay clientele (Green et al., 2009). Many practitioners are challenged to think outside of their comfortable and familiar heterosexist constructions of family life, thereby promoting a more gay- and lesbian-affirmative therapeutic stance (Green et al., 2009). Also, same-gender marriage partners often need counseling or therapy to assist with their constant struggle amidst layers of unsupportive laws, policies, and social attitudes. The impact of these struggles can negatively affect not only their finances and certain privileges and rights, but also, commonly, the mental and emotional well-being of the members of their family unit including partners and children.

Pre-marital education services, readily available to opposite-sex couples, are limited for same-gender couples. Premarital counseling could provide a wealth of support and guidance to lesbians, gays, and bisexuals to nurture their relationships in the midst of societal discrimination, legal prohibitions, and other forms of social injustice that are

enacted against same-gender marriages. The development of programs to address these and related issues could be strengthened by linking same-gender and bisexual couples with successful couples who have experienced and resolved various challenges related to their sexual identities (Casquarelli & Fallon, 2011).

Social workers also have an important role in addressing the “minority stress” that same-gender couples experience as a result of the lack of marriage equality. Minority stress is associated with increased risk for depression, anxiety, and other physical and psychological health outcomes. The denial of civil marriage rights is a specific example of minority stress that can negatively affect the psychosocial well-being of lesbians, gays, bisexuals, and the transgendered (Rostosky & Riggle, 2011).

Some therapists have failed to explicitly attend to the social context of their gay and lesbian clients, which has sometimes led to ineffective practices (Green et al., 2009). With regard to same-gender partners involved in health care issues, in states where same-gender marriage is not recognized, it could be important to guide them towards initiating a form of health care proxy to help approximate the kinds of rights that a heterosexual spouse would have in a medical emergency (Zupcowska, 2010).

Macro Practice

The lack of legalized marriage for same-gender couples directly affects their rights and psychological well-being. Furthermore, the Massachusetts Department of Public Health indicates that 93% of children with same-gender parents report feeling happier and better off as a result of the legal recognition of same-gender marriage (Buffie, 2011).

Further, social workers can take steps to become advocates for marriage equality by educating themselves about local and state laws that affect their clients (Rostosky & Riggle, 2011). They can also facilitate marriage equality by conducting and disseminating research and by engaging in political advocacy efforts in conjunction with national organizations, such as the National Gay and Lesbian Task Force (NGLTF) and the Human Rights Campaign (HRC), which are nationally organized political voices for the U.S. LGBT community (Callahan, 2009). With regard to the need for premarital counseling for same-gender couples, social workers can play an important research role to increase their understanding (Casquarelli & Fallon, 2011).

To help change the knowledge base in the courtroom, social workers can serve as informational consultants to politicians, attorneys, and judges. As an example of the critical role that social workers and other professionals can play, research psychologists testified on behalf of the plaintiffs during the 2010 federal district trial challenging the constitutionality of California’s Proposition 8. One social scientist presented expert testimony and cited research on “minority stress”; another testified on the vast research literature demonstrating that child outcomes do not differ based on parent sexual orientation. The impact of such research is clear in the judge’s decision in favor of marriage equality (Rostosky & Riggle, 2011).

Researchers have reported in recent years that homophobic attitudes are decreasing; however, it is unclear whether attitudes are actually changing, or whether instead it is less

socially desirable to admit having these attitudes (Green et al., 2010). Although intentional anti-gay behaviors are common, more common are unintentional anti-gay behaviors that some people engage in without conscious awareness. The impact of homophobia on gays and lesbians can be devastating, resulting in feelings of inadequacy, self-hatred, guilt, and a general lack of optimism (Blumer & Murphy, 2011). This is an important observation since it can impact social work practice, particularly if social workers or their homophobic clients hold such attitudes and unintentionally harm LGBT individuals. Therefore, it is critical that social workers engage in serious self-reflection regarding their personal attitudes toward LGBT clients and how those attitudes may negatively impact the clients they are seeking to assist.

Conclusion

When we trace America's historical, cultural, and political roots surrounding same-gender marriage equality, we observe a significant journey marked by the violence of the Stonewall riots in 1969 to the policy decision of the American Psychiatric Association to remove homosexuality as a mental health disorder from the DSM-IV manual in 1973. Nearly half a century later, today's national opinion surveys report a slight majority of Americans in support of same-gender marriage. It is interesting to note that American public opinion has often led the opinion of state and federal legislators on controversial issues, and this appears to be true today. Social workers who choose to advocate in this arena have a full agenda which involves a great deal of effort, but also requires a fundamental shift in how society views traditional marriage—a shift that Americans do not easily make. This is a challenging but not impossible undertaking. Today's social workers should be in the forefront in fighting for social justice and equality.

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Working with Lesbian-Headed Families: What Social Workers Need to Know

Misty L. Wall

Abstract: *More gay men and lesbian women are choosing parenthood. One common challenge facing lesbian-headed families is how to navigate interactions with societies that are largely homophobic, heterocentric, or unaware of how to embrace non-traditional families. Systems may struggle to adjust services to meet the needs of modern family structures, including families led by lesbian women. The following are three areas of intervention (knowledge, creating affirmative space, and ways to incorporate inclusive language), informed by current literature, that allow social workers to create successful working relationships with members of lesbian-headed families.*

Keywords: *Lesbian, same-sex couples, lesbian-headed families*

The landscape for lesbian, gay, bisexual, and transgender individuals (LGBT) has changed vastly within the last decade. For the first time in U.S. history, our president is openly supportive of same-sex marriage and all other formal extensions of equal rights to LGBT individuals. Despite considerable progress, the nuclear heterosexual family is still viewed by parts of western society as the “the norm” and the “preferred” family constellation for child rearing. Despite decades of research that have produced countless empirical studies showing lesbian women to be capable, protective, nurturing, loving parents (see the American Psychological Association for a list of studies), same-sex headed families are viewed by some Americans as deviant and potentially harmful to children (Short, Riggs, Perlesz, Brown, & Kane, 2007). Many lesbian women desire motherhood and are choosing to become parents in the context of same-sex relationships despite public and private challenges associated with that choice. The purpose of this article is to provide social work practitioners practical, evidence-based interventions so that they may provide effective and affirmative services to lesbian-headed families.

The 2010 U.S. Census report shows 594,000 same-sex couple households in the United States (Lofquist, 2011). Almost half (48%) of lesbian couples report having a child under 18 in their home (Gates, 2013). While there may be a number of issues with the accuracy of estimates of this hidden population, existing data provide social scientists evidence documenting the prevalence of lesbian women who are parenting.

The definition of family has been evolving for centuries to meet the changing needs of society. Such evolution has included inclusion of adopted children in wills and probated estates, acceptance of mixed-race couples, and grandparents raising grandchildren, among other non-traditionally defined family structures. Narrow definitions of family offer fertile ground for oppression of lesbian-headed families. Non-traditional family structures require practitioners to seek to understand how lesbian women raising children define “family” and the roles within their families. Definitions of

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family vary from household to household, but there are a few key themes that social workers must be aware of in order to best support their lesbian clients.

Within lesbian communities, especially lesbian feminist communities, the ideas of lesbian and mother have been mutually exclusive categories. Some lesbian scholars believe that lesbian women do not always recognize the political implications of lesbian motherhood (Corley & Pollack, 1997), and this sentiment can be alienating for some lesbian mothers (Lewin, 1994). Lesbian women encounter oppression due to their sexual orientation from every aspect of their public and private lives. This oppression is intensified when lesbian women make the decision to have children, because they make this choice in a society that frequently and boisterously protests the lesbian-headed family (Short et al., 2007).

Lewin (1994) followed 135 lesbian women who were raising children for five years and has offered much insight into the plight of mothering while gay. In addition to examining the experience of motherhood, she presents a dichotomous range of lesbian women's perspectives on paternity and paternal involvement. She reported that lesbian women all seemed to consider the role of "father" in their children's lives, but the responses in how to define "father" and to include, or exclude, that person varied widely. For instance, one woman described the void created by lack of male involvement as strictly financial and saw government assistance as sufficient to fulfill that role (Lewin, 1994). Some women felt that raising their children without an active father figure was an advantage. Other women, however, saw filling the "father" role as necessary and felt they were responsible to find diverse male figures, such as grandparents, brothers, or male friends to provide a positive male remodel in their children's lives. Regardless of a lesbian woman's opinion of the place of a traditionally defined father figure, Western culture places value on paternal involvement and considers it to be essential for healthy child development. However, the construct and culture of fatherhood is fluid and dependent upon societal, historical, and economic contexts (Goldberg & Allen, 2007). The fluid definition of fatherhood provides lesbian women opportunities to redefine traditionally ascribed "father" roles into gender-neutral paradigms that fit within their families.

Lesbian mothers have the opportunity to redefine other family roles as well. Social workers must keep in mind that lesbian-headed households may not be strongly connected to their families of origin, depending on whether or not their biological family is aware of their kin's sexuality or their reaction to the coming out process. Lesbians often rely less on family of origin and more on families of choice (Erwin, 2007). These selected individuals represent a safe community that understands and supports them (Erwin, 2007). Social workers must remember to validate and include, if necessary, families of choice when working with lesbian mothers. When working with couples of color or mixed race couples this is doubly important since extended family and friends are often included in family trees as a cultural standard (Erwin, 2007).

Lesbian mothers have self-reported a variety of strategies and resources to ensure the wellbeing of their families (Short et al., 2007). Women cited that developing rich social networks and intentionally seeking relationships with people from diverse family

backgrounds were important methods of creating a strong and unique family identity (Short et al., 2007). This research is valuable in that these coping strategies came from lesbian women themselves, rather than counselors or researchers attempting to claim expertise in lesbian women's experiences.

Social service, legal, and political systems in the U.S. are struggling to find ways to meet the needs of increasingly varied models of "family" that are beginning to challenge traditional stereotypes and traditional methods of service provision. As the idea of family expands and shifts to meet the needs of modern families, social workers may be called on to provide direct services to lesbian-headed families. The following are several interventions, informed by current literature, which will allow social workers to create successful working relationships with lesbian-headed families.

Interventions

Know the Facts

Common cultural LGBT myths. While American society has succeeded in dispelling many myths about gay men and lesbian women, several harmful and invalid stereotypes persist perpetuating homophobic and heterosexist attitudes, which can negatively impact delivery of effective and competent services. Social workers are not unaffected by homophobia (Black, Oles, & Moore, 1998; Messinger & Topal, 1997). Further, the NASW Code of Ethics (1999) calls for social workers to continually strive to improve their knowledge and practice. Some of the harmful myths that exist in our culture include assuming that all LGBT individuals want to be "out" to society, assuming that lesbians dislike or even hate men, assuming that a list of all LGBT people within a community exists or that all gay people know or want to know each other, assuming that identifying as LGBT is not compatible with religion or spirituality, assuming that LGBT individuals are liberal or democratic, assuming that LGBT individuals do not want to be married or have children, and assuming that gender norms are derived entirely from nature rather than society. A particularly harmful stereotype that has prevailed in our society is an association between sexual orientation and child sexual abuse. This list, though long, is by no means exhaustive. The resulting damage from these assumptions and societal myths to individuals and families can be devastating. Thus, in an effort to dispel remaining misinformation, the following is a brief overview of empirically-based information about lesbian and gay-headed families that contradict some of these cultural myths that permeate our society.

Despite research to the contrary, debate continues about how being raised by gay or lesbian parents will affect a child's development and whether or not children of gay or lesbian parents are more likely to be sexually abused (Erwin, 2007). However, research suggests that children raised by gay or lesbian parents may have developmental advantages over children raised by heterosexual parents (Goldberg, Smith, & Perry-Jenkins, 2012; Mallon, 2011; Patterson, 2000; Stacey & Biblarz, 2001). This comparison to heterosexual families is also a form of oppression and heterosexism, as it defines heterosexual families as the norm to which other families are compared (Erwin, 2007; Pollack, 1987). Pollack (1987) discusses the real danger of assuming that lesbian mothers

are just like other mothers, explaining that doing so “thickens the veil of invisibility” that surrounds lesbian women. Furthermore, available research focusing on lesbian families alone consists of lesbian-headed families of well-educated, white, middle class background, with children from previous marriages. This limiting image further prevents a clear and accurate portrayal of lesbian women, their children and their experiences. This cycle of oppression can affect lesbian women’s identities, as sexual orientation is defined and perceived through diverse political, cultural, and ethnic lenses. Internalizing homophobia and heterosexism can affect lesbian women’s psychological health and parenting ability (Erwin, 2007). Continuing to view the family through a heterosexual lens will serve to further the oppression experienced by lesbian women and anyone existing outside of a nuclear, heterosexual family context.

Many lesbian-headed families, which can be created through adoption, donor insemination, or mixed families with children from prior relationships, have been found to display higher levels of equality between partners in regards to economic contribution as well as performing work in the home such as childcare and home and property maintenance, and they display advanced parenting skills (Goldberg et al., 2012). Children of lesbian-headed families demonstrate higher levels of attachment when compared to children of heterosexual-headed families (Goldberg et al., 2012; Mallon, 2011; Patterson, 2000; Stacey & Biblarz, 2001). Despite the cultural myths associating lesbians with a lack of desire and adequacy for partnership or motherhood, the trends of increasing lesbian-headed families and the positive outcomes of their children suggest that these women are desiring and fully capable of creating legitimate and healthy families. One of the most crucial understandings to have when working with LGBT families is to ask about their personal experiences and not make assumptions regarding cultural myths on their individual lives.

Protections and discrimination. Societal oppression exists through the above-mentioned myths; however, laws throughout the United States support legal discrimination. Many in our society believe that law protects freedom from oppression, but this is often not the case for individuals who identify as LGBT. While civil rights have expanded to many historically disenfranchised groups, LGBT individuals have often been left behind though things are constantly in flux in different states or cities within states. Various laws regarding bullying, employment protections, fair and equal access to housing, health care for pregnancy planning and partner coverage, marriage equality, availability to petition for second-parent adoption, child custody, donor insemination, and other issues that influence the lives of LGBT individuals, as well as their families, are often not inclusive of LGBT individuals. This lack of legitimized recognition can cause an increase in traumatic experiences and anxiety that would not occur with individuals who do not identify as LGBT, and the large disparity from location to location creates additional inequality of experiences and quality of life (Knauer, 2012). Even the increased political dialogue surrounding elections can increase negative psychological experiences including anxiety, depression, and posttraumatic stress disorder in LGBT individuals (Russel, Bohan, McCarroll, & Smith, 2011). Currently there is a lack of federal oversight, which leaves civil rights decisions up to state and local governing bodies. Thus it is crucial for practitioners to be educated regarding local and national

laws as well as the personal experiences of their clients regarding geographical location and legal discrimination.

Create Affirmative Space

Rapport-building begins when the client enters the agency, or often prior to physical introduction to the agency when the client receives paperwork to complete. Experience has shown that this introductory process is especially important when working with marginalized populations, such as lesbian households because it sets the stage for further development of strong rapport and a trusting therapeutic relationship. Lesbian women who are raising children have unique ways in which they navigate their sexual identity, with varying levels of disclosure depending on the context. Lindsay and colleagues (2011) characterize the degree to which sexual orientation is disclosed on a continuum of proud, selective, and private. They further explain that lesbian women who are considered proud are those women who articulate a commitment to active disclosure of their sexual orientation as a means of advocacy or protection for their children. Selective disclosure refers to women who are just that, selective, regarding to whom and when they disclose their sexual orientation. Women who attempt to disguise their relationships, especially relationships to the non-legal or non-biological parent, choose to do so because they feel out of place, unwelcomed, or excluded when working within heteronormative systems. Finally, private denotes deliberate and active non-disclosure. Levels of authenticity and disclosure are directly related to the perceived level of acceptance and support within the social context and lower levels of disclosure are related to the desire to keep their children safe in systems that are homophobic (Lindsay et al., 2011).

Lesbian clients may find it difficult to ask for or accept help, if the physical environment is not affirmative (Hunter & Hickerson, 2003). Creating affirmative space extends beyond an individual social worker's office to include the entire agency area. One way to create affirmative space agency-wide is to include pictures, periodicals, or other media that include various family constellations, equality organizations such as Parents and Friends of Lesbians and Gays (PFLAG) or the Human Rights Campaign (HRC), and written statements about the agency's commitment to providing equal services (Mallon, 2000). Providing images of same-sex couples, lesbian-headed families, or the like sends the message that all families are valued and encouraged to attend and be fully open about their sexual orientation and family constellations. Within each social worker's office he/she could include resources that are specifically lesbian and gay friendly (Eldridge & Barnett, 1991). Mercier and Harold (2003) interviewed 21 lesbian-headed families about their interfaces with schools and found that many reported feeling that their school systems were attempting to be inclusive of their families, but were doing so with a limited array of resources. Further, lesbian-headed families are often knowledgeable about resources regarding their families and eager to share books, resources, pictures, or similar resources to create systems that affirm their families (Mercier & Harold, 2003).

Members of lesbian-headed families consistently mention heteronormative systems' inability to "see" them as they are (Eldridge & Barnett, 1991; Mercier & Harold, 2003). Lesbian parents frequently report that even when they are intentionally out with child

care providers, school personnel, or other helping professionals, the helping professional reorganizes their family structure into a more common, heteronormative structure, mistaking partners for sisters, grandparents, or the like (Mercier & Harold, 2003; Skattebol & Ferfolja, 2007), perpetuating invisibility and oppression. When lesbian women have parts of their family system minimized, or restructured to fit within the norm, the message of otherness, less than, is internalized, further marginalizing lesbian parents and their children. One solution is to be aware of personal assumptions about families, let the client lead introductions of themselves and their families, and ask clarifying questions when necessary.

Lack of these LGBT-affirming environments, images, and literature can lead clients to feel marginalized, unwelcome, and can increase likelihood of internalized homophobia from living in a heterocentric society (Lindsay et al., 2011; Szymanski & Chung, 2008). Having a safe, confidential space is crucial in contributing to a strong therapeutic relationship and experience for lesbian women (Pixton, 2003).

Use Inclusive Language

The first encounters with a practitioner or agency are generally intake or registration forms or informational surveys. Often forms present heterosexist language including “married, single or divorced” or describe relationships to the client with words such as “spouse,” “mother,” and “father.” Redesigning forms to include language that is inclusive of all family structures will send a signal to lesbian clients that their families are understood and valued by the practitioner as well as by the entire agency. In general, it is important to always provide an option for “other” and a blank space for the client to provide appropriate information. Utilize the client’s language and always ask for definitions or clarification rather than making assumptions. For a comprehensive list of replacement options for current agency forms, please see Table 1.

Table 1. Commonly Utilized Language Contrasted with More Inclusive Language Options

Language Currently Utilized	More Inclusive Options
Marital Status: Divorced, Married, Separated, Single	Relationship Status: Civil Union, Divorced, Domestic Partnership, Legally Separated, Married, Partnered, Single, Separated, Unknown, Widowed, Other
Name of Spouse	Name of Partner
Mother/Father	Parent, Co-Mother, Co-Father
Sex: Male, Female	Sex: Male, Female, Intersex, Other
Gender: Man, Woman	Gender Identity: Male, Female, Transgender male to female (MTF), Transgender female to male (FTM), Gender Queer, Other
Not Applicable	Child’s Status: biological, adopted, foster

In situations where adoption is not a preferred or viable option for lesbian women, an important issue to focus on is the role of the “co-mother,” or the non-biological parent in a lesbian family. Motherhood is associated with biology and childbirth in society, making the role of co-mother a difficult and often isolating position. In her published diary, Gray (1987) writes of the disconnection she experienced during the first month after the birth of her partner’s child. She explains she felt “very left out because I can’t feed him” as well as “hurt by Kathleen’s seeming unwillingness to share that fundamental task” (Gray, 1987). She later comments, “no one’s allowed to have two mommies,” as was evident when people approached her family and asked, “Who’s the mom?” or “whose baby is it?” (Gray, 1987).

How lesbian co-mothers are perceived and treated in society is another indicator of heterosexism along with the denial of basic cultural celebrations and landmarks to lesbian and gay families that include marriage, anniversaries, baby showers, and so forth. Social workers have the opportunity to encourage lesbian families to create their own rituals to celebrate their union, and be inclusive of two mothers, two fathers, and other non-normative family structures as agencies celebrate. Family rituals and being included in agencies’ events validate and empower lesbian couples, as well as create a sense of legitimacy and family identity (Erwin, 2007). Utilizing the correct language and exploring the individual narrative of clients’ families is crucial to establishing a trusting relationship that validates all family structures and is required for a working therapeutic alliance.

Conclusion

The attitudes of Americans toward lesbian women have changed dramatically within the last ten years. The majority of Americans support same-sex marriage and even more support equal protections regardless of sexual orientation. While the political landscape continues to grow more tolerant of sexual minorities, lesbian women still face real risks when disclosing their sexual orientation. Further, many lesbian women are hesitant to disclose their sexual orientation. The growing forms of non-traditional family structures pose considerable challenges to heteronormative systems.

Because of their direct contact with clients and their ethical commitment to oppose oppressive systems, social workers are likely to be the agency representatives who are in the best position to advocate for corrections within heteronormative systems that marginalize lesbian-headed families. Suggestions for social workers presented in this paper include: 1) knowing the facts about the challenges faced by lesbian-headed families, with special attention paid to legal and social risks associated with “coming out” as a lesbian or a lesbian mother; 2) empowering social workers to create affirmative space within their agencies for lesbian-headed families by, for example, supporting changes to policy, paperwork, and physical surroundings that suggest lesbian-headed families are seen and valued; and 3) reworking language to be inclusive of lesbian-headed families. In summary, working with lesbian-headed families may be challenging for social workers who often report feeling unaware of the needs of this population. However, addressing these three key areas (knowledge, space, and language) can

transform an agency into an affirmative and efficient resource for lesbian-headed families.

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The Disproportionality of HIV Transmission Among Black Men Who Have Sex with Men (BMSM): Recommendations for an Effective Prevention Model

**Stephen M. Young
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Abstract: *The Black community shoulders the heaviest HIV/AIDS burden of any racial or ethnic group in the United States, with Black men who have sex with men being the most impacted subpopulation (CDC, 2011). Health determinants (i.e., behavior, social environment, physical environment, and healthcare) of Black men who have sex with men are examined for consideration in the creation of innovative HIV prevention programs specific to the community. The only two intervention strategies targeting this population approved by the Centers for Disease Control and Prevention, the 3MV and d-up:Defend Yourself programs, are scrutinized, and the theoretical underpinnings of these evidence-based programs (i.e., social cognitive theory, diffusion of innovations) will be examined in order to recommend strategies for future interventions to reach greater numbers within the community.*

Keywords: *BMSM, HIV, prevention, health determinants*

Thirty years have passed since the appearance of the first AIDS cases, and within the first 25 of those years, more than 65 million people worldwide have been infected with HIV and over 25 million have died from AIDS-related complications (Merson, 2006). Since 1981, in the United States alone the descriptive epidemiology of the AIDS pandemic has witnessed shifts regarding HIV/AIDS incidence among various subpopulations in light of known behavioral risk factors for the disease (Karon, Fleming, Steketee, & De Cock, 2001). Established populations with higher rates of HIV transmission, in hierarchical order of risk, include men who have sex with men (MSM), intravenous drug users (IDUs), MSM who are also intravenous drug users, hemophiliacs, heterosexual contacts with high-risk partners, and blood transfusion recipients. The trends in the United States over the last two decades, with the inclusion of all known risk factors, reflect a dividing line in HIV/AIDS demographics along racial lines (Karon et al., 2001).

The number of all newly diagnosed cases of AIDS increased from 1990, peaked in 1992 and began a steady decline from 1993 to 1999 (Karon et al., 2001). Up until 1993, AIDS incidence remained the highest among Whites compared to other races, even as the steep decline began in 1992. The trend continued until 1999, when incidence rates among Whites dropped below that of Blacks and hovered just above that of Latinos (Centers for Disease Control and Prevention [CDC], 2011; Karon et al., 2001). However, the majority of all newly diagnosed cases since 1995 in the United States had been among Blacks. By 1999, nearly twenty years into the AIDS pandemic, this trend continued until half of all newly diagnosed cases were comprised of Blacks (Karon et al., 2001).

A decade later in 2009, Blacks accounted for an estimated 44% of newly diagnosed cases of HIV in the United States (CDC, 2011). Black men accounted for

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70% of new cases among the Black population, with 73% of new cases among Black men being MSM, more known in the HIV prevention sphere as Black men who have sex with men (BMSM). While the number of new HIV diagnoses for White MSM was slightly higher, the overall rate of infection was 6.5 times higher for BMSM by comparison and 2.5 times higher than Latino MSM. The Black community now shoulders the heaviest HIV/AIDS burden of any racial or ethnic group in the United States, with BMSM being the most affected subpopulation (CDC, 2011).

While the Centers for Disease Control and Prevention (CDC) acknowledges various evidence-based HIV prevention interventions for most subpopulations, an obvious gap of interventions for the BMSM population has emerged (CDC, 2011). Multiple systematic reviews have acknowledged a lack of effective interventions for BMSM (Beatty, Wheeler, & Gaiter, 2004; Millet & Peterson, 2007; Wheeler, Lauby, Liu, Van Sluytman, & Murrill, 2008). Too few interventions focus on the impact that health determinants have on the risk of HIV transmission for BMSM (Millet & Peterson, 2007), and too little research has addressed the challenges of delivering prevention services to a community that may be seen by others, as well as by itself, as hidden or ostracized. Therefore, this paper seeks to prepare social work practitioners, educators, and policy makers to promote the creation of innovative HIV prevention programs to target the BMSM community.

The paper will examine the magnitude of the crisis, explore potential barriers deriving from health determinants of BMSM (i.e., behavior, social environment, physical environment, and healthcare), and analyze the tenets of the only HIV prevention programs approved by the CDC, *3MV* and *d-up:Defend Yourself* (CDC, 2012). Lastly, recommendations will be outlined that are geared towards social work practitioners and researchers for future HIV prevention programs specific to the BMSM community.

Magnitude

The Morbidity and Mortality Weekly Report (MMWR) reported that an estimated prevalence of 2% of the entire United States' population is MSM (CDC, 2011). The true prevalence is difficult to obtain however, as convenience and snowball sampling dominates attempts to define the population and may not reach those that wish to conceal their sexual behavior (Cole, 2006). Statewide studies report prevalence to be 4-10%, taking into consideration that MSM estimates vary between urban, suburban, and rural areas (Gasiorowicz & Stodola, 2011; Lieb et al., 2009; Lieb et al., 2011; Magnus et al., 2011). Despite the Black population composing around 15% of the U.S. population, they represent nearly 50% of known cases (Mimiaga et al., 2009). Specifically, disproportionate numbers of BMSM are reported as HIV positive.

Gasiorowicz and Stodola (2011) found that within their study of HIV rates of MSM in Wisconsin, 14 to 28% of BMSM were HIV positive, as compared to 2-4% of White MSM and 5-9% of Latino MSM. Magnus and colleagues (2011) reported that although BMSM on average have fewer sexual partners and engage in fewer risk behaviors historically associated with infection, they have greater rates of infection than Whites (26% v. 8%). At 38%, BMSM are the largest racial minority group of persons infected with HIV who are unaware of their serostatus (CDC, 2011). Although a decrease in new infections among BMSM 30 years and older has been

reported, there has been a substantial increase among men aged 15-29 since 2008 (CDC, 2011).

The most frequently reported risk behaviors associated with HIV infection are unprotected anal intercourse, substance use (most commonly reported as alcohol, crystal methamphetamines, marijuana, and/or amyl nitrite), transactional sex (i.e., sex exchanged for money, drugs or other needs), or serodiscordant sex (CDC, 2012). Other factors associated with HIV infection include a history of incarceration, educational attainment of less than or equal to a high school diploma, depressive symptoms, social isolation, age of sexual debut, and lack of healthcare coverage (CDC, 2012). BMSM have been found to report less unprotected sex but are more likely to have sex with a partner of unknown serostatus, be younger at the time of study, and have lower income and less educational attainment (Dorell et al., 2011; Eaton, Kalichman, & Cherry, 2010; Outlaw et al., 2011).

Health Determinants

More and more attention is being focused on health determinants influencing the health status of individuals or populations to efficiently and effectively provide treatment and prevention efforts (Matthews, Gallow, & Taylor, 2010). Many factors contribute to disparities in the distribution of HIV. Such factors include behaviors, social environment, physical environment, and healthcare. Historical oppression is intertwined with all of these factors (Cargill & Stone, 2005; Williams & Jackson, 2005). For example, racial and ethnic discrimination in employment may restrict access to higher paying jobs, making it difficult to pay for health care.

Along with historical oppression, a strong correlation exists between Black men and an underutilization of healthcare services, which has strong implications for their health determinants. Compared to White men, Black men attend fewer preventative health visits and face premature mortality from illnesses amenable to early interventions (Ravenell, Whitaker, & Johnson, 2008; Wong et al., 2006). Studies of Black men's preventative health services, which are primarily qualitative, have linked the lack of access to health care to socioeconomic barriers (Ravenell et al., 2008; Whitley, Samuels, Wright, & Everhart, 2005), limited health knowledge or awareness (Cheatham, Barksdale, & Rodgers, 2008), masculinity (Cheatham et al., 2008; Wade, 2008; Whitley et al., 2005), fatalism (Ravenell et al., 2008), and medical mistrust (Cheatham et al., 2008; Hammond, Matthews, & Corbie-Smith, 2010; Wade, 2008; Whitley et al., 2005; Wong et al., 2006).

Behaviors

Due to the reported findings that BMSM participate in less sexual risk-taking behaviors compared to White and Latino MSM, the significance of choosing sexual partners of the same race coupled with preexisting prevalence rates among BMSM (Mimiaga et al., 2009; VanDevanter et al., 2011) seems to be more important than individual behaviors. However, behavioral characteristics that intersect with HIV positive status, such as minority stress and/or stigma, are important to remember. Several reports have emphasized racial and/or ethnic discrimination as having a strong correlation with poor mental health outcomes (Mimiaga et al., 2009; Reisner et al., 2009; Safren & Pantalone, 2006; VanDevanter et al., 2011). For example, the phenomenon of depression and presence of sexually transmitted infections (STIs)

may be bidirectional in nature; Reisner and colleagues (2009) assert that BMSM with moderate to severe depression have an elevated risk of contracting HIV, other STIs, and engaging in serodiscordant unprotected anal intercourse. A combination of social isolation and low self-esteem has been suggested as a contributor to depression in self-identified non-heterosexual racial minority men, while components of social oppression (i.e., homophobia, racism, financial hardship) have been shown to independently predict both depression and social isolation (Diaz, Bien & Ayala, 2006; Safren & Pantalone, 2006).

Social Environment

Social networks, especially sexual networks, greatly impact a person's risk of acquiring HIV. The term sexual network refers to people who are linked directly or indirectly through sexual contact (Flom, Friedman, & Kottiri, 2001). A recent network analysis found that young BMSM who were HIV positive are generally linked by a small number of venues (Oster et al., 2013). Research suggests that there are differences between Blacks and Whites in the type and number of partners they include in their sexual networks (Adimora, Schoenbach, & Doherty, 2006; Thomas, 2006). These differences have been influenced by some of the same factors that contribute to health disparities (i.e., residential segregation by race, high incarceration rates among Black males, and poverty).

Social stigma also contributes to health disparities (Cargill & Stone, 2005). Like racial minorities, sexual minorities including gay and bisexual men also experience health disparities (Lombardi & Bettcher, 2006; Wolitski & Fenton, 2011). Negative societal attitudes and policies against homosexuality may contribute to social stigma experienced by BMSM that contribute to health disparities. Although homophobia cuts across racial lines, Black men may remain secretive about their sexual minority status because of a historical lack of acceptance by leaders and religious institutions within their communities (Wolitski & Fenton, 2011). Internalized homophobia can also be a barrier to care and treatment, as persons with HIV who do not identify as a sexual minority may shy away from health providers for fear of being identified as a gay or bisexual man (Eaton et al., 2010).

Internal homophobia may fuel keeping secrets, particularly concealing one's own sexual orientation, and can have a negative effect on the individual's health (Strachan, Bennett, Russo, & Roy-Byrne, 2007; Ullrich, Lutgendorf, & Stapleton, 2003). For example, research has shown that hiding sexual orientation is associated with more rapid progression of HIV-related illness (Strachan et al., 2007; Ullrich et al., 2003). In addition, some men also have sex with women but do not disclose their sexual relationships with men. The high prevalence of HIV in the Black community and the greater likelihood of bisexuality among Black men place Black heterosexual women at greater risk for HIV infection (Mimiaga et al., 2009).

Due to the discrepancy between "historically reported" risk behaviors and HIV infection in BMSM (as compared to WMSM), the nature of BMSM sexual networks, it has been suggested, is fundamentally different (Mimiaga et al., 2009). In the United States, Blacks are more likely to have a sexual partner that shares her/his race than Latinos or Whites (Mimiaga et al., 2009), and as previously suggested (Eaton et al., 2010; Outlaw et al., 2011), cultural/racial identity influences what kind of risk behaviors are engaged. Mimiaga and colleagues (2009) state that overlapping factors

associated with race, substance use, and sexual practices are more likely to explain discrepancy than simply racial identity. Identification with and reporting of male-to-male sexual activity is also likely to be racially bound. While 53% of participants in Mimiaga and colleagues' (2009) study identified as straight or bisexual, every person reported anal or oral sex with a man within the previous 12 months (Mimiaga, et al., 2009).

Non-disclosure of sexual practices and/or identity to a healthcare provider in BMSM has been linked with a positive HIV status (Eaton et al., 2010). In a case-control study of BMSM, HIV positive men were seven times as likely as their negative counterparts to have concealed their sexual behavior from their healthcare provider (Dorell et al., 2011). Additionally, a lack of physician's cultural competence and comfort with discussing sexual identity with patients was suggested as a hindrance to HIV prevention (Dorell et al., 2011). Cultural interpretations of gender identity, particularly how male-to-male sexual behavior is viewed in terms of masculinity, obfuscate what researchers look for in terms of "MSM" (Behel et al., 2008). Nearly every available study of MSM sexual behaviors has been conducted at gay bars, a venue-based convenience sampling, which does not necessarily capture all BMSM behavior, if indeed nearly half, by Mimiaga's estimate, of said population does not identify as gay or bisexual (Mimiaga et al., 2009).

Physical Environment

The physical locations (e.g., cities, prisons) within which people interact can promote or encourage risky health behaviors (Schensul, Levy, & Disch, 2003) and may account for some health disparities. Population estimates of MSM and BMSM (particularly the estimate of 1% of the total population in rural areas, 4% in suburban areas, and 9% in urban areas) have been widely cited by researchers in the field of HIV prevalence among sexual minorities (Lieb et al., 2011). Noting the disparity of HIV prevention delivery to racial minorities in the southeast, the 2011 study's findings of a large gap between White and Latino MSM compared to BMSM may come as little surprise. Promotion and treatment efforts among rural MSM are impaired given the relative lack of rural findings among any group (Lieb et al., 2011).

One well-documented challenge among urban populations addresses housing and healthcare access. The compounded variables of lack of education and low income, which commonly impact people living in urban government housing, have been shown to negatively influence knowledge of HIV risks and treatment (Djokic et al., 2009). Discrimination in education that affects literacy skills can mean that messages regarding risk and prevention are inaccessible (Fenton, 2004). Among participants living with HIV recruited for a housing study conducted in New York City, 53% identified as non-Hispanic Black and 28% identified as MSM (no racial identity data was collected among MSM). Of all respondents, 36% reported insufficient housing, and housing need was found to be the strongest influential factor for sustaining medical care (Aidala, Lee, Abramson, Messeri, & Siegler, 2007).

Compared with the general population, persons incarcerated in correctional systems have a disproportionately greater burden of infectious diseases, including HIV, viral hepatitis, STIs, and tuberculosis infections (National Commission on Correctional Health Care, 2002). Generally, research suggests that while sex and drug use decrease overall among incarcerated persons, sex and drug use behaviors are

conducted in a riskier manner inside prison than outside (Inciardi, 1995; Wohl et al., 2000). Although it is difficult to assess whether Blacks and Whites have different risks of transmitting STIs while in prison, some studies indicate that there are few differences in their risk behaviors during incarceration (Kassira et al., 2001; Wohl et al., 2000). Therefore, any association between incarceration and Black-White disparities in STIs relating to prisons as a risky environment results from the greater likelihood that Blacks will be exposed to this environment (Blankenship, Smoyer, Bray, & Mattocks, 2005).

Healthcare

A disconnect between number of racial minority HIV positive diagnoses and prevention services directed toward the same clients has been reported (CDC, 2011; Dorell et al., 2011; Gasiorowicz & Stodola, 2011). Black populations may have poor access to health and medical services and inconsistent relationships with health care providers because doctors historically do not practice in minority communities (Smedley, Stith, & Nelson, 2002). A study of physician practice found that wealthier areas had 33 to 50 times more physicians than poorer areas (Ginzberg, 1994). Demographics collected by Gasiorowicz and Stodola (2011) indicated that BMSM accounted for nearly 60% of cases, but only 20% of targeted testing. One indicator given is that training for such preventive services has been focused on heterosexual women and men rather than Black or Latino MSM (Gasiorowicz & Stodola, 2011). As both healthcare services and racial demographics vary by state, access to healthcare on a regional basis should be evaluated. For example, data collected in Jackson, Mississippi indicated that HIV positive BMSM were more likely to be without health insurance coverage or a primary-care physician, and that individuals without health insurance were more likely to report a lack of access to adequate care (Dorell et al., 2011).

In comparison, a sampling of five major metropolitan cities with large HIV prevalence rates concluded that racial minority MSM with healthcare access were more likely to consume preventive services and believe in the importance of preventive care than their White counterparts (Behel et al., 2008). Although similar access was reported, Black and Latino MSM were more likely to use hospital or community clinic care. This study analyzed MSM who reported access to healthcare or were HIV negative. Interestingly, MSM who reported access to healthcare who were HIV positive and unaware of their infection reported a similar assessment of utilization and preventive care beliefs as those that were uninfected (Behel et al., 2008). The comparison of the two studies strengthens the notion that lack of access to healthcare is a larger problem for minority MSM than a lack of utilization.

Effective Programs and Interventions

Since the eruption of HIV in the United States, constructing sound HIV prevention interventions to HIV/AIDS service agencies to be implemented in their local communities has proven to be a challenge. In response to an outcry from service providers requesting such information, the CDC launched the Diffusion of Effective Behavioral Interventions (DEBI) project in 1999 to disseminate empirically tested prevention programs that are effective in preventing HIV transmission (Effective Interventions, 2012).

An evident gap of evidence-based prevention interventions specifically for the BMSM population has emerged, despite many evidence-based interventions for HIV prevention interventions for most other subpopulations (CDC, 2012). Multiple systematic literature reviews have affirmed a lack of effective interventions for BMSM (Beatty et al., 2004; Millet & Peterson, 2007; Wheeler et al., 2008). Too few studies focus on the effects sociocultural predictors, such as racism, homophobia, religion, or dual minority status, have on the risk of HIV transmission for BMSM (Beatty et al., 2004; Millet & Peterson, 2007). Additionally, too little research has addressed the structural challenges (e.g., low economic status, high incarceration rates, limited access to antiretroviral therapy, etc.) that impact BMSM (Millet & Peterson, 2007). Further investigation is needed to identify factors that may inhibit high-risk behaviors (e.g., connectedness to family, spirituality, strong racial identity) and incorporate those factors into HIV prevention strategies that either encourage or sustain preventive behaviors. To better build future prevention efforts to intervene with BMSM, it may be helpful to break down the only two CDC recommended interventions that have demonstrated effectiveness in reducing sexual risk-taking in BMSM (i.e., the *Many Men, Many Voices (3MV)* project and *d-up: Defend Yourself!*). Though not developed by the CDC, these recommended interventions were evaluated by the Department of HIV/AIDS Prevention at the CDC as best-evidence, which is defined as “behavioral interventions that have been rigorously evaluated and have been shown to have significant and positive evidence of efficacy” (CDC, 2001, p. vii). The studies where these recommended interventions originated are outlined below and should be replicable.

Many Men, Many Voices (3MV)

Many Men, Many Voices (3MV) is a group-level intervention that addresses behavioral and social health determinants influencing HIV/STI risk-taking (Wilton et al., 2009). The program focuses on the effects of racism and homophobia on the sexual, substance use, and health decision-making behaviors of BMSM. Participants select from a menu of options to reduce HIV/STI transmission designed for this population. The 3MV intervention was developed at two community-based organizations in NY state (Brooklyn and Buffalo) in cooperation with the University of Rochester.

Theoretical Underpinning. The social cognitive theory underpinning in the *Many Men, Many Voices (3MV)* project explores the dynamic manner in which personal characteristics, environmental factors, and human behaviors influence each other (Fishbein, 2000). The theory purports that these factors are neither static nor independent, but rather, they are all reciprocal. For example, each behavior witnessed can change a person’s way of thinking. Similarly, the environment where one is raised may influence later behaviors, just as a father’s mindset will determine the environment in which his children are raised (Fishbein, 2000; Jones et al., 2008a). Within its tenets, social cognitive theory purports that three primary factors affect the probability that a person will change a health behavior: self-efficacy, goals, and outcome expectancies (Fishbein, 2000). The theory integrates concepts and processes from cognitive and emotional models of behavior change.

Logistics. In the Wilton et al. (2009) study, one of the two community centers involved in developing the intervention (People of Color in Crisis of Brooklyn, NY) spent 15 months recruiting Black MSM in New York City through a variety of means

(i.e., street outreach, Black Gay Pride events, snowball sampling, connection with cultural gatekeepers identified by the community organization, nightlife venues, and print media). Eligible participants lived in the New York City area, self-identified as a BMSM (for the purposes of this study: gay, bisexual, same gender loving, sexually involved with other men or sexually or emotionally attracted to men), were 18 years or older, were either HIV-negative or did not know their HIV status, and willing to attend and participate in an HIV/STI prevention intervention retreat without their primary partner. Participants (n = 338) were randomly assigned to one of two groups, the *Many Men, Many Voices (3MV)* intervention group (n = 164) or the wait-list control group (n = 174). The control group was scheduled to receive a delayed intervention six months following the completion of their baseline assessment (Wilton et al., 2009).

A baseline of sexual behavior data was collected from the men about their past three months of activity, and participants were measured again at three and six months after the intervention (Wilton et al., 2009). Study participants were asked the number of male sex partners, number of episodes of unprotected insertive or receptive intercourse acts with main or casual partners, condom use during anal intercourse with main or casual male sex partners, and the number of episodes of unprotected and protected vaginal and anal sex with women (Wilton et al., 2009).

Intervention Setting. The intervention consisted of six consecutive 2 to 3 hour sessions delivered during a weekend retreat (i.e., half-day Friday and all day Saturday and Sunday). However, according to the *3MV* curriculum, the intervention sessions can also be delivered over the course of six weekly sessions. Rather than a singular emphasis on condom use, *3MV* uses a menu of behavior change options for HIV/STI prevention. The program was delivered by two trained BMSM peer co-facilitators through discussions, role-plays, and by creating a risk-reduction plan (Wilton et al., 2009).

Findings. Relative to the control group participants, *3MV* participants in the Wilton et al. study reported a 25% reduction in the number of male sex partners, a 66% reduction in unprotected anal intercourse with casual male partners, a 51% reduction in insertive unprotected anal intercourse, and a 33% likelihood of being tested for HIV and other STIs. The study was a milestone in HIV prevention research as it was the first randomized trial to demonstrate the efficacy of an HIV/STI prevention intervention designed for BMSM (Wilton et al., 2009). The only other CDC recommended intervention is *d-up: Defend Yourself!*.

d-up: Defend Yourself!

d-up: Defend Yourself! (d-up!) is a community-level intervention that seeks to mobilize an existing social network of BMSM to support condom use and improve their sense of self-worth (Jones et al., 2008a). The program was specifically adapted for BMSM from the *Popular Opinion Leader (POL)* intervention used with all MSM. *d-up!* uses specific social network members, called opinion leaders, who are respected and trusted by their peers, to promote the benefits of consistent condom use and increase self-worth among their friends and acquaintances. The CDC cites a study by Jones et al. (2008a) to substantiate their support of the intervention.

Theoretical Underpinning. The *d-up: Defend Yourself!* intervention applied the diffusion of innovations theory, an underutilized theory in social work, which

suggests that if key members of the community endorse a practice or behavior, community members will adopt that practice or behavior over time (Wilton et al., 2009). In order for success, community members must believe that there are some advantages to adopting the practice or behavior. Additionally, the behavior change must be observable, easy to execute, compatible with existing community values, and able to be integrated into social norms (Wilton et al., 2009).

Within the BMSM population, a key member of the community would need to be socially significant within specific segments of the social network (Wilton et al., 2009). This member should have influence and credibility with those in their social networks. For example, once key members are identified, they would openly endorse safer sex practices while highlighting the benefits and ease of adopting such practices. These messages are communicated throughout social networks, and others' behaviors are impacted as the social norms become operant within the community (e.g., consistent condom usage, regular HIV testing, etc.) (Wilton et al., 2009).

Logistics. The research study was conducted in three North Carolina cities (Raleigh, Greensboro, and Charlotte) that had nightclubs in which BMSM could be accessed, recruited, and trained for the intervention (Jones et al., 2008a). Skilled local prevention specialists used ethnographic techniques to identify opinion leaders (n =299) at local nightclubs frequented by the target population. According to the article, 15% of those in the target population of the community were trained as opinion leaders (Jones et al., 2008a).

Intervention Setting. Once recruited, opinion leaders participated in four 2-hour sessions facilitated by two skilled trainers covering local and state epidemiology of HIV/AIDS, STIs, facts/myths of HIV/AIDS, and how to reduce one's risk (Jones et al., 2008a). Intervention sessions discussed topics such as racism, homophobia, bisexuality, employment, poverty, and religion, while incorporating culturally relevant messages, materials, and activities. Using role-play scenarios, opinion leaders learned how to deal with challenges facing BMSM should such conversations arise in their social networks. To ensure that the learning objectives were met, participants were given tests measuring their knowledge before and after the intervention sessions (Jones et al., 2008a).

Over the next year researchers convenience sampled self-identified BMSM, aged 18 to 30 years, who were permanent residents in the area at the same bars from which opinion leaders were recruited (Jones et al., 2008a). No effort was given to recruit the same individuals from subsequent waves. The eligible men were asked to take a self-administered assessment of their sexual practices over the last two months (Jones et al., 2008a).

Findings. Jones et al. (2008a) found significant reductions in risky behaviors and an increase in consistent condom use. Unprotected receptive anal intercourse was significantly decreased at 4 months (24%), 8 months (25%), and 12 months (44%). Also at 12 months, the average number of partners and episodes of unprotected insertive anal intercourse decreased by 40% and 53%, respectively. Additionally, the number of BMSM who reported that they always used condoms for intercourse increased by 23% for insertive and 30% for receptive (Jones et al., 2008a).

Recommendations for Future Prevention Models

Growing evidence supports that well-designed, targeted, and theory-based behavior change interventions can be effective in reducing the spread of HIV (Fishbein, 2000; Jones et al., 2008b; Wilton et al., 2009). Although each person's thinking about their risk-taking behavior is unique, understanding the theoretical variables behind a specific subpopulation's health determinants can guide the development of an effective intervention (Beatty et al., 2004). Social cognitive theory and diffusion of innovations theory, which were used in the *Many Men, Many Voices (3MV)* project and *d-up: Defend Yourself!* interventions, are also recommended for future intervention programs.

Additionally, researchers found that promoting individual self-worth and racial pride were essential in both programs (Jones et al., 2008a; Wilton et al., 2009). With the social aspect in mind, it may be beneficial to include a community-based participatory research (CBPR) approach to future interventions and their subsequent evaluations to emphasize participants' self-efficacy and racial pride. A CBPR approach could take the diffusion of innovation theory to the next level. CBPR is conducted as an equal partnership between both formally trained researchers/trainers and members of the community (Minkler & Baden, 2008). Equitable partnerships require sharing power, resources, credit, and knowledge, as well as a reciprocal appreciation of each partner's knowledge and skills at each stage of the project. Specifically with HIV prevention, it may be helpful for BMSM to be closely involved with the problem definition/issue selection, implementation and research design, conduct of the evaluation, interpretation of the results, and decisions regarding how the results should be used for action. One of the principle ways in which CBPR differs from traditional research is that CBPR is an iterative process, incorporating research, reflection, and action in a cyclical process (Minkler & Baden, 2008), which takes the *d-up: Defend Yourself!* intervention one step farther by including leaders in the community in the entire process, not just spreading the information provided by trainers who may not be part of that community.

Along the same lines, social work researchers and practitioners who create prevention interventions should consider soliciting support through online local BMSM communities to better understand the impact of the similar interventions with these men, as venue-based sampling in areas such as bars and pride events tend to recruit individuals that identify as gay or bisexual, which may cause overrepresentation in a group that does not uniformly identify as a sexual minority. Prevention programs are encouraged among diverse BMSM populations, in assorted delivery settings, and in various geographic areas. As social networks play a large role in the BMSM community, prevention programs should incorporate networking into their intervention strategies similar to the *d-up: Defend Yourself!* program. Also, future research should focus on the degree to which intervention programs facilitate a sense of community among BMSM and whether these social networks help reinforce HIV/STI risk reduction. However, even if such gaps in intervention research are addressed, HIV prevention programs may not be directly transferable to other BMSM communities. The overall Black community in the U.S. is not homogenous, and similarly, neither is the BMSM community (Beatty et al., 2004).

Lastly, BMSM often have poor access to health and medical services and inconsistent relationships with health care providers (Smedley et al., 2002).

Therefore, future prevention efforts should include linking participants with health services, including HIV testing. Programs can include education and discussions about feelings of fear or mistrust of medical institutions and encourage participants to be knowledgeable about their health. In fact, a high percentage of HIV-infected men who have sex with men (MSM) do not know they are infected (CDC, 2008). The CDC's National HIV Behavioral Surveillance system (NHBS) found that of 1,562 men who tested positive for HIV, 44% were unaware of their infection (CDC, 2008). Future intervention programs should link HIV testing with other prevention efforts. Individuals who know their infection status can take additional measures to ensure that they are not spreading the virus to others.

Implications for Social Work Practitioners

Although some intervention strategies have been shown to be effective with the BMSM community, social work practitioners and researchers who implement prevention strategies should build upon, broaden, and modify these strategies to reach greater numbers within the BMSM community. New interventions should be crafted by incorporating health disparities specific to BMSM population(s) that exist within a variety of contextual settings and/or geographical areas. In addition to these group-level and community-based interventions, other settings where BMSM reside could provide an open door to other levels of interventions. For example, advocating for HIV prevention education aimed at incarcerated young Black men within a prison setting could have resounding implications both within that institutional framework and in the streets beyond.

Social workers should also stress the importance of knowing one's HIV status and knowing the status of one's sexual partner(s) with their clients. Men who know their current HIV infection status can be linked to appropriate medical care and prevention services and ensure that they are not spreading the virus to others. The sooner someone finds out they are HIV positive, the sooner they can receive life-extending treatment.

Additionally, more research involving an equal partnership between both formally trained researchers and members of the community is desperately needed to understand at which level such prevention interventions are most effective and bring about lasting change. Regardless of which methods are utilized, the message remains the same: Increasing awareness about HIV risk and prevention within the BMSM community as a whole is critical, no matter how disjointed the population appears to be (CDC, 2011; Dorell et al., 2011; Gasiorowicz & Stodola, 2011).

Conclusion

While statistics clearly indicate the existence of a health disparity between the races, many pieces of the BMSM/HIV prevention puzzle are obscured from view. This population, more than any other, requires a skilled approach and intricate knowledge of health determinants in order to facilitate the most effective intervention strategies. Efforts will not be met without challenges, as this population represents a community within a community that may be seen by others, as well as by itself, to be disenfranchised and therefore, incapable of identifying with a larger specific group. Beneath a seemingly impenetrable layer of racial/ethnic boundaries, there exists a plethora of sub-cultural norms, practices, beliefs, and prejudices commingling to

influence HIV infection and prevalence trends that must be better understood by social work researchers and practitioners if successful HIV prevention is to be achieved.

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Changes in Illegal Behavior During Emerging Adulthood

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Abstract: *Emerging adulthood marks a critical developmental juncture during which some individuals disengage from the illegal behavior of their adolescence while others continue to use substances and commit crimes. While risk factors for delinquency during adolescence are well studied, factors that influence persisting or desisting from illegal activities during emerging adulthood have not been fully explored. This mixed methods study utilizes a sample of college students aged 18-25 (N=74) and examines factors differentiating those who abstained from illegal behaviors, desisted from illegal behaviors, and persisted in illegal behaviors. Multinomial logistic regression models indicated peers offending and hours spent studying predicted desisting and peers offending predicted persisting (compared to the abstaining group). Three qualitative themes: family and peer bonds, morals and values, and fear of consequences further explained factors influencing emerging adults' persisting and desisting choices. Implications for social work practice are explored.*

Keywords: *Desistance, emerging adults, illegal behavior, college students, substance use*

Many adolescents across cultures report committing some form of criminal or delinquent behavior (Uggen & Massoglia, 2002). As adolescents age into emerging adulthood, however, they face a critical developmental period in which some will experience maturity and positive behavioral changes (Arnett, 2000) often desisting from illegal behaviors (Griffin, 2006; Mulvey et al., 2004) while others will continue to use substances and commit crimes (Arnett, 2000, 2005; Tucker, Ellickson, Orlando, Martino, & Klein, 2005). Although substantial research has identified risk and protective factors for adolescent delinquency, relatively little is understood about the factors influencing emerging adults' choices to desist (stop) or persist (continue) illegal activities (Laub & Sampson, 2001; Maruna, 1999). Furthermore existing work on desistance typically includes samples of offenders who have, at some point, been involved with the criminal justice system (Maruna, 1999; Uggen & Kruttschnitt, 1998). The current study aims to add to the current literature by examining the factors associated with continued engagement in or desistance from illegal behaviors (i.e., crime and substance use) among emerging adults enrolled in a higher education institution.

Emerging Adulthood

Emerging adulthood is described as the developmental stage between the ages of 18-25 characterized by "finding one's self", instability, and "feeling in-between" (Arnett, 2004, 2005). This period is not classified as adolescence nor young adulthood (Arnett, 2000). Transitioning to adulthood looks drastically different than it did fifty years ago. It

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has been extended to last longer, with milestones (such as marriage and parenting) delayed until individuals are much older (Arnett, 2000, 2005). Societal evolution, pressure to complete educational endeavors, and identity exploration are all reasons for the evolving definition of emerging adulthood (Arnett, 2000, 2005).

Emerging adults can be separated into subgroups; one important distinction is involvement in higher education during emerging adulthood (Arnett, 2007). Many young adults entering emerging adulthood strive to obtain skills to compete in the global economy by obtaining postsecondary education, with 60% of emerging adults who graduate high school seeking higher education (Hamilton & Hamilton, 2006). While young adults who do not go to college are struggling to find employment and survive financially, youth entering college are also inundated with a host of life changes and attempt to adapt their behaviors to fit their new life and freedom style (Arnett, 2007). Some of these transitions include an increased work and study load, decreased sleep, new stress and pressures to perform to a higher standard, and an unfamiliar sense of autonomy (Lev Ari & Shulman, 2012).

As the notion of emerging adulthood has changed, behaviors of youth as they enter this stage also continue to change (Arnett, 2000, 2005). So, while previously emerging adulthood referred to a tapering off of illegal behavior, more recently, emerging adulthood has been recognized as a vulnerable period during which youth often extend their criminal or delinquent activity (Arnett, 2004, 2005; Tucker et al., 2005) and continue to engage in substance use behaviors such as marijuana use, smoking, and binge drinking (Tucker et al., 2005). Research has demonstrated how alcohol use, in particular, progressively increases during emerging adulthood (Xue, Zimmerman, & Cunningham, 2009), with high rates of alcohol abuse and dependence during this time (Arnett, 2005). Also notable during this developmental period is the high prevalence of non-violent and violent arrest rates (Piquero, Brame, Mazerolle, & Haapanen, 2002). Although college-involved and uninvolved emerging adults may both be at risk for criminal behaviors and substance use, the reasons for these behaviors may differ. Long-term unemployment and basic educational achievement are predictors of offending behavior more generally (Aaltonen, Kivivuori, & Martikainen, 2011), while college students may be acclimating to a new lifestyle characterized by new demands and increased stress and pressure (Goldman et al., 2002; Lev Ari & Shulman, 2012; White, Labouvie, & Papadaratsakis, 2005).

Several researchers attribute these changes and increases in high-risk behavior to the "college experience" (Bachman, Wadsworth, O'Malley, Johnston, & Schulenberg, 1997; Chassin, Pitts, & Prost, 2002; Goldman, Boyd, & Faden, 2002; White et al., 2005). The insecurities of adapting to college life, including the susceptibility to new peer influences, place youth at risk for engaging in substance use (Schulenberg & Maggs, 2001). Arnett (2005) further suggests that this developmental stage provides more freedom and less social control than high school years. Through this transitional period, more youth are without parental supervision; this newfound autonomy is associated with peaks in substance abuse and alcohol consumption (Bachman et al., 1997; Chassin et al., 2002; White et al., 2006).

Factors Associated with Illegal Behavior

Life course criminologists theorize that age and maturation are not one and the same (Laub & Sampson, 2003). While not all adolescents desist from illegal behavior as they become young adults, those who mature (i.e., experience the commitment and stability associated with developmental turning points such as marriage and employment) leave adolescence behind and reduce their criminal behavior (Laub & Sampson, 2003). Thus, as individuals mature, social consequences of criminal engagement are deterrents and desistance from illegal behavior becomes normative. Persistent criminals, on the other hand, often follow more antisocial trajectories due to heightened environmental and biological risk factors (Laub & Sampson, 2003).

In predicting youth engagement in illegal behavior, school success plays a critical role. Researchers have highlighted certain risk factors that can emerge in grade school or high school but have impacts on delinquency as youth reach emerging adulthood (Falls et al., 2011). Factors such as poor academic achievement (Katsiyannis, Ryan, Dalun, & Spann, 2008; Maguin & Loeber, 1996), lack of social bonds to school staff, and low attachment to school while youth are in high school have been associated with delinquency (Felson & Staff, 2006). Longitudinal research also finds low academic aspirations and poor motivation for schoolwork predict youths' substance use (Bachman, Staff, O'Malley, Schulenberg, & Freedman-Doan, 2011). Youth who cause classroom disruptions are also more likely to engage in substance use (Wong, 2008).

In addition to academic factors, much of the research on illegal behavior has identified association with delinquent peers as a significant correlate of problem behavior (Haynie, 2001; Rebellon, 2006; Warr, 2002). These studies suggest that youth continuously attempt to maintain a "delinquency balance" with their closest friends by changing their behaviors to match to their friends' behaviors rather than altering their friendships to fit their own behavior (McGloin, 2009). Negative peer relationships and associations may also increase youths' willingness to engage in substances (Ferguson, Swain-Campbell, & Horwood, 2002), and peer influences continue to predict substance use into emerging adulthood (Monahan, Steinberg, & Cauffman, 2009). Individuals who desist from illegal behavior in early adulthood, on the other hand, are more likely than those who persist to report pro-social bonding with peers (Clingempeel & Henggeler, 2003).

Research Questions

The current study aims to build on the current literature by examining the critical transition to emerging adulthood among a sample of college students. The study seeks a better understanding of why some emerging adults desist while others persist in regards to illegal behavior (crime and substance use). This study uses quantitative and qualitative methods to identify factors differentiating emerging adults who never engaged in illegal behavior (abstainers), who committed illegal behaviors but have stopped (desisters), and who continue to commit illegal behaviors (persisters). Specifically, this study asks two research questions: 1) How do college students qualitatively describe their reasons for and against engaging in illegal behavior during emerging adulthood? 2) What

quantitative risk and protective factors are associated with illegal behavior among college students?

Methods

Procedures

Data were collected, with institutional review board approval, through confidential questionnaires completed by a sample of college students (N=74) at one university on the West coast of the United States. Students were invited to participate in a study asking them about their involvement in illegal behaviors such as minor thefts, vandalism, and substance use. They were informed the study would take approximately 20 minutes and they could complete the questionnaire in class. Following informed consent, students were given the opportunity to voluntarily participate in the survey or leave the classroom. The survey was administered using pencil and paper, took approximately 20 minutes to complete and did not involve student compensation. One hundred percent of the students sampled agreed to participate.

Sample

Participants consisted of emerging adults, between the ages 18-25 years of age, attending a public university located in an urban area in the Western United States. The researchers sought a purposive sample of full-time undergraduate students attending courses in the College of Letters and Sciences (Sociology, statistics, & English) with the goal of accessing the largest college with racially/ethnically and academically (i.e., freshman through senior) diverse student groups.

Measures

The researcher-developed concurrent qualitative and quantitative measure was piloted with 40 students in two full-time undergraduate classes prior to the current study. The measure was given to students to determine the usefulness of the questions and to see if we would achieve the desired response rate of at least 70 percent. A response rate of 100% was achieved and the measure took approximately 20 minutes to complete. After completing the questionnaire, the participants were invited to provide feedback. The participants made the determination that the open-ended question that allowed participants to "tell their story" was too complex; the question included several sub-questions for which the respondents failed to provide detailed answers. To address this feedback, prior to administering the measure with the study sample, the instrument was revised for clarity.

The data collection instrument used in this study contained demographic questions as well as qualitative and quantitative questions regarding participants' experiences with illegal behavior. Demographics included age, gender (0=female, 1=male), ethnicity (1=African American, 2=Asian, 3=Caucasian/White, 4=Latino/a, Chicano/a, Hispanic, 5=other), parent's education (1=did not complete high school, 2=graduated high school, 3=some college, 4=completed college), household income (1=less than 12,000,

2=12,000-24,999, 3=5,000-50,999, 4=51,000-100,999, 5=101,000-250,000), and self-identified social class (1=*working class*, 2=*lower middle-class*, 3=*upper middle-class*, 4=*upper-class*).

Qualitative Measures

To capture qualitative information from emerging adults regarding their level of engagement in illegal behaviors, qualitative questions were designed with sensitivity in an attempt to give participants an opportunity to share their unique perspectives and give voice to their stories and experiences (Padgett, 2008). Participants were asked a series of three qualitative questions to better understand their involvement in illegal behaviors. A short statement introduced the topic of illegal behavior during emerging adulthood: "Research from the last fifty years data indicates that *many, if not the majority of people* from a variety of cultures *commit some form of illegal behavior in their adolescence*. For many people these illegal behaviors involve minor thefts, vandalism, or banned drugs. Yet, many youth also abandon these activities at some point." The participants were then asked, "Thinking about your own involvement in illegal behavior, please describe the factors, events or circumstances that encouraged you to stop offending." The second question focused on persistence and asked students, "If you have not stopped, please explain the reasons why you think you continue." The third part of the question focused on abstaining and asked, "If you have never engaged in illegal behavior (traffic offenses such as speeding are not crimes) please outline the factors that you think contributed to your decision." These qualitative answers were later quantified to create a dependent variable labeled *illegal behavior* described in greater detail below.

Qualitative Data Analysis

Analysis began by reading the students' answers to the three open-ended questions about involvement in illegal behavior. Raw data was then "pre-coded" (Layder, 1998) by highlighting rich words, short phrases, and significant quotes directly from the respondents' answers to begin to organize and categorize the data (Saldana, 2009). This method of In-Vivo Coding was used to keep the data rooted in the participants' own language and to honor their "stories" (Saldana, 2009).

The second type of coding, structural coding, was used to identify patterns/themes in the way abstainers, persisters, and desisters defined and interpreted their experiences (Saldana, 2009). Two authors completed this analysis and emerging themes were coded paying special attention to the social meaning of student responses (Saldana, 2009). This form of analysis facilitated an understanding of the students' identities and the social meaning of the language they used to describe their offending and abstaining behavior. It is through the respondents' language about themselves and their social norms that it became clear how abstaining, desistance, and persistence behaviors occur.

Quantitative Measures

Dependent Variable: Illegal Behavior

For the purposes of this study, desistance is defined as a termination from illegal behavior among individuals who had once engaged in illegal behavior (crime or substance use). Persistent offending is defined as continued participation in illegal activities. Abstaining refers to the absolute abstinence from illegal behavior. It was imperative that there be a conceptual link between the quantitative and qualitative measures. The students' written responses to three predesigned qualitative questions were collapsed to create one quantitative categorical variable labeled *illegal behavior*. Participants who discussed reasons they had never committed illegal behaviors were labeled "abstainers", respondents who described why they had stopped their illegal behaviors were labeled "desisters", and respondents who explained why they continue to engage in illegal behaviors were labeled "persisters". This dependent variable *illegal behavior* was coded with three categories (0= *abstaining*, 1= *desisters*, and 2= *persisters*).

Independent Variables

Independent variables were selected for inclusion in this study based on previous research on risk and protective factors for delinquency more broadly, and, although more limited, on existing research on illegal behaviors during emerging adulthood.

School Engagement. Four questions measured the broad area of school engagement. These questions included: "How important is getting good grades?" (1= *not important at all*, 2= *not very important*, 3= *somewhat important*, 4= *very important*); "How likely are you to achieve your educational goals?" (1= *not likely at all*, 2= *not very likely*, 3= *somewhat likely*, 4= *very likely*); "How many hours do you spend studying per week?" (1= 0-6, 2= 7-13, 3= 14-20, 4= *more than 20*); and "How many hours per week do you work at a paid job?" (1= 0-10, 2= 11-20, 3= 21-30, 4= 31-40, 5= *more than 40*).

Delinquent Peers. To assess peer influence on illegal behavior, participants were asked: "What proportion of your close friends regularly breaks the law (not including traffic offenses)?" Delinquent peers were measured (1= *none*, 2= *few*, 3= *some*, 4= *most*, 5= *all*).

Social Bonds. Two indicators of adolescent social bonds were included. The first question asked respondents how often they spent time with parents or siblings (1= *never*, 2= *holidays*, 3= *weekends*, 4= *everyday*). The second question inquired about spending time with a romantic partner and was measured (1= *not important at all*, 2= *not very important*, 3= *somewhat important*, 4= *very important*).

Quantitative Data Analysis

Raw data from the interviews were entered into SPSS (version 18.0). Tests for normality were conducted, and assumptions were met. Descriptive analyses were conducted to illustrate sample characteristics using mean and standard deviation, frequency, and percentages. Prior to running bivariate analyses, the variable *Parent's*

Education was dummy coded to account for insufficient number of cases per category and measured (0= *did not complete college*, 1= *completed college*). *Class* was similarly dummy coded to indicate (0= *other*, 1= *upper/middle class*). Bivariate analyses (chi-square tests and one-way ANOVAs) were conducted to determine whether independent variables and demographic variables differed across the three categories of the dependent variable (abstaining, desisting, and persisting groups).

Variables with significant bivariate relationships to the dependent variable were entered in multivariate analyses. To do so, categorical demographic variables were dummy coded. Due to the low power afforded in this relatively small sample, *Ethnicity* was dummy coded to indicate (0= *other*, 1= *White or Caucasian*). While controlling for demographic characteristics (age, gender, ethnicity (white), parent's education, household income, and social class) a multinomial logistic regression model was analyzed, regressing illegal behavior on independent variables that were statistically significant at the bivariate level (hours spent studying per week and the proportion of friends committing crimes). The multinomial logistic regression model examined the likelihood of the emerging adults being in the desisting and persisting group compared to the abstaining (reference) group.

Results

Sample Characteristics

As shown in Table 1, participants ($N = 74$) were primarily females (73%). The mean age of the sample was 21 years of age ($SD = 2.3$), with the majority of the sample (95.9%) between 18 and 25 years of age. This sample was ethnically diverse, with 8.1% self-identified as African American, 35.1% identified as Asian, 32.4% identified as Caucasian, 12.2% identified as Hispanic, and 12.2% identified as other. The sample demonstrated varying levels of illegal behavior; approximately 38% of the sample indicated they had always been abstaining, 38% of the sample indicated they were desisters (had once participated in illegal behaviors but had stopped) and 24% of the sample indicated they were persisters (continued to participate in illegal behaviors).

Qualitative Results

Several themes emerged across persisting, desisting, and abstaining emerging adults. In discussing their rationales for whether or not they engaged in illegal behavior, all three groups discussed: social bonds with family and peers, internalized morals and values, and a fear of consequences for their behavior.

Social Bonds and Behavioral Norms within Family and Peer Groups

Persisters frequently mentioned that their connections to peers and family members heavily influence their decision to persist in illegal behaviors. These participants shared that, not only is engaging in illegal behavior (particularly substance use) common, it is an important part of the college experience. Moreover, it provides emerging adults a "sense

of belonging” and “connectedness to a larger group.” One respondent’s statement exemplified the importance of her bond to her social environment as she described:

Table 1. Sample Characteristics and Differences between Abstaining, Desisting, and Persisting Groups

	Total Sample		Abstaining		Desisting		Persisting		F or χ^2
	freq	%	freq	%	freq	%	freq	%	
Gender									$\chi^2 = 2.5$
Male	20	27	5	25	8	40	7	35	
Female	54	73	23	42.6	20	37	11	20.4	
Ethnicity									$\chi^2 = 14.6$
African American	6	8.1	1	16.7	5	83.3	0	0	
Asian	26	35.1	13	50	9	34.6	4	15.4	
Caucasian	24	32.4	9	37.5	5	20.8	10	41.7	
Hispanic	9	12.2	3	33.3	5	55.6	1	11.1	
Other	9	12.2	2	22.2	4	44.4	3	33.3	
Parent’s Education									$\chi^2 = 1.0$
Did not Graduate College	36	48.6	14	38.9	15	41.7	7	19.4	
Graduated College	38	51.4	14	36.8	13	34.2	11	28.9	
Class									$\chi^2 = 4.4$
Upper-Middle	26	35.1	8	30.8	8	30.8	10	38.5	
Other	48	64.9	20	41.7	20	41.7	8	16.7	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
Importance of Grades	2.7	.5	2.6	.7	2.8	.4	2.7	.5	F = .9
Likely to Achieve Educational Goals	2.6	.5	2.6	.5	2.6	.6	2.6	.5	F = .1
Proportion of Friends Regularly Break the Law	1.5	1.0	.9	.7	1.6	.9	.2	1.0	F = 14.9***
Time spent with Parents	2.5	.6	2.6	.6	2.5	.6	2.4	.6	F = .5
Time spent with Partner	5.1	2.7	5.2	2.7	5.0	2.7	5.1	2.7	F = .1
Age	20.9	2.3	20.9	1.4	20.7	2.0	21.3	3.6	F = 1.4
Hours Spent Studying per Week	1.1	.8	1.5	.7	.8	.8	1.0	.6	F = 6.6**
Hours per Week Worked at a Paid Job	.7	.8	.8	1.0	.6	.7	.6	.7	F = .6

* $p < .05$ ** $p < .01$ *** $p < .001$; Note: χ^2 analyses for ethnicity failed to meet minimum cell count assumptions, with a few cells including 0 participants; these frequencies are included in the table to provide the reader with a general sense of proportions and trends across ethnic groups.

It is part of the college culture. As a sorority, drinking is encouraged, if not mandatory. At times I feel it is necessary to drink to function socially...drinking is a big part of my social scene and it's not bad...smoking marijuana...it's a part of the social scene. I am in college, what else is there to do?

Desisters, on the other hand, reflected upon family norms against illegal behavior more so than did persisters. Desisters cited shaming, hurting, and disappointing their parents as motivators to desist from their illegal behavior. One participant simply said, "My parents, as poor as they were...strongly believed in honesty. I highly respect them and did not want to make them ashamed of me. I was going to lose them if I continued [to commit illegal behavior]." A second participant echoed these sentiments and described coming to the realization that her behavior was no longer "cool," instead she "was actually losing the respect" of her parents. Social bonds with prosocial family members therefore encouraged participants to desist.

Abstainers, described social ties with their family (i.e., parents/caregivers) members in much more detail compared to either persisters or desisters. They emphasized positive parenting, being raised the "right way", including "strict parents setting rules," consequences, and stability in the home to reinforce prosocial behavior. Abstainers discussed not only being loved, but also being monitored and guided by parents. They also described social bonds to peer groups that reject illegal behavior. One participant noted:

I have a stable home life with two loving parents that have always spoken to me about the pitfalls of committing crimes. For this reason I have never wanted to commit a crime. I have also never felt pressured by my friends. I always knew that I wanted to be successful so I chose friends that also wanted to be successful.

Another participant aptly said, "When I saw some of my friends engage in stuff that would get them into trouble, I stopped hanging out with them." Their decision to refrain from illegal behavior appeared to be due to their strong familial ties and a lack of association with deviant peer groups.

A vital feature that emerged across three categories is parents. For abstainers, strong bonds and ties to parents including parental involvement influenced their decision not to engage in illegal behavior. For persisters, the lack of parental involvement and supervision (weaker bonds to parents) aligned with greater influence of negative peer groups and contributed to their involvement in illegal behavior. Because the emerging adults in this study were no longer under continual parental surveillance, the influence of prosocial bonds with parents must have been internalized for abstainers. For persisters, they may have estimated that they could conceal their involvement from disapproving others or lacked bonds with individuals who disapprove. Desisters who made the decision to desist from illegal behavior spoke about the shame, guilt, or embarrassment that anti-social behavior caused, particularly in their relationships with their parents.

Morals and Values

Participants in all three groups described their perspectives of right and wrong or moral behavior in answering questions about their illegal behaviors. Persisters described illegal behavior by discussing a sense of right and wrong, but they held the perspective that their behavior was socially acceptable. They recognized that society may label their behaviors as deviant, but they argued their behavior is benign because they were not causing harm to others. One respondent said, "For the most part I have stopped small crimes, however, I do continue to violate laws or rules [about drinking and drug use] that I feel cause no danger to me and others. I am not hurting anyone." Actually, persisters articulated an independent even defiant attitude toward authority, valuing their own autonomy and rebellion against mainstream rules. A second respondent explicitly remarked:

I still smoke marijuana. I don't consider marijuana an illegal drug. I don't believe marijuana use (which is probably the most illegal thing I have done) is actually a crime...making it a crime and enforcing certain laws only encourages and perpetuates under-age substance use.

Desisters appeared focused on shame and guilt for their behavior. Often this shame and guilt grew out of pain they may have caused others rather than a sense that they were doing "the wrong thing." According to one participant, "The last time I did it, I felt horribly guilty even though it was a small item...[I] felt guilty and [I] was afraid to return to the store." Desisters seemed to be concerned with disappointing others who would view their behavior as wrong while abstainers seemed to have internalized these values—which kept them from engaging in illegal behavior. Abstainers explained that "high morals and values instilled" by their parents and "strong moral religious beliefs positively affected" their choices not to become involved in illegal behavior. Internalization of that sense of right and wrong (morals) seemed weaker among desisters who were accepting of illegal behavior but worried about parents or other people disapproving.

Fear of Consequences

A fear of consequences (or lack thereof) for committing crimes or using substances played an important role in influencing emerging adults' choices to engage in illegal behavior. Persisters typically did not fear consequences for their behavior. Past consequences, namely a citation for "Minor In Possession (MIP)" and "always getting into trouble with campus police," were viewed as insignificant. Often, participants discussed committing behaviors that went unnoticed and thus had little consequence for them or others. In fact, several persisters discussed the rewards of illegal behavior, feeling "high" and thrilled at the adrenaline "rush" of committing illegal acts. One participant described this overwhelming excitement saying, "I stole a huge cardboard sign from behind the movie theater...I did it, 50% for the acquisition of the sign and 50% for the thrill of it. It was a huge sign." Defying authority was a risk, but it was viewed as an exciting risk well worth any minor consequence or punishment.

Desisters, on the other hand, frequently discussed a fear of consequences for their behaviors. Several discussed their own or their friends' arrests. These consequences were

viewed as serious and detrimental. A clear line was drawn for desisters as they approached age 18. One respondent wrote, "Once I turned 18, I realized that my behavior had more serious consequences, particularly in a legal sense. Before I was 18, committing minor crimes did not seem like a big deal, especially since others around me engaged in the same behaviors." Another participant wrote, "I stopped when I was 18 for fear of going to jail." They realized the legal consequences of their behavior were amplified as adults, and thus chose to make changes to avoid these more serious sanctions.

Abstainers discussed weighing the costs (i.e., being caught, having a criminal record, social stigma) and benefits (limited excitement and temporary fun) and recognized early on that deviant behavior was not worth the costs. This finding fits well within the context of Social Exchange Theory which suggests that individuals choose behaviors based on a comparison of alternatives and a weighing of the relative costs and benefits of each option (Homans, 1958). Importantly, the determination of costs and benefits is subjective and individualized (McDonell, Strom-Gottfried, Burton, & Yaffe, 2006). Costs, for abstainers, were broad and far-reaching compared to the more immediate costs described by desisters. While desisters were concerned about arrest and prosecution, abstainers considered their future goals and career aspirations. They appeared to consider themselves as taking a different path through life that did not leave room for illegal behaviors. Abstainers, unlike the other two groups, also discussed concern for greater society, suggesting they refrained from illegal behavior to protect society as a whole.

Quantitative Results

Group Differences Across Desisting, Persisting, and Abstaining Emerging Adults

The results of the one-way ANOVA demonstrated that abstainers, desisters, and persisters differed significantly in their number of hours spent studying per week ($F(2, 73) = 6.6, p = .002, \eta^2 = .2$), with abstaining students reporting the most studying ($M = 1.5, SD = .7$), followed by persisters ($M = 1.0, SD = .60$), and desisters reporting the least studying ($M = .8, SD = .8$). Post-hoc analyses using Games-Howell indicated a significant difference in hours studying only between abstaining and desisting students ($p < .01$).

Furthermore, the results indicated that abstaining, desisting, and persisting students differed significantly in their proportion of friends that regularly broke the law ($F(2, 73) = 14.9, p < .001, \eta^2 = .3$). Persisters had the greatest number of law-breaking friends ($M = 2.3, SD = 1.0$), followed by desisters ($M = 1.6, SD = .9$), and then abstaining participants ($M = .9, SD = .7$). Scheffe post-hoc tests indicated statistically significant means across all three groups.

Correlates of Illegal Behavior in a Multivariate Model

The multinomial logistic regression model controlling for age, gender, race and class found that participants' illegal behavior was significantly predicted by the independent variables of interest ($\chi^2(12) = 45.5, p < .001$). As noted in Table 2, two factors of interest (peers' offending and hours spent studying per week) significantly predicted being in the

desisting group compared to the abstaining group. Students with greater proportions of peers who offended were nearly three times more likely to be in the desisting group compared to the abstaining group (OR = 2.7, $p < .05$). Students who studied less often were more likely to be in the desisting group compared to the abstaining group (OR = .2, $p < .01$). One factor significantly predicted being in the persisting group compared to the abstaining group. Students who reported a greater proportion of peers who offended were significantly more likely to be in the persisting group than the abstaining group (OR=5.6, $p < .001$).

Table 2. Multinomial Logistic Regression to Predict Desisting and Persisting Compared to Abstaining

Factors	Desisting		Persisting	
	OR	95% CI	OR	95% CI
Hours spent studying per week	.2**	.1-.6	.3	.1-1.2
Proportion of peers offended	2.7*	1.1-6.2	5.6***	2.1-16.6
Class (Upper/Middle)	1.5	.3-6.3	2.4	.4-13.1
Ethnicity (White)	.3	.1-1.4	1.5	.3-7.9
Gender	1.3	.3-6.6	1.3	.2-8.0
Age	1.0	.7-1.3	1.1	.8-1.6

Note. Reference category= Abstaining Group; OR= Odds Ratio; 95% CI= 95% confidence interval
* $p < .05$ ** $p < .01$ *** $p < .001$

Discussion

This study sought a better understanding of the factors that influence desistance and persistence of illegal behaviors during emerging adulthood. A key finding was the significant influence of peers on emerging adults' participation in crime and substance use. Emerging adults who described their peer networks as consisting largely of friends who participate in illegal behaviors were much more likely to have committed illegal acts than those who were bonded more closely with their families and prosocial peer groups. While previous research has documented the strong influence of peers on adolescent delinquency (Havighurst, 1987; Kandel, 1985; Steinberg, 2008), this study extends this work by acknowledging peers' continued importance into individuals' early twenties. In fact, emerging adults looked similar to youth in their descriptions of peers' influencing behavior, particularly when it related to substance use.

The evolving notion of what it means to be an emerging adult may influence behaviors during this stage (Arnett, 2005). In college, emerging adults are confronted with peer influences (Quinn & Fromme, 2011; White, Fleming, Min, Catalano, & McMorris, 2008), and social pressures to participate in substances were described as substantial and influential. The college environment may partially explain why peer relationships continue to be a strong indicator of continued engagement in high-risk behaviors (Quinn & Fromme, 2011; White et al., 2008). Whereas substance use during

high school may have been viewed as deviant, substance use during college may be more typical or even normative. Furthermore, emerging adults who, in previous generations, may have moved on to employment or marriage during their late teens and early twenties are now more likely to live independently on a college campus surrounded by other emerging adults.

Many students described following parental rules when they lived at home, but abandoned these when they attended college where their peers had a notable negative effect on their decisions. For example, a female student reported that her parents kept her sheltered from mainstream “ideas” and “thinking,” and it was easy for her to follow the rules of her home. However, once she entered college, she was negatively influenced and she tried “new” things because her parents were not around. In other words, college culture and the desire to fit in and be a part of the social scene that values independence and substance use may foster illegal behavior.

The influence of peers is more complex than the immediate peer group surrounding emerging adults. Participants described a much longer process, starting when they were children, in which parents provided consistent supervision, monitoring, and implicit lessons of right and wrong which fostered a value for prosocial behavior and friendships. Emerging adults who were raised with loving parents including “strict” rules, structure, and consequences for their behavior were more likely to desist and abstain from illegal behaviors and negative peer groups. Prior studies have documented the instrumental role that positive parenting has on moderating the effects of substance use including several other problem behaviors among high school students (Chassin et al., 2002; White et al., 2006). This study indicates that strong parental bonds and monitoring continue to play a significant role in the lives of emerging adults and their decisions to refrain and abstain from high-risk behaviors. Given that emerging adulthood invites less social control, parental monitoring and involvement, and more freedom than adolescent years (Arnett, 2005; White et al., 2006), this study suggests that parental bonds can strengthen prosocial behaviors in emerging adults and may reduce risk-seeking opportunities for illegal behaviors. Thus, increasing parents’ awareness about the importance of parental engagement and monitoring during the emerging adulthood period may be an essential preventative target.

The results also suggest that academic achievement plays a fundamental role in determining illegal behavior of emerging adults. Previous literature suggests that academics may serve as a protective factor against ever initiating criminal behaviors (Jenson & Fraser, 2006). Academic motivation and dedication appears to continue to play an important role in emerging adults’ behavior. Emerging adults entering college are motivated to obtain academic success (Lounsbury, Fisher, Levy, & Welsh, 2009); this motivation can be attributed to fear of consequences and risks associated with failure (Loughran, Paternoster, Piquero, & Pogarsky, 2011). That time spent on school work predicted abstaining from illegal behavior compared to desisting, suggests youth who are dedicated students are more likely to come from backgrounds free of crime and substance use.

The current study also demonstrates that another common element in persistence and desistance is perceived certainty and severity of punishment. Overwhelmingly, persisters mentioned that the punishment imposed for minor offenses is not severe enough; hence they continue to engage in high-risk behaviors. Persisters noted that marijuana and underage drinking should not be illegal. This finding is consistent with previous studies of adolescent samples that find little deterrent effect for perceptions of the costs of punishment (Paternoster, 1989). Conversely, desisters reported a heightened sensitivity to the legal consequences of illegal behavior and the severity of punishment, an awareness that may have resulted from their transition to early adulthood in the eyes of the courts. These results are consistent with the rational choice (Becker & Murphy, 1988) approach that states that a rational offender calculates the costs and benefits of offending, even though s/he may not have the most complete information. An increase in the expected costs of the illegal behavior or in the rewards for conformity should make illegal behavior less attractive. For those who participated in illegal behavior during adolescence but recently desisted, fear of both legal and relational consequences appeared to influence decisions to stop.

Notable in the desistance process described by this sample are the feelings of fear, guilt, and shame. Many emerging adults reported that they felt guilty or ashamed after their illegal behavior and were sorry that they may have hurt someone, including their parents. This finding is consistent with Sampson and Laub's (1993) age-graded theory of informal social control and their argument that desistance is more likely when offenders change the way they feel about illegal behavior, themselves, and the relationships they have with others.

Limitations

This study has some evident limitations that need to be addressed. First, the study has a small quantitative sample size, which resulted in reduced power and required several variables to be dichotomized, losing specificity. Ethnicity categories were transformed into a dichotomous form of the variable (white/non-white) for the multivariate analyses. This dilutes the variance found in this variable and future research with larger samples should better investigate the role of ethnic diversity in the relationships found in this study. Secondly, the quantitative outcome of illegal behaviors (abstainers, desisters, persisters) was derived from participants' answers to qualitative questions; although this allowed the participants to describe their illegal behavior in their own words, this may have resulted in less accurate categorization. Independent variables were developed by the researcher, and thus do not have established psychometrics. To the extent that the host university looks similar to other public institutions, our findings may be transferable; however, findings cannot generalize to the broader, non-student population of emerging adults. Third, the reliance on self-reported data of participants poses a drawback to the study design. However in this study, emerging adults self-report was necessary for examining the multiple pathways from illegal activities that involve both social and psychological processes (Laub & Sampson, 2003). The unique interpretations of the experiences of abstainers, desisters, and persisters were therefore best captured by the mixed-method design and reliance on self-report. Fourth, the cross-sectional design

leaves the direction of causality ambiguous. That is, it cannot rule out the possibility that participation in illegal behaviors causes one to hang out with antisocial peers and results in less academic motivation.

Implications for Practice

This mixed methods study has several implications for practice and research. First, the quantitative portion of the study examines the crucial influences of peers and academic motivation in criminal behavioral outcomes. The strong relationship between negative peer associations and illegal behavior suggests that intervening to encourage prosocial and sober opportunities for socializing and relationship building is imperative. Encouraging healthy and adaptive peer relationships through extracurricular clubs and social events, particularly during unstructured evening hours, could be influential in changing college students' behaviors. Clearly, peers play a vital role in shaping attitudes and beliefs among emerging adults. Students who spend more time working on schoolwork during down time are consequently more motivated to do well in school and less inclined to engage in illegal behaviors. Furthermore, from a prevention standpoint, programs to enhance parenting skills, promoting parental limit setting, supervision, monitoring and relationship building with children and adolescents are likely to protect youth from later illegal behavior as adolescents and emerging adults. Parenting skills can also serve to help parents relay the importance of academic motivation and subsequently aid in deterring youth and emerging adults away from illegal behaviors.

Implications for Research

Although there is a developing body of research on desistance, there is still much to learn. Our understanding of desistance is hampered by a focus on individuals involved with the criminal justice system and other systems of formal social control. Additional research needs to examine desistance among adolescents and emerging adults who have not been institutionalized or sanctioned in some way. Furthermore, the role of parent involvement in influencing emerging adults' illegal behavior should be further investigated as both a potential risk and protective factor, as this role may be changing and may vary greatly across individuals. The important relationships discovered here should also be investigated internationally, as cultural differences may impact emerging adults' behaviors and associated risk factors. From a methodological point, much of what we know about the desistance process is obtained retrospectively, and longitudinal designs are necessary to study the natural evolution of illegal behavior and provide a better description of the processes of offending over time. Greater investigation is also required to understand ecological or neighborhood-level factors influencing desistance. Furthermore, researchers and funding mechanisms need to support further investigation of emerging adulthood as a distinct developmental period, clarifying unique, relevant, and modifiable risk and protective factors for this important group.

Emerging adulthood is a time of great opportunity mixed with heightened vulnerability. As students make decisions regarding their academics and peer groups, it appears they are implicitly placing themselves at varying risk for dangerous behaviors. Prevention and intervention efforts aimed at connecting emerging adults to prosocial

parents and friends and encouraging their dedication to academics may offer protection for those who aim to abstain or desist from criminal behavior and substance use.

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Ghanaian BSW Students' Perceptions of Poverty and Social Welfare Policies in Ghana

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***Abstract:** In August 2010, data for this exploratory study were drawn from a sample of 185 undergraduate social work students from a public university in Ghana. Ordinal logistic regressions were run to analyze the relationship between social work students' demographic variables and their perceptions toward poverty and social welfare policies in Ghana. The results of this study found that social work students' age, gender, marital status, number of children, socioeconomic status, and area of concentration affected their perception toward poverty and social welfare policies in Ghana. The findings of this study point to several areas for consideration when developing or revising social work education curricula in Ghana.*

***Keywords:** Social work students, poverty, social welfare policies, Ghana*

Since gaining independence in 1957, Ghana has emerged as a shining example of a developing nation for the rest of the African continent. Located in the western part of Sub-Saharan region, Ghana, home to approximately 24 million people, is a nation with democratic norms entrenched in an active civil society, laws and rules that are respected, a well-managed economy, and a burgeoning middle class (CIA World Factbook, 2011a; CIA World Factbook, 2011b; Ghana Statistical Service [GSS], 2009; Throup, 2011). However, despite the social and political gains that have been achieved, approximately 28% of Ghanaians live in poverty and the nation remains well below the average of other nations on a number of health indicators including high malnutrition rates, high illiteracy rates, high communicable disease rates, inequities in immunizations among one-year olds, inequities in under-five mortality rates, poor health and sanitation facilities, and inadequate water supplies (Index Mundi, 2010; International Labor Organization [ILO], 2006; Rolleston, 2011; United States Agency for International Development [US AID], 2010; World Health Organization [WHO], 2009).

In Ghana, the reduction of poverty and deprivation among vulnerable citizens was initially the responsibility of the traditional social support system—extended family members and clans (Blavo & Apt, 1997). Marriage, family, and religion are the foundation of Ghanaian society and serve as the most durable forms of social and economic security to Ghanaians (Laird, 2011; Takyi, Obeng-Gyimah, & Addai, 2006).

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Consisting of far-reaching reciprocal duties, obligations and responsibilities to one another, marriage, family, and religion render moral, spiritual, emotional, financial, and instrumental support to all Ghanaians (Avandel, 2011; Sultan & Schrofer, 2008). However, following the industrialization and urbanization of the nation, the traditional social support system has not been able to adequately respond to or meet the needs of the impoverished and vulnerable Ghanaians (Kreitzer, 2004). In response to these socioeconomic issues, successive public, private, and non-governmental organizations inclusive of the work of social work professionals have throughout the past few decades developed and implemented various economic and social initiatives intended to reduce the rate of poverty and deprivation among Ghanaians in Ghana.

Since the early 1960s, the Government of Ghana (GOG), either independently or in cooperation with the private sector, non-government organizations, and/or private donors, has assumed responsibility in the reduction of poverty in Ghana. In the 1960s, the GOG emphasized public industrialization strategies in urban areas that were focused on expanding and improving labor, educational, and health care opportunities for Ghanaians in urban areas (Aryeetey & Goldstein, 2000; Kormey, 2009; Obeng, 2008; Social Security and National Insurance Trust, 2011). In the 1970s, the GOG emphasized local public industrialization strategies in rural areas that were focused on expanding and improving agricultural production rates, farm incomes, and the provision of water and farmer education (Aryeetey & Goldstein, 2000; Whitefield, 2009). Most recently, beginning in the 1980s, the GOG in cooperation with and receipt of support from the World Bank (WB) and International Monetary Fund (IMF) has emphasized the need to achieve macroeconomic stability across the nation (Aryeetey & Goldstein, 2000; Devereux et al., 2008; Sowa, 2002).

Unfortunately, due to the growing mass of people leaving rural areas to urban areas, growing incongruity between the human capital of the population and the economic and social development initiatives of the state, increasing decision-making imbalance between the GOG and non-government organizations, and the GOG's decreasing political and monetary support of the public social sector, these initiatives have largely failed to achieve what they were intended to do, decrease the rate of poverty and deprivation among millions of Ghanaians (Adema, Gray & Kahl, 2003; Armah, 2009; Aryeetey & Goldstein, 2000; Avendal, 2011; Kreitzer, Abukari, Antonio, Mensah, & Kwaku, 2009), increase the rate of health insurance coverage among Ghanaians (Sultan & Schrofer, 2008), and decrease gender disparities in the labor, educational, and government sectors of Ghana (Amu, 2006; Apt, 2007; Heintz, 2005; International Fund for Agricultural Development [IFAD], 2011; Kimani & Kombo, 2010; Owusu & Abdulai, 2009).

While the abovementioned initiatives have not yielded the intended results, the initiatives have led the GOG to adopt and integrate different and innovative approaches and systems into the traditional social support system in Ghana, one of these being the institutionalization of a formal bureaucratic social welfare system, which was inclusive of the social work profession. In Ghana, social work is a combination of traditional and Western-imported methods and techniques (Avendal, 2011). In pre-colonial Ghana, social problems were addressed within the context of the traditional system, particularly

the extended family system, which ensured security for and cohesion among members, provided mechanism for regulating human behavior, and controlled the economic life of individuals (Avendal, 2011, Blavo & Apt, 1997). Following periods of industrialization and urbanization in Ghana, new social problems emerged, problems the traditional system was neither equipped for nor capable of managing effectively. To this end, the formal social welfare system inclusive of the GOG and social work profession emerged as an alternative social support system to improve the health and well-being of Ghanaian individuals and families in need—educational, employment, health, income, and social welfare services (Blavo & Apt, 1997). Although no single unifying Western—or African—social work theory or practice exists, Western European ideas and models emphasizing individuals and psychotherapy have continued to prevail in the education of social work students and practitioners in Ghana (Asamoah, 1997; Avendal, 2011; Blavo & Apt, 1997; Kreitzer et al., 2009; Leighninger & Midgley, 1997; Midgley, 1981).

According to the International Federation of Social Worker Code of Ethics (IFSW) (2012), “Professional social workers are dedicated to service for the welfare and self-fulfillment of human beings; to the development and disciplined use of scientific knowledge regarding human behaviour and society; to the development of resources to meet individual, group, national and international needs and aspirations; to the enhancement and improvement of the quality of life of people; and to the achievement of social justice” (p. 1). Despite this stated mission, evidence suggests that social work professionals across the world are distancing themselves from working with poor and impoverished populations and instead working with moderate income populations and populations with non-chronic emotional issues (Bullock, 2004; Clark, 2007; Hackett, Kuronen, Metthies, & Kresal, 2003; Limb & Organista, 2003; Ljubotina & Ljubotina, 2007; Weiss, 2005; Weiss, Gal, & Cnaan, 2004; Weiss, Gal, Cnaan, & Majiaglic, 2002). Contributing further to this issue is evidence indicating that social work students are more often being trained as micro practitioners specializing in counseling with an emphasis on psychotherapy with individuals, groups, and families (Asquith, Clark, & Waterhouse, 2005; Weiss, 2006) rather than macro practitioners specializing in policy practice and community organization with an emphasis on the political, economic, historical, social, and cultural understanding of populations, organizations, and communities (Jacobson, 2001).

With the economic and social challenges impacting millions of Ghanaians, the formal bureaucratic social welfare system (Kreitzer et al., 2009), and number of social work students graduating from social work educational programs and employed by the abovementioned social welfare system in Ghana, it is essential that researchers examine Ghanaian social work students’ perceptions of poverty and social welfare policies in Ghana. The implications associated with the findings of this research will contribute to the: education and development of social work students; professionalization of social work students; short- and long-term viability and sustainability of social work educational programs; and the short- and long-term viability and sustainability of the social welfare policies and programs for poor and impoverished individuals, families, and communities in Ghana.

Literature Review

Throughout the years, numerous studies have examined social work students' perceptions of poverty and social welfare policies in their respective countries. A majority of these studies have occurred with social work students in developed nations and focused on factors ranging from students' age, gender, race, ethnicity, nationality, socioeconomic status, place of residence, political assumptions, educational status, to course of study (i.e., BSW, MSW) (Ljubotina & Ljubotina, 2007; Nasser, Abouchedid, & Khashan, 2002; Weaver & Yun, 2010; Weiss, 2005, 2006). Missing from this research has been the examination of social work students in developing nations. Given the limited amount of research on social work students in developing nations, the following literature review consists of literature primarily from developed nations but also inclusive of several developing nations including Croatia, Hungary, and Zimbabwe.

Social Work Students' Perceptions of Poverty

Feagin (1975) was one of the first researchers to systematically examine the beliefs and causes of poverty among different subgroups. He found 11 types of beliefs about the causes of poverty, which were later grouped into three categories. The first category attributed poverty to individual or internal causes—a specific lifestyle of the poor, such as lack of capability, effort, and laziness, or alcohol abuse. The second category attributed poverty to structural or external causes—unfriendly social, political, cultural, and economic factors such as uneven distribution of wealth, exploitation of the poor, or unequal opportunities. The third category attributed poverty to fatalism—bad luck, illness, fate, or God's will. Of these categories, the individualistic and structural categories have dominated the social, political, and economic landscape of nations worldwide, resulting in policy and program initiatives aligned with each respective category.

Social work students have maintained a variety of opinions or beliefs about poverty and poor populations many of which are similar to those mentioned previously. In a study comparing the attitudes regarding poverty among college students in South Africa, Lebanon, and Portugal, South African students were more likely to blame the individual for their poverty than their Portuguese and Lebanese counterparts (Nasser et al., 2002). In a cross-national comparison study of social work students, Weiss (2006) found that Brazilian students were more likely to attribute poverty to structural factors than were students from the other six nations. In their cross-national and cross-discipline study of undergraduate students, Ljubotina and Ljubotina (2007) found that compared to undergraduate agriculture and economics students, undergraduate social work students were less likely to attribute poverty to an individual's personal characteristics. In their study comparing undergraduate social work and business students' attitudes toward poverty, Weaver and Yun (2010) found that students who were female or with more leftist political views were more likely to attribute poverty to structural factors. In a cross-national study examining social work graduates attitudes toward poverty and the goals of the social work profession, Weiss (2005) found that Hong Kong social work graduates attributed greater importance to psychological explanations of poverty and that Australian social work graduates were more inclined than the Brazilian, Israeli, German,

Hungarian, Zimbabwean, and American social work graduates to attribute poverty to structural causes.

Social Work Students' Perceptions of Social Welfare Policies

According to Muuri (2010), social welfare policy is regarded as a way to support the less fortunate and to distribute life's uncertainties more equally among different social groups. Similarly, Breznau (2008) associated social welfare policy with the state's provision of health, education, shelter, and employment services to the general public. There have been several arguments regarding the relevance of social welfare policies in contemporary societies. While some individuals and groups accept and support the development and implementation of social welfare policies and programs, others vehemently oppose them (Breznau, 2008). For supporters of social welfare policies, social welfare policy is a means to help out the least fortunate or poorest members of the society by creating or increasing social equality (Breznau, 2008). Brown and Neku (2005) emphasized in their study that welfare policies seek to alleviate poverty among the most vulnerable and marginalized majority groups who have the lowest income and possess the least education and highest unemployment rates. Findings from their study showed that participants who supported social welfare policies in the form of poverty alleviation programs believed welfare policies promote self-reliance.

For those opposing social welfare policies, social welfare policy is detrimental to society and has done little or failed to reduce poverty. In his analysis of social welfare programs, Murray (1984) found that social welfare policies and programs can lead to an increase in the rate of social problems such as poverty and crime. The study promoted individual initiative rather than government intervention to help low income populations meet the basic needs of life and insisted on a discontinuation of social welfare policies and programs. Dollar and Kraay (2000) asserted that a market economy emphasizing economic development is essential for growth and protection of the poor, whereas the provision of support through social welfare policies and programs have an undesirable effect on society. According to Tanner (2012), despite nearly \$15 trillion in total social welfare spending since the War on Poverty was declared in the United States in 1964, the poverty rate is perilously close to where it was more than 40 years ago with a poverty rate of 15%.

Unlike the previous section where there have been a few studies examining social work students' perceptions of poverty, less work has been done examining social work students' perceptions of social welfare policies. However, a body of research examining social work students' perceptions of the role of government in addressing social issues in various societies does exist (Tam, 2003; Weiss, 2003, 2006; Weiss, Cnaan, & Gal, 2005; Weiss et al., 2002; Woodcock & Dixon, 2005). The results of these studies have been mixed with some groups supportive and other groups less supportive of the government intervening in social issues, such as the alleviation of poverty.

In a study comparing 429 first year social work students' preferences of social policy for dealing with the needs of citizens in three countries—the United Kingdom, Israel, and the United States, Weiss and colleagues (2002) found that the social work students

supported government intervention in the areas of housing, welfare, and redistribution of wealth. However, there was variation among students in regard to the degree of government support, with some students highly supportive and others less supportive of government intervention. Students from all three of the universities responded with much indifference to their willingness to fund the welfare state and its program. In a study involving 239 social work graduates in Hong Kong and the People's Republic of China, Tam (2003) found that while some social work students perceived the government as being responsible for the alleviation of social problems in society, other students perceived individuals as being responsible for the alleviation of their own social problems. In a study with 138 undergraduate social work students in Israel, Weiss (2003) found that social work students favored government social welfare programs as a means for dealing with poverty-related problems.

In another study examining 223 undergraduate and graduate social work students at two universities in two countries, the United States and Israel, Weiss and colleagues (2005) found that social work students were supportive of the welfare state model. Social work students in both nations indicated that the state should be responsible for welfare services for its citizens. However, social work students in the United States demonstrated more willingness to pay for the welfare state than their Israeli counterparts, even though the level of support cannot be described as very high. In a study examining 781 final year social work students at leading schools of social work from ten countries, Woodcock and Dixon (2005) found that social work students expressed strong support for the state to intervene in alleviating poverty. Preference for state intervention was highest among social work students in Australia, Hong Kong, and the United States. The degree of difference in level of support for state intervention was greatest in Brazil, Australia, and Canada and smallest in Zimbabwe and Hong Kong.

In a third study examining 514 graduating Bachelor's of Social Work students from five countries: Brazil, Germany, Hungary, Israel, and the United States, Weiss (2006) found that social work students were more inclined to view the expansion of state government welfare provisions as the best means of dealing with poverty and less inclined to support the reduction of state government intervention in dealing with poverty. Interestingly, with respect to extending state welfare assistance, Brazilian social work students were more supportive of extending state provision than social work students in the other four nations. While the abovementioned literature is beneficial to understanding social work students' perceptions toward poverty and social welfare policies, a majority of these studies have been conducted with social work students in developed nations with established social welfare systems. Relatively little research has been conducted with social work students in developing nations, nations with substantial amounts of poverty and less developed social welfare systems. As such, this study will be the first to examine Ghanaian undergraduate social work students' perceptions of poverty and social welfare policies in Ghana.

Purpose of the Study

To contribute to the abovementioned research, the goals of this exploratory study were to: (1) provide descriptive information about a sample of undergraduate social work students in Ghana, (2) examine the relationship between Ghanaian social work students' socio-demographic characteristics and their perception of poverty in Ghana, and (3) examine the relationship between Ghanaian social work students' socio-demographic characteristics and their perception of social welfare policies in Ghana. Given the economic and social challenges impacting millions of Ghanaians, as well as the emerging development of the social work profession in Ghana, the researchers deemed it important that further research be conducted with this population on this particular area of study.

Methodology

Design of Study

In August 2010, the researchers collected data from a convenience sample of undergraduate social work students enrolled in an accredited social work program at a university in Ghana. This study received Institutional Review Board (IRB) approval from the first author's U.S. institution and permission to conduct the study was received from department administrators at the participating university in Ghana. The study required that participants complete a 42-item questionnaire consisting of five sections addressing: descriptive information (i.e., age, gender, marital status, number of children, socioeconomic status, and area of concentration); perceptions of the cause of poverty; perceptions of social welfare policies in Ghana; perceptions of government response to poverty; and perceptions of social work policy education in the social work curriculum. Administration of the questionnaires occurred during the undergraduate policy courses in the fall semester. Participants were informed that the questionnaire would take about 10 minutes to complete, there were minimal risks associated with the study, and there were no direct benefits for participating in the study.

Measures

Dependent Variables. The dependent or outcome variables in this study consisted of 10 items asking social work students about their perceptions toward poverty and social welfare policies in Ghana. The first five items of the questionnaire consisted of questions asking students about their perceptions of the causes of poverty. Using a 5-point Likert scale, students were asked whether they 1 = Strongly Disagree to 5 = Strongly Agree that (1) Poverty is caused by a lack of motivation, self-discipline, and work-ethic, (2) Poverty is caused by social and structural forces (i.e., inequality), (3) People are poor because they belong to oppressed populations, (4) People are poor because they do not have equal opportunities, and (5) People are poor because they do not want to work. The remaining items of the questionnaire consisted of questions asking students about their perceptions of social welfare policies in Ghana. Using a 5-point Likert scale, students were asked whether they 1 = Strongly Disagree to 5 = Strongly Agree that (1) Social welfare policies have benefitted my family, (2) Social welfare policies have a positive impact on society, (3) Social welfare policies mostly benefit the poor, (4) Social welfare benefits increase

poor families' dependence on society, and (5) Social welfare benefits undermine individuals' willingness to work.

Independent Variables. The independent variables in this study consisted of seven items asking social work students about their age, gender, marital status, number of children, socioeconomic status, and area of concentration. Age was a categorical variable with four response categories ranging from 0 = 21-30 to 3 = 51-60. Gender was a categorical variable with two response categories, 0 = Male and 1 = Female. Marital status was a categorical variable with two response categories, 0 = Not Married to 1 = Married. Number of children was a categorical variable with two response categories, 0 = No Children and 1 = One or more Children. Socioeconomic status was a categorical variable with two response categories, 0 = Very Poor-Fair and 1 = Good-Very Good. Area of concentration was a categorical variable with two response categories, 0 = Micro social work concentration and 1 = Macro social work concentration.

Characteristics of the Sample

A total of 185 social work students in their third year (i.e., junior year) of college education participated in this study (65 females, 119 males) (see Table 1). Sixty-one percent of the participants were between 21-30 years of age. A majority of the participants were single (68%) and almost one-third of the participants were married (29%). Sixty-three percent of the participants reported having no children.

Table 1. Characteristics of Participating Ghanaian Social Work Students

		N	Percent (%)
Age (years)	21-30	104	61
	31-40	54	31
	41-50	11	6
	51-60	3	2
Gender	Female	65	35
	Male	119	65
Marital Status	Not Married	126	70
	Married	54	30
Number of Children	None	90	63
	Some	53	37
Socioeconomic Status	Very Poor-Fair	83	46
	Good-Very Good	98	54
Area of Concentration	Micro	33	18
	Macro	150	82

Note: Because of missing data the totals do not equal the specified N = 185

Forty-six percent of the participants reported having very poor-fair household incomes as adults. Based on the overall mean scores, participants on average tended to agree that in Ghana, people are poor because they do not have equal opportunities ($M = 3.87$), poverty is caused by social and structural forces ($M = 3.85$), and social welfare policies have a positive impact on society ($M = 3.93$) (see Table 2).

Table 2. Mean Scores on Ghanaian Social Work Students' Perceptions of Poverty and Social Welfare Policies in Ghana

	N	Mean Scores	SD	Range
<i>Perceptions of Poverty</i>				
Lack of Motivation	184	3.29	1.141	1-5
Social and Structural Forces	182	3.85	1.005	1-5
Belong to Excluded Populations	179	2.96	1.242	1-5
Unequal Opportunities	178	3.87	1.140	1-5
Do Not Want to Work	182	2.73	1.430	1-5
<i>Perceptions of Social Welfare Policies</i>				
Benefit Family	184	2.96	1.101	1-5
Positive Impact on Society	182	3.93	0.854	1-5
Benefit the Poor	184	2.62	1.209	1-5
Increase Poor Families' Dependence on Society	181	2.91	1.189	1-5
Undermine Individual's Willingness to Work	184	2.40	1.155	1-5
Encourage Idleness among the Poor	181	2.61	1.281	1-5

Analysis Plan

Using Predictive Analytics Software (PASW) 18, several statistical procedures were used in this study, including Spearman correlation coefficient tests and Ordinal logistic regressions. Bivariate analyses including Spearman correlation coefficient were used to determine the strength of the relationship between the independent and dependent variables. Ordinal logistic regression was used to predict the outcome of social work students' perceptions toward poverty and social welfare policies (categorical criterion variables with more than two response categories) based on social work students age, gender, marital status, number of children, socioeconomic status, and area of concentration (predictor variables).

Results

Bivariate Analyses

Several Spearman correlation coefficient tests were conducted to determine the strength of the relationship between social work students' age, gender, marital status, number of children, socioeconomic status, area of concentration and their perceptions toward poverty and social welfare policies in Ghana (see Table 3). A significant relationship ($\rho(169) = -.162, p < .05$) was found between social work students' age and

perception toward poverty—lack of motivation. Older social work students tended to disagree that poverty was due to a lack of motivation. A significant relationship ($\rho(139) = .207, p < .05$) was found between social work students' number of children and perception toward poverty—social and structural forces. Social work students with more than one child tended to agree that poverty was due to social and structural forces. A significant relationship ($\rho(175) = -.159, p < .05$) was found between social work students' area of concentration and perception toward poverty—belonging to an excluded population. Social work students in the macro area of concentration tended to disagree that poverty is due to belonging to an excluded population. Finally, a significant relationship ($\rho(139) = -.223, p < .01$) was found between social work students' socioeconomic status and perception toward poverty—do not have equal opportunities. Social work students with higher socioeconomic status tend to disagree that poverty is due to unequal opportunities. No significant relationships were found between social work students' age, gender, marital status, number of children, socioeconomic status, area of concentration and their perceptions toward social welfare policies in Ghana.

Ordinal Logistic Regression Analyses

Table 4 presents the results of the ordinal logistic regression analyses examining social work students' perceptions toward poverty. The log of the odds of poverty being due to lack of motivation was negatively related to social work students' age ($p < .05$). That is, older social work students were less likely to perceive that poverty is due to lack of motivation. Students were asked whether they 1 = Strongly Disagree to 5 = Strongly Agree that "Poverty is caused by a lack of motivation, self-discipline, and work-ethic." The results indicated that for every one unit increase in the age category there was a 48% lower likelihood of choosing a higher category (OR = .52). In other words, there is a negative association between social work students' age and their perception that poverty was due to lack of motivation. The log of the odds of poverty being due to social and structural forces was positively related to the social work students' number of children ($p < .05$). Social work students with one or more children were more likely to perceive that poverty is due to social and structural forces. For every one unit increase in the number of children category there was a 264% greater likelihood of choosing a higher category indicating poverty as being due to social and structural forces (OR = 3.64).

The log of the odds of poverty being due to belonging to an excluded population was negatively related to social work students' area of concentration ($p < .01$). Macro-focused social work students were 68% less likely to perceive that poverty is due to belonging to an excluded population (OR = .32). The log of the odds of poverty being due to unequal opportunities was negatively related to social work students' socioeconomic status ($p < .05$). Social work students with good-very good socioeconomic status were less likely to perceive that poverty is due to unequal opportunities (OR = .48). The log of the odds of poverty being due to not wanting to work was positively related to social work students' marital status ($p < .05$). Married social work students were much more likely to perceive that poverty is due to persons not wanting to work (OR = 3.13).

Table 3. Bivariate Correlations (Spearman rho) among Ghanaian Social Work Students' Perceptions of Poverty and Social Welfare Policies

	Lack of Motivation	Social and Structural Forces	Belong to Excluded Populations	Do not have Equal Opportunities	Do not want to Work
Age	-.162*	.129	.046	.064	-.056
Gender	-.070	-.061	-.022	-.031	.129
Marital Status	-.093	.084	.137	.030	.089
No. Children	-.117	.207*	.031	-.013	.014
SES	.061	-.037	-.099	-.223**	.066
Concentration	.108	-.041	-.159*	.057	.021
	Benefits Family	Positive Impact on Society	Benefit the Poor	Increase Poor Families Dependence on Society	Undermine Individual's Willingness to Work
Age	.033	.052	.026	-.140	-.018
Gender	-.020	-.121	-.085	.102	.042
Marital Status	.093	.091	.058	-.113	.021
No. Children	.058	.066	-.073	-.146	.004
SES	.103	-.114	.005	.116	.080
Concentration	-.019	.061	.019	.098	.023

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

Table 4. Ordinal Logistic Regressions: Ghanaian Social Work Students' Perceptions of Poverty

	Lack of Motivation		Social and Structural Forces		Belong to Excluded Populations		Do not have Equal Opportunities		Do not want to Work	
	B	OR	B	OR	B	OR	B	OR	B	OR
Age	-.645 (.329)	.52*	.042 (.340)	1.04	-.151 (.350)	.86	-.231 (.327)	.79	.067 (.307)	1.07
Gender	-.249 (.381)	.78	-.232 (.384)	.79	-.326 (.362)	.72	-.187 (.376)	.83	.620 (.359)	1.86
Marital Status	.330 (.605)	1.39	-.409 (.613)	.66	.805 (.676)	2.24	.347 (.620)	1.41	1.142 (.581)	3.13*
No. Children	-.050 (.643)	.95	1.292 (.661)	3.64*	-.421 (.657)	.66	-.154 (.657)	.86	-.939 (.610)	.34
SES	-.087 (.364)	.92	.005 (.366)	1.00	-.186 (.349)	.83	-.739 (.366)	.48*	.227 (.336)	1.25
Concentration	.712 (.456)	2.04	-.530 (.472)	.59	-1.128 (.451)	.32**	.202 (.469)	1.22	.521 (.432)	1.68
N	127		126		122		121		126	

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

Standard errors in parenthesis

Gender (Male = 0, Female = 1)

Marital Status (Not married = 0, Married = 1)

Number of Children (No children = 0, One or More Children = 1)

Socioeconomic Status (Very Poor-Fair = 0, Good-Very Good = 1)

Area of Concentration (Micro = 0, Macro = 1)

Table 5. Ordinal Logistic Regressions: Ghanaian Social Work Students' Perceptions of Social Welfare Policies

	Benefits Family		Positive Impact on Society		Benefit the Poor		Increase Poor Families Dependence on Society		Undermine Individual's Willingness to Work	
	B	OR	B	OR	B	OR	B	OR	B	OR
Age	-.220 (.313)	.80	-.176 (.330)	.84	.639 (.322)	1.89*	.111 (.333)	1.12	-.018 (.320)	.98
Gender	-.092 (.358)	.91	-.752 (.384)	.47*	-.598 (.370)	.55	.265 (.367)	1.30	.542 (.368)	1.72
Marital Status	.794 (.583)	2.21	.949 (.624)	2.58	1.094 (.601)	2.99	.499 (.610)	1.65	.584 (.616)	1.79
No. Children	-.188 (.614)	.83	-.352 (.675)	.70	-1.927 (.646)	.15***	-1.267 (.652)	.28*	-.204 (.652)	.82
SES	.187 (.342)	1.21	-.458 (.362)	.63	.338 (.350)	1.40	.461 (.348)	1.59	.410 (.352)	1.51
Concentration	.240 (.437)	1.27	.438 (.460)	1.54	-.066 (.446)	.99	.801 (.457)	2.23	.365 (.445)	1.44
N	127		125		128		125		127	

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

Standard errors in parenthesis

Gender (Male = 0, Female = 1)

Marital Status (Not married = 0, Married = 1)

Number of Children (No children = 0, One or More Children = 1)

Socioeconomic Status (Very Poor-Fair = 0, Good-Very Good = 1)

Area of Concentration (Micro = 0, Macro = 1)

According to the models examining social work students' perceptions toward social welfare policies in Ghana (see Table 5), the log of the odds of social welfare policies positively impacting society was negatively related to social work students' gender ($p < .05$). Female social work students were less likely to perceive that social welfare policies positively impacted society (OR = .47). The log of the odds of social welfare policies benefitting the poor was positively related to social work students' age ($p < .05$). Older social work students were more likely to perceive that social welfare policies benefitted the poor. For every one unit increase in the age category there was an 89% greater likelihood perceiving that social welfare policies benefit the poor (OR = 1.89).

The log of the odds of social welfare policies benefitting the poor was negatively related to social work students' number of children ($p < .001$). Social work students with one or more children were less likely to perceive that social welfare policies benefitted the poor. In fact, for every one unit increase in the number of children category there is an 85% lower likelihood of choosing a higher category indicating that social welfare policies benefit the poor (OR = .15). The log of the odds of social welfare policies increasing poor families' dependence on society was negatively related to social work students' number of children ($p < .05$). Social work students with one or more children were less likely to perceive that social welfare policies increased poor families' dependence on society. In fact, for every one unit increase in the number of children category there is a 72% lower likelihood of choosing a higher category indicating that social welfare policies increase poor families dependence on society (OR = .28).

Discussion

This exploratory study examined Ghanaian undergraduate social work students' perceptions toward poverty and social welfare policies in Ghana. The results of this study found that social work students' age, gender, marital status, number of children, socioeconomic status and area of concentration affected their perception toward poverty and social welfare policies in Ghana. These findings seem relevant to the abovementioned literature and warrant further explanation. The findings indicating that social work students with one or more children were less likely to perceive that social welfare policies benefitted the poor and increased poor families' dependence on society may suggest that social work students with one or more children are aware of the existing social welfare policies and programs and outcomes associated with these social welfare policies and programs. Given this, the social work students may realize that one, the social welfare policies are not benefitting the poor, and two, without getting to or benefitting the poor, poor families cannot in turn become dependent upon society.

The two findings that social work students with one or more children were more likely to perceive that poverty was attributed to social and structural forces and older social work students were less likely to perceive that poverty is due to lack of motivation are consistent with the belief that the nation's institutional infrastructure comprised of informal networks of family members and religious institutions and formal networks including labor, educational, and government sectors are not adequately prepared or structured to respond to the needs impacting millions of poor Ghanaians (Adema et al., 2003; Armah, 2009; Avendal, 2011). Social work students with one or more children may

themselves be employed, generating an income, and maintaining a household, which come with costs and economic uncertainty, an uncertainty not necessarily of their own doing. With the increased responsibilities and costs associated with adulthood—marriage, parenting, employment, and managing a household—it is reasonable to assume that social work students with one or more children may attribute poverty to social and structural forces because they may believe poor persons are doing all they can with the resources available to them, yet they are or are close to experiencing economic challenges, challenges outside of their individual control.

The finding that female social work students were less likely to perceive social welfare policies as having a positive impact on society may be attributed to the realization that considerable disparities exist between females and males in terms of educational, employment, income, and political opportunities (IFAD, 2011; Owusu & Abdulai, 2009). When comparing females to males in Ghana, females have less formal education (Apt, 2007), have fewer employment opportunities with lower levels of advancement (Amu, 2006), are concentrated in jobs with lower earnings (Heintz, 2005), and are less represented in administrative and elected positions at the district, local, regional, and national level of government (Kimani & Kombo, 2010). Given these inequalities, female social work students may not perceive social welfare policies as benefitting women or society. The finding that older social work students were more likely to perceive that social welfare policies benefitted the poor may suggest that older social work students are more knowledgeable and familiar with the principles and goals underlying the existing social welfare policies and programs (Gobah & Zhang, 2011; Mensah, 2009; Mensah, Oppong, & Schmidt, 2010). Mindful of their own maturation, as well as accompanying life changes and conditions in life, older social work students may have some trepidation regarding their own short- and long-term security, thereby holding more positive attitudes toward social welfare policies benefitting the poor.

Several findings associated with social work students' marital status, socioeconomic status, and area of concentration seems to diverge from the abovementioned literature and warrant further explanation. The finding that married social work students were more likely to perceive that poverty is due to persons not wanting to work may indicate that married social work students recognize and understand the discipline, sacrifice, and work ethic necessary to sustain a marriage and manage a household; thus they may perceive that people who are poor may be lacking the moral principles of discipline, sacrifice, and work ethic, all of which are necessary to keeping one out of poverty (Johnson, 2010; Otlin, 2008). The finding that social work students of higher socioeconomic status were less likely to perceive that poverty is due to unequal opportunities may suggest that these students believe they amassed all of which they are and have on their own. These students may also believe that persons of moderate or higher socioeconomic status have made good use of their time, are the best and brightest, and utilized to the fullest extent opportunities available to them, whereas persons of lower socioeconomic status did not, therefore they get what they deserve—lower socioeconomic status or poverty. With this, it is reasonable to assume that social work students with good-very good socioeconomic status may be unaware of the privileges and benefits afforded them because of their socioeconomic status.

Finally, the finding that social work students interested in macro social work practice were less likely to attribute poverty to membership in excluded populations may suggest that social work students interested in macro social work practice may not be entirely aware of or understand the tenets associated with macro social work practice—policy and planning, policy advocacy, and community and organization, most of which acknowledge and account for differences between groups—social stratification. Given the widespread belief that a higher educational degree leads to more power, authority, and prestige in the workforce (Perbi, 2004), the social work students interested in macro social work practice, a majority of whom responded to administration and supervision, may be more motivated by the perceived power, authority, and prestige associated with administrative and supervisory positions rather than the values, principles, and responsibilities associated with macro social work practice.

Limitations

Although the results of this study provide evidence suggesting that social work students' socio-demographic characteristics were related to their perceptions of poverty and social welfare policies in Ghana, the results should be interpreted with caution, as the study contained several limitations. First, the sample consists of social work students from one social work program in Ghana and is not based on a random probability sample; therefore the results cannot be generalized to all social work students in Ghana. Future research studies may be conducted with social work students at each of the three social work programs in Ghana. Second, this study utilized a cross-sectional design, so changes in social work students' perceptions toward poverty and social welfare policies in Ghana cannot be determined. It would be beneficial to replicate this study using a pre- and post-test design over an extended period of time. Third, the questionnaire that was administered was constructed by the researchers using previous literature and was not tested for construct validity, reliability, and responsiveness of the measures. It would be beneficial to replicate this study using instruments with demonstrated validity and reliability. Fourth, the questionnaire was constructed using items and terms primarily associated with American and Western European cultures and literature. It would be beneficial to refine the questionnaire by using terms that are more familiar to population being examined. Despite these limitations, the results of this study may provide Ghanaian social work program administrators and educators with information that may be further incorporated into their curriculum—poverty, gender issues, family issues, and social welfare policies in Ghana.

Implications

Given the impact poverty is having on Ghanaians, social work students in Ghana should be introduced to the different definitions associated with poverty, theories of poverty, dimensions of poverty, impact of poverty on individuals, families, groups, organizations, communities, and nations, and impact of social welfare policies on alleviating and/or eliminating poverty among impoverished populations in Ghana. With this, the examination of poverty and social welfare policies in the social work educational curricula should be grounded in a socio-environmental context and encourage social

work students to think critically about the social, political, economic, historical, and cultural factors of poverty and social welfare policies in Ghana. If social work students practice according to a socio-environmental view, it may lead to an understanding of poverty that is inclusive of both individual and structural factors, as well as inclusive of macro-oriented interventions—social planning and policy, community and organization development, and social and political advocacy. This would be a departure from the approach emphasizing the remediation and rehabilitation of women, homeless children, and persons with a mental illness, physical disability, or both, the approach which has dominated social work practice and education in Ghana (Blavo & Apt, 1997; Kreitzer, 2004; Kreitzer et al., 2009; Manful & Manful, 2010). Through this approach, social work students may develop further insight into the challenges impacting impoverished individuals, the existing structural inequalities impacting impoverished groups and populations, and the policy process at the district, local, regional, and national levels of government in Ghana.

Since the results of this study indicated that students interested in macro social work practice were less likely to attribute poverty to membership in excluded populations, it is important to develop teaching strategies and educational opportunities to increase the understanding and empathy toward oppressed and excluded populations living in poverty. For example, females in Ghana represent an oppressed group. Studies have found that the cultural values in Ghana lead to gender discrimination in education with a higher priority placed on educating male children over female children in order for females to contribute to household chores and learn home-making skills. As a result, females have much lower levels of education, much higher rates of illiteracy than their male counterparts and therefore, higher rates of poverty (Jones & Chant, 2009). Empathy is essential to an increased understanding of others' experiences and social conditions which can motivate students to become more socially engaged and promote social change (Gerdes, Segal, Jackson, & Mullins, 2011). Social work educators in Ghana can adapt empathy enhancement strategies that have been demonstrated to be effective in the U.S. to the cultural and social context of Ghana. The use of role playing and Gestalt techniques have been shown to be effective at increasing empathy (Calley & Gerber, 2008; Pearson, Russ, & Cain Spannagel, 2008) and can be used to promote opportunities to learn about the lives of females and oppressed and excluded populations living in poverty. Another strategy that can be adapted to fit the cultural and social context of Ghana is the Intergroup Dialogues Method (Nagda et al., 1999) which promotes interactions among students of different social, racial, and class groups in order to develop a greater understanding of issues of discrimination and social justice among various groups.

In addition to the examination of poverty and social welfare policies in the classroom, social work students may benefit from practicum placements that provide them with the opportunity to work directly with individuals, families, and groups experiencing poverty and practitioners, policymakers and organizations responsible for developing, implementing, and enforcing social welfare policies and programs intended to alleviate or eliminate poverty. Through this approach social work students may be afforded a more organic and existential experience of what poverty looks and feels like among impoverished populations, as well as the institutional and political challenges

policymakers and practitioners experience in promoting, developing, and implementing social welfare policies. Given the relationship between values, perceptions, and behavior, providing social work students with these experiences may result in social work students rejecting or modifying existing perceptions toward poverty, poor populations, and social welfare policies.

The findings of this study also point out the need for further research. Refinement of the survey instrument is needed to clarify several of the questions, particularly those questions addressing social work students' socioeconomic status and area of concentration. Further research is needed to explore more directly how social work students' socioeconomic status and area of concentration influence their perceptions toward poverty and social welfare policies in Ghana. Future studies are needed to determine the efficacy of specific classroom and practicum placement experiences in influencing social work students' perceptions toward poverty and social welfare policies. Identifying the perceptions of social work students and other human and social service oriented students would also be beneficial given these groups of students may have direct involvement with poor populations or serve in influential, decision-making positions in the future.

If social work is going to be the leader in ameliorating poverty among individuals, families, communities, and nations, it is imperative that social work students be provided with the opportunity to acquire and practice the knowledge and skills essential to working with poor populations and policymakers and practitioners committed to alleviating and/or eliminating poverty in Ghana. Finally, while the findings presented herein are primarily addressing social work students, faculty members, administrators, and programs in Ghana, the findings may also be of interest to students, faculty members, administrators, and programs outside of Ghana and the social work discipline. Through this international and interdisciplinary exchange, students, faculty members, administrators, and programs across disciplines may exchange information and resources that lead to the development of social welfare policies and programs that contribute to the alleviation and/or elimination of poverty in developing nations, including Ghana.

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The Role of Formal Theory in Social Work Research: Formalizing Family Systems Theory

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Abstract: *Formal theories are critical to accumulating knowledge through scientific research to advance the discipline and practice. The use of formal theory in social work research is currently absent. Family Systems Theory (FST) is commonly used in social work; however, it currently lacks the criteria to be considered a formal theory. We use FST to demonstrate the formalization process and its potential effect on social work research and practice. Currently, FST is being used as a perspective, to develop theories and models used in marriage and family therapy, and to develop assessment tools. We identify the components of a formal theory while presenting a formal version of FST. Directions for future research are suggested including the benefits of using formal theory to direct scientific research and guide the development of evidence-based practice.*

Keywords: *Family systems theory, formal theory, social work research*

“The fact that human beings create theories testifies to their genius and uniqueness as the only known organisms who are able to conceptualize their own experience” (Becvar & Becvar, 1982, p. 55).

Social science theories, especially theories of the family, are frequently used by social work researchers and practitioners. However, like many theories applied in social work, the critical components that make the theory scientifically testable are not forthcoming. Therefore, much of the practice in social work related to family theories does not have a solid scientific base. Formalizing theory involves developing the critical components to increase its scientific testability with a focus on adding to cumulative knowledge in the field. This is accomplished by ensuring the deductive logical consistency of the theory, the clear definition of terms, and the explicit designation of the scope conditions under which the theory applies. We focus on a commonly used perspective in social work research, Family Systems Theory (FST), as an example of formalizing a theory. This article briefly reviews the current state of theory in social work, defines FST and how it is currently used in social work practice, and presents the essential components of formal theories along with a formalized version of FST. Finally, we suggest directions for future research relevant to formalized theories.

Theories in Social Work

The role of theory in social work research has long been critiqued. Kirk and Reid (2002) argue that the current social work knowledge base is “not the product of rigorous scientific testing” (p. 20). The authors also propose that “the ‘soft’ nature of social work

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knowledge impedes cumulative knowledge-building efforts” (Kirk & Reid, 2002, p. 25). Sibeon (1991) echoes that sentiment and points out that “different types of social work cognitions are drawn upon by practitioners in different historical periods, but their common denominator is that, with very few exceptions, none of them are drawn from academic disciplinary discourses” (p. 143).

The professional concern is that while social work scholars identify many theories in their research and practice, most are not formal theories, and many are merely perspectives. This was evident in the work of Gentle-Genitty and colleagues (2007). The authors rated articles in social work journals based on their inclusion of theory. Of their sample of over 1,000 articles, only 6% met their more rigorous standard of including theory with an empirical base. In fact, the authors found that most of the journals had only a small focus on theory altogether. Gentle-Genitty and colleagues (2007) proposed that “theory discussion may be defined as a superficial description of the theory that does not include exploration of the components or empirical base of the theory” (p. 65).

Longstanding formal theories must have empirical support (Kirk & Reid, 2002). The development, testing, and application of formal theories allows researchers to systematically revise and expand theories and leads to cumulative knowledge, which, ultimately, advances understanding of the phenomenon in question (Cohen, 1989; Freese, 1980; Payne, 1997; White, 2005). Turner (1998) proposes that theories used to solve problems evident in real-world settings will ultimately strengthen the theory. Therefore, formal theories can enhance both theoretical research as well as empirical research used in real world applications.

As an example in the following sections, we will focus on one theory commonly used in social work research and practice, Family Systems Theory (FST). We present an overview of FST to provide a basis of formalizing the theory; it is not intended to be a comprehensive review of the theory.

Family Systems Theory

Family Systems Theory describes the processes that affect the ideal functioning of a family thereby causing disorder (Dore, 2008). The main purpose of FST is to inform the “understanding and interpretation of the cognitive, social, and emotional functioning of individuals in society” (Dore, 2008, p. 435). In therapeutic settings, FST emphasizes treating the whole family when treating a deviant family member(s).¹ The causes of a family’s problems are viewed as circular and the therapist attempts to modify family communication patterns to alter the interactions so that the family returns to a healthier state of functioning (Howe, 1991).

Families are seen as systems that may become dysfunctional and that can return to a healthier state of functioning, referred to as homeostasis, by altering communication patterns and interactions, internal and external boundaries, and/or redefining or restructuring family roles and subsystems. Payne (1997) describes that some scholars propose that individuals are dependent on systems such that informal systems (e.g., families), are nested in formal systems, (e.g., communities, neighborhoods), which are nested in societal systems, (e.g., schools, government). In other words, families are not

only affected by their internal boundaries and interactions, but are also influenced by the larger systems in which they reside.

Family Systems Theory in Social Work Practice

One of the motivators to use FST as the example in this process was because of its utilization and applicability in social work research and practice. A review of literature on FST in social work reveals that FST is applied in three main ways: (1) as a perspective to approach a certain topic or research question, (2) as a model to treat families in therapeutic settings, and (3) for the development of assessment tools.

Family Systems Theory as a Perspective

In exploring how FST is applied in social work research, a majority of articles reviewed use the theory as a perspective by adopting the view that individuals in crisis should be evaluated within the family system and that interventions should involve the whole family in order to have any effect on the individual in question (Bartle-Haring, 1997; Bilgin, Cenkseven, & Satar, 2007; Bradbury & Marsh, 1988; Bray & Harvey, 1991, 1992; Brooks, 1999; Brooks & Ronen, 2006; Delsing, Oud, De Bruyn, & van Aken, 2003; Franck & Buehler, 2007; Hammer, Neal, Newsom, Brockwood, & Colton, 2005; Hughes & Gullone, 2008; Johnson, 2003; Katz, 1977; Richmond & Stocker, 2006, 2008; Skowron, 2000). FST as a perspective is also used to support the application of family preservation services (Cimmarusti, 1992; Walton & Smith, 1999) and family group conferencing (Brooks & Ronen, 2006).

These articles still fail to test a formal theory. Rather, they briefly discuss FST by laying out a few concepts and assumptions from which they form hypotheses or research questions. Without testing hypotheses that are logically derived from a formalized theory, FST cannot be properly tested and revised to produce cumulative knowledge. While informal theories and perspectives can play a crucial role in the early development of a formal theory, using theories without the intent of building a formal theory does not accumulate knowledge due to the lack of technical and formal language and the inconsistent definition of terms, which leave perspectives too open to interpretation (Klein & Jurich, 1993).

Family Systems Theory as Part of Models Used in Therapeutic Settings

Another factor in the need to formalize FST is its use in developing techniques and models used in marriage and family therapy. Becvar and Becvar (1982) describe in detail how systems theory can be used in family therapy. The authors propose that the theory allows for the family to be treated as a network of systems including the individuals, the family system, and the social system in which they live (Becvar & Becvar, 1982). Several therapeutic techniques and models have been developed that use tenets of systems theory and FST when helping families in stressful or crisis situations.

Therapeutic techniques using aspects of systems theory. Many well-regarded therapeutic techniques have been developed using aspects of systems theory. Based on the works of Haley and Madanes, strategic family therapy uses aspects of systems theory

by shifting the focus in therapy from the individual to the family and the role of the therapist in developing strategies to address the problem. The goals of the techniques used in the therapy focus on changing the family structure to modify behavior (Madanes, 1981). Importantly, Haley's therapy strategies call for therapists to examine the individual needing treatment within the context of the family and the larger society (Haley, 1972, 1978).

Developed by Minuchin, structural family therapy also views the individual in the context of his family unit and social environment (Minuchin, 1974). In this form of therapy, the family and the therapist are treated as a system to monitor behavior. The family system receives the intervention to modify behavior and promote family functioning.

As proposed by Gottman, the sound marital house focuses on marital therapy as a means to predict various outcomes and satisfaction in relationships and to identify qualities that make for a lasting relationship such as establishing a friendship in the marital couple. The theory focuses on a systematic approach in that the behavior of one partner affects the other (Gottman, 1999; Gottman, Driver, & Tabares, 2002).

Emotionally focused couple therapy (EFT) is a synthesis of approaches that are designed to help couples in crisis navigate their emotions and emotional responses. The therapy draws on perspectives and premises of experimental therapies, family systems theory, and attachment theory. The authors point out that different family therapists use different techniques of breaking negative family cycles when incorporating FST into their therapies (Johnson & Denton, 2002).

Models using aspects of FST. Several models have been developed using FST. The Double ABCX Family Crisis Model incorporates aspects of systems theory by examining how stressors, such as becoming a parent, impact the family as a whole (McCubbin & Patterson, 1983). The Circumplex Model of Marital and Family Systems, based largely on systems theory, is designed to treat family systems by integrating cohesion, flexibility, and communication to promote family functioning (Olson & Gorall, 2003).

The Beavers Systems Model is based on five central concepts related to family functioning, family competence, behavioral style, family assessment, and task competence to assess functionality. The Beavers Systems Model also incorporates elements of systems theory by examining the family system when determining how a therapist should engage the family (Beavers & Hampton, 2003). Franck and Buehler (2007) developed a model from FST, which lays out general knowledge claims and hypotheses to test concepts pertaining to marital hostility and parental depressive affect as stressors for youth.

Using Family Systems Theory to Inform Assessment Tools

FST has been used to support an argument for the use of social work assessment tools (Asarnow, Berk, & Baraff, 2009; Bilgin et al., 2007; Bray & Harvey, 1992; Brooks, 1999; Brooks & Ronen, 2006; Cimmarusti, 1992; Martin, Miller-Johnson, Kitzman, & Emery, 1998; Walton & Smith, 1999). Many studies reveal a number of assessment tools

that may be used to identify and measure instantiations of important concepts in FST such as the Parent-Adolescent Relationship Questionnaire/Inventory (PARQ) (Bilgin et al., 2007), the Family System Test (FAST) (Gehring, Debry, & Smith, 2001), the Family Adaptability and Cohesion Scales (FACES) (Olson & Gorall, 2003) and the Self-Report Inventory (Beavers & Hampton, 2003).

Since FST has many important real world applications, it is therefore beneficial to formalize FST. Thus, a formalized version of FST could easily be tested using these available measurement tools, which would strengthen its explanatory and predictive power as a scientific theory. This would also be helpful in the development of evidence-based practices as discussed in future research.

The following theory constitutes what we identify as the core of FST. We describe the critical components of formal theory and demonstrate the formalization process of FST. We then discuss the applicability of the theory for social work research and practice.

Formalizing Family Systems Theory

“Theory” as a concept has previously been used in many different ways and defined to include other concepts such as ideas or hypotheses. This can make any generalization impossible, and promotes “mindless eclecticism” and a “lack of rigorous analysis” due to an “anything goes” approach to theory (Doherty, Boss, LaRossa, Schumm, & Steinmetz, 1993, pp. 18-19), which is found to be common in social work research and practice. According to Papero (2006) “The term theory contains within it the assumption that such propositions represent the best current thinking about the phenomenon, an established framework within which known facts can be explained. From such theoretical thinking comes all therapeutic methodology” (p. 45). Thus, social work research could extensively benefit from formalizing theories.

Since the accumulation of knowledge and findings is a key function of theories (White, 2005), we argue that using formal theories, from which hypotheses can be logically derived, is the ideal approach to conducting research. In fact, the process of building and revising formal theories is a primary way to advance theory and knowledge, while also lending widespread credibility to the field in question (White, 2005).

Components of Formal Theory

The scientific method distinguishes theories from perspectives. Whereas perspectives offer a way of thinking about the world, theories provide a way to test logically derived hypotheses about why things happen (Payne, 1997). Based on the scientific method, “‘theory’ must explain in a provable way *why* something happens, not simply describe it in an organized way or provide a way of thinking about the world” (Payne 1997, p. 35). Cohen (1989) defines a *scientific theory* as “a set of interrelated statements, some of which are definitions and some of which are relationships assumed to be true, together with a set of rules for the manipulation of these statements to arrive at new statements” (p. 71). Thus, formal theory requires a number of properties that distinguishes it from informal theories, quasi-theories, or perspectives. Specifically, formal theories must

consist of: meta-theory, primitive and explicitly defined terms, scope conditions, logically structured propositions that are interrelated and testable, and derived propositions (Cohen, 1989; Freese, 1980).

All of these components of a formal theory allow for theory to be intersubjectively testable (Cohen 1989; Freese 1980). That is, formal theory reduces the latitude for multiple subjective interpretations of the theory, which fosters empirical evaluations of the theory that are more consistently valid among different researchers. This also allows for research programs to operate efficiently and productively (Cohen, 1989; Wagner & Berger, 1985). Therefore, when a formal theory is properly tested, knowledge gained from testing the theory becomes cumulative. Ultimately, “If you know theory you can use it. If you don’t you can’t” (as cited in Gilbert, 2006, p. 3).

Meta-Theory

Meta-theory is essentially a theory about a theory. Specifically, meta-theory is often used as a “source of perspectives that overarch sociological theory” (Ritzer, 1990, p. 4). In other words, meta-theory is developed through a systematic study of a theory. The role of this type of meta-theory is to provide an overarching perspective that explains the foundational concepts, ideas, and statements behind a theory, including general statements about how society operates. The following meta-theory developed for the formalized version of FST includes general systems theory as a foundational view of society within which family systems exist. Also, the following meta-theory presents some of the foundational concepts and ideas of FST to provide a general foundation upon which the formalized theory is based.

Family Systems Theory. Family systems theory was developed in the 1960s from general systems theory (Dore, 2008). As it relates to the social sciences, general systems theory provides a link between the macro and micro levels of analysis and shows the interconnected relationship between the two levels. An important feature of general systems theory is to regard the system as a whole and not solely focus on the individual parts to understand how the system works. FST describes the processes by which families that have moved out of homeostasis (the ideal state of family functioning) return to homeostasis. Homeostasis can be thought of as a balance between a family’s level of enmeshment (dependence) and disengagement (interdependence).

Applying systems theories to families views individual family members in the context of the whole family and focuses on relationships between family members (Becvar & Becvar, 1982; Howe, 1991). The theory focuses on the effects of a cycle of interactions and behaviors that cause problems within families (Becvar & Becvar, 1982). Information is the energy that maintains the system. Family systems with a higher rate of energy flow are less likely to be stabilized. Systems that do not properly process energy flow are pushed toward a state of maximum disorder or entropy. That is, they are pushed out of homeostasis.

What Causes a Family to Move Out of Homeostasis? As described below, since FST explains the process by which families move back into homeostasis, it is important to review the types of stressors that can initially cause a family to move out of homeostasis.

The book, *Stress and the Family*, reviews a number of stressors, both normative and catastrophic, that can cause a family crisis (Figley & McCubbin, 1983; McCubbin & Figley, 1983). Specific instances of family distress discussed, which can also be identified as having the potential to move a family out of homeostasis, consist of both normative stressors that families commonly face and catastrophic stressors, which are much less common and often more debilitating (Figley & McCubbin, 1983; McCubbin & Figley, 1983). Normative stressors include ambiguous boundaries in the marital relationship, sexual development over the life course, various stresses of parenthood (e.g., financial, physical, and psychological stressors), adolescent development, stressors of dual-career families (e.g., role strain, impact on children, balancing work and family), divorce, single parenting, step parenting or blending families, environmental stress, societal stress, and economic stress (McCubbin & Figley, 1983). Catastrophic stressors discussed include chronic illness, drug abuse, physical abuse, abandonment, death, unemployment, rape/sexual abuse, natural disasters, war, and captivity (Figley & McCubbin, 1983).

Terms and Definitions

Without clearly defined terms, a theory cannot be validly tested. The precise definition of terms provides a consensus among researchers regarding what exactly constitutes a concept, which has implications for how it will be operationalized in any derived hypotheses. When formalizing a theory, all terms which are included in other definitions, in the scope conditions, and in the propositions must be defined. The definitions are not written to be empirically testable themselves, but are written to be operationalized in a number of ways in a variety of empirical settings.

All terms in a theory cannot be defined. The terms used in the theory are either primitive or defined. *Primitive terms* have a widely agreed upon meaning and require no written definition while *defined terms* consist of both primitive terms and other previously defined terms used for specification of meaning. Terms should also be presented in terminological order. Presenting terms in terminological order allows the definitions to build upon each other, meaning new terms consist only of primitive terms and previously defined terms.

Table 1 presents the defined terms of FST, as identified in the literature, used to develop the formal theory. We have included a column that provides the citation for other models that examine families as a system that use the same terms. For models that use similar terms for the same concept, the term is also provided.

Scope Conditions

Scope conditions define under what circumstances a theory applies. Thus, a test of a theory must fall under specified scope conditions for the test to be valid. This helps to reduce a common problem found in social science research, where a theory is falsified under one empirical examination while being supported by another. The goal is to relax the scope conditions as the theory continues to be tested and applied in various conditions to increase confidence in the applicability of the theory.

Table 1. *Defined Terms in Terminological Order**

Term	Definition	Terms From Other Models
System	a group of interacting and interdependent actors that function individually to form a complex whole	Beavers & Hampton (2003); Franck & Buehler (2007); Johnson & Denton (2002); Haley (1978); Madanes (1981); McCubbin & Patterson (1983); Minuchin (1974); Olson & Gorall (2003)
Boundaries	delineates what is inside or outside of a system	Beavers & Hampton (2003); Franck & Buehler (2007); McCubbin & Patterson (1983); Minuchin (1974)
Family	a system that has: (1) two or more interacting individuals, (2) related by marriage, birth, or adoption or voluntarily committed to each other as a unit to promote well-being, (3) identify themselves as a family	Beavers & Hampton (2003); Franck & Buehler (2007); Haley (1978); Madanes (1981); McCubbin & Patterson (1983); Minuchin (1974); Olson & Gorall (2003)
Pattern	the recognition of a repeated event by an observer	Beavers & Hampton (2003); Johnson & Denton (2002); McCubbin & Patterson (1983); Minuchin (1974)
Norm	implicit or explicit guidelines for behavior	Olson & Gorall (2003)
Relationship	a norm-based pattern of interaction	Beavers & Hampton (2003); Olson & Gorall (2003)
Subsystem	system in a larger system that has its own boundaries and norms	Minuchin (1974)
Internal Boundary	delineates subsystems within a system	Minuchin (1974)
External Boundary	delineates a system from the larger social system	Beavers & Hampton (2003)
Emotional Boundary	delineates what are appropriate levels of attachment and characteristics of behavior between two or more family members	<i>Family cohesion</i> - Olson & Gorall (2003)
Enmeshment	absence of emotional boundaries between family members	Beavers & Hampton (2003); Minuchin (1974); Olson & Gorall (2003)

Table 1. (cont.)

Disengagement	rigid emotional boundaries between family members	Franck & Buehler (2007); Haley (1978); McCubbin & Patterson (1983); Minuchin (1974); Gottman (1999); Olson & Gorall (2003)
Hierarchical	any system that ranks some persons or groups above others	Haley (1978); Madanes (1981); Minuchin (1974)
Homeostasis	exists when there is equilibrium between levels of disengagement and enmeshment	Johnson and Denton (2002); Minuchin (1974)
Morphogenesis	change in a system	<i>Balance</i> - Beavers & Hampton (2003); Madanes (1981); McCubbin & Patterson (1983); Olson & Gorall (2003) <i>Flexibility</i> - Olson & Gorall (2003) <i>Transformation</i> - Minuchin (1974) <i>Family adjustment and adaptation response (FAAR)</i> - McCubbin & Patterson (1983)
Morphostasis	no change in a system	<i>Rigid flexibility</i> - Olson & Gorall (2003) <i>Inflexible style</i> - Beavers & Hampton (2003)
Feedback Loop	a communication and information processing path that regulates behavior among family members	<i>Circular cycles</i> - Johnson & Denton (2002) <i>Feedback; transactional patterns</i> - Minuchin (1974) <i>Feedback process</i> - Haley (1978)
Positive Feedback Loop	a path of communication and behavior that increases deviation from homeostasis	<i>Bonadaptation</i> - McCubbin & Patterson (1983) <i>Negative Sentiment Override</i> - Gottman (1999); Gottman, Driver, & Tabares (2002)
Negative Feedback Loop	a path of communication and behavior that restores homeostasis	<i>Positive Sentiment Override</i> - Gottman (1999); <i>Maladaptation</i> - McCubbin & Patterson (1983)
Suprasystem	environment of relationships within which a system is embedded	-

Table 1. (cont.)

Goal	desired state that motivates behavior	Gottman (1999); Haley (1978); Madanes (1981); McCubbin & Patterson (1983); Minuchin (1974); Olson & Gorall (2003)
Self-reflexive	the ability to observe and evaluate oneself	-
Entropy	maximum disorder in a system	<i>Unbalanced</i> - Olson & Gorall (2003)
First-order Change	an individual family member has changed	<i>First level balance</i> - McCubbin & Patterson (1983)
Second-order Change	the family structure has changed	Olson & Gorall (2003)
Self-regulating	the internal ability to sustain the family system	Minuchin (1974); Gottman (1999)

* Note: Any undefined terms are considered primitive terms.

The scope of the theory carries important implications. For example, in a critique of FST, Pam (1993) uses an example of a family therapist who used a systems approach to resolve a disagreement between an administrator and an employee. The author argued that the systems viewpoint of the therapist in examining the system effects instead of the individuals was “convoluted” (Pam, 1993, p. 86). In formalizing FST, we limit the theory to family systems, which we defined as part of our scope conditions. Restricting the scope of the theory to family systems, as defined in the previous section, would prevent this example from being used as a critique of FST because a relationship between colleagues falls outside the scope of the theory. Therefore, we have identified the following scope conditions.

This theory applies to families that:

1. are hierarchical
2. have boundaries
3. interact in patterns
4. have individuals who are interdependent
5. have rules
6. have subsystems

This theory applies to family systems that:

1. are self-reflexive
2. are goal-seeking
3. are self-regulating

Propositions

Propositions are logically interrelated knowledge claims that make up the core of the theory. Requiring the propositions to be logically interrelated reveals any contradictory claims and allows for logical generations of new relationships or derivations. These claims can be true or false. That is, theories that are truly scientific have propositions that are able to be falsified (Kirk & Reid, 2002). Based on our review of the literature, as described in the previous sections, we developed the following core set of propositions where D = the level of disengagement and E = the level of enmeshment:

1. If $D > E$, then D must be decreased OR E must be increased (to make $D=E$) to move toward homeostasis.
 - 1a. If disengagement increases or enmeshment decreases, then the family's internal boundaries become more rigid.
 - 1b. If internal boundaries become more rigid, then the communication within and across subsystems in the family system becomes more inhibited and infrequent.
2. If $D < E$, then E must be decreased OR D must be increased (to make $D=E$) to move toward homeostasis.
 - 2a. If disengagement increases or enmeshment decreases, then the family's external boundaries become more permeable.
 - 2b. If external boundaries become more permeable, then the family becomes more open to influence from the suprasystem.
 - 2c. If the family is open to influence from the suprasystem that is unsupportive, then they are less likely to be in homeostasis.
3. If a family is not in homeostasis, then the family is moving towards a state of entropy.
4. If a family is moving towards a state of entropy, then they enter a (negative or positive) feedback loop.
 - 4a. If the family enters a negative feedback loop, then they return to a morphostatic state of homeostasis.
 - 4b. If the family enters a positive feedback loop, then the system moves to a morphogenetic state of homeostasis as the result of either a first order change or second order change.

Discussion

Dore (2008) proposes FST is the family theory that has the most relevance and salience for social work practice. Formalizing FST allows for more scientific research to be conducted in this area to further advance the discipline. Using a formal theory will allow for better implementation of the current uses of theory in social work models and assessment tools. The theory formalization process, as demonstrated in this article, significantly contributes to the literature by providing a solid basis to test the theory and

expand and develop certain aspects of the theory such as adding propositions and further defining the scope conditions under which the theory applies as discussed below.

Herz and Johansson (2012) point to the shift in using the scientific method when exploring social problems. We propose that this is done successfully by formalizing theories. Through our formalization of FST, we hope to impress the need for the development and use of more formal theories in social work research. Formalizing theories allows for more accurate tests of the theory and leads to the accumulation of knowledge. An increase in the number of formal theories will continue to lend credibility to social work as a social science discipline capable of conducting cumulative scientific research.

Connecting theory to methods and practice advances cumulative knowledge (Turner, 1998). Future research should continue to formalize commonly used theories and work on establishing a cumulative body of knowledge through the development of research programs in social work. Family theories could be an example of such research programs. For example, future research could formalize Bowen Theory, which would therefore provide a more useful connection between Bowen Theory and FST. Research based on the collaboration of these two theories could be used in therapeutic settings. We have presented a core set of propositions based on current literature. Researchers can then begin to add more propositions, through rigorous testing, to develop a more comprehensive theory and contribute to the scientific knowledge in the profession.

In addition to adding propositions, the scope of the theory could potentially be expanded to take into account cultural variations of family interactions. For example, the formalized version of FST presented would be less applicable within cultures that value enmeshment or high levels of cohesion in families. Dore (2008) pointed out that “[I]t is important to highlight that any assessment of enmeshment and disengagement in families must take into account the cultural context of the family system. Some cultures value a high level of emotional involvement among family members; other cultures reward emotional distance and self-containment” (p. 449). Additionally, Walsh (2003) described that normal family processes are socially constructed and therefore function in terms of the cultural context in which the family resides. Specifically, a functional family in one cultural setting may be dysfunctional in another setting depending on the specific cultural values and norms within the setting. Therefore, future tests of formal theory may reveal that it is necessary to add scope conditions to the theory that define the cultural setting.

The applicability of theory, such as FST, extends beyond social work research and practice to family therapy. Our review of therapies that include aspects of systems theory and specifically FST provides an overview of the usefulness of the theory in therapeutic settings. The therapies reviewed are grounded in theory to develop their techniques for treating individuals in the context of their family system. Continuing to develop and refine formal theories can serve as a means to strengthen these techniques.

Finally, the development and use of formal theories in social work research would strengthen the current movement towards evidence-based practice. This movement envisions social work practice based on “the best available evidence to guide practice decisions” (Witkin & Harrison, 2001, p. 295). As evidence-based practice programs and

models are research-based (Proctor, 2007), and have evidence of success, the use of formal theory would help to develop a clearer connection from social work research to program planning to daily practice and develop a stronger and deeper scientific knowledge base for the social work profession.

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ⁱ In a discussion of FST, it is important to point out Bowen Family Systems Theory, or Bowen Theory, which was developed by a psychiatrist, Dr. Murray Bowen (Bowen, 2002; Papero, 2006). Dr. Bowen pioneered the application of family systems theory in a clinical setting (Dore, 2008). Initially constructed using six concepts, the theory is now expanded to include eight interlocking concepts: the nuclear family emotional system, the differentiation of the self, triangulation, cutoff, family projection process, multigenerational transmission process, sibling position, and the societal emotional process (Bowen, 2002; also see Freidman, 1991; Gilbert, 2006; Hall, 1981; Papero, 2006; Payne, 1997). This paper focuses specifically on FST, but future research discussed at the end of the paper suggests ways to link the two theories to further expand the usage.

A Conceptual Understanding of Organizational Identity in the Social Media Environment

Jimmy Young

Abstract: *Nonprofit organizations have increasingly adopted the use of social media over the last several years. This presents a myriad of challenges and opportunities in regards to organizational identity. This paper provides a conceptual understanding of identity as an entry point for nonprofit organizations to deliberate their own use of social media and the relative impact on organizational identity. A theoretical understanding of the formation of social identity situates the development of organizational identity and contextualizes the process in a manner suitable for conversation and strategic decision-making at the administrative level. A conceptual model is presented to illustrate the development and maintenance of organizational identity in the social media environment.*

Keywords: *Organizational identity, social media, strategy*

Nonprofit and voluntary institutions all over the world find themselves at a crossroads during some point of their organizational lifecycle. For instance, new and rapidly changing technology creates unique challenges for administrators in which they must use creativity and innovation to adequately cope, move forward, and maintain sustainability. The rise of social media technology such as Facebook, YouTube, and Twitter, has many administrators mystified with exhilaration and trepidation as they begin to navigate this new interactive digital environment. This has particular implications for identity when thinking about how organizations change to “deal with turbulent environments and the increasing role of media” (Gioia, Schultz, & Corley, 2000, p. 63).

The following discussion highlights theoretical concepts leading to the construct of identity, which offers particular insight on how to manage organizational identity within the environment of social media from an individual perspective. A brief review of the literature on organizational identity will also aid in constructing a conceptual understanding for nonprofit administrators to utilize when developing social media strategies. This is not meant to be a handbook on how to use social media; rather, it represents more of an interpretive process that administrators and organizational leaders can use to think critically about organizational identity in the social media environment, and how to advance with strategic decision-making at the administrative level. Understanding identity in any environment is important. Understanding organizational identity in the social media environment is critical for the success of any organizational strategy. The discussion begins with defining social media.

Social media provide a platform for networking and interacting in a way that allows individuals to become content creators rather than merely content consumers (Hopkins, 2008). Content refers (but is not limited) to the images, video, text, or information that is freely available on the Internet. Much of this information is found on Blogs, Facebook,

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Twitter, and YouTube, which also exemplify a myriad of social media technologies that are often referred to as Web 2.0 or the social media environment. Social media technology is an array of digital tools that are easy to use, inexpensive, and allow people to create and or manipulate their own photos, videos, and stories to share with others (Kanter & Fine, 2010). Social media offer the opportunity for nonprofits to access and leverage multiple networks of individuals to increase volunteer pools, raise awareness about a specific issue, tap into a new funding stream, or develop innovative strategies to address diverse challenges.

The nonprofit and voluntary sector represents a number of diverse organizations, institutions, and agencies that serve critical aspects of society (Salamon, 1999). For example, in social welfare many agencies are classified as human service organizations because they seek to deliver human services and address human concerns (O'Connor & Netting, 2009). The social work literature is still emerging with respect to how human service organizations use social media. A majority of scholarly social work literature to date centers on education, ethics, or advocacy (Edwards & Hoefler, 2010; Giffords, 2009; Houghton & Joinson, 2010; Kilpelainen, Paykkonen, & Sankala, 2011; McNutt, 2008; McNutt & Menon, 2008; Perron, Taylor, Glass, & Margerum-Leys, 2010; Rockinson-Szapkiw & Walker, 2009). While the nonprofit sector in general is at the forefront in social media adoption (Barnes, 2011; Barnes & Matteson, 2009; LaCasse, Quinn, & Bernard, 2010), human service organizations continue to lag behind.

Research indicates that nonprofit organizations recognize the opportunities and challenges to utilize social media to assist with fundraising, volunteer recruitment, and to foster engagement and interaction with their community (Bortree & Seltzer, 2009; Hackler & Saxton, 2007; McNutt & Menon, 2008; Rybalko & Seltzer, 2010; Waters, 2007; Waters & Jamal, 2011). Amid all the potential social media seem to offer, several questions remain. How does a nonprofit organization develop, share, manage, or maintain its identity in the social media environment? How does it manage identity when interacting with potentially limitless stakeholders? What are the implications for interacting with new communities in the social media environment? Recognizing how individual identity is developed or maintained will assist in understanding how organizational identity can be developed or maintained in the social media environment suitable to organizational strategy.

Social Identity

Identity is composed of many constructs, too many to unpack here, but nevertheless several theories illuminate how individuals develop their sense of identity. Charles Cooley (1902) hypothesized that one's self, or identity, is formalized through interaction and communication with others, also known as the looking glass self. Cooley's ideas are very similar to those of George Herbert Mead and that of Symbolic Interactionism, which explains that social interaction shapes the capacity for thought and serves as a process for individuals to learn the meanings and symbols that allow for individual thought. These thoughts, meanings, and symbols guide individuals to construct their identity and subsequent actions through an ongoing and changing interpretive process (Blumer, 1969). Although Symbolic Interactionism provides a lens for understanding identity formation

through social interaction, it lacks the integration of environmental forces and macro structures of society (Ritzer, 2008).

Role theory offers some insight as to how identity is influenced by the social environment. The central view of Role theory is that individuals play many parts in their lives and others provide the basic scripts; however, the enactment of those scripts is uniquely one's own (Davis, 1986). This view aligns with that of Symbolic Interactionism because it stems from Mead's concept of role taking and the development of identity through social interaction (Berger & Luckmann, 1967; Davis, 1986). Identifying the implication of the environment on role identity evolves from the work of Robert K. Merton, who observed that various roles of individuals depends upon the status they occupy within society (Davis, 1986). In other words, individuals may perform certain roles and behaviors based on their status as designated by social systems and assumed normative behaviors.

Identity formation and/or management in this micro context may not seem to offer much for a macro-oriented issue of organizational identity. However, this formation is extremely important when discussing the interplay of identity and environment (Hatch & Schultz, 2002). Traditionally, and in the context of the theories described previously, identity construction happens through face-to-face encounters and in real time where individuals can immediately reconstruct their identity based on the perceptions of others. In the social media environment, individuals connect with each other through text, images, and video over various platforms synchronously, as well as mostly asynchronously. This digital platform means that individuals connect with one another without many of the meanings and symbols that help to guide their thoughts and actions. The challenge is that social media allows individuals to connect without a real sense of the context of the social interaction and may cause identity confusion or perhaps an identity crisis.

Michael Wesch (2009) describes this crisis as "context collapse" among individuals using the popular social media website YouTube (p. 23). The central premise here is that as individuals initially upload videos and interact online, they began to imagine thousands of people in a multiplicity of situations, as well as the possible perceptions of their own identity. In the midst of such a situation many individuals reported spending several hours transfixed on deciding what to say or how to act (Wesch, 2009). The issue here is not lack of interaction or context, but "the infinite number of contexts" (Wesch, 2009, p. 23). The impossibility of reshaping one's identity in that context creates a barrier for social media users that requires a sense of introspection as to how they will actually portray themselves and their identity in the social media environment. The challenge for organizational identities that continually evolve through the years, just as individual identities do, is that the invention of a new environment, specifically social media, has tremendous implications for the use and implementation of a social media strategy that seeks to encourage interaction without the context, symbols, and meanings that have come to shape and reshape the organization's identity.

Individuals have the capacity to evolve their identity in the moment and with certain immediacy. Nonprofit organizations are not always afforded the same opportunity

because their identity may be so embedded in organizational culture, tradition, or in tangible artifacts such as a mission statement (Hatch & Schultz, 2002). This presents a sort of organizational identity crisis. This means that if an organization that is using social media is not cognizant of this new landscape and how to perform within it, the identity or image of the organization could possibly transform into something less than ideal, at least online. Just as individuals face context collapse in the digital environment (Wesch, 2009), nonprofit organizations may also face context collapse because of the potential to access multiple new networks in a variety of different contexts without the constraint of time.

Symbolic Interactionists are generally critical of focusing on macro structures, although Blumer (1969) argues that large-scale structures emerge from micro processes. This is important for nonprofit administrators to understand because the core of social media is about interaction. Understanding how identity develops through micro-social interactions will ensure that nonprofit organizations are portraying the identity that is important to them in a new and dynamic environment (Hatch & Schultz, 2002). Navigating the social media environment is challenging and several studies highlight how organizations are not using these new tools to their full potential of fostering interaction and engagement (Bortree & Seltzer, 2009; Rybalko & Seltzer, 2010; Waters & Jamal, 2011). This may be evidenced by the context collapse discussed previously. Others, however, explain that social media users should choose their applications carefully, ensure that the applications align with the activities being selected, plan for integration, and to be social (Kaplan & Haenlein, 2010). Kietzman, Hermkens, McCarthy, and Silvestre (2011) also explain that users should be cognizant of the available social media tools and how they align with organizational goals.

The incorporation of a social media strategy parallels the social purpose of what many nonprofit organizations do—namely, generate social capital and build community (Shafritz, Ott, & Lang, 2005). The adoption of social media necessitates a careful review of the organization's identity prior to the implementation of the social media strategy. A brief review of the organizational identity literature further contextualizes the concept of identity development in the social media environment and provides a foundation for the necessary introspection, conversation, and development of a social media strategy.

Organizational Identity

The organizational literature defines identity as that which is central, enduring, and distinctive about an organization (Brilliant & Young, 2004; Gioia et al., 2000; Hatch & Schultz, 2002; Young, 2001). Brilliant and Young (2004) contend that identity is important when organizations face a diversity of challenges, such as mission completion, rapid expansion, or mergers and acquisitions that force an organization to undergo some sort of change. Organizations often must adapt their identities to address new environments and challenges (Brilliant & Young, 2004; Sosin, 2012; Young, 2001), in addition to the flux of technology while confronting change.

The literature makes a distinction between identity and image; whereas identity is internally constructed, image involves the concept of how individuals within the

organization think people outside of the organization perceive it (Young, 2001). This is generally important given the theoretical ideas of Cooley, Mead, and Blumer discussed previously, and specifically because this impacts how organizational members use social media to portray the organizational identity or image. Gioia and colleagues (2000) argue that this latter construct of image is defined by the “organizational elites” to project an image that communicates a specific purpose, which represents features of organizational identity (p. 66). Maintaining a positive identity in the face of changing contexts or environments, organizations must recognize that identity and image are dynamic constructs that create a paradox of continuity and change through which “instability fosters adaptability” (Gioia et al., 2000, p. 79).

The key struggle within this paradox may stem from the fact that organizations have and maintain multiple identities. Just as individuals shape their own identity based on the context of social interaction and ultimately the construction of many identities, organizations also have multiple identities because of the roles and demands from various constituencies or institutional arrangements (Brilliant & Young, 2004; Gioia et al., 2000; Sosin, 2012). Multiple identities are beneficial for organizations in dealing with conflicting pressures of their environment as they can be analyzed and managed to the benefit of the organization (Brilliant & Young, 2004; Sosin, 2012). However, others argue that maintaining multiple identities is paralyzing and unstable as organizations attempt the balancing act of changing their identity and keeping it the same (Gioia et al., 2000; Young, 2001). This paradox corresponds to the idea of context collapse in individuals described by Wesch (2009), and the emergence of organizational identity in the social media environment.

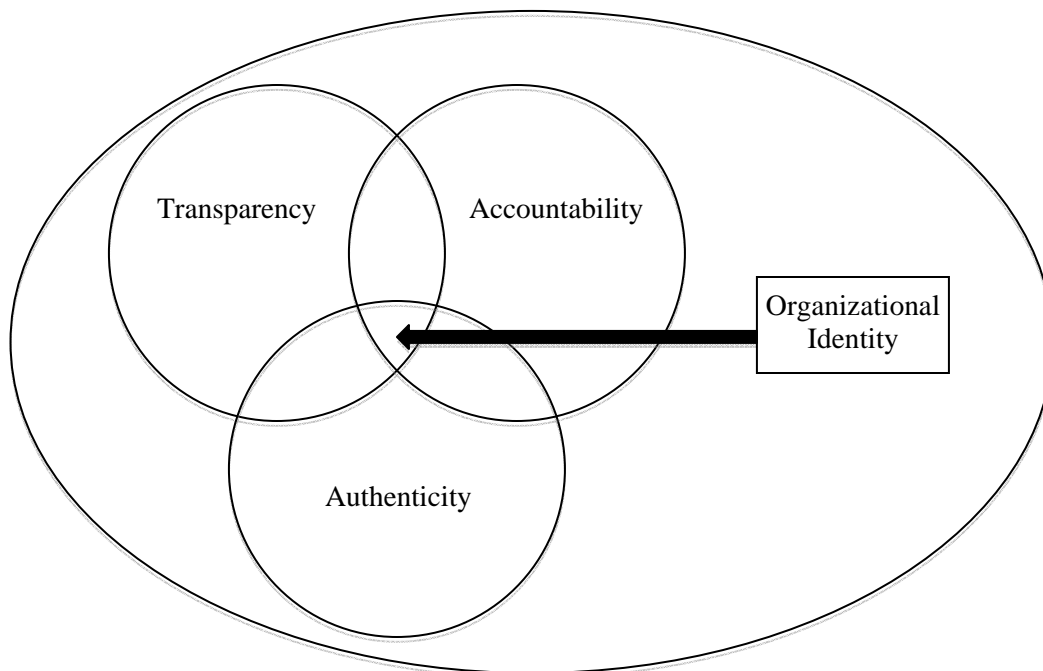
The concept of organizational identity has practical significance for how nonprofit organizations reinvent themselves in the face of changing environments (Brilliant & Young, 2004). The discussion of identity development from the personal to the organizational level is intended to illustrate how identity development is fluid, dynamic, and socially constructed. This knowledge can help organizational leaders in framing their strategic use of social media to assist with organizational identity, development, and maintenance in the social media environment. Utilizing a conceptual model or enacting some general policies will also provide nonprofits with a framework for utilizing social media in a more strategic and meaningful way.

A Conceptual Framework for the Strategic use of Social Media

The Pew Internet & American Life Project indicates that 75% of American adults are active in some kind of voluntary group or organization and that internet users are more likely than others to be active in those organizations (Rainie, Purcell, & Smith, 2011). Despite this unique opportunity, nonprofit organizations have been slow to capitalize on the potential of using the Internet (Sargeant, West, & Jay, 2007). The explosion of social media use in the nonprofit sector presents clear opportunities and challenges as many administrators look to this technology as a figurative super hero coming to the rescue in an increasingly competitive and changing sector. The ability to access millions of people through Facebook, Twitter, or YouTube to increase membership, raise awareness, or increase general exposure of the organization is extremely attractive and daunting.

Three main concepts should help nonprofit organizations that currently use or are thinking about using social media within their organization (see Figure 1). The first two concepts for using social media in a nonprofit organization are very similar, and yet distinct. Transparency and accountability have been part of the nonprofit sector for decades and ultimately work with the third concept, authenticity, to help nonprofit organizations develop and manage the organization's online identity. Although the model consists of three main concepts, the core element in the proper use of social media is interaction. Social media is mainly about making connections and having a conversation, which helps to build community. A better understanding of these concepts can orient strategic decision-making and provide the foundation for the development of a social media strategy. The conceptual model builds upon the discussion of organizational identity to help organizational leaders understand how to demonstrate their organization's distinctive elements, values, and goals in the social media environment.

Figure 1. Conceptual Model of Organizational Identity in the Social Media Environment



Transparency

Transparency is an evolving term with many definitions that convey how organizations are expected to operate (Ball, 2009). This discussion defines transparency as “the process of keeping actions and the decision-making processes open and available to the scrutiny of the public and the media” (Netting, Kettner, McMurtry, & Thomas, 2012, p. 358). Nonprofit organizations are unique operations that generally lend themselves well to being transparent. Additionally, their tax-exempt status usually impels them by a legal, ethical or moral mandate to be transparent about their finances and

operations (Jeavons, 2005). The idea of transparency or openness is not a new concept in the nonprofit sector; however, with the tools of social media that allow for rapid communication and connectivity, there is a new charge for this type of ethical behavior (Saxton & Guo, 2011; Waters, Burnett, Lamm, & Lucas, 2009).

Utilizing social media often means working with a networked mindset, which is characterized by principles of openness, transparency, decentralized decision-making, and distributed action (Scarce, Kasper & Grant, 2009). Social media tools allow organizations to utilize these principles and portray to the public just how funds are used, decisions are made, and volunteer time is executed. Examples of how organizations use social media to promote these principles include organizations like Kiva (www.kiva.org) and DonorsChoose.org (www.donorschoose.org). These organizations employ the principles of social media through peer-to-peer philanthropy that allow individuals to choose and donate to specific projects. These organizations use video, images, and blogs to report on the progress of the projects, and individuals can continue to interact online by commenting and sharing with others in their own social networks by linking to the websites.

Nonprofit organizations using social media need to understand that transparency is good, but that there are also levels to transparency that should and should not be shared (Kanter, 2009). Generally, public information makes for content that is readily available for reporting on an organization's website. However, there are instances where information must remain private so as to ensure a safe place for individuals to have discussions without disrespecting others (Kanter, 2009). Effective nonprofit organizations will assess and evaluate their work in an open and transparent process with the board and the public (Brown, 2002). This has been operationalized through websites but can now be greatly enhanced with social media and the use of networks (Saxton & Guo, 2011; Saxton, Guo, & Brown, 2007). Transparency is the ideal for nonprofit organizations and lends itself well to social media. This process also impacts accountability.

Accountability

Accountability, like transparency, has multiple definitions in the literature. Accountability suggests responsibility for actions and is often linked to financially related information and performance (Benjamin, 2008; Brinkerhoff, 2001; Murry, 2005; Saxton, Kuo, & Ho, 2012). Some have argued that greater accountability interferes with the independence that gives the nonprofit sector its uniqueness (Salamon, 1999). However, grantors, the federal government, and increasingly the public are requesting greater accountability among nonprofit organizations (Binder, 2007; Brinkerhoff, 2001; Ebaugh, Chafetz, & Pipes, 2005; Saxton & Guo, 2011). Using social media allows organizations to demonstrate transparency and accountability through social interaction. Examples include the use of video, blogs, and most notably websites like Facebook where organizations update their status or post news on a variety of topics and actions. Specifically, nonprofit organizations are able to disclose financial records such as IRS Form-990 and other financially related performance documents (Gandia, 2011).

Utilizing this new medium also allows a nonprofit organization to connect stakeholders to its mission and expand its targeting efforts, thereby increasing public trust and accountability (Saxton & Guo, 2011; Saxton et al., 2007). One of the main recommendations for nonprofit organizations is to implement more content and opportunities for interaction (Gandia, 2011; Sargeant et al., 2007; Saxton et al., 2007). Accountability is more evident on the peer-to-peer philanthropy websites. As mentioned previously, these organizations employ social media to highlight the good work and causes that garner donations from people who care about the issues and the organizations.

Accountability is vital in this era of website fundraising and organizations that understand this element will do well (Sargeant et al., 2007). Social media allows nonprofit organizations to develop a relationship with individuals, or an e-relationship, and requires nonprofit organizations to view donors as partners in the process of mission achievement (Sargeant et al., 2007). Additional key components include designing websites with a focus on engagement rather than a static webpage with a simple “donate here” link, making the process of giving simple and providing a clear explanation of how the donation is being used (Ingenhoff & Koelling, 2009; Sargeant et al., 2007). Social media tools enhance these ideas by cultivating connections as demonstrated by organizations such as Kiva, DonorsChoose.org, and many others. Examples of cultivating connections include blogging about events, posting videos through YouTube of projects that were funded by donors, and updating the organization’s status on Facebook or Twitter to advertise the work that is being done (Waters et al., 2009; Waters & Jamal, 2011).

Transparency and accountability are important elements for nonprofit organizations to embrace in general. They are particularly important when using social media if the organization hopes to see engagement from various stakeholders and earn the trust of all supporters (Ingenhoff & Koelling, 2009; Ingram, 2009; Saxton & Guo, 2011). Transparency and accountability naturally flow into the final principle of this framework and help to establish authenticity.

Authenticity

In the absence of symbols and meanings that help to form identity, and facing context collapse because of the endless possibilities, individuals are left to make a connection with a source deep within themselves as they are free to decide who they are (Taylor, 1992). Authenticity is to be true to one’s self and is a construct that develops along with identity; however, Taylor (1992) argues that this construct has lost meaning in contemporary culture as it has come to focus more on modes of self-fulfillment and less on strengthening ties to community. Authenticity in the social media environment is about staying true to the organizational identity as well as strengthening ties to its community. Authenticity is about relationships; it is what keeps people engaged and willing to spread the word about a particular service, message, or cause through their own social networks.

Amid the many professional blogs and articles professing details or guidelines on how to make a nonprofit organization successful in the social media environment,

portraying a caring image is truly what will make an organization successful. However, it is more than just portraying a specific identity, it is demonstrating transparency and accountability in an authentic and genuine manner that builds trust, respect, and cohesion among the social networks of individuals who come into contact with the organization via their friends or families through social media. Saxton and Guo (2011) believe that this new medium offers great potential for nonprofit organizations to be more responsive to their core constituents. Responsiveness, interaction, and participation help to increase authenticity, transparency, and accountability.

It is critical for nonprofit organizations to understand that their identity develops based on interactions, just as it does for individuals. Despite the multiplicity of contexts, organizations must realize that being authentic will allow for their true identity to come forth, and they should not be afraid to demonstrate that. Social media is merely a mechanism to create unique connections, and if nonprofit organizations do not take the time to critically think about their social media identities, they will face challenges and frustration.

Kanter and Fine (2010) discuss this idea as the concept of developing a social culture, or a culture where the organization uses the power of social media to change relationships. The shift to a social culture requires organizations to become more open and transparent, and to devote critical attention to authentic conversations (Kanter & Fine, 2010). Authenticity exists when organizations leverage the power of social media to develop relationships, build trust, listen, and respond to the community. Using this framework as guide, nonprofit organizations can begin to think about various strategies and methods as they implement the use of social media.

Conclusion

Nonprofit organizations that recognize their organizational identity and the need to develop or maintain the identity in multiple contexts will be better off in their pursuits of social media because they can be flexible and make strategic decisions. Recognizing that identity is socially constructed is the first step to understanding organizational identity. Secondly, identity formation is fluid and dynamic based on the effects of social interactions and the environment (Gioia et al., 2000; Hatch & Schultz, 2002).

The most challenging factor in using social media may not merely be organizational identity maintenance, but the notion that organizations must give up some sense of control to the community of users (Watson, 2009). Nonprofit organizations that are transparent, accountable, and authentic should not have issues with this sense of letting their social media community actively participate in the conversation. After all, the core of social media is connecting and having a conversation that builds trust, engagement, and ultimately community. This opportunity to collaborate with the social media community, combined with an understanding of organizational identity development and the conceptual framework outlined above, provides the initial foundation for thinking strategically about using social media within the organization.

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Beyond Social Exchange Theory: A Theoretical Shift for Mentoring Relationships in the Federal Workplace

Chad Majiros

Abstract: *This paper examines the principles of social exchange theory associated with the application of mentoring for knowledge transfer in the federal workplace. Specifically, federal workplace is intended to mean any U.S. government agency defined by bureaucratic processes in its operations. Max Weber's comparison of a bureaucracy to an iron cage is both classical and paramount to this discussion. Within the iron cage, Weber posed the further the organization perfects its operation, the more dehumanized the interaction between players (Farganis, 2011). Most important, due to the hierarchical structure and emphasis on career progression associated with the bureaucracy, mentoring relationships are often forged in a knowledge economy. Over time, mastery of skill is supported by a grasp of institutional history and organizational knowledge. Contemporary social work is aptly suited for investigating the barriers to, behavioral elements of, and best practices for fostering effective mentoring relationships in facilitating knowledge transfer between federal employees.*

Keywords: *Mentoring, mentoring relationships in the federal workplace, social exchange theory, mentoring dynamics, mentoring for knowledge transfer*

A large turnover in the federal civilian workforce is expected over the next 10 years. The United States Office of Personnel Management (OPM) found that, by 2016, over 60% of employees will be eligible to retire (United States Office of Personnel Management, 2008a, p. 6). This mass exodus of retirees will have a direct impact on the working environment left behind at many federal agencies, perhaps compromising the ability of these agencies to fulfill their civic missions and provide services to the American public (United States General Accounting Office, 2001). As a result, government leaders must pay closer attention to the ramifications of lost knowledge (Davidson, 2010; DeLong, 2004; Godwin, 2009; Leuenberger & Kluver, 2005/2006; Mason, 2010; Reeves, 2010; Talley, 2008). In response to losing contextual, historical, and operational knowledge, federal leaders have drafted *The Federal Supervisor Training Act* (2010). This legislation mandates mentoring practices for “transferring knowledge and advice in areas such as communication, critical thinking, responsibility, flexibility, motivating employees, teamwork, leadership, and professional development” (Federal Supervisor Training Act, 2010, p. 4). However, the proposed law fails to address how these mentoring programs are developed, evaluated, and implemented within the federal workplace.

This paper examines concepts and themes associated with the application of mentoring for knowledge transfer in the federal workplace. Specifically, federal workplace is intended to mean any U.S. government agency defined by bureaucratic processes in its operations. Max Weber's comparison of a bureaucracy to an *iron cage* is

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both classical and paramount to this discussion. Within the iron cage, Weber posed the further the organization perfects its operation, the more *dehumanized* the interaction between players (Farganis, 2011). Most important, due to the hierarchical structure reinforced by authority and routinization, government employees are encouraged to develop “technical superiority” (Farganis, 2011, p. 85) and through consistent daily practice develop a level of expertise (Farganis, 2011; Hughes, Sharrock, & Martin, 2003; Reeves, 2010; Schroeder & Swedberg, 2002). Ultimately, the wealth of experience and knowledge developed within the confines of the bureaucratic workplace afford the more seasoned government employees varying degrees of *power and status* (Darwin, 2000; Farganis, 2011; Fiol, O’Connor, & Aguinis, 2001; Fouché & Lunt, 2010; Reeves, 2010).

Social work has a unique contribution to make in this area. Examining the psychosocial aspects in mentoring relationships, specifically the necessity to promote mutual respect and trust, among employees is a novel idea that requires further study within the context of individual, group, and organizational culture. Social work is aptly suited for investigating the cultural (gender, generation, race), contextual (physical proximity, increased use of telecommuting, time), and structural (technology, hierarchical vs. horizontal) barriers to knowledge transfer within bureaucratic mentoring dyads (Cunningham, 1999; Heimann & Pittenger, 1996; Matson & Prusak, 2010).

Mentoring Dynamics in the Workplace

The premise behind successful implementation of workplace mentoring programs is based on two assumptions. First, can we assume employees have the competency or know-how to mentor and facilitate learning relationships? The inherent danger in assuming that every employee entrusted with supervisory authority can mentor others as a result of receiving some level of mandated training has the potential to exacerbate barriers already hindering workplace development. Second, can we truly assume employees want to share their knowledge? Especially when precedence suggests that in some bureaucratic organizations knowledge possession is more culturally valued than knowledge sharing.

The consensus throughout the literature is that the concept of mentoring first originated in Homer’s *Odyssey*. Odysseus, king of Ithaca, fights in the Trojan War and entrusts the care of his household to Mentor, who serves as teacher and overseer of Odysseus’ son, Telemachus. The word *Mentor* evolved to mean trusted advisor, friend, teacher, and wise person. Coincidentally, OPM defines mentoring as “a formal or informal relationship between two people—a senior mentor (usually outside the protégé’s chain of supervision) and a junior protégé” (United States Office of Personnel Management, 2008b, p. 2). The common elements in mentoring relationships include formal or informal dynamics, interpersonal skill, mutual respect, professional knowledge, reciprocity, time commitment, trust, and an understanding of adult learning principles (Cohen, 1999; Fouché & Lunt, 2010; Higgins & Kram, 2001; Shea, 2002; Zachary, 2000). For instance, Zachary (2000) emphasizes the importance of mentor preparation and reflection as a means to better facilitate a learning environment. Shea (2002) emphasizes the importance of mentor-like behavior in developing a mentoring relationship based on modeling behavior and teaching skills with varying levels of

formality and duration. As well, Cohen (1999) emphasizes a mentor's ability to exercise flexibility within the relationship by assuming various *roles in dimensions*. Taking a more holistic approach, Higgins and Kram (2001) define mentoring using multiple relationships, based on diversity and strength of association, to articulate a *developmental network* perspective. Similar to Higgins and Kram, Fouché and Lunt (2010) published results after looking at tertiary relationships between social service providers in New Zealand. Their study tested the concept of *nested mentoring relationships* whereby relationship development was not restricted to the horizontal or vertical structures within organizations, but where participants established connections across agencies (Fouché & Lunt, 2010).

Organizational culture and structure are critical factors in supporting the sharing of knowledge by whatever means. To illustrate, Donaldson, Ensher, and Grant-Vallone (2000) used a longitudinal framework to examine relationships between mentoring, organizational commitment, and citizenship behavior among a sample of non-professional protégés comprised of 70% women with an average age of 34 (n=408; 45% Latino American; 22% European American; 15% African American; 10% Asian American; .05% American Indian; 5.5% other; 2% did not report). The results support the hypothesis that diverse, non-professional protégés in high quality mentoring relationships report greater organizational commitment than protégés in low or moderate quality mentoring relationships (Donaldson et al., 2000).

Considering the context of the federal workplace and the potential ramifications for the Federal Supervisor Training Act, the concept of *leader-member exchange* will be essential to differentiating the roles of supervisor and mentor. Specifically, Wayne, Shore, and Liden (1997) suggest that some degree of leadership responsibility is inherent in the mentoring relationship. The application of leader-member exchange frames the mentoring relationship around transformational and transactional currency (Howell & Hall-Merenda, 1999; Scandura & Schriesheim, 1994; Sparrowe & Liden, 1997). On one hand, the leader as mentor transforms the employee as mentee by means of change management and socialization. On the other hand, the leader provides emotional support and critical insider information based on the degree of followership received. To this point, Raabe and Beehr (2003) surveyed mentors and mentees in two companies while exploring the leader-member exchange framework further. The study deployed a questionnaire to 175 established mentor-mentee pairs. The response rates were 57% for mentors and 49% for mentees. Findings suggest "there was no evidence that the mentoring relationships were perceived in the same way by the two members of the mentor-mentee dyads" (Raabe & Beehr, 2003, p. 284). Interestingly, this study also identifies a potential barrier in that "the lack of agreement about reciprocal relationships across vertical organizational boundaries" may reinforce a power differential (Raabe & Beehr, p. 284). In this context, the elements and essence when defining the relationship, such as openness, respect, and trust, may be compromised by the duality of roles assumed by the supervisor as mentor. Further research in examining mentor and mentee perspectives within the leader-member framework is warranted (Ensher, Thomas, & Murphy, 2001; Raabe & Beehr, 2003). Conversely, Payne and Huffman (2005) surveyed 1,334 U.S. Army officers to measure levels of affective and continuance commitment as

it related to mentoring effectiveness and organizational turnover. In this study, 81% of the participants report having at least one mentor with 68% of participants identifying supervisors as mentors and 85% report receiving career and job-related guidance from mentors (Payne & Huffman, 2005). Findings suggest the relationship between mentoring and commitment is enhanced when supervisors serve as mentors. Interestingly, the authors suggest that future research examine the factors that influence a protégé's "attractiveness" (based on professional potential) implying that a mentor has a choice when engaging in a mentoring relationship (Payne & Huffman, 2005, p. 166).

As leader-member elements impact the structural integrity for mentoring relationships, cultural barriers around gender appear just as concerning. Literature suggests that women of color have been marginalized when it comes to maximizing the benefits from participating in formal workplace mentoring programs. In fact, Katz (2013) brings to light the Equal Employment Opportunity Commission's report (2010) that found "unconscious biases, insufficient training and mentoring and outdated recruiting and hiring practices have stymied African Americans in federal government" (p. 1). With limited mentoring resources, female mentor-seeking behavior is polarized in label as either being "too dependent" (Sandberg, 2013, p. 66) or "assertive...sometimes misdirected" (Sandberg, 2013, p. 67). Although mentoring trends show that access to higher-level, managerial females has been improving (Combs, 2003), the existence of "perceived sexual intimacy" and "gender stereotypes" in some workplaces are obstacles to forming cross-gender mentoring relationships (O'Neill & Blake-Beard, 2002, p. 52). Further exploration into how this group negotiates informal mentoring dynamics while creating workplace social capital is crucial (Gillies & Edwards, 2006; Khosrovani & Ward, 2011).

Theoretical Underpinning for Mentoring Relationships

Social exchange theory states that "interactions between persons are an exchange of goods, material and non-material" (Farganis, 2011, p. 233). Mentor's and mentee's participatory behaviors are based on the perceived benefits and costs in the relationship (Ensher et al., 2001). Exchange theory, as articulated by Homans and Blau, moved beyond the function of the environment and deployed the use of *the self* in creating expectations, obligations, and reciprocity with *the other*. Blau developed "*macrostructural theory*" (Homans, 1985, p. 396) to explain the importance of proximate position as the primary means of sanction within an organizational group. Interestingly, norms and values were viewed as mediating forces contributing to exchange principles when face-to-face interaction was not an option (Blau, 1955). For Blau, individual self-incentive governs social interaction in the workplace while norms and values serve as reinforcers in understanding exchange behavior (Blau & Meyer, 1971).

Emerson was recognized for advancing the psychological framework of social exchange theory in his presentation of *power* and *social influence* (Ritzer, 2010). Emerson restricted the exchange label by defining it as either *reciprocal exchange* or *negotiated exchange*. He defines reciprocal exchange as the "sequential giving with unspecified terms and obligations", and negotiated exchange as the "agreement with specified terms and obligations" (Lawler & Thye, 1999, p. 219). This concept led to

Cook's work in identifying *exchange networks*. Cook contends that individuals make rational decisions to engage in workplace interactions with the goal of career and professional benefit (Cook & Whitmeyer, 1992). Consequently, the interaction between self and other within a socially constructed environment results in the strengthening of *approval* and *prestige* as significant commodities or rewards.

In Farganis (2011), Coleman is credited with developing the concept of social capital. Conceptually, the meaning of self is altered as it assumes the identity of the collective. The collective norm becomes a powerful body of selves that acts to reward all in allegiance while minimizing the dichotomy of self and other. For Coleman, the choice to join the collective requires a significant level of trust by each individual member. Conformity in the here and now is defined by short-term social acceptance and long-term network benefits (Cook & Whitmeyer, 1992; Farganis, 2011; Yair, 2007). Conversely, allegiance to the collective establishes a paradox in that individual choice is significantly influenced by forces of the environment or system (Lovett, 2006; Yair, 2007). Ultimately, interests, resources, and rewards are determined by "macro-level institutional factors" (Rambo, 1999, p. 319) and controlled by the individuals in power (Blau & Meyer, 1971; Lovett, 2006).

The Praxis of Social Exchange Theory

The bureaucratic process lends itself to placing technical job expertise into the category of commodity. Formal mentoring is seen as a way to prepare an employee for career growth while developing internal human capital for filling job vacancies. This application of mentoring is reinforced by the vertical structure of a bureaucratic organization in which mostly explicit or codified knowledge is transferred. Knowledge, both explicit and tacit, is bartered, traded, and exchanged between employees making new employees especially vulnerable during any socialization processes. The disposition of a knowledge economy helps to reinforce status while establishing a social exchange for transferring knowledge. Once a specialist level of expertise is achieved, the agency becomes dependent on the hierarchical process where change is stifled and longevity becomes the primary means for security and self-preservation. Unfortunately, formal mentoring practices emphasize the inherent, didactic attributes in establishing the power relationship between mentor and mentee. For this reason, many scholars have framed workplace mentoring (formal) in social exchange theory. For instance, unlike explicit knowledge, tacit knowledge is the know-how gained from experiential learning and not easily taught or learned in a traditional training sense. Simply put, since tacit knowledge is hard to come by, it is elevated to a commodity and assigned value based on the premise that individual success (career progression, higher paying jobs, etc.) is related to higher levels of technical expertise and advanced operational knowledge (Farganis, 2011; Hughes et al., 2008; Reeves, 2010; Schroeder & Swedberg, 2002). This dynamic reinforces dyadic power relationships, creates a foundation for leader-member exchange principles (Scandura & Schriesheim, 1994; Sparrowe & Liden, 1997), and establishes closed system boundaries inhibiting the sharing of knowledge. As tacit knowledge is rationed, reliance on explicit knowledge stifles "creativity and inventiveness" and may even lead to "corruption" (Martinez-Brawley & Zorita, 2007, p. 537). Most important, it

creates an ideology within the organizational culture that suggests knowledge is currency. From a bureaucratic standpoint and exchange perspective, the more seasoned mentor offers inside historical knowledge, career guidance, and technical tutelage to the inexperienced mentee who is limited in reciprocal resources. Tragically, the mentee's only recourse might be to offer loyalty, praise, and prestige in return.

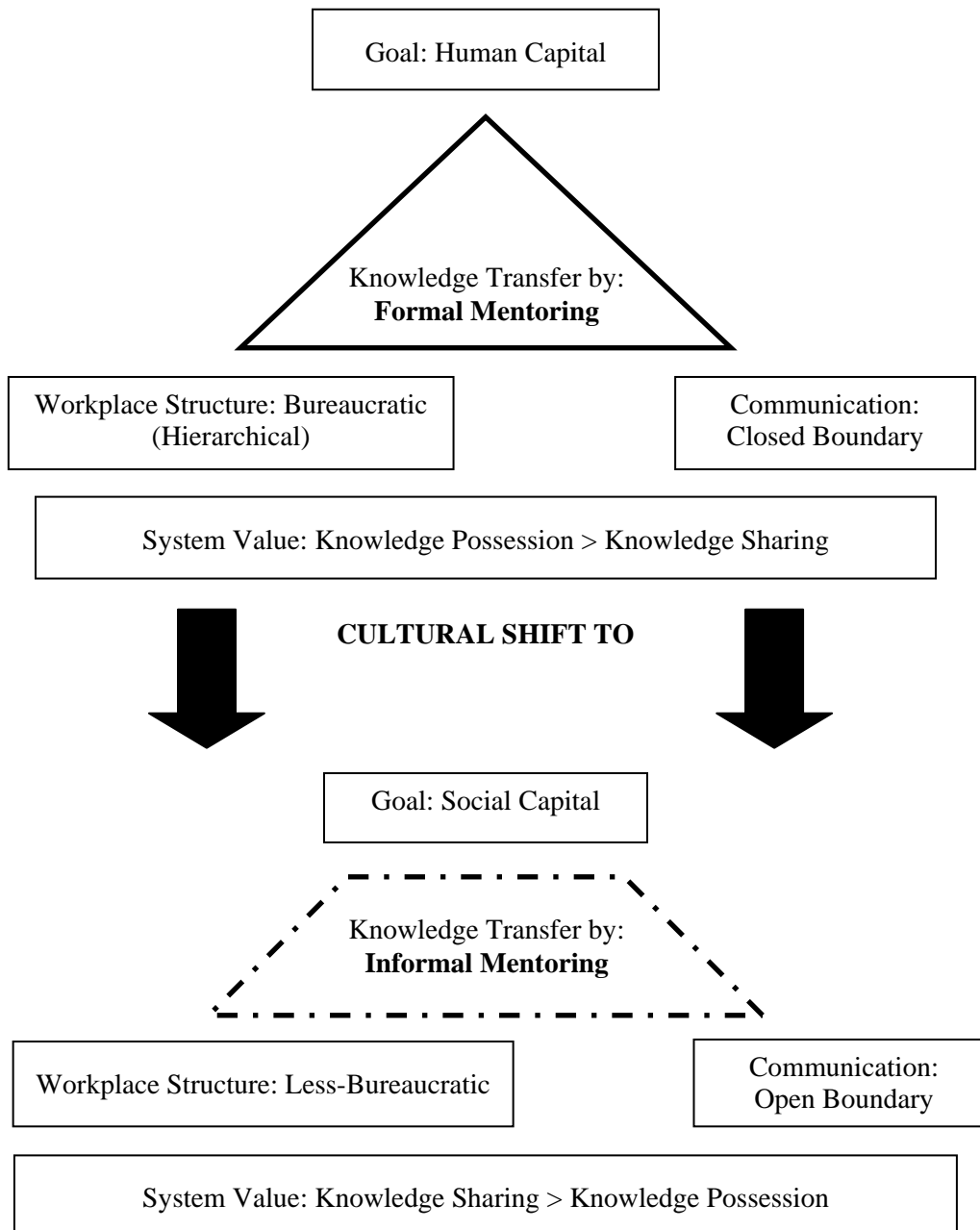
At the core of the mentoring question is curiosity to better understand the motivation for participating in a relationship framed by competition and rite of passage. Social exchange theory in an organizational context, as presented by Homans and Blau, suggests that the mentoring relationship is defined by connection with temporal and emotional dimensions (Colley, 2002; Dutton & Heaphy, 2003) whereby participants agree to *rules of reciprocity* (Cropanzano & Mitchell, 2005) and a *social ledger* (Labianca & Brass, 2006) in the workplace. The application of social exchange theory differs from Darwin's (2000) stance in *radical humanism* to account for the sharing of tacit knowledge where participants are seen more as peers instead of mentor and mentee (Darwin, 2000). Under the right structural circumstances, the social exchange is deepened by cultural and relational interactions where all parties benefit by contributing (Fouché & Lunt, 2010; Liu, Liu, Kwan, & Mao, 2009).

The capacity of social exchange theory to guide planned change in workplace mentoring relationships is related to organizational structure. The change effort is directed at the environment. The environment creates the organizational culture which reinforces the operational structure and assigns value to behavior. When considering how bureaucratic organizations are internally aligned to accommodate and facilitate knowledge transfer, the metaphor serves as a reminder in advocating for a restructuring of the workplace. The literature suggests that a decentralized, horizontal structure supports knowledge building and sharing, especially tacit-based knowledge (Hurley & Green, 2005; Philipson, 2006; United States General Services Administration, 2009). In order for mentoring relationships to be an effective method for knowledge transfer, upper-management buy-in and support is required for the creation of a workplace culture that values sharing while considering the adverse impact of cultural, generational, and social barriers. Simply put, the organization must accommodate open and honest communication, encourage respectful and trusting relationships, and express value in effective mentoring relationships (Lam & Lambermont-Ford, 2010; Levy, Hadar, Greenspan, & Hadar, 2010; McNichols, 2010). See Figure 1 for a visual representation of internal and external factors influencing mentoring relations.

Due to its birth in economics, the exploitation of behavior for power and status will be forever associated with social exchange theory (Robbins, Chatterjee, & Canda, 1998). According to Emerson, the dyadic relationship is defined by mutual dependence where one participant exerts power over the other and the other exercises a level of tolerance in response (Ritzer, 2010). The normative change effort is reinforced by the concept of fair exchange. In the bureaucratic context, the implied role of the mentor is best described as omnipotent. In order for the sharing of knowledge to be valued, a contemporary definition for mentoring must be centered on mutual engagement and empowerment. Thus, exchange values associated with social capital must be shaped by the environment. Unfortunately, a change in the environment does not guarantee a change in individual

behavior. Social exchange principles are rooted in self-interest which reinforces the fact that federal grade levels (salaries) are linked to expertise. Until the question of *what's-in-it-for-me* can be answered with an altruistic tone, the mentoring exchange will be reduced to power and status.

Figure 1. Structural Change due to Internal and External Factors



Implications for Knowledge, Practice, and Further Development

Due to the reliance on dynamic relationships, the author suggests that further examination to better identify a theoretical frame for grounding workplace mentoring relationships is required. While facilitating federal workplace mentoring programs is one potential example of a social work application, the aim of this paper was to introduce the reader to the concepts of mentoring and social exchange for utility across the profession. With that said, creating an organizational work climate that encourages and supports informal relationships between employees is paramount. Structurally, a paradigm shift from formal to informal mentoring will require a change in organizational culture and theoretical context. Simply, while federal employees gain technical knowledge, they should equally receive opportunities to develop or enhance interpersonal skills. Cultural context may be just as important as organizational structure. For instance, in the Chinese organizational context, mentoring supports the collectivist culture and Confucian value system. Regardless of the structure, mentoring is shaped by the cultural concept, “quanxi”, defined by a societal interpersonal connection that supports mutual interests and benefits (Liu et al., 2009).

In the workplace, mentoring must be seen as the reflexive process by which colleagues enter into mutual engagements for continuous, experiential learning in support of achieving superior performance through the transfer of empowerment, knowledge, and perspective. From this point forward, to marginalize the effects of attrition, budgetary restraint, and retirement on federal agencies, organizational learning must be centered on routine transfer and sharing of tacit knowledge through informal relationships. In fact, the sharing of knowledge must be seen as a core value, embedded within in the workplace, and supported by the upper echelons of leadership. In place of human capital, social capital through open communication will support the natural development of informal mentoring relationships based on mutual respect, shared values, and trust (Swigonski, 1993). Mentoring relationships for knowledge transfer in the bureaucratic workplace may benefit from using a social work approach. Social work is in the business of facilitating and fostering meaningful relationships (Graybeal, 2007). As outlined in the National Association of Social Workers (NASW) Code of Ethics,

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities. (2008)

As emerging factors influence the federal workplace, the need to develop culturally-sound and supportive mentoring relationships for competency and skill development will be critical. The social work approach and resulting perspective can assist agency leaders in aligning organizational structure for knowledge transfer (Cnaan & Ditcher, 2008) by inspiring innovation over *context-bound* learning (Gambrill, 2005) and growth to capacity beyond the restrictions of *over-socialization* (Weick, 1987) while honoring shared knowledge.

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Prevention as an Explicit Part of the Social Work Profession: Part Two of a Systematic Investigation

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Abstract: *In 2011, *Advances in Social Work* published results from an investigation into the explicit use of “prevention” language within the social work profession. Findings from this study highlighted a gap in the knowledge and integration of prevention-focused social work education and practice. A recommendation was made to examine additional indicators that illustrate the extent to which “prevention” is an accepted and growing subfield within the social work academy. This second paper continues the inquiry by examining three additional indicators for integration of prevention content, including: 1) CSWE accredited MSW programs; 2) social work textbooks; and 3) abstracts accepted at two national social work conferences. Although findings demonstrate that about a quarter of MSW programs integrate prevention content into their curriculum there is a lack of prevention content available within social work textbooks and professional conferences for social work scholars and practitioners. Barriers and supports to addressing these issues are discussed.*

Keywords: *Prevention, social work education, social work profession*

The United States is facing a period of rapid change in health care delivery and services. Most service delivery models have traditionally been designed to address the treatment of disease, with comparably little resources allocated toward the prevention of health problems (Miles, Espiritu, Horen, Sebiem, & Waetzig, 2010; Schroeder, 2007). Despite spending more money on health care than any other country (Borger et al., 2006), the United States ranks low on most measures of health outcomes (Schroeder, 2007). Longstanding health disparities among vulnerable and disadvantaged populations persist, with little indication of improvement (Miles et al., 2010). Large-scale population shifts, including increasing aging and veteran populations that may require multiple types of services, will likely make a critical impact on future health service delivery (Oliver & DeCoster, 2006; Wheeler & Bragin, 2007). The current national attention on health care reform foreshadows upcoming changes in delivery practices. The Affordable Care Act (ACA) will dramatically influence the delivery of health services through the creation of accountable care organizations, health homes, and preventive integrated care (Wotring & Stroul, 2011). social workers, as key providers of health education and services, must capitalize on the opportunity for change in the era of health care reform.

The need for a prevention-focused approach is clear. Nearly half of all deaths are associated with preventable health conditions. Over 90% of US health care dollars,

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however, are spent on treatment, with about 2% allocated for universal (or population-based) prevention (Mokdad, Marks, Stroup, & Gerberding, 2004). A rapidly expanding empirical research base supports the efficacy and effectiveness of prevention efforts (Rishel, 2007). The vast majority of this research has been conducted by scholars in psychology, many of whom have long been advocating for expanding the multidisciplinary focus on prevention (Weisz, Sandler, Durlak, & Anton, 2005). Several other professions, including psychiatry, nursing, and counseling psychology, are currently addressing their professional role in prevention (Marshall et al., 2011). Social workers, however, appear to be largely absent from either national or professional dialogue regarding prevention approaches to health care services.

As noted in Part 1 of this two-part investigation (McCave & Rishel, 2011), prevention efforts have been relegated to the margins, rather than acknowledged as a central aspect of social work throughout most of the profession's history (McCave & Rishel, 2011; Woody, 2006). This assertion is based on the finding that there are few publications addressing prevention within the professional literature (Marshall et al., 2011; McCave & Rishel, 2011) and limited attention to prevention within the official policy statements compiled in *Social Work Speaks* (McCave & Rishel, 2011). Although the initial indicators examined document sporadic episodes of particular interest in prevention, it appears that the profession as a whole has yet to embrace prevention as a core element of social work practice (McCave & Rishel, 2011).

Current Project

As social work scholars interested in strengthening prevention content in our social work courses, we began to examine the current state of prevention in social work. Our initial project, published last year in *Advances in Social Work* (McCave & Rishel, 2011), focused on examining the explicit prevention content in the social work literature, the current Council on Social Work Education (CSWE) standards for social work educational programs (EPAS), and the National Association of Social Work's (NASW's) most recent publication of *Social Work Speaks*. At the conclusion of that investigation, we recommended that additional indicators be examined for explicit prevention content. Consequently, the current project focuses on three more "indicators" of the status of prevention in the social work profession. These indicators include: 1) accredited MSW programs in the United States, 2) social work texts, and 3) social work annual conference proceedings. Similar to our first project, this current research focuses solely on "explicit" rather than "implicit" evidence of prevention content within the social work profession.

Methodology

As mentioned above, three "indicators" of explicit prevention content were examined for this current project. The first indicator was the explicit prevention content within accredited MSW programs. This was done through an in-depth online review of all accredited MSW programs in the United States, which included numerous steps. The initial step was to identify all accredited MSW programs in the U.S. through the CSWE directory of MSW programs in each state. From there we engaged in an online search that

would allow us to document the extent to which prevention was explicitly mentioned in each program.

A tiered online search occurred, such that initially, all the programs with a specified joint or dual degree with a Master in Public Health (MPH) program at that University were identified from the entire sampling frame. The joint or dual degree with an MPH program was determined to be an indicator of an explicit focus on prevention content; according to the American Public Health Association (n.d.), the discipline of Public Health is focused on prevention of disease and the promotion of health in all individuals, from local to global communities. From there, a review of all the remaining MSW programs was completed, with a focus on those programs that offered a concentration with the term “prevention” mentioned in the title or description. The remaining MSW programs with neither a joint/dual degree MSW/MPH program or a prevention-focused concentration were examined in terms of their course offerings. Those programs that offered one or more courses with prevention in the title or description were identified. Once all three levels of this search were completed, additional information was gathered about the Universities identified to highlight broader similarities. This information included: 1) the geographic region of the University; 2) the University’s status as public or private; 3) the presence of a social work PhD program; and 4) the designation of the MSW program as being housed in a School of social work or a Division/Department.

The second indicator was an in-depth review of the explicit prevention content in social work textbooks over the past several decades. This occurred through conducting several online searches of textbook holdings, namely our University’s library catalog, well-known social work text publishers, along with a targeted search in Google Scholar and Google Books. The search parameters included any textbook that had “prevention” and “social work” in the title with no limit on the date published. All of the books that were identified were obtained through the University’s library. These books were then examined to determine whether they were a text or monograph that was a substantive book on social work and prevention, in terms of theoretical contribution, or if the book was focused on a more narrow aspect of prevention and social work (e.g., juvenile justice).

The final indicator used in this analysis was the presence of explicit prevention content in the abstracts selected for presentation at the recent annual conferences of both CSWE (2012) and the Society for Social Work Research (SSWR; 2013). This was done through searching the online conference schedules for the number of abstracts that used the word “prevention” in the title and determining the topics covered by these abstracts.

Results

Accredited MSW Programs

When researching the accredited Master of social work programs we looked at the online descriptions of the courses and concentrations offered by each school as well as identified programs that have an established joint or dual degree with a MPH program. Table 1 provides a breakdown of the characteristics of the MSW programs that were

identified. Just under 15% (32) of accredited MSW programs also had a joint or dual degree with a MPH program. A majority of these programs were found within a School of social work at a public University that also offered a PhD in social work. Of the 216 programs that did not have an MSW/MPH program, 57 programs (26.64%) offered MSW courses that had some focus on prevention, as indicated by having the term “prevention” in either the title or description of the course. A much smaller proportion of the programs (2.78%) had a concentration that focused explicitly on prevention, as indicated by having the word “prevention” in the description; there were no programs with the term “prevention” in the title of a concentration.

Table 1. Breakdown of Accredited MSW Programs with an Identified Prevention Focus

Category	Total #
Schools with a Dual MSW/MPH Program	32
Schools with MSW/MPH by Region (Regions established by Census)	
NORTHEAST	
New England (CT, ME, MA, NH, RI, VT)	2
Mid Atlantic (NJ, NY, PA)	6
MIDWEST	
East North Central (IN, IL, MI, OH, WI)	3
West North Central (IA, KS, MN, MO, NE, ND, SD)	4
SOUTH	
South Atlantic (DE, DC, FL, GA, MD, NC, SC, VA, WV)	5
East South Central (AL, KY, MS, TN)	1
West South Central (AR, LA, OK, TX)	4
WEST	
Mountain (AZ, CO, ID, NM, MT, UT, NV, WY)	2
Pacific (AK, CA, HI, OR, WA)	5
Schools with MSW/MPH: Private vs. Public	
Private	7
Public	25
Schools with MSW/MPH: Schools of Social Work vs. Divisions/Departments	
Schools of Social Work	28
Divisions/Departments	4
Schools with MSW/MPH: Have a PhD in Social Work Program	25
Schools with a Concentration with a Focus on Prevention (but no MSW/MPH)	6
Schools with Course that Focus on Prevention (but no MSW/MPH or Concentration)	57
Total Number of Accredited MSW Programs in the United States	216

Prevention and SW Texts

After following the search steps described above to examine textbooks, we were unable to identify any currently available textbooks that substantively address social work and prevention. Specifically, upon examination of the search results, there was not a single contemporary book found that included both “social work” and “prevention” in the title. Further, after reviewing nine books (including textbooks, monographs, and curriculum compendiums) that were secured through the library, it was determined that there is not a substantive text using a prevention framework for social work practice. Multiple books and monographs were found that were published in the early 1980s such as: *Prevention in Mental Health and Social Work: A Sourcebook of Curriculum and Teaching Materials* (Nobel, 1981); *Primary Prevention Approaches to the Development of Mental Health Services for Ethnic Minorities: A Challenge to Social Work Education and Practice* (Miller, Styles O’Neal, & Scott, 1982); and *Education for Primary Prevention in Social Work* (Bowker, 1983). None of these, however, could be considered a textbook utilizing a prevention framework for social work practice. In several of these books and monographs, we found reference to a National Institute of Mental Health (NIMH) grant awarded to CSWE in 1978 to promote the development of curriculum and teaching materials on primary prevention in mental health and social work. Products from this project included a source book including curriculum and teaching materials on primary prevention and a manual of course outlines on prevention. After the series of publications that appeared in the 1980s, no other books were identified that contained both “social work” and “prevention” in the title.

Prevention and CSWE/SSWR Meetings

Currently there is not a track at either CSWE’s or SSWR’s annual conference focused specifically on prevention in social work practice and/or education, nor is there a special interest group focused on prevention at either conference. A review of abstracts selected for presentation at the CSWE Annual Program Meeting (2012) and the SSWR annual meeting (2013) revealed that a very small number of accepted abstracts contained the word “prevention” in the title. There were over 600 educational sessions offered at the 2012 CSWE conference and over 500 educational sessions offered at the SSWR conference. Table 2 provides information on the number of accepted abstracts for CSWE (13) and SSWR (20) with the word “prevention” in the title and the topic areas of these abstracts. Almost all accepted abstracts with “prevention” in the title fit into a specific topic area within social work (e.g. violence prevention), with only one (McCave & Rishel, 2012)) that focused on the broader role of prevention in social work education and practice. Additionally, when a keyword search for “prevention” anywhere in the abstracts was conducted, an additional 26 CSWE abstracts and 122 SSWR abstracts were identified; however, when looking further at the topic areas of these abstracts the authors found many of these abstracts did not readily fit into the topic areas presented in Table 2 and some did not actually appear to have a prevention focus.

Table 2. CSWE and SSWR Abstracts

Topic	CSWE 2012	SSWR 2013
“Prevention “ or variation in abstract title	13	20
Violence Prevention	5	6
HIV prevention-related	4	6
Sexual health/family planning prevention	1	3
School-based delinquency prevention	1	0
Public sector prevention	1	0
Prevention in SW education	1	0
Child abuse prevention	0	2
Evidence-based prevention for youth	0	2
School-based prevention of academic problems	0	1

Discussion

Over the past two decades there has been a lack of conceptual articles discussing how to integrate prevention-focused content into social work research, practice, and education. In addition to this, there are limited avenues for those wishing to cultivate and disseminate innovative prevention-focused research, curriculum, and practice; yet this is exactly what is needed to meet the current needs of the clients being served by social workers in our communities. There are several ways in which innovation and dissemination can be stimulated, such as through creating special topic issues in social work journals, creating prevention tracks at national social work conferences, and establishing a formalized social network (e.g., listserv) for social work scholars who are interested in prevention, to name a few.

Social Work Education

Within social work education, it is necessary for CSWE to examine the current EPAS standards and determine what changes may be considered for the next revised standards to improve the integration of prevention-focused content into social work education. Until then, social work programs across the country can utilize the current affirmation/reaffirmation process to assess the degree to which this integration is occurring and where improvements can be made to the explicit curriculum. Programs also have the option of infusing prevention content into all of their courses or key required courses, creating electives, certificates, or concentration(s) with a prevention focus, or establishing a joint/dual degree with a MPH program.

Further, one way in which social work education will be enhanced is to train both faculty and students in an established model of prevention practice. Yet the limited dialogue regarding the role of prevention in social work has hindered the development of

an operational definition of prevention practice. The social work profession has recently shifted toward a competency based education model as defined in the 2008 EPAS. Therefore, efforts to integrate prevention content into the curriculum must reflect competency based educational goals. To effectively develop and implement prevention content in the social work curriculum, it is first necessary to define prevention practice. In other words, *what is a social work practitioner who is competent in prevention practice able to do?* To initiate this dialogue, Rishel (in press) has proposed a working definition of competent prevention practice. Practitioners competent in prevention practice are able to:

- Explain the definition of “prevention” and the different levels (e.g. universal, selective, indicated) of prevention interventions;
- Articulate the benefits, advantages, and challenges of prevention, and advocate for prevention practices and policy;
- Apply a risk and protective factor framework to identify those at higher risk;
- Identify multiple levels for prevention intervention drawing on their base in ecological systems theory;
- Access, implement, and evaluate evidence-based prevention interventions; and
- Facilitate multidisciplinary collaborative prevention efforts.

The bulleted items above could be used as practice behaviors to define a prevention-focused competency within an advanced concentration. As X notes, this definition is a “work in progress.” Further dialogue within the profession will build upon and strengthen this definition as social workers recognize prevention as a core component of social work practice.

Application Examples

An example of the elective development strategy is one of the author’s development and implementation of a specialized MSW elective, *Child Mental Health: Promotion, Prevention, and Treatment*. The course was designed to prepare students to practice in various settings in a way that promotes and optimizes children’s mental health. The course is differentiated from typical course offerings in mental health by inclusion and emphasis of prevention content. Prevention content is incorporated throughout all aspects of the course with the expectation that students will feel equally comfortable identifying and implementing prevention and treatment interventions upon course completion. Please see X for a complete discussion of the content and evaluation of this course.

Another strategy involves integrating prevention as a key component in specialized MSW training programs. Responding to training grant opportunities is one mechanism of developing specialized training programs. For example, the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) awarded 24 Mental and Behavioral Health Education and Training (MBHET) grants to graduate social work and psychology programs in 2012. Funded under the Affordable Care Act,

additional MBHET grants are anticipated to be awarded in 2013 and beyond. The authors' institution was one of 11 MSW programs awarded a MBHET grant in 2012. This award funds the implementation of the *Integrated Mental and Behavioral Health Training Program* (IMBTP). The purpose of the IMBTP is to train MSW students in mental and behavioral health practice, with a focus on integrated and culturally appropriate models of rural service delivery. One of the core components of the program is a focus on integrated models of service delivery, with integrated prevention and treatment models heavily emphasized. As the focus of the training is clinical practice, students trained under this program will be prepared to integrate prevention interventions into standard mental and behavioral health practice settings.

Challenges

While the need for innovation, dissemination, as well as utilization of prevention practice in social work is clear, there are distinct challenges that exist for many social work practitioners, scholars, students, and educators. The primary challenge is connected to limited resources including time, money, expertise/knowledge, and mentorship. Such resources are critical in order to build a strong and competent workforce of prevention-focused practitioners and scholars. For those scholars who do have the expertise, providing mentorship to junior faculty as well as taking a leadership role in revising the curriculum are resource-heavy endeavors. Increasingly, faculty workloads reflect not only the scholarly interests of faculty but also the demands of the program and service needs of the institution. Additionally, in order for changes to be made at the curricular level, consistent support needs to be obtained from faculty as well as administrators; asking faculty to change their syllabi requires time and energy. Further, choosing to offer a new elective potentially takes the place of an existing elective, a potential source of faculty conflict. Establishing a joint/dual degree with a MPH program may not be part of the shared vision for the program and will likely take months of effort from faculty and administration from both programs. An additional challenge to the implementation of prevention practice relates to the heavy workloads practitioners are often negotiating in their agencies and communities, typically with limited access to social work scholarship and mentorship outside their existing practice background and expertise.

Supports

Despite the challenges that are present, several supports are available to improve the likelihood of the social work profession becoming more prevention-oriented. Universities often offer internal grants or funding to stimulate innovative research or curriculum development as well as provide assistance to junior faculty who may wish to seek external funding from federal funders or foundations. Further, it has been our experience that colleagues in Public Health, Community Medicine, Psychology, and Nursing, have been very interested in cultivating and sustaining informal and formal relationships. Such resources can be capitalized on for those teaching in institutions where these degrees are offered. Additional networking with stakeholders both within and outside the Institution, such as students, deans, practitioners, and state NASW chapters can be incredibly useful for garnering support for curricular changes. Making the connection to social work

practice and the potential impact for the practice community and the clients they serve is key.

Limitations

The research for this project represents a snapshot in time. In regards to the online search of accredited MSW programs, it is likely that some programs were not identified that do in fact offer courses or concentrations focused on prevention because of limited access to online information. It is certainly expected that programs are in a constant state of development, such that at any given time there are courses, concentrations, and dual degree relationships being developed or changed, as well as new MSW programs beginning candidacy. Additionally, based on information available online, it was not possible to determine the number or topic areas of the abstracts submitted, but not accepted, to either CSWE or SSWR. As such, a vital piece of information is missing, which is whether the number of accepted abstracts is proportional to the number of abstracts submitted or whether the small number of accepted abstracts is indicative of a lag in broader acceptance of the focus on prevention in social work education and practice. Further, it may be possible that the low number of accepted abstracts with a prevention focus may reflect a growing number of social work scholars who choose not to submit to either CSWE or SSWR due to a perception that prevention is not a valued topic at CSWE or SSWR and coinciding low acceptance rates. Instead these scholars may submit their work to interdisciplinary, topic/population-specific, or prevention-focused conferences, such as the Society for Prevention Research (SPR) and the American Public Health Association (APHA), both of which welcome social work research. This may have an unfortunate cyclical effect with fewer submissions leading to a justification for fewer acceptances and overall lack of prevention focus at CSWE and SSWR.

Next Steps

There are several steps that can be taken by social work educators and scholars to assist in the promotion of prevention-focused practice and scholarship. One step is to gather data from social work scholars and practitioners via interviews, surveys, and/or focus groups about their existing knowledge and use of prevention theory and practice. As part of this data collection or as a separate endeavor, it is important that the practice community have an opportunity to discuss ways in which they could better integrate innovative scholarship and theory into their practice. Social work scholars need to understand the needs of social work practitioners as they relate to prevention practice. As a way to build a community for those social work scholars interested in prevention, the formation of a special interest group at CSWE and SSWR on prevention in social work as well as an organized effort to advocate for a track on abstracts to be submitted within this topic area is recommended. Additionally, social work students and faculty could benefit from expanding their professional network through a new social work Listserv focused on prevention practice, education, and research.

Another step would be to establish a working group or taskforce to provide recommendations regarding the integration of prevention content into existing social work curricula. This could occur within the context of a single institution as part of

ongoing curriculum improvement efforts. It could also be an initiative within CSWE to create such a group to review current EPAS standards and consider prevention language for the upcoming 2015 standards. In connection to this, it would be worthwhile to explore the benefit of offering prevention-focused content within social work education, ranging from one elective to a joint/dual degree program with Public Health. Determining the types of employment secured after graduation as well as the level of preparedness for the skills necessary in these positions would be beneficial. Given the small proportion of social work MSW programs that offer a focus on prevention, it is important that data be collected to determine whether or not there is an impact or added benefit to creating prevention-focused courses or developing joint MSW/MPH programs. Lastly, a prevention social work text is clearly needed and is an endeavor that we hope to pursue in the future.

Conclusion

Prevention is a critical aspect of social work practice, yet, over the past two decades, there has been little formal support provided for students, faculty, and practitioners who recognize the importance of prevention in social work. This investigation was the second part of a continued effort to determine the extent of explicit prevention within the social work profession. As we found in the first inquiry, there is certainly a gap in the knowledge base as well as opportunities for dissemination for scholars and practitioners who view prevention as an essential aspect of the profession. A major paradigm shift in the social work profession toward prevention-focused practice can only come from within; this article is not only a vehicle for dissemination of information but also serves as a call to those who recognize the validity of the statement that prevention practice *is* social work practice. Without such a cultural shift within the profession, it is likely that the status quo (i.e., treatment first, prevention last mentality) will persist. Adding a patchwork of social work educators and practitioners who understand and value prevention theories and interventions leads to a fragmented system of care. A profession-wide shift would instead result in a new generation of social workers who possess the requisite knowledge and skill set to target a myriad of social issues, at all levels of practice, that can be effectively addressed through a prevention framework. It is the hope that this investigation initiates a profession-wide dialogue, as well as promotes new course development, scholarship, and interventions.

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Attitudes Toward Interprofessional Collaboration Among Students in the Health Care Professions

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Abstract: *This study investigated differences in attitudes expressed by medical, nursing, and social work students regarding interprofessional collaboration (a) between physician and nurse, (b) between nurse and social worker, and (c) between physician and social worker. A self-administered cross-sectional survey was presented to participants online. The Jefferson School of Attitudes Toward Physician-Nurse Collaboration (JSAPNC), a modified JSAPNC, and a demographic questionnaire were completed online by 80 students from medicine, nursing, and social work. Significant ($p = \leq .005$) differences in attitudes toward interprofessional collaboration (IPC) were noted among social work, medical, and nursing students. Attitudes toward IPC in the health care setting were generally positive, with social work and nursing students showing more positive attitudes than medical students. Additional psychometric tests are required to obtain sound reliability and validity scores for the modified JSAPNC.*

Keywords: *Interprofessional collaboration, educational program, attitude*

Many older adults have multiple chronic diseases that require long-term treatment and social services (Tsukuda, 1990). Given the numerous needs of older patients, studies have related effectiveness of interprofessional collaboration with successful patient outcomes and enhancement of the health care system (Paul & Peterson, 2002). Specifically, interprofessional collaboration for elder care has resulted in comprehensive follow-up care (Tsukuda, 1990), reduced morbidity, and reduced health care costs (Hirth, Baskins, & Dever-Bumba, 2009; Jencks, Williams, & Coleman, 2009; Leipzig, Berkman, Ramirez-Coronado, & Pignotti, 2001; Robertson, 1992; Tsukuda, 1990).

Interdisciplinary teamwork is important to the delivery of quality care (Gaboury, Lapierre, Boon, & Moher, 2011; Leipzig et al., 2001). Interprofessional collaboration in the health care setting is a partnership among multiple professionals to improve health care services to patients (Paul & Peterson, 2002). Interdisciplinary teamwork has improved clinical outcomes and levels of patient satisfaction (Baggs et al., 1999), as well as practitioners' job satisfaction and retention rates (Rosenstein, 2002). Most significantly, patients are more likely to receive the highest quality of care as health care professionals understand each other's roles, appreciate each other's skills (D'Amour & Oandasan, 2005; Hall, 2005), and work together effectively as a team (Barnsteiner, Disch, Hall, Mayor, & Moore, 2007; Hall & Weaver, 2001).

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Success in interprofessional collaboration is influenced by attitudes toward collaboration (Hind et al., 2003; King, Lee, & Henneman, 1993). Researchers (e.g., Howe, Hyer, Mellor, Lindeman, & Luptak, 2001; Leipzig et al., 2002; Mackay, 2004; Sommers, Marton, Barbaccia, & Randolph, 2000) have reviewed components of interprofessional collaboration, including attitudes toward interprofessional practice. Mackay (2004) suggested that the attitudes of professionals from one discipline influence how they perceive and behave toward professionals from other disciplines. Collaborative practice may decrease hospitalization and readmission rates and improve health care for older adults with chronic illness (Sommers et al., 2000). In particular, hospital readmissions were most frequently decreased when nurses, social workers, and physicians were satisfied with their interprofessional relationships on the care team (Leipzig et al., 2002). However, physicians, nurses, and social workers have not been adequately trained to collaborate on health care teams for treating patients (Howe et al., 2001; Hyer, 1998). Also, despite its identified importance in the health care setting, students' attitudes toward interprofessional collaboration and the significance of education of health professionals have not been clearly explored (Skinner, 2001).

Interprofessional education (IPE) has been designed to prepare students to collaborate in order to provide safe and high-quality services to older adults (Goldberg, Koontz, Rogers, & Brickell, 2012). Previous research has demonstrated that students' exposure to IPE generally results in positive outcomes, in particular their responses to IPE and improvement in knowledge and skills (Hammick, Freeth, Koppel, Reeves, & Barr, 2007). Leipzig and colleagues (2002) reported that students from health care professions exhibited diverse attitudes toward IPE in geriatric care; among students in medicine, nursing, and social work, medical students demonstrated the least positive attitude. A majority of the students reported that the interprofessional team approach benefits patients; however, internal medicine and family practice residents consistently rated collaboration lower than did advance practice nursing and master's-level social work students. Interprofessional difference was greatest for beliefs about the physician's role; 73% of residents, 44% of nurse practitioner trainees, and 47% of master of social work students agreed that a team's purpose was to assist physicians in achieving treatment goals for patients (Leipzig et al., 2002).

In a pilot program for medical and nursing students measuring medical students' perceptions of the nurse's role, medical students were less convinced of the importance of the training program than were nursing students (Croen, Hamerman, & Goetzl, 1984). Despite increasing research on students' attitudes toward collaboration between nurse and physician (Baggs et al., 1999; Carpenter, 1995; Hojat et al., 1999; Reeves & Pryce, 1998), little is known about students' attitudes toward interprofessional collaboration in programs among physicians, nurses, and social workers or other health care providers on the health care team (Leipzig et al., 2002).

There is a need for increased emphasis on interprofessional collaboration by health care providers in their educational programs (Barnsteiner et al., 2007; Hojat et al., 2001; Leipzig et al., 2002). It has been established that students need appropriate programs of collaboration, and educators have been encouraged to develop interprofessional training sessions as a part of a curriculum to promote interprofessional collaboration (Hojat et al.,

2001). However, there have been few opportunities to bring educators and students together in programs from multiple professions for the purpose of learning about each other's roles and practicing collaborative teamwork (Barnsteiner et al., 2007).

Interprofessional Education

IPE has been advocated as a way to improve communication and collaboration among professionals in health care (Institute of Medicine, 2001). IPE enhances students' understanding of other professionals' roles and responsibilities while fostering mutual respect and understanding among members of the health care team (Freeth, Hammick, Reeves, Koppel, & Barr, 2005). In order to develop interprofessional learning curricula and provide adequate experiences and skills for students before they work in the health care setting, it is important to understand students' attitudes toward interprofessional collaboration (Freeth et al., 2005; Institute of Medicine, 2001).

Four Competency Domains

The influence of the interprofessional collaboration (IPC) model presented by the Interprofessional Education Collaborative Expert Panel (IECEP, 2011) on patient outcomes has been identified. Collaboration requires mutual respect for each other's professional roles. The IECEP identified four competency domains: (a) values and ethics for interprofessional practice, (b) roles and responsibilities for collaborative practice, (c) interprofessional communication practice, and (d) interprofessional teamwork and team-based practice. First, the domain of values and ethics implies respect for the patient's dignity and privacy, as well as confidentiality in the delivery of team-based care. Second, the domain of roles and responsibilities refers to understanding other health care providers' roles and responsibilities and how the team can work effectively to provide the best care. Third, the domain of interprofessional communication involves choosing effective communication tools and techniques and facilitating discussion and interactions that improve teamwork. Fourth, the domain of interprofessional teamwork and team-based practice involves leadership practices that consider professional authority and autonomy and improvement strategies for collaborative practice and team effectiveness (IECEP, 2011). To function interdependently, professionals from these diverse areas should understand the distinction between their own and their collaborating professionals' role and fulfill them appropriately (Goldberg et al., 2012).

Study Purpose and Research Question

Although the terms *interdisciplinary* and *interprofessional* were used interchangeably in many peer-reviewed articles (Goldberg et al., 2012), this study uses the term *interprofessional collaboration* because nursing, social work, and medicine are considered to be professions as well as disciplines, with greater emphasis on profession than discipline. The purpose of the current study was to measure and compare attitudes expressed by social work, medical, and nursing students toward interprofessional collaboration. The research question was: *Is there a difference in attitude among students of medicine, nursing, and social work toward interprofessional collaboration (a) between*

social worker and physician, (b) between physician and nurse, and (c) between social worker and nurse?

Methods

Study Design and Procedure

After obtaining approval by the Institutional Review Board (IRB) of the target university, SurveyMonkey™ (SurveyMonkey, Inc., 2010), an online survey tool, was used to administer an Internet-based, self-administered questionnaire. An email was sent to 251 students (64 Medicine, 137 Nursing, and 50 Social Work) who were planning to attend the university's IPE program in order to invite their participation in the study by responding to the survey. The email included an invitation to complete the survey and a consent form that contained the title of the study and descriptions of the purpose of the study, its voluntary nature, study procedures, risks and benefits of study participation, and confidentiality of collected data. Students who agreed to participate in the study were directed to the SurveyMonkey site and asked to complete a consent form and the survey. Participants were informed that they could decline to complete the survey with no adverse consequences.

Among a total of 251 students, 80 completed the survey, which contained demographic items, the Jefferson School of Attitudes Toward Physician-Nurse Collaboration (JSAPNC), a modified version of the JSAPNC, and the Aging Semantic Differential (ASD). However, since this paper focuses on interprofessional collaboration, the data from the ASD were not included in analysis.

Participants

Participants met two inclusion criteria: (a) full-time student in the target university's School of Social Work, College of Medicine, or College of Nursing; (b) participation in the university's IPC seminars and Senior Aging and Geriatric Educator (SAGE) Mentoring Program.

Data Collection

The JSAPNC was originally developed to measure attitudes toward nurses and nursing services (Hojat & Herman, 1985). The original scale, with 20 items, was modified to investigate attitudes toward physician-nurse alliances (Hojat et al., 1999). Five of the original 20 items did not have a significant factor coefficient (Hojat et al., 1999). Therefore, the final version of JSAPNC, with 15 items answered on a 4-point Likert-type scale (4 = *Strongly Agree* to, 3 = *Agree*, 2 = *Disagree*, 1 = *Strongly Disagree*) was used in the current study (Table 1). Two items (Items 14 and 15) are a reflection of a negative attitude toward physician-nurse collaboration and were reverse scored (1 = *Strongly Agree*, 2 = *Agree*, 3 = *Disagree*, 4 = *Strongly Disagree*; Hojat et al., 1999).

A total score was calculated for the 15 items and attitudes toward collaboration were reflected by the total score on the JSAPNC (range 15 to 60), with higher scores indicating a more positive attitude. The 15 items addressed four constructs (subscales): (a) shared

educational and collaborative relationships, (b) caring as opposed to curing, (c) nurse's autonomy, and (d) physician's authority (Hojat et al., 1999). Reliability coefficients for this 15-item (modified) scale were .84 and .85 (Hojat et al., 1999). In the current study the modified version of the 15-item scale and the original 15-item JSAPNC were used: (a) Physician-Nurse collaboration (original scale), (b) Physician-Social Worker collaboration (modified version 1), and (c) Social Worker-Nurse collaboration (modified version 2). For example, in the modified version for Physician-Social Worker collaboration the term *nurse* in the original JSAPNC was replaced by the term *social worker*, in the modified version for Social Worker-Nurse collaboration the term *nurse* in the original JSAPNC was replaced by the term *social worker*, and the term *physician* in the original JSAPNC was replaced by the term *nurse* (Table 1). Reliability of the JSAPNC, the modified JSAPNC (Version 1, Physician/Social Worker), and the modified JSAPNC (Version 2, Social Worker/Nurse) was calculated; the Cronbach's alpha of the JSAPNC was .80 and the modified version of the JSAPNC (Social Worker/Nurse) was .90, and the modified version of the JSAPNC (Physician/Social Worker) was .91.

Data Analysis

Descriptive statistics consisted of means (*M*) and standard deviations (*SD*) for continuous variables (e.g., age) and frequencies for other demographic categorical variables (gender, ethnicity/race, education, religion, work experience, experience with older adults). One-way between-groups analysis of variance (ANOVA) was performed to compare the students' attitude toward interprofessional collaboration, as measured by the JSAPNC and the modified JSAPNC. Participants were divided into three groups according to profession (Group 1 = Medicine, Group 2 = Nursing, Group 3 = Social Work).

Results

Sample Demographic Characteristics

Of the 80 participants, 45% ($n = 36$) were medical students, 28% ($n = 22$) were nursing students, and 28% ($n = 22$) were social work students. The nursing students' response rate (16%) was significantly lower than that for medical students (56%) or social work students (44%). The participants ranged in age from 20 to 59 years, with a mean age of 29 years ($SD = 9.95$). The majority of the students were women (70%, $n = 56$). Among the 80 participants, over two thirds (70%, $n = 56$) reported as Caucasian/White. The highest proportion of minority students was Hispanic (15%; $n = 12$); 8% ($n = 6$) were Asian or Pacific Islander, 4% ($n = 3$) were African American, 3% ($n = 2$) identified with another ethnic group, and 1% ($n = 1$) did not report an ethnic group. Among 251 students who attended the IPC seminars and the SAGE Mentoring Program, 80 completed the survey (32% response rate) by providing demographic information, and responded to the survey items. Regarding the highest level of education, 84% ($n = 67$) were college graduates, 12% ($n = 10$) had earned a graduate degree, and 4% ($n = 4$) had completed only high school. Almost two thirds (64%, $n = 51$) of the students reported full-time work experience and 58% ($n = 46$) reported volunteer experience with

older adults. In addition, 49% ($n = 39$) reported that they had spent extensive time with older relatives. Sample characteristics of each profession are presented in Table 2.

Table 1. Original and Two Modified Versions of the Jefferson School of Attitudes Toward Physician-Nurse Collaboration (JSAPNC) Administered in This Study

Original Version: Physician-Nurse	
<i>Components</i>	<i>Items</i>
<p>(a) <i>Shared educational and collaborative relationships</i> (7 items)</p>	<ol style="list-style-type: none"> 1. During their education, medical and nursing students should be involved in teamwork in order to understand their respective roles. 2. Interprofessional relationships between physicians and nurses should be included in their educational programs. 3. A nurse should be viewed as a collaborator and colleague with a physician rather than his/her assistant. 4. There are many overlapping areas of responsibility between physicians and nurses. 5. Physicians should be educated to establish collaborative relationships with nurse. 6. Physicians and nurses should contribute to decisions regarding the hospital discharge of patients. 7. Nurses should also have responsibility for monitoring the effects of medical treatment.
<p>(b) <i>Caring as opposed to curing</i> (3 items)</p>	<ol style="list-style-type: none"> 8. Nurses are qualified to assess and respond to psychological aspects of patient's needs. 9. Nurses should be involved in making policy decisions affecting their working conditions. 10. Nurses have special expertise in patient education and psychological counseling.
<p>(c) <i>Nurse's autonomy</i> (3 items)</p>	<ol style="list-style-type: none"> 11. Nurses should clarify a physician's order when they feel that it might have the potential for detrimental effects on the patient. 12. Nurses should be involved in making policy decisions concerning the hospital support services upon which their work depends. 13. Nurses should be accountable to patients for the nursing care they provide.
<p>(d) <i>Physician's authority</i> (2 items)</p>	<ol style="list-style-type: none"> 14. The primary function of the nurse is to carry out the physician's orders.^a 15. Doctors should be the dominant authority in all health care matters.^a

Table 1. (continued)

Modified Version 1: Physician-Social Worker	
<i>Components</i>	<i>Items</i>
<i>(a) Shared educational and collaborative relationships</i> (7 items)	<ol style="list-style-type: none"> 1. During their education, medical and social work students should be involved in teamwork in order to understand their respective roles. 2. Interprofessional relationships between physicians and social workers should be included in their educational programs. 3. A social worker should be viewed as a collaborator and colleague with a physician rather than his/her assistant. 4. There are many overlapping areas of responsibility between social workers and nurses. 5. Physicians should be educated to establish collaborative relationships with social workers. 6. Physicians and social workers should contribute to decisions regarding the hospital discharge of patients. 7. Social workers should also have responsibility for monitoring the effects of medical treatment.
<i>(b) Caring as opposed to curing</i> (3 items)	<ol style="list-style-type: none"> 8. Social workers are qualified to assess and respond to psychological aspects of patient's needs. 9. Social workers should be involved in making policy decisions affecting their working conditions. 10. Social workers have special expertise in patient education and psychological counseling.
<i>(c) Social worker's autonomy</i> (3 items)	<ol style="list-style-type: none"> 11. Social workers should clarify a physician's order when they feel that it might have the potential for detrimental effects on the patient. 12. Social workers should be involved in making policy decisions concerning the hospital support services upon which their work depends. 13. Social workers should be accountable to patients for the nursing care they provide.
<i>(d) Physician's authority</i> (2 items)	<ol style="list-style-type: none"> 14. The primary function of the social worker is to carry out the physician's orders.^a 15. Doctors should be the dominant authority in all health care matters.^a

Table 1. (continued)

Modified Version 2: Social Worker-Nurse	
<i>Components</i>	<i>Items</i>
<i>(a) Shared educational and collaborative relationships</i> (7 items)	<ol style="list-style-type: none"> 1. During their education, nursing and social work students should be involved in teamwork in order to understand their respective roles. 2. Interprofessional relationships between nurses and social workers should be included in their educational programs. 3. Social workers should be viewed as a collaborator and colleague with a nurse rather than his/her assistant. 4. There are many overlapping areas of responsibility between social workers and nurses. 5. Nurses should be educated to establish collaborative relationships with social workers. 6. Nurses and social workers should contribute to decisions regarding the hospital discharge of patients. 7. Social workers should also have responsibility for monitoring the effects of medical treatment.
<i>(b) Caring as opposed to curing</i> (3 items)	<ol style="list-style-type: none"> 8. Social workers are qualified to assess and respond to psychological aspects of patient's needs. 9. Social workers should be involved in making policy decisions affecting their working conditions. 10. Social workers have special expertise in patient education and psychological counseling.
<i>(c) Social worker's autonomy</i> (3 items)	<ol style="list-style-type: none"> 11. Social workers should clarify a physician's order when they feel that it might have the potential for detrimental effects on the patient. 12. Social workers should be involved in making policy decisions concerning the hospital support services upon which their work depends. 13. Social workers should be accountable to patients for the nursing care they provide.
<i>(d) Nurse's authority</i> (2 items)	<ol style="list-style-type: none"> 14. The primary function of the social work is to carry out the nurse's orders.^a 15. Nurses should be the dominant authority in all health care matters.^a

^aResponses were reversed scored.

Table 2. Demographic Characteristics by Profession (N = 80)

Characteristic	Medical students (n = 36)	Nursing students (n = 22)	Social work students (n = 22)
	n (%)	n (%)	n (%)
Gender			
Male	20 (55.6)	1 (04.5)	3 (13.6)
Female	16 (44.4)	21 (95.5)	19 (86.4)
Race/ethnicity			
African American	1 (02.8)	1 (04.5)	1 (04.5)
Caucasian/White	25 (69.4)	13 (59.1)	18 (81.8)
Hispanic/Latino	3 (08.3)	6 (27.3)	3 (13.6)
Asian/Pacific Islander	5 (13.9)	1 (04.5)	0 (00.0)
Other	1 (02.8)	1 (04.5)	0 (00.0)
Missing	1 (02.8)	0 (00.0)	0 (00.0)
Highest education			
High school graduate only	31 (86.1)	3 (13.6)	0 (00.0)
College graduate	5 (13.9)	17 (77.3)	19 (86.4)
Graduate degree	0 (00.0)	2 (09.1)	3 (13.6)

Item and Subscale Analyses

In the item *Physicians should be educated to establish collaborative relationships with nurse*, in the subscale of shared educational and collaborative relationship, 78% ($n = 62$) of the 80 respondents *strongly agreed*. In particular, 64% ($n = 23$) of the medical students *strongly agreed*, indicating that more education is needed among physicians to establish collaboration relationships with nurses. In the modified version of the JSAPNC (physician-social worker), 36% ($n = 13$) of the medical students *strongly agreed* with the item *Physicians should be educated to establish collaborative relationships with social worker*. In contrast, 91% ($n = 20$) of the social work students *strongly agreed* with the item. In terms of an educational program, 58% ($n = 21$) of the medical students *strongly agreed* with the item *Interprofessional relationships between nurses and social workers should be included in their educational programs* and more nursing students (73%, $n = 16$) *strongly agreed* with the item. In the modified version of the JSAPNC (physician-social worker), only 33% ($n = 12$) of the medical students *strongly agreed* with the item *Interprofessional relationships between physicians and social workers should be included in their educational programs* and 68% ($n = 15$) of the social work students *agreed* with this item. Regarding the item *Social workers should be involved in making policy decisions concerning the hospital support services upon which their work depends* in the subscale of caring as opposed to curing, only 17% ($n = 6$) of the medical students *strongly agreed* with the item, whereas 73% ($n = 16$) of the social work students *strongly agreed* with it.

For the JSAPNC item *Doctors should be the dominant authority in all health care matters*, 55% ($n = 44$) *strongly agreed* or *agreed* and 36% ($n = 29$) *strongly disagreed* or *disagreed*. In particular, 75% ($n = 27$) of the medical students *strongly agreed* or *agreed* while 6% ($n = 2$) *disagreed* regarding the doctor's dominant authority. On the other hand, 86% ($n = 19$) of the nursing students *strongly disagreed* or *disagreed* with the item regarding the doctor's dominant authority. In addition, 64% ($n = 14$) of the social work students *agreed* regarding the doctor's authority in all health care matters.

On the subscale of physician's authority in physician/nurse collaboration, 36% ($n = 13$) of the medical students *agreed* that *the primary function of the nurse is to carry out the physician's orders*, but 86% ($n = 19$) of the nursing students *disagreed* or *strongly disagreed* with the item. In the subscale of physician's authority in the physician-social worker collaboration, 17% ($n = 6$) of the medical students *agreed* that *the social worker's primary function is to carry out the physician's orders*, while 91% ($n = 20$) of the social work students *disagreed* or *strongly disagreed* with the item.

One-Way Between-Groups ANOVA

In order to examine which professional students showed significant differences in mean scores on interprofessional collaboration (physician-nurse, nurse-social worker, or physician-social worker), one-way between-groups ANOVA was conducted. Social work and nursing students showed the most positive attitudes toward these interprofessional collaborations. Tables 3a, 3b, and 3c show frequencies, M , SD , F , and p levels for medical, nursing, and social work students' attitudes toward interprofessional collaboration as measured by the JSAPNC and the modified JSAPNC. Comparisons by profession showed that nursing and social work students had significantly higher average scores on the JSAPNC and modified JSAPNC than medical students.

Significant difference between medical, nursing, and social work students regarding attitudes toward physician-nurse collaboration was observed at $p = \leq .005$, $F [2, 68] = 9.757$, $df = 2$ (see Table 3a). Compared with social work students ($M = 51$, $SD = 3.8$) and nursing students ($M = 53$, $SD = 4.3$), medical students scored lower ($M = 48$, $SD = 4.1$) on attitude toward physician-nurse collaboration. This result indicates that medical students had a less positive attitude toward physician-nurse collaborative relationships than did social work and nursing students.

Table 3b presents results regarding attitudes toward nurse-social worker collaboration (the modified JSAPNC). A statistically significant difference in mean scores among groups was identified ($p = \leq .005$, $F(2, 64) = 10.813$, $df = 2$). Social work students ($M = 54$, $SD = 3.6$) showed a more positive attitude toward nurse-social worker collaboration than did nursing students ($M = 51$, $SD = 6.7$) or medical students ($M = 47$, $SD = 5.6$).

Regarding attitudes toward physician-social worker collaboration, Table 3c shows a statistically significant difference in scores (the modified JSAPNC) among the three groups ($p = \leq .005$, $F(2, 63) = 26.631$, $df = 2$). Nursing students ($M = 54$, $SD = 3.6$) had slightly higher scores in collaboration than social work students ($M = 53$, $SD = 4.5$) and significantly higher scores than medical students ($M = 45$, $SD = 5.9$). Nursing students

showed more positive attitudes toward physician-social worker collaboration even though the nurse was not included in that relationship.

Table 3a. Means, SD, df, F, and p for Collaborations Between Physicians and Nurses

Collaboration, students, item	Mean	SD	df	F	p
Physician-nurse			2	9.757	< .005
Medical students (total)	48.0	4.1			
Shared education/collaborative relationships	24.0				
Caring/curing	8.7				
Nurse autonomy	10.7				
Physician authority	4.6				
Nursing students (total)	53.0	4.3			
Shared education/collaborative relationships	25.4				
Caring/curing	9.1				
Nurse autonomy	12.0				
Physician authority	6.3				
Social work students (total)	51.0	3.8			
Shared education/collaborative relationships	25.7				
Caring/curing	8.9				
Nurse autonomy	11.0				
Physician authority	5.6				

Table 3b. Means, SD, df, F, and p for Collaborations Between Nurses and Social Workers

Collaboration, students, item	Mean	SD	df	F	p
Nurse-social worker			2	10.813	< .005
Medical students (total)	47.0	5.6			
Shared education/collaborative relationships	22.0				
Caring/curing	9.6				
Social worker autonomy	10.0				
Nurse authority	5.0				
Nursing students (total)	51.0	6.7			
Shared education/collaborative relationships	23.0				
Caring/curing	10.0				
Social worker autonomy	11.5				
Nurse authority	6.4				
Social work students (total)	54.0	3.6			
Shared education/collaborative relationships	25.8				
Caring/curing	11.0				
Social worker autonomy	6.4				
Nurse authority	11.0				

Table 3c. Means, SD, df, F, and p for Collaborations Between Physicians and Social Workers

Collaboration, students, item	Mean	SD	df	F	p
Physician-social worker			2	26.631	< .005
Medical students (total)	45.0	5.9			
Shared education/collaborative relationships	21.0				
Caring/curing	9.5				
Social worker autonomy	9.7				
Physician authority	4.6				
Nursing students (total)	54.0	3.6			
Shared education/collaborative relationships	25.1				
Caring/curing	11.0				
Social worker autonomy	11.0				
Physician authority	6.4				
Social work students (total)	53.0	4.5			
Shared education/collaborative relationships	25.0				
Caring/curing	11.0				
Social worker autonomy	11.0				
Physician authority	6.0				

Discussion

Overall findings from this pilot study are congruent with those from previous studies (e.g., Hojat et al., 2001; Leipzig et al., 2002; Ward et al., 2008), indicating that attitudes toward collaboration are generally positive among students from medicine, nursing, and social work. When compared to nursing and social work students, medical students were less positive toward interprofessional collaboration in all three combinations. Nursing and social work student students had the most positive attitudes, with similar scores. Specifically, nursing students had the most positive attitude regarding nurse-physician collaboration and social work students had the most positive attitude toward nursing-social work collaboration. It is interesting that nursing students showed the most positive attitude toward physician-social work collaboration although though nurses were not included in the item.

There are possible reasons that social work students earned positive scores on the interprofessional collaboration; it is plausible that social work education emphasizes the importance of interprofessional collaboration approaches, as indicated in the National Association of Social Workers Code of Ethics (NASW, 2008): "Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established." Second, social work students are trained to work in group projects in class and reach decisions as a group. This team approach is central to interprofessional collaboration.

In terms of physician and social worker collaboration, only one third of the medical students (36%) *strongly agreed* with the item *Physicians should be educated to establish collaborative relationships with social worker*. On the other hand, almost twice as many

medical students (64 %) agreed with the physician/nurse collaboration, *Physicians should be educated to establish collaborative relationships with nurse*. The findings may indicate that the medical students were less enthusiastic about collaborating with social workers than with nurses. It is also possible that physicians work more closely with nurses than with social workers and that more emphasis is placed on physician-nurse collaboration than on physician-social worker collaboration in the health care setting. It has been demonstrated that increasing discrepancies between physicians' and nurses/social workers' attitudes may contribute to increasing levels of conflicts in health care settings by the interdisciplinary care team (Leipzig et al., 2002).

Although a large number of medical students strongly agreed with items describing collaborative relationship, they were less positive than social work or nursing students about adding interprofessional relationships to their education programs. Most of all, an educational program for medical students would help them to understand why interprofessional collaboration is important and to learn about other health care professionals' values and roles in the health care team to increase competence in collaboration.

There has been little research on attitudes toward collaboration between nurses and social workers and between physicians and social workers. The current study expanded this research by adding social workers in the collaborative relationships in the health care setting. This may lead to an increase in interprofessional learning opportunities and curricula to promote IPE. Clearly, there should be more research on collaboration between social workers and other health care professionals as members of the health care team.

The study findings indicate that medical students' attitudes toward physician authority and leadership were more positive than those of nursing and social work students, who were less inclined to agree with that leadership principle. However, medical students were less positively inclined toward the nurse's or social worker's autonomy and their involvement in policy decisions concerning hospital supportive services than were nursing or social work students. Given the current emphasis on improving collaborations among health professionals and study findings of attitudes among students, it is important to develop effective education programs to improve interprofessional relationships.

Limitations and Implications

The current study's findings should be understood in light of several methodological limitations. A relatively small number of students participated in the survey study. The online survey may have been ignored by students who skipped the email, resulting in a relatively low response rate. Email-distributed surveys have produced considerably lower rates of return than mail surveys and in-person surveys (Truell, Bartlett, & Alexander, 2002). The small sample size imposed limits on the external validity (generalization) of the results. Further studies, especially prospective and longitudinal projects, are needed to explore whether interprofessional education programs can improve attitudes toward interprofessional collaboration among students in health care fields.

Modified versions of the JSAPNC were used; reliabilities of these instruments were good in the current study. Although the reliability (Cronbach's alpha) of each version of the JSAPNC was calculated, we did not establish face and content validities of the instruments. While the original Jefferson survey is a psychometrically sound tool, with good construct validity and internal consistency reliability (Hojat et al., 1999), use of the modified versions of the JSAPNC was exploratory and additional psychometric tests are required to obtain sound reliability and validity scores. These results can be used to plan future studies with more rigorous designs, including larger sample sizes and randomized controlled trials, to test efforts to promote more positive attitudes toward interprofessional collaboration, which may reduce health care costs, improve quality of care for patients, and increase job satisfaction.

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Social Workers as Senior Executives: Does Academic Training Dictate Leadership Style?

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Abstract: *The range and patterns of leadership styles in human service organizations are important for social work educators and their students to understand if social work administrators are to compete successfully in the marketplace for executive director and other top management roles. Using a sample of executive directors of human service organizations located in a state in the Northeast section of the U.S., the Multifactor Leadership Questionnaire (MLQ) was used to explore their leadership style. The authors compare various elements of leadership style (charisma, inter-personal transactions, reactions to work issues, etc.) as well as perceptions of effectiveness and satisfaction with leadership style across academic backgrounds of executive directors. These results highlight the competencies required of successful leaders and can assist educators in identifying curricular gaps developing courses preparing social workers for leadership positions in the field. This study provides critical information on the core leadership skills and knowledge relevant for effective social work administration. Implications for social work training and education are discussed as well as possible avenues for curriculum revision.*

Keywords: *Leadership style, executive director, Multifactor Leadership Questionnaire, social work administrator*

The nonprofit sector is a critical component of the U.S. economy. In 2010, the Bureau of Economic Analysis reported over 1.5 million tax exempt organizations including nearly 1 million public charities. These organizations represent 9 percent of all wages and salaries paid in the U.S. as well as over 5 percent of the overall GDP of the United States economy (Sherlock & Gravelle, 2009). This figure includes a diverse group of organizations, both in size and mission, which range from hospitals and human service organizations to advocacy groups and economic development corporations. According to Roeger, Blackwood and Pettijohn (2011), human service organizations accounted for approximately one-third of all organizations in the public charities category, making it the largest segment in the nonprofit sector. Similar to the growth of the non-profit sector, social work has been recognized as one of the fastest growing careers in the United States, with over 600,000 people holding social work degrees (National Association of Social Workers [NASW], 2009).

Despite the significant expansion of the nonprofit sector and the social work profession, the field of social work administration has not followed suit. Very few students in graduate social work programs express an interest in preparing for careers in

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administration; a large majority of students select clinical or interpersonal work as their practice focus (Wilson & Lau, 2011; Wuenschel, 2006). This has created a serious scenario: on one hand many nonprofit social service administration jobs are filled by individuals with no social work background, while in parallel fewer social workers are being prepared for leadership positions in organizations.

A 2003 study by the United Way of New York City suggested a looming crisis in nonprofit management, with many nonprofit leaders on the verge of retirement and few potential leaders poised to take their place (Birdsell & Muzzio, 2003). Despite the overwhelming need, few organizations reported that they were investing in the leadership training of their management staff (Birdsell & Muzzio, 2003). Similarly, Austin, Regan, Samples, Schwartz, and Carnochan (2011) suggest that leadership training for non-profit administrators is limited in the practice arena, and scholarship evaluating and documenting such efforts is equally scarce. As a growing number of social service agencies are being run by administrators from fields other than social work, educational programs and professional groups like the National Association of Social Workers (NASW) and the National Network of Social Work Managers are concerned about the ability of social work to remain at the forefront of agency decision-making and the development of policy at the highest levels (Ezell, Chernesky, & Healy, 2004).

For more than three decades, some social work educators have recognized the unique challenges of training social work administrators and the limitations of schools of social work in preparing students as administrators (Ezell, Chernesky, & Healy 2004; Neugeboren, 1986; Patti, 1987; Wuenschel, 2006). One of the reasons for this is the absence of a conceptualization and the documentation of specific competencies that are essential for administrative practice (Edwards, Cooke, & Reid, 1996; McNutt, 1995; Menefee, 2009; Wimpfheimer, 2004). Another is uncertainty around the unique knowledge base and skills required to be effective managers and organizational leaders. It is imperative, therefore, to assess the specific competencies and knowledge-base required by service administrators and managers in the field, highlight the essential differences between administrators/managers trained in social work and those trained in other disciplines (such as law, business, public health, etc.), and evaluate the impact of specific leadership training on competencies needed in the field.

Literature Review

In the last two decades administrators with a social work background have faced significant challenges. While human services leadership jobs at the most senior levels have increasingly been filled with lawyers, economists, and MBAs, enrollments in social work administration and organizational leadership programs has been falling (Ezell et al., 2004; Hoefler, 2003). Social workers appear to be missing from leadership roles even in agencies that have unique social work traditions such as settlement houses. A review of the 37 member agencies of the United Neighborhood Houses of New York City reveals that only 30% of settlement house leaders hold an MSW degree (United Neighborhood Houses, 2012). If schools of social work are to remain viable vehicles for the training and professional development of social work leaders and managers they must focus on competency development that these social workers will need to be successful in

leadership and senior management roles. In order to begin to understand the present leadership landscape in non-profit human services organizations the following sections explore recent scholarship on leader's demographic characteristics, social work education's specific focus on leadership training, and the main themes of the "Full Range Leadership Model" (FRLM) posited by Avolio and Bass (Antonakis, Avolio, & Sivasubramaniam, 2003).

Race, Gender, and Academic Credentials in the Executive Office

Despite rapidly changing racial and ethnic characteristics in the United States, human services executive leadership remains dominated by whites. This is true both in agencies' governance structures, where boards of directors are comprised of predominately white males, and among executive directors. A national survey of nonprofit executives found that 82 percent of executive directors were white, 7 percent were African American, 4 percent were Asian-Pacific Islander, 4 percent were Latino/a, 0.7 percent were Native American, 0.4 percent were Middle Eastern, and 2 percent were "other" (Cornelius, Moyers, & Bell, 2011).

In all geographic areas studied, the percentage of executive directors who were white exceeded the share of whites in the population. For example, in the San Francisco Bay area, 78% of executive directors were white compared with 58% of the population; in Sacramento, 91% of executive directors were white compared with 48% of the population (Bell, Moyers, & Wolfred, 2006). It is also more likely for people of color to be an organization's primary clientele than it is for them to be the organization's executive director or deputy directors; even in organizations that serve primarily people of color, the executive leadership tends not to be of color (Teegarden, 2004).

Human service agencies appear prepared to embrace women leaders. A national survey of nonprofit executives found that the normative nonprofit executive director is a white woman in her 50s with about six years of experience as an administrator (Teegarden, 2004). While it is promising that women in the nonprofit arena have made inroads into executive management, Teegarden (2004) also found that female-led organizations were smaller than those led by men. Similar trends were identified in the budgets of such organizations; the median budget for female-led organizations was \$500,000 to \$1 million, while for men the median budget was \$1 million to \$2 million (Gose, 2004; Hrywna, 2006; O'Leary, 2009; Teegarden, 2004). Moreover, income disparity still exists between men and women agency leaders. On average, women earn less than men, with average salaries between \$60,000 to \$69,999 compared to men's \$70,000 to \$79,999 (Joslyn, 2003; Lipman, 2006; Teegarden, 2004).

While race and sex characteristics of nonprofit leaders are well-documented in the literature, academic credentials of senior leaders and their impact on agency operations, structures, and services remains a less examined area (Hoefler, 2003; Nesoff, 2007). Given the discourse in the field about social workers losing ground as human service agency executives, it is surprising that more empirical work has not been completed in this area. As Suarez (2010) notes, "nonprofit leaders must be credible with clients, donors, and staff" (p. 6), but there is nothing to say that the skills that lead to credibility

must be procured in any single academic discipline. In his study of 200 nonprofit leaders, Suarez (2010) found that approximately 51% held advanced academic credentials. Thirteen percent held degrees directly related to management, and 43% held advanced degrees in other applied disciplines, including five (2.5 percent) with MSWs (Suarez, 2010).

Leadership Training for Social Workers

Recent social work management literature has discussed the need for an “integration” of social work values with management skill and expertise (Richardson, 2010). In 2010, the Social Work Congress convened over 400 social work leaders for the purpose of defining social work “imperatives” to promote the advancement of the profession in the next decade. Among the ten imperatives was a call for leadership development to “integrate leadership training in social work curricula at all levels” (Social Work Congress, 2010). Achieving the integration of social work values and effective management skills may call for a restructuring of how social work educators prepare the next generation of leaders in the field.

At the same time scholars have acknowledged the possible inadequacies of leadership and management training at the MSW level, since 1987 the number of social work students specializing in administration has been declining steadily (Ezell et al., 2004). Approximately 80% of MSW graduates report a primary interest in direct or clinical practice (Austin & Ezell, 2004). Only 3% of graduate social work students specialize in administration in their academic programs (Wuenschel, 2006), suggesting that many social work students have extremely limited exposure to administrative and leadership activities during their professional education. The landscape of professional social work education also reflects these circumstances. The Council on Social Work Education’s website lists a total of 68 accredited Masters of Social Work programs offering an administration or management concentration, and over 130 programs offering a clinical or direct practice oriented program. Thus, while many students may not come to advanced social work education with administration in mind, the limited number of programs that even offer such a concentration ensures that many students cannot even be exposed to this content even if they are interested in it.

When thinking about possible gaps in leadership and management training at the MSW level, it is worth noting that “many current human service managers began their careers as direct service workers and bring a more micro perspective into what, by definition, is a macro-oriented job” (Hopkins & Hyde, 2002, p. 12). The presence of unplanned transitions from direct service worker to manager bolsters the argument for social work educators to seek opportunities to nurture and enhance the administrative inclinations and abilities of social work students and their exposure to the theories, skills, and techniques of leadership (Ezell et al., 2004; Long & Shobe, 2010; Nesoff, 2007).

MSWs transitioning into leadership roles should have had at least some exposure to administrative thinking and management strategies. Knee and Folsom (2012) identify five skills commonly focused on in foundation year curricula and provide examples of how more explicit connections could be made to a management practice. Building on the

work of earlier social work scholars, they argue that the foundational skills of communication, supervision, facilitation, teaming, and interpersonal skills, which are all hallmarks of social workers ability to relate and connect to people and communities, can be capitalized on in the management arena (Knee & Folsom, 2012).

Those who design social work curricula need to understand the reasons human service agencies are hiring leaders from non-social work backgrounds. Do these disciplines provide knowledge or skills that are critical to leadership? If so, what specifically is this content? Can it be provided in the social work curriculum?

The Full Range of Leadership Model

The Full Range of Leadership Model (FRLM) posited by Bass and Avolio (1994) describes leadership behaviors and characteristics on a continuum from transformational to transactional, a third type of leadership described by the model is laissez-faire leadership. Building on the work of James Macgregor Burns who first introduced the concept of transformational leadership in 1978, Bass and Avolio (1994) not only refined the concept of transformational leadership but also suggested ways to measure it. The central argument of the FRLM is that a transformational leader assists individuals in uniting for a collective purpose and a vision for the future (Bass & Avolio, 1994). They further define four distinct qualities of the transformational leader: charisma, intellectual stimulation, individual consideration, and inspirational motivation. According to the authors, better leaders are transformational more frequently; lesser leaders are passive or focus on corrective action (Bass & Avolio, 1994).

In contrast to the intellectually engaging affective and charismatic qualities of transformational leadership, transactional leadership has been characterized as a contractual or exchange process between leaders and followers (Jung & Avolio, 2000). Transactional leaders focus on the role of supervision, performance, and building organizational structures. The transactional leader identifies staff's expectations and provides rewards in exchange for high performance (Bass, 1985; Daft, 1999) – there is no concerted effort to change followers' personal values, nor necessarily a need to develop a deep sense of trust and commitment to the leader. Instead, the transactional leader works with followers' current needs and tries to satisfy those needs with desired outcomes once agreed upon performance levels are achieved.

Where transformational leadership is viewed as influential and inspirational and transactional leadership is goal oriented, laissez-faire leadership leaves decisions unmade, authority un-consulted, and responsibilities un-noticed (Khan, Aslam, & Riaz, 2012). Laissez-faire leadership may be thought of as an absence of or avoidance of leadership (Bass & Avolio, 1990, 1993, Bass, Avolio, & Atwater, 1996).

Transformational leadership has emerged as a focus of study in social work leadership literature. Research has found that social service agency employees respond more favorably to transformational leaders than to transactional leaders (Gellis, 2001; Mizrahi & Berger, 2005). Additionally, recent studies have noted transformational leadership's natural fit with the values of the social work profession (Mary, 2005; Mizrahi & Berger, 2005; Richardson, 2010).

Study Questions

This article reports on the results of an empirical study investigating the possible relationship between leadership style and academic background among administrators in the human services field. The authors surveyed over 1,600 human service agency administrators, managers, and leaders in a large Northeastern State.

This exploratory study sought to address two primary questions:

1. What, if any, patterns exist between demographic characteristics and leadership styles of human service agency administrators?
2. Are there essential leadership style differences between administrators from social work backgrounds and those from other academic disciplines?

Methods

The authors utilized a survey design to reach human services administrators in a large Northeastern State. The National Taxonomy of Exempt Entities (NTEE) system is used by the IRS and the National Center for Charitable Statistics (NCCS) to classify nonprofit organizations (NCCS, 2011). This study identified human service organizations by their NTEE codes. All organizations with an NTEE code of P (Human Services) were included in the sample. Cover letters and paper survey instruments were mailed to over 1,600 executive directors of category P – human services providers as identified by the National Taxonomy of Exempt Entities. Due to budgetary constraints for this project, follow-up mailings, which might have increased the response rate, were not possible. Surveys were returned anonymously; agency leaders did not submit their names or the names of their organizations.

The letter to agency executives invited them to participate in a study exploring the possible relationships between leadership styles and demographic characteristics of social service agency administrators in the tri-state region. The letter also introduced the principal investigators as current faculty members and former agency administrators with a personal interest in the subject matter of the study. The invitation letter also laid out the objectives of the study for the prospective participants. This research was conducted with Institutional Review Board approval from the authors' university.

Sample

A total of 393 completed surveys were returned for a response rate of 23 percent. Table 1 describes the sample's characteristics. The majority (61.6%) of the respondents were female while the rest were male (38.4%). More than three-fourths of the respondents were Caucasian (85.8%), while only 8.7% were African American and less than 4% were either Latino (3.6%) or Asian (2.0%).

Nearly half of the administrators (48.7%) reported more than 20 years of experience as a supervisor, while an additional one-third (33.7%) reported between 11 and 20 years of experience. About one-third of the administrators had an MSW (35.9%), while more than a quarter (29.8%) had a master's degree in arts or social sciences. About the same

number of respondents had only an undergraduate degree (13.8%) or a doctoral degree (13.0%).

Table 1. Demographic Characteristics of the Respondents

Demographic Characteristics	Percent
<i>Gender</i>	
Male	38.4
Female	61.6
<i>Age</i>	
26-35	6.0
36-45	14.5
46-55	33.2
56 and older	46.4
<i>Race/Ethnicity</i>	
African American	8.7
Latino/Latina	3.6
Asian American	2.0
Caucasian American	85.8
<i>Educational Background</i>	
BA/BS	13.8
MA/MS	29.8
MSW	35.9
MBA	3.9
JD	3.6
PhD	13.0
<i>Years as Supervisor</i>	
10 years or less	17.6
11-20 years	33.7
More than 20 years	48.7

Instrument

This study included the Multifactor Leadership Questionnaire (MLQ) to assess leadership styles of administrators of social service agencies. The MLQ measures leadership behavior as articulated by the FRLM (Full Range Leadership Model) posited by Bass and Avolio (2000). The FRLM is a leadership typology system with three distinct types of behavior: transformational, transactional, and non-transactional laissez-faire leadership. These types of leadership are represented by nine factors: idealized influence (attributed), idealized influence (behavior), inspirational motivation, intellectual stimulation, individual consideration, contingent reward, management by exception (active), management by exception (passive) and laissez-faire leadership (Hunt, 1999;

Lowe, Kroeck, & Sivasubramaniam, 1996; Yukl, 1999). The nine factors are grouped into six domains of leadership, including:

Charisma/Inspirational – Provides followers with a clear sense of purpose that is energizing; a role model for ethical conduct which builds identification with the leader and his/her articulated vision. This factor (style) comprises idealized influence (both attributed and behavior) and inspirational motivation.

Intellectual Stimulation – Gets followers to question the tried and true ways of solving problems; encourages them to question the methods they use to improve upon them.

Individualized Consideration – Focuses on understanding the needs of each follower and works continuously to get them to develop to their full potential.

Contingent Reward – Clarifies what is expected from followers and what they will receive if they meet expected levels of performance.

Active Management-by-Exception – Focuses on monitoring task execution for any problems that might arise and correcting those problems to maintain current performance levels.

Passive Avoidant – Tends to react only after problems have become serious to take corrective action and may avoid making any decisions at all. This factor comprises management by exception (passive) and laissez-faire leadership styles.

Reliability and validity of the MLQ 5X instrument were established by Bass and Avolio (2000), who report reliabilities ranging from .74 to .91. They also documented the construct validation process associated with the MLQ 5X. An early version of the scale was evaluated by an expert panel, and their recommendations were included in the final instrument development, which helped to ensure content validity. Since its initial development, 14 samples have been used to validate and cross-validate the MLQ Form 5X (Bass & Avolio, 2000).

The 45-item instrument (MLQ) utilized in this study comprised six characteristic leadership categories (measured through nine sub-scales) and three self-perception of outcome scales (extra effort by administrators, perception of effectiveness as administrators, and satisfaction with leadership). The six characteristic leadership categories are further collapsed into three components – transformational leadership (comprising charisma, intellectual stimulation and individual consideration), active transactional leadership, and passive transactional leadership. Additionally, the MLQ also contains items that evaluate the administrators' self-perception of engaging in extra efforts as a leader, perception of effectiveness as a leader, and personal satisfaction with one's leadership.

Each item on the MLQ was assessed on a Likert scale ranging from 0 (not at all) to 4 (frequently, if not always). Figure 1 associates sample questions with the leadership style they are measuring. Reliability testing of the scales in this study yielded Cronbach alphas of 0.866 (transformational leadership), 0.753 (active transactional leadership), 0.811

(passive transactional leadership), 0.905 (extra effort as leader), 0.838 (effectiveness as a leader) and 0.898 (personal satisfaction with one's leadership) respectively.

Figure 1. Leadership Domains and Corresponding Questionnaire Items

Leadership Style	Sample Questions
Transformational	<ul style="list-style-type: none"> • I talk optimistically about the future • I talk enthusiastically about what needs to be accomplished • I go beyond self-interest for the good of the group
Active transactional	<ul style="list-style-type: none"> • I express satisfaction when others meet expectations • I discuss in specific terms who is responsible for achieving performance targets • I provide others with assistance in exchange for their efforts
Passive transactional	<ul style="list-style-type: none"> • I delay responding to urgent questions • I avoid getting involved when important issues arise • Is absent when needed
Extra effort as leader	<ul style="list-style-type: none"> • I get others to do more than they expected to do • I heighten others' desire to succeed
Self-perception of one's effectiveness as a leader	<ul style="list-style-type: none"> • I am effective in meeting others' job-related needs • I am effective in representing others to higher authority
Satisfaction with one's own leadership style	<ul style="list-style-type: none"> • I use methods of leadership that are satisfying • I work with others in a satisfactory way

Transformational leadership style scores were derived by averaging all of the scores from the items contained in the Idealized Influence (Attributed), Idealized Influence (Behavior), Inspirational Motivation, Intellectual Stimulation, and Individualized Consideration sub-scales, a total of 20 items. Transactional leadership (active) style scores were derived by averaging all of the scores from the 8 items in the Contingent Reward and Management-by-Exception (Active) sub-scales. Transactional leadership (passive) style scores were derived by averaging all of the scores from the 8 items in the Management-by-Exception (Passive) and Laissez-Faire Leadership sub-scales. Extra effort was derived by averaging the scores of 3 items, self perception of effectiveness was derived by averaging the scores of 4 items, and self satisfaction with leadership was derived by averaging the scores of 2 items. The higher the score on each component scale, the greater was the utilization/incorporation of that style by a leader. Thus, a higher score indicated a preferable (positive) outcome for all domains, except the avoidant transactional leadership style, where the lower score indicated lesser avoidant and passive behavior.

Additionally, demographic characteristics of the administrators (age, gender, race/ethnicity, years as supervisor, current title, years in current position, educational background and agency budget) were also ascertained by the survey.

Findings

Frequency distributions were used to explore the demographic characteristics of the respondent pool. To evaluate the impact of sex (a binomial variable) on the leadership domains, an independent sample t-test was conducted. To evaluate the impact of age, years as supervisor and educational background on the six leadership domains being measured, Analysis of Variance (ANOVA) tests were conducted as each of the independent variables (age, years as supervisor and educational background) had multiple categories, and the dependent variables (leadership domains) were measured as continuous variables.

Influence of Administrators' Demographic Characteristics

The demographic characteristics of sex, race/ethnicity, age, and years as supervisor were tested to evaluate their impact on the three leadership styles (transformational, transactional {active} and transactional {passive}), as well as the self perceptions of extra effort, one's assessment of effectiveness as a leader, and satisfaction with one's leadership.

With respect to sex, the only leadership style that was found to be statistically significantly different for male and female administrators was charismatic leadership (see Table 2). An independent samples t-test demonstrated that women ($M=3.38$, $SD=0.36$) were likely to perceive themselves more charismatic than their male counterparts ($M=3.26$, $SD=0.39$), $t(381) = -3.15$, $p = 0.002$.

Race/ethnicity, age and years as supervisor were found to have no statistically significant relationship to the leadership styles or self perceptions of effectiveness, extra effort and professional satisfaction of administrators.

Influence of Administrators' Educational Backgrounds

Educational background was measured by asking respondents to highlight the highest degree obtained as well as specifying their major area of study. The educational backgrounds were then collapsed into six major categories – undergraduate (BA/BS), graduate degree in liberal arts or social sciences (MA/MS), graduate social work degree (MSW), graduate business degree (MBA), law degree (JD), and a doctoral degree (PhD). An analysis of variance showed that educational background was significantly related to transformational leadership $F(5, 356) = 3.62$, $p = 0.003$, passive transactional leadership $F(5, 356) = 2.76$, $p = 0.02$, self perception of applying extra effort $F(5, 352) = 2.98$, $p = 0.01$, perception of one's effectiveness as a leader $F(5, 352) = 2.25$, $p = 0.05$, and satisfaction with one's leadership $F(5, 350) = 2.24$, $p = 0.05$. These findings are presented in Table 3.

The authors would like to caution readers that the differences in scores between administrators from diverse educational backgrounds were relatively small. However, keeping in mind the small differences between most of the educational backgrounds, administrators with a JD seemed to score the lowest on most of the domains of leadership, while administrators with a PhD scored the highest. Table 3 compares the

mean scores across leadership domains. With regard to transformational leadership, administrators with a PhD ($M=3.42$, $SD=0.37$) were most likely to assess themselves as transformational (charismatic), while administrators with a JD ($M=2.93$, $SD=0.47$) were least likely to identify themselves as charismatic or inspirational (sub components of transformational leadership). With regard to passive transactional leadership styles, administrators with only an undergraduate degree ($M=0.84$, $SD=0.57$) were most likely to identify themselves as passive and avoidant while administrators with an MSW ($M=0.61$, $SD=0.47$) were least likely to so identify themselves in this way. Administrators with a PhD ($M=3.32$, $SD=0.56$) were most likely to highlight engaging in extra efforts as a leader to enhance employees' functioning, while administrators with a JD ($M=2.84$, $SD=0.69$) were least likely. Administrators with a PhD ($M=3.51$, $SD=0.37$) were most likely to perceive themselves as effective leaders, while administrators with a JD were the least likely ($M=3.04$, $SD=0.69$). Finally, administrators with an MSW ($M=3.42$, $SD=0.54$) were the most satisfied with their own leadership while administrators with a PhD seemed to be the least satisfied ($M=2.49$, $SD=0.52$), followed by administrators with a JD ($M=2.91$, $SD=0.62$)

Tukey HSD post hoc tests were conducted to assess the pair-wise differences between the various educational backgrounds. For transformational leadership (charismatic and inspirational), statistically significant differences were observed between administrators with a JD and those with an undergraduate ($p = 0.015$), graduate MA/MS ($p = 0.003$), MSW ($p = 0.002$) and PhD ($p=0.001$) degrees respectively. For passive transactional (avoidant) leadership, statistically significant differences were observed between administrators with an MA/MS and an MSW degree ($p=0.05$) only. With reference to applying extra effort as leaders, there were no statistically significant differences between any two groups. For self-perception of effectiveness, statistically significant differences were observed between administrators with a JD and those with an MSW ($p=0.04$), and between administrators with a JD and those with a PhD ($p=0.015$) respectively. Statistically significant differences were observed with respect to satisfaction with one's leadership between administrators with a JD and those with an MSW ($p=0.04$) and between administrators with a JD and those with a PhD ($p=0.023$) respectively.

When gender, race/ethnicity, age and years as supervisor (all coded as categorical variables) were added to the model comparing educational backgrounds and leadership styles (using MANOVAs), they did not have a statistically significant impact on the relationship between educational background and leadership styles.

Table 2. Independent Samples t-test, Means, and Standard Deviations for Leadership Styles and Gender

Leadership Domains	Sex	N	\bar{x}	SD	t	df	p																																																								
Transformational Leadership	Male	147	3.26	.39	-3.15	381	.002**																																																								
	Female	236	3.38	.36				Active Transactional Leadership	Male	147	2.42	.51	-.56	381	.571	Female	236	2.45	.59	Passive Transactional Leadership	Male	147	0.74	.43	0.72	381	.472	Female	236	0.70	.52	Extra effort as leader	Male	147	3.16	.55	-1.54	377	.124	Female	236	3.25	.57	Perception of one's effectiveness as leader	Male	147	3.38	.46	-1.49	377	.135	Female	236	3.45	.45	Satisfaction with own leadership style	Male				--	--	--
Active Transactional Leadership	Male	147	2.42	.51	-.56	381	.571																																																								
	Female	236	2.45	.59				Passive Transactional Leadership	Male	147	0.74	.43	0.72	381	.472	Female	236	0.70	.52	Extra effort as leader	Male	147	3.16	.55	-1.54	377	.124	Female	236	3.25	.57	Perception of one's effectiveness as leader	Male	147	3.38	.46	-1.49	377	.135	Female	236	3.45	.45	Satisfaction with own leadership style	Male				--	--	--	Female											
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	Female	236	3.25	.57				Perception of one's effectiveness as leader	Male	147	3.38	.46	-1.49	377	.135	Female	236	3.45	.45	Satisfaction with own leadership style	Male				--	--	--	Female																																			
Perception of one's effectiveness as leader	Male	147	3.38	.46	-1.49	377	.135																																																								
	Female	236	3.45	.45				Satisfaction with own leadership style	Male				--	--	--	Female																																															
Satisfaction with own leadership style	Male				--	--	--																																																								
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*p<0.05, **p<0.01

Table 3. Analysis of Variance (ANOVA) and Mean Scores for Leadership Styles and Educational Background

Leadership Domains		Educational Background	n	\bar{x}	SD	Sum of Squares	F	df	p
Transformational Leadership	Between Groups	BA/BA	50	3.32	.37	2.50	3.62	5	.003**
	Within Groups	MA/MS	108	3.35	.37	29.24			
	Total	MSW	130	3.35	.36	51.74			
		MBA	14	3.29	.36				
		JD	13	2.93	.48				
		PhD	47	3.24	.37				
Active Transactional Leadership	Between Groups	BA/BA	50	2.35	.62	2.46	1.56	5	.171
	Within Groups	MA/MS	108	2.45	.51	112.49			
	Total	MSW	130	2.44	.53	114.95			
		MBA	14	2.55	.52				
		JD	13	2.20	.66				
		PhD	47	2.60	.67				
Passive Transactional Leadership	Between Groups	BA/BA	50	.84	.57	3.18	2.77	5	.018*
	Within Groups	MA/MS	108	.79	.47	81.94			
	Total	MSW	130	.61	.47	85.12			
		MBA	14	.64	.34				
		JD	13	.79	.42				
		PhD	47	.66	.47				
Extra effort as leader	Between Groups	BA/BA	50	3.06	.59	4.62	2.98	5	.012*
	Within Groups	MA/MS	108	3.31	.56	109.27			
	Total	MSW	130	3.18	.55	113.89			
		MBA	14	3.14	.28				
		JD	13	2.84	.69				
		PhD	47	3.32	.56				

(continued)

Table 3 (continued)

Leadership Domains		Educational Background	n	\bar{x}	SD	Sum of Squares	F	df	p
Perception of one's effectiveness as leader	Between Groups	BA/BA	50	3.41	.44	2.31	2.25	5	.049*
	Within Groups	MA/MS	108	3.41	.51	72.23			
	Total	MSW	130	3.43	.42	74.54			
		MBA	14	3.42	.23				
		JD	13	3.04	.69				
		PhD	47	3.51	.37				
Satisfaction with own leadership style	Between Groups	BA/BA	50	3.35	.52	3.28	2.24	5	.050*
	Within Groups	MA/MS	108	3.38	.56	102.59			
	Total	MSW	130	3.42	.54	105.87			
		MBA	14	3.32	.42				
		JD	13	2.91	.62				
		PhD	47	2.49	.52				

*p<0.05, **p<0.01

Discussion

The authors had expected to find a significant difference in leadership styles between those administrators with social work backgrounds and those from other educational backgrounds. Although some statistically significant differences based on educational background were found, those between MSWs and others did not emerge in these data. Nonetheless, four major themes did emerge in this study.

1. Administrators with a JD were most likely to assess themselves as less effective leaders than their counterparts from other educational disciplines.

Administrators with a JD comprised barely 7% of our total sample. This may reflect their low representation in the upper management of social service agencies in our study region. Nevertheless, administrators with a law degree consistently scored low on several components of leadership – transformational, perception of effectiveness as a leader and satisfaction with one's leadership. Since this was a self-assessment, the low scores could be interpreted in a number of ways. One might conclude that administrators with a JD do not perceive themselves as strong in traditional areas of leadership – inspirational, motivational, and transactional. This may be the consequence of a lack of formal training or course opportunities in administration and management while pursuing a law degree. Or it may be a consequence of lawyers simply using a different metric in rating themselves than others in the study. It is also possible that attorneys who currently manage social service agencies may delegate the responsibility of day-to-day management to other professionals, while they focus on the legal and fiscal components of their job.

2. Administrators with PhD's were most likely to assess themselves as more effective leaders than their counterparts.

This was a surprising finding. Though the doctoral degrees represented diverse fields of study, the majority were in the fields of social work or public administration. We hypothesized that unlike an MSW degree, which may offer limited opportunities for the study of management, doctoral programs in social work or public administration offer more comprehensive opportunities for education in leadership. One would expect that doctoral programs in public administration would attract students who are specifically interested in pursuing careers in nonprofit management or social service administration. Similarly, doctoral students in social work may perceive the value of a PhD for career advancement as administrators. This may explain the higher level of self-assessment as leaders among those with the most education in the study. However, it cannot be assumed with a high degree of certainty that the enhanced scores of leadership in this group represent a comprehensive understanding and application of optimal leadership skills/knowledge. It may simply be that these respondents are more attuned to the leadership requirements of the field and provided the answers they believed to be the most appropriate, whether or not they actually applied them in practice.

3. Administrators with an MSW or MA/MS were most likely to assess themselves higher on transformational leadership skills while being the least likely to be passive avoidant.

Although administrators with an MSW did not score the highest on most of the components of leadership, they were the second highest scorer in the component of transformational leadership, just below administrators with a PhD (some of which were in social work). It is heartening to know that administrators with a social work background place a premium on transformational leadership – inspirational, motivational and charismatic components. Given the relatively low salaries in the nonprofit world and the significant service and budgetary barriers that are present, administrators need to utilize their transformational skills to attract and retain their workforce, prevent burnout, and enhance service delivery. Research has shown that motivational and charismatic leaders have a positive impact on staff retention and morale (Mary, 2005).

It was also heartening to note, that despite the stereotype of social workers being “soft”, the MSW administrators in our sample scored quite low on passive-avoidant leadership styles. This underscores the fact that social work administrators can be just as effective and “tough” as their counterparts from other fields. But it should be noted that the social service administration field may attract a specific personality type among social workers – those who want to and like to lead. While administrators from other fields may also be attracted to administration in social service for similar reasons, we believe that given the propensity of social workers for clinical practice, the few that are attracted to administration and management positions may see their purpose as transformational.

4. The overall differences in scores on most of the components of leadership between the various cohorts of educational backgrounds were small (although some were statistically significant).

We believe that the reason we did not see major differences between the various cohorts of administrators is that the human services administration field attracts a specific kind of person – an individual who wants to make a difference, is interested in change and social transformation, and would like to help those who are vulnerable or in need. Thus, personal attributes such as charisma, inspiration, and motivation are inherent traits that are shared by the majority of administrators, irrespective of their educational background or training. This may be the reason for the lack of statistically significant differences between all the academic disciplines in our study.

Limitations

There are some limitations of this study that may impact the generalizability of the findings. First, since this was a mail survey, self-selection bias reflected in the low response rate may have influenced the findings. A relatively high number of MSW respondents may be due to the authors identifying themselves with social work in the introduction to the survey, thus perhaps eliciting a higher response rate from social workers.

Second, there were relatively few administrators with an MBA or JD in our study, as compared to administrators with other degrees. Thus power was compromised and there is the possibility of issues of statistical conclusion validity. Third, the selection of the MLQ instrument to assess leadership styles may have limited our ability to understand and interpret leadership in social service organizations. Because this instrument was not specifically designed to assess leadership characteristics of social service administrators, a few important elements critical to leadership in this field may not have been included. For instance, prior social work practice experience that some administrators may possess, the skills and knowledge needed to work with at-risk populations and complex social problems, knowledge of social policy analysis and advocacy, dual roles played by administrators in smaller agencies (direct practice and management), etc., might be additional factors that need to be evaluated. Finally, the MLQ relied on self report and assessment by administrators, thereby introducing the element of social desirability bias or exaggerated self-rating of positive attributes of leadership. Due to financial constraints, we could not include multiple perspectives of leadership style and competence in the study.

Areas of Future Inquiry

This study only assessed the leadership styles of human service administrators from diverse disciplines and the sample represented a small portion of all leaders in a single geographic region. While the findings confirm that people from various academic disciplines lead social service agencies, it is possible that this type of work attracts people with specific leadership orientations. Further investigation is required to more deeply understand how social work administration students can be trained and supported to take on senior leadership roles. Such questions might include:

- What are the specific challenges faced by administrators in the social service field?
- Do social work administrators believe their academic training prepares them for the challenges of leadership?
- What can social work education at the MSW and PhD levels do to enhance the effectiveness of future administrators?

The question of how social workers can impact leadership at the most senior levels, as well as the appropriateness of social workers for such roles, has been debated for the last twenty years. It is clear given the sample that despite small numbers of social work students entering administration and management tracks, social workers are finding their way to leadership roles. It is our responsibility as educators to help prepare social work students for such roles.

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Leadership in Social Work Education: Sustaining Collaboration and Mission

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Abstract: *Little research is available depicting how faculty members experience the leadership style of their academic leaders. This paper reports results from a qualitative analysis of responses of 233 social work faculty members from CSWE accredited programs to an open-ended question about how they experience the leadership style of their current academic unit heads. The analysis incorporates feminist and professional social work perspectives.*

Keywords: *Academic leadership, collaborative leadership, social work faculty, social work leadership, social work leadership standards*

The mission of the Council on Social Work Education (CSWE) highlights the importance of preparing “competent social work professionals” through the development of policy and standards and “national leadership” (Council on Social Work Education, 2011). As the sole accrediting body for social work programs in the United States, CSWE is responsible for defining what represents “competent preparation” of social work professionals and for ensuring program compliance with its standards. Competent leadership at all levels of social work education is necessary to accomplish CSWE’s mission. Notably, CSWE implemented a Leadership Institute in 2008 to foster education, training, and mentoring of social work leaders and to develop standards for educating competent social work leaders.

Across the social service sector, organizations such as the Leader-to-Leader Institute recognize the importance of enhancing the leadership of social service organizations to better meet the needs of the communities served. Although the importance of competent leadership is widely acknowledged, little research has been conducted to investigate leadership practices in social work education. The CSWE has developed few guidelines to specify training requirements and leadership competencies. Anecdotal information from colleagues both in and outside the academy prompted the authors to investigate how social work faculty judge the effectiveness of the leadership in their departments not only to further our understanding of faculty’s experiences but also with the intention of providing information that could help CSWE set more specific standards for social work leadership practices in the academy.

Literature Review

The role of the academic leader is varied and complex (Filan & Seagren, 2003). Yet, academic leaders often lack preparation and training for the role (Cassie, Sowers, & Rowe, 2006; Filan, 1999; Filan & Seagren, 2003; Ginsburg, 2008; Gmelch, 2004; Hecht,

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2004). As Hecht (2004) observed, “becoming an effective department chair is largely a process of self-education” (p. 28). Faculty members often assume academic leadership roles lacking not only pertinent training but also a recognition that the pedagogical skills of successful faculty members do not necessarily predict success in a leadership capacity. Gmelch (2004) noted that only about 3% of colleges and universities offer formal training and mentorship programs for new academic deans, chairs, and directors, although the leadership role in the academy is exceptionally challenging given the shared governance structure of the academic setting (Cassie et al., 2006).

In a study of academic leadership across departments, Knight and Holen (1985) surveyed faculty to examine the relationship between effective department leadership practices and the leader’s strength in *initiating structure* and *consideration* using Halpin and Winer’s Leader Behavior Description Questionnaire (LBDQ) (Halpin, 1966). *Initiating structure* refers to “the leader’s behavior in delineating the relationship between himself [sic] and members of the workgroup, and in endeavoring to establish well-defined patterns of organization, channels of communication, and methods of procedure” (Halpin, 1966, p. 86). *Consideration* is defined as “behavior indicative of friendships, mutual trust, respect, and warmth in the relationship between the leader and the members of his [sic] staff” (Halpin, 1966, p. 86). The survey revealed faculty judge the most effective academic leaders to be strong in both *initiating structure* and faculty *consideration*.

Filan and Seagren (2003) advocated adopting a transformational leadership approach within postsecondary academic settings. Transformational leaders focus on “changing the organizational culture...engage the full person ... [and] become a source of inspiration to faculty, staff, administrators, and students” (p. 26). They outlined six essential facets of effective academic leadership training: understanding self, understanding transformational leadership, building relationships, leading teams, strategic planning, and networking. In a different vein Buller (2007) warned against the common false dichotomy that academic leaders represent the interests of either upper administration or the faculty. Effective deans, chairs, and directors recognize the common feature of the academic leader’s role as middle management oriented (Filan, 1999).

Several studies examined the role of social work academic leaders from the leaders’ perspective. Rank and Hutchison’s (2000) random sample survey of 150 social work leaders, 75 deans and directors from 460 CSWE-accredited social work programs, and a like number of executive directors and presidents from 56 NASW chapters identified five essential leadership skills for the social work profession: proaction, values and ethics, empowerment, vision, and communication. These concepts comprise both task-focused and process-oriented leadership skills.

House, Fowler, Thornton, and Francis (2007) surveyed African American deans and directors of schools of social work to glean the quality of their experience as social work education leaders. Most of the respondents reported *sufficient* to *very sufficient* levels of job satisfaction. Furthermore, they identified the factors most relevant to successful academic leadership as administrative and organizational skills, openness to diverse opinions, and personal characteristics such as listening skills, respect for others, and

strong emotional intelligence. Finally, the survey participants posited that professional mentoring, a strong educational background, community involvement, a variety of coping mechanisms, and an altruistic orientation as the qualities and resources they desired in future academic leaders. These findings are particularly relevant insofar as the social work profession continues to promote and support diversity among the social work leadership cadre.

In the academic setting overall, the relative paucity of leadership preparation within the social work field significantly contrasts with the corresponding emphasis it enjoys in other disciplines, most notably business, that vigorously promote leadership training. Brilliant (1986) characterized this relative inattention to leadership preparation as “the missing link” within the social work profession while noting that “leadership has no prominence in the social work curriculum” (p. 327) and highlighted the need for more leadership theory and practice in social work curricula. Fisher (2009) reported social work leadership training is most effective when it is theory-based and emphasizes the development of leadership models in social work curricula.

Holosko’s (2009) content analysis of the professional literature identified five core attributes of social work leaders: vision, influencing others to act, team work/collaboration, problem-solving capacity, and creating positive change. Grant and Crutchfield (2008) noted that a common feature of high-impact social sector organizations is shared leadership. They further observed that the leaders of these organizations are particularly adept at building coalitions and partnerships both within the organization and with strategic external partners. Mary (2005) surveyed social workers regarding which style of leadership – transformational, transactional, or laissez-faire – they perceived as most effective. The results indicated that transformational leadership, with its focus on the “development of the fullest potential of individuals and their motivation toward the greater good” (p. 108), was seen by social workers as the style most strongly linked to positive leadership outcomes.

In response to the perceived lack of emphasis on leadership development and training within the academy and profession, the Council on Social Work Education (CSWE) prioritized leadership development of academic deans, chairs, and directors (Fischer, 2009; Holosko, 2009) and subsequently implemented the Leadership Institute in Social Work Education (LISWE) at its 2009 Annual Program Meeting. In addition, CSWE provides scholarships enabling emerging leaders in social work education to attend Harvard’s Management Development Program or Institute for Management and Leadership in Education summer institutes (CSWE, 2010). Moreover, since 1996 the Association of Baccalaureate Social Work Directors (BPD) has stressed the importance of leadership training by offering a pre-conference workshop for new directors at its annual conference.

Concurrent with the above initiatives, emerging leadership theories challenge the traditional hierarchical view and practice of organizational leadership and management. Feminist scholars Rao and Kelleher’s (2000) theory of leadership incorporates the need to transform institutions in such a manner as to promulgate cultural diversity and commitment to greater sharing of power and responsibility. Consistent with NASW

values, these concepts mesh with Rao and Kelleher's suggestion that leadership for transformation requires "being willing to take risks by questioning existing ways of working, and considering how tasks might be done differently if the primary motivation is a concern for equality and justice" (p. 76). Transformational leaders are role models who articulate a vision, inspire and motivate, exhibit integrity and ethical behavior, encourage critical and creative thinking, foster collaboration, and attend to the needs and professional development of those they lead while recognizing and appreciating their contributions. Transformational leadership is collaborative and empowerment oriented, hence supportive of the leadership development of followers (Bass, 2008; Bass & Avolio, 1994; Kouzes & Posner, 2007).

Feminist relational theorists emphasize the importance of relational connections and promote the notion of "power with" as opposed to "power over" as the key to transforming relationships and, by extension, human organizations (Fletcher, 1996; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Lazzari, Colarossi, and Collins (2009) highlighted the challenges of introducing a feminist leadership perspective into a predominantly hierarchical leadership setting as they noted social workers often face "double or triple jeopardy when working in hierarchical organizations where patriarchal models of 'power over' dictate structures and processes and 'power with' is devalued and often punished" (p. 349), thus raising ethical concerns. Insofar as equality, social justice, and the importance of relationship are codified concerns of social workers, it is important to understand how faculty members experience the leadership of their academic unit heads and in what ways these directors, deans, and chairs exemplify these values.

Research purporting to understand the specific leadership role of the faculty director in social work departments and colleges is limited. We found no prior studies that explore leadership styles of directors of social work programs *from a faculty perspective*. Furthermore, there is little research exploring how deans, chairs, and department directors balance the task-focused and process-oriented needs of an academic department or identify ethical problems associated with various leadership styles.

Method

This exploratory, mixed method study utilized a cross-sectional online survey of a national sample of social work faculty to explore respondents' assessments of their academic leadership. The researchers asked social work faculty to respond to both closed and open-ended questions to examine the following research question: How do social work faculty experience the leadership style of their academic unit head? More specifically the study sought to understand which qualities of academic leadership faculty perceive as ideal and which they perceive as less efficacious. This article provides a description of the research sample and reports on the qualitative analysis of survey participants' responses to an open-ended question about how they experienced the leadership practices of their current academic unit head.

As social work faculty members from three universities, the researchers brought not only their own unique professional experiences with academic leaders to the study but also the like experience of other colleagues both past and present. The researchers viewed

and analyzed this exploratory study data primarily through a feminist lens focusing on relationship, revealing faculty experiences, and voicing a concern for ethical stances (Jordan et al., 1991; Olesen, 1996; Patton, 2002). The researchers also analyzed the faculty responses from a professional social work perspective, incorporating the values and mission of the profession. From this perspective they examined whether the faculty members' experiences were consistent with the professional ethics and values of the social work profession as espoused by the National Association of Social Workers (2008) and incorporated in the accreditation standards of CSWE (2012). Both viewpoints are consistent with a critical worker theory (Kincheloe & McLaren, 1996) that seeks to promote awareness of the faculty members' experiences to not only satisfy research purposes but also acknowledge their perceived reality and thus support their empowerment. The researchers further sought to begin to understand the organizational context or "institutional location" (Holstein & Gubrium, 1996) in which faculty members operate in relationship to their academic leader.

Sampling

Social work faculty participants were selected in two phases. First, the researchers randomly selected 225 social work departments from a list of 537 accredited social work programs nation-wide. Second, of the departments chosen, the researchers collected 2,337 faculty email addresses, excluding academic leaders, from departmental websites. A total of 372 faculty members volunteered to participate in the study for a 17% response rate. Ninety-two emails were returned as undeliverable.

Survey

The mixed-method survey presented 13 demographic items, 34 closed-ended items, and 3 open-ended questions exploring social work faculty's experiences with their current academic leaders, their overall experience with former academic heads, and their sense of the qualities fundamental to efficacious social work leadership. Thirty-two of the 34 closed-ended items were adapted from an unpublished instrument developed by Philip W. Cooke, DSW (2003) for assessing supervisor/work group leaders and two items were developed by the researchers. The results of the quantitative portion of the study and preliminary qualitative data were reported at several national social work conferences during the last several years. This article only reports on the qualitative analysis of survey participants' responses to the open-ended question: "Please describe the leadership style of the current head of your social work academic unit."

Data Collection

The national survey of social work faculty was conducted using a web-based survey development and implementation application. The researchers developed the survey online and conducted a pilot with three faculty colleagues, then revised the survey based on their feedback. Initially, an introductory email was sent to briefly explain the study and inform faculty that an email formally requesting their participation would follow in two days. This survey email was sent with a link to the online document. A second email

request was sent to potential faculty participants two weeks later. The survey was open for 28 days.

Description of the Sample

A majority of the study participants were white (76.4%) and female (71.4) with a mean age of 52 years. The other faculty members in the sample identified as 10% African-American, 5% Latino/Hispanic, 3% Asian, 1.4% Native American/Indigenous and 2.2% identified as bi-racial or multi-racial (See Tables 1 and 2). Most participants had earned doctorates and taught at public universities. A slight majority of participants held the rank of either associate or assistant professor. A significant majority of faculty had accumulated nearly 15 years of academic experience and a like number of years of social work practice experience outside of academia. The participants had occupied their current positions on average approximately nine years. Their current academic leaders had served in their leadership positions for about six years (See Tables 2 and 3). A little over 14% of the faculty had previously served as a director or chair of their department.

Table 1. Sample Demographics: Gender and Race/Ethnicity

Variable	%
Gender	
Female	71.4
Male	28.6
Race/Ethnicity	
African American	9.5
Asian	3.5
Bi or Multi-racial	2.5
Latino/Hispanic	4.5
Native American/Indigenous	1.2
White	76.4
Other	2.3

Table 2. Sample Demographics: Age and Academic Background

Variable	<i>n</i>	Mean	SD	%
Age	353	52.24	9.88	
Current Position (Years)	368	9.35	7.88	
Academic Experience (Years)	367	14.72	9.65	
Non-academic Social Work Experience (Years)	365	14.32	10.44	
Past Director/Chair?				
Yes				14.3
No				83.9
Chair in Current Position (Years)	353	5.97	4.78	

Table 3. Sample Demographics: Academic Unit

Variable	<i>n</i>	Mean	SD	%
Total Faculty per Academic Unit	342	18.98	13.20	
Chair in Current Position (Years)	353	5.97	4.78	
Degrees Offered	372			
Ph.D.				47.8
MSW				81.7
BSW				71.8
Type of Institute	368			
Public				72.6
Private				27.4

Data Analysis

The responses to the open-ended question were analyzed using content analysis whereby the authors sought to delineate “core consistencies and meanings” (Patton, 2002, p. 463) or themes. After each researcher independently completed a “close reading” (Thomas, 2003) of faculty responses, the researchers met and discussed their initial reaction. All three researchers noted that faculty responses fell into three categories: primarily positive, primarily negative, or a mixed response. The authors next coded faculty members’ responses into one of these three categories. After completing this part of the content analysis, the researchers calculated the percentage of each response category. The authors then agreed to independently identify the leadership themes emerging from the faculty’s responses concerning their experiences of their unit head’s leadership, coding each unique and distinct unit of meaning. Responses considered irrelevant to the research question were not coded. The researchers reviewed the themes and coding of the responses until they came to consensus on the key themes imbedded in the faculty’s responses. These responses were then categorized as either positive or negative leadership themes. The researchers then independently recoded the faculty responses using these agreed upon themes. After recoding the responses, the researchers met and shared their independent coding of each faculty’s unique comments. During this process they continued to revise and refine the categories until they came to consensus. The process included identifying relevant sub-themes subsumed under major categories (Thomas, 2003).

Results

Two hundred and forty-five faculty members answered an open-ended question prompting them to describe the leadership style of their academic unit head. Of that number, 12 of the answers were not responsive to the question and thus were not included in the analysis, so the final number of respondents for analysis was 233. When the authors analyzed the social work faculty’s narrative responses regarding their experiences with their respective academic leaders, three primary categories emerged; namely, Positive Leadership Qualities, Negative Leadership Qualities, and a combination of positive and negative leadership qualities they termed Mixed Leadership Qualities. Of the

233 responses to the question, 114 (48.9%) were primarily positive, 94 (40.3%) primarily negative, and 25 (10.7%) evenly distributed between the two poles. Subsequent to this initial categorization, all positive and negative comments from each response were coded according to themes, positive themes first, then the negative. Elements of the major themes were also identified to elucidate their meanings. Six categories of positive leadership qualities and eight categories of negative leadership qualities emerged. The six categories of positive leadership qualities were: Collaborative/Democratic, Advocate/Supporter, Administrative/Management Skills, Communication Skills, Integrity, and Innovative/Visionary. The eight categories of negative leadership qualities were characterized as: Autocratic/Authoritarian, Unethical Behavior, Poor Administrative Skills, Poor Communication Skills, Non-Supportive, Poor Relationship Skills, Not a Strategic Planner/Lacks Vision, and Lacks Knowledge of Social Work Education. Interestingly, though unsurprisingly, the Positive and Negative Leadership Themes often mirror each other. Table 4 references the number of responses for positive and negative leadership qualities.

Table 4. Positive and Negative Leadership Themes: Number of Responses

Leadership Theme	Total
Positive	
Collaborative/Democratic	144
Advocate/Supporter	138
Administrative or Management Skills	72
Positive Communication Skills	46
Integrity	44
Innovative/Visionary	9
Negative	
Autocratic/Authoritarian	99
Unethical Behavior	83
Poor Administrative Skills	51
Poor Communication Skills	49
Non-Supportive	48
Poor Relationship Skills	15
Not a Strategic Planner/Lacks Vision	12
Lacks Knowledge of Social Work Education	7

Positive Leadership Themes

Collaborative/Democratic. Of the six positive leadership themes that emerged from an analysis of the faculty responses, the quality most frequently attributed by faculty to their respective academic leader was a collaborative and/or democratic leadership style. While 144 comments were made that supported this theme, 58 specifically used the words collaborative or democratic to characterize their respective leaders' styles. See Figure 1 for a listing of Positive Leadership Themes and Descriptors.

Figure 1. Positive Leadership Themes and Descriptors

Collaborative /Democratic	144	Advocate/Supporter	138
Collaborative/Democratic	58	Supporter	25
Being open to faculty members	31	Available/Accessible	20
Seeking faculty input	20	Connected with university/Advocate on behalf of the department	18
Demonstrating shared governance	12	Individual support/advocate	18
Seeking consensus	7	Attentive to needs	13
Being collegial	7	Leads by example/role model/inspires	13
Demonstrating inclusiveness	6	Acknowledges or promotes faculty accomplishments	10
Being transparent	3	Involved in the community	8
		Supports students	7
		Advocate	3
		Strengths-oriented perspective	3
Administrative/Management Skills	72	Communication Skills	46
Competent/responsible/hardworking	19	Positive, friendly, easygoing, calm	16
Decisive	18	Listens	8
No micro-management	8	Keeps faculty informed	7
Grant funding skills	6	Conflict management skills	6
Deals with issues	4	Communication skills	5
Organized	4	Calm and reflective	3
Meets deadlines	4	Shares information	1
Efficient	3		
Detailed oriented	3		
Administrator/Manager	1		
Evaluator	1		
Problem-solver	1		
Integrity	44	Innovative/Visionary	9
Respectful	13	Innovative/supports innovation	4
Diversity	7	Visionary/ future perspective	3
Fair	7	Creative/ Encourages creativity	2
Honest	6		
Professional	5		
Integrity	3		
Social work values/ethics	3		

Leadership traits most frequently cited by faculty as conducive to establishing collaborative and democratic relationships with staff include being open to faculty members, seeking their input, and encouraging shared governance. Less frequently noted indicators of a collaborative and democratic spirit of leadership were seeking consensus, promoting collegiality, and exhibiting transparency. One faculty member's comment succinctly articulated this theme: "Open to ideas from multiple sources, supportive of faculty, listens to divergent view points, collaborative leadership style." Another person cogently encapsulated this leadership style in emphasizing how her leader "...has fostered a very cohesive and collaborative faculty environment which didn't exist prior to her

taking the position.” Another response focused on consensus-building activities and transparency: “I would describe the leadership style as leading by consensus. She asks questions, gathers information and opinions, suggests solutions gets consensus on them, communicates the decision then moves forward.”

Advocate/Supporter. The theme of Advocate/Supporter was the next most commonly identified positive attribute faculty ascribed to their leaders with 138 comments representing this category. Fifty of those surveyed specifically described their leader as a supporter, advocating in favor of either faculty or students, or both. Others noted their leaders assumed the role of advocate on behalf of their department or college at their university. Others recounted the ways they felt supported by their leaders in the sense that they presented as accessible, led by example, served as role models to inspire their colleagues or others, and attended to department members' needs by acknowledging and promoting faculty accomplishments, supporting the faculty and department through their involvement in both the academic and general community, or by incorporating a strengths-oriented perspective.

The following comment, in particular, celebrates one leader's collegial activity that was seen to foster the development of community by focusing on faculty achievements: “An example of collegiality and development of community is starting each faculty meeting with publishing announcements of recent faculty accomplishments.” Another survey participant commented in a similar vein: “He is supportive if you have a problem or issue, be it with students, colleagues, or the administration.” while another noted the director “...set an example of how he would like the rest of the faculty to be in terms of academic scholarship” and “...has been a positive advocate for issues regarding racial and sexual orientation diversity...” Touching on several of the leadership virtues reported in this section, a faculty member writes:

[The] Director models the behavior she expects from faculty members. She is respectful, courteous, accessible, open to ideas, suggestions, and constructive criticism, and is very faculty- and student-oriented in terms of being supportive to them in their respective roles (e.g., shares opportunities for professional development, including working together on manuscripts, projects, and job announcements with graduating students, etc.). She is always approachable, never seems unable to sit and listen to faculty during impromptu meetings. She maintains a calm demeanor at all times....

Administrative/Management Skills. Seventy-two respondents specified attributes of their leaders that straightforwardly categorized as strong administrative and managerial skills. Others deemed their leaders competent, responsible, hardworking, or decisive; still others observed that their directors choose not to micro manage faculty. Other descriptors of administrative competence faculty employed to describe their leaders included demonstrated grant funding skills, an ability to deal with issues, organized, ability to meet deadlines, detail oriented, efficient, a problem-solver, and an evaluator. One faculty member reported: “Our Chair thinks ahead and tries to prepare for situations and requirements (such as re-accreditation) well in advance, rather than waiting until we have to be in panic mode.” Another focused on how the leader “deals with issues (students and

department) directly and promptly.” The following quote identifies several attributes of a leader with strong administrative and managerial skills:

‘Manager.’ Excellent at scheduling, good at meeting contract requirements for evaluating faculty etc...great at meeting deadlines and efficient at budgeting and securing temp faculty positions. I have no doubt all deadlines will be met, meetings will be established, and standards followed.

Positive Communication Skills. Attributes subsumed under the category of positive communication skills were cited by 46 faculty, 5 of whom used the descriptor. The attribute most commonly specified was a positive, friendly, easygoing or calm demeanor while additional descriptors referred to important communication skills including: listens, keeps faculty informed, has good conflict management skills, is calm and reflective, and shares information. One faculty member noted: “She communicates clearly and frequently about department concerns...” and “...never seems unable to sit and listen to faculty...” With regard to conflict others described their leader as a “Conflict Manager” and “Is willing to put department conflict ‘on the table’ and discuss it with faculty.”

Integrity. Forty-four participants praised the integrity of their leaders with the majority citing respectful behavior toward others as an important attribute. Others reported being fair, honest, and professional, or valuing diversity and upholding social work values and ethics as behaviors their leader exhibited. “She is respectful of different views and I always feel that I am treated as a professional and a valued member of the department.” Another specifically discussed values: “Is honest.... Is ethical and understands boundaries.” One participant stated: “he has been a positive advocate for issues regarding racial and sexual orientation diversity.”

Innovative/Visionary. Nine comments characterized the academic head as a visionary or someone who has a future-looking perspective demonstrated through setting goals, developing resources, or holding meetings to discuss the vision of the program. Other descriptors echoing this theme were “innovative”, “inspirational”, and “creative thinker.” One person observed that while their leader struggled with details “his overall vision of the program and support he provided to faculty, students and staff” was most important to him. Another noted: “Group meetings are held by their Dean to discuss the vision of the school.”

Negative Leadership Themes

Autocratic/Authoritarian. Ninety-nine comments depicted academic leaders as autocratic and authoritarian. Fifty-five of those surveyed used the words autocratic or authoritarian or informal terms such as “top-down.” Other faculty language embodying this theme included “coercive”, “solicits no input” or “disregards faculty input or academic freedom”, is “secretive”, is “punitive”, “doesn’t communicate important information”, and “instills fear” and “silences faculty.” See Figure 2 for a full listing of Negative Leadership Themes and Descriptors.

Figure 2. Negative Leadership Themes and Descriptors

Autocratic/Authoritarian	99	Unethical Behavior	83
Autocratic/Authoritarian	55	Favoritism	37
Coercive	11	Sexism	10
No input or disregards faculty input/academic freedom	10	Unethical	9
Doesn't communicate important information	7	Dishonest	8
Punitive	7	Disrespectful	6
Secretive	6	Abusive	4
Instills fear and silences faculty	3	Not fair in distribution of work	3
		Takes credit for faculty work	3
		Anti-religion	1
		Ageist	1
		Homophobic	1
Poor Administrative Skills	51	Poor Communication Skills	49
Poor administrative skills	29	Avoids conflict	9
Micro-manager	7	Fosters dissension/divisive	8
Fear of change	3	Poor skills in handling conflict	6
Poor decision-making skills	3	Reactionary	6
Poor judgment	3	Poor communication skills	5
Disorganized	2	Defensive	3
Trouble making decisions	2	Emotionally volatile	3
Fear of disapproval	1	Inflexible	3
Lacks critical thinking skills	1	Dislikes conflict/fear of conflict	3
		Takes sides in conflict	2
		Poor conflict resolution skills	1
Non-Supportive	48	Poor Relationship Skills	15
Uninvolved/not accessible/invisible	22	Lacks accountability	5
With higher administration	9	Passive aggressive	3
Non-supportive	7	Poor relationship skills	2
With faculty and staff – poor mentor	4	Judgmental	1
Not a role model	2	Rude	1
Laissez-faire	2	Shaming	1
Distant	1	Not empathic	1
No recognition staff accomplishments	1	Shallow	1
Not a Strategic Planner/Lacks Vision	12	Lacks Knowledge of Social Work Education	7
Not a visionary/no vision/lacks vision	7	Not a social worker	3
Reactionary versus proactive	1	Not an academic social worker	1
Can't see bigger picture/	2	Does not understand social work	1
Little or no goals or planning	2	Untenured academic	1

Specific comments representing an autocratic or authoritarian style include: “Pushes her agenda despite the objections of faculty – can be a bully...”, “Unilateral - transparency does not exist about many things...” and was “forced to resign at the end of the academic year due to autocratic leadership style.” and “Very top down” and “We seem to have a theme, however, of important decisions being announced as if we all had

a hand in them, yet we're all taken by surprise." and "her way, her ideas, no input" and "He imposes his interests on the faculty." The most disconcerting comment was: "Staff are treated like servants."

Unethical Behavior. Eighty-three faculty discussed behaviors of their leaders that would be considered unethical with nine specifically using the word "unethical." Behaviors that were specifically named to denote this quality include: "Favoritism", "sexism", "disrespectful", "dishonest", "abusive", "unfair in the distribution of work", "takes credit for faculty's work", "ageist", "anti-religious", and "homophobic". Specific responses that exemplify this theme included: "male senior faculty favored;" "She is dishonest;" "He is also very sexist and is abusive toward women faculty and staff;" "People are afraid of him and if an individual disagrees with him, particularly in a public forum – including faculty meetings – he will later verbally berate the individual." "Cannot show vulnerability to her...otherwise, she capitalizes on it through verbally assaulting the particular faculty member." "My unit head has made many disrespectful remarks over the past (e.g., ageist, sexist, anti-religious, anti-military)". "While repeatedly stating that we are a "family," the Director utilizes a highly authoritarian style that effectively and consistently undermines...tenure-level, non-tenured faculty and enables him to repeatedly take credit for much of our administrative work...."

Poor Administrative Skills. Fifty-one comments embodied the theme of poor administrative skills including 29 with a specific reference to poor administrative skills. Other descriptors were: "micro-manager", "fear of change", "fear of disapproval", "trouble making decisions", "disorganized", "poor decision-making skills", "lacks critical thinking skills", and "poor judgment". Comments that characterize this category include: "He has trouble making decisions because of the fear that people will disapprove of him personally." "Disorganized and erratic--does not remember important details, plans at the last minute, plans are often confusing and ineffective."

Poor Communication Skills. Of the 49 comments exemplifying this theme, five specifically cited their academic unit heads' "poor communication skills." Other comments denoting this theme included: "Fosters dissension/divisive", "reactionary", "defensive," "inflexible", or "emotionally volatile". For example, one faculty member reported: "Dislikes disagreements. Plays faculty off of one another. Creates a climate of tension and recrimination." Another reported their leader "Fosters dissension and conflict to maintain control." Another identified how the director: "...becomes extremely defensive and angry when his decisions are challenged." An important sub-theme that emerged as a recurring example of poor communication was 21 faculty's portrayal of their leader's poor conflict resolution skills including: avoids conflict, poor skills in handling conflict, dislikes conflict, takes sides, and fear of conflict. Examples included: "Conflicts within the school are ignored by the leadership." "Instead of dealing with faculty conflicts that have been ongoing for years, he instead makes the decision to not hold departmental meetings on a regular basis."

Non-Supportive. Forty-eight faculty members identified behaviors of their unit head they experienced as unsupportive. Among these were an unwillingness to support or advocate on behalf of faculty in matters involving the higher administration of the

Academy, serve as a good mentor or role model, and recognize staff accomplishments. The following comments succinctly represent this set of faulty concerns: “The leader demonstrates the ability to toe the line of the university administration and not represent the best interests of the faculty” and “Is not supportive of faculty in terms of their development, learning or accomplishments, especially the non tenure track faculty.” A sub-theme – namely, inaccessibility – emerged from the perception of 25 respondents who experienced their leaders as either inaccessible or uninvolved with them and, therefore, not available to be supportive. Other comments included “invisible” and “laissez-faire.” “Does not personally respond to e-mail or communication.” “...the door of the office is always kept closed.” “He is frequently out of town/country and has no real sense of what is happening in his own program.”

Poor Relationship Skills. While this category of “poor relationship skills” certainly overlaps with the three categories of non-supportive, poor communication skills, and unethical behavior, it seemed nonetheless important to highlight it as a separate category insofar as two faculty members explicitly cited “poor relationship skills.” Additional descriptors relating to relationship shortcomings reported by 13 others include: “lack of accountability”, “little display of empathy”, or indulging in “passive-aggressive”, “shaming”, “rude”, “judgmental”, or “shallow” behaviors. One comment in particular pertaining to this theme was “...angry and shaming when his expectations are not met.” This category has a somewhat distinct feature as it designates behaviors that specifically undermine relationships, fostering disconnection and as such are the antithesis of the skills taught in social work practice.

Not a Strategic Planner/Lack of Vision. Twelve faculty members described their directors as non-strategic planners, lacking in vision, or reactionary as opposed to proactive. One comment that incisively portrays this category is: “Little ability to see big picture...very small thinker.”

Lacks Knowledge of Social Work Education. Seven faculty expressed concern that their academic leaders were not social workers, did not understand social work, were not academic social workers, or were untenured and had little knowledge of social work education. One stated: “Not being a social worker she doesn’t understand or value the profession.”

Limitations of the Study

Although the results illumine to some degree how a substantial number of faculty members regard their academic leaders, the “typicality” (Fossey, Harvey, McDermott, & Davidson, 2002, p. 725) of their experiences can only be evaluated by other faculty as they consider the applicability of the results to their own situation and setting. Additionally, as is the case with all qualitative research, the results may have been influenced by the researchers’ personal biases as social work faculty despite efforts to mitigate bias by the participation of three researchers in the analysis of the data. Another limitation is that the researchers did not seek feedback from the participating faculty in reviewing or interpreting the analysis. Future studies might seek to obtain participant input in designing the questions and interpreting the results. The researchers did not

categorize differences in experiences among adjunct faculty, junior faculty, and tenured faculty. In addition, the researchers did not categorize differences between female and male faculty, an important consideration since over 75% of the participants were female. Future studies should seek to understand the differences and similarities in the experiences of these sub-groups of faculty.

Discussion

This study explored social work faculty's experience with leadership within their academic unit. While nearly 49% of faculty study participants reported primarily positive experiences with their social work unit leaders, 51% reported either mixed or negative experiences. As indicated by faculty, positive leaders facilitate a collaborative process and advocate for faculty. They are strong managers and effective communicators who lead with integrity and articulate a positive vision for their academic unit. The leadership characteristics reported by faculty in this study validate previous findings that identify effective leadership styles (Grant & Crutchfield, 2008; Holosko, 2009, House et al., 2007; Rank & Hutchison, 2000). Notably, nearly half of the faculty reported their satisfaction with their academic unit heads' collaborative and supportive leadership style whereby leaders develop partnerships with faculty, university administration and the community, clearly confirming the positive impact of shared leadership described by Grant and Crutchfield (2008).

This exploratory study is consistent with the findings of Knight and Holen (1985) who determined faculty consider the most effective academic leaders to be strong in both *initiating structure* and *consideration*, or more explicitly administrative and relationship skills. This study supports the role of inspiration in the process of engaging the whole person consistent with a transformational leadership style as faculty frequently reported their admiration for the positive leadership qualities of collaboration, mentoring, and integrity.

Slightly fewer than half of faculty members reported primarily positive attributes to portray their academic director or other academic unit head while 40% reported primarily negative leadership qualities. Some portrayed their unit heads as autocratic decision makers who sometimes engage in unethical behaviors. Others described their leaders as poor managers with inadequate or even deficient communication skills. Still, others saw their leaders as uninvolved with and unsupportive of faculty. Some noted their leaders were unable or unwilling to effectively resolve conflict within the unit while essentially modeling poor interpersonal relationship skills. These findings are important and suggest that a significant proportion of social work unit heads may be not only ineffective but also unethical in their leadership roles. Of particular concern are faculty reports of specific unethical and oppressive behaviors by academic leaders, including disrespectful comments and behaviors, dishonesty, favoritism, sexism, and verbal abuse. Lastly, a smaller proportion of study participants characterized their leaders as exhibiting leadership competencies in many domains while encumbered by deficiencies in others.

Implications for Academic Leadership

The study has numerous implications for the development of effective social work academic leadership. The need for more training in general and more effective training in particular is evident and consistent with Hecht's (2004) assertions that many academic leaders assume their positions without any formal training. Few universities offer training to unit leaders (Gmelch, 2004). The highly negative perceptions of some social work academic leaders by faculty participants in this study clearly validate the CSWE's commitment to training competent academic deans, chairs, and directors. The results of this study also mirror the need for more effective training as outlined by Filan and Seagren (2003). While a strong ethical foundation is certainly embedded in the six essential facets they outlined, the addition of ethics as a seventh facet could perhaps elevate expectations for not only our leaders but also social work faculty and students. A greater focus on ethical considerations surrounding team building, strategic planning, and networking could enhance academic leadership training. Teaching leaders to practice mindful self-reflection to obviate ethical lapses and display respectful and culturally sound relationship-building skills is imperative in this age of globally connected learning environments.

Clearly, some faculty members in the study experienced their academic leaders as lacking positive relationship skills, with some reporting oppressive and even abusive behaviors. Such reports are an anathema to social work's mission, reminding us that for social work faculty the academy is also a site "within larger economies of power and privilege" (Kinchelo & McLaren, 1994, p. 147), requiring further study. Considering the results in this light may require social work academic leaders to initiate an on-going dialogue concerning the power relations in the academy and how faculty are socially and historically situated, as a first step in fostering a more empowered faculty. Such a discussion would require the academy to more fully consider under what circumstances and in what manner faculty experience their subordinate social status, including a discussion of the intersectionality of age, ethnicity, gender, race, sexual orientation, socio-economic class, religious affiliation, among other discrete factors.

The study validates CSWE's decision to create the Leadership Institute in Social Work Education (LISWE) at its 2009 Annual Program Meeting and to support leadership development by funding scholarships for emerging leaders in social work education (CSWE, 2010). This study suggests a need for significantly more emphasis on leadership, ethics, and empowerment – especially in doctoral and masters level programs. Incorporating a substantive discussion of the NASW Code of Ethics (NASW, 2008) in all leadership curricula designed to train social work leaders is essential if we wish to remain true to our value base. While leaders who exhibit a mixture of leadership assets and liabilities, where the former outnumber the latter, would most likely benefit from leadership training, others judged to be more challenged by the rigorous ethical, professional, and relationship demands may need to be assessed for their capacity to continue in a leadership role. Perhaps CSWE should consider developing specific leadership standards for academic heads, including training requirements consistent with social work values and required for program accreditation. These could then suffice as criteria for evaluating academic leaders, addressing strengths and shortcomings. Future

studies could concern how best to train, support, and evaluate academic unit heads and remediate, reassign, or otherwise resolve instances of non-adherence to these social work value-based standards of leadership competence. Other studies could explore the consequences of incompetent and oppressive leadership compared to the benefits of more democratic and egalitarian leadership styles, specifically as it impacts workplace morale, faculty performance, and student learning.

In this study faculty reporting positive experiences with their academic leaders generally attributed to their leaders transformational leadership qualities – collaborative style, ethical practices, inspirational presence, mentoring activities, relationship-enhancing communication skills, and visionary perspectives, qualities consistent with professional social work values. Yet, as Hecht (2004) and Brilliant (1986) noted, leadership preparation has not been a priority in the social work profession. Insofar as equality, social justice, and the importance of relationship are codified values of the social work profession, leadership training ought to be prioritized to ensure leaders are collaborative, empowerment-focused, and ethical, thus supporting the leadership development of those they lead while also attending to the administrative and managerial responsibilities of the academic unit.

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Emerging Leaders Project: Connecting University Resources to Community-Based Organizations Supporting Refugee Resettlement

**Rosemarie Hunter
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Abstract: *In recent decades, populations seeking refuge have underscored the limitations of what have been standard approaches to resettlement. Shrinking resources, post-9/11 increase in security measures, and the diverse needs and assets of new arriving populations have exacerbated existing weaknesses in U.S. social service delivery systems and challenged neighborhoods inexperienced in these areas with complex issues of integration (Kerwin, 2011). In response to these issues, the University of Utah, the Utah State Refugee Services Office, and Salt Lake City Community College started an initiative to support the development of Community-Based Organizations (CBOs) and provide leadership and organizational training to existing leaders within these communities. The project created a shared space for community capacity building and integration as a two-way process. This paper will describe the formation and impact of the Emerging Leaders Project, a community-based participatory action research (CBPR) project focused on capacity building with new arriving communities in Salt Lake City.*

Keywords: *University-community partnerships, refugee resettlement, capacity building, community-based research*

While the United States has resettled more individuals with refugee status than all other 13 members of the Organization for Economic Cooperation and Development (OECD) combined, the context of resettlement and the continuum of diverse needs across populations seeking refuge have significantly changed (Haddal, 2009). Since 1975, over 75% of U.S. refugee populations have come from Vietnam (and other parts of Southeast Asia) and the former Soviet Union (Singer & Wilson, 2007). In recent years, the U.S. resettlement priorities have changed from large-scale special interest populations to smaller groups identified as being among the most vulnerable populations. This shift in focus has resulted in a broader range of diverse populations. At the same time, the post-9/11 decade has seen an increase in security measure and limitations on programs and financial resources that previously supported immigrant and refugee integration (Kerwin, 2011).

The Office of Refugee Resettlement (ORR) provides the funding for refugee cash assistance (RCA) and medical assistance (RMA) for up to eight months after arrival in the U.S. Individuals must meet income and resource eligibility requirements and cannot be eligible for other temporary assistance programs such as TANF and Medicaid (Kerwin, 2011). With a focus on employment and self-sufficiency, federal programs are dependent on state refugee service offices and local resettlement organizations to achieve success. At the same time, local resettlement agencies and their partners are dependent on

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securing other resources to fulfill their mission under State Department guidelines. During the first 90 days, resettlement agencies are already busy connecting families to other federal and state support programs. Once the initial benefit from the State Department's reception and placement has expired, the family is responsible for their own rent, food, health, and transportation needs.

In response to these issues, the Utah State Refugee Services Office (RSO) started an initiative to support the development of Community-Based Organizations (CBOs), also referred to as Mutual Assistance Associations (MAA) (i.e. United African Association, Sudanese Association of Utah, Somali Organization, etc.). The goals of these organizations are to provide a first response to the new arriving individuals and families and to act as an information, referral, and crisis response network connecting new arriving populations to existing resources and systems.

Training and empowering community leaders from each population are successful vehicles for reducing system barriers and supporting the whole community (Kretzmann & McKnight, 1993). These individuals are already identified as leaders in their communities; therefore, they are often in the best position to understand the needs and strengths of their communities, the cultural issues involved, and begin from a space of trust and familiarity that many social service providers do not have. In this way, community-based ethnic leaders are the first contact for successful integration of new arriving populations that will ultimately connect new Americans to existing systems (Hunter, Mai, Hollister, & Jankey, 2011). While community-based leaders come with a strong skill set, they too may lack an understanding of the resources and systems in the U.S. As a group, they have requested training on what systems and services are available to the community and appropriate ways of making referrals and accessing services. In addition, they are not familiar with how to organize and run associations and non-profits in the U.S. As part of this movement, the RSO has brought together community and university partners to develop partnerships that will support the training and leadership development for these community-based leaders.

Context

The *Emerging Leaders Project* was conducted within the framework of university-community partnerships that emphasize the role of higher education to work in ways that are relevant to the communities where they are located (Maurrasse, 2001; Reardon, 2000). At the University of Utah, university-community partnerships are defined by tying community engagement to the academic cornerstones of research, teaching, and service. This approach to community engagement and scholarship values the community as a site of learning and community residents as holders of knowledge (Moll & González, 1997). Similarly it provides multiple opportunities for higher education to be present with the community in addressing community-identified issues while still meeting its primary academic mission (Holland, 2005; Hunter, Munro, Dunn, & Olsen, 2009).

University Neighborhood Partners (UNP), a university-community outreach partnership center and department of the University of Utah, is focused on building long-term collaborations between university departments, state and local government, non-

profits, and social service systems of all kinds. Its mission is “to bring university and west side resources together for reciprocal learning, action and benefit...a community coming together” (University Neighborhood Partners, 2012).

UNP programs serve seven neighborhoods on Salt Lake City’s west side. These neighborhoods comprise 15 census tracts. Almost 30% of the city’s total population lives in these neighborhoods (Perlich & Li, 2013). The population in this area grew by 10.7%, compared to 2.6% growth for Salt Lake City. Unlike the homogeneous neighborhood of rural Utah, 56.4 % of the west side population is of minority background, which is 65.2% of the city’s minority population. Over 46% of the population in west side neighborhoods is Hispanic. These 26,129 residents are 72% of the city’s total Latino population (Perlich & Li, 2013). The Latino population in the west side area grew by 32.4% between 2000 and 2010, compared to just 21.6% for Salt Lake City. Eighty-three percent of the city’s Pacific Islander population, and 60.8% of the city’s black population, live in the UNP target area (U.S. Census Bureau, 2010). In contrast, 31.6% of the city’s Asian population, and just 20.4% of the city’s white population live in this area (U.S. Census Bureau, 2010). Salt Lake City has also served as a preferred city for refugee resettlement with over 46,000 in the state and 1,000 new arrivals each year. Ninety-nine percent of individuals of refugee status in Utah live in Salt Lake Valley (Utah Refugee Coalition, 2013).

Project Goals

In Fall 2010, the University of Utah’s Institutional Review Board approved the protocol for the *Emerging Leaders Project*. The first phase of the project, and the focus of this paper, was to meet with community leaders of CBOs and other stakeholders to assist with the development of a leadership-training curriculum to support refugee populations with organizing their communities. The second phase of the project was to connect student learning to ongoing community capacity-building partnerships with these groups by building integrative engaged learning projects into a graduate level required course on social work community practice.

During Fall Semester 2010, we conducted focus groups with ethnic leaders and representatives of the Utah Refugee Services Office and local resettlement organizations to gain a better understanding of community needs and partners’ goals. By connecting community-based research methods with models of leadership development, the project provided a vehicle for centering the knowledge of local leaders to inform curriculum development for the leadership trainings (Minkler & Wallerstein, 2003).

Once the training materials were completed, the trainings were reviewed by a stakeholder curriculum committee and taught by a variety of community partners and faculty members currently involved with the new arriving populations. Leadership trainings were conducted at a community site identified by community partners and leaders. As the first group of leaders completed the training, they became involved with the future trainings and mentoring of new emerging leaders in subsequent years.

During Phase II of the project, the findings from Phase I were critical to informing the University of Utah Social Work Community Practice curriculum and connecting

graduate students directly with communities of immigrant and refugee background. Beginning Spring Semester 2011, graduate students from the Social Work Community Practice course partnered with CBO leaders to conduct community assessments. Following the assessment phase, students worked in teams with identified leaders to develop and implement community action plans utilizing an assets-based approach (Kretzmann & McKnight, 1993).

Study Design and Methods

Qualitative methods were used in order to better understand the effectiveness of the curriculum and current teaching methods, the dynamics of community leadership within these CBOs, and potential mechanisms for empowerment of these leaders. Qualitative methods further enhanced the ability for multiple sources of knowledge (from all partners) to be valued and understood in relation to creating holistic opportunities for leadership within a university-community partnership context (Denzin & Lincoln, 2008; Minkler & Wallerstein, 2003).

Action methodology was coupled with Community Based Participatory Research (CBPR) to provide support for issues of trustworthiness and value of the research (Maiter, Simich, Jacobson, & Wise, 2008). As Herr and Anderson (2005) describe, the goals of action research are to (a) generate new knowledge, (b) achieve action oriented outcomes, (c) educate both researcher and participants, (d) generate results relevant to the local setting, and (d) create a sound and appropriate research methodology.

Overarching project goals sought to evaluate the current training and develop the curriculum with feedback from participants themselves in order to create curriculum that was relevant to populations in resettlement. In addition, the project sought to identify the priorities of the CBOs. Central to this investigation was to develop a better understanding of how individuals with refugee experiences could be supported in holding leadership roles in their own communities. The research questions for this study were:

RQ 1 - What are the strengths and weaknesses of the existing curriculum?

RQ 2 - What content areas need to be developed and included in the new curriculum?

RQ 3 - How could community leaders with refugee experiences be better supported in having leadership roles within their own communities?

RQ 4 - What community issues are of highest priority to community leaders and stakeholder participants?

RQ 5 - What curriculum and teaching methods are best suited to empowering ethnic community leaders from each population?

Focus groups were utilized in order to elicit a range of participant opinions. Similarly, the group dynamics allowed for reactions and conversations that could provide greater breadth and depth of conversation due to the diversity of participants (Mack, Woodsong, MacQueen, Guest, & Namey, 2005). Focus group questions were developed in collaboration with a subset of CBO leaders who participated in early training programs and partnership development. The questions were provided in a semi-structured format.

The goals of the interview/focus group questions were to guide the discussion in ways that kept it connected to the overarching research questions. Utilizing a capacity-building theoretical framework, qualitative data were shared with participants for the purpose of member checking and identifying and discussing major themes that surfaced. Peer debriefing sessions were conducted for the purpose of questioning and/or clarifying aspects of the inquiry that might otherwise remain only understood by the researcher (Lincoln & Guba, 1985).

In addition to focus groups, the Principal Investigator (PI) collected observation data. The researcher attended the training sessions and maintained field notes in order to provide additional understanding of training context and experience. Observing and participating are integral to understanding the breadth and complexities of the human experience (Mack et al., 2005).

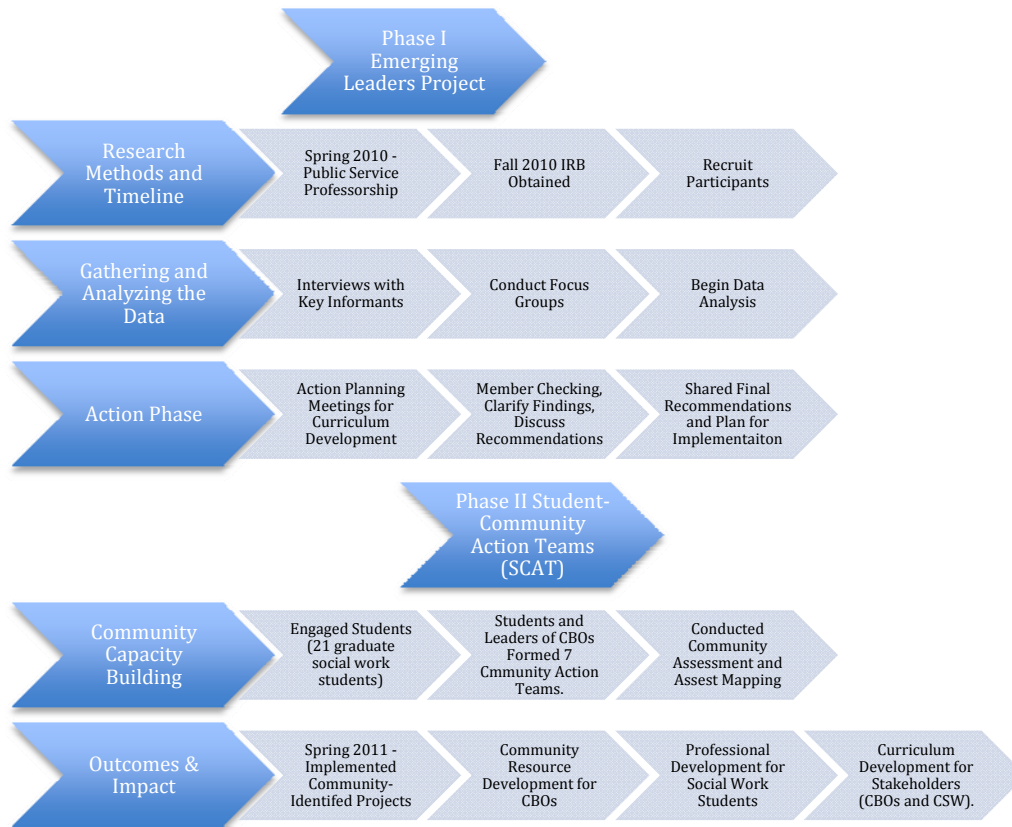
Participants for this study were 18 years old and older and included representatives of the State Refugee Services Office Curriculum Committee (RSOCC) and current leaders and members of local CBOs. Using flyers, emails, and project information meetings, participants were recruited from the list of attendees in the two previous training cohorts. The initial cohorts were entirely male, reflecting male dominant leadership in the CBOs representing refugee communities. Male-dominant leadership, the emerging nature of the CBOs, and traditional gender roles were all barriers to supporting gender equality in the CBOs during the formative years. However, in the most recent cohorts there has been an increase in female participants and conversations emerged that have been more inclusive and supportive of female participation in the CBO structure. This study was comprised of participants from the first two cohorts, involving 20 male leaders from community-based organizations (representing resettled communities from Africa, the Middle East, and Asia) and 5 members of the Curriculum Committee (1 woman and 4 men) of the Office of Refugee Services, Department of Workforce Services. Focus groups with curriculum committee members were conducted from a collaborative framework where participants serve as key informants to the research by reflecting and sharing history and past training experiences.

Two semi-structured focus groups were conducted with the leaders of the CBOs, resulting in a total of twenty participants (8 and 12 in each group, respectively). The purposes of the focus groups were to provide feedback about the previous training experiences and identify the strengths and weaknesses of the curriculum. In addition, participants were asked to discuss the priority needs of each of their communities and where they thought they required additional training and resources. The PI and a graduate student were available for the focus group and observations and participatory notes were taken at each of the interviews and focus groups.

During Spring 2011, study participants were invited to return for two additional focus groups that actively involved them in constructing the leadership-training curriculum and brainstorming around identified priority areas. These focus groups (action phase) had the primary purpose of bringing participants together to discuss next steps, recommendations, and suggested mechanisms for supporting leadership training – hence connecting methods to the goals of action inquiry wherein leaders have the time and space to develop

potential solutions and recommendations. Figure 1 depicts Phases I and II of the project. The focus of this paper is Phase I.

Figure 1. Project Overview



The Curriculum

The curriculum evaluated by community members was titled the *Refugee Management Training Course (RMTC)*. This was a 15-week program that began with introductory material describing the reasons for organizing communities, including developing mission and vision for the organizations, as well as a series of steps for starting and managing a non-profit organization. While there was some content on organizing communities, the majority of the material focused on non-profit management, such as: organization mission and vision, the purpose of by-laws, board structure and governance, budgets, record keeping, grant writing, and fund raising. In addition, one unit on case management was included. The Office of Refugee Services and the Curriculum Committee initially defined the content for the first two cohorts. The course was taught once a week for 3 hours in an evening class format and dinner was provided. The grant-writing unit was taught in a half-day format on a Saturday morning. The *Emerging Leaders Project* was conducted in Year 3 of the program.

Findings

Focus Groups

Importance of training. One of the initial findings of the study was that the participants were generally very positive about the content of the RSO supported trainings (RQ 1). They felt the content included important information and were all interested in learning more about how to organize and run non-profits that could support their communities. The leaders discussed how there were many gaps in the social service delivery systems and these micro-nonprofits were essential in assisting with resettlement of new arriving communities. The leaders were also in agreement that the content needed more information about how to organize their communities and get individuals involved as active members in the organization (RQ 2). For example, several of the participants had also attended the Westside Leadership Institute (WLI), a community-based training supported by the University of Utah and NeighborWorks Salt Lake. Based on an adaptive leadership model (Heifetz & Linsky 2002), the WLI supports residents' efforts to take civic action for positive change in their communities (NeighborWorks Salt Lake, 2012).

Participants who had been involved in both trainings discussed the importance of connecting these programs in order to develop a more comprehensive skill set and a yearlong training experience. As leaders continued to discuss the need for community organizing skills, they shared that most new arriving populations were already organized according to tribal or regional communities in their native country. However, these same groups were now living throughout the valley and not able to easily connect with each other.

Case management. Focus group participants (CBO leaders) became very animated when discussing the unit on case management. There was a wide variety of reactions to having this topic as part of the training. For example, while all of the leaders expressed that one unit on case management training was not enough, some leaders went on to question if this was even an appropriate role for the CBOs. There seemed to be differing opinions around *whose* job it was to do case management: social service providers and resettlement organizations, or CBOs. Other leaders pointed out that it did not matter, as they were the ones who had community trust, access, and language capabilities. Even if they did not want to be case managers, in effect there was no way around this. Still for others, there were dual relationships when the leader of the CBO was also employed as a case manager by one of the resettlement organizations and worked with families in both settings. Comments included:

We have one class on case management. This should be a whole course! We need help.

We need help to better understand our role (as case managers)...we are responding to everything and often we do not have the necessary relationships in organizations to make referrals...and there is the issue of trust.

Our community expects us to take them to the doctor and to DWS and to register for school, so even if we do not want to be case managers, we have to.

Sustainability and self-care. When examining how community leaders could be better supported in holding leadership roles within their own communities (RQ 3), complex issues of sustainability & self-care were discussed. In order to provide greater access and distribute resources across several communities, the RSO supported one leader from each community to attend the training annually. The following year, a second member from each community would attend the training and so on (one from the Somali group, one from the Sudanese group, etc.) Focus group participants explained how these individuals would have to meet with their respective communities and try to explain what they were learning, and in effect spend a lot of time convincing the community that this was a good thing to do. Consequently, these individuals were spending a lot of time in class, followed by additional time with their community re-telling what they had learned in the training. Issues of sustainability were also tied to themes of self-care and burnout.

Building community capacity. Participants also expressed the need for more time to practice the new information they were receiving and needed more individuals in the community to be involved. Leaders of the CBOs who participated in the focus groups expressed great frustration and feelings of being overwhelmed with trying to address issues of resettlement and integration for their communities:

The skills and trainings are concentrated in a few people.... This causes many problems, we need to build the capacity of our whole community.

I am part of training teams, community workshops, adult education and I have a job! I cannot continue to do this, I have a family and they are paying the price. My community expects a lot of me, but I am only one person.

Youth and families. Supporting youth and families was identified as the highest community priority (RQ 4). Participants discussed how difficult it is for families to maintain their traditional roles. Adjusting to a new language and a new culture came at a great cost to family stability. Youth were learning English faster than their parents and at the same time, caught between different cultural norms.

The youth are out of control. There is a big problem with youth learning English and U.S. culture more quickly than parents and then they become the parents...or dominate and manipulative.

We have some youth threatening their parents that they will call the police on them because they do not let them do what they want.

We have trouble with our youth in almost every area. They are not fitting in at school and they are vulnerable to get in with the wrong groups.

These issues were tied to complications of resettlement, system barriers, and institutional racism. For example, as new arriving youth enter the school system they are placed at a grade level appropriate to their age. This placement often does not match their educational level and/or their language abilities. In other instances, participants shared stories of youth of refugee background who were academically strong and yet tracked into vocational programs rather than college preparatory courses. Below, participants shared similar frustration with accessing services:

It is difficult to access services, understand schools, get jobs, transportation, housing. It is hard to get help if you look different and/or have an accent.

The youth are lost and we need to have more activities for them. ...we are different and we are treated differently...even me, I am here almost 10 years, I am a citizen, but when I walk into the school or the hospital, I am always a refugee.

Curriculum and teaching methods. Data related to RQ 5 identified curriculum and teaching methods that were best suited to empowering community leaders from each population. Focus group participants were in strong agreement regarding their recommendations to address concerns related to the *process and methods of teaching* the material. Community leaders shared that this was not only new material that required time to understand and process, the trainings also required new skills and they needed opportunities to practice these skills. To complicate matters, there were *issues of language and literacy levels*. While the eligibility criteria to participate in the trainings required a certain level of English, the participant language level was primarily evaluated on conversational English, or in some cases, by who in a particular community had the “most” English language skills. For example, when a particular group is newly arriving, this language ability may be relative to others in the community who have no English proficiency. Focus group participants’ recommendations included:

The trainings are good, but we need more. They go quickly with one week on grant writing or bylaws.... We need time to practice, a place or person to go to and ask questions, somewhere to get feedback and advice.

Just because you show me how to write a grant one time does not mean I can write a grant.... I need you to do the grant with me and to do many, many grants together. Where can we go to ask questions and get help.... Of course this is the same with running the board and now I have to do home visits too...so let's first begin by writing a grant for a case manager.

I need them to go slower, I am translating in my head...also, and I do not know all the words and what they mean.

Language is a problem. I know most of the words...but not when you say them that fast and the teacher is constantly talking.... I need more time, I need to hear it again and again.... Sometimes I get stuck trying to understand one part and now they are on part 3 or 4...I am still at 1. Writing and reading the material is slow....

Participant Observations

Language. Data collection during participant observations corroborated the themes identified by the focus group participants. For example, participants’ attentiveness was markedly different in training sessions that were interactive, including hands-on team work or role play as opposed to those that were content-heavy, with a lot of technical language, using power points as the main instructional method. In addition, throughout the training sessions, it was necessary for instructors or peers to “break down the

English” by providing more examples, using words other than those listed on the worksheets. Also, where possible, peers provided translation. While there were many different languages and dialects present across the group, there were opportunities to use a common language such as Arabic, French or Burmese across several groups.

Interestingly when meeting with members of the RSO curriculum committee, they did not identify language issues as a concern; however, they did express concerns that the content contained new concepts that many participants were being exposed to for the first time:

Participants are having difficulty applying what they learned and staff (of the RSO) often need to go over much of the material on a more individual basis.

For many participants these concepts are totally new and this is their first time trying this.

Remember, many of these leaders come from countries that had corrupt government, so the idea of having a Board of Directors is a totally foreign concept.

Teaching methods. Participant observation provided several insights into teaching methods that are best suited to empowering this group of community leaders. For example, throughout the course when participants were invited to share their experiences, this almost always resulted in storytelling. These stories served as powerful teaching tools, allowing participants to switch from student to teacher. Similarly, participants embraced any opportunity to share information about their native countries, culture, and tradition. Cultural preservation was a dominant theme during the training sessions. Even for those participants who had lower English literacy levels, when given the opportunity to use art illustrations or symbols, they created a visual story map that shared their history and hopes for the future.

Because a different instructor taught each session, it was easy to observe how teaching styles affected participant learning. Active teaching methods that incorporated art, role play, partner or small group work were preferred and appeared to provide additional support for a participant with beginning English language skills. Collaboration and competition also served as effective methods for empowering leaders. Working together in small groups was effective to divide tasks and get more accomplished, while small group presentations provided accountability and set high expectations across groups.

Action Phase

During the Action Phase, study participants reviewed the findings of the data and applied this information to re-construct the leadership training curriculum. As previously mentioned, overall, the curriculum content was perceived as satisfactory; however, there were two recommendations specific to content areas. The remainder of the group recommendations focused on teaching methods and ways to incorporate more skill-building activities into the curriculum. The following recommendations were identified by the participants and submitted to the curriculum committee.

Curriculum Recommendations

1. Community Organizing – Participants were in agreement that there needed to be content, and likely a different training course, on community organizing. Inclusion of the WLI as the first training content was recommended.
2. Case Management – Leaders were unanimous that there was a need for more case management training. However, they remained in disagreement about the role of CBOs in providing these services. The group recommended that a different case management curriculum be developed and a larger conversation regarding the role of CBOs be facilitated with the RSO Advisory Board.

Teaching Methods Recommendations

1. Lead Teacher – While the participants were supportive of keeping multiple instructors, as this assisted them with establishing more relationships and networks for ongoing support, they suggested that there be a lead teacher who would be responsible for, and attend, the whole training. This would provide for greater consistency and integration of learning objectives across the curriculum.
2. Case Studies – Participants discussed that they had many case examples they needed assistance with that could serve as suitable teaching examples. Similar to this was the idea that one organizational case could be used throughout the course.
3. Interactive Teaching Methods – The participants' valued opportunities for applied learning and also to work on their own organization's task. Rather than completing a fictional grant application, they recommended time to work with instructors on current grant opportunities.
4. Training Community Teams – Participants expressed that much would be gained if they could attend the trainings as community teams (4 - 5 individuals from each group). This would provide opportunities for greater organizational capacity building and teams could make actual progress on the needs of the organization.
5. Mentoring and Ongoing Support – While the leaders gain much from these trainings, they expressed that the real challenge came when trying to apply what they had learned. They recommended having mentors who would be willing to assist them with applying these concepts and available for consultation and support.

The following year, the majority of these recommendations were implemented and several, such as the case management discussion, are still underway. As a result of the leaders' input, the resettlement agencies are now providing an extended case management period of up to two years for new arriving populations.

Areas of Mutual Learning

The project provided strong opportunities for mutual learning and action. Indeed, both CBPR and university-community partnerships prioritize reciprocity and mutually

beneficial outcomes. At a very fundamental level, trusting relationships were developed and social capital extended. For example, as participants became more familiar and comfortable with the research process, they also became more active in meetings and with wanting to engage with the data. As themes emerged, they were ready and wanting to move toward action. Similarly, the PI's role changed, moving from researcher and teacher to consultant, facilitator, and assistant. Social capital and networks grew at all levels. For example, several participants were interested in access to higher education for themselves and family members. They utilized their growing relationships with the academic partners to build new networks. The PI also saw growth in social capital within the communities of refugee background and the addition of new relationships that moved from individual to family and community, while often enjoying a wide range of flavorful cuisine. As trust and mutual learning grew, a strong presence of mutual responsibility emerged.

There was also new learning at the academic institution. For example, in response to the concerns regarding the need for case management training, representatives of the College of Social Work (CSW) met with leaders of CBOs, representatives of the Office of Refugee Services, and local resettlement organizations to develop case management trainings that could be utilized by multiple social service organizations across the valley. In the past, the CSW offered a Human Service Worker certificate program; however this has not been available for over a decade. These stakeholders formed a subcommittee and are in the process of updating the curriculum and plan to offer this certificate program beginning in Fall 2013.

Similarly, the recommendation for mentoring and ongoing support has stimulated the development of a non-profit incubator project at the university. This is a partnership between University of Utah, the CSW, the Department of Public Administration (PA) and Utah Nonprofit Association. Still in its pilot stage, the project represents a new structure for the academic institution and includes matching graduate students from the CSW with CBOs to conduct community needs assessments and asset mapping. During the second semester, CBOs partner with graduate students from PA who assist them with building the capacity of their organizations. This also provides opportunities for interdisciplinary practice across social work and public administration. The University of Utah offers a dual degree program in these disciplines, although students from these two disciplines seldom engage in shared practice in the field.

Discussion and Future Research

While this project was conducted with specific goals of connecting the university resources (teaching and research) to community-identified priorities for reciprocal action, the data has engaged new conversation and complexities around identifying the role of these CBOs serving communities of immigrant and refugee populations. While the need for additional support in assisting with resettlement and integration is obvious, whose responsibility is this? At the same time, focus group participants were clear that they wanted to play a role in assisting their communities with integration, but they had differing views on what approach would best achieve this. For some leaders, the need to serve as first responder to new arriving populations was a priority and indeed several

leaders expressed that this could not be done effectively without participation of the CBOs. Other leaders shared that ideally they want to be supporting their communities through cultural preservation activities, such as native language instruction for youth, classes in traditional dance, and understanding the historical and political issues related to their migration.

Importantly, and as a result of utilizing a CBPR framework, discussions regarding gender equity surfaced during the research process. For some participants this was a new area and often not included as part of organizational management, as management was not viewed as a traditional female role. However, with other members there was an increasing awareness of the need to include and address women's issues, yet there was disagreement around whether this meant including women or just "women's issues." These gender issues have a complex context including historical and cultural issues becoming naturalized over time. Nevertheless, conducting a CBPR project with the leaders of the CBOs created a space of inquiry where these questions could surface. Indeed, the third year cohort experienced the inclusion of female participants, and the Office of Refugee Services organized a Women's Committee with representation of women from a variety of diverse communities. It will be important to continue this research with more meaningful involvement of female community leaders and participants. Including dialogues on gender awareness and active participation in the CBO structure is a priority for future research and mainstreaming gender perspectives.

Additional areas for future research surfaced when examining how to best support community leadership. These comments focused around leaders who felt isolated and overwhelmed in their roles. As the conversations evolved, however, it was clear that these comments also surfaced larger questions related to individual versus collective societies. How could these communities benefit from a more inclusive approach to these trainings? What are opportunities for growing understanding on both sides, allowing for two-way integration? While the leaders are learning new information and skills, how are U.S. systems involved in these relationships, incorporating new knowledge gained in ways that improve social service delivery? If resettling populations are changed as they integrate, are host societies also not changed? How is this information changing how we practice?

Even more complex were discussions about *who* is leader? Participants discussed the role of elders in the community as traditional leaders and the need for board members to include elders in their decision making process. Of course, this was not entirely supported by the organization by-laws; nevertheless, this traditional role of positional power was active in many of these organizations and added to the confusion and frustration of leaders and community members.

Finally, two additional areas requiring more investigation were issues of trust and gatekeeping. When the CBOs experienced conflict or confusion, the community would hold the leader responsible. While this may not be true in all organizations, the ethnic leaders associated this experience with the way things were back home. Participants expressed how corruption in their native countries and inside refugee camps had an effect on how resources were distributed. Leaders shared stories of how government and

refugee camp leaders served as gatekeepers and often required additional compensation for the distribution of basic resources. When things here did not go as expected by community members, the CBO leaders were suspected of leading the organization for personal gain. These doubts and conflicts added to the feelings of frustration on the part of the leaders.

Conclusion

The privilege of assisting diverse communities' integration into the fabric of U.S. society comes with the responsibilities of applying the new knowledge gained in ways that benefit community well-being. Building on the work of Kretzman and McKnight (1993), the major contribution of the *Emerging Leaders Project* is to reaffirm that the solutions to community issues begin with the community itself. This asset-based framework separates place and circumstance from individual and community capacity. It thinks of new ways to incorporate the talents of people and the culture of the community with the existing issues and opportunities (Morse, 2011).

The *Emerging Leaders Project* reminds us that resettlement is an ongoing process and does not end with arrival to a new country. Understanding integration as a two-way learning process necessitates that host societies embrace resettlement as an opportunity to evaluate and change system practices that are no longer effective. Similarly, this project demonstrates the power of university-community partnerships as effective vehicles for investing university resources in issues relevant to local stakeholders while simultaneously developing valuable teaching and research opportunities.

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Peer Review in a Social Policy Course: Lessons Learned

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Abstract: *Peer review is a tool that provides students with a sense of how their work is perceived by others. Built on reflection and feedback, peer review assesses the quality of academic processes and products based on well-understood criteria. Peer review was implemented in a baccalaureate social work policy course to enhance writing and critical thinking skills. Students were surveyed on their experiences and indicated that peer review activities provided beneficial learning exercises. The information gathered suggests methods for future implementation of peer review in social work education.*

Keywords: *Peer review, education, social work, writing skills, critical thinking*

Writing assignments are an active form of learning, especially when students receive feedback and have the opportunity to revise their work (Althausser & Darnell, 2001). The structural process of peer review advances learning as students contemplate ideas and transfer their thoughts to words (Althausser & Darnell, 2001). Thus, peer review connotes a process in which students assess one another's work using specific criteria and provide feedback to each other designed to improve writing and critical thinking skills (Van Den Berg, Admiraal, & Pilot, 2006). While peer review is common in the professional world with activities such as journal articles and grant proposals, few students have the opportunity to engage in the peer review process (Liu, Pysarchik, & Taylor, 2002).

Peer review is an important tool in social work education because it promotes self-examination, assessment, interpersonal interaction, and verbal and written communication—fundamental skills necessary for professional social work practice (Lemieux, 2001). Although useful strategies for incorporating peer review in the classroom setting are available for instructors (Fitzgerald, 1989; Topping, 1998; Van Den Berg et al., 2006), there is little research found on students' perception of the peer review process as a tool for learning in social work.

Literature Review

Peer Review Process and Background

Peer review has its roots in ancient Greece as a method of evaluation; it was the physician Ishaq bin Ali al-Rahwl (854–931 CE) of Syria who first described the peer review process as a method to evaluate the care provided by physicians in the context of a patient's recovery (Burnham, 1990). During the 17th century, scientific clubs of scholars debated the origin and validity of theoretical frameworks, establishing processes of announcing, validating, and accrediting scientific discovery. However, the review process was not considered standard practice until the mid-20th century (Fitzpatrick, 2009).

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The practice of peer review emerged in the social science community with the publication of professional journals; it ensured that only valid and reliable evidence was published. Thus, much like scientific scholars, social scientists saw peer review at the heart of good scholarly publishing and a standard practice for all reputable journals.

Peer review is used in social work practice through: systems of policy development; program implementation; intervention or service plans; monitoring; evaluation; and the dissemination of evidence or findings. Social work research also requires peer review in grant funding, internal review boards, research methodologies, data collection and interpretation, and the publications of evidence or findings.

Social work educators have used peer review informally for many years as a way to enhance students' writing skills. The review process involves students in a collaborative learning effort whereby they benefit from commenting on the work of others, and use critical thinking skills to nurture the development of their classmates' writing skills. More recently, with the need for evidence to validate that peer review is related to the efficiency and effectiveness of learning, educators began conducting research on this pedagogical method.

Falchikov and Goldfinch (2000) concluded that peer review involves a judgment of work based on standards whereby students assess their own work and that of peers. To paraphrase, peer review is sometimes known as peer response (Gillam, 1990), peer assessment, peer marking, or peer feedback (Topping, 1998). Whatever the name, the process of peer review remains somewhat consistent across disciplines. Namely, grading rubrics or open-ended questions are used to assess the quality of such writing elements as the expression of ideas and content, general organization, and fluency.

Over the last several years, there appears to be an increased use of peer review to mark learning and achievement (Hattie & Timperley, 2007). Topping (1998) performed a literature review of 31 studies on peer review conducted from 1980 to 1996. Topping's account of the research is qualitative, descriptive, and based primarily on the interpretation of researchers. The summary findings indicate that peer review is capable of outcomes equal to or better than teacher assessment when objectives, expectations, and the collaborative nature of the process are communicated. It was also found to be reliable and valid in many applications (Topping, 1998).

Falchikov and Goldfinch (2000) conducted a meta-analysis of 48 quantitative peer assessment studies, of which 30 were not included in Topping's review, to investigate student-teacher agreement in marking. Results indicated that global assessments based on clear, concise criteria were essential to peer review. Moreover, multiple ratings were not found to be better than ratings by singletons (Falchikov & Goldfinch, 2000).

Lemieux (2001) used peer review in a graduate-level social work practice class to revise assignments. High correlations were found among instructor, peer, and self-evaluation scores. Students reported peer review was challenging, but helpful (Lemieux, 2001). A similar finding was reported by Althausser and Darnall (2001) who used peer review to evaluate draft answers to take-home essay questions using a Web-based

conference system. Results indicated the better the peer review, the higher the quality of revised essays.

Reese-Durham (2005) facilitated a peer review process in an Applied Research Education course with 19 students. Students reported the feedback was helpful because they learned that more substantial information was needed in their research paper. Further, the instructor found the quality of papers received was much higher than those submitted by students from previous classes that did not use peer review (Reese-Durham, 2005).

An experimental study of peer review consisting of 168 history students was conducted by Van Den Berg and colleagues (2006) to determine the best combination of design features. It found the optimal size of feedback groups seemed to be three or four, with sufficient time between peer and teacher assessment for students to revise their drafts. Peer review, however, was not found to lead to higher grades as compared to those who did not have peer review, but the majority of students who utilized peer review found their revised papers better than the drafts. This outcome was supported by Price, O'Donovan, and Rust (2007) who were unable to demonstrate any statistically significant differences in grades between 503 students who attended an optional workshop on peer review and 91 students who did not. Students, however, felt the peer review workshop was valuable (Price et al., 2007).

Saito and Fujita (2009) provided strong support for peer review within the context of group presentations. Their study of 83 Japanese first-year college students found overall similarity between peer and instructor assessments, along with some notable differences in item difficulties. Their results also suggest that students appreciated the support offered through the peer review process (Saito & Fujita, 2009).

Perspectives Associated with Peer Review

Reasoned thinking and effective writing are critical competencies of social work practice (Council on Social Work Education [CSWE], 2008). Peer review, as a vehicle to enhance student competency development in these two areas, is underpinned by compatible perspectives that highlight the values and principles of the social work profession. It is the experience-based learning of peer review that integrates these perspectives into a pedagogical approach.

Social constructionism is integral to peer review because it facilitates learning by encouraging people to make sense of their own realities and accept responsibility for their beliefs and values (Gibbons & Gray, 2004). Sharing ideas through social dialogues, engaging in reflection, and considering alternative perspectives are distinguishing features of social constructionism and subsequently, peer review. Indeed, the contention is that students learn through their interactions with others in an environment that encourages the social conditions for experiences and provides the resources to enhance their informed understanding of the world.

Experiential learning, another perspective associated with peer review, links critical thinking to the "iterative process of doing-critiquing-doing-critiquing" (Doll, 1993, p.

174; Gibbons & Gray, 2004). Dewey (1910) and later Freire (1994), both proponents of experiential learning, recognized that students need to engage in an independent, self-directed approach to learning whereby the teacher is a facilitator of knowledge, not the expert. Peer review does this through the processes of writing, reading, reviewing, discussing, and revising in the context of independent study and working relationships. Dialogue and reflection lead students to different points of view and expand their fund of knowledge by exploring various interpretations, giving and providing feedback, and communicating ideas.

The strengths perspective based on the ecological theory, with its focus on dynamic interactions and active participation, contributes to peer review by suggesting that clarity of thought and communication adds power and control to students as they work toward a sense of self as professional (Saleebey, 2006; Tice & Perkins, 1996). Components of the strengths perceptive, collaboration, reciprocity, acknowledging individual realities, and building upon unique characteristics, give voice to students' ideas as they discover their power to influence through thought and word.

Social constructionism, experiential learning, and the strengths perspective suggest that peer review complements the values of social work and offers educators a pedagogical approach that enhances a nurturing classroom environment in which students integrate their learning with that of others. Thus, implied in peer review is the notion that students are empowered to direct changes in their thinking and writing through a dynamic process.

Method

Peer review is widely used in a variety of course subjects and learning activities. However, in order for peer review to be successful for students, their thoughts on the process are needed. The purpose of this study was to examine social work students' perceptions of the peer review process. The peer feedback activity consisted of reviewing a policy-related paper in a social work social policy class. Students were then surveyed at the end of the class on the peer review experience.

Participants

Enrolled in a mid-size United States honors university, the student participants (N = 64) ranged from sophomore to senior undergraduates majoring in social work, sociology, political science, or psychology. Participants were selected from three baccalaureate social policy classes taught over the span of three years in the spring semester (Table 1). Initially, 66 surveys were returned; however, two surveys from different years did not have responses to five or more questions on different scales. Those two surveys were excluded from analysis.

Procedure

The study's method, participant description, and procedures were defined and submitted to the university's Institutional Review Board. Approval to conduct the study was received.

Table 1. Sample for Peer Review (N = 64)

Class	Number of Students	Percent of Sample
1	12	18.8%
2	16	25.0%
3	36	56.3%
Total	64	100.0%

For several reasons, the second course in a two-course social policy sequence was selected for the study. First, the course examined the current American social welfare system by analyzing state and federal policies related to a range of social issues. Thus, the purpose of the course supported a significant writing assignment that required problem recognition, critical thinking, research, and the integration of multiple sources of knowledge. Secondly, because of the course's writing assignment, it was considered "writing intensive" by the university. More specifically, scholarly research, writing frequently in and/or out of class, feedback on writing, and discussions of the work students were doing as writers occurred at various points during the semester. Lastly, the assignment, in the context of course content, encouraged students to reflect upon and understand the importance of conveying thoughts and policy positions to a varied audience. Consequently, writing was seen as a vehicle of knowledge acquisition and distribution.

At the beginning of the spring semester a major writing assignment, consisting of approximately 15 pages, was introduced to the students. The assignment, divided into three distinct components, involved using a framework to analyze a current social policy. The peer review process included: 1) providing students with a 30-minute lecture on American Psychological Association style writing, expectations for peer review, and components for good introduction and conclusion paragraphs; 2) distributing examples of introduction and conclusion paragraphs and asking students to consider how to improve them; 3) dividing students into pairs and exchanging drafts of the assignment components according to a specified timeline; 4) assessing the drafts according to the same standardized form, or rubric, the instructor would use; 5) providing the instructor with the reviewed drafts for review and comments; and, 6) returning the drafts to students by the following class with the peer review and instructor comments. At the end of the course, students were surveyed on their experiences of peer review for course improvement.

Measures

The measurement tool consisted of 14 survey questions previously used in two other studies to assess the peer review experience. A comment area was also provided for written feedback in the study. Authors' permissions were received to use both measures.

Peer Evaluation. Students' perspective on the helpfulness of the peer review experience was measured by a Peer Evaluation (PE) scale (Reese-Durham, 2005). Six

Likert-type response scale questions (1 = *strongly disagree*, 5 = *strongly agree*) were used for this study. Examples of items are “This activity was helpful in my revisions for this paper” and “My feedback should be useful for revising the paper.” Information on psychometric properties from the previous study was not available. In this study, Cronbach’s alpha was found to be .90.

Positive Attitude Subscale. Students’ overall attitudes to peer review were assessed by the Positive Attitude Subscale (POS) (Wen & Tsai, 2006). It is an eight-item, self-report questionnaire with a five-point Likert-type response scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Cronbach’s alpha was found to be .86 in the Wen and Tsai (2006) study and .93 in this study.

Results

Using SPSS 15.0, a Kruskal-Wallis test and frequencies were used to examine peer assessment feedback. There were no variables with 5 percent or more missing values; thus, hot decking was used as a procedure for handling missing data. Hot decking is the process of replacing missing values with a response from a participant who provided similar answers on non-missing items (Andridge & Little, 2010). The Kruskal-Wallis test was chosen to test for differences among groups on the PE and POS measures, since data were not normally distributed. The results of these tests were not statistically significant, indicating no differences among the three groups of students.

Results indicate that overall, students found peer review to be beneficial (Table 2). Specifically, peer assessment was found to be helpful to their learning. They reported peer assessment activities increased the interaction among themselves and their classmates, the highest mean in the survey. Students felt the feedback they received was clear, understandable and constructive. Students felt the feedback they provided to their peers would be useful for revising the student’s paper they reviewed. However, students rated the peer review activity lower for being helpful to revise their own paper. This was interesting, as the mean for students reporting they understood their role as peer reviewer was quite high. Students seemed to think peer review was fair to assess performance.

Seventeen baccalaureate students provided written comments. The majority of the feedback was positive, such as “Peer review worked for me” and “I haven’t done it in a while, and it helped keep me on track.” A student thought the peer review process reduced anxiety about submitting the paper: “I felt better because it was less pressure to have a classmate review the paper first.” The peer collaboration was also enjoyed by students: “I love the peer interaction and feedback. It really helps for the paper.” There were, however, four comments about the lack of participation from their partner in the peer review process. Another student reported they did not find it valuable: “I like the idea of peer assessment, but honestly I didn’t get a lot of useful information.”

Table 2. Survey Responses ($N = 64$)

<i>Scale</i>	<i>Item</i>	<i>Mean</i>	<i>Median</i>	<i>Mode</i>	<i>SD</i>
1 (PE)	Helpful for revisions	3.78	4.0	4.0	1.03
	Constructive feedback received	3.92	4.0	4.0	.93
	Feedback was clear and understandable	3.78	4.0	4.0	.95
	Understood role as peer reviewer	4.11	4.0	5.0	.94
	Able to give constructive feedback	3.92	4.0	4.0	.98
	Feedback given should be useful	4.06	4.0	4.0	.83
2 (POS)	Helpful to my learning	3.89	4.0	5.0	1.05
	Understood more about requirements	3.77	4.0	4.0	1.05
	Improved verbal communication skills	3.78	4.0	4.0	1.02
	Motivated learning	3.38	3.0	3.0	1.15
	Increased interaction between teacher and student	3.30	3.0	3.0	1.16
	Developed a sense of participation	3.81	4.0	4.0	.99
	Increased interaction between classmates and student	4.14	4.0	5.0	1.10
	Fair to use to assess performance	3.71	4.0	4.0	1.13

Discussion

The objective of this study was to collect students' responses to and assessment of the peer review process so as to improve the process for future classes. Results from the study corroborated Wen and Tsai's (2006) findings that peer assessment increases interactions among classmates. Additionally, the outcome that peer review increases verbal skills supports Gillam's (1990) report that peer assessment improves students' ability to communicate. These results demonstrate how peer review contributes to the strengths perspective, as students are engaging with one another and collaborating on a specific educational assignment, helping to develop a professional identity. The findings were also consistent with prior studies' claims that students found peer review helpful to promote effective writing (Lemieux, 2001; Price et al., 2007). This conclusion indicates students considered alternate perspectives through their interactions of others, demonstrating social constructionism.

It is interesting to note that while the respondents thought their feedback would be helpful to others, they did not view the feedback they received to be as useful as what they had provided to their peers. An explanation of this could come from a lack of exposure to experiential learning, whereby students have limited experience giving and

providing feedback to their peers. Furthermore, perhaps this response reflects the first stage in Reynolds' (1985) five-step model of learning, where danger or hesitation is associated with new skill acquisition. With this idea as a backdrop, it would be essential that students receive ongoing written and verbal encouragement throughout the peer review process. Ideally, such supportive comments would increase the confidence of students to experiment with and improve their writing skills.

Feedback on the peer review process provided an opportunity for the course instructor to incorporate different pedagogical strategies to improve the course's writing assignments. The overall goal of the following strategies is to make student writing more infused in the course's design and classroom activities. Lessons learned included:

Consider writing a group effort, not an individual task. Unlike the peer review process associated with the publication of professional articles or the funding review of grants, peer review with students in the context of the classroom necessitates supportive relationships where candor and constructive criticism are received within a framework of confidence and understanding. To nurture the establishment of collegial relationships, the earlier in the course that instructor-assigned or student-selected pairs or groups are formed, the more time there is for meaningful communication and trust to develop. Ideally, a learning environment emerges from those relationships that are less focused on individual achievement and more directed toward group improvement of writing as an interconnected process.

Share copies and sections of the assignment to set a standard. As in the peer review process where good introduction and conclusion paragraphs are reviewed and criteria for excellence is discussed, students should have the opportunity to read and discuss noteworthy examples of written assignments (Gehr, 2005). This is a characteristic of social constructionism. It allows for analysis of various writing styles, self-reflection and a sense of support for judgments (Gibbs & Gambrell, 1996). Further, questions regarding the expectations and criteria associated with the assignment can be addressed before students engage in their writing.

Sequence assignments. Written final assignments often loom over a course in an overwhelming manner. Breaking a major writing assignment into discrete components, allowing for peer review of those components, providing feedback, and requiring synthesis of the components into a comprehensive whole underlines a process of writing comprised of drafts, reflection, revision and integration, a hallmark of experiential learning. This process also encourages students to work on the writing assignment over time in a thoughtful manner (Sterngold, 2004).

Designate in- and out-of-class time for peer review and discussion. Introducing peer review assumes a commitment to writing as a process of thinking, drafting, revising, rethinking, and editing (Vourlekis & Hall, 2007). The allocation of class time to this process signifies its importance and the integral role writing has to the course content. The course syllabus should specify when class time will be devoted to peer review, thus allowing students to think ahead and prepare. Assigning a grade to peer review also highlights the significance of participation.

Design a feedback rubric for peer review. As stated in the peer review process, the drafts of assignments were reviewed according to the same standardized form, or rubric, that the instructor used. Creating a rubric for peer review forces consideration, in an objective fashion, of the major and minor elements of the writing assignment. It also supports the use of the strengths perspective, as students actively engage in the peer review process. A standard format also provides the instructor and students with a guideline for knowing the content and writing expectations and marking improvement in both areas over time.

Highlight the role of the instructor in the peer review process. Peer review broadens the audience to whom student writers are responsible because someone other than the course instructor will review their writing (Reid, 2006). However, it is the instructor who can connect comments on writing skills with a demonstrated understanding of course content. Consequently, the instructor's comments should be prompt and thorough, affording students the opportunity to meet with the instructor as needed.

Connect with university student support services. Students with different writing skill levels and academic experiences enroll in a course. Peer review involves active learning whereby students conduct ongoing analysis, synthesis, and evaluation of presented material (Bronwell & Eison, 1991). The anticipated benefits of active learning include improved attitudes toward the acquisition of new information, enhanced critical thinking, improved writing skills, and increased retention of material (Bronwell & Eison, 1991). Therefore, through the peer review process, students might recognize their academic strengths as well as their needs to seek assistance from a writing center or some sort of tutoring. In this way, collaboration between the class instructor and supportive ancillary services is seen as an important alliance in developing academic capacity, including writing skills.

Issues Relating to Peer Review

While the positive aspects of peer review have been highlighted in this study, it is also important to consider some shortcomings, including: student anxiety, social embarrassment, possible plagiarism, and an unwillingness to provide feedback to peers or accept peer feedback (Topping, 1998). For example, one student from the study reported, "If a person has poor writing skills, they may not want it to be known by their peers."

Peer review may encourage those students having difficulty to meet with the instructor before problems occur and seek outside tutoring in order to improve their writing. A proactive approach is sequencing sections of papers. It can help with this issue because students can be identified early on in the semester if they are experiencing difficulties. Another student in the same class stated, "Some peers do not hold the same level of skills as others." Following Van Den Berg and colleagues' (2006) suggestion of having feedback groups consisting of three or four students may help this problem. Incorporating student feedback in the peer review process is suggested, as well as training students on the application of peer review, giving and receiving feedback, and incorporating feedback into their work (Topping, 1998). Instructors also need to model how to give comments (Fitzgerald, 1989); it is important for social work students to learn

how to give and receive criticism because this will occur throughout their social work career.

Implications for Social Work

This study suggests that peer review is an important process for students for several reasons. First, it exposes them to other writing styles. It allows students to give and receive feedback, a vital skill set to master in the social work field. In addition, it prepares students to work in groups. Further, peer review teaches self-examination (Lemieux, 2001). Students receive comments on their work, and they then choose whether or not to incorporate the feedback in their writing. As future social workers, it is important for students to become familiar with the peer review process since it will occur in their career. Grant proposals, conference proposals and journal manuscripts are all peer reviewed. Further, some agencies incorporate a peer review in the hiring process.

For social work educators, peer review presents an opportunity to shift emphasis from instructor-directed learning to active learning. In the resulting learning environment, course design, time allocation, and class discussions affirm student contributions and skill improvements while providing continuous constructive feedback. Thus, by assuming a more facilitative role, instructors support active learning in which students simultaneously reflect on course content as they improve their writing skills.

Furthermore, there is a direct relationship between peer review and the Educational Policy and Accreditation Standards established by the Council on Social Work Education (CSWE, 2008). Specifically, peer review supports Educational Policy 2.1.3 which discusses critical thinking and the need to demonstrate written communication skills in professional relationships. A rubric designed for the peer review can be used to report student competency in this standard and also benchmark both individual and aggregated grades.

The findings of this study have several implications for future research. Namely, data supports the need for research that evaluates if differences or similarities on receptiveness of peer review exist in relation to students' skill levels and demographic characteristics. The study also raises important issues as to whether peer review is powerful enough to assist students with significant writing challenges. Evaluating students' writing skills before and after receiving peer review would shed insight into this issue. Furthermore, a question for consideration is whether the value of peer review is advantageous in one course, or should the pedagogical approach be applied more broadly across curriculum for maximum benefit. For example, should peer review only be used in policy or research courses, or in all assignments in courses that require journal articles and other scholarly sources? Moreover, examining instructors post-peer review and the changes that occur to the process would be helpful to improve the overall quality of this teaching method.

Study Strengths and Limitations

Strengths of this study include the use of an anonymous survey, decreasing the likelihood of response bias. Additionally, the findings are consistent with those from

several previous studies. Furthermore, this study provided information on peer review from a student's perspective, adding to the literature.

Some limitations to this study include the small sample size and a fluctuating sample size from year to year. Also, conclusions drawn from the study findings and attempts to generalize them must be treated with caution because the data is based on a survey from a small population of students in one university system. Moreover, the results must be understood as student perceptions rather than actual effects on student learning. Finally, peer review was only used in a social policy course, thus limiting the study's findings and its relevance to other courses.

Conclusion

This exploratory study offers ideas for consideration. Through the application of peer review, students become aware of their capabilities in writing, critical thinking, self-reflection, and nonjudgmental inquiry. The instructor needs to be mindful of the interrelationship among these components of learning, and strive to present course content, design assignments, and provide feedback in an integrative manner. By doing so, there is a more complete assessment of skill and knowledge acquisition.

Conceptualizing peer review in the context of social work practice is another point for consideration. Social work practice demands clear, concise writing coupled with critical thinking (CSWE, 2008). The process of review engages students in a change effort that encourages seeking assistance, following a plan of action, and evaluating outcomes. Furthermore, peer review prepares students for their social work career by knowing how to successfully provide and receive feedback, a key component in providing services to others.

While prior studies on peer review have reported positive effects on students' writing skills (Van Den Berg et al., 2006), this study encourages social work educators to further examine the peer review process based on student perceptions and experiences. Not unlike the process of seeking help in other arenas, peer review encourages students to improve their academic performance by examining limitations and strengths in a candid fashion. Social work educators can lead by example: by soliciting feedback from their students to improve upon their pedagogy.

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Reimagining Field Education in Social Work: The Promise Unveiled

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Abstract: *The current wave of neo-liberalism in Canada has driven our universities to retreat from their responsibilities as public institutions, accountable to their communities. In this paper we present a case study of field education in Canada and discuss the implications of the neoliberal academy on social work field education. On the basis of our experience as faculty consultants of BSW and MSW students, and coming from a school of social work that embraces an anti-oppression perspective as its guiding philosophy, we undertake a reconceptualization exercise in which we re-imagine field education. We politicize field education as a site with transformative possibilities. We describe the principles and processes that inform our reconceptualization and offer an example of how this might be realized in practice. This paper contributes towards developing new knowledge that unveils the promise of transformative change through a re-imagining of field education.*

Keywords: *Neo-liberalism, academy, social work, field education*

The current wave of neo-liberalism has driven Canadian universities to reconsider their responsibilities as public institutions to their communities. While the mission statements of universities proclaim their social responsibility to communities through providing relevant and responsive education, in reality, this mission is being replaced with an entrepreneurial agenda. Neo-liberalism within academia is aptly described by Shore (2008) as the “transformation of the traditional liberal and enlightenment idea of the university as a place of higher learning into the modern idea of the university as corporate enterprise ... maximizing economic return and investment, and gaining competitive advantage in the global knowledge economy” (p. 282). This shift in universities’ mission has profoundly affected social work education.

As neo-liberalism becomes more entrenched within universities, the mission of social work begins to shift away from engaging communities outside the academy towards meeting the new demands of neoliberalism. This trend is contrary to the stated mission of social work offered by the Canadian Association of Social Work Education (CASWE) and the Canadian Association of Social Workers (CASW). According to CASWE, the mission of social work is “to promote change and achieve equity and social justice” (CASWE, 2011). This mission obligates a commitment by schools of social work to marginalized communities, centering these communities in all aspects of social work education, including classroom teaching, field education, and research. Within this perspective, the role of social work education would be aligning with communities and working towards transformative change. This mission is critical in the current neo-liberal context where we are witnessing deepening inequalities and injustices within

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marginalized communities. However, schools of social work have interpreted this mission in a manner that tends to fit, rather than challenge, the individualistic and corporate shifts we are experiencing in the academy (Larner, 2000). This is particularly evident in the design and delivery of field education.

For the most part, field education continues to be delivered in a very traditional manner, with critical thinking limited to the classroom at best. Instead of challenging the status quo, this traditional model actually reinforces the neo-liberal agenda (Preston, George & Silver, *In press*). In preparing students for social work practice, the current model of field education primarily situates students within the context of an agency. Students in our school spend approximately 900 hours in the BSW and 450 hours in the MSW. Their practice training includes acquiring an understanding the practices and processes of their placement agency and assisting in the delivery of services to individuals and groups. Consequently in this model, the scope of practice is limited to an agency context.

This model does not center the community nor does it recognize its critical role in preparing students to promote equity and social justice within the broader societal context. With its focus on agency-based practice, this model of field education reinforces the very neo-liberalism that our mission proposes to challenge (Aronson & Sammon, 2000; Preston, George & Silver, *In press*). As Wiebe (2010) points out, "The field education experience ought to provide students with the opportunity to go beyond analysis to active engagement in social justice work" (p. 70). The current model of field education was not explicitly designed to forge alliances between schools of social work and communities, though some placement contexts might provide these experiences. Given the deepening marginalization of our communities (Fanelli & Paulson, 2010; Mowbray, 2010; Purcell, 2009; Rose, 1996), it is timely and urgent for social workers to engage with the agenda of social justice, equity, and transformative change.

Coming from a Canadian school of social work that embraces an anti-oppression perspective as its guiding philosophy, we consider this lack of alignment of field education with the original mission of social work as a missed transformative opportunity. On the basis of our experience as faculty consultants of BSW and MSW students, we have come to visualize field education as a site with multiple possibilities, such as: the possibility for alliance building with communities; the possibility of being a critical partner in the process of social change; and last but not the least, the possibility for preparing future social workers for activism and transformative change.

We recognize that this process of reimagining field education is fraught with many tensions, particularly as academics are increasingly becoming neo-liberal subjects (Burchell, 1998; Davies & Petersen, 2005; Olssen & Peters, 2005). While we acknowledge the limits of reconceptualizing field education within the current neo-liberal context, we also recognize that it is imperative that we resist the neo-liberal project and not surrender ourselves to its dictates.

Much of the research on neo-liberalism focuses on academia and explores ways of disrupting managerialism in academy, not on how the academy could engage with communities (Anderson, 2008; Barnett & Griffin, 1997; Clark, 1998; Fisher & Rubenson,

1998; Giroux, 2003; Kelsey, 1998; Meemeduma, 2001; Rhoades & Slaughter, 1997; Slaughter, 1998; Slaughter & Leslie, 1998). Similarly, the literature on field education in social work has focused on exploring ways of strengthening the conventional model of field (Andharia, 2011; Lager & Robbins, 2004; Todd & Schwartz, 2009, Wehbi & Turcotte, 2007). This paper contributes towards developing new perspectives on field education that unveil the promise of transformative change. We do not wish to provide a recipe but instead, stimulate further critical thinking and dialogue.

The Neo-Liberal Academy

Neo-liberalism has turned the academy away from being a public institution and towards functioning as a capitalist enterprise (Barnett & Griffin, 1997; Carroll & Beaton, 2000; Clark, 1998; Fisher & Rubenson, 1998; Giroux, 2003, 2010; Kelsey, 1998; Meemeduma, 2001; Rhoades & Slaughter, 1997; Slaughter, 1998; Slaughter & Leslie, 1998). This shift has transformed knowledge into a commodity just like other goods and services (Sit, 2008). As a public institution the academy's responsibility towards achieving the social good is redefined in economic terms with an assumption that such economic development will be beneficial to everyone. Thorpe (2008) understands this shift as a "crisis in the very idea of the university as an institution ... [with] the complete subordination of intellectual life to instrumental values and most brutally, to the measure of money" (p.1). Deem and Brehony (2005) see this as an ideological shift that maintains relations of power and domination by administrative hierarchies. This shift in the academy's vision is reflected in the curriculum, roles of academics, and governance of the academy.

With the shift to neo-liberalism there is an increasing expectation that the university will adapt its curriculum to meet the demands of the market, privileging research that will attract external research grants and striving towards developing demand for markets (Deem & Brehony, 2005; Polster, 2005). Based on this focus, neo-liberalism has privileged research over teaching and service (Fairweather, 1996; Gaffikin & Perry, 2009; Hughes, 2007). There is an increasing pressure on academics to pursue research funds by securing external grants (Deem & Brehony, 2005; Gaffikin & Perry, 2009; Jacobs, 2004; Newson, 1998; Polster, 2005).

These trends are accompanied by management practices that emphasize "efficiency, accountability and competition" (Aronson & Smith, 2010, p. 531). They encourage a culture of individualism and competition between academics (Larner, 2000; Shore, 2008; Sit, 2008; Whitley, Aguiar, & Marten, 2008) at the expense of collective well-being. Anderson, Johnson, and Miligan (1996) perceive these practices as fitting with Foucault's (1991) assertion of 'governmentality' by coupling 'individualization' and 'totalization' through a single message that there is only one 'right way' to succeed. Anderson and colleagues (1996) find that managerialist approaches to performance appraisals and reward systems in academia encourage individualism while reaffirming the totalizing message that there is only one "right way" to succeed. Zipin (2006) examines how this "governmentality" highlights institutionalized bullying and weakens the autonomy and agency of academics (p. 26). Marginson and Terry (1995) describe performance reviews as "the key parts of the education panopticon, a way to steer from a distance" (p. 9).

These changes have constrained the creativity and leadership within faculty members in areas that are not deemed as productive or income generating (Clegg, 2008; Kezar, Lester, Carducci, Gallant, & McGavin, 2007).

At the departmental levels, research is becoming more significant, measured annually through indicators such as research income, research activity, grant applications and success rates (Green, 2008; Larner & Heron, 2005). To be competitive, faculty are discouraged from undertaking research that is founded on social justice perspectives, as such perspectives are likely to receive less funding (Wehbi & Turcotte, 2007). This system rewards the entrepreneurial professors who generate research income and peer-reviewed journal publications (Anderson, 2002; Anderson, 2008; Baldwin & Krotseng, 1985). Although universities still include teaching and service as valued attributes, tenure and promotion committees are increasingly devaluing service and teaching and focusing on research outcomes (Boyer, 1996).

The consequence of this trend is the retreat of the academy from its engagement with communities. In withdrawing its attention away from the issues facing communities, the academy is continuing to relinquish its responsibility as a public institution (Mollis, 2006; Pusser, 2002; Thorpe, 2008). Boyer (1996) proposes a "scholarship of engagement" which implicates institutions of higher learning as partners in pursuing "our most pressing social, civic and ethical problems" (p. 19). Boyer maintains that engaged "campuses would be viewed by both students and professors not only as isolated islands, but staging grounds for actions ..." (p. 20). Slocum and Rhoads (2009) also challenge the withdrawal of the academy from its communities and instead, provide a democratic emancipatory vision of the university as a "socially transformative agent concerned with active engagement in social problems (as opposed to claiming a position of neutrality) and addresses democratically negotiated social good ..." (p.88).

We concur with Boyer (1996) and Slocum and Rhoads (2009), in that, schools of social work can play a significant role in re-establishing the social mission of our universities. Based on their unique advantage of being connected to communities through field education, schools of social work could act as a bridge that reconstructs reciprocal relations between the academy and the community.

Schools of social work have been particularly affected by the neo-liberal transformation of the academy. The essence of social work education is based on partnerships between the academy and communities. As faculty are compelled to focus inward on scholarship productivity (Kilpatrick, Turner, & Holland, 1994), they become less focussed outside the academy and with communities. Given this inward focus, faculty manage these neoliberal tensions by restaging critical perspectives in the classroom and less in the field. We find ourselves becoming complacent with classroom activism, and as such, our activist intentions remain rhetorical rather than enacted.

Problematizing our Current Model of Field Education

In this section, we problematize certain aspects of our current model of field education. Consistent with many other schools of social work in Canada, our current model is primarily agency-based and focussed on service delivery. This model has

remained strikingly constant over time, with only incremental changes since its inception. While designed during the expansion of the welfare state, the model prepares students for service delivery within a social rights and institutional approach to social welfare (Hick, 2004; Rice & Prince, 2003; Westhues, 2006). In the current neo-liberal context, there is a steady withdrawal of the state, a move to a residual model of social welfare and a retrenchment of funding for social services (Burke & Silver, 2012). The current model of field education lacks the capacity to respond to this erosion of services. While some schools may have tinkered with the practicum in terms of its goals and objectives, these changes have not interrogated the philosophical and theoretical foundations of the current model and their contributions to neoliberalism. The current model depoliticizes field education, providing symptomatic relief within a neoliberal construction of social welfare. Rarely does the current model engage in activities that challenge the causes and processes of marginalization and oppression. Hence, this perspective continues to shape the delivery of field education.

As an agency-based model, field education primarily occurs in agencies that provide individualized and group-based services. Within a context of neoliberalism, scholars have critiqued this model as it privileges service delivery at the expense of broader understanding of social issues and their impact (Aronson & Sammon, 2000). The inherent limitation of this model is that the training students receive is limited to addressing solely the symptomatic manifestations and not the root causes of marginalization. Students have limited engagement with communities and with the day to day experiences of oppression and exclusion.

Within an agency-based model, it is assumed that problems can be effectively addressed through programs and services (Baines, 2004). Hence, programs and services within this model become an end in themselves, and not as a means towards social transformation (Fisher & Shrage, 2000; Leighninger, 1999; Mullaly, 2001; Razack, 2002). This approach to field education tends to decontextualize and depoliticize practice, ignoring historical relations of power and processes of marginalization. This is in sharp contrast to the critical social work perspective students get exposed to in the classroom. Within this context, field education prepares students for depoliticized practice.

A further problematic with the current field education model is the individualized approach to supervision. In many ways this dyadic relationship mirrors the practitioner-service user relationship. Too often, supervision in this context becomes 'expert' centered, privileging the knowledge and experience of the 'trained' practitioner / supervisor over that of others. This is in contrast with our classroom curriculum in which we challenge the assumptions of truth that are represented by notions of expertise.

The divide between theory and practice becomes even more concerning when we see distinct differences between theory in classrooms and practice in field. In particular, we note an activist focus in the classroom, drawing on new ways of thinking about structures, power, and people, without shifts in the field that support such approaches to practice. Practice, as illustrated through field education, too often remains individual-focused, providing service to ameliorate personal needs rather than exposing and challenging the social forces that create and sustain such disparity and need. While this

model prepares students to engage in agency-based social work, the experience it offers is limited especially when the context of practice is under siege (Aronson & Sammon, 2000). Rossiter (2001) as well as Wehbi and Turcotte (2007) highlight the tension between educating employable practitioners and educating activist social workers. Therefore, while the classroom curriculum remains critical of the changing context of practice, field education does not reflect the same responsiveness.

At best this approach to field education is a missed opportunity for schools of social work to engage with communities and enact our transformative vision. At worst, this model unleashes vast numbers of students into agencies, ultimately practicing in ways that reinforce the status quo. Given these concerns, it is imperative that schools of social work address the question of how to politicize field education. How do we structure field education to contribute towards a transformative agenda?

We need to work differently with agencies and communities, so that we can respond to the issues that are the most concerning for these communities. The issues of significance to marginalized communities do not necessarily conform to agency mandates and services – rendering these invisible. Field provides schools with the opportunity to be responsive to communities by realigning ourselves with agencies and communities. In this section, we propose a model of field education that centers social transformation and repositions the field as a site of resistance.

Re-imagining Field Education

We begin our attempt at re-imagining field education by repositioning it as the center of social work education. We recognize that for social work practice to be transformative within the current neo-liberal context there is a need to reimagine field education with the rest of the curriculum. Our re-imagination exercise re-examines the core principles of social work. These principles, described below, have informed our reconceptualization of field education, and we suggest they would continue as the foundation of this reimagined approach to field education.

(1) Historical and Current Relations of Power and Processes of Marginalization

Challenges of marginalized groups and communities must be understood through the lens of historical and current relations of power (Fook, 2002; Smith, 1999). In the process of service delivery, issues must be seen in the larger context, and this must inform all aspects of the student's interaction with the community (Fook, 2002).

(2) Contextual Understanding

The re-imagined field education will be based on an understanding that learning always occurs within a context. Drawing on the concept of contextual practice (Fook, 2002) we believe that to prepare students for contextual practice even field education has to be geared towards exposing students to the nature of context and its consequent effects on communities. The current insular form of agency-based practice does not provide enough exposure to the neo-liberal context and its impact on communities. Such an exposure will prepare students to consider the complexity of social work practice in

current times and develop their abilities to “work with whole contexts, rather than simply a number of disparate players within a context” (Fook, 2002, p. 143). This understanding of context would also enhance the possibility for applying the knowledge learned in the classroom.

Within this principle of contextual understanding is the importance of relevance – field education needs to be relevant to the emerging challenges of our communities in the current times. As such, field education will go beyond the model of delivering existing services to understanding the context specific challenges and engaging with communities in developing relevant responses towards those challenges (Healy, 2000). It is only by being rooted in the context of the community, through a strong bonding with the community, that you can know what the issues are (Finn & Jacobson, 2008; Kahn, 1991) and therefore guide the field placement experience to respond to those issues.

(3) Reciprocity

The re-imagined field education will be based on the principle of reciprocity, in that our vision reflects a shift away from the transactional nature of reciprocity and towards a community-university process of building synergies for social transformation. More specifically, we believe in the primacy of engagement, relationality, and accountability to our communities, as these are critical foundational components required for building synergy (Potts & Brown, 2005; Shragge, 2003). This principle implies the co-creation and exchange of critical knowledge, as students and faculty stand in solidarity with communities as a partner in the process of transformation. This would allow schools of social work and their universities to fulfill their mandate as public institutions committed to the issues and needs facing communities.

(4) Reflexivity

We list reflexivity as the final principle as this principle critically draws on the other principles as its tools or dimensions for uncovering new ways of knowing. We consider reflexivity as a process of deep reflection, one through which we locate and implicate ourselves in relation to our perspectives, actions, relations, and structures that are produced and reproduced. We deepen our reflexivity by incorporating and implicating ourselves through a historical and contextual understanding of the operations of power and oppression. Such a reflexive process contributes to uncovering power relations and structures of domination. New ways of understanding that emerge from this process will build the capacity for reciprocity that is authentic and transformative (D’Cruz, Gillingham & Melendez, 2007; Fook, 2002; Heron, 2005; Kondrat, 1999).

Our Vision

Our vision represents a significant shift from current approaches to field education. We suggest a new approach to the field placement experience, one that centers communities through the delivery of field education. This shift would change the process

and roles of all partners in field education: students, faculty, field instructors, and community members.

(1) Community-based Field Education

The foundational change we envisage is a deliberate shift away from an agency-based model to a community-based approach. In doing so, we are not abandoning agencies, but are instead seeking ways to broaden activist intentionality beyond a single agency. In this way, we recognize the vulnerabilities that agencies face as entities dependent on the state – which delineates their focus to service-delivery alone.

In working from a community model of field education, we bring a strategic focus to the issues that communities are confronting. By not solely focusing on the agency and its service provision, this approach can open up the space for a number of agencies to come together to align with communities (Rubin & Rubin, 2001; Shragge, 2003). Given the funding restrictions on advocacy (Aronson & Sammon, 2000; Cox, 2001), in this model, it is the community that is engaged in advocacy, with support from agencies and the academy. Thus, with a community model, we are broadening the scope of field education, from service delivery in a single setting to also include social action in a community with a community of agencies (Gamble & Weil, 2010; Rothman, 2007). The purpose and intentions of the field placement become driven by, for, and within the community, rather than through an agency-specific mandate. The change in focus for field education, from the localized mandate of an agency to the broader goals and intentions of a community, will require changes in the delivery of field education itself – its processes and roles – and that change begins with the school's field education office.

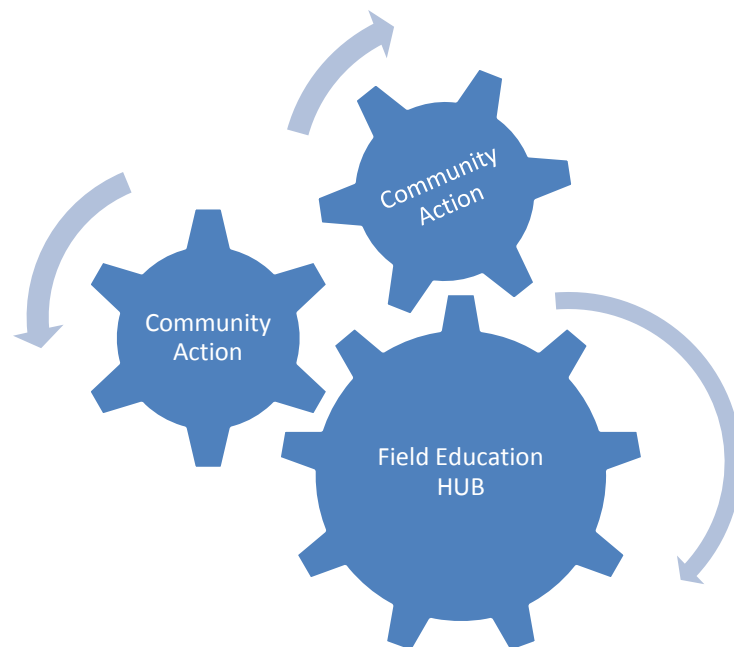
(2) Field Education Office – from Placement Model to Hub Model

In our re-imagining exercise, we consider a corresponding revisioning of the role and processes of field education. The current processes of field education, driven by managerialism, require performance indicators that are often limited to numbers, particularly the number of students placed. Consequently, the primary function of the field education office is recruiting placements and matching students. Neo-liberal management systems, supporting this primary function, are reflected by the importance given to legal contracts and placement agreements with agencies, an emphasis on learning contracts, systems of assessments and reporting assessments and other documentation pertaining to the placement agency (Ife, 1997). As an example of our concerns, we object to the current system of legal contracts with placement agencies as these legal contracts are increasingly replacing the strong university-community relations of the past. These contracts, in fact, challenge the image of a university as a public institution, further distancing the university from its communities and agencies. While some of these tools, such as learning plans and student evaluations, would inevitably continue within the new approach, they will be seen as a part of an overall community model.

Based on these considerations we envision the field education office to play a significantly different role (see Figure 1). We imagine that the Field Education Office

might become a “hub” – a space similar to the notion of a “public sphere” (Giroux, 2010; Habermas, 1989) for community members and academics to meet and deliberate on contemporary social issues and explore ways of taking action on these issues. In this space, historical and current relations of power can be interrogated, as the contexts in which issues are discussed reflect broader and critical dimensions. Further, opportunities for reciprocity are made possible, as these inform the intentions of the deliberations. We further envisage that field opportunities for students would emerge from these deliberations.

Figure 1. Field Education Hub and Community Action Connectedness



The Field Education Office would facilitate dialogues with communities, agencies and social movements. These dialogues could result in the identification of priority issues and the development of alliances based on these issues. This process could lead to a shift from agency-based matching to issue-based matching with schools of social work *co-creating* students’ learning opportunities in dialogue with communities. As described earlier, such a collective effort opens up the possibility of going beyond individual and program-based approaches to broader and more critical ways of identifying and addressing priority issues.

To support this shift in field education, the role of the faculty consultant and the field instructor would need to incorporate a stronger liaison function. Faculty consultants and field instructors have always been strategically positioned to connect the academy with communities. In our vision, we intentionally politicize this liaison role, moving beyond bridging to mobilization and social transformation. We see their roles as critical to

facilitating the dialogues, identification of priority issues, formation of issue-based alliances and in the development of mobilization strategies. Faculty consultants and field instructors would be able to plan student practicums that emerge from these collective processes and mobilization strategies. Performance indicators of field education and student supervision would thus be tied to these collective processes and outcomes.

Faculty consultants, field instructors, and students would have the opportunities to participate in transformative processes along with agencies and communities. This dynamic process would expand the capacity for critical reflexivity, as participants are able to interrogate and implicate themselves in relation to processes of oppression and transformation. Through this process, the academy can play an integral role as a “socially transformative agent concerned with active engagement in social problems” (Slocum & Rhoades, 2009). In the section that follows, we provide a brief example of how our vision might be enacted in relation to the issue of food security.

Field Education and Food Security – An Example

Our example begins with the field education office organizing various dialogues with communities and agencies in relation to identifying issues of concern for communities. Through these dialogues, many issues could emerge and be prioritized for further action. For the purpose of this paper, a priority issue that could emerge would be food security among new and racialized immigrants. An alliance would then be forged with stakeholders committed to tackling this issue. Stakeholders could include members of the community, grass roots agencies, mandated agencies, and faculty. Through on-going discussions, this alliance would develop a transformative strategy and specific actions in relation to the strategy. Emanating from this strategy, faculty consultants and field instructors could then identify various sites, responsibilities, and tasks that constitute student practicums. Students from different years of the BSW and MSW programs would be matched to these practicums emanating from the issue of food security and placed in various sites implicated by the issue, such as: grass roots agencies located within a geographic community/neighbourhood; social service agencies working in that community/neighbourhood; responsible government departments; and any citizen coalitions and social movements that community members are a part of. Responsibilities generated within these sites could include: working with the geographic community and families affected by the issue; developing local initiatives at the community level to address the issue; working with food banks, schools, community health agency, local businesses in relation to the issue; developing policies or programs with government departments and political representatives; conducting research on food security; and connecting this issue with other campaigns against poverty and unemployment.

While students may be working in various sites, their efforts are coordinated by the faculty consultants and field instructors, with members of the food security alliance paying particular attention to tracking the overall progress towards transformative change. This model further provides opportunities for students to work in a team or individually and to coordinate their efforts across agencies and communities. While a student may be placed in a specific site, they will have to work with students placed in other sites, with all students contributing to the overall transformative strategy. In this

approach, student learning is enriched, and their contributions are mobilized towards realizing the broader goal of social change. It is the confluence of student learning and an agenda of social transformation that sets this model apart from current practices. In the process, the academy and its communities are united in resisting the pervasive neoliberalism. Consequently, field education becomes a site through which collective efforts can be marshalled in the fight towards social justice and against neoliberalism.

Conclusion

While our visioning exercise has been exhilarating, the prospect of implementing this vision is daunting. Our goal is to develop a different conceptualization of field education, one which provides a new vision and a hope within the current neo-liberal context. We offer broad possibilities and processes that restructure field education from the current model to a “staging ground for actions” (Boyer, 1996, p. 20). Field education becomes a collective space for deliberating and acting on the issues most relevant to communities. Practicums thus emerge through these deliberations and, in turn, students participate and contribute to this activist agenda. Our focus on a community model is not intended as a binary that devalues the current agency model. Instead, our vision encompasses agencies and recognizes their potential contributions towards a transformative agenda through field education.

We realize the many challenges and tensions in shifting field education as suggested by our vision. We also recognize that our vision may offend as many readers as it may inspire. However, we hope that our colleagues, committed to social change, will explore ways in which they can contextualize this activist agenda within their delivery of field education.

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