EDITORIAL

Thank You and Good Night!

William H. Barton

Welcome to the Fall 2014 issue of *Advances in Social Work.* This issue represents the last one on my watch, as I retired from the Indiana University School of Social Work (IUSSW) last May. Since the journal moved to its current online, open-access format in the Fall of 2008, I have had the privilege of serving as its Editor, managing peer review, making final decisions, relaying both positive and negative news to authors, producing the issues, and trying to raise the profile of the journal. During that time we have seen an increase in manuscript submissions and the production of a number of excellent special, thematic issues under the guidance of exceptional guest editors. We now have nearly 1,000 registered users from all over the globe, more than 350 of whom also serve as peer reviewers. All of our archives, dating back to the very first issue in 2000, are now readily available from the *Advances* website.

I would like to take this opportunity to express my appreciation to Michael Patchner, Dean of the IUSSW, for his commitment to and investment of school resources in producing and sustaining *Advances in Social Work.* Thanks are also due to the Editorial Board (its membership may be viewed on the website), those colleagues who have edited special issues, and, especially, to the many authors and peer reviewers whose work constitutes the intellectual core of the journal. Finally, I would also like to thank Kristi Palmer, Associate Dean of Digital Scholarship, IUPUI University Library, for supervising the Open Journals platform and providing technical assistance.

While it would be impossible to top our Spring 2014 special issue (Vol. 15, No. 1), "Eyewitnesses to History: First-Hand Accounts of Sages of the Profession," containing 17 invited articles penned by some of the profession's leading voices, the current regular issue presents an additional 17 articles on a variety of topics. What follows are brief descriptions of these articles, arranged in several loose groupings.

The first three articles should be of broad interest. The first, by O'Brien, emphasizes the importance of congruence between social work values and our relationships and interactions, not just with clients, but with one another. The author's view is that these ethical issues are relevant across many professional disciplines including psychiatry, family medicine, psychology, nursing, pastoral services, education, and rehabilitation therapy. The second, by Twill and Lowe, examines civic-mindedness among a sample of social work educators, community practitioners, and new graduates. Results of their web-based survey showed that traditional and field faculty were more civic-minded than new graduates and other practitioners; social work educators who focused on raising civic awareness in courses were more civic-minded than other colleagues; new graduates who had participated in service events were more civic-minded; and social workers, whether faculty or not, who had participated in collaborative research were more civic-minded. The third, by Nilsson, presents a philosophical discussion of the relationship between empathy

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and compassion fatigue. Specifically, he attempts to refute suggestions that compassion fatigue may be caused by too much empathy or compassion.

Next is a set of articles related to child welfare. Utilizing a social exchange framework, Rice and Girvin conducted a qualitative study exploring interactions among parents and professionals in dependency court hearings. Findings revealed that a lack of reciprocity hinders the development of collaborative relationships that could support families. Cherry, Dalton, and Dugan note that worker self-efficacy is predictive of child welfare worker retention, job performance, and persistence. From a sample of 395 child welfare workers, Cherry and colleagues report the development of a new measure of self-efficacy with two domains, direct practice and indirect practice, which can be modestly predicted by worker characteristics upon hire and the training program the workers attend. Noting that children with special needs disproportionately receive child welfare services in out-of-home placements, Linton and colleagues introduce the Special Needs Adoption and Foster Exigencies (SAFE) model which captures the issues facing adoptive and foster parents of children with special needs during the engagement, assessment, and intervention phases of case management. This theoretical model was developed from a content analysis of online discussion forums of adoptive and foster parents of children with special needs using a phenomenological framework.

The next two articles focus on interdisciplinary collaboration and social work education. From a survey of 112 health sciences and social work students, Lee and Shipe explore interdisciplinary collaboration experiences amongst social work and allied health sciences graduate students and examine factors that contributed to their interdisciplinary collaboration. Results showed that students with positive attitudes toward interdisciplinary health care teams and those with prior positive experiences of interdisciplinary collaboration demonstrated higher levels of interdependence. Students in medicine were less likely than those in social work to show interdependence. Mooney, Collie, Nicholson, and Sosulski report on a faculty-librarian collaborative approach to undergraduate social work research training. A key component of foundational research skills is the ability to successfully navigate the organizational and technological aspects of research data production. The library and information science profession can contribute to the training of this new arena of research skills known collectively as research data management. Mooney and colleagues present a case study of faculty/librarian collaboration with an undergraduate research team and provide an example of a data management curriculum.

Luna, Horton, and Galin next present findings from a student survey to assess perceptions of the effectiveness of Writing Across the Curriculum (WAC) strategies on writing skills and social work knowledge acquisition in an introductory social work class. WAC is a process that requires cross curricular collaboration, intra-departmental support, and faculty commitment to course development and implementation. Students reported that WAC strategies substantially improved their abilities to write in the discipline and learn course content. Also important to social work education, McCave, Shepard, and Winter discuss the importance of human sexuality as a critical subfield within social work. They examine the history and context of human sexuality and social work scholarship, as well as their experiences as sexuality scholars in social work, and suggests that the mechanisms for stimulating human sexuality social work scholarship are limited. The authors offer

suggestions for enhancing attention to this critical subfield via targeted changes in textbooks, journal articles, and national conference opportunities.

Several articles related to special populations appear next. Maccio, DeRosa, Wilks, and Wright present the results from a survey of LGBT persons, looking at age differences in attitudes towards marriage equality. They found that older LGBT adults were less likely to find same-sex marriage important, but that age cohorts did not differ significantly on legalizing same-sex marriage. On a related issue, Montero used international poll data to look at differences in attitudes towards same-gender adoption and parenting across the world. Alas, it is my sad duty to report that Darrel Montero passed away in September before the publication of this issue. He had contributed several articles to *Advances in Social Work* and will be greatly missed. In this article, he noted that only 15 countries have legalized same-gender adoption with no restrictions, and two-thirds of these nations are located in Western Europe. Attitudinal surveys conducted in 16 nations indicate that a majority of respondents in these countries report support for same-gender adoption and recognize same-gender couples' ability to successfully raise children.

Wood, Hostetter, and Sullenberger used qualitative interviews to explore how college students construct attitudes about class differences among women. The results revealed that social class differences are constructed based on factors related to family of origin, personality, structural inequities, personal choices and relationships, as well as other intersecting experiences. Using an international sample, Wang, Smith, and Locke examined what variables were associated with social distancing of those with depressive and panic disorders among social work students. The results showed that levels of social distancing were related to age, knowing someone with a mental illness, type of disorder, level of conservatism, race, country, professional interest in mental health, level of student, and sex.

Next is an article by Bai in which she analyzes the role of social work in the context of the special political, economic, cultural, and historical background in China. She notes that the Chinese government has started to diminish its role as a direct service provider while, at the same time, the traditional family and community have less capacity to take care of people. Yet, the social work profession does not appear ready to fill the gaps.

The issue closes with two research reports. Gallagher and colleagues present results from an evaluation of an Indiana Drug Court, focusing specifically on identifying variables that predicted recidivism among drug court participants and comparing criminal recidivism patterns among drug court and probation participants. They found that drug court participants were less likely to recidivate than probationers who had similar offense and demographic characteristics. Pope, Loeffler, and Ferrell explored the experience of aging in rural Appalachia using qualitative interviews with geriatric service providers. They identified three prevalent themes associated with aging in rural North Central Appalachia: scarcity of resources, valuing neighbors and family, and the prevalence of drug use.

Looking to the future, as of January, my colleague Dr. Margaret Adamek, a Professor in the Indiana University School of Social Work, will assume the position of Editor. She is an accomplished social work scholar and educator, known by many of you as an expert in gerontology and as the long-standing Director of IUSSW's Ph.D. program. In addition,

Valerie Decker, currently a doctoral student and a project evaluator for the Indiana Child Welfare Education and Training Partnership, will serve as the Assistant Editor.

Our upcoming Spring 2015 special issue on "Technology, the Internet, and Social Work Practice" should be timely and engaging. Dr. Lauri Goldkind, of the Graduate School of Social Service at Fordham University, and Dr. John McNutt, from the School of Public Policy & Administration at the University of Delaware, will serve as Guest Editors for this special issue. Articles will address several themes, including the impact of mobile technologies on social work practice; confidentiality in an age of open communication tools; challenges and opportunities for using technology and communication tools to help clients; accountability practices, data use, and management in human services agencies; social networking's impact on social work practice; electronic advocacy; digital community organizing; and ethical dilemmas that arise from use of technology in practice. As of this date, there have been 35 manuscripts submitted for review.

Then, as usual, *Advances in Social Work* will produce a "regular" issue with a range of topics in the Fall of 2015. Look for a call for papers this spring or summer for a 2016 special issue on a topic yet to be determined. Stay tuned also for modifications/ improvements that the new Editor will surely bring.

In the meantime, we hope that you find that the current issue contributes new knowledge to the realms of social work practice, research, and education. Keep working 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. The journal will be in good hands!

Happy Holidays!

Ethics Do Matter, But Where?

Peter J. O'Brien

Abstract: *The implications of social work being an ethics-based profession are explored. Conduct toward colleagues in the discharge of ethical practices is a focus of this article. The author's view is that other disciplines involved in mental health, for example, psychiatry, family physicians, psychology, nursing, pastoral services, education, and rehabilitation therapy, share these values. As such, these themes are relevant across many professional disciplines. The article's intent is to promote discussion as to how we cultivate a collective demeanor as social workers that is congruent with our most hallowed values and principles, namely, social justice, ethical practice, fairness and respect for all people. An examination of daily practices in the workplace and suggested remedies to enhance ethical conduct, including a series of questions we can ask ourselves, are offered.*

Keywords: *Ethics, ethical conduct, workplace congruence*

The purposes of this article are threefold: 1) to identify a gap in the existing social work literature regarding congruence between some of our fundamental values and principles such as social justice, ethical probity and respect, and practices towards one another within the work environment; 2) to promote a dialogue about the importance of congruence between social work values and principles that we hold as sacred and our relationships and interactions, not just with clients, but with one another; and 3) to suggest ways to promote ethical practice.

Interactions that reflect lapses in moral judgment are part of the human condition. However, when ethically dubious conduct is relentless, systematic, and accompanied by an absence of accountability we risk entering the realm of moral turpitude. When such conduct is practiced, reflection will not suffice. Action is imperative.

Ethical Congruence Applies to Colleagues as Well as Clients

The premise of this article is that colleagues, not just clients, should be considered when social workers make a commitment to ethical practice in the discharge of our duties. As such, when we "…demean, disrespect, harass or otherwise mistreat those in the workplace…" we are "…violating the Code of Ethics" (MacDonald, 2007, p. 14). MacDonald further states that "Social work is an ethics-based profession and social workers are expected to support the philosophy behind the Code of Ethics, not view it simply as a list of rules to follow" (p. 14). Social work's foundation in ethics (Freire & Moch, 1987; Hugman, 2005; Reamer, 2001; Weinberg & Campbell, 2014) suggests that there is incongruence between values and actions if we tolerate mistreatment of colleagues – worse if we perpetrate the harm. This article is an invitation to discuss these ideas and to foster a clearer vision of what it means to be social worker.

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Situating the Author's Context

The author is trained as a social worker and has worked as a mental health therapist for 25 years, both in hospital settings and in the community. The questions and ideas raised herein have been stimulated by observation and discussions with countless individuals of all ranks employed in the mental health and social service sectors throughout the larger community. Social workers and therapists often talk informally about troubling interactions with colleagues. The bewilderment or distress articulated frequently stems from disregard for respect, healthy communication skills, fairness, or social justice in the workplace. Constructive responses are called for.

Literature Review

There appears to be a gap in the existing social work literature related to incongruence between social work values and principles and practices in contemporary work environments. Much is written about fundamental social work principles such as self-determination (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2010), respect (Reamer, 2013), equality (Austin, 2013), social justice (Hong & Hodge, 2009; Rountree & Pomeroy, 2010), empathy (Gerdes, 2009), and being a value-based profession (Ferguson & Lavalette, 2007; Reisch & Jani, 2012). A focus in social work literature is on teaching our Code of Ethics (Congress, 2000; Johns & Crockwell, 2009), learning a formal process for ethical decision-making (Boland, 2006) or considering its application in work with clients (Landau, 2000; Manning, 1997; Mattison, 2000). The importance of these principles in order to be effective in our work with clients is commonly amplified (Mitchell et al., 2012). However, there is a lack of discussion in the literature concerning how values and ethics inform interactions with colleagues. Of note, similar observations have been made about the paucity of articles examining ethical practices among professional ethicists in the health care system (Charland, 2008).

There is a growing body of literature in the nursing discipline (Hartrick Doane, 2002; Johnson, Haigh, & Yates-Bolton, 2006; Rassin, 2008) concerning values, attitudes, moral identity, and ethical conduct. An entire issue of the *Journal of Nursing Management* (Spence Laschinger, 2010) focused on the deleterious effect of incivility in the work environment. The issue highlighted how attitudes and interactions with colleagues and inter-disciplinary team members will impact one's own mental health, risk of burnout, or resignation from the professional work group, in addition to the possibility of compromising client care. Several articles concluded that positive working relationships matter for quality nursing and better patient outcomes.

Three Factors That Influence our Ethical Conduct

The larger culture influences ethical conduct. Examples of questionable ethical conduct and egregious ethical practices are rampant in 21st century North American culture. Scandals involving prominent figures; steroid-fuelled cheating in Olympic and professional sports; greed in the financial industry; school and work place violence leading to shootings and the idiom "going postal" that has entered our vocabulary; and an accent on aggression and competition do affect us (Weingarten, 2003).

A lack of civility in everyday social discourse is prevalent. Articles abound in the mainstream media about bullying and at least one tragic consequence, suicide. The *Harvard Business Review* printed an article in its 'breakthrough ideas' section dealing with eliminating psychological abuse, defined as "the sustained display of hostile verbal and nonverbal behaviors…" (Sutton, 2004, p. 19) in the workplace. The author of the article subsequently described an outpouring of feedback precipitated by the opportunity to talk about abusive employees and toxic work environments. Exploitation, deceit, entitlement, and a tendency to look the other way when impropriety is occurring are all too common. A lack of accountability often accompanies such acts of impropriety.

This is not to suggest that there are only grim stories to be told. Interest in examining ethical and moral conduct and a focus on acts of kindness (Saunders, 2014) exist and can inspire. The humanist community at Harvard University has developed a seminar format to address human interaction. One subject, Nonviolent Communication, focuses on "…learning how to speak to others – and to ourselves – more directly and compassionately" (Epstein, 2009, p. 128).

A second factor that will influence the evolution of our ethical practices is the culture of the program/agency in which we work. Do the values and goals of the workplace reflect core social work principles? Trends in the recent past of funding cuts, cost containment **(**Cummings, Cummings, & O'Donahue, 2009; Steinberg & Luce, 2005**),** downsizing, and increased caseloads can be a recipe for burnout among staff (Courtois & Ford, 2013). Attention to core values and principles can suffer accordingly.

The leadership of the program/agency, indeed the organization itself (Liefooghe & MacDavey, 2001), have responsibility for the culture of the work environment and for promoting an ethical culture (Kotter, 2007; Nembhard & Edmondson, 2006; Toor & Ofori, 2009). This includes "…establishing clear expectations of ethical conduct" (Bell & Breslin, 2008, p. 96). "…employers not only have a moral obligation to fairly treat employees regarding wages and benefits, but also to treat the employees with sufficient dignity as persons. Emotionally abusive behaviors would violate these obligations" (Keashly, 1998, p. 95). "…ethical leaders do more than show followers what is right or wrong – if they behave authentically, they are also able to have greater influence over subordinates because they are operating ethically" (Hunter, 2012, p. 81).

Not all leaders accept this responsibility. Worse, leaders may condone or model bullying, entitled, or abusive practices. A leader may embody sadistic impulses (Peck, 1997). Real harm is perpetrated when the organization or individual leaders do not facilitate ethical practices. The culture of the work environment may then be toxic. The betrayal of acceptable standards of conduct in a workplace relationship between a supervisor and employee can result in the development of complex trauma for the victim of such behavior (Courtois & Ford, 2013). Over time, the repercussions for staff and clients escalate. Silence emerges (Wall & Austin, 2008) out of fear or actual threat of reprimand. Individuals may be forced to leave the employment position.

A third factor which influences ethical conduct is the social work ethos. A goal of most professions is to "…instill the implicit assumptions, values and behaviors necessary to be a certified or licensed member" (Hadjistavropoulos, 2003, p. 98). This underscores

the importance of imparting practices that are sanctioned and valued in social work (Leighninger, 2000). The Canadian Association of Social Workers' ([CASW], 2005) *Code of Ethics* sets out an ethical responsibility to relate to colleagues with "respect, integrity and courtesy…" (p. 13). The pursuit of social justice has also been a core value of social work in the United States since the early 20th century, and discussions about justice go back to the ancient Greek philosophers, Plato and Aristotle (Reisch, 2002). It does matter that we conduct ourselves, not just with our clients, but in all spheres of social work practice, in accord with these principles. Just as "there's no such thing as business ethics – there's only ethics" (Maxwell, 2003, preface), it is folly to think that we can maintain one standard with clients while having a different standard of conduct with colleagues. Moral sensitivity to the complexity in our lives and the real differences that exist between people enhances our commitment to one another (Jaeger, 2001).

Closely associated to the concept of justice is fairness (Rawls, 1971) and "…fairness (equity) is a basic issue that runs through the course of human history in all cultures" (Goldberg, 2000, p. 41). Consideration of fairness in our relationships connects to the concept of reciprocity, which suggests that beyond personal gain in an interaction, there are corresponding "…principles of reciprocity that guide healthy human interactions" (Young, Klosko, & Weishaar, 2003, p. 236). "…[I]deals of fairness and reciprocity underwrite all contract-based systems of morality…" (Appiah, 2008, p. 135).

Unfortunately, as we delve more deeply into core themes such as ethics and social justice and how to promote congruence between the stated concept and reality, a number of dilemmas quickly emerge. A review of the literature on either ethics or social justice reveals that there is neither a uniform nor precise understanding of either social justice (Hong & Hodge, 2009; Reisch, 2013) or ethics (Weinberg & Campbell, 2014). Relationships with both clients and colleagues are inevitably complex and require an understanding and examination of context. The lack of clear consensus or objective truth regarding any of these core concepts amplifies the difficulty in entering into discussion and agreed upon action or rules of conduct. However, as we engage one another in the "struggle to translate the profession's compelling ethical imperative into real world terms" (Reisch, 2013, p. 718), there is a dynamic opportunity to bring real meaning to the experience of living values such as justice, ethical practice, and respect.

Among the common transgressions in the work place is how oblivious staff can be to stark unfairness. Issues of rivalry, ambition, and resentment can arise in social work and may account for such unfairness and disregard for reciprocity. These are all problems stemming from individuals' focus on how their actions affect only themselves, not their colleagues. However, considering consequential ethics suggests that the consequences of our actions are part of the process of forming an ethical judgment (Singer, 1994). Consequentialism suggests that we honor our values (McNaughton & Rawling, 1992) and promote them through our actions (Pettit, 1989). Hence, if we value ethical practices, respect for people, and social justice, right action in given situations requires that our actions are directed at ends consistent with the promotion of such principles. Consideration of consequential ethics calls for a discussion of obligations (Sinnott-Armstrong, 2005), specifically, the moral obligation to act in ways that do not cause harm to others (Sinnott-Armstrong, 2009). For example, one individual's ambition can result in

a poor outcome when considering the consequences for the larger staff group. The thrust of the moral obligation as suggested in the latter article requires consideration of the harm that is caused. This can incorporate reflection and real dialogue about treating one another fairly in the workplace. This is not an easy discussion if it involves examining advantages vis-à-vis disadvantages among colleagues. Such discussion can move us into the realm of virtue ethics, which focuses on the individual's character rather than an action. Virtue ethics helps us to examine how we learn to develop preferred character traits. Social work educators have a role in supporting the development of moral character and virtue (Holmstrom, 2014). As we learn to behave well routinely particular virtues will become ingrained (Gardiner, 2003).

Two Dilemmas That Cue Us to Ethical Considerations

This article will now examine two of the dilemmas and transgressions we can encounter in the workplace. These are bullying and an environment that overlooks or condones discourteous deportment among staff. These examples illustrate the challenge in maintaining congruence between social work values and workplace practices.

Such deleterious conduct is by no means a fixture in all work environments. Nor are these the only examples of dilemmas encountered in a work environment. What motivates or allows such conduct to flourish is beyond the scope of this article. However, these two dilemmas contextualize ideas raised for discussion.

A search of the term "workplace bullying" in the academic literature will produce copious references (Agervold & Mikkelsen, 2004; Aquino & Thau, 2009; Liefooghe & MacDavey, 2001; Samnani & Singh, 2012; Vega & Comer, 2005). Bullying is a form of interpersonal violence (Crawford, 1997; Lipman, 2003). Acknowledging this idea should give all social workers pause to reflect on their behavior toward one another. One risk in attempting to address such unsavory interactions is that the perpetrators will engage in escalating acts to avoid accountability. Colleagues may be recruited to engage in mobbing behavior (Zapf, Knorz, & Kulla, 1996), "…ganging up on someone, bullying, or psychological terror" (Leymann & Gustafsson, 1996, p. 252). Mobbing behavior involves hostile communication frequently (weekly) and over time (six months) which can cause "…considerable psychological, psychosomatic and social suffering" (Leymann & Gustafsson, 1996, p. 252). One aim of such action may be to deflect examination of the contentious conduct. Finding ways to ensure "…secrecy and silence are the perpetrator's first line of defense" (Herman, 1992, p. 8). Judith Herman's seminal analysis of common behaviors of perpetrators and victims of violence also offers sobering reflection in relation to confrontational interactions in the workplace.

Bullying is but one type of victimizing behavior in the workplace (Aquino & Thau, 2009), along with mobbing, incivility, emotional abuse, and harassment. There are several definitions of workplace bullying including that "…it must be perceived by the victim as oppressive, unfair, humiliating, undermining, threatening, difficult to defend against…" (Djurkovic & McCormack, 2008, p. 405). Such behaviors occurring over an extended period of time is considered an additional characteristic of bullying. Workplace bullying is deemed to be a contemporary problem, characterized by hostile and prolonged

mistreatment toward a person who does not welcome such interaction (Appelbaum, Semerjian, & Mohan, 2012). The intent to do harm and the depth of pain that results from bullying can render victims demoralized and powerless as the behavior persists (Vega & Comer, 2005).

Suicide is one tragic result of workplace bullying (Brotheridge & Lee, 2006; Samnani & Singh, 2012). More recently, media attention to completed suicide as an outcome of bullying in schools and in cyberspace toward individuals with an alternate lifestyle is also prominent. Perhaps the greatest irony of all is to walk through corridors in hospitals or entrances to medical centers and see signs announcing that "abuse of staff will not be tolerated." It is not just 'the public' that needs to respect such commands.

A second dilemma or transgression which can illustrate the difficulty in maintaining congruence between social work values and workplace practices involves discourteous deportment in the work environment. It is difficult to understand how well-educated individuals, presumably committed to working in the helping professions, can so often and so cavalierly engage in discourteous, disrespectful conduct toward colleagues. Emotional shunning (the silent treatment), shouting at colleagues, or walking around with a baleful expression, effectively distancing colleagues, is not just discourtesy. Incivility and even emotional abuse (Keashly, 1998) are being practiced. The long-term psychological distress of emotional abuse can be even more deleterious than that caused by sexual or physical abuse (Goldsmith & Freyd, 2005; Kaplan, Pelcovitz, & Labruna, 1999; Rees, 2010). In a culture that oftentimes rewards posturing, aggression, and a macho deportment, it is troubling to see the success of social workers who will imitate a 12 year old schoolyard bully in their interactions with colleagues. Responding effectively, without resorting to similar tactics, is a challenge.

Akin to the scourge of bullying in the workplace, incivility is a concept receiving increasing attention (Cortina, 2008; Cortina & Magley, 2009; Cortina, Magley, Williams, & Langhout, 2001; Gallus, Bunk, Matthews, Barnes-Farrell, & Magley, 2014; Pearson & Porath, 2005). An array of behaviors are identified as constituting incivility, including that they are "…in violation of workplace norms for mutual respect" (Cortina et al., 2001, p. 64), demonstrate "…disregard for others" (Pearson, Andersson, & Wegner, 2001, p. 1387), have a negative impact on the work environment and result in harming the target (Cortina et al., 2001; Gallus et al., 2014).

Canadian health care providers engaged in project CREW (Civility, Respect and Engagement at Work) focused on reducing incivility, burnout, and improving social relationships among staff groups (Leiter, Spence Laschinger, Day, & Oore, 2011). The project arose out of the acknowledged prevalence of incivility in organizations and the desire to promote civility – "…identified as courteous and considerate behavior toward other people" (Leiter et al., 2011, p. 1258). The authors contend that civility and respect are defining qualities of an organization, the absence of which connotes numerous negative outcomes. The focus on developing positive social behavior among members of the work group was seen as reducing burnout and creating more positive attitudes at work. In follow-up surveys one year later it was determined that the improvements (CREW) can become self-sustaining if they are continued after the formal intervention

has been concluded (Leiter, Day, Oore, & Spence Laschinger, 2012). The authors suggested that improvements in civility likely enhance the self-esteem and energy of staff and that a sense of psychological safety evolves in a respectful work environment, further promoting civility. A final implication noted in the latter article is that enduring change is more likely when explicit behaviors that reflect civility are established.

It is disconcerting to be in a social work group or a department where multiple staff, even supervisors or senior managers, will acknowledge discomfort in addressing a relentless pattern of surliness and disrespect being communicated by a few staff, often for years. Our collective awkwardness in addressing a persistent, demeaning tone contributes to a toxic environment and the departure of staff who simply do not wish to engage in such incivility (Cortina & Magley, 2009; Djurkovic & McCormack, 2008). A "hear no evil, see no evil" practice exacerbates the challenge of maintaining congruence, as staff not subject to transgressions, and even individuals in positions of significant seniority, will prefer to know nothing about impropriety, so long as they are not directly impacted. "Do not ask what you do not want to know" is held out as an effective management strategy to side-step impropriety, or to remain apart from the complex interactions that occur in a staff group. Such stances neither promote values nor demonstrate respect for persons (Pettit, 1989), each important considerations when determining our conduct. Communicating indifference to impropriety and abuse risks dehumanizing those subjected to such treatment. Perhaps fear of reprisal, self-preservation, or confusion about the complex principle of neutrality, prompt individuals to say and do nothing while colleagues are treated with disrespect or driven from their jobs. This is not neutrality. The risk is that we are collectively diminished when incivility and impropriety goes unchecked. Colleagues can help targets of impropriety make sense of their experience (Olson-Buchanan & Boswell, 2008). The quality of social support from colleagues will impact the individual's stress (Chiaburu & Harrison, 2008) and decisions to leave the workplace (Djurkovic & McCormack, 2008).

An opportunity to marry personal responsibility to collective responsibility presents itself when we witness incivility, abuse, and bullying behavior. The poem 'For Whom the Bell Tolls' (Donne, 1839, pp. 574-575) inspires the idea that we are all interconnected. Our social conscience is strengthened when we stand beside, not turn away from our colleagues when they are harmed. Ethical deportment is all our concern.

Suggested Remedies

This article will now consider steps to support ethical practices. From a systemic point of view, specific values and a code of conduct can be articulated as part of the program mandate. How these are implemented to demonstrate that they are not mere words, but guidelines for interaction, is an important consideration. The congruence between words and actions is a virtue (Freire & Moch, 1987). The leadership of the program/agency has a unique opportunity to set the tone for deportment in the workplace, not just toward clients, but among colleagues. The responsibility of agency leaders in conducting themselves in a consistently dignified manner can set a strong example for the tone expected among staff of the agency (Hunter, 2012; Nembhard & Edmondson, 2006; Toor & Ofori, 2009). This important step will likely not suffice. It is also imperative that

mechanisms to support the stated values and deportment be included in the agency charter. A commitment to accountability and a determination to enforce sanctions against those who choose to transgress the expectation of ethical conduct are essential. When the administrative leadership of a program/agency demonstrates the intention to "walk the talk" of a workplace environment informed by respect, fairness, and justice, the possibility of being part of a deeply meaningful work environment can be inspired. Closely resembling the inquiry of our client, "what do you want your life to stand for?" (Hayes, Follette & Linehan, 2004, p. 22), we can recognize that we have a deeper choice in our life being about something. A collective sense of purpose can transcend the everyday mundane, further galvanizing individuals in their calling.

The Code of Ethics for social work and other disciplines in the helping professions can offer a similar example of commitment to our most hallowed values and a determination to enforce them where necessary. Having confidence that the professional social work regulatory body has mechanisms to support individual staff in addressing ethical misconduct can help to address impropriety in those situations where the workplace administration is unwilling to do so. The model for such an approach is well-established in respective professional Codes of Conduct, for example, with a protocol for investigating and, where appropriate, sanctioning a social worker charged with ethical impropriety toward a client. Holding staff accountable for breaches in ethical conduct could be a progressive step toward creating a professional discipline that exemplifies a commitment to respect, dignity, and fairness. Such steps might initially serve as a deterrent, eventually becoming a standard to which all might aspire.

The focus will now shift to the individual's self-reflection and inviting dialogue with colleagues. Considering individual contributions to the work environment guards against the individual worker feeling overwhelmed by systemic factors they feel powerless to change. An emphasis on individual actions congruent with social work values and principles also reflects the reality of more front-line staff than administrators in a program, hence the opportunity to make contributions to the creation of a work environment that matters in our collective lives.

Achieving congruence between values and principles and our everyday interactions is a complex process. Making time to talk, being present in the moment, being authentic, practicing the skills and attitudes we value, and being attentive to the real effects that we have on one another all matter. Regular meetings and attention to the nuances of communication can contribute to a healthy work environment. Fostering respect and a commitment to practices of fairness, justice, and simple decency will further support a healthy workplace. Policy can outline specific steps to demonstrate respect and healthy communication. Practice occurs as social workers shift from talking about these terms to focusing on how we actually speak to and treat one another in daily interactions. Exercises to support staff in developing new, explicit ways of interacting (Leiter, Day, et al., 2012; Leiter, Spence Laschinger, et al., 2011) can sensitize all concerned to their impact on colleagues. Facilitating dialogue has a rich tradition in teaching social work ethics, raising critical awareness in training (Hugman, 2005; Sakamoto & Pitner, 2005), and promoting collaboration in discussion about complex issues for which there is "no

clear right and wrong" (Weinberg & Campbell, 2014, p. 45). An ethical workplace is nurtured as such processes evolve.

In the current health care and social services climate, it is a lot to ask of social workers that they also make time for reflection and discussion beyond the direct care of clients. However, an experiential supposition of the author is that the quality of care provided for clients can only be as good as the health of the multi-disciplinary staff offering that care. Nurturing congruence between our sacred values and our actual daily practices toward one another can support a robust staff not compromised by demoralization or burnout.

There are four questions I propose be asked when considering the ethics of our actions. First, are we employing 'The Golden Rule', some variation of which can be found in most major religions and throughout human history (Armstrong, 2010; Baumard & Boyer, 2013; Epstein, 2009; Maxwell, 2003)? The Golden Rule is simply 'to do unto others as you would have others do unto you'. Caution is suggested in presuming The Golden Rule to be a panacea, as individuals may have varying ideas about how they wish to be treated (Sandel, 2009). Immanuel Kant's categorical imperative (Neiman, 2008) may be a more agreeable approach for some. This latter idea suggests that our actions be universalized. In other words, can we answer the question, what would happen if everyone were to act in the manner I am now acting? Alternately, the consequences of our action can be considered as a beacon to guide our behavior. By examining the consequences of an action and encouraging discussion of the implications of individual actions for the entire group, a dynamic and comprehensive exploration of ethical practices can evolve. In each instance, the idea is to raise our consciousness about how we wish to be treated and how we treat others.

A second question is to consider a more personal examination of the proposed behavior: what would it be like for me if I was treated in the manner that I am treating others? As a reverse form of empathy, this may assist us in paying attention to the real effects of our actions.

A third question is: how would I feel if everyone knew that I was acting in this manner? Our comfort level when answering this question is a useful barometer of the ethics of our actions.

A fourth question is: am I accountable for my actions and their consequences for colleagues? It is troubling to realize how frequently questionable conduct will occur, with no apparent thought or concern for the impact of one's actions on others. An absence of accountability may be accompanied by denial, disdain, or impunity with respect to the impact of our actions on colleagues. These are alarming warning signs about our ethical conduct. An inordinate focus on self-interest can deflect sensitivity to the inevitable impact of our actions on our colleagues. In a culture where the notion of entitlement is so prevalent, being accountable for our actions and their consequences takes character.

Further complicating this discussion is the realization of how difficult it is to arrive at a shared agreement about what constitutes social justice or fairness. There is no guarantee of a shared ethos or even a clear mandate beyond lofty ideals that may not readily

translate into applicable behavior toward one another. A work situation, created by accident or design, which privileges one individual at the expense of another demands a great deal of both parties to engage in discussion and negotiation about redressing what may be perceived by only one party as an injustice. This can be an extraordinarily difficult discussion to enter into, calling for trust, genuineness, and a commitment to agree upon values and practices in the workplace.

How we speak to one another and how we negotiate our relational space can inform our ethics. Openness to a discussion with colleagues about our conduct and its impact is a further check on the propriety of our actions. Such practices require self-awareness and sensitivity. Karen Armstrong's examination of necessary steps to a compassionate life identifies the eighth step as "how we should speak to one another" (Armstrong, 2010, pp. 131-132). Armstrong notes that this takes time, is hard work and must "…be conducted in a kindly and compassionate manner" (p. 132). Social workers are generally well-informed about the nuances of communication expressed through words, tone, body language, and eye contact. Individuals can decline to resort to demeaning language or personal slurs. Choosing language and tone that invites mutual respect, dialogue, and collaboration speaks volumes. It also takes considerable neural energy to interrupt old patterns and to establish new habits that are more consistent with communication that is respectful and compassionate (Newberg & Waldman, 2012). With every word and sentence we speak we are sending verbal and nonverbal messages about how we intend to be with other people. Our relationships can thrive as we practice nuanced communication that invites mutual respect and compassion.

It is not a matter of presuming to dictate how social workers will interact. Rather, it is a matter of providing a forum where individuals are invited to have an authentic and open discussion about how we intend to be with one another. Multiple factors such as personal inclination, ambition, experience, self-interest, and informal alliances deserve reflection. Exploration of interactions among colleagues that identify uncertainty, disagreement, and challenges in creating a preferred environment can be encouraged.

An emphasis on opening up a dialogue among staff of the work environment can guard against a limitation in self-reflection. The process of self-reflection, while a necessary precursor to change, does not ensure engagement with colleagues. When we commit to meaningfully talk to one another we enter into a spirit of community; "…it is in dialogical encounters that one's ethical understanding takes shape and that these must be true encounters…" (Austin, 2007, p. 85). Bringing ethical practice to life involves a commitment to encounter one another with genuineness.

In recent years interest in such concepts as mindfulness and being present in the moment (Kabat-Zinn, 1990) has increased. These practices can enhance our attention to interactions and communication with colleagues. We can commit ourselves to being aware of the real effects of our actions toward one another (White, 1996). This includes nurturing respect in our relationships with one another, respect for the differences that inevitably arise from negotiation, and increased attention to the relationships we wish to create and maintain with our colleagues (Bergum & Dossetor, 2005).

Conclusion

Ethics do matter, and on a daily basis in our workplace. The commitment to ethical practices, grounded in congruence between social work values and our everyday acts, can promote a healthy work environment. This can sustain the individual worker and enhance the care of clients. The willingness to engage in genuine dialogue with colleagues about our ethical practices toward one another contributes to a shared meaning and can be a part of the lived experience at work. Such practices offer an opportunity to make a difference and set a standard of which we can be collectively proud.

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Social Workers as Civic-Minded Professionals

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Abstract: *This study examined civic-mindedness among a sample of social work educators, community practitioners and new graduates. Using a web-based survey, researchers administered Hatcher's (2008) Civic-Minded Professional scale. Results indicated that traditional and field faculty were more civic-minded than new graduates and other practitioners. Social work educators who focused on raising civic awareness in courses were more civic-minded than colleagues. New graduates who had participated in club service events were more civic-minded; however, there was no significant differences between groups based on number of community service courses completed. Social workers, whether faculty or not, who had participated in collaborative research were more civic-minded. The authors conclude that how social workers view their commitment to civic engagement has implications. Social workers need to be vigilant in our commitment to well-being in society. Intentional practices could be implemented to strengthen the partnership among groups.*

Keywords: *Civic-mindedness, community service, social work profession, social work education*

Most famously documented in Putnam's *Bowling Alone* (2000), civic life and investment in social capital has deteriorated in the United States. Membership in civic organizations (Putnam, 2000), attendance at religious services (Pond, Smith, & Clement, 2010), voter turnout (Bipartisan Policy Center, 2012), and marriage rates (Cohn, Passel, Wang, & Livingston, 2011) have all waned. Others suggest that reliance on individual rather than public transportation (Gillham, 2002), the proliferation of consumption of media entertainment at home rather than in public (Taylor, Funk, & Craighill, 2006), and working long hours (Organization for Economic Cooperation and Development [OECD], 2011) have weakened individuals' connections to others. In a time when individuals are more likely to be electronically connected to each other via the internet, smart phones, Facebook, Twitter, Instagram, and other social media, how we view connectedness to others is increasingly complicated (Gil de Zuniga & Valenzuela, 2011; Hampton, Goulet, Marlow, & Rainie, 2011, 2012; Zhang & Chia, 2006). Perhaps related, Putnam (2000) even suggests that Americans are a people who over-estimate the value of individual contributions rather than collective influences.

The OECD's Better Life Index (2011) may help explain Americans' focus on the individual. This index goes beyond the gross domestic product (GDP) to examine 11 topics (e.g., education, housing, life satisfaction) that are related to material earnings and contribute to quality of life. In looking at the index on work-life balance, 11% of employees in United States work "very long hours", defined as over 50 hours a week. In some countries (e.g., Netherlands, Sweden), only 1-2% of employees work over 50 hours a week.

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Hours spent working directly impacts time available for leisure activities. According to the OECD data, Americans have an average of 14.3 hours per day to use for personal care (e.g., eating, sleeping) and leisure (e.g., socializing with friends and family, watching TV). The U.S. ranks 30th out of 36 countries in availability of free time. Individuals in countries such as Estonia, Poland, Japan, and Mexico have less leisure time, while citizens of Norway and Denmark enjoy an average of 16 hours of leisure time per day.

In spite of more employees working long hours, and identifying little free time, Americans still use part of their leisure time to volunteer (OCED, 2011). They volunteer about one hour per week, double the OCED average. The OCED Index also examines civic engagement; however, only rates of voter turnout, participation in political activities, confidence in macro systems (i.e., judicial system, government, the media), and consultation in rule-making are considered in the index. However, the authors still draw the conclusion that there are differences in how the citizenry practice civic engagement. Older individuals with more education and higher incomes participate in political activities, including turning out to vote, more than those with fewer of these assets.

The Civic-Minded Professional and Social Work

Hatcher (2008) defined the civic-minded professional as one who, "a) is skillfully trained through formal education b) with the ethical disposition as a social trustee, and c) the capacity to work with others in a democratic way, d) to achieve public good" (p. 21). So, measuring this concept involves determining to what extent a person knows about issues impacting his or her community, and how he or she acts on that knowledge for the betterment of the community.

A civic-minded professional sees him or herself as a trustee of knowledge (Colby & Sullivan, 2009; Sullivan & Rosin, 2008). Building on that work, Hatcher (2008) demands that civic-minded professionals act on that knowledge in order to promote the public good. As such, the concept of the civic-minded professional consists of the intersection of three domains: self-identity, one's work-career-profession, and civic attitudes and actions (Hatcher, 2008). Based on this assumption, Hatcher developed the Civic-Minded Professional Scale; five factors are included in the scale (voluntary action; identity and calling; citizenship; social trustee; and consensus building).

The definition of a civic-minded professional parallels many of the values of the social work profession. Therefore, the question of civic-mindedness and engagement has unique ramifications for social workers because the values of the profession imply that such commitment and action is a requirement, not an optional skill to be developed. Most specifically, the social work values of social justice and service (National Association of Social Workers [NASW], 2008) are embedded in Hatcher's (2008) definition of a civic-minded professional. The call of ethical engagement for the public good overlaps with social work's commitment to creating a just world where all individuals are allowed to thrive and achieve their full potential.

However, not all social workers embrace the values of the profession in the same way. The profession's move away from groupwork, affiliated with the settlement houses and a focus on social change, towards a model centering on individual cases, permitted social

work (and those educating future social work professionals) to concentrate resources towards micro issues (Morris, 2000; Specht & Courtney, 1994). Morris (2000) wrote, "By 1990 the field was primarily involved in interpersonal and mental health kinds of careers, while work to change conditions remained at the rhetorical level rather than providing jobs and institutional opportunities to work for change" (p. 45). Similarly, Specht and Courtney (1994) argued that social workers became "unfaithful angels" as they attended to the psychotherapeutic needs of the individual, rather than addressing the original purpose of the social work profession as change agents. They state:

> Social workers should not be secular priests in the church of individual repair; they should be the caretakers of the conscience of the community. They should not ask, "Does it feel good to *you*?" They should help communities create good. There must be a profession that provides a vision that enables us to direct our energies to the creation of healthy communities. (pp. 28-29)

How social workers, who have the ability to influence social work practice, see their roles not just as social workers, but as citizens, is important.

Social workers have a long history of commitment to the community beginning with the work of Jane Addams and Ellen Starr (Kenny & Gallagher, 2002). The philosophy of the settlement house movement called for a commitment to community outreach. Today, that same commitment to community can be seen in higher education's commitment to service-learning pedagogies. King (2003) wrote about social work's history with the pedagogy and the positive outcomes it creates for students, faculty, and the community groups with whom they partner. "Experiential learning, civic responsibility, and evidenced-based practice is the very foundation of social work practice and education" (p. 376) postulated Norris and Schwartz (2009). Further, the use of service-learning as a pedagogy may influence social work practice outcomes (Bransford & Choi, 2012; Lowe & Medina, 2010; Mink & Twill, 2012; Rocha, 2000; Williams, King, & Kobb, 2002).

Likewise, as *field experience* is the signature pedagogy of the profession (Council on Social Work Education [CSWE], 2008), field supervisors also have educator roles in shaping the next generation of social workers. Mary (2001) surveyed MSW field educators about their political involvement. She found that social workers in public agencies were more active than those in private agencies. The values and behaviors exhibited by field instructors may be transmitted and modeled to students whom they supervise. Related, Ritter (2008) surveyed licensed social workers about their political participation. Using Verba, Schlozman, and Brady's (2000) citizen participation model to explain why individuals engage in the political process, she found that National Association of Social Workers (NASW) membership (classified as a recruitment network under the Verba et al. model) was a significant predictor of political participation.

Gibelman and Sweifach (2008) studied nearly 1,550 licensed social workers' volunteer behaviors and charitable giving. They found that nearly 90% had volunteered during their lifetimes; however, only about 50% had volunteered in the past two years. Those who had never volunteered indicated that their professional obligations as a social worker was a kind of volunteering. Financially, social workers gave under $1,000 per year to charitable causes. The primary motivation for both volunteering and giving was to "help others."

Finally, the attitudes of graduating social work students may set the tone for the future of the profession. While not focused solely on social work students, Fenzel and Payrot (2005) found that being civically engaged during college increased post college attitudes about social responsibility, political participation, and volunteerism. Participants who engaged in service-learning courses had higher engagement scores that those who participated in general community service experiences. Similarly, Astin, Sax, and Avalos (1999) examined behavioral indicators and found that those who had volunteered in college were more likely to donate money to their undergraduate institutions, continue to volunteer after college, and socialize with more diverse people than those who were not civically engaged.

Methods

This study sought to explore civic-mindedness among social workers. Particularly, the researchers were interested in whether social work educators who used pedagogies that emphasized civic responsibility were different from faculty members who did not, in terms of civic-mindedness. Additionally, the researchers were interested in how civic-mindedness might differ between different groups of social workers, such as educators, community practitioners and newly practicing social workers.

Permission to conduct the research was granted by the Institutional Review Boards (IRB) of each author's university. Between June and December of 2012 information was collected from social work educators, community social workers, and graduating social work seniors. Because the research presented no more than minimal risk of harm to subjects and involved no procedures for which consent was normally required outside the research context, participants gave implied consent when they completed the online survey. Some students filled out paper surveys; these participants gave written consent. All respondents were informed that their participation was not required and would have no impact on their relationship with the researchers or their universities. Participants were provided with IRB contact information.

Survey

The researchers administered the survey using Qualtrics, a web-based survey service. Respondents answered up to 84 questions. The majority of survey items were closed-ended with forced choice response options. Attitudinal items were primarily Likert-type items with response options from strongly agree to strongly disagree. The survey used a skip pattern based on a qualifying question that inquired about respondents' status as a university-based faculty member, a community practitioner with significant field faculty experience, a community practitioner without that status, and students finishing a bachelor's degree in social work. Some survey items were unique for each of these groups. It was estimated that the survey took about 15 minutes for most respondents to complete.

Topics of the survey included demographic items, such as gender and ethnic belonging, questions asked about respondents' participation in a variety of activities, such as volunteering or supervising a social work student in field placement, and other questions that asked about the frequency of certain behaviors, such as donating money to charity or

going to religious services. Forty-four of the survey items made up the dependent variable, civic-mindedness. Missing responses making up the CMP scale were replaced with a series mean if individuals skipped 1 (n = 7), or 2 (n = 42) items; seven surveys were dropped because they skipped more than two questions on the CMP scale.

Civic-Minded Professional Scale.

The Civic-Minded Professional (CMP) scale was developed by Hatcher (2008). Her initial scale was made up of 32 items and had an alpha reliability coefficient of .95. Since that time, the scale has been revised to include 45 questions with three constructs. For this study, the researchers used a modified version of Hatcher's scale, which included 44 items and demonstrated good reliability (Chronbach's alpha = .93) in the sample. Therefore, the dependent variable, CMP scores, had possible values from 44 to 308, with lower scores on the scale indicating higher levels of civic-mindedness.

Participant Recruitment

The researchers sought the participation of three main groups of social workers. Social work educators were primarily recruited through the Association of Baccalaureate Social Work Program Directors (BPD) listserv; approximately 1,000 people are registered for this listserv. An invitation was posted in September 2012, with a follow-up posting a few weeks later.

Community social workers were recruited through two lists in September of 2012 with a follow-up contact a few weeks later. At the first author's institution, an email distribution list maintained by the department of "Friends of the Department" (e.g., alumni, donors, adjuncts) was used, and in the second author's community, an invitation was posted on the listserv for the local chapter of NASW. In order to increase participation, invitations requested that readers forward the information to colleagues who might be interested in participating in the study.

Graduating social work students were recruited in spring of 2012 but differently by institution. Graduating seniors from the first author's institution were asked to participate in the survey approximately two weeks before graduation. The students signed an informed consent in order to participate. The students were asked to participate during the last 15 minutes of a session in a course that enrolled only graduating seniors. Those who did not wish to participate engaged in study activities. At the second author's institution, an announcement was made in senior seminar, which was followed by an e-mail, with a link to the online survey.

Participant Description

Demographic data on respondents is presented in Table 1. Most of the respondents were from either Ohio (27.4%) or Texas (29.2%), the researchers' states; however, 34 other states were also identified and one respondent did not live in the continental U.S. In the sample, the minimum CMP score was 49 and the maximum was 170 (M = 91.1, SD = 24.3).

Table 1. *Demographic Characteristics of Respondents*

	Full Sample (N = 269)	Educators (n = 111)	Community (n = 103)	New Grads (n = 41)
Gender				
% Male	13.7	20.2	10.5	4.9
% Female	86.3	79.8	89.5	95.1
Marital Status				
% Married	58.3	67.3	61.7	22.0
% Long partner	9.4	9.7	10.6	7.3
% Divorced	10.2	9.7	9.6	12.2
% Widowed	3.1	4.4	3.2	0.0
% Never married	18.9	8.8	14.9	58.5
Children under 18 years residing with respondent				
% Yes	28.2	28.3	31.6	24.4
Ethnicity				
% Black	7.1	2.7	7.4	17.1
% White	83.1	88.5	80.0	78.0
% Latino/a	3.5	2.5	3.9	4.8
% Other	5.9	5.3	7.4	4.9
% Bi-Multi	3.9	3.5	5.3	0.0
Membership in professional organization				
% CSWE	34.0	72.6	1.1	0.0
% BPD	26.4	58.4	0.0	0.0
% NASW	52.4	75.2	32.3	31.6
% Other	33.6	49.6	25.8	5.3
Age				
% 21-30	14.5	1.8	14.7	51.2
% 31-40	16.9	18.6	11.6	26.8
% 41-50	26.3	25.7	32.6	12.2
% 51-60	26.3	34.5	24.2	9.8
% 61+	16.1	19.5	16.8	0.0

Of the 114 social work educators (45% of the sample), 17.5% reported their rank as professor, 28.9% associate, 21.1% assistant, and 33% reported a different educator rank. The largest proportion reported having a doctorate in social work (41.2%), while 36% had an MSW and others reported degrees in related fields. While 97% of the educator sample believed that preparing students for responsible citizenship was integral during

undergraduate education, only 65% said there was a high level of commitment at their campus towards this effort.

Among the community social workers (39.3% of the sample), 42 respondents reported that they regularly supervised field students, while 61 respondents said they did not regularly serve in this function. Community practitioners had a spread of years of social work experience with 29.5% having less than 10 years, 33.6% with 11-20 years, and 36.9% with 21+ years. About 34% had a BSW only, while 48% had an MSW, 3.2% a doctorate in social work, and 14.8% reported that their highest degree was in a related field.

Graduating students (n = 41) made up 15.2% of the overall sample. Only about 5% had taken and passed the Association of Social Work Board's national BSW licensing exam; most had not yet scheduled an appointment to take it. About 31% were currently seeking social work employment, 26% had already secured such employment, 21% were starting a graduate program in social work and 23% were engaged in some other employment or personal pursuit. Students had completed their field placements in a variety of different settings including child welfare, family services, mental health, corrections, health, school social work, aging, veterans, cash assistance program and other non-profit settings.

Results

To begin the examination of civic-mindedness, the researchers conducted some preliminary analysis for the full sample. Standard multiple regression was conducted to determine the contribution of gender, non-dominant status, age, education, and attendance at religious services in predicting CMP scores. The resulting model was significant [R^2 = .069, R^{2adj} = .050, $F(4, 199)$ = 3.67, p = .007]. However, only age and education made contributions to the model and little variance was explained. Nevertheless, these variables were inversely related to CMP scores.

CMP scores were also lower (more civic-minded) among respondents who reported more political activity. These differences were found to be statistically significant [F(3, 246) = 4.0, p = .008]; those who reported they had not participated in the past 3 years had significantly higher CMP scores than those who had done so frequently. This influence had a small to moderate effect size (Eta-squared = .05).

A significant relationship was also indicated between CMP scores and membership in NASW [t = 3.08, p = .002]. NASW members (M = 86.3, SD = 20.8) scored significantly lower (more civic-minded) than non-members (M = 95.8, SD = 27.3). The effect size for this result was small to moderate (Cohen's d = .39).

Not surprisingly, volunteering appeared to have a stronger impact on CMP scores; this effect size was large (Eta-squared = .13). Post-hoc comparisons for this significant ANOVA analysis [F(3, 246) = 11.9, p < .001] indicated that those respondents who said they volunteered frequently scored statistically lower (more civic-minded) than those who did so less than occasionally. Further, those who volunteered occasionally scored lower than those who never volunteered.

Next, the researchers addressed the central questions of whether different groups of social workers (educators, field supervisors, community workers, new graduates) were

different in their attitudes. First, the researchers compared the groups on their attitudes towards volunteering and financial donation. Overall, more than half of the sample indicated that their jobs fulfilled their obligation to volunteer. An ANOVA analysis indicated that there was no significant difference (p = .07) between groups on this issue. Fewer social workers thought that their jobs fulfilled their obligation to donate money (31% of sample). The ANOVA analysis for differences between groups on this issue did reach significance [$F(3, 258) = 2.91$, $p = .04$], though post-hoc comparisons indicated no significant contrasts. In this case, social work educators indicated the least agreement with the idea that their jobs fulfilled their obligation of financial donation while new graduates indicated the most agreement.

The researchers also addressed the central question of whether different groups of social workers scored differently on CMP (see Figure 1). Results of an ANOVA analysis indicated that there were significant differences between groups [$F(3, 258) = 9.7$, $p < .001$]; this effect size was large (Eta-squared = .10). Post-hoc comparisons suggested that both university-based and field faculty had significantly lower scores (more civic-minded) than either new graduates or "other" community social workers (those without significant field supervision); however no significant difference was found between faculty (whether university or field) or between new graduates and community social workers without regular field students.

Figure 1. *Mean Plot of Civic-Mindedness by Type of Social Worker*
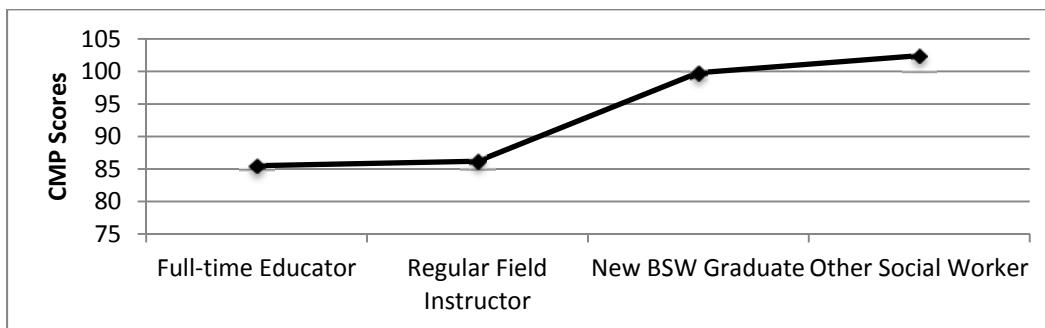
Faculty Participants

Research participants who indicated that they were faculty members at educational institutions were asked some unique questions. An ANOVA analysis comparing CMP scores by different types of faculty positions (instructors, assistant professors, associate professors, etc.) was not statistically significant (p > .05). Additionally, no difference in CMP scores were found when comparing faculty members who had memberships with CSWE or Baccalaureate Program Directors (BPD) (related professional organizations) to those that did not.

Faculty respondents were asked how often they had participated in particular activities during the past three years. Faculty who used community service in their pedagogy scored lower (more civic-minded) on the CMP scale (see Figure 2). However, because 61% of the

sample indicated that they frequently used this method in their teaching, the researchers combined the less than frequent users into one group for statistical comparison. An independent sample t-test indicated that the difference between the two resulting groups was significant [t(112) = 2.72, p = .008]; this effect size was moderate (Eta-squared = .076). Further, social work educators who indicated more frequent use of materials or activities intended to promote student civic engagement also had lower CMP scores (more civic-minded). However, because 61% of faculty reported that they frequently did so, other groups were again collapsed. An independent sample t-test indicated that there was a significant difference (t = 5.72, p < .001) between the mean score of the frequent group (M = 77.1, SD = 18.0) and the less than frequent group (M = 98.0, SD = 20.4). This effect size was large (Eta-squared = .23).

Figure 2. *Mean Plot of Civic-Mindedness of Faculty by Use of Community Service Pedagogies*
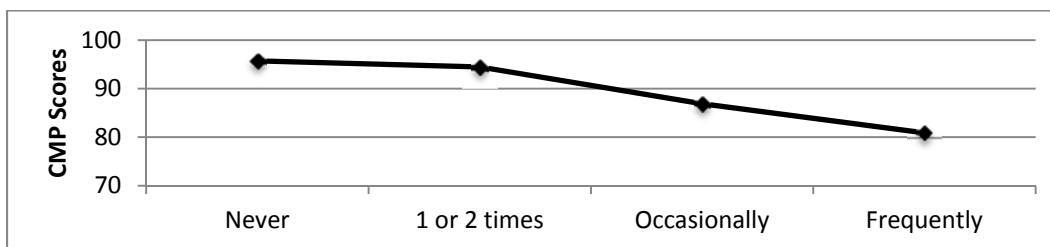
Faculty members were also asked how often they engaged in research collaborations with community partners. Post-hoc comparisons for the significant ANOVA [F(3, 110) = 5.71, p = .001] indicated that those who never engaged in such projects scored significantly higher (M = 99.1, SD = 25.4) on the CMP scale than those who did so frequently (M = 76.7, SD = 21.4). This effect size was large (Eta-squared = .13).

New Graduates

New BSW graduates were also asked some unique questions regarding their educational experiences. Sixty-three percent of this subsample indicated that they had completed five or more courses that included community service. These students were compared with those who said they had taken fewer courses with community service components, but no statistically significant difference in CMP scores was indicated. However, new graduates who reported that they had frequently participated in service events as part of a social work club had significantly lower scores (more civic-minded) [F(2, 38) = 5.07, p = .011] than those who had not. This effect size was large (Eta-squared = .21). No significant differences in CMP scores were found between students who were seeking full-time employment, had secured employment, or were starting a graduate program.

Community Social Workers

Social workers in the community (not educators or new graduates) were also asked some unique questions. No significant relationship was indicated between years of

experience and CMP scores [$F(6, 88) = 2.0$, $p = .07$]. Group differences based on frequency of experience acting as field supervisors for social work students were not statistically significant ($p = .079$) either; however, examining the trend in the mean plot (see Figure 3), it appears that the relationship may approach significance.

Figure 3. *Mean Plot of Civic-Mindedness by Frequency of Field Supervision*
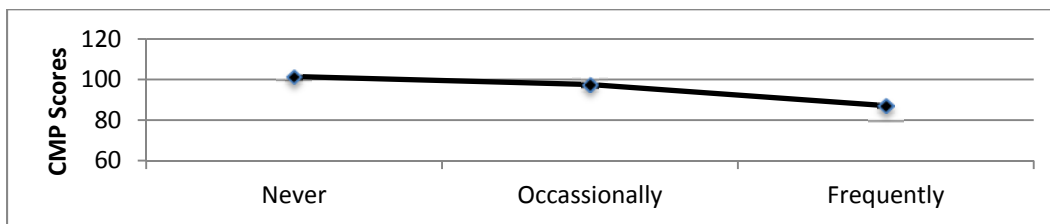
Most community social workers indicated that they had never collaborated with faculty on research. Nevertheless, those who had were more civic-minded ($M = 88.1$, $SD = 22.6$) than those who had not ($M = 100.8$, $SD = 27.0$). This difference was statistically significant [$t = 2.4$, $p = .02$) and the effect size was moderate (Cohen's $d = .51$).

Discussion

The results of the analysis appear to indicate that there are some important differences in civic-mindedness among social workers. In the overall sample, social workers who belonged to NASW and who participated in political activities with more frequency were more civic-minded. This finding is similar to Ritter's (2008) that indicated that NASW members were more likely to participate in political activities.

Faculty rank or membership in an educationally related professional organization appeared to have no relationship with civic-mindedness among social work educators in the sample. However, faculty members who reported that they made efforts to engage their students in civic issues through community service or class materials were also more civic-minded themselves. This matched expectations, based on previous research; Hatcher (2008) found that faculty members who were nominees for national service awards were more civic-minded than those not nominated, and that faculty members who utilized service-learning pedagogy were more civic-minded than those who did not employ this strategy. Additionally, more civic-minded faculty members in our sample were more likely to have engaged in research with community partners. This result seems to make sense based on the assumption that faculty who partner with community agencies to conduct research value the knowledge and expertise of the practitioner partners. Hatcher (2008) also found that faculty engaged in collaborative research were more civic-minded than those who did not conduct this type of research.

In spite of a professional expectation of pro bono service (NASW, 2008), more than half of the sample respondents indicated that their jobs fulfilled their obligation to volunteer. Faculty members were least likely to endorse this idea; however, statistical comparisons were non-significant. Social work educators were the least likely to agree that their jobs fulfilled their obligation to donate financially while new graduates were the most

likely to agree. Perhaps new graduates have fewer financial resources than faculty or community social workers.

Other comparisons were more surprising. The researchers found it particularly interesting that while there appeared to be differences between educators and community practitioners in civic-mindedness, there appeared to be little difference between traditionally-defined "faculty" members and field faculty (community practitioners of social work who regularly supervised social work students in field placements but are not formally employed by the college or university). While the researchers cannot establish whether more civic-mindedness professionals are attracted to teaching or the act of teaching impacts civic-mindedness, social workers who have higher levels of contact with students also appear to be more focused on civic responsibility. This has interesting implications and deserves further attention.

While civic-mindedness among faculty did appear to differ based on their use of community service in pedagogy, the results did not pick up on the same difference for social work learners. Faculty members who used specific methods to influence the civic engagement of students were more civic-minded than their colleagues. However, students with more "community service courses" were not more civic-minded than their peers. But those who frequently did community service activities in a social work club were more civic-minded than students who did not. These findings appear different from other research results; Fenzel and Payrot (2005) found that course-related service had more impact than general service. It is possible that social work students have significantly different educational experiences than students in other disciplines. Less than 5% of the student sample reported they had never taken a course with a service component and the majority indicated they had taken 5 or more of these courses; therefore, subtle differences on the impact of this pedagogy would be hard to detect. Additionally, this may not be a linear relationship, there may be a saturation point, or students may define what community service means differently than faculty members or researchers. Perhaps social work students place more significance on community engagement activities that occur outside the classroom and are therefore more "voluntary".

Civic-mindedness was also higher among social workers who engaged in collaborative research projects, whether faculty or community practitioners. This finding would seem to reinforce the idea that more of this type of activity is needed.

Limitations

As with all research, there were limitations to the study. The researchers used a cross-sectional design; all the data was collected from participants at one point in time. Because of this, time order cannot be established. This is an important point with this research as the direction of relationships cannot be determined. For example, does a higher level of civic-mindedness lead professionals to join NASW or does belonging to NASW lead to being more civic-minded? Are civic-minded students more likely to join student clubs or do student clubs build civic-mindedness? The researchers cannot answer these causal questions with this study design. Social desirability could also be a significant limitation in the study. The respondents may have answered questions in a way that indicated the way

they thought they should act or think as social workers, rather than the way they actually do. This problem would probably be more of an issue with the social work profession, with our strong value base and code of ethics, than with other professions on which civic-mindedness has been explored. Other limitations include a non-random sampling method, a relatively small sample size, and the possibility of self-selection bias. However, the similarity between some of the findings and those of other related studies increases our level of confidence in the representativeness of our sample.

Implications

These findings suggest several ways in which the social work profession can strengthen civic-mindedness. Social workers have the opportunity to create spaces with their colleagues to engage in community action for the common good. Thinking deliberately about these opportunities, many of which are already in place at universities and in the community, may help nurture the next generation of social workers.

Social work educators were the most civic-minded group in the sample. They also come in contact with other social workers as part of their daily work. One way faculty could promote civic-mindedness is to conduct action research with community partners. Ideally, a community social worker or a student would be a co-investigator on the research project. Participation with the faculty member in action research gives the community social worker or student an opportunity to learn or enhance research skills, while at the same time creating knowledge that is practical for the agency setting. Action research benefits the faculty member and the social service agency; a faculty member gains access to a population or data set needed in order to create scholarly knowledge, and the community agency gets the research experience of a faculty member. Often community agencies want to conduct research, but lack the time, expertise, and access to the scholarly literature that faculty members have.

The finding that field supervisors had similar levels of civic-mindedness to social work educators was an interesting outcome that deserves additional attention. Social work programs can use this to their advantage; most programs have traditionally seen field supervisors as in integral part of a student's education, but have focused their educational role and scope to helping students develop practice skills. Social work programs could host a training for field supervisors that emphasizes CSWE Competency #1, **"**Identify with the social work profession and behave professionally" and the associated Practice Behaviors (CSWE, 2008). The reinforcement of the civic-minded attitudes that field supervisors already have could help them explicitly emphasize this professional obligation to the students with whom they work. Having field supervisors purposefully model and discuss civic-minded behaviors with their students would further promote the values and expectations of the profession.

Community social workers were less civic-minded than educators, their colleagues who were field supervisors, and graduating seniors. One might expect that levels of civic-mindedness would have influenced beliefs that formal employment fulfilled obligations to volunteer or financially give; however, that was not the case. There were no differences in these behaviors between the groups. Future research is warranted to determine factors, such

as burnout or job duties, which may contribute to differences in community social workers' civic-mindedness, as well as willingness to volunteer and donate monies.

One way to combat declining civic-mindedness among community social workers may be to increase opportunities to engage with social work programs and students. In many cases, community social workers may be alumni of local universities and social work programs. Social work departments could work with the Alumni Association to host a community service event. For example, on Martin Luther King (MLK) Day of Service, social work faculty, community social workers, and the social work club could partner to complete a community service project. NASW membership was high in this sample, and the local chapter may be another willing participant in such an event. Bringing together social workers from different backgrounds and stages of professional development could produce multiple positive outcomes such as reconnecting alumni with their universities, creating networking opportunities for community social workers, and providing students at all stages of their academic careers with a chance to meet and interact with practicing social workers, while at the same time, serving the community.

Finally, students who participated in community service as part of the social work club were more civic-minded than their peers who did not. Social work clubs have traditionally been seen as a co-curricular opportunity for students to develop leadership roles and engage in community service. Being intentional about club advising, the variety of opportunities that the club offers, and making sure pre-social work majors are invited to club activities might be a step in the right direction. Giving consideration to the times of day the club meets or the type of service opportunities that are planned (e.g., one-day vs. ongoing volunteer commitment) may encourage more students, including non-traditional or other diverse groups, to participate.

Conclusion

How social workers view their commitment to civic engagement and the public good has implications for the profession. The results of this study suggest that social workers see themselves as agents who engage in work necessary for social change. As such, revisiting the work of Specht and Courtney (1994) to contemplate how civic-minded attitudes can translate into behavioral change is warranted. Using their writings as a framework to examine professional obligations, intentional practices, such as the service learning projects and research collaborations examined in this study, could be implemented to reinforce and strengthen the partnerships between the groups in order to better adhere to the values of the profession.

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Are Empathy and Compassion Bad for the Professional Social Worker?

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Abstract: *Recent studies have shown that social workers and other professional helpers who work with traumatized individuals run a risk of developing compassion fatigue or secondary traumatic stress. Some researchers have hypothesized that helpers do this as a result of feeling too much empathy or too much compassion for their clients, thereby implying that empathy and compassion may be bad for the professional social worker. This paper investigates these hypotheses. Based on a review of current research about empathy and compassion it is argued that these states are not the causes of compassion fatigue. Hence, it is argued that empathy and compassion are not bad for the professional social worker in the sense that too much of one or the other will lead to compassion fatigue.*

Keywords: *Compassion fatigue, secondary traumatic stress, empathy, compassion*

Empathy has for a long time been considered an essential part of good, professional social work (see Gerdes & Segal, 2011). Compassion has perhaps been looked at with a bit more hesitation, but there are some who have claimed that it also can be of use for the social worker (Figley, 2002; Radey & Figley, 2007). In the last decades, however, some researchers have pointed to a potential danger with empathy and compassion. This is that the empathic or compassionate social worker runs a risk of falling victim to compassion fatigue (Adams, Boscarino, & Figley, 2006; Conrad & Kellar-Guenther, 2006; Dill, 2007; Jacobson, 2006; Jenkins & Baird, 2002; Radey & Figley, 2007; Simon, Pryce, Roff, & Klemmack, 2005).

"Compassion fatigue" is a term that was introduced into social work research largely through the work of Figley (1995). Figley, along with Pearlman (1995) and others, raised awareness of a new phenomenon observed in people working with traumatized persons. What was observed was that some helpers, due to being exposed to these persons and the stories of their traumas, came to experience symptoms of post-traumatic stress themselves. Pearlman (1995) called this phenomenon "vicarious traumatization," whereas Figley (1995) referred to it as "compassion fatigue" or "secondary traumatic stress."

In the current literature all three of these terms occur, and they are used in many different ways. Different writers disagree both with respect to how they define the symptoms of the state and with respect to how they specify the ways in which the symptoms are caused. Most researchers define the symptoms as similar to those of post-traumatic stress disorder (PTSD) (e.g., Bourassa, 2009; Bride, 2007; Bride & Walls, 2006; Figley, 1995; Jenkins & Baird, 2002; Naturale, 2007), but there are some who characterize them in terms of stress (e.g., Figley, 1995; Jacobson, 2006), suffering (Rotschild & Rand, 2006), and a reduced capacity for being empathic (Adams, Boscarino, & Figley, 2006; Dill, 2007). While the symptoms are most often described as the result of being exposed to a traumatized individual and his or her descriptions and reactions to a traumatizing event (see, e.g., Bourassa, 2009; Figley, 1995; Jenkins & Baird, 2002; Naturale, 2007), sometimes they are said to be the

result of working in a helping profession (Rothschild & Rand, 2006) or of helping or wanting to help other people (e.g., Figley, 1995; White, 1998).

This diversity in the definitions of "compassion fatigue" can sometimes be found in one and the same writer. In his oft-cited definition from 1995, Figley writes: "We can define STS [secondary traumatic stress, which Figley used as a synonym for "compassion fatigue"] as the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. 7). Here Figley describes both the symptoms and their causes in at least two different ways. Focusing on the causes, we can see that they are said to be, on the one hand, the result of "knowing about a traumatizing event experienced by a significant other," and, on the other hand, a result of "helping or wanting to help a traumatized or suffering person." Presumably, Figley's intention was that these phrases should be taken to mean the same thing. However, taken by themselves they certainly do not have to be read in this way: the first phrase is easily interpreted as saying that compassion fatigue is caused by the mere exposure to a traumatized individual, whereas the latter phrase could be taken to indicate that compassion fatigue is rather a frustration over not being able to help. Although Figley's definition is ambiguous, in the actual text it is clear that he used "secondary traumatic stress" and "compassion fatigue" to denote symptoms of PTSD caused by exposure to a traumatized individual.

Figley has later proposed to distinguish compassion fatigue from secondary traumatic stress, using "compassion fatigue" to denote a state containing two components: secondary traumatic stress and job burnout (Adams, Boscarino, & Figley, 2006). A similar strategy can be found in Stamm (2010). According to her, compassion fatigue is a complex state consisting of two parts: burnout, which "is associated with feelings of hopelessness and difficulties in dealing with work or doing your job effectively" (Stamm, 2010, p. 13); and secondary traumatic stress, which is described as symptoms characteristic of PTSD caused by secondary exposure to traumatic events (Stamm, 2010).

Secondary exposure to trauma should be distinguished from primary exposure. According to Stamm (2010), the latter is when a traumatic event happens to you directly. Disaster responders and other professional helpers, who literally put their lives at stake as part of their jobs, run a constant risk of falling victims to such primary exposure. Secondary exposure, on the other hand, is when you are exposed to traumatized individuals and their trauma. This happens to any professional helper who works with traumatized people and takes part in their stories. In some cases, but certainly not all, such exposure gives rise to traumatic stress. When it does, and when the stress is caused only by the secondary exposure, it is a case of, what Stamm (2010) calls, "secondary traumatic stress."

The focus of this paper is secondary traumatic stress in Stamm's sense of the term, i.e., a state in which an individual experiences symptoms similar to those of PTSD as a result of secondary exposure to a traumatic event. However, in this paper both the term "secondary traumatic stress" and the term "compassion fatigue" will be used to denote this state. This should by no means be taken as a criticism of Stamm's nomenclature. It is only done for variation, and because both terms occur in the

literature to be discussed (see, e.g., Adams, Boscarino, & Figley, 2006; Conrad & Kellar-Guenther, 2006; Dill, 2007; Jenkins & Baird, 2002; Radey & Figley, 2007).

Among those who take compassion fatigue to be caused by secondary exposure to traumatic events it is sometimes suggested that empathy or compassion are the responsible mechanisms (Adams, Boscarino, & Figley, 2006; Conrad & Kellar-Guenther, 2006; Dill, 2007; Jacobson, 2006; Jenkins & Baird, 2002; Radey & Figley, 2007; Simon, Pryce, Roff, & Klemmack, 2005; Stamm, 2010). When it comes to compassion it has not been specified exactly how this works, but the idea seems to be that since compassion is a state of suffering with another person, too much compassion will result in too much suffering, and, in the end, compassion fatigue. When it comes to empathy there is at least one theory. According to Hoffman (2000) compassion fatigue is empathic over-arousal. This is defined as "an involuntary process that occurs when an observer's empathic distress becomes so painful and intolerable that it is transformed into an intense feeling of personal distress, which may move the person out of the empathic mode entirely" (Hoffman, 2000, p. 198). Thus, according to Hoffman, compassion fatigue is a state which is brought about when a person experiences too much empathy with a person in distress, i.e., a state in which the distress felt as part of having empathy with the other becomes so strong as to turn into an actual personal distress.

Although it has never been substantiated that empathy or compassion are causes of compassion fatigue, the suggestion that they are certainly raises a worry concerning the proper role and function of empathy and compassion within professional social work. If either of these states is responsible for the emergence of compassion fatigue, and if compassion fatigue is bad for the professional social worker, then there is ground for claiming that empathy or compassion are, or at least can be, bad for the professional.

The aim of this paper is, therefore, to consider and evaluate the suggestions that empathy or compassion are causes of secondary traumatic stress. Put more specifically, the aim is to examine Hoffman's (2000) idea that compassion fatigue is caused by having too much empathy with a traumatized individual, and the related idea that compassion fatigue emerges as a result of feeling too much compassion for such an individual.

The way to investigate these issues has been to review influential contemporary research about empathy and compassion. This is a blossoming field, with lots of research currently being performed within, e.g., social psychology and the neurosciences. Obviously, it is beyond the scope of this paper to give a full review of this research. Here focus has been on presenting findings and theories that pertain to what empathy and compassion are, and that are relevant for determining whether or not too much empathy or compassion can give rise to compassion fatigue.

When it comes to empathy, a further complication is that different researchers use "empathy" to refer to many different states or processes. Batson (2009, 2011) has counted eight different phenomena that the term has been used to denote, ranging from knowing about another person's internal state to feeling concern for another in distress. In this paper, however, "empathy" is reserved for one, and only one, of the phenomena enumerated by Batson, namely states in which an individual feels what another person is feeling, or could be expected to feel, but in which the former does not necessarily feel any concern for the latter. (Usually it is also assumed that the

empathic feeling is caused in a special way. More on this later.) "Empathy" will be used in this way mainly because this is how Hoffman (2000) uses the term (Batson, 2009; Davis, 1994). Hoffman is, however, not alone in this. This usage is not uncommon among researchers in social psychology and the neurosciences (see, e.g. Batson, 2011; Davis, 1994 for references).

"Compassion," on the other hand, will be used to refer to a state of feeling concern for a person perceived to be in distress. This is by far the most common way of defining "compassion" (for examples, see Blum, 1994; Eisenberg, 2002; Goetz, Keltner, & Simon-Thomas, 2010; Hoffman, 2000; Snow, 1991). However, as we shall see later, many researchers have used other terms to refer to this state. Batson, at one point, actually used the word "empathy" (Batson, 2009; Goetz, Keltner, & Simon-Thomas, 2010). Today, Batson (2011) and others (see Davis, 1994; Eisenberg & Eggum, 2009; Thomas, 2013) talk about it as "empathic concern."

Compassion Fatigue and Empathic Over-Arousal

This section investigates the hypothesis that compassion fatigue is caused through empathic over-arousal, i.e., the hypothesis that the emotional plight that constitutes compassion fatigue arises as a result of having too much empathy with a person in distress (Hoffman, 2000). This idea will be evaluated against contemporary research and theorizing about empathy. In doing this we shall see that there are problems not only with the hypothesis, but also with the notion of empathic over-arousal itself.

However, before looking at the problems we should note that compassion fatigue, in the sense we are interested here, bears some striking similarities to empathy, on at least one common understanding of the term. As we have seen, compassion fatigue has been described as a reaction of traumatic stress caused by secondary exposure to a traumatic event. This means, firstly, that the symptoms are caused by the knowledge or perception of another individual's state or situation, and, secondly, that in many situations the person suffering from compassion fatigue will experience an emotion or affect that is similar to what the other person is experiencing or could be expected to experience.

Both of these features are prominent parts of empathy, on at least one understanding of the term. As already mentioned, "empathy" is used in many different senses in contemporary research, but according to one popular understanding empathy is a state in which you feel what another person is feeling (or could be expected to feel), and in which you feel it because of your knowledge or perception of this other person and her state or situation (see, e.g., Decety & Jackson, 2004; Eisenberg & Eggum, 2009; Hoffman, 2000; Nilsson, 2003).

Given these similarities it is easy to see the rationale behind the claim that empathy is what gives rise to compassion fatigue. It almost seems as if compassion fatigue is a kind of empathy, albeit one with a particularly negative effect on the empathizer. However, if we look more closely at how the term "empathy" is defined in the literature we shall see that, according to the views of some researchers, it is impossible to describe compassion fatigue as a kind of empathy. Although these researchers characterize empathy as being caused in the same way as compassion fatigue, they have a way of describing empathic feelings that makes it impossible for such feelings to constitute compassion fatigue. This is because they define empathic

affects so that they cannot, at least not by themselves, constitute a plight or burden for the empathizer.

This view can be found in Decety and Jackson (2004).[1] According to them there are three functional components that together give rise to empathy in humans: (1) emotional sharing between the self and the other; (2) awareness of the distinction between self and the other; and (3) "mental flexibility to adopt the subjective perspective of the other and also regulatory processes" (Decety & Jackson, 2004, p. 75).

Emotional or affective sharing is a necessary component of the experience of empathy. Unless you experience an emotion or affect that is similar to what the other is experiencing (or, perhaps, what the other could be expected to experience) you cannot have empathy. However, not any kind of emotional sharing will do. According to Decety and Jackson, the empathic affect must also be coupled with an awareness of the distinction between self and other, and also be regulated in certain ways:

> Empathy, as presented in our model, necessitates some level of emotion regulation to manage and optimize intersubjective transactions between self and other. Indeed, the emotional state generated by the perception of the other's state or situation needs regulation and control for the experience of empathy. Without such control, the mere activation of the shared representation, including the associated autonomic and somatic responses, would lead to emotional contagion or emotional distress. (Decety & Jackson, 2004, p. 87)

Decety and Jackson (2004) describe emotional contagion as the phenomenon of "sharing emotion without self-awareness," something "which takes the form of 'total identification without discrimination between one's feelings and those of the other' …" (p. 75). Thus, emotional contagion is a state in which you do not simply experience a feeling as a result of being exposed to someone in a certain state or situation, but in which you also experience this feeling as one of your own, and, presumably, act accordingly. Empathy, on the other hand, is a state of emotional sharing in which you continue to be aware of the distinction between yourself and the other, and of the other as the origin of your feeling.

It seems natural to assume that, given this characterization of emotional contagion, a person who is infected by someone else's distress or suffering will experience personal distress, i.e., he will take himself to be in an aversive state and he will take steps to relieve himself of his suffering. Hence, it would seem as if self/other-awareness is an important tool for preventing emotional sharing from developing into personal distress. However, in relation to distress, Decety and Jackson mainly point to the importance of emotion regulation. As they note, there are studies showing that people lacking in emotion regulation – i.e., who tend to be overwhelmed by emotions – are prone to experience personal distress when being exposed to a person in need, whereas people who have the ability to regulate their emotions are not (Decety & Jackson, 2004).

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[1] See, however, Decety and Lamm (2006) for a different view. In this paper "empathy" seems to be defined in a way which does not put any restrictions on how painful or distressing it can be to empathize with a person in need. I am grateful to an anonymous referee for pointing this out to me.

The main thing to note here is that according to Decety and Jackson (2004) empathy is, by definition, a state of emotional sharing that does not involve emotional contagion or personal distress. This means that you cannot empathize with another individual and experience personal distress as part of your empathic experience. Hence, since compassion fatigue is naturally taken to involve personal distress in the view of Decety and Jackson, it cannot be described as a kind of empathy.

It is important to note that this is a matter of definition. It is because Decety and Jackson define the term "empathy" in the way that they do that it is impossible, i.e., conceptually impossible, to claim that compassion fatigue is a kind of empathy. While Decety and Jackson are not alone in defining "empathy" in this way (see, e.g., Nilsson, 2003), there are others who do it differently. Hoffman, for example, defines "empathy" as "an affective response more appropriate to another's situation than one's own" (2000, p. 4), but he does not seem to put any restrictions on the intensity or painfulness of this affective response. As he himself writes, empathic distress, i.e., the empathic feeling that you experience when you empathize with someone in distress, can be so intense and aversive so as to "divert the attention of observers from the victim to their own very real distress" (Hoffman, 2000, p. 198). Thus, for Hoffman there seem to be no sharp conceptual boundaries between, on the one hand, empathy and empathic distress, and, on the other hand, emotional contagion and personal distress.

Another researcher, whose view on empathy lands somewhere between those of Hoffman, and of Decety and Jackson, is Eisenberg. She defines "empathy" as "an affective response that stems from the apprehension and comprehension of another's emotional state or condition, and which is similar to what the other person is feeling or would be expected to feel" (Eisenberg & Eggum, 2009, p. 71). By itself this definition does not say anything about the nature and intensity of the affective response. However, when discussing Decety and Jackson and their view on the importance of emotion regulation, Eisenberg states that regulation of vicarious emotion is essential for empathy (Eisenberg & Eggum, 2009). Nevertheless, Eisenberg has, alongside with Hoffman, been a proponent of the view that there is such a thing as empathic over-arousal.

However, from Eisenberg's view of empathy it is not so easy to see how empathic over-arousal is possible. According to her, such over-arousal occurs when too much unregulated emotional sharing with someone in distress evolves into personal distress (Eisenberg & Eggum, 2009). Her hypothesis is that whereas unregulated empathic distress may lead to personal distress, regulated empathic distress may instead lead to sympathy and empathic concern. This hypothesis seems plausible given the finding that people who lack in emotion regulation are more likely to react with personal distress when being exposed to a person in need than are people who are good at regulating their emotions (Eisenberg & Eggum, 2009).

The problem is that this idea of empathic over-arousal is difficult to combine with Eisenberg's claim that emotion regulation is essential for empathy. To see this, consider the view of empathy, expressed by Decety and Jackson, that empathic over-arousal is impossible, since empathy is constituted by a regulated affect. The latter implies that there cannot be "too much empathy" or "too much unregulated empathy." Empathy is by definition regulated. Therefore it cannot turn into personal distress or, for that matter, compassion fatigue. Since Eisenberg claims to agree with

Decety and Jackson that emotion regulation is essential for empathy, it should follow also from her view that empathic over-arousal is impossible, i.e., personal distress cannot arise as a result of too much empathy.

Therefore, as long as "empathy" is defined as a state of emotional sharing that is regulated in such a way that the empathic affect cannot amount to personal distress, empathy cannot turn into compassion fatigue. Obviously, "empathy" must not be defined in this way, but, as the previous discussion has shown, if we do not adhere to this definition, there are still reasons to believe that a regulated type of empathy does not lead to personal distress or compassion fatigue. Hence, there is reason to believe that empathy, or at least regulated empathy, is not bad for the professional social worker in the sense that it can give rise to compassion fatigue.

Fatigue from Compassion

While there is a theory of how empathy may give rise to compassion fatigue, there is nothing similar to be found regarding compassion. Although there are writers who have suggested that compassion can give rise to compassion fatigue (Radey & Figley, 2007; Stamm, 2010), it has never been spelled out exactly how this would work.

However, since compassion is often described as a state of suffering with or for another person, it seems natural to assume that the idea is that too much compassion involves too much suffering, and, therefore, that too much compassion will lead to compassion fatigue. Thus, the idea would be analogous to the idea of empathic over-arousal, only in this case compassion fatigue consists in a "compassionate over-arousal."

In contemporary research compassion is standardly described as an emotional concern felt in response to an individual perceived to be in need (see, e.g., Blum, 1994; Eisenberg, 2002; Goetz, Keltner, & Simon-Thomas, 2010; Hoffman, 2000; Snow, 1991). As already mentioned, most researchers distinguish between compassion and empathy by claiming that the former necessarily involves a concern for the other and a desire to relieve that person's suffering, whereas the latter does not. Some also claim that compassion necessarily involves an experience of sorrow or suffering on the part of the person feeling it – to feel compassion for another person is to suffer with or for that person (Blum, 1994; Eisenberg & Eggum, 2009; Snow, 1991).

Presumably it is this suffering that has led some to believe that compassion may be responsible for compassion fatigue. However, whether or not too much compassion can lead to compassion fatigue depends on what kind of suffering is involved in compassion. Is it a type of suffering that is a plight or a burden for the person experiencing it, or is it some other type of suffering?

As we shall see, a review of current research strongly suggests that the suffering of compassion is not a plight or burden for the person feeling it. This is suggested not only by empirical research, but also by some more philosophical considerations. It is, for example, clear that on our ordinary understanding of the term "compassion," the suffering of compassion is not necessarily experienced as a burden. This is shown by the fact that there is no contradiction or oddity in saying "I feel compassion, and I do not mind it." Ordinary suffering, on the other hand, is by logical necessity

experienced as a burden, since it is ordinarily a contradiction to say "I suffer, but I do not mind it" (Hare, 1981; Nilsson, 2011).

There are also anecdotal observations suggesting that people do not in fact experience compassion as a plight. Suppose, for the sake of argument, that they did. In that case we would expect them to avoid and regret feeling compassion. We would expect them to, at least sometimes, seek our compassion in response to their compassion, and we would, at least sometimes, be willing to grant them our compassion and sympathy on account of them feeling compassion.

However, it seems fairly clear that people rarely, if ever, react in these ways. We do not avoid or regret feeling compassion because we take compassion, in and of itself, to be a burden for us. Neither do we expect others to commiserate with us because we feel compassion, and we never feel compassion for someone solely on account of them feeling compassion for someone else. Hence, there are *prima facie* reasons for believing that compassion is not a plight or a burden for the person feeling it (see Nilsson, 2011 for a more detailed version of this type of argumentation).

Further support for this claim comes from a series of psychological experiments performed by Batson and colleagues (for an overview, see Batson, 2011). These studies show that there is a significant difference between two responses to a person in need: on the one hand, what Batson nowadays calls "empathic concern," which is the same as sympathy and compassion, and, on the other, what Batson calls "personal distress," which is a self-focused state wherein a person takes him- or herself to be the victim of plight (Batson, 2011).

That there is a significant difference between these reactions is suggested, firstly, by one study showing that people who, after being exposed to a person in need, describe themselves in terms indicative of empathic concern (as being, e.g., concerned, softhearted, and compassionate) tend not to describe themselves in terms indicative of personal distress (being, e.g., alarmed, upset, disturbed, distressed), and vice versa (Batson & Coke, 1981). Other similar studies have shown that compassion is experienced as distinct not only from distress, but also from sadness (see Goetz, Keltner, & Simon-Thomas, 2010).

More support comes from Batson's long line of experiments showing that people who report feeling empathic concern tend to be motivated to help the other person for altruistic reasons, whereas those who report feeling personal distress tend to be motivated to help from egoistic reasons. Thus, whereas those who feel empathic concern are motivated to help the other person for his or her sake, those who report feeling personal distress are motivated to help the other for their own sake, i.e., for the sake of relieving themselves of their distress (Batson, 2011). This also suggests that compassion is in fact distinct from personal distress, and that the suffering of compassion is not experienced as a plight or burden.

Based on these findings Batson (2011) is skeptical of the idea of empathic over-arousal. However, it is important to note here that although Batson mentions Hoffman and Eisenberg as proponents of the idea of empathic over-arousal, what Batson is talking about is, strictly speaking, something else. He is skeptical of the idea that empathic concern, i.e., sympathy or compassion, can become so strong as to turn into personal distress. In other words, he is skeptical of the idea of *compassionate* over-arousal.

Given that personal distress and empathic concern seem to be two distinct emotions, each lying, as Batson (2011, p. 65) says, "on its own continuum," it is difficult to see how too much of the latter could turn into the former. Regardless of how strong or intense your feeling of compassion is it cannot, by itself, become a plight or burden for you. Hence, there are no reasons for believing that compassion fatigue emerges as a result of feeling too much compassion.

This conclusion is further strengthened by a recent study performed by Thomas (2013). This study is unusual, and at the same time highly relevant, since it was an empirical study designed to actually investigate the correlations between, on the one hand, compassion fatigue, and, on the other hand, personal distress and empathic concern. "Compassion fatigue" was defined as symptoms similar to the symptoms of PTSD, "which are all work-related and associated with secondary exposure to stressful events" (Thomas, 2013, p. 372). It was measured using the Professional Quality of Life Scale-Fourth Edition, Revised (ProQOL-IV-R) developed by Stamm (Thomas, 2013). Personal distress and empathic concern were measured using Davis's Interpersonal Reactivity Index (IRI) (Thomas, 2013). This is an instrument based upon a multidimensional view of empathy. It measures a person's dispositions for perspective taking, empathic concern, personal distress, and fantasy, understood as a person's tendency to imaginatively transpose him- or herself into different situations (Davis, 1994). Unfortunately the IRI does not measure a person's tendency to experience empathy in the sense in which the term has been used in this paper. However, according to Davis (1994), the empathic concern scale should be taken to measure an individual's disposition for compassion. Thomas's study, which was conducted on a group of clinical social workers, showed a significant correlation between distress and compassion fatigue, but none between empathic concern and fatigue (Thomas, 2013). Hence, Thomas's findings support not only the claim that compassion fatigue does not emerge as a result of compassionate over-arousal but also the more general claim that compassion is not a cause of compassion fatigue.

Concluding Remarks

This paper has sought to show that there are reasons to believe that compassion fatigue does not arise through empathic or compassionate over-arousal. As this short review has shown, the evidence at hand suggests that compassion fatigue does not emerge as a result of having too much empathy with, or feeling too much compassion for, a person in distress.

However, strictly speaking this review does not show that empathy or compassion play no role in the emergence of compassion fatigue. What it shows is that there are reasons for believing that neither empathy nor compassion turns into compassion fatigue. One can, however, imagine other ways in which empathy and compassion may cause compassion fatigue – if it is impossible or unlikely that empathy and compassion can turn into compassion fatigue, perhaps a certain amount of empathy or compassion for someone in distress has the capacity to cause a separate feeling of personal distress?

To investigate this issue is beyond the scope of this paper. It should, however, be noted that there does not seem to be any empirical evidence confirming the existence of such a causal reaction. Furthermore, the available research clearly suggests that personal distress arises under different circumstances and in different ways than

empathy and compassion. While the latter two tend to arise when you have a clear grasp of the distinction between, on the one hand, yourself and your current situation, and, on the other hand, the other person and his or her situation, personal distress tends to arise when the distinction between self and other is blurred. While empathy and compassion go hand in hand with the ability to regulate one's emotions, evidence suggests that those who lack in their regulatory abilities are more vulnerable for personal distress. Finally, it should be noted that there are a number of studies showing that a subject instructed to imagine what it is like for another person to be in distress is likely to react with empathy or compassion, whereas a subject instructed to imagine what it would be like for oneself to be in the other's situation is likely to react with personal distress (Batson, 2011; Hoffman, 2000; see also Decety & Lamm, 2009 for a neuroscientific perspective on this). These findings all suggest that personal distress arises through a different causal pathway than empathy and compassion. Hence, the available evidence makes it reasonable to believe that empathy and compassion are not bad for the professional social worker in the sense that they put him or her at risk of developing compassion fatigue.

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Engaging Families, Building Relationships:
Strategies for Working Across Systems from a Social Exchange Perspective

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Abstract: *In child welfare, the relationship between worker and client is viewed as the mechanism through which families may be engaged. Certain settings may complicate the development of a helping relationship and require workers to counter these pressures by developing more effective means of engaging families. Utilizing a social exchange framework, this qualitative study was conducted to explore interactions among parents and professionals in dependency court hearings. Findings revealed that a lack of reciprocity hinders the development of collaborative relationships that could support and assist families. Implications for social work practice are examined.*

Keywords: *Child welfare, engagement, helping relationship, social exchange theory, strengths-based perspective*

The field of child welfare has moved toward the strengths-based perspective, with educators and practitioners emphasizing the importance of harnessing families' strengths (Alpert & Britner, 2005). Engagement is foundational in this process and can be conceptualized as a way to protect the rights of children and families to exercise agency in case planning. In child welfare, the relationship between worker and client is viewed as the mechanism through which families may be engaged. Evidence suggests that the formation of a strong connection between the worker and client is prerequisite for effective intervention (Holland, 2000). Failure to establish a helping relationship has been associated with poor outcomes such as lack of reunification between the parent and child (Landsman, Groza, Tyler, & Malone, 2001; Lee & Ayon, 2004; Trotter, 2002).

Though viewed as vital to optimal practice (Dawson & Berry, 2002; Gockel, Russell, & Harris, 2008), engagement can be problematic in child welfare because of the involuntary context in which many services are delivered. Workers are often viewed by clients as adversaries, a perception related to the accurate assessment that workers wield power over interventions and case decisions (Sheafor & Horejsi, 2009). Other stakeholders—families' attorneys, parents and caregivers, and guardians ad litem (attorneys appointed to represent the best interest of the child)—also maneuver within the context of child welfare with varying degrees of power and influence as well as pressure to achieve particular outcomes. When desired outcomes are at odds, as perceived or in actuality, the resultant conditions may create an environment in which family engagement is unlikely.

Decision-making time frames established by the Adoption and Safe Families Act (ASFA, 1997) have increased pressure on workers to use efficient practices, underscored

the need for collaboration among legal representatives, and raised expectations of parents, some of whom have only 12 months before a child's permanency goal could be changed from return home to adoption (Smith & Donovan, 2003). Workers may be expected to counter these pressures by developing more effective means of engaging families; however, little is known about the everyday work and courtroom interactions of stakeholders in dependency court hearings (Smith & Donovan, 2003). The study described here was prompted by evidence that the public child welfare system in one Mid-Atlantic county was not meeting desired outcomes (Children's Bureau, 2005), as well as anecdotal evidence that conflictual relationships among representatives of the various systems (workers, clients, attorneys, judges, guardians ad litem, youth) limited the degree to which stakeholders collaborated to meet children's needs. Throughout this manuscript, the term caseworker is used to reference frontline child welfare workers who often, but not always, possess a social work degree.

Literature Review

Child welfare agencies follow a bureaucratic organizational structure (Fabricant, 1985), characterized by a hierarchical ordering of individuals with well-defined roles and responsibilities (Gordon, 1970; Wasserman, 1971). Individual workers' attitudes, values, and behaviors within an organization are determined by its organizational climate (Gordon, 1970). According to Solomon (1976), public bureaucracies have the ability to adversely influence the employees, clients, and service delivery. As a result, it is essential to consider the factors that influence the development of a helping relationship within a bureaucratic organization.

Contributing Factors to Engagement

Social work is a profession grounded in social justice and the empowerment of others. Empowering families involved with child welfare may help keep children out of placement or may help reunify families (Hegar & Hunzeker, 1988). However, Hegar and Hunzeker (1988) argued that certain characteristics of child welfare agencies and workers prohibit the development of a helping relationship. A number of qualitative research studies (e.g., Diorio, 1992; Drake, 1994; Kapp & Propp, 2002; Maiter, Palmer, & Manji, 2005; Ribner & Knei-Paz, 2002) have documented specific caseworker skills, identified by both the client and the caseworker, as being associated with a helping relationship. Reoccurring themes in these studies include worker supportiveness, genuineness, empathy, helpfulness, respect, non-judgmental attitudes, accessibility, and use of effective communication skills. Winfield and Barlow (1998) assessed the strength of the helping alliance between the client and caseworker, finding that 95.6% of clients reporting a positive relationship viewed their caseworker as friendly.

A more recent study by Kapp and Vela (2004) also supported the need to develop a helping relationship. A sample of clients whose children were in foster care was surveyed to assess their perception of satisfaction with their caseworker. Clients reported higher levels of satisfaction if they believed the caseworker was helping them in reuniting with their child, had clear expectations, prepared them for meetings, stood up for them in meetings, and respected their culture (Kapp & Vela, 2004). Chapman, Gibbons, Barth,

McCrea, and NSCAW Research Group (2000) found that clients more often reported higher levels of satisfaction with their caseworker if they perceived the worker offered relevant and helpful services in a timely manner and if the caseworker maintained frequent verbal contact with the client. This would suggest that the client valued a worker who took the time to help the client accomplish his/her goals.

Yatchmenoff (2005) reminds us that organizational factors can influence clients' level of satisfaction, and thus the ability to develop a helping relationship. Findings revealed most clients' perceptions of the "system" were negative as they did not "believe my family will get the help we really need from" Child Protective Services (Yatchmenoff, 2005, p. 95). Therefore, more than ever, effective collaboration between the child welfare caseworker, family, and other service providers is an essential practice method to foster engagement and development of a helping relationship.

Social Exchange Theory

Social exchange theory (Blau, 1964; Homans, 1958) provides a lens through which human interactions and relationships can be examined. At the core of social exchange theory is the assumption that individuals seek to profit in their exchanges. Individuals are considered to be rational actors who consider costs and benefits before interacting with another. As individuals desire to achieve benefits and avoid costs, self-interest is a key motivating force. Homans (1958) argued that self-interest was a universal motive that made the world go around, and men and women modified their behavior in terms of positive or negative reinforcement provided by their environment (Coser, 1977).

Consequently, individuals will do what they perceive to be in their best interest and that which moves them closer to achieving what they define as valuable. Likewise, individuals will avoid actions that will cause them to lose what they value. Hence, individuals are seen as rational calculators of pleasures, always intent on maximizing returns and minimizing losses (Coser, 1977).

In an attempt to explain group conformity and deviance, Blau (1964) proclaimed that there is first an exchange transaction between individuals, which leads to a difference in status and power, which leads to legitimization and organization, which leads to opposition and change (Ritzer, 1992). Therefore, for groups to survive, each member must adhere to its predictable patterns of interaction within their ranks. Thus, the group norms and individuals' desire for social approval ensure conformity, which reinforces group cohesion and survival (Robbins, Chatterjee, & Canda, 2006). When groups do not adhere to their predictable patterns, and there is an uneven exchange, then power of one person over another will prevail.

Ideally, norms of reciprocity triumph in an exchange. However, when one individual is not rewarded as expected, an imbalance is created, which threatens the operation of the social system. This leads to a differentiation in resources that individuals possess, creating a power base through which one becomes deprived or exploited (Coser, 1977). Individuals come to learn what is expected of them, and, in turn, this regulates their behavior.

Social exchange theory allows for the explication of social, contextual, personal, and organizational factors that structure relationships among stakeholders in dependency court processes. The theory contains key theoretical concepts that allow observers of human behavior to consider how social interaction is related to participants' consideration of potential loss and gain, the impact of perceived rewards and their distribution, the role and function of power, the influence of norms, and reciprocity across exchanges (Robbins et al., 2006). Utilizing a social exchange framework, this qualitative study was conducted to explore interactions among parents and professionals in dependency court hearings with the objective of determining the degree to which families are engaged throughout judicial processes and actively involved in case decisions.

Method

Research Design

This exploratory study employed qualitative ethnographic strategies, using courtroom observations and focus groups with key stakeholders (judges, caseworkers, guardians ad litem, youth, and foster parents) to collect data. This approach was chosen to capture the complexity of social interactions among stakeholders from an emic perspective. Permission to conduct the study was granted by the university's Institutional Review Board as well as from the public child welfare agency's Executive Director and solicitor.

Sample

This study was based on focus group interviews and dependency court observations. Individuals observed during the dependency hearings comprised the judge, county solicitor, guardian ad-litem, parent's/caregiver's attorney, parents/caregivers, county caseworker, youth, and other professionals present in the courtroom (e.g., witnesses, sheriff).

Five separate focus groups were conducted with the following stakeholders: judges, guardians ad litem, county caseworkers, foster parents, and youth in foster care. The number of individuals within each focus group varied. Table 1 shows the composition of these groups.

Table 1. *Composition of Focus Groups*

Focus Group	Male	Female	Total
Judges	2	1	3
Guardians ad litem	3	3	6
Caseworkers	2	6	8
Foster Parents	1	4	5
Youth	7	7	14

Except for the adolescent youth, who were selected by the county agency since they were a pre-existing group of youth in care who participated in the agency's Independent Living (IL) Program, all focus group participants were recruited to participate in the study. An email was sent to all judges, guardians ad litem, and county caseworkers inviting them to participate in the focus group. An invitation was sent to the foster parents through the agency's monthly newsletter. One hundred percent of the judges and guardians ad litem participated, 6% of the total number of foster parents participated, and 12% of the caseworkers participated. Although the youth were pre-determined and represented 100% of youth involved in the IL Program, they represented only 7% of the total population of youth in foster care 12 years old and older, the age range of youth who are invited to attend their dependency hearings. Having attended and/or testified in dependency court was the only inclusion criterion for the participants of the focus groups.

Data Collection

As a result of their professional relationship with the judge, the researchers gained access to the courtroom in order to obtain this emic perspective of the dynamics of dependency hearings. Although this relationship may have potentially biased the study's findings, the researchers used multiple methods of data collection and interpretation to enhance the trustworthiness of the results. These methods included prolonged engagement, peer debriefing, and multiple observations. Over a three-month period in 2009, the researchers observed six hours of dependency hearings. To ensure trustworthiness, two observers attended multiple court hearings presided over by the primary dependency judge and took field notes throughout. The observers sat in the back of the courtroom and only the judge knew why they were present. There was no verbal interaction between the observers and individuals being observed. The field notes from the court observations were typed and analyzed.

The focus groups were conducted by the authors, one acting as the primary facilitator. The focus groups were guided by a semi-structured interview guide that included open-ended questions on the participants' perceptions of the court process, the level of preparation for court, the ability to testify in court, and the relationships between key stakeholders in attendance. Each focus group lasted approximately 60 minutes and was conducted at a place of convenience for the participants (e.g., courthouse meeting room, local child welfare agency). The focus groups were audiotaped and transcribed.

Data Analysis

This study was purposefully designed so that data were triangulated, incorporating multiple viewpoints through focus groups and observations to avoid bias from any one group of stakeholders, including the researchers. Trustworthiness was enhanced through continuous and prolonged engagement of the participants and immediate documentation of insights and thoughts regarding the court proceedings (Padgett, 2008). Further, after initial coding of the field notes, emergent ideas were authenticated through peer debriefing, a common method of establishing trustworthiness (Padgett, 2008). Peer debriefing involved a review of the typed field notes and codes by a colleague with

numerous years of experience in child welfare to assess for authenticity in interpretation of data.

Following the transcribing of focus group data, each transcript was reviewed line by line and coded by both authors using open coding techniques (Corbin & Strauss, 2007). This first level coding utilized a constant comparison method of analysis (Corbin & Strauss, 2007) in which this process was repeated several times to compare, clarify, and organize codes to ensure consistency and credibility of the data. Second level coding was performed to review and organize codes across all transcripts into common categories.

Results

Throughout the data analysis process, the theme of power, specifically power differences, quickly emerged. To elucidate this construct, the key concepts of social exchange theory became helpful in explaining and understanding the power differences. As a result, those key concepts (participants' consideration of potential loss and gain, the impact of perceived rewards and their distribution, the influence of norms, and reciprocity across exchanges) are used to structure the discussion of results.

Potential Loss and Gain

Within the context of dependency court, key decisions are made that can alter the life of those involved. It was evident after examining the data, those responsible for making those key life-altering decisions weighed the potential losses and gains and were often influenced by personal biases. For example, data from focus groups with the judges pointed to a child-centered approach that marginalized families of origin and reflected tension across collaborating agencies. One judge described the presumed biases in dependency hearings, "Birth parents complaining to high heaven that everything is just fixed." Through observations of dependency hearings, we noted that judges were critical of work done by "the Agency," but their negative perception of parents led them to trust a caseworker's testimony over that of parents.

Judges expressed an inability to understand the poor decisions and risky behaviors of biological family members. One judge stated, parents "shouldn't have had kids to begin with" and another stated, "we treat our dogs better." Supporting the notion that families involved with child welfare are "doomed," another judge stated, "they are already wrecked by the time the Agency gets involved." These sentiments clearly influence judges' decision-making process when weighing the potential losses and gains to keeping families together.

Perceived Rewards and Their Distribution

Key to this theoretical concept is that each group member adheres to a predictable pattern. As a result, they expect to be rewarded and anticipate that the rewards will be equally distributed across group members who adhere to those expected behaviors. Being part of the in-group affords one power, status, and alignment with the norms of the courtroom. Members of the in-group are more likely to be perceived favorably by the judge and hence have their views and opinions (i.e., recommendations) hold more weight

in the decision-making process. As parents are not part of the in-group, the testimony they provide is not weighted equally.

It was immediately apparent during the observations of the dependency hearings that two types of "groups" existed, the "in-group" and the "out-group." Members of the out-group were neither acknowledged nor engaged by members of the in-group. The in-group comprised the professionals, including the judges, attorneys, guardians ad litem, and caseworkers whose behavior reflected a disregard for the parents' role in decision-making/case planning. Negotiations among in-group members were observed being made before the hearing occurred. When it was time for the hearing, the professionals appeared to be "going through the motion," as decisions and plans were already made and/or based on hearsay/reputation rather than first-hand testimony and concrete evidence.

Data received from the focus group with the caseworkers supported the observations reported above. Caseworkers spoke at length about the unfair treatment received by "their families." "So many side conversations going on between the attorneys and lack of professionalism…while clients are in there…they (clients) don't feel that they are taken seriously." Another caseworker stated, "I feel like the parents are kind of standing there, like they're already hopeless 'cause, you know, they don't know what's going on and sometimes they feel like I don't feel like I can stand up for myself and it's like if their attorney's not even giving them the time of day, why should they feel any different than that."

This sentiment of unequal distribution was reiterated by the guardians ad litem who described an adversarial process that marginalized parents. "When you are in court, it is a very different atmosphere. It is very adversarial. Parents, they feel like they are being attacked. A lot of times the parents are blindsided so I understand the frustration level and why there is mistrust now with the Agency. Unfortunately that happens a quite bit."

Influence of Norms

The dependency court interactional norms and the physical layout of the area were exclusionary. Professionals were "at ease" while caregivers were "shuffled" in and out. There was a lack of instruction or direction provided about courtroom rules or expectations. In-group members moved comfortably across barriers to chat with the clerk and clustered for informal conversation near the judge's bench. Parents' space was restricted; family members remained standing and then were seated behind tables that were on the "right side" of the barriers that divide the judge from the courtroom audience. The professionals also used language that separated themselves from the parents and, at times, appeared to exclude parents from conversations thereby reinforcing professional solidarity. There was also an air of "nonchalance" that permeated the proceedings, rather than the sense of formality and respect that was expected given the serious nature of these cases.

Professionals' perceptions of parents, coupled with the parents' out-group status, minimizes parents' chances of being "rewarded" regardless of whether or not the parent adheres to the expected behaviors. In part, the physical space conveys normative expectations related to conduct within the courtroom and interaction among the various

stakeholders. However, these expectations were modified or overlooked if the individual was a member of the in-group. For example, it was noted that attorneys for all involved parties were the "insiders" and did not have to follow rules of decorum that were applied to families such as cell phone use within the courtroom.

Reciprocity Across Exchanges

Most relationships among the professionals were reciprocal in nature; however the relationships between professionals and parents were not. Parents perceived less power in their exchanges with professionals. Among professionals, there was a sense of solidarity expressed through casual in-group conversation. Family members were not invited to participate. During focus groups, resource parents spoke at great lengths about judicial "power plays" and "the politics that nobody likes to admit," noting that families of origin were treated unfairly. "Every other person in the courtroom minus the biological parents has a working relationship with everybody else in the courtroom. All these people are on a first-name basis all the time."

Youth also reported a lack of reciprocity as well as relationships with professionals that were characterized by mistrust and unfamiliarity. "You are not really a part; you are just there as a visitor to the court." Another youth spoke to the lack of reciprocal exchange in the relationships between in- and out-group members. "They don't really say a lot of positive things in there; they point out mostly negative stuff." However, one youth had a different perspective, which reflects what occurs in reciprocal relationships. "When they see you are making an effort, they start to trust you and that really builds over time. You come 10% and they'll come 10%."

Discussion and Implications

Relationships between parents/caregivers and key child welfare stakeholders were examined in this study to identify the degree to which families are engaged throughout the dependency court process. Results illustrate that despite child welfare's focus on strengths-based, family-centered practice (Alpert & Britner, 2005), a lack of reciprocity, supported by in-group/out-group dynamics, the culture of professionalism, and both actual and perceived courtroom norms and structure make it unlikely that collaborative relationships that support and assist families will develop.

Organizational conditions such as bureaucracy, large caseloads, legal and agency mandates, and both personal and professional biases create pressures against implementing best practices in the context of dependency court. Under pressure to keep children safe and move through hearings quickly, an "us versus them" mentality emerges that underscores the differences between professionals and the families of origin with whom they work.

The separatism of professionals and families is exacerbated by the cultural norms of dependency court, which begin to define the relationships between professionals and parents/caregivers. These courtroom norms (e.g., adversarial relationships, sterile environment) are contrary to social work's strengths-based perspective that promotes

collaboration and reciprocity (Holland, 2000). Therefore, parents/caregivers may learn to expect little from the relationship with their caseworkers. This learned expectation may limit the likelihood of their follow-through on their service plans as they do not anticipate the reward of being reunified with their child. Social exchange theory would suggest that parents/caregivers might expect work required by their service plans to be fruitless, as the system appears biased toward professionals. Put differently, Agency and judicial demands and norms produce two groups—families and professionals—that are most distinguishable by differential access to power and markedly different expectations of rewards.

Limitations

The primary limitation of this study is that parents/caregivers were not interviewed; therefore, the findings may not adequately reflect their perspective. The study's results may only be representative of a particular place (one courtroom) and the time when the data were collected. Further, while social exchange theory provides a useful analytic lens, further observation and interviews are required to explore stakeholders' awareness of observed dynamics as well as their views on motivation. Despite these limitations, this exploratory study contributes to the limited knowledge of child welfare practice within the context of dependency court. The findings highlight some challenges that may be associated with translating best practices into everyday practice.

Implications for Social Work Practice

Though child welfare practice has moved toward intervention strategies that are strengths-based and centered on family engagement and worker-family collaboration, courtroom culture and systemic requirements have impeded the application of this approach to legal procedures and hearings. Further research may help to illuminate barriers and point to training and education that would address them.

Social exchange theory suggests that there are rewards for adhering to group norms. Rewards for the in-group (professionals) include professional validation, camaraderie, and the expediency of hearings. The degree to which members of this group are aware of this dynamic and/or pursue rewards strategically bears further investigation.

Cross-system training that engages social workers (i.e., caseworkers), attorneys, and judges in conversations about the reality of system pressures (e.g., caseloads, federal and state laws, and timelines) and the family-centered approach of child welfare practice may prove useful. The recognition that the cultures of court and child welfare may function at odds, though they are in pursuit of the same goal (child safety and well being), would be a fruitful starting point for ongoing dialogue and training across systems. A key goal of this training would be the teaching of strategies that build and/or strengthen qualities of a positive helping relationship between the professionals and parents/caregivers as well as providing tools that enhance advocacy skills. Tools that strengthen advocacy skills assist professionals in learning how to navigate what may appear to be contradictory goals, protecting children and maintaining families, in a way that enhances rather than hindering the helping relationship. As previously stated in the literature, fostering a positive helping

relationship is key to any successful outcome in social work, including child welfare. Therefore, training that highlights power imbalances and ways to combat or manage them to foster a helping relationship and bring about positive change is essential in child welfare practice.

Conclusion

An improved understanding of the social structure of dependency court may inform child welfare practice and policy to enhance family engagement throughout judicial processes. Data may point to organizational, social, and/or personal factors that frustrate the attempts of workers to engage families and, more generally, impede the efforts of all involved parties to work collaboratively toward the goals of permanency and child well-being. Better understanding the challenges faced by professionals and parents/caregivers involved in dependency court may inform training that builds and enhances skills that can foster a supportive, helping environment.

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Self-Efficacy in Newly-Hired Child Welfare Workers

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Abstract: Child abuse and neglect in the United States resulted in 676,569 reports in 2011 (U.S. Dept. of Health and Human Services, 2012). Workers in this field struggle with low pay, high caseloads, inadequate training and supervision, and risk of violence, all of which contribute to worker burnout and poor worker retention rates. Worker self-efficacy is predictive of worker retention, job performance, and persistence in this difficult field. This paper reports the development of a new measure of self-efficacy from a sample of 395 child welfare workers. Factor analysis revealed two domains of self-efficacy, direct practice and indirect practice, which can be modestly predicted by worker characteristics upon hire and the training program the workers attend. Worker self-efficacy can be used to identify vulnerable workers who may be especially in need of strong supervisory support as well as understand who to target for recruitment. A review of the literature of self-efficacy in child welfare workers is included.

Keywords: Child welfare, self-efficacy, Title IV-E

Child welfare workers embrace one of the most challenging and stressful careers in social services. They serve a population of children who have suffered neglect, physical abuse, and sexual abuse, numbering 676,569 in 2011 (U.S. Dept. of Health and Human Services, 2012). Negative job characteristics such as low pay, high caseloads, inadequate training and supervision, conflicting roles, and risk of violence all contribute to worker burnout (DePanfilis & Zlotnik, 2008; Faller, Grabarek, & Ortega, 2010; McGowan, Auerbach, & Strolin-Goltzman, 2009; Morazes, Benton, Clark, & Jacquet, 2010). It is no surprise, then, that retention rates are poor, with national turnover rates reported at 30-40% (U.S. General Accounting Office, 2003). These high turnover rates are generally higher in the first few years of employment (Balfour & Neff, 1993; Curry, McCarragher, & Dellman-Jenkins, 2005; Smith, 2005).

In the interest of child well-being it is imperative to develop and retain competent child welfare workers in spite of contextual challenges, and self-efficacy is one important way to do so. Self-efficacy is related to job satisfaction, job retention, and job performance and can be influenced by supervisor support (Chen & Scannapieco, 2010; Dickinson & Painter, 2009; Ellett, 2009; Judge & Bono, 2001, Stajkovic & Luthans, 1998). Given that turnover of child welfare workers is a substantial issue and that self-efficacy is an important worker characteristic, it would be useful to investigate the level of self-efficacy of child welfare workers at the time they begin their jobs as well as explore the predictors of self-efficacy levels. Understanding worker self-efficacy can be used to recognize which workers are more vulnerable and may be especially in need of

strong supervisory support as well as to understand whom to target for recruitment. A review of the literature regarding self-efficacy in child welfare workers is presented in the next section.

Self-Efficacy

Self-efficacy refers to "people's belief in their capacities to mobilize the motivation, cognitive resources, and courses of action needed to exercise control over given events" (Ozer & Bandura, 1990, p. 472). In other words, although self-efficacy does not directly change individuals' capabilities, they may show more perseverance and effort when faced with difficult situations due to the control and sense of mastery they feel (Bandura, 1997; Lazarus & Folkman, 1984; Liu, Siu, & Shi, 2010). More specifically, studies indicate that people with high self-efficacy use more problem-focused coping as compared to the emotion-focused coping employed by those with low self-efficacy; further, problem-focused coping is related to less stress, both physical and psychological (see Semmer, 2003 for review). By extension, those with higher self-efficacy are more likely to be successful and therefore satisfied with their work (Judge, Locke, Durham, & Kluger, 1998). Numerous studies in other fields also have found that high self-efficacy is related to greater job satisfaction, better job performance, lower job burnout, and better wellbeing, as compared to low self-efficacy (e.g. Bandura, 1997; Grau, Salanova, & Peiro, 2001; Judge & Bono, 2001; Pinquart, Juang, & Silbereisen, 2003; Schyns & von Collani, 2002; Siu, Lu, & Spector, 2007; Stajkovic & Luthans, 1998).

Self-efficacy as a focus of child welfare research is quite limited to date. Descriptively, Fox, Miller, and Barbee (2003) evaluated newly trained child welfare employees across 26 job duties reflecting basic competency training. Barbee and colleagues (2009) subsequently used the same indicators to evaluate new IV-E-trained child welfare workers at 6 months and 2 years. In both studies and at all data collection points, workers rated themselves above the midpoint for self-efficacy. Murphy (2007) compared three groups of new child welfare workers: graduates of a IV-E program were compared to two non-IV-E comparison groups, one containing employees who had no training in social work and one containing employees with degrees in social work. Each group included both bachelor's and master's level workers and used a self-assessment measure comprised of 30 child welfare-related tasks. The average scores for each group were above the midpoint in this study as well. There were no statistically significant differences among the three groups nor were there any differences when comparing all social workers (both IV-E and non-IV-E) with non-social workers. Finally, Wehrmann, Shin, and Poertner (2002) also found high scores on self-report learning outcomes at the end of child welfare training; however and notably, scores had dropped six months later.

In child welfare worker retention studies, self-efficacy has been positively associated with intention to remain on the job as well as actual retention (Chen & Scannapieco, 2010; Dickinson & Painter, 2009; Ellett, 2009; Fryer, Miyoshi, & Thomas, 1989). In a longitudinal study, Jones and Okamura (2000) assessed newly hired workers on self-perceived competency and retention, finding that high self-efficacy scores were associated with longer retention periods. Dickinson and Painter (2009) found that those

who remained in child welfare felt more efficacious about their ability to have a positive influence in the lives of their clients.

Self-efficacy is related to job performance in a variety of fields. A meta-analysis (N = 114 studies) of studies from a variety of fields found a significant correlation of .38 between self-efficacy and job performance. A significant moderator of the relationship was task complexity; as task complexity rose the strength of the relationship fell (Stajkovic & Luthans, 1998). Collins-Camargo (2007) found child welfare worker self-efficacy to be related to job performance and also two child outcome indicators, timeliness of investigations and cases open over 12 months. While only one of these outcome indicators was desirable, it is the only study to date directly linking child welfare worker self-efficacy to case outcome.

A few studies have specifically considered environmental variables and self-efficacy. This is important since the working environment of child welfare agencies is often characterized by staff shortages, high caseloads, and other factors (U.S. General Accounting Office, 2003) that may reduce workers' beliefs that they can exercise control over their work lives. Ellett (2009) writes that child welfare is arguably the most difficult field in social work. To work in such a context it is important that individual workers have the personal characteristics that help them persevere in the interest of the children they serve, and sometimes workers may have to advocate for children within an unsupportive system. Workers need a strong belief in their ability to effect change in the client's situation in the face of opposition and long odds. In a study of public child welfare workers in California, McElroy (2002) related self-efficacy to a number of personal and agency-related characteristics. She found self-efficacy to be positively and significantly correlated with job satisfaction but not with supervisory support. Chen and Scannapieco (2010) also examined these variables but looked for interaction effects. They found that supervisory support was important but, specifically, it was more important for the retention of child welfare workers with low self-efficacy as compared to those with high self-efficacy. Also, whereas job satisfaction was positively correlated with self-efficacy, it was not a linear relationship: it had a stronger relationship for those with high self-efficacy. This study indicated that job satisfaction was not enough to compensate for low self-efficacy where there was also a perceived lack of supervisor support. These findings about the importance of environmental factors for child welfare workers with low self-efficacy are consistent with findings on employees in the broader literature (Appelbaum & Hare, 1996).

In summary, self-efficacy in child welfare workers is related to retention, job satisfaction, job performance, and supervisory support. Further, it appears that self-efficacy may drop over time (Jones & Okamura, 2000), suggesting that the experience of work or environmental factors influences self-efficacy in the workplace. This is consistent with the idea that self-efficacy is not a static personality trait: rather, it is malleable (Bandura, 1997). As such, and because turnover is higher within the first few years of employment, it would be useful to assess self-reported level of job preparedness (i.e., self-efficacy) of workers at the time they begin employment to know who may be more vulnerable to workplace culture. Since self-efficacy is domain-specific (Bandura, 1986b) and child welfare competencies cover a wide range of skills, it would also be

useful to develop a scale of worker competencies and conduct a factor analysis to look for the presence of subfactors. Because recruiting and hiring workers with high levels of high self-efficacy is preferable, it would be useful to know what factors predict higher levels of self-efficacy.

The study in this paper uses a retrospective pretest. In Collins, Kim, and Amodeo's (2010) review of empirical studies of child welfare training, those with retrospective pretest designs were deselected for inclusion due to perceived weakness in design. Campbell and Stanley (1963) consider the retrospective pretest design to be inferior, though acceptable, when a longitudinal study is not possible. Pratt, McGuigan, and Katzev (2000) compared pretest-posttest methodology to retrospective pretest methods in a sample of 307 mothers in a prevention program. They found that in situations where response-shift bias is present (where, before training, participants do not understand the concept being measured and thus overestimate their abilities), retrospective pretests are more accurate measures of the change produced by training. This is also supported by Berger, Gunto, Rice, and Haley (1996) in a large study of 2,100 trainees in the field of hazardous waste handling. Those trainees who completed retrospective pre-test/posttest measures showed a larger change than those who completed concurrent pretest/posttest measures. In essence, those completing efficacy pretests may overestimate their skills because before training they don't know what they don't know. Retrospective pretests may be more accurate because after training the participants now know what they didn't know.

The goals of this study are to (1) develop a measure of job preparedness to assess worker confidence (aka self-efficacy) for child welfare job duties; (2) explore these levels of self-efficacy at the time workers begin their jobs; and (3) examine factors that predict self-efficacy. It is hypothesized that self-efficacy will be significantly predicted by worker characteristics.

Methods

Design, Sample, and Data Collection

The study reported here is from an evaluation of training preparedness of caseworkers employed by the Department of Children's Services (DCS) in a southeastern state. Bachelors-level workers are prepared in one of two methods: (1) through the Title IV-E Child Welfare Stipend Program or Certification Program, a university-agency collaboration in which social work students complete two child welfare classes and a one-semester full-time internship with DCS immediately prior to graduation; or (2) a 9-Week Pre-service Training program in which training is delivered within DCS immediately prior to assuming job responsibilities.

The researchers used a cross-sectional design and surveyed the entire population of child welfare workers in a southeastern state hired in a particular time period. Workers were invited to participate via an email invitation and web link to an internet-based survey using SurveyMonkey. Data collection took place in two phases. In Phase 1, data were collected in 2009 from employees hired from 2004 to mid-2008; Phase 2 data collection took place in 2011 for employees hired from mid-2008 to early 2011. Two

follow-up emails and an incentive in the form a drawing for a gift card were used to encourage participation. The research study methods were approved by the Institutional Review Board for Human Subjects prior to any data collection.

Measures

Participants completed the Level of Preparedness Scale (LOPS) in addition to education and employment variables.

(1) Education, experience and employment. Workers completed the following demographic items: education (undergraduate degree, graduate degree or working toward a graduate degree); length of employment (years and months); prior child welfare experience (yes/no); current position in DCS (team coordinator, case manager/family services worker 1, 2, 3, or 4, or other; and current work area (19 work areas, detailed in results). (Note: in order to protect the identity of workers, especially given the low prevalence of male workers and workers who are non-White, no other demographic variables were collected as it would have been easy to identify individual workers with this information along with current position and title).

(2) Level of Preparedness Scale (LOPS). The LOPS is a new scale designed to measure self-reported perception of the degree to which the worker felt prepared for a range of child welfare job duties at the time s/he began employment with DCS. Content for the LOPS came from a review of relevant training literature and input from child welfare trainers for the state. The LOPS went through an extensive review process. State foster care professionals reviewed a draft set of items for clarity, comprehensiveness, sensitivity, and practice relevance. A pool of 29 items was given with the following instructions: *The following set of questions address job duties at DCS. As you read each question, think about what your level of personal preparedness was <u>at the time you began employment</u> with DCS. Please respond thoughtfully to each item. Each item is rated on a six-point scale from (5) excellent to (1) poor, and (0) not covered in training.*

Results

Results are presented in three sections: (1) worker characteristics; (2) factorial structure and scores of the LOPS; and (3) results of linear regression analyses. Statistical analyses were completed utilizing IBM SPSS 21.

New Worker Demographic Characteristics

A total of $N = 395$ workers participated for a response rate of 45.13%. Although the intent was to survey only workers who had been on the job for 36 months or less, a few subjects reported much longer periods of employment. In order to better ensure the integrity of recall, these cases were deleted. For the remaining sample ($N = 342$), education was as follows: 37.5% ($N = 127$) reported having an undergraduate degree in social work, 19.5% ($N = 66$) were working toward an advanced degree and 24.0% ($N = 82$) had an advanced degree. Length of employment ranged from 0 to 35 months, ($M =$

16.9, *SD* = 9.58) and almost half of the sample (48.2%) reported having prior child welfare experience. Most respondents went through the 9-Week Pre-service Training after hire (*N* = 319, 80.8%) while the rest went through the Title IV-E program (*N* = 76, 19.2%). Other employment characteristics are summarized in Table 1.

Table 1. *Current Employment Characteristics*

Current Position (N = 342)	N	%
Team Coordinator	0	0
Team leader/Case Manager 4/Family Services Worker 4	7	2.0
Case Manager 3/Family Services Worker 3	9	2.6
Case Manager 2/Family Services Worker 2	201	58.8
Case Manager 1/Family Services Worker 1	78	22.8
Other	42	12.3
Missing	5	1.5
Total	*342*	*100.0*
Current Work Area	N	%
Child Protective Services/Multiple Response Services	159	46.5
Social Services-Foster Care	115	33.6
Juvenile Justice	56	16.4
Social Services Adoption	18	5.3
Non-Custodial Case	13	3.8
Investigation	10	2.9
Court	8	2.3
Other	7	2.1
Placement	6	1.8
Continuous Quality Improvement	4	1.2
Intake	3	0.9
Administration Human Resources	1	0.3
Supervision CPS	1	0.3
Supervision Social Services	1	0.3
Supervision-Juvenile Justice	1	0.3
Eligibility and Benefits; Financial Management; Legal; Security; Well-being/Staff Health	0 (each)	0
Total	*403*	*n/a*

Note: total responses are greater than number of subjects: subjects could check more than one work area. Percentages are calculated as a percent of total subjects (N = 342), not total responses.

The samples collected at Phase 1 and Phase 2 were compared. No significant differences were found between the groups on the percent working toward an advanced degree, having prior child welfare experience, or the total months of DCS employment. Significantly more respondents at Phase 2 were graduates of the Title IV-E program (9.5% at Phase 1 and 36.4% at Phase 2, $X^2 = 42.2$, $df = 1$, $p < .001$). This is likely because the Title IV-E program continued to grow during this time.

LOPS Factorial Structure and Scores

There were 10 cases with more than 20% missing data that were deleted. Of the remaining cases, there were five cases (1.27%) with one missing item and two cases (0.51%) with two missing items. Missing item values were replaced with the mean item score and rounded to the nearest whole number.

Of the original 29 items, five had a large response frequency of *Not Covered in Training*. These items were deleted after confirming with trainers that these items are not reliably part of the training curriculum. With remaining 24 variables, *Not Covered in Training* responses were recoded as "missing" before the exploratory factor analysis (EFA) was conducted. (Note: to assess the impact of this coding strategy, we also coded these responses as "poor" and conducted an EFA subsequent and identical to the procedure described below. Both coding approaches resulted in the same factor structure.)

An EFA was conducted to explore whether one or more dimensions underlie the item scores. EFA was used because the LOPS is a new measure and it was necessary to investigate the underlying factor structure (Fabrigar, Wegener, MacCallum, & Strahan, 1999; Osborne, Costello, & Kellow, 2008). Unweighted least squares with promax rotation was used for the factor analysis, the scree test was used to guide the number of factors, and the pattern matrix was used to guide interpretation of the factors. Bartlett's test of sphericity [X^2 (276, $N = 347$) = 6365.22, $p < .001$] and the Kaiser-Meyer-Olkin measure of sampling adequacy (KMO = .94) strongly supported the suitability of the items for factor analysis.

The scree test clearly indicated a two-factor solution. Although 22 of the items cleanly loaded on one of the two factors, two items were problematic. The item "*working directly with persons who supervise you*" had a loading of .39 and the item "*maintaining your personal safety*" had low and cross-loaded results (.39 and .30). EFA was recalculated deleting one item at a time and with no marked improvement to the remaining items. Therefore, both items were deleted.

EFA was conducted with the remaining 22 items ($N = 333$). Factor 1 contained 16 items, all loading at .48 or greater (see Table 2). All corrected-item total correlations were .62 or greater and Cronbach's alpha was $\alpha = .96$. The item content for this factor was comprised of Direct Practice knowledge and skills. Factor 2 contained six items, all loading at .57 or greater. All corrected-item total correlations were .60 or greater and Cronbach's alpha was $\alpha = .89$. The item content for this factor was comprised of Indirect Practice knowledge and skills. The total amount of variance accounted for by both factors was 60.3% (Direct Practice 51.3%; Indirect Practice 9.0%) and the correlation between

factors was $r = .61$. For each factor the potential score was 1.00 to 5.00. For LOPS/Direct Practice, the overall mean score was $M = 3.73$ ($SD = .68$, $N = 374$). For LOPS/Indirect Practice, the overall mean score was $M = 3.05$ ($SD = .84$, $N = 347$).

Table 2. *Level of Preparedness Scale (LOPS) Items and Factor Loadings*

Items	Factor 1 Direct Practice	Factor 2 Indirect Practice
Building positive working relationships with families of diverse backgrounds	0.96	-0.28
Partnering with families	0.96	-0.16
Building positive working relationships with families	0.94	-0.24
Developing a working agreement with a family	0.86	-0.05
Planning with family teams for the child's safety	0.74	0.15
Planning with family teams for the child's well-being	0.73	0.17
Asking appropriate questions during all contacts with a family	0.73	0.10
Planning with family teams for long-term permanency	0.69	0.16
Building positive working relationships with community agencies	0.66	0.10
Remaining respectful during all contacts with a family	0.65	0.01
Applying the Best Practice guidelines (The Practice Wheel)*	0.64	0.11
Working effectively with children and youth of different ages	0.64	0.15
Being aware of different parenting strategies	0.60	0.18
Developing an appropriate case plan with the family based on identified strengths and needs	0.54	0.34
Assessing signs of safety and risk, and making accurate determinations	0.53	0.35
Identifying indicators of abuse and neglect	0.48	0.30
Understanding the steps involved in closing a case	-0.23	0.99
Understanding the steps involved in transferring a case	-0.17	0.96
Understanding the law as related to child welfare practice	0.05	0.74
Knowing appropriate time frames pertaining to your specific duties	0.10	0.63
Writing/updating a functional assessment	0.09	0.63
Being able to document all case activities in a professional manner	0.15	0.57

*This item reflects the agency's internally designated Best Practices, including a best practice referred to as *The Practice Wheel*.

Linear Regression Analyses

Two linear regression models were used to explore relationships between a number of predictor variables and the two LOPS subfactors. The independent variables included Length of Employment, computed in months; Training Program, coded as 9-Week Pre-service (2), Title IV-E (1); Undergraduate degree, recoded as Social Work (2), All Other (1); Having an Advanced Degree, coded Yes (2), No (1); Working toward an Advanced Degree, coded Yes (2), No (1); and Prior Child Welfare Experience, coded Yes (2), No (1). No other demographic variables were available for inclusion in these analyses. All of these variables were regressed simultaneously in separate models with LOPS/Direct Practice and LOPS/Indirect Practice as the dependent variables. For LOPS/Direct Practice, the overall model was significant F (6, 307) = 5.31, $p < .001$. The significant predictors for preparedness included length of employment (longer employment was associated with a lower level of preparedness), working toward an advanced degree, and having prior work experience (see Table 3). The model accounted for 9.4% of the variance in level of preparedness. For LOPS/Indirect Practice, the overall model was significant $F(6, 283) = 3.58$, $p = .002$ and the significant variables were social work as an undergraduate degree (associated with a lower level of preparedness), receiving training through the 9-Week Pre-service program (associated with a lower level of preparedness), working toward an advanced degree, and having prior child welfare experience. This model accounted for 7.0% of the variance in level of preparedness.

Table 3. *Linear Regression Results*

Variables	Model 1 – LOPS/Direct Practice			Model 2 – LOPS/Indirect Practice		
	B	SE B	β	B	SE B	β
Length of employment	-0.014	0.004	-0.201**	-0.004	0.005	-0.042
Training program	-0.115	0.124	-0.071	-0.516	0.161	-0.255**
Undergraduate degree	-0.146	0.105	-0.104	-0.366	0.137	-0.209**
Having an advanced degree	0.065	0.091	0.04	0.02	0.119	0.010
Working toward adv degree	0.343	0.095	0.200**	0.37	0.125	0.173**
Prior child welfare experience	0.189	0.078	0.139**	0.225	0.101	0.133*

Note. $R^2 = .094$; *$p \leq .05$; **$p \leq .01$ Note. $R^2 = .070$; *$p \leq .05$; **$p \leq .01$

Discussion

The first objective of this study was to develop a new measure, the LOPS, designed to assess the degree to which new workers feel prepared for a number of job task items at the time they begin employment with DCS. The EFA conducted on these items resulted in two factors, Direct Practice and Indirect Practice, with high factor loadings, strong reliability, and strong content validity for the items associated with each subscale. The subscales provide the opportunity to approach and understand the data analysis with more specificity.

The second objective was to explore these levels of self-efficacy at the time workers begin their jobs. For LOPS/Direct Practice employees reported self-efficacy above the scale median ($M = 3.73$, $SD = .68$) while for LOPS/Indirect Practice employees reported self-efficacy at the scale median ($M = 3.03$, $SD = .84$). Previous studies have found self-efficacy reported above the scale median (Barbee et al., 2009; Fox et al., 2003) across an entire set of worker competencies. This is the first time self-efficacy was measured in two domains and suggests that a clearer understanding of self-efficacy can be gained with this approach.

The third objective was to determine which factors are associated with a sense of task competency, or self-efficacy, among public child welfare workers. For LOPS/Direct Practice, three of these variables were significantly related to self-efficacy. First, the longer workers had been on the job, the less prepared they felt at the beginning of their employment. This finding may reflect that training effectiveness had gotten better over time, so that employees who had been through training closer to the time of the survey had a better quality of training for worker competencies as compared to those who had been through an older version of the training. However, the trainers reported that training had not changed. Further, because the data was collected in two phases, this interpretation would not be supported. Another explanation could be that, despite being instructed to think back to how prepared they felt at the time they began employment, subjects' recall was influenced by time on the job and their evolving perspectives of the difficulty of their jobs. In this case, the findings would be similar to Barbee et al. (2009) who found a decrease in the mean self-efficacy scores from six months to two years. This supports the literature indicating how difficult child welfare work is (Ellett, 2009) and that workers need to be supported on the job in order to maintain their confidence in their work. Chen and Scannapieco (2010) found that supervisory support is especially important for workers with low self-efficacy. Improving supervisor support overall and/or matching vulnerable workers with more supportive supervisors would be indicated as possible interventions to improvement retention.

Employees who had prior work experience or were working toward an advanced degree also were more likely to report higher levels of job preparedness. Prior child welfare experience has also been identified as a correlate of retention in other studies (Balfour & Neff, 1993; also, see review by Zlotnick, DePanfilis, Daining, & Lane, 2005), although it was not directly tied to self-efficacy in these studies. Nonetheless, the findings in the current study are consistent with the view that self-efficacy is malleable and can be increased in four ways: through mastery experiences (the most effective way), modeling coping strategies and practice, social persuasion with positive appraisals, and increasing physiological states that are read as signs of strength and invulnerability (Bandura, 1986a).

In terms of working toward an advanced degree, this would suggest that workers with the academic ability and ambition to pursue graduate education are more confident, possibly because they are better learners or are more persistent. Each of these qualities is consistent with aspects of self-efficacy (Bandura, 1997). Oddly, already having a graduate degree was not associated with higher levels of self-efficacy. It may be that workers who were currently pursuing a degree were doing so in fields more relevant to

their child welfare work as compared to those who had already attained advanced degrees. Also, workers with graduate degrees may have brought more experience or a higher degree of critical thinking to their training and may therefore have been more conservative when evaluating their levels of preparedness.

For LOPS/Indirect Practice, four worker characteristics were significantly related to self-efficacy scores. As with LOPS/Direct Practice, working toward an advanced degree and having prior child welfare experience were both positively associated with higher levels of self-efficacy. In contrast to LOPS/Direct Practice scores, length of employment was not a significant predictor for Indirect Practice. This difference may be accounted for by the types of competencies that comprise LOPS/Indirect Practice. These are indirect practice skills that are arguably more knowledge-based (e.g., *"understanding the steps involved in transferring a case"*) whereas the LOPS/Direct Practice skills are more practice-based (e.g., *"partnering with families"*) and are skills that workers may feel they understand at the beginning of a job but feel less confident about their competency with time and the wide variety of clients they encounter.

Also significant were training program and undergraduate degree. Specifically, workers who were trained through the 9-Week Pre-service program felt less confident about Indirect Practice skills as compared to those who were Title IV-E graduates. Yet, workers with an undergraduate degree in social work also reported less confidence as compared to those with any other undergraduate degree. These findings seem contradictory in that all Title IV-E workers have a BSW degree. However, 20% of the 9-week trained workers reported social work as their undergraduate degree. As a follow-up analysis, we compared the LOPS/Indirect Practice scores of Title IV-E workers to the subset of 9-Week Pre-service workers with social work undergraduate degrees. The average scores of the Title IV-E workers ($M = 3.19$, $SD = .80$) were slightly above the midpoint and higher than those of the 9-Week Pre-service Training ($M = 2.89$, $SD = .87$) and the difference was significant $t(117) = 1.96$, $p = .05$. This finding suggests that a Title IV-E education (child welfare classes and a field placement in child welfare) better prepares social work students for indirect practice competencies. Further, the importance of type of training program for indirect practice but not direct practice, as shown in this study, adds to the literature that has compared worker self-efficacy between these programs. To date, the results are mixed: for example, whereas Jones and Okamura (2000) found that Title IV-E workers are more confident than non-Title IV-E workers, Murphy (2007) found no differences between groups. The current study suggests there may be subtleties that can be understood by evaluating subdomains of worker self-efficacy.

The results of this study suggest that prior child welfare experience and working toward an advanced degree are common predictors for higher levels of self-efficacy. Recruiting workers of this caliber would be an obvious effective strategy towards improving worker retention. However, this does not suggest that those who do not fit this profile should be avoided. Since environmental variables are influential, closer attention should be paid to these factors, especially supervisory support, for those workers who are more vulnerable. By extension, assessing self-efficacy of workers at the time they began

employment in child welfare can help agencies better predict which workers need support.

The primary strengths of this research included a large sample and the development and use of a scale that, upon factor analysis, resulted in two highly reliable subscales supporting two separate domains of child welfare practice. Further, statistical analyses using linear regression identified worker characteristics that are associated with work-related self-efficacy.

Weaknesses included the use of a non-probability sample and a non-validated measure. Also, because these data were gathered after workers were already working, the time lapse between training and data collection might have weakened the integrity of the data due to subject recall and confounding with practice experience.

Also problematic was the lack of additional demographic variables. Although excluding other variables was justifiable to assure confidentiality and increase subject participation in the study, the lack of additional demographic information limits generalizability. As well, it may somewhat account for the low R-squared values in both subfactor analyses.

Future research should address the limitations noted above. Specifically, it would be informative to capture worker self-efficacy immediately after the training and then again after 1-2 years in practice to better understand how work experience and environmental variables influence self-efficacy for subgroups (i.e., those with prior work experience and graduate degree aspirations). Also, given the relatively low amount of variance accounted for by each model, it is important to consider which variables may have been missing. Identification of these variables is important to increase the R-squared value in each model as this is an indicator of the goodness-of-fit of the models (Kutner, Nachtsheim, & Neter, 2004). These may include demographic variables, as noted above, as well as environmental variables such as staff shortages, high caseloads, inadequate supervision, and others.

Conclusion

Overall, these findings suggest workers feel confident about their level of preparedness across a variety of child welfare competencies. However, self-efficacy varies across workers. It is influenced by prior work experience and is associated with the pursuit of graduate education for both direct and indirect practice skill domains, and by length of time on the job, undergraduate degree, and training program for specific domains of worker competencies. Since self-efficacy is related to competence and retention, and competent workers are critical for the well-being of children involved in the child welfare system, it is essential that we continue to learn more about factors that influence work-related self-efficacy prior to, and in the course of, child welfare employment. This knowledge is needed in order to recruit more strategically as well as monitor and intervene to maintain or improve self-efficacy in child welfare workers.

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Special Needs Adoption and Foster Exigencies (SAFE): A Model for Case Managers

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Abstract: *Children with special needs disproportionately receive child welfare services in out-of-home placements, such as foster and adoptive homes. This theoretical model has been developed to describe or explain exigencies of adoptive and foster families of children with special needs (n = 82). A web content analysis, including theme, feature, link, exchange, and language analyses, of online discussion forums of adoptive and foster parents of children with special needs using a phenomenological framework was conducted. Inductive and quantitative web content analyses were conducted on themes. Parenting concerns were clustered into two main themes, disability and placement issues, and focused on children's pre and post placement needs. A phenomenological analysis resulted in the development of the Special Needs Adoption and Foster Exigencies (SAFE), which outlines exigencies of adoptive and foster parents of children with special needs during engagement, assessment, and intervention phases of case management.*

Keywords: *Special needs, adoption, foster, case work*

Children with special needs (e.g., disabilities) disproportionately receive child welfare services (Hill, 2012). They are also more likely to receive services longer and in out–of-home placements (Lightfoot, Hill, & LaLiberte, 2011). Minimal research on adoptive and foster families that care for children with disabilities has found that they have special needs related to case work, interventions, and school (Geenen & Powers, 2004; Manders & Stoneman, 2009; Raghavan, Inoue, Ettner, Hamilton, & Landsverk, 2010). Child welfare case workers may need additional training in order to meet the needs of adoptive and foster families of children with special needs. However, no previous theoretical model has been developed to describe or explain exigencies of adoptive and foster families of children with special needs.

Prevalence of Children with Special Needs in Child Welfare

Children with disabilities are more likely to be involved in the child welfare system than other children (Lightfoot et al., 2011; Sullivan & Knutson, 2000). An elaborate study that merged state, school, child welfare, and police records found that there was a nine

percent prevalence rate among nondisabled children and 31% prevalence rate among disabled children for substantiated child maltreatment (Sullivan & Knutson, 2000). Another study using child welfare administrative data found that 22% of children with substantiated maltreatment were labelled as having a disability in their case files suggesting that one out of every fifth child with substantiated abuse on a child welfare case load may experience disabilities. Most commonly, children were diagnosed with emotional disturbance. Other diagnoses included intellectual, developmental, and learning disabilities (Lightfoot et al., 2011).

Children with special needs are more likely to receive out-of-home services longer and experience instability. Hill (2012) found that youth with disabilities were in out-of-home placements longer ($M = 24.7$ months compared to $M = 21.4$ months for no disability) than other children. Youth with disabilities also had a higher average number of out-of-home placements in two studies ranging from four to five and a half placements for children with disabilities compared to three to four and a half placements for children without disabilities on average (Hill, 2012; Slayter & Springer, 2011). Out-of-home placement and instability may be associated with the decreased likelihood that children with disabilities have a permanency plan with a goal of reunification for various reasons. Children with disabilities were more likely to have different types of placements than their peers in two studies (Slayter & Springer, 2011; Hill, 2012). Slayter and Springer (2011) found that children with disabilities were 49% less likely to be placed with families in a trial home, 61% less likely than peers to be placed in kinship care, and two-times more likely to be living in non-kinship care or a pre-adoptive foster home.

Needs of Adoptive and Foster Parents of Children with Special Needs

Adoptive and foster families caring for children with disabilities have special needs associated with case work, interventions, and school. Scant research exists about case workers' support of children with special needs. A recent study shed light on case workers' perceptions of cases with children with disabilities using vignettes (Manders & Stoneman, 2009). Manders and Stoneman (2009) found that 75 child welfare case workers were more likely to attribute abuse to child characteristics rather than parent characteristics, have empathy for parents, and suggest child-focused rather than parent-focused services when responding to vignette cases of maltreatment among children with disabilities. This powerful study demonstrated that case workers perceive cases with children with disabilities differently (e.g., child characteristics contributed to abuse and more empathy for parents) and plan to respond to cases differently (e.g., child-focused services) than they would for children without disabilities.

Children receiving child welfare services are more likely to need mental health interventions. The Child Welfare League of America, The American Academy of Pediatrics, and American Academy of Child and Adolescent Psychiatry recommend that children should receive a mental health screening when they are placed in foster care, a subsequent comprehensive mental health assessment, and a coordinated approach to delivery of mental health services. Only half of the children in a sample of 3,802 children receiving child welfare services were receiving any one of the recommendations (Raghavan et al., 2010). However, research has also demonstrated that children receiving

child welfare services are more likely to use antipsychotic medications. Youn, Rubin, Riddle, Noll, and Rothbard (2011) found that children in foster care were more likely to be taking more than one antipsychotic medication for more than 180 days (19-24%) than children who were not in foster care (less than 15%) in a sample of 16,969 youth aged 20 or younger.

Children with disabilities are more likely to struggle in school and receive special education services. A study of 327 children found that children in foster care had significantly lower GPAs, changed schools more frequently, earned fewer credits toward graduation, had significantly lower state test scores, and had greater difficulty in reading and math (Geenen & Powers, 2004). A strong correlation has been found between children's receipt of child welfare and special education services (Algood, Hong, Gourdine, & Williams, 2011; Jonson-Reid, Drake, Kim, Porterfield, & Han, 2004). Interestingly, one study found that child welfare involvement predated children's receipt of special education services (Jonson-Reid et al., 2004). This study only reports that children began receiving special education services after child welfare services. Children could have had a disability prior to receiving special education. Increased special education may be a result of education and advocacy among case workers and/or parents.

Children with special needs are more likely to receive child welfare services longer than other children and be placed with non-kinship foster families (Lightfoot et al., 2011; Slayter & Springer, 2011). Children with special needs have additional needs associated with case work, interventions, and school than other children (Bean & Sidora-Arcoleo, 2012; Geenen & Powers, 2004; Manders & Stoneman, 2009; Raghavan et al., 2010). Therefore, adoptive and foster parents of children with special needs may have unique exigencies. This study aimed to develop a theoretical model, Special Needs Adoption and Foster Exigencies (SAFE), to better describe the needs of adoptive and foster parents of children with special needs. A web content analysis was used to understand themes in parenting concerns and advice given among adoptive and foster parents of children with special needs' online discussions. These themes were used to begin to develop SAFE. Child welfare case workers can use SAFE as a guide to learn about the exigencies of adoptive and foster parents of children with special needs and prioritize services and resources for those families.

Methods

Data Collection

Parenting concerns among adoptive and foster parents of children with special needs were collected from posts on Forums.Adoption.com, a popular online discussion forum used by adoptive and foster parents. The University of Hawaii at Manoa Institutional Review Board determined that this study was exempt. Online data, such as those in discussion boards, are considered public data if no password is needed to access the data. No passwords were required to access the data used for this analysis. The discussion forum was chosen based on Google search terms: adoption, foster, special needs, discussion, and forum. This site was chosen because its members were primarily from the U.S. and it had a large membership. A total of 223,200 members had participated in 396,527 threads and

2,881,276 posts on Forums.Adoption.com at the time of data collection suggesting a large, active membership. A sub-forum on Forums.Adoption.com was selected titled, "Special Needs and Attachment." Under the "Special Needs and Attachment" sub-forum, the most common forum was titled, "Special Needs Adoption." For clarification, data for this analysis was found by going to the Forums page, then selecting the category, "Special needs and attachment," and then selecting the sub-category "Special needs adoption." This forum was chosen to gather data on parenting concerns among adoptive and foster parents of children with special needs only. Other forums under "Special Needs and Attachment" were specific towards certain diagnoses, such as Autism. In addition, the "Special Needs Adoption" forum chosen for analysis included 11,310 threads and 110,310 posts at the time of data collection. Other forums under "Special Needs and Attachment" had significantly lower thread and post counts with a maximum of 670 threads and 5,264 posts suggesting that the forum chosen for analysis was the most popular discussion forum on special needs on the Forums.Adoption.com site.

The first author read through the "Special Needs Adoption" forum from the most recent threads. The first author consulted the data for themes and determined that saturation, or redundancy of information, was met in the threads that were most recently posted between July 1, 2013 and August 31, 2013 (Padgett, 2008). Twenty-six threads and 163 posts were analyzed.

Sample

A total of 82 adoptive or foster parents of children with special needs participated in the analyzed discussion threads. Participants self-identified their gender as female (n = 80; 93%) and male (n = 4; 4.8%); two participants did not specify their gender (2.3%). Participants reported that they were from 31 U.S. states, while one woman reported that she was from Europe and another reported she was from Canada. The most common states that participants were from were California (n = 6), Texas (n = 6), Ohio (n = 4), Alabama (n = 3), Connecticut (n = 3), Illinois (n = 3), Maine (n = 3), Maryland (n = 3), New Jersey (n = 3), and Washington (n = 3). One to two participants were from: Arizona, Colorado, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New York, Oklahoma, Oregon, Pennsylvania, Tennessee, Utah, Virginia, and Wisconsin. Participants self-reported their roles as adoptive parents (n = 63; 73.3%), foster parents (n = 13; 15.1%), and people who were adopted (n = 4; 4.7%). The total, mean, standard deviation, minimum and maximum number of posts, child placements, boy placements, and girl placements for the sample participants are displayed in Table 1.

Analysis

Web content analysis (WCA) of a leading online discussion community of adoptive and foster parents was performed. As described by Herring (2010), WCA includes many similar aspects to content analysis including image and theme analysis (Krippendorff, 2008). It also includes feature, link, exchange, and language analysis to demonstrate the multimodal capabilities, or characterization of many different modes of activity or occurrence, available to users during online discussions (Herring, 2010). This study

included all aspects of WCA with the exception of image analysis, because no images were posted on the discussion forum used for analysis.

Table 1. *Descriptive Statistics of Posts and Themes*

	N	*M*	*SD*	*Min*	*Max*
Total posts	296	3.44	3.92	1	19
Total placements	195	3.98	6.10	0	27
Total girls	53	1.66	2.51	0	13
Total boys	57	1.58	2.61	0	15
Disability	117	1.36	1.42	0	7
Intervention	75	0.87	1.41	0	9
Empathy	61	0.71	1.32	0	7
Placement	39	0.45	1.04	0	6
Resources	39	0.45	1.18	0	7
School	33	0.38	0.77	0	3
Case Worker	20	0.23	1.04	0	9
Physiological	14	0.16	0.63	0	4
Historical Information	9	0.10	0.34	0	2
Parental Social Support	7	0.08	0.56	0	5

Theme analysis was conducted with inductive content analysis and quantitative content analysis (Ryan & Bernard, 2003; Nimrod, 2009). The first author created a set of codes after reading through all text. The codes were revised after reading through the text a second time. One or more codes could be assigned to every segment of text. Multiple codes were subsumed by larger categories or themes. A codebook describing the themes was created. Six graduate student researchers coded the text. Three researchers were assigned to the first half of the text and three researchers were assigned to the second half of the text. They coded their assigned text using the codebook to assess inter-rater reliability. A kappa of .72 for the first half of the data and .82 for the second half of the data was reached suggesting good agreement among the coders (Orwin, 1994). *K* is a measure widely used for agreement (Orme & Gillespie, 1986; Viera & Garrett, 2005). The *k* values in this study refer to agreement between the six raters on a total of 193 statements. This use of the *k* is similar to that in other previous phenomenological research (Linton, Krcek, Sensui, & Spillers, 2013).

Quantitative content analysis was conducted following inductive content analysis. Sample demographic information and theme information were entered into SPSS V.19. Demographic information available included gender, state, and total number of child

placements, boy placements, and girl placements. Theme information included the number of times that each participant posted on a certain theme. The frequency of posts regarding each theme was analyzed first. Dichotomous variables were created to demonstrate whether or not participants discussed each theme.

Feature, link, and exchange analysis were used to provide context to the additional information available to the participants as they engaged in discussion. Feature analysis was conducted by viewing the "Special Needs Adoption" forum page. The author counted and described the advertisements and sidebars. Link analysis included reading through all data and copying hyperlinks to a separate document. The author counted the hyperlinks and described the main theme(s) of the links. Exchange analysis included counting the times that participants mentioned continuing discussion elsewhere, e.g., using private messages.

Language analysis was used to assess emotion words associated with the themes. Balog, Mishe, and de Rijke (2006) conducted correlational analysis between the uses of emotion words, such as "excited," "worried," or "sad," with discussion of world events among blog users. Similarly, the methodology utilized in this study searched for emotion words described throughout all discussion text. The theme discussed while using the emotion word(s) was described. The emotion words and their corresponding themes were described to demonstrate emotions associated with each theme.

Results

Theme Analysis

The final codebook resulted in ten themes related to parenting concerns: disability, placement, school, physiological versus psychological symptoms, lack of historical information, parental social support, case workers, interventions, and empathy (Table 1). Cross tabulations and chi-square statistics indicated that the discussion of the following themes were correlated with each other: 1) placement, case worker, empathy, lack of historical information, and social support and 2) disability, interventions, school, resources, and physiological versus psychological (Figure 1 and 2). The focal areas of discussion fit into the initial steps of the social work practice framework: engagement, assessment, and intervention. Placement concerns and topics associated with placement were primarily related to engagement and assessment. Disability concerns and topics associated with disability were primarily related to assessment and intervention. Parents focused their engagement discussion on their relationships with child welfare case workers. Participants made recommendations about assessing appropriate placements and receipt of disability diagnosis assessments, which included differentiating between psychological or physiological diagnoses. They also reported that they often lacked historical information on adoptive and foster children that could help them to understand and receive appropriate assessments of their child. Parents recommended interventions for specific disabilities as well as provided advice on adaptations to the educational experience of children with special needs. Pseudonyms are used to refer to participants to ensure confidentiality.

Figure 1. *Statistically Significant Correlations Between Disability, Interventions, School, and Resources Themes (p < .05)*
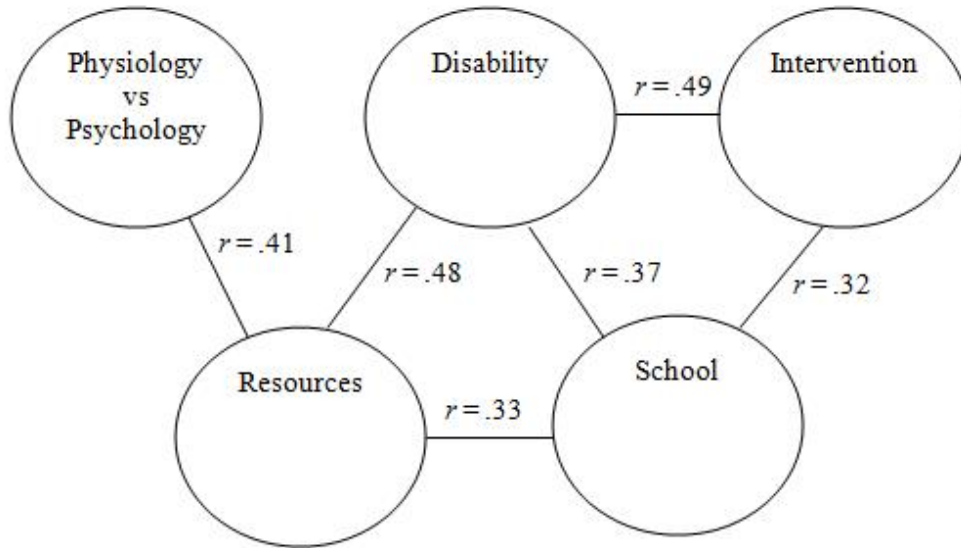
Figure 2. *Statistically Significant Correlations Between Placement, Case Worker, History, Empathy, and Social Themes (p < .05)*
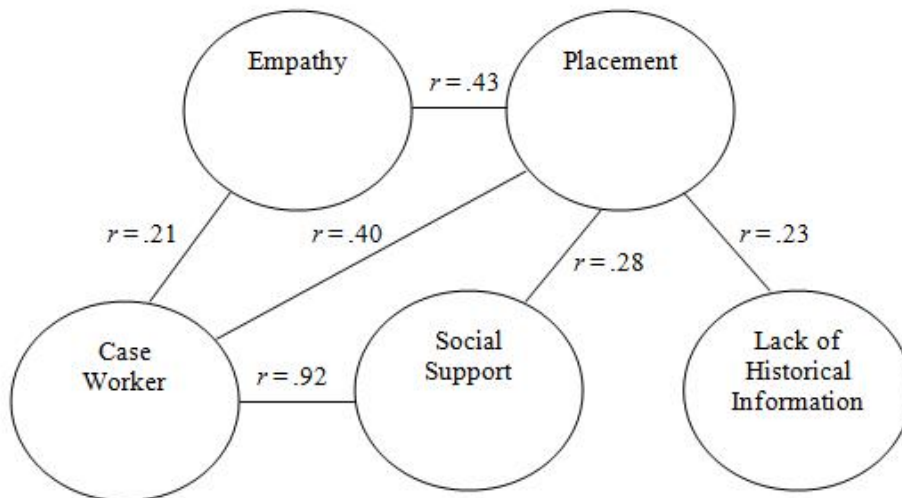
Engagement

The only aspect of engagement discussed by parents was their relationship with child welfare case workers. Four adoptive and foster parents reported that case workers are "notorious for taking time to respond" to emails and phone calls of inquiries. Kandy, an adoptive mother of four from Oregon explained, "I remember giving up hope on certain

inquiries and hearing weeks later from the child's case worker." The only advice given by parents was to be patient and "hang in there" while waiting for responses. In addition, other participants expressed concerns that case workers were not supportive of them. For example, one parent expressed, "I guess our worker is pissed at us because she went to town on the stand."

Assessment

Placement Assessment. Potential adoptive and foster parents sometimes questioned whether they were appropriate placements for children with special needs. Placement assessments were discussed in the context of the potential adoptive or foster child's disability and severity of the child's disability. The following disabilities were discussed concerning placement decisions: Hydrocephalus, West Syndrome, Fetal Alcohol Syndrome (FAS), Reactive Attachment Disorder (RAD), Mental Retardation (MR), and co-occurring disorders. Hydrocephalus and West Syndrome were only discussed by one parent with advice given by two others. Jenny, a foster mother of seven children from Texas, reported: "We're considering submitting our home study for a girl we found through the state photo listing. She is 4 and has the following diagnosis: West Syndrome, Static Encephalopathy, cortical blindness, and Hydrocephalus." Regarding the child's Hydrocephalus diagnosis, Taylor, an adoptive mom of five children, urged Jenny to be: "most concerned on what damage was caused to the brain before the shunt was placed or during placement. It could range from no damage to severe." Providing advice to another parent regarding a placement of a child with West Syndrome, Leilani, a foster parent of two children from Maryland expressed that: "West syndrome is a severe epilepsy syndrome, with a poor prognosis. The majority of children with it will have severe mental retardation, often with psychiatric or behavioral problems as well. The seizures tend to be very difficult to control with medications."

Helga, an adoptive mother of three from California, asked other parents about their knowledge of adopting a 10-year old girl with FAS and ADHD (Attention-Deficit Hyperactivity Disorder). She reported that she and her husband are "pros" at ADHD, but had no experience with FAS. Five other parents reported that there were two main aspects to the diagnosis to consider: learning difficulties and impulse control. Amy, a foster mother of two, demonstrated the learning difficulties:

> *My first son has been diagnosed with FAS... He is a joy. Yes, it does take longer for a FAS child to learn things, but once they get it, they have it. My son...will attend 1/2 day Kindergarten and 1/2 day 1st Grade. This will allow him to get 1-1/2 yrs each of kinder and 1st grade. That will give him the best chance for success in school because by then he will have had the chance to get his ABC's and 123's down pat. He also has a great deal of trouble with his fine motor skills so it will also let him have that extra year of learning/practicing to write and start to read.*

An adoptive mother, Jacqueline, illustrated potential issues with impulse control experienced by children with FAS: "At 16, he would still walk out into the street without a thought of looking for cars."

An adoptive and foster mother of 27 children over time, Nancy, expressed concern about possible foster placement with an 11-year old girl with RAD whom she previously fostered but ultimately disrupted due to Nancy's belief that the child contributed to breaking up Nancy's relationship. Nancy also had two other teenage children with autism in her home. Rose, an adoptive mother of one child concurred with Nancy's assumption that the child contributed to her relationship breakup and warned against it happening again: "she'll likely divide and attempt to conquer. I wouldn't take any kids older than mine--especially if they're small and she's volatile." Another mother suggested that the 11-year old with RAD should be the only child in a home. Another foster and adoptive mother of 27 children from Connecticut had very strong, negative feelings about children with RAD: "I've been dealing with a kid with RAD for 14 yrs and the things she has put us through I wouldn't wish on my worst enemy…RUN!"

A potential adoptive mother from Pennsylvania, Lilly, was concerned about adopting a child with PTSD (Post-Traumatic Stress Disorder), bi-polar disorder, ADHD, and an IQ score of 72. Lilly was mostly concerned about the child's IQ score in consideration of adopting the child. Two other parents suggested to Lilly that IQ is a subjective measurement of intelligence. Monica, an adoptive mother of a child with borderline MR recommended:

72 is borderline…IQ tests are not always reliable with kids like ours [with co-occurring disorders]. My son tests very low, but in reality, there's no way a child with an IQ score as low as his would be able to learn as quickly as he does. He has PTSD and anxiety, so any sort of testing is pretty unreliable for him. He also has poor visual and auditory processing skills due to early neglect/possible substance abuse. But, his skills have increased so significantly with less than 2 years of interventions, I think that eventually he will function much more independently. Honestly, his remaining behavioral/mental health issues impact him WAY more than any cognitive deficits.

Social Support. Adoptive and foster parents often discussed their need for social support throughout the placement assessment process. Typically, the discussions of social support were regarding spousal emotional support. An example of this is Susan, an adoptive mother from Hawaii, whose parenting challenges with an adoptive child with RAD were causing marital conflict. Susan expressed, "…my husband doesn't come to therapy, it is just her and I cause him and her are just fine. I am the evil one…we had a knock down drag out tonight so I don't know about the marriage." Another mother, Natia, empathized with Susan and encouraged her to address her marital concerns:

This kind of stuff isn't uncommon when it comes to RAD and marriage. The mother figure is ALWAYS the one to receive the worst of everything, period. The bigger issue would seem to be your marriage.... I think someone awhile back suggested marriage counseling for just the two of you...is that totally out of the question?

Lack of Historical Information. While the parents above had information about children, other parents reported that they lacked information about children's medical, disability, and sexual abuse history prior to or after placement. Yasura, an adoptive mom of three from New Jersey, expressed: "Ugh. I wish I knew what went on while he [my son]

was in foster care. The family seemed nice enough when we picked him up. Or maybe his mom abused drugs. Or it could just be genetic. We'll never know." Discussed in context with specific disabilities, three parents felt that child welfare case workers intentionally did not give out information about disabilities, behaviors, and experiences of children. An adoptive mother of one from Washington, Mia said, "RAD [Reactive Attachment Disorder] is hard…I hate hate hate it that caseworkers do not give this information to foster parents. I hate hate hate that they sugarcoat it and end up doing so much damage to the foster parents and to the children they are supposed to be helping." Lacey, an adoptive mom from Pennsylvania, expressed:

> To be honest I think some agencies downright lie and omit things that foster parents should be made aware of --sexual abuse is one of them. Some kids can talk about sexual abuse they experienced and get through it and others internalize it and end up becoming sex offenders themselves. --I think this is one reason agencies are less than upfront about sexual abuse- they know it is going to make it much more difficult to find placement for a child who is acting out sexually- especially if it's a boy.

Disability Assessment. After families began to foster or had adopted children, they wanted to learn more about their children's disabilities. General disability diagnosis discussions focused on obtaining educational and neuropsychological assessments. Advice included obtaining the right assessments and finding the right person to conduct the assessment. Participants reported that educational and neuropsychological assessments are different based on the process of requesting assessments, what information is provided for the assessments, and cost. Monica, an adoptive mother of one child from Ohio, explained:

> Educational testing can be requested in writing…. This testing needs to be educationally-relevant--for example, cognitive testing, functional performance testing (how she actually uses her cognitive skills), speech and language testing, etc…. Most districts will not complete assessments for mental illness, etc., as they aren't really qualified. You may be able to request help from your county board of developmental disabilities or from a local mental health recovery board for a neuropsych assessment. Neuropsych testing is expensive.

Another adoptive mom of one from Massachusetts informed other parents that it is important to find the right neuropsychologist to perform the assessment. Cynthia advised parents to ask the neuropsychologist initial questions:

> The questions you should ask should relate to what you suspect are your kiddo's issues -- and making sure the neuropsych has knowledge/expertise in that area. And that the np [neuropsychologist] can write a report that will get you what you need for kiddo (referral to therapy, IEP with the school, etc.)

Physiological Versus Psychological Symptoms. Physical and psychological co-morbidity or the possibility of co-morbidity assessment was a difficult challenge discussed by parents of children with special needs. Sometimes parents could not differentiate between the symptoms of psychological and physical health conditions. For example, an experienced adoptive mother of five children, Taylor, reported the following story about

her son with autism, "I got a call Friday from [my son's] school. He was sitting in circle time, his nurse was watching and all of the sudden his body went ridged and his eyes rolled back into his head… EEG (electroencephalogram) came back normal." Other parents shared similar experiences of children who exhibit seizure-like behaviors that could be associated with a psychological diagnosis, such as "stimming" in autism. They reported that some seizures do not show up on EEGs. Other typical assessments could include CT (Computed Tomography) scans and taping seizures and showing the tape to a neurologist. Taylor shared an unorthodox assessment given to her by her neurologist:

> …real test is that if you can "snap him out of it," it isn't a seizure. So here we go with the oddest script I have ever seen…. If he does either of the behaviors, (hands by face or eyes rolling back) we are to tickle him. Yep, that's right. I have a script ordering us to tickle [my son].

Intervention

Advice on interventions was given for specific diagnoses including Apraxia, ADHD, Cerebral Palsy (CP), Dyslexia, FAS, PTSD, and Reactive Attachment Disorder (RAD). It should be noted that 52% of the intervention-themed posts discussed medication use to address children's disabilities. Only one person recommended an intervention for Apraxia. Victoria, an adoptive mother from Oklahoma, reported that her daughter "works with a speech pathologist who is helping her find ways to access the missing words, and to communicate while multi tasking. For example, she can't talk and complete a project with her hands at the same time."

ADHD interventions were discussed frequently among adoptive and foster parents. Recommendations for interventions were divided into medication and alternative interventions. Eight parents reported medications that worked as Metadate and Tenex as a combination, Adderall, Concerta, Daytrana, and Intuniv. They also reported those that did not work as Vyvanse, Strattera, and Intuniv. Parents reported that Vyvanse caused a child to have a negative mood, Strattera caused a child to be like a "zombie," and Intuniv did not do anything. Andy, an adoptive mother of two children, who reported that Intuniv worked for her child, clarified that it took a while to show an effect. Monica, an adoptive mother with a son with ADHD from Ohio expressed her success with alternatives to medication, "Several doctors that we have seen immediately wanted to throw medication at [my son]…If we had agreed, I really don't think we would have seen the HUGE changes in him that we've seen so far." Monica and 11 other parents suggested the following alternative treatments for ADHD: 1) consuming caffeine and/or a diet of whole foods and no high fructose corn syrup, supplements including fish oil, B vitamins, and melatonin at night, 2) cultivating good habits or routines throughout the day that are accomplishment driven not time driven (i.e. "when you finish your breakfast, brush your teeth") and at night that are calming, 3) concentrating on what "to do" rather than what not to do, 4) therapies including occupational therapy and Eye Movement Desensitization and Reprocessing (EMDR) therapy, and 5) using "fidget toys" or sensory chair cushions.

Intervention ideas for children with CP were prompted by an adoptive mom from Maine's request for fun ideas to do with her two adopted children in the summer. The ideas

provided by four other mothers were fun and entertaining activities to do with children with or without CP: swimming, Legos, making home videos, playing dress up, writing silly stories, board games, baking cookies, and arts and crafts (i.e., paper mache, coloring books, modeling clay, shaping and decorating Playdoh, making things out of duct tape, sculpting ornaments, and jewelry).

Two parents provided advice on intervening with children with Dyslexia. An adoptive mother of one from Texas advocated for the strengths perspective:

> *The biggest thing is to focus on his [my son's] strengths and let reading be not as important...it [Focusing on strengths] has helped him maintain his passion for learning to read despite the fact that it is hard for him. He still loves to read, and that is all that matters, the ability will catch up.*

Another parent suggested that others read: *Unlocking the power of print: A tutor practicum manual for teaching the Dyslexic reader*.

Advice on intervening with children with FAS was provided by two adoptive mothers. Kandy, a mother of four, and Yasura, a mother of three, reported that strict adherence to rules and routines, balancing glucose, and peace were essential for their children. Kandy shared how her son exhibits the need for routine and glucose balance:

> *My tantrummer doesn't transition well, has difficulty with self-regulation, impulse control is an issue, AND he can't go too long between meals. Tantrums are sometimes exacerbated by the need to eat. "Irritability" is a sign of low blood sugar.... Often before dinner he's particularly easily annoyed, so we try to make sure that we eat on time then.*

Yasura demonstrated that children with FAS need peace and quiet: "He [my son] said if my daughter is watching TV in the front room, and my husband is mowing the lawn, and my other son is in the garage lifting weights, and I am cooking or cleaning, it makes him crazy and he acts up to stop it."

Therapeutic approaches for PTSD were recommended by three parents. Recommendations included medications (i.e. Intunive and Clonodine) and therapies (i.e. neuropsychological therapy, art therapy, and EMDR). However, two mothers advocated that the therapeutic approach must address the underlying issues of PTSD rather than the symptoms. Nina explained, "I can't say that the therapy has helped much, no. The goals of therapy were to deal with things like her flashbacks, memory processing, hypervigilance etc. though. The symptoms you see in PTSD basically." Another mother, Tracy responded, "Until the root of the problem is identified and addressed, the individual can't change their behavior."

Parents of children with RAD discussed the struggles of parenting children who could often be manipulative, make bad choices, and whose anxiety could be easily triggered. Francine, an adoptive mother of one from Maine illustrated her daughter's manipulation: "I can see the 'wheels turning' all the time. I have to be one step ahead of her [my daughter] at all times." Cristina, another adoptive mother of one from Utah made a suggestion to deal with "bad choices" made by children with RAD, "The only real way to help them make

better choices is by helping them meet their needs in the least destructive way possible." Mandy, an adoptive mother of three from California, demonstrated how much children with RAD need stability:

> *Redid [my son's] room. Painted it the colors he chose…. For five minutes he loved it. And then he hated it, and proceeded to meltdown for a few hours…. After which, we debriefed for a bit, and realized that having a whole new room reminded him of all the moves and families he's had to move to. And freaked him out. … only in our world does fresh paint result in a revisiting trauma!*

Education

Four main themes of advice were given to parents pertaining to children having no interest in school, stigma and confidentiality, and the idea of "unschooling." Four parents reported that their children were not interested and sometimes refused to go to school. Two parents reported that it is normal for children to have a difficult time adjusting to 1st grade and middle school. River, an adoptive mother of one and former teacher from Minnesota, suggested that parents ask teachers to give children who are uninterested in school a special task to help them to "gain a feeling of importance." A few parents were afraid to inform schools of their children's diagnoses, especially RAD, because their children would be treated differently and stigmatized. One parent noted that, because of HIPPA, parents only have to share what they want to share. Hannah suggested, "I would only share with the school what you are comfortable sharing. I have been told by a few counselors to 'watch the labels' when it comes to school because it can come back to bite the child."

"Unschooling" is a method of homeschooling that does not use a predetermined curricula, but meets the students where they are and progresses in challenging the student to learn new material when they are ready. Four parents discussed using this method for children with various special needs. Kandy, a mother of four from Oregon who "unschools" her children explained her method:

> *We limit "class time" - the actual, sit down, write, read, pay focused attention time - during homeschool. We do a lot of reading out loud (them to me, me to them) and lots of hands on kinds of things. Games. Math games that the kids have made up, board games, actual "educational" games, online games like how to type (keyboarding skills). We LOVE documentaries and Netflix has bunches of them.*

Feature, Link, and Exchange Analysis

The Forums.Adoption.com "Special Needs Adoption" sub-forum included 138 advertisements posted by the website administrators, 23 hyperlinks posted by members in discussion, and three members mentioned continuing their discussion in "personal messages" (PM). The advertisements were relevant to users, because all of them advertised adoption resources or organizations, such as "Adoption Community Information." The hyperlinks were posts as a part of member's signatures (n = 8) or as resources (n = 15) that they were providing to other members. Five of the hyperlinks used as signatures were links to the participants' blog while the others included links to websites on post-adoptive depression and the Church of the Latter Day Saints beliefs. Links posted as resources

included school (n = 8), dyslexia (n = 2), dyspraxia (n = 1), ADHD (n = 1), medical (n = 2), and child cell phone (n = 1) resources. Participants who mentioned using PM to continue discussions were referring to an instant messaging capability available on Forums.Adoption.com.

Language Analysis

The most common emotion word used in all themes was "hard" reflecting that parenting children with special needs was difficult. It was often used as an emotion, such as "it is hard." The language analysis resulted in 63 emotion words associated with disability issues. The majority of emotions were negative, such as "hard," while some suggested positivity, such as "joy." The disability-related emotion words are displayed in a Wordle (Feinberg, 2013), which shows more common words in larger, bolder text and less common words in smaller text (Figure 3). Seventeen emotion words were associated with intervention discussion. All words except three were negative (e.g., out of control). The positive words reflected outcomes that participants desired based on interventions, such as "control" and "better." Twenty-three emotion words were associated with empathy. The most common word was "hard." The only positive emotion word associated with empathy discussion was "awesome," which reflected a member's excitement for another member. Twenty emotion words were associated with placement issues. Emotion words reflected mixed emotions associated with placements. Discussion of school is associated with eleven emotion words; four were positive, such as "proud," while the rest were negative, such as "panic." Discussions of case worker issues were associated with 11 emotion words. All but one word were negative. Discussions of social support were associated with seven negative words, such as "hurt." Discussion of resources and lack of historical information were both only associated with four emotion words. Discussions of resources were associated with three positive words, such as "powerful" and one negative word, "anxiety." Discussions of lack of historical information were associated with all negative words, such as "helpless." Discussion of physiological versus psychological was only associated with one emotion word, "scary."

Figure 3. *Disability Theme Wordle*

SAFE Theoretical Framework

The needs expressed by adoptive and foster parents of children with special needs are reflective of pre-placement and post-placement needs. The findings of this study are displayed in the SAFE Model (Figure 4), which shows that prior to a placement adoptive and foster parents need engagement and assessment including child welfare services, knowledge about the symptoms associated with the potential foster or adoptive child's diagnoses, and historical information about the child. After a child with special needs is placed with an adoptive or foster family, the family needs assessments and interventions including educational and neuropsychological testing and potential behavioral and educational interventions associated with the child's diagnoses.

Figure 4. *SAFE Model*

Pre-Placement ⟶ **Placement** ⟶ **Post-Placement**

Engagement Case worker availability and support	**Placement Assessment** Knowledge of symptoms and severity of children's diagnosis and children's history; parental social support	**Diagnosis Assessment** Educational and/or neuro-psychological testing for children	**Intervention** Behavioral and educational interventions activities based on specific diagnoses of children

Discussion

The WCA of an online discussion forum of adoptive and foster parents of children with special needs identified that the topics of discussion on parenting concerns were clustered into two main themes, disability and placement issues, and focused on children's pre and post placement needs. Discussions of disability issues were statistically significantly correlated with discussions of intervention, school, and resources. Thus, adoptive and foster parents of children with special needs were concerned about and needed resources regarding interventions and school for their children. Discussions of resources were also associated with discussions of differentiating physiological versus psychological symptoms in children with special needs. Negative emotion words were primarily used during discussions in the disability cluster with the exception of mixed emotions associated with school and positive emotions associated with resources. Hyperlinks posted by participants provided resources for school and other disability-related or intervention-related information. Discussions of placement issues were correlated with discussions of case workers, empathy, social support, and lack of historical information. Placement issues among adoptive and foster parents of children with special needs were statistically significantly correlated with case worker issues and not having information about children's history. In addition, parents' reports that they were experiencing social support issues, such as marital conflicts, were often reported in conjunction with discussions of placement issues. Thus, making placement decisions may have caused marital or social

tension. The data also showed that participants primarily provided empathy for one another regarding placement issues. Mixed emotion words were used during discussions of placements, while negative words were primarily used in discussions of case workers, empathy, social support, and lack of historical information.

Adoptive and foster parents of children with disabilities need support in finding appropriate interventions and making choices regarding school for their children. This study shows that parents went to each other for advice regarding interventions and school issues. These are resources that child welfare case workers may be able to provide parents. As indicated by Manders and Stoneman (2009) child welfare case workers tend to refer families with children with disabilities to receive child-focused services. Child welfare case workers should receive training on disability diagnoses and possible interventions associated with disability diagnoses to increase the provision of mental health services to children with special needs. However, this study showed that parents not only needed interventions for their children, but also needed social support. Case workers should be aware that adoptive and foster parents may also need support. Participants in the study were quite critical of case workers. This may reflect the challenges experienced by case workers with large sample sizes and minimal resources due to budget cuts. This study may demonstrate the potential impact of budget cuts and increased caseloads among case workers. A recent study found that an additional 50% of case workers were needed to provide adequate in-home services to clients suggesting the minimal resources available in current child welfare agencies (Kaye, Shaw, DePanfilis, & Rice, 2012).

This study showed that placement decisions among adoptive and foster parents relied on case workers, knowledge of children's history, and social support. Child welfare case workers can support adoptive and foster parents by being supportive of and available to them, providing as much history as possible about children, and counseling parents about any social support issues that they may be experiencing. In trainings, child welfare case workers should be informed of parent-focused interventions for parents of children with special needs. This information may need to be emphasized since case workers may tend to provide these families with information only about child-focused interventions (Manders & Stoneman, 2009).

Conclusion

The SAFE Theoretical Model can inform child welfare workers of basic pre and post placement needs of adoptive and foster parents of children with special needs. The Model represents the rudiments of a plan to thoroughly understand and develop a comprehensive model that child welfare case workers can use to address the needs of adoptive and foster families of children with special needs. Future research is needed to further understand needs of adoptive and foster children with specific disabilities. In addition, application of the SAFE Model in practice may result in adaptations or revisions to the model based on context and translation.

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Influences on Interdisciplinary Collaboration Among Social Work and Health Sciences Students

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Abstract: *Interdisciplinary collaboration is an effective and satisfying way to provide health care services and learning across professions. This study aimed to explore interdisciplinary collaboration experiences amongst social work and allied health sciences graduate students and examined factors that contributed to their interdisciplinary collaboration. An interdisciplinary survey was conducted in a Mid-Atlantic public university. Analysis was conducted using hierarchical regressions from 112 health sciences and social work students. Students with positive attitudes toward interdisciplinary health care teams and part-time students compared to full-time students presented higher flexibility of interdisciplinary collaboration. Students with positive experiences of interdisciplinary collaboration demonstrated higher levels of interdependence, compared to those with no and negative experiences of interdisciplinary collaboration. Students in medicine were less likely to show interdependence, compared to those in social work. Professional disciplines and educators should put efforts in offering opportunities for interdisciplinary collaboration practice and building curricula to promote positive attitudes toward interdisciplinary teamwork.*

Keywords: Social work, allied health sciences, interdisciplinary collaboration

Interdisciplinary collaboration is an effective and satisfying way to provide health care services (Drotar, 2002; Hanson, Spross, & Carr, 2000; Robinson & Kish, 2001). But it is also important for solving complex and multidimensional issues in health and human services (Mabry, Olster, Morgan, & Abrams, 2008; Syme, 2008). In social work practice and health care settings, serving clients effectively is impossible without collaboration with professionals from other disciplines (Bronstein, 2003). Therefore, health care and health education decision-makers have been more attuned to education and professional collaboration across disciplines (Reeves et al., 2011).

Current research has shown that interdisciplinary education improved the skills and behaviors that are needed for effective interdisciplinary collaboration both academically and professionally (Barr, 2002; Curran, Sharpe, Forristall, & Flynn, 2008; Meads & Ashcroft, 2005). Ivey, Brown, Teske, and Silverman (1988) found that undergraduate students exposed to an interdisciplinary course would be more likely to work collaboratively once they moved into the workforce. Among professionals, Gaboury, Bujold, Boon, and Moher (2009) found that practitioners were more likely to collaborate with clinicians who had been exposed to interdisciplinary collaboration trainings.

These positive findings have also been replicated in studies focusing specifically on social workers. For the better part of 100 years the pairing of social workers and allied health care professionals (e.g., nursing and medicine) has been common practice as the social worker can help to provide a broader perspective on patient health (Baldwin, 2000). Consequently, social workers in both academic and

professional settings are more likely to have positive attitudes about collaboration (Carpenter, 2002; Peterson et al., 1998).

Due to the research on the benefits of interdisciplinary collaboration experiences, particularly in professional settings, the opportunity for students to obtain interdisciplinary training should be a priority (Kenaszchuk, Rykhoff, Collins, McPhail, & van Soeren, 2012). Many institutions of higher education have started offering interdisciplinary courses and programs that support the development of student interdisciplinary collaboration (Browne et al., 1995). However, there is still little opportunity for students to understand the values, roles, and expertise of other health professionals (Clark, 1997; Irvine, Kerridge, McPhee, & Freeman, 2002). This has led to students entering interdisciplinary settings where traditional roles, responsibilities, and territory from their own disciplines are maintained (Mu, Chao, Jensen, & Royeen, 2004).

Thus, this study aimed to explore interdisciplinary collaboration amongst social work and allied health sciences graduate students and to examine factors that contribute to their interdisciplinary collaboration. Findings will provide implications for educating and preparing students to work in social work and allied health sciences.

Literature Review

Of the studies that focused on interdisciplinary collaboration, the populations typically came from either a professional or college setting. Studies in a college setting had a focus on the implementation of a new class or curriculum. The studies also tended to target undergraduate students rather than those students focusing on specific career tracks (Browne et al., 1995; Chan, Chi, Ching, & Lam, 2010; Curran, Sharpe, Flynn, & Button, 2010; Misra et al., 2009). On the other hand, studies from professional settings tended to focus on policy changes or environmental moves (Burd et al., 2002; Liedtka & Whitten, 1998). Despite these differences in the population settings, there were a number of similar findings, including exposure to interdisciplinary collaborations as well as intrinsic and extrinsic characteristics, including chosen discipline.

Previous Interdisciplinary Collaboration Experiences

Studies focused on interdisciplinary trainings or courses in college have reported improved outcomes relating to interdisciplinary collaboration. Interdisciplinary trainings improved students' understanding of professional role, responsibilities, and interdisciplinary behavior such as teamwork and communication skills (Amundson, Moulton, Zimmerman, & Johnson, 2008; Misra et al., 2009). Similarly, Browne et al. (1995) found that in an integrated ethics course among allied health professions all the participants enjoyed the course and found the exposure to other professions to enhance their understanding of decision making and confidentiality. Misra and colleagues (2009) further found that students who were exposed to an interdisciplinary training were more likely to engage in interdisciplinary behaviors and activities as compared to students who did not receive the training; these findings were consistent among the 101 training participants.

Very little research has been conducted on the association between past interdisciplinary work experience and future interdisciplinary collaboration. With this knowledge, Bronstein (2002) predicted that social work professionals with previous

interdisciplinary experiences (paid or unpaid) would be more likely to continue working in an interdisciplinary environment; however, she found that this hypothesis supported only for those in unpaid or internship work settings. In another study, Bronstein (2002) found that a professional who had a positive collaboration experience continued to have positive attitudes about professional collaboration.

Individual Characteristics

Among the studies that examined individual characteristics that supported interdisciplinary collaborations, Liedtka and Whitten (1998) found that a commitment to the process of collaborating was a critical determinant in developing trust and open communication among the different disciplines. Burd et al. (2002) also concluded that strong communication skills among professionals were crucial for collaborative relationship development; however, Gaboury et al. (2009) reported that not only was open communication necessary but also how the information was communicated, such as in a face to face manner versus in passing, affected collaboration outcomes. Participants found that having dedicated time to discuss cases and pertinent health care topics increased collaboration. Overall, when a person was able to communicate his or her needs, the boundaries, and mission of the profession, the group would become more cohesive and would demonstrate more positive attitudes about interdisciplinary collaborations (Gaboury et al., 2009; Misra et al., 2009).

Disciplinary Culture

Although research has mainly reported on the usefulness of interdisciplinary collaborations, many disciplines promote a perspective that directly opposes this rationale and supports the tendency to maintain professional territories (D'Amour, Sicotte, & Levy, 1999). This can also be found when interpreting a professional's code of ethics. Whereas social work, nursing, and public health all explicitly mention the need to collaborate with other professions in order to maximize knowledge and skills of other professions as it relates to patient outcomes, medicine and pharmacy do not state that there is a need to collaborate unless it benefits the patient (American Medical Association, 2001; American Nurses Association, 2001; American Pharmaceutical Association, 1994; National Association of Social Workers, 2008; Public Health Leadership Society, 2002).

Of the studies that examined the effect of collaborating among different disciplines, many found that type of discipline affected how they perceived other professions (Curran, Health, Kearney, & Button, 2010; Gaboury et al., 2009; Rijnsoever & Hessels, 2011; Stone, Ekman, English, & Fujimori, 2008). Leipzig et al. (2002) found that medical residents held significantly less positive attitudes toward interdisciplinary collaboration than did students in social work and nursing. Similar findings were reported in the study by Curran, Sharpe, and colleagues (2010) where medical students showed more negative attitude toward interdisciplinary healthcare team and pharmacy students reported more positive attitudes during three-year interdisciplinary education curricula than three disciplines (medicine, nursing, and social work). Conversely, Rijnsoever and Hessels (2011) found that students in fields with practical application of interdisciplinary techniques, such as medicine or other helping professions, were more likely to want to collaborate with other disciplines. What these studies suggest is that students from different disciplines demonstrate diverse attitudes toward interdisciplinary collaboration.

Studies that focused on social workers found that most had a positive perception of interdisciplinary collaboration; however, some findings illuminated that beneath the positive perception were consistent concerns around having their voice heard and attempting to navigate non-social work paradigms (Chan et al., 2010; Jani, Tice, & Wiseman, 2012; Mizrahi & Abramson, 2000; Parker-Oliver & Peck, 2006). For example, in the study conducted by Parker-Oliver and Peck (2006), social work hospice workers found that having professionals from other disciplines with whom to discuss cases and obtain different perspectives was helpful when dealing with difficult issues. On the other hand, rigidity on the use of the medical model prevented social workers from being able to work with patients outside of physical complaints. Similarly, Mizrahi and Abramson (2000) found that social workers viewed the professional collaboration with physicians as benefitting the patient but that the physicians did not view the social workers' skills as contributing as much as their own to the case.

Various professional and educational contextual factors can influence participants' interdisciplinary collaboration and the experience of collaboration can promote future interdisciplinary collaborations. However, many of the studies reviewed above used qualitative or experimental study designs; thus, multiple factors that are associated students' interdisciplinary collaboration could not be examined simultaneously. Therefore, using a cross-sectional design, this study examined factors associated with interdisciplinary collaboration through the following research question: "what factors are predictive of interdisciplinary collaboration among graduate students in social work and allied health science?"

Conceptual Framework

Bronstein's (2003) interdisciplinary collaboration model guided the current study. The model was built upon the multidisciplinary theory of collaboration, services integration, role theory, and ecological systems theory and was aimed at social work practitioners (Bronstein, 2003). According to the model, interdisciplinary collaboration consists of interdependence, newly created professional activities, flexibility, collective ownership of goals, and a reflection process. However, this study sampled both students in social work as well as those in allied health fields. Thus, only the flexibility and interdependence constructs were used because they are applicable to all the professions included in this study. Flexibility is defined as deliberately blurring roles so compromises can be made; and interdependence means the occurrence of reliance on interactions amongst professionals from different disciplines (Bronstein, 2003).

Bronstein (2003) identified four major influences on the interdisciplinary collaboration model including professional role, structural and personal characteristics, and history of collaboration. Professional role refers to how a profession socializes its members according to role type, values, and practice (Abramson, 1990). How interdisciplinary relationships are built is also contingent upon one's professional role (i.e., type of discipline and role type). Structural characteristics refer to an organization's desire and ability to foster interdisciplinary collaboration. For example, many academic settings offer interdisciplinary courses and programs which are meant to enhance a student's professional training (Browne et al., 1995). Personal characteristics center on how collaborators view each other above and beyond their professional role such as trust, respect, understanding, and

informal communication (Mattessich & Monsey, 1992), while history of collaboration is about a person's past experiences with interdisciplinary collaboration.

Applying the Bronstein (2003) interdisciplinary collaboration model to this study, the four aforementioned influencers are operationalized in the following manner: for professional role, we focused on the differences between social work, medicine, nursing, and other allied health sciences including dentistry, pharmacy, and public health among students in a graduate setting. Structural characteristics were defined as the number of interdisciplinary courses that students have taken. Although this definition does not directly parallel Bronstein's, it was chosen based on the assumption that a school desiring to foster interdisciplinary collaboration among students would offer more courses with this mission thus allowing students to take them. For example, PhD students in the School of Social Work, where this study was conducted, must take a course outside the School in order to graduate.

Personal characteristics were defined as a student's attitudes toward interdisciplinary collaboration health care teams. Finally, personal/professional history of collaboration was operationalized as past experience in interdisciplinary teams (e.g., as practicums, internships, or part-time/full-time jobs). The study model is presented in Figure 1.

Figure 1. *Influences on Interdisciplinary Collaboration Applying Bronstein's Model (2003)*
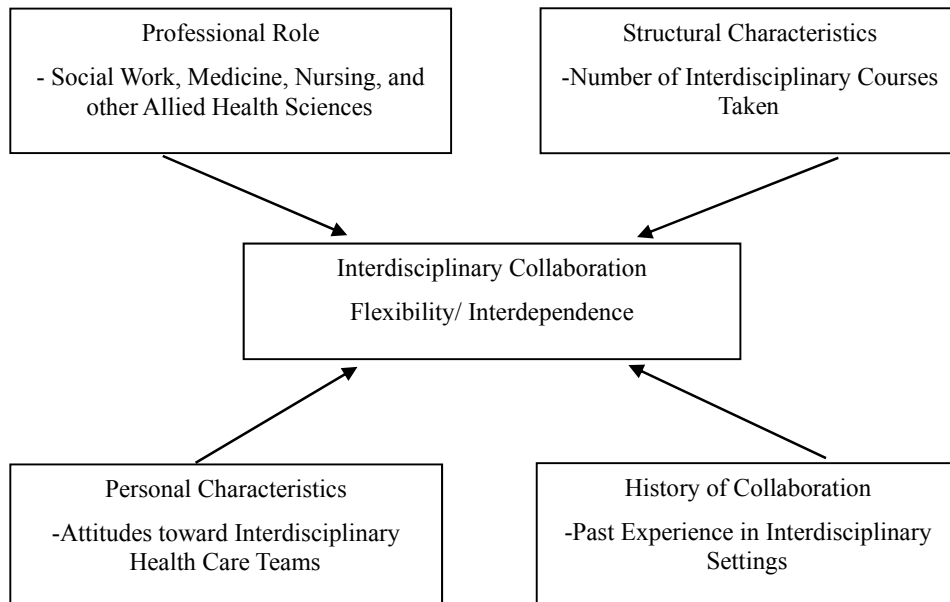
Method

Research Procedure

This study used a cross-sectional design with a non-probability convenience sample of students enrolled in a Mid-Atlantic public university. Institutional Review Board (IRB) approval was obtained in August 2012. The university is made up of

seven schools (medicine, nursing, pharmacy, social work, dental, law and graduate) with degrees predominantly at the graduate level. The survey, Interprofessional Students Interdisciplinary Survey (ISIS), was sent out in two waves, two weeks apart by the university's student government association, which has access to the email addresses of all enrolled students,. The online survey used Qualtrics software (Qualtrics, Provo, UT) to gather data from study participants.

Sample

All students (N = 6,368) who were enrolled for the fall semester of 2012 automatically received the ISIS through their school email. A total of 288 surveys were completed yielding a response rate of 4.5%. Due to this study's interest in health sciences students currently working on an interdisciplinary practice, 176 students were excluded (students not currently working; n = 172, students in non-health sciences disciplines such as law; n = 14). This resulted in a total sample of 112.

Measures

Dependent variables. Perceived flexibility and interdependence of interdisciplinary collaboration were measured using the two subscales from the Index of Interdisciplinary Collaboration (IIC; Bronstein, 2002). All items were rated on a five-point Likert scale and summed for total scores. Higher scores indicate a higher level of flexibility and interdependence. Interdependence scale consisted of 12 items and flexibility consisted of 6 items. Parker-Oliver, Bronstein, and Kurzejeski (2005) reported a Chronbach's alpha of .78 for reliability of the interdependence scale and .62 for the flexibility scale. The present study produced a Cronbach's alpha values of .74 for interdependence and .59 for flexibility.

Independent variables. A student's school affiliation was used to indicate their professional role. Students were categorized into four groups depending on their affiliation: social work, nursing, medicine, and other allied health sciences (pharmacy, dental, and public health). Social work was used as a reference group. The number of interdisciplinary courses that a student had taken ranged from 0 to 5+ and was continuous.

To assess students' experience with interdisciplinary collaboration, two questions from the ISIS were used: (1) have you *ever* worked as part of a team with professionals from other disciplines? (Yes/No); and (2) was your overall experience positive or negative? The responses ranged from very negative (1 point) to very positive (5 points). Students were coded into two groups: those who answered with no to the first question, and those who negative, very negative, and neither negative nor positive to the second question were coded as 1, whereas students that had positive or very positive experiences were coded as 0.

The last independent variable used a standardized instrument, students' Attitudes Towards Interdisciplinary Health Care Teams, originally developed by Heinemann, Schmitt, Farrell, and Brallier (1999). It consists of 14 five-point Likert scale items ranging from strongly disagree (1 point) to strongly agree (5 points). The total score ranges from 14 to 70, and higher scores indicate more positive attitudes. Reliability of the Attitudes Towards Interdisciplinary Health Care Teams scale has been supported by previous studies; Heinemann et al. (1999) and Curran et al. (2008) each reported a Cronbach's alpha of .83, and this study also demonstrated a high reliability of the

scale (a = .88). Total scores were used to indicate students' attitudes toward interdisciplinary health care teams for this study.

Demographic variables. Age, race, and attendance status (part or full time) were included in the model as control variables. Age was measured at a continuous level. Race was dummy-coded to compare Whites with Non-Whites. Part-time students were compared to full-time students. Female students were compared to male students.

Data Analysis

Statistical Software for the Social Sciences (SPSS v.18, 2010) was used for data analysis. Following descriptive and bivariate analyses of variables of interest, a hierarchical multiple regression was used to determine which factors predict graduate students' positive experience of interdisciplinary collaboration. Listwise deletion was employed for missing data which removed 8 cases (7.7%) yielding a final sample size of 104. Continuous variables were normally distributed based on their skewness and kurtosis.

Results

Descriptive and Preliminary Analyses

The results of descriptive statistics are presented in Table 1. Among the study participants, allied health sciences students were evenly distributed (social work: n = 32; 28.6%, nursing: n = 32; 28.6%, medicine: n = 18; 16.1%, and other allied health sciences: n = 30; 26.8%). Nearly two-thirds (n = 73; 67.6%) were White, and more than two-thirds were full-time students (n = 82; 73.2%). The majority of students had positive past experience of interdisciplinary collaboration (n = 95; 84.8%). Students' mean age was 32.54 (SD = 10.45, Range: 22-59).

Students took 1.81 (SD = 1.94, Range: 0-5) interdisciplinary courses on average. On average, students scored 21.96 (SD = 2.84, Range: 13-30) in flexibility and 46 (SD = 5.18, Range: 31-60) in interdependence. Gender was associated with students' disciplines ($X^2(1) = 5.78$; p = .02); meaning male students were more likely to be affiliated with allied health science disciplines versus social work. There were no other significant differences between Social Work and allied health sciences students in bivariate analyses.

Hierarchical Multiple Regressions

Two separate hierarchical multiple regression analyses were conducted to examine factors that predict students' flexibility and interdependence of interdisciplinary collaboration. Hierarchical multiple regression analysis allows one to evaluate the unique contributions of the model variables after accounting for control variables. The assumptions for multiple regression analysis (normality of residuals, independence of residuals, linearity, homoscedasticity of residuals, and non-multicollinearity) were checked and met. In step 1, individual characteristics including age, gender, and student status were entered to be controlled. Four model variables (disciplines, the number of interdisciplinary courses taken, attitudes toward interdisciplinary healthcare teams, and past experience in interdisciplinary settings)

were entered in step 2 to examine changes in variance and coefficients. The results of the hierarchical regressions are presented in Table 2.

Table 1. *Descriptive Statistics*

Variable	Valid N	Range	M	SD
Flexibility	112	13-30	21.96	2.84
Interdependence	112	31-60	46.00	5.18
Number of courses	109	0-5	1.81	1.94
ATIHT[a]	110	3.21-5	3.93	.35
Age	112	22-59	32.54	10.45

Variable	N	(%)
Gender ($N = 110$)		
Female	97	88.2
Male	13	11.8
Race ($N = 108$)		
White	73	67.6
Non-White	35	32.4
Attendance status ($N = 112$)		
Part-time	30	26.8
Full-time	82	73.2
Discipline ($N = 112$)		
Social Work	32	28.6
Medicine	18	16.1
Nursing	32	28.6
Other allied health sciences	30	26.8
Past experience ($N = 112$)		
Positive experience	95	84.8
No & negative experience	17	15.2

Note[a]: Attitudes toward Interdisciplinary Health Care Teams Scale

Table 2. *Results of Hierarchical Multiple Regressions*

Model	R^2	$R^2\Delta$	Flexibility B	S.E.	β	95% CI	R^2	$R^2\Delta$	Interdependence B	S.E.	β	95% CI
Step 1	.18**						.20***					
Age			.06*	.03	.21*	.01, .12			.15**	.05	.29**	.05, .25
Gender (Male)			-.74	.80	-.09	-2.31, .84			-1.74	1.40	-.11	-4.51, 1.04
Race (Non-White)			.65	.57	.10	-.49, 1.78			.69	1.01	.06	-1.30, 2.69
Attendance status (Part-time)			-1.76**	.65	-.27**	-3.04, -.48			-2.67*	1.14	-.23*	-4.92, -.42
Constant			20.88***	1.30		18.31, 23.45			42.65***	2.28		38.13, 47.17
Step 2	.32***	.14**					.43***	.23***				
Age			.03	.03	.11	-.02, .09			.08	.05	.16	-.01, .17
Gender (Male)			.07	.81	.01	-1.53, 1.67			-.69	1.32	-.04	-3.31, 1.94
Race (Non-White)			.39	.56	.06	-.72, 1.50			.47	.92	.04	-1.36, 2.30
Attendance status (Part-time)			-1.49*	.69	-.23*	-2.86, -.12			-1.13	1.13	-.10	-3.38, 1.11
Medicine (SW)			-.11	.81	-.01	-1.71, 1.49			-3.42*	1.32	-.25*	-6.05, -.80
Nursing (SW)			1.14	.74	.18	-.33, 2.61			2.18	1.21	.19	-.23, 4.59
Other health disciplines (SW)			-.82	.72	-.13	-2.25, .61			-1.20	1.18	-.10	-3.55, 1.14
Past experience (Positive experience)			-.78	.70	-.10	-2.17, .61			-4.35***	1.15	-.31***	-6.63, -2.07
N. of courses			.01	.02	.06	-.02, .04			.01	.03	.02	-.05, .06
ATIHT[a]			1.79*	.79	.22*	.22, 3.34			-.38	1.30	-.03	-3.00, 3.21
Constant			14.74***	3.35		8.08, 21.40			46.34***	5.50		35.41, 57.26

Note[a]: Attitudes toward Interdisciplinary Health Care Teams scale, ( ): reference, SW: Social Work, *p <.05, **p <.01, ***p <.001

The first regression analysis examined predictors of flexibility. Demographic variables were entered instep 1 of the model, explaining 18% of the variance ($F_{(4,99)}=$ 5.43, $p = .001$). For one unit increase in age, flexibility increased .06 points ($B = .06$, $t = 2.19$, $p = .03$) independent of the other variables. Attendance status was also a significant predictor of flexibility at the first step ($B = -1.76$, $t = -2.73$, $p = .008$); full-time students' scores in flexibility were 1.76 points lower than those of part-time students, holding all other variables constant.

Interdisciplinary collaboration model variables were entered in step 2 of the model, increasing the model R^2 significantly to .32 ($R^2\Delta = .14$, $F_{(10,93)} = 4.45$, $p < .001$). Attendance status remained significant ($B = -1.49$, $t = -2.17$, $p = .03$). In addition, among the model variables, attitudes toward interdisciplinary health care teams ($B = 1.79$, $t = 2.26$, $p = .03$) significantly predicted students' flexibility of interdisciplinary collaboration. For each one unit increase in attitudes toward interdisciplinary health care teams, flexibility of interdisciplinary collaboration increased 1.79 points, holding all other variables constant.

The second regression analysis examined predictors of interdependence. Demographic variables were entered in step 1 of the model; 20.1% of variance was explained ($F_{(4,99)} = 6.23$, $p < .001$). Attendance status ($B = -2.67$, $t = -2.35$, $p = .02$) and age ($B = .15$, $t = 3.04$, $p = .003$) were the significant predictors of interdependence. Interdisciplinary collaboration model variables were entered in step 2 of the model, increasing the model R^2 significantly to .43 ($R^2\Delta = .23$, $F_{(10,93)} = 6.92$, $p < .001$). Attendance status and age did not remain significant. However, compared to students in social work, those in medicine were less likely to demonstrate interdependence, taking the other factors into account ($B = -3.42$, $t = -2.59$, $p = .01$). In addition, past experience significantly predicted interdependence of interdisciplinary collaboration ($B = -4.35$, $t = -3.79$, $p < .001$); compared to students with positive experience, those with no and negative experience scored 4.35 points lower in interdependence, controlling for all other variables. The other three interdisciplinary collaboration model variables were not statistically significant.

Discussion

This study examined factors that influenced graduate students' interdisciplinary collaboration based on Bronstein's (2003) interdisciplinary collaboration model. This model was developed to conceptualize collaboration between social workers and other professionals in practice. The results of this study suggested that Bronstein's (2003) model emphasizing the importance of individual and environmental factors predicting interdisciplinary collaboration holds not just for seasoned professionals but for students being socialized to their professions. Bronstein (2002) originally tested her model with professionals; however, subsequent research with college students (Bronstein, 2003; Parker-Oliver et al., 2005), including this study, has shown that the model applies to this population as well.

Positive attitudes towards collaboration are indicative of successful interdisciplinary collaboration (Browne et al., 1995; Gaboury et al., 2009). Research has also shown that health sciences students and professionals generally reported positive attitudes toward interdisciplinary teamwork or education (Curran et al., 2008; Curran, Sharpe, et al., 2010). This study found that when students had more positive attitudes toward interdisciplinary health care teams, they were more likely to show

higher levels of flexibility of interdisciplinary collaboration. Studies have shown that students and practitioners with exposure to interdisciplinary courses or trainings were more likely to collaborate with others from different disciplines (Gaboury et al., 2009; Ivey et al., 1988). Therefore, in order to foster positive attitudes toward interdisciplinary collaboration, educators and professions should offer more interdisciplinary classes and training opportunities to students.

Students in social work and allied health sciences who had a positive experience of interdisciplinary collaboration in the past were more likely to rely on interactions with professionals from different disciplines than were those who had no or negative experience. This result is consistent with previous studies that demonstrated that positive experiences in interdisciplinary settings were associated with interdisciplinary collaboration (Amundson et al., 2008; Bronstein, 2002). This finding underscores the importance of disciplinary curricula that necessarily include interdisciplinary collaboration. Headrick and Khaleel (2008) suggested that involving trainees from one profession to work with other health professionals as their mentors or teachers enriched the student experience as did a well-developed interdisciplinary practicum course that involved students and/or faculty members from other disciplines. In addition, as Amundson et al. (2008) suggested, interdisciplinary student internship programs are a way to expose health sciences students to interdisciplinary collaboration.

Among the control variables, attendance status significantly predicted both flexibility and interdependence of interdisciplinary collaboration. It even significantly predicted flexibility controlling for other factors; part-time students showed higher levels of flexibility than full-time students. Because part-time students are more likely to be working than full-time students, they could have more exposure to interdisciplinary collaboration practice. This is in line with findings from Rijnsoever and Hessels (2011) who found that previous work experiences influenced current interdisciplinary collaborations. Along with the positive past experience, this emphasized the importance of practice experience among students during their learning process to help influence future interdisciplinary collaboration. The significant positive relationship between age and interdependence also emphasized the importance of collaboration experience. Older students were more likely to have come from settings where interdisciplinary collaboration was either part of their practice or their many years of experience has provided evidence for the usefulness of IDC.

The study finding that students in medicine were less likely to demonstrate interdependence compared to those in social work was consistent with the finding of previous studies where medical students reported significantly less positive attitudes toward interdisciplinary collaboration (Curran, Heath, et al., 2010; Leipzig et al., 2002). However, there was no other significant difference found in flexibility and interdependence compared to social work. The approach of social work to clients (i.e., understanding a client in the context of his or her environment and helping the client function appropriately in the context) is distinct from that of other health care professions (Gitterman & Heller, 2011). The non-significant findings on flexibility and interdependence may be due to the academic environment where this study was conducted; the university emphasizes the importance of interdisciplinary collaboration and provides opportunities for interdisciplinary collaboration across all disciplines. Another possible reason could be that students' school affiliation may not

have captured their professional roles in the interdisciplinary settings. Assessment of each profession's expected or valued role in interdisciplinary collaboration settings, with a validated measure, may produce more reliable study results.

The number of interdisciplinary courses taken was not a significant predictor of either flexibility or interdependence. The number of interdisciplinary courses taken may have been a limited measure to assess disciplines' structural characteristics, although more interdisciplinary courses would be available for students when schools value and support interdisciplinary collaboration across professions. Each discipline's educational policy or level of administrative support toward interdisciplinary collaboration may be a more accurate construct to measure disciplines' structural characteristics.

Limitations of this study should be acknowledged. Online surveys usually result in a lower response rate than mail (paper) surveys (Nulty, 2008; Resnick, 2012) or in-person surveys (Truell, Barlett, & Alexander, 2002); it is possible that the low response rate (4.5%) of this study also may have been due to use of the online survey. However, the low response rate may not represent the school population. In addition, small sample size may limit generalizability of the study findings, although post-hoc tests, using G*Power 3.1, suggested that the sample size provided enough power for the statistical analyses for interdependence (99.9%) and flexibility (95.7%). Therefore, the results of this study may not be generalizable to all graduate students within the university or students within and among the different schools. Second, technical problems that were caused by the use of online survey (e.g. not receiving emails, not being able to open the survey) as well as the anonymous nature of the survey could have led to biased responses. Third, for the purpose of the survey applying to students from all available disciplines, three constructs of the Interdisciplinary Collaboration model (Bronstein, 2003; newly created professional activities, collective ownership of goals, and a reflection process) were not measured in this study. These constructs should be investigated in the future because they could offer a more comprehensive lens of student perceptions. In addition, the accepted norm of internal reliability of a scale is .70 (Huey et al., 2004). However, the reliability of the flexibility subscale was below the norm, although previous studies also reported the lower internal reliability (Bronstein, 2002; Parker-Oliver et al., 2005); therefore, results based upon the flexibility subscale should be interpreted with caution.

Implications for Research

Despite the limitations, this study has important implications for future studies and for allied health sciences and social work students' education. Few studies have explored interdisciplinary collaboration among student groups. Moreover, quantitative studies that used a cross-sectional design and examined factors of interdisciplinary collaboration among allied health sciences and social work students are rarely found. This study can be used as a foundation that leads to more quantitative research on this student group's interdisciplinary collaboration.

Implications for Interdisciplinary Education

This study suggests that the future direction of interdisciplinary education is to foster allied health sciences and social work students as competent collaborators. Graduate school administrators and educators should offer opportunities for

interdisciplinary collaboration practice experience. Educators and students in these disciplines should put effort into promoting positive attitudes toward interdisciplinary teamwork through interdisciplinary trainings and courses as means of the professional development process. When students have positive experiences with interdisciplinary collaboration during their learning process, they will be more open to collaborating with other professionals and the collaboration will contribute to better client and patient outcomes.

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Collaborative Approaches to Undergraduate Research Training: Information Literacy and Data Management

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Abstract: *The undergraduate research experience (URE) provides an opportunity for students to engage in meaningful work with faculty mentors on research projects. An increasingly important component of scholarly research is the application of research data management best practices, yet this often falls out of the scope of URE programs. This article presents a case study of faculty and librarian collaboration in the integration of a library and research data management curriculum into a social work URE research team. Discussion includes reflections on the content and learning outcomes, benefits of a holistic approach to introducing undergraduate students to research practice, and challenges of scale.*

Keywords: *Undergraduate research, research data management, faculty librarian collaboration, social work education*

Undergraduate education provides students with foundational skills and abilities permitting entry into the workforce or advanced study at the graduate level. Introduction to research methodologies is an important aspect of the social work curriculum preparing students to base real world practice on the critical appraisal of various techniques and interventions. Research opportunities for social work students, such as those provided by undergraduate research experience programs, allow students to build relationships with faculty mentors and experience first-hand the research process, thereby amplifying critical thinking skills and preparing students to be producers (rather than just consumers) of professional knowledge (Moore & Avant, 2008).

In today's data-rich research environment, a key component of these foundational skills is the ability to successfully navigate the organizational and technological aspects of research data production. The library and information science profession is contributing to the training of this new arena of research skills known collectively as research data management. In many cases, the integration of data and information skills is not explicitly part of the undergraduate research experience. By collaborating with librarians, faculty mentors for undergraduate research can significantly enhance the experience and build foundational skills for students giving them a leg up from their peers in the competition they will face for jobs or graduate school entry after graduation.

This paper will introduce readers to the importance of research data management skills to social work education and the role of librarians in providing instruction and support in this area through the lens of enriching the undergraduate research experience. A case study of faculty/librarian collaboration with an undergraduate research team will provide an example of a data management curriculum. This article fills a needed gap in addressing a life-cycle approach to research data management in the growing literature on undergraduate research experiences (URE) while demonstrating the relevance to social work education. Our experience of designing and implementing research data management modules and the reported authentic experiences of the students signals the potential benefit of integrated and detailed research data management instruction as routine for URE.

Literature Review

Major Context: Research Data Management

Due to the widespread adoption of technology in higher education, a new baseline requirement for many research projects is digitally managing the data and digital ephemera that support scholarly dissemination. Digital research data vary widely due to the irregular makeup of research itself, including within disciplines like social work where both qualitative and quantitative methods may be employed. Variations in project size, research methods, disciplinary norms, available resources, and expected outcomes combined with the many possible ways to represent information digitally result in a variegated landscape of research data. Because of this heterogeneity, research data requires equally nuanced responses for management, storage, preservation, and access. This problem in itself is not new and researchers have been pioneering methods of organizing, managing, analyzing, and collaborating around digital research data for over three decades.

Recent policy developments, such as the 2011 requirement from the National Science Foundation (NSF) to include data management plans in applications for funding, have pushed research data management into the spotlight of the scholarly communication crisis. Many funding agencies have followed suit to the original NSF impetus and seek to expand the reach of research dollars by recommending that research data be made available as an additional output of publically funded research. This, combined with the more general call for open and increased access to the results of research, has created an environment where the sharing of research data itself (in addition to publications based on that data) will increasingly be expected (Goben & Salo, 2013). Largely in response to these changes, an effort to create scalable and standardized research data training, best practices, and services has resulted in the confluence of a number of extant disciplines (information science, research administration, higher education administration, information technology) into an emergent community of digital data curators.

Broadly defined digital data curation is a term that reflects a holistic approach for managing digital assets for their entire "lifecycle" of utility for research and scholarship. This includes selection, collection, analysis, interpretation, description, preservation, transformation, maintenance, access, long term archiving, and reuse. While digital

curation is a term that is prevalent in the information science literature, in practice the strategies and actions which support the holistic model of data stewardship are often simplified and colloquial. Research data management and digital data curation are somewhat synonymous, with the former implying a streamlined research-centric lifecycle and the latter implying a more inclusive content agnostic lifecycle. This paper discusses data within the context of academic research in social work and therefore relies on the terminology of research data management.

It is suggested in a number of recent studies that the general knowledge and skills necessary to manage research data are not currently a major part of undergraduate, graduate, and doctoral curriculums (Carlson, Fosmire, Miller, & Sapp Nelson, 2011; Scaramozzino, Ramirez, & McGaughey, 2012). Carlson et al. identified in their assessment of faculty interviews that "[data management] skills, knowledge, and training needed by graduate students" was a "common theme" and that "Typically, faculty determined graduate students were unprepared to manage or curate the data effectively…" (p. 636). Those same faculty implied that there was a causality dilemma as "…they often could not provide adequate guidance or instruction because it was not an area that they knew well or fully understood" (p. 636). Scaramozzino et al. found a similar dilemma in surveying the College of Science and Mathematics at California Polytechnic State University; fully half (50%) of respondents reported they were "not sure or not confident in their data management skills" and were "open to increased educational activities on the topic" (p. 360). Because researchers themselves widely vary in their command and comfort of information technology, it is unclear if research data management education can be consistently implemented by merely enforcing a new curriculum.

Despite these deficiencies, research data management is an expected job skill for graduate assistants, doctoral researchers, and faculty researchers (Carlson et al., 2011). If our next generations of researchers do not possess the baseline knowledge, skills, and experience that are in demand for contemporaneous research data management, we risk exacerbating the deficiency by producing an underprepared workforce.

The prerequisite knowledge for this baseline requirement has been positioned as a literacy that Carlson et al. (2011) term "data information literacy." They argue that data information literacy is a synthesis of related literacies that aim to foster understanding of key research concepts including methods of data collection or acquisition, data representation, data interpretation, statistical analysis, data manipulation, data management and preservation, and data summarization and presentation among other related skill sets.

Why is Research Data Management Important to Undergraduate Research Experience Participants?

Undergraduate research assistants are involved in meaningful research engagements with their faculty mentors. These beginning researchers through formal and at times funded undergraduate research experiences (URE) participate in various activities such as literature reviews, qualitative and quantitative data acquisition, coding, interpretation, and

the presentation of analyzed results. Faculty ask undergraduate research assistants to work directly with their data in one way or another; therefore students should be aware of best practices for data management.

Many commentators point to the Boyer Report on *Reinventing Undergraduate Education* (Boyer Commission on Educating Undergraduates in the Research University, 1998), as spurring the birth of cross-cutting undergraduate research experiences at American research universities (Fechheimer, Webber, & Kleiber, 2011). Later, Kuh and Schneider's (2008) highly influential *High-Impact Educational Practices* singled out undergraduate research as important for formulating questions, honing observational skills and working with advanced technologies as a means to enhance student engagement and increase student success. The intervening decade has witnessed a spate of descriptive studies outlining design and implementation of URE programs (Buckley, Korkmaz, & Kuh, 2008; Cuthbert, Arunachalam, & Licina, 2012; Howitt, Wilson, Wilson, & Roberts, 2010; Wilson, Martinez-Uribe, Fraser, & Jeffreys, 2011). Social work education programs are included in the incorporation of undergraduate research into student learning opportunities, both within the context of regular coursework and field placements (Rubin, Valutis, & Robinson, 2010), as well as supplemental URE mentored programs (Hughes, Ortiz, & Horner, 2012). The need to engage undergraduate students in positive research opportunities is especially salient in the field of social work. As an applied helping profession, overcoming research anxiety is seen as an important goal (Adam, Zosky, & Unrau, 2004; Maschi, Probst, & Bradley, 2009).

Naturally, the numerous descriptive studies bred a desire to understand the impact of URE programs on the students as well as the domains. A wealth of empirically-based theoretical explorations of perceived benefits for students and institutions has emerged (Bauer & Bennett, 2003; Kardash, 2000; Russell, Hancock, & McCullough, 2007). Generally, these studies reveal that URE students feel positive about their experience, yet some concern has been raised whether research skills have been advanced. Responding to these concerns is a growing body of qualitative and quantitative assessment literature (Fechheimer et al., 2011; Gum et al., 2007; Lopatto, 2007) focusing on the learning outcomes (problem formulation, methodology application, lab techniques) of the undergraduate research experience. Yet absent from these studies is an explicit account of research data management instruction, however loosely articulated.

It is our assessment that data management and the broader scope of data information literacy, indeed even basic library research skills, are not widely perceived as explicit goals of participation in undergraduate research despite an overarching goal for the advancement of real world research experience. Ideally, the URE engages students in knowledge creation by participation in the processes of discovery through the conduct of academic research. The advancement of knowledge is an exciting prospect, but any good researcher knows that there are less glamorous aspects to the research process, such as data entry. In fact, these less glamorous aspects are often what the undergraduate is assigned to do. But the glue that ties these mundane tasks to the glory of a well-received publication is the planning and execution of best practices in handling the information and data that bolster the process of discovery. We must ensure that students learn that data management is more than just a set of skills, it is about engagement in the creation

and preservation of knowledge. As librarians, we often see students who are embarrassed to admit that they do not understand how to conduct a literature review, let alone decipher a call number location. Faculty often assume that students come to them with these so-called basic skills, yet the reality is that these skills often fall through the cracks and are not a formal part of the curriculum.

Faculty and Librarian Collaboration

How then, do we accomplish the integration of the undergraduate research experience and the development of library and research data management competencies? It will require the infusion of multiple expertise. Faculty mentors are experts in their own research topics and methodologies and can guide students through the process of assisting with specific aspects of projects. However, since most faculty are not experts in the areas of information science and the accompanying data and information literacies, collaboration with librarian partners as additional mentors in the research process rounds out the undergraduate research experience.

While bringing a librarian into the classroom to instruct students on the skills needed to write research papers, or referring students needing extra assistance with compiling bibliographies to consult with a librarian are both common examples of faculty reliance on librarian expertise, faculty collaboration with librarians as partners in research teams is not as widely done. Traditional models of faculty/librarian collaboration focus on the classroom instruction environment (Shumaker, 2011). As experts in the literature and practice of their own research areas, it can be easy for faculty to overlook the value of librarian mentorship for initiation of the student researcher. Likewise, librarians are often focused on working with undergraduates within the context of course assignments. This results in a lack of attention paid to direct instruction from librarians within the undergraduate research experience.

Since undergraduate researchers are engaged in knowledge creation along with their faculty mentors, the experience presents a collaborative opportunity for librarians and faculty to advance student learning in a holistic, hands-on approach (Stamatoplos, 2009). Increasingly, librarians are actively expanding their roles beyond the traditional confines of the library building and the reference desk and in many cases are partnering as members of research teams (Allard, 2012; Brandt, 2010; Carlson & Kneale, 2011; Dewey, 2004). Both research faculty and librarians have much to share and learn from each other on the path towards synthesis of domain knowledge with data management skills for more efficient and impactful research.

Opening the undergraduate research experience to a combined faculty/librarian mentorship exposes students to the complete research process; not only will students work on a particular aspect of the faculty's research project, they will also benefit from foundational skill-building in the areas of data and information literacy. This requires an ongoing collaborative partnership between faculty, librarian, and student as members of a research team. Accomplishing this requires an embedded model wherein faculty and librarian experience a give and take of expertise sharing and learning from one another.

By integrating librarians into undergraduate research, faculty can provide opportunities for students to be coached on best practices for data management.

Project Context

Case Study: Social Work Research Team

At Michigan State University (MSU), a large midwestern research university, the URE is situated within the Office of the Associate Provost for Undergraduate Education. The MSU URE has entered into its second half-decade of existence and its design, implementation and assessment tracks closely to the development of the body of literature. In Spring 2012, approximately 575 students participated in the MSU URE, with 92% of surveyed undergraduate researchers reporting involvement as a contributing member of their mentor's research team ("MSU Undergraduate Research Survey," 2012). Students were involved in undergraduate research across 14 colleges within MSU, with varying work experiences in different areas and with different mentors. The URE culminates at the end of each academic year in the University Undergraduate Research and Arts Forum, an event showcasing undergraduate research efforts where students share their work by presenting short talks or poster presentations.

Within the MSU School of Social Work, mentored undergraduate research has been shown to positively support student learning and provide an overall beneficial experience (Hughes et al., 2012). In the 2011-2012 academic year a unique Social Work URE was developed for a group of undergraduate researchers by their faculty mentor in collaboration with a small team of librarians. In normal cases, Social Work faculty would usually work with just one librarian, the subject specialist librarian for Social Work. However, given the experimental nature of the pilot project and the need for a depth of overlapping areas of expertise across the library faculty, a "library team" was formed to ensure the highest level of partnership and service to the URE research team. The library team consisted of the Subject Specialist Librarian for Social Work (conveniently also working in a dual role as the Data Services Librarian), the Data Curation Librarian (digital technical expert), and the Associate Director for Digital Information (project visionary).

The undergraduate research students were given distinct independent responsibilities within a given project in order to "own" the work and gain more specialized expertise in a particular area of research. Students also worked collaboratively with the team, including attending biweekly research team meetings so that the group benefited from each other's experiences. It was at these meetings where librarians joined the research team as embedded participant observers and contributed the library and research data management curriculum.

This collective group of students, faculty mentor, and librarians (the library team) made up the complete URE research team. The functioning of the URE research team would allow for students to participate in the faculty mentor's own research as had been done in previous years, while at the same time serving as a pilot project for the infusion of a research data management curriculum led by the library team.

The purpose of this collaboratively led undergraduate research team was multifold:

1. To prove librarian support to students and faculty in their routine work, thereby fulfilling the traditional librarian liaison role.

2. To reveal knowledge about and interest in research data management, by having the library team act as quasi participant observers.

3. To test the efficacy of the seminar approach to library and research data management instruction.

The URE research team for academic year 2011-2012 included students working on two projects: data analysis of minority women's experience with spirituality and mental health care, and conception and planning for a study of recovery within the context of community mental health services. The second project is a rare example of a project in which the student team joined at the very beginning of the process of designing a new study.

The faculty mentor felt as though it was a risk to involve students with very little experience at the outset, where they would be actively participating in the development of the research questions, methods, implementation, and analysis. While the mentor had ultimate decision-making power, she entrusted the process to the team as a whole. The results were overwhelmingly positive. The mentor provided formal instruction in theory and methods, and the students applied the knowledge and skills to the problem. The students' questions about the instruments (survey and focus group and interview protocols) were particularly useful, as well as the range of their suggestions from which solutions were chosen. The coordination of tasks was delegated, but all of the students took part in each assignment. This way, the students also learned about management of tasks, as well as discrete skills in reviewing literature, designing and modifying instruments, scheduling and conducting data collection, entering survey data, and transcribing focus groups and interviews. In the mentor's assessment, the process was more dynamic, creative, and progressed more quickly than she had expected. The project progressed from initial discussions of what the study should look like to implementation (i.e., data collection and management) in approximately one semester (16 weeks). The team approach provided students with the chance to experience a range of research tasks, including work on data gathered using both qualitative and quantitative methods.

Curriculum

The library and research data management curriculum covered topics spanning from across the entire scope of a research project, from literature review to post-project storage. While a unique curriculum was developed, it was built from a review of existing data management training programs, and integration of social work education competencies (Council on Social Work Education, 2012). Both of these curricular components are discussed below.

There are numerous resources available aimed at training researchers in data management competencies. These include web resources such as online tutorials aimed directly at researchers (e.g., EDINA and Data Library, University of Edinburgh, n.d.;

Strasser, Cook, Michener, & Budden, 2012; University of Essex, n.d.) and teaching examples and resources for instructors (e.g., Federation of Earth Science Information Partners, 2012; Qin, Small, & D'Ignazio, n.d.; Strangeland et al., 2010). Piorun et al. (2012) have published a curriculum framework aimed directly at undergraduate and graduate students with seven modules covering data types and formats; contextual details and metadata; storage, backup, and security; legal and ethical considerations; data sharing and re-use; and data archiving and preservation planning. These modules map to a set of core competencies based on an inventory of related curricula and interviews with students about their data management practices. Carlson et al.'s (2011) exploration of data information literacy also yielded a similar list of core competencies with additions in the areas of data discovery and acquisition, data conversion, quality assurance, disciplinary cultures, analysis, and visualization. Many of these additional competencies reflect Carlson et al.'s broader conception of data literacy including active research skills as well as management considerations.

Relevant social work education core competencies include critical thinking, research informed practice, ethical practice, and social justice. Our approach to the URE and the data management curriculum emphasizes the placement of data management within the larger holistic research process. This is necessary in order for students to see how their particular assignments on the research team contribute to the development of scientific knowledge building. Ethical concerns regarding the collection and treatment of human subjects data necessarily infuse the curriculum. Social justice is raised not only as an outcome of research and practice, but as an issue integral to the scholarly communication system where public access to research findings are often limited by publication venues and the lack of open data. Students well trained in good research practice will in turn do good social work practice.

The modules developed for the URE students divide the elements of the research process logically in order to provide a fundamental structure that is helpful for beginning students without a background in research. Although initially developed as training tailored to the needs of a specific research team, the modules are based on a broader set of universal research skills that can be widely applied. Some research assistants may be reluctant to admit that they are unsure or do not understand the research process. Integration of this curriculum into the URE saves time by helping the faculty mentor identify where students are starting with their knowledge and skills without having to engage in unnecessary backtracking to discern problems. By providing a grounding in the research process, students are able to begin to develop intuition about the intricacies and nuances of conducting research.

The modules outlined below were delivered as short lectures interspersed with opportunities for discussion and reflection. Topics were presented in tandem with the needs of the research team activities so that as often as possible they could be directly related to the actual real-time workflow of the students' engagement with the faculty mentor's research. Therefore, the modules represent a series of thematic content areas rather than content covered during a single session. In practice, the library team contributed module content in a manner responsive to the ebb and flow of the entire research team's work, so that covering a single module might be split over multiple

meetings. In this way, our hope was to engage the students in a web of content delivery and practice activities; each reinforcing each to maximize learning. Brown and Adler (2008) refer to this as "reversing the flow." Their claim is that formal curriculum works from the presumption that you first fill students with content before sending them out to engage in practice. He argues that best learning derives from practicing the content. It is within this spirit that the modules were developed, winding about and allowing for contemporaneous practice to drive content delivery. We offer the module themes and attendant core elements in detail in hope that they can be readily put into practice in other contexts.

Curriculum Modules Outline

Module 1: Introduction to Literature Management
Topics covered: Literature Management, Citations

Conducting literature reviews and becoming familiar with the relevant literature is an important component of research. This module familiarized students with basic concepts for literature management by introducing Zotero (George Mason University), a free and open source citation management tool. Starting with this module was a deliberate choice to introduce students to productivity and organizational tools before even beginning their literature reviews. Integrating a citation management tool into the process of the literature review initiates students into approaching research in a systematic way and provides a relatable medium for the introduction of concepts such as organization, management, and collaboration. The research team created a shared group library in Zotero where students could post articles and share annotations. This creates a space for students that demands the intellectual work of thematically categorizing articles using folders and keyword tags to begin the work of critically assessing the literature, building skills in critical thinking and laying the foundation for research-informed practice. Additionally, discussion of what it means for a software program to be open source provides an opportunity for students to consider the social justice issues inherent behind the movement for free, open, and community-supported digital products, as well as the advantages and disadvantages of using an open source tool in research.

Module 2: Literature and Data
Topics covered: Literature Review, Source Evaluation, Finding Data

The students in the research group had already been exposed to a guest lecture on literature searching from the social work librarian in their regular course schedule. Since a basic familiarity with using library resources was already established, it was only necessary to refresh and reinforce best practices for conducting literature reviews. This was accomplished by viewing a video tutorial (Smith et al., 2009) and going over steps and techniques in the literature review process. Students were given the opportunity to reflect on previous experience and ask questions. In order to emphasize the role of critical thinking in the process of choosing appropriate articles to review, the evaluation of sources was also discussed, using De Montfort University's Information Source

Evaluation Matrix (Towlson, Leigh, & Mathers, 2009) as a tool to define criteria for the inclusion of articles in student literature reviews.

Next, a transition towards focusing on data began by drawing out the integration of data in the scholarly literature. Students were asked to identify the source of data analyzed in their literature review articles. After introducing the concept of secondary analysis as a research methodology, students were asked to determine if researchers collected original data or used data collected by someone else, such as data from a major government survey. By identifying instances of data re-use, the value of documenting and sharing data is uncovered as an important component of research practice. This sets the stage for the remaining modules.

Module 3: Planning for Project and Data Management
Topics covered: Project Parameters (Tools & Environment), File Plans, Naming Conventions, Formats, Short Term Storage

The overarching message of this module was that the research process is a complex project which can benefit from detailed planning and resource provisioning. Highlighted in this module were the parallel lifecycles of research, scholarship, and data. Data was identified as a central resource and fuel of research which requires not only expert interpretation and analysis but also competent stewardship. This concept was enforced by examining the benefits of fundamental data management tactics such as developing file naming conventions, creating flexible and interpretable file plans and understanding the risks and advantages of file formats. Naming and organizing data to increase accessibility is a component of this module. The primary value of creating file plans and file naming protocols was demonstrated as a way to enhance the collaborative research process and provide ease of use. Creation of a system that is easy not just for the current team but also for others who may join in the future is important.

The significance of backing up data is generally accepted as good practice (three copies in three different places: original, external/local, and external/remote), but the majority of the team admitted to being inconsistent in this area. Lost data is a chief concern, but issues of confidentiality including storing data securely, managing access, and handling of data in use (e.g., processing, transcribing, using quantitative or mixed methods analysis programs such as SPSS and Dedoose) were also discussed. These issues are especially crucial in light of ethical concerns around private client data. Options specific to the faculty research project were explained, such as using a secure server with limited access to the research team, as well as being protected from public access. Discussion ranged from password protection to vigilance about the need to safeguard personal laptops used for research in public spaces and in living spaces (e.g., away from roommates or family members who might accidentally or personally view the data; locking the doors of rooms or cabinets where they keep their computers). The entire research team then weighed the benefits and potential drawbacks of the various security options and came up with a plan that worked for all of them, and first and foremost maximized the safety of the data. Finally, a distinction was made between project-term data storage and post-project term data archiving.

Module 4: Data Collaboration and Sharing
Topics covered: Project Collaboration, Project Documentation, Metadata, Data Sharing

Collaboration and sharing around research data was introduced as a scalable practice that starts with strong project documentation. The recently covered topics of file plans and file naming conventions were highlighted as the type of documentation that can help establish an authoritative structure for data management. Guidelines for selecting course or content management systems, wikis, and other tools for collaboration around documentation were discussed with special attention given to version control and access control. Discussion centered on how good practices for capturing documentation for small team of researchers can be used as a building blocks to develop and capture more detailed description required for validation and reproducibility such as lab notebooks, research protocols, methodology, and metadata standards.

Collaboration and documentation were revisited at the end of the semester in order to create a final project documentation and data management plan that could be passed on to the next URE student group. This reinforced good research practice and an integrated view of individual student responsibilities into the whole of the research process. Importantly, providing the building blocks throughout the URE program for grounding in the research process, with a particular focus on data management for collaborative purposes, helped to provide students with ownership of the study and data. This built motivation for students to claim parts of the project and share their knowledge and expertise with the team and with the broader university community as part of their final project poster presentations.

Module 5: Archiving and Reporting on Research Data
Topics covered: Long Term Storage, Data Publishing, Data Citations, Data Presentation

A session on data presentation was delivered as students were preparing posters for presentation at the Undergraduate Research and Arts Forum, giving this topic a heightened sense of relevancy. A slide set was prepared with a series of examples of differing methods of data presentation from simple text-based descriptions such as lists and tables to more advanced visual-representations of data including charts, figures, illustrations, and visualizations. These examples were examined for their benefits or drawbacks by applying Tufte's (2001) guiding principles for design of quantitative data, Slone's (2009) guiding principles for presenting qualitative data, and Klass' (2008) principles for presenting social science data.

Data stewardship and curation was presented as the ongoing preservation of access and enhancement of data during its lifetime of utility. Long term or archival data storage was discussed as a baseline requirement for preservation of access to data and therefore differentiated from short or project-term data storage. The discussion circled back to confidentiality and ethical treatment of client data as students considered what types of data might be appropriate to archive and publish for other researchers to use, and what types of data would need to remain restricted or be eventually destroyed. Common methods of data archiving were examined including self-archiving, journal deposit and publication, and institutional and disciplinary repositories. Examples of each of these

methods were discussed, with particular attention given to data citations, available metadata, and sustainability. Publishing data via the process of archiving was considered as a positive research practice in that it provides the ability for others to reproduce results or re-use data for new purposes. Although data archives such as the Inter-University Consortium for Political and Social Research have been around for more than 50 years, recent changes in the digital scholarly communication system have made data sharing within reach of many more research projects than before. The open access movement raises important social justice issues around the availability of research outside of the academic environment, especially in social work where many practice outside of the ivory tower.

Results and Discussion

Student Reflections

Our goal was for students to develop foundational skills and conceptual frameworks necessary to be conscientious researchers concerned about data management and positive contributors to the evolving system of scholarly communication and data-intensive research. We can share representative reflections of authentic experiences so as to frame future design, pedagogy, and assessment developments. These reflections are based on observation and discussion, as well as short written "minute papers" gathered throughout the duration of the program.

Throughout the curriculum, we asked students to draw from their existing knowledge and experience to create personal relevance to the material. There is nothing like the reality of putting data management best practices into action. This is especially salient when asked to reflect on current data backup strategies for course assignments. Student responses ranged from dedicated Dropbox accounts to haphazard use of flash drives, campus networks, and email accounts. One student intended to back up to an external hard drive, but was waiting on delivery of the appropriate connector cable from a family member. Asking students to consider their own personal data management practices drives home the point that planning and executing research data management best practices is an important component of a well-designed research project.

Another good example is file naming and organization practices. Students gravitated towards the practical advice that they could put directly into personal practice. Using descriptive file names with dates and versions was an epiphany that students saw as useful, making research data files accessible to a team and easily transferable to their own course work. Students noted the importance of organization as a key takeaway:

> *The most valuable thing I have learned from working with the library team this year would be with my organization skills. The library team has helped me to anticipate future research problems and how preparing for these hiccups will allow for a much smoother research process. A lot of the skills that I have learned have helped me in the classroom, especially with writing papers.*

Another student shared that one of the most valuable lessons she learned was "The importance of organization of data. This not only eases your own experience of analyzing the data but makes it accessible to others long after your own study is done."

At the end of the experience, students appeared to have gained a definite grasp of the research process and how it plays out in real life; the various components involved in planning and moving forward a project. One student's reflection demonstrates this outcome:

> *Working as an undergraduate research fellow gave me an inside understanding of the complex and iterative process that is foundational to academic research. From the initial stages of IRB approval to grant funding, facilitation, and the inevitable roadblocks, each stage in the research process is intricate. Just as most academic research is a conversation between past and present literature, the research process is less linear than it is circular; every phase of the research has the potential to affect a later step.*

Students recognized that the skills they learned as undergraduate researchers are readily applicable to their future professional activities. In one case, a student felt that she was awarded a spot on a different research team "because of my experience with the library staff and experience on this project." She goes on to explain that the "skills we learned this year are easily transferable to any kind of research in all academic fields. I am going to be more prepared in all academic and professional senses because I am sensitive to things such as: what files to save things as, how to have multiple back-ups of my data, and how to stay organized on my own as I go rather than trying to catch up." Another student reflected that she is already putting her newfound knowledge to work at her new job where the need to

> *[think] critically about seemingly small tasks to maximize efficiency and ease of use has already crept in...I think the research process teaches students to analyze assumptions and seek out better modalities rather than accepting the status quo. I've learned to see inefficiencies and time-wasters that I had never noticed before, in addition to learning how to spot possible problems in order to preventatively troubleshoot, which will definitely be a valuable skill set as I continue with research.*

A widening of perspective about research, both the process and its outcomes, was another notable reflection:

> *I have enjoyed the team aspect of our meetings. I see how effective it is to go beyond your department when needed and ask for support so that ultimately your research can become something that is useful to not only your team but to others interested in the same questions/findings.*

The collaborative aspect of the project made an impression with this student, showing the understanding that research does not happen in a vacuum. This is an especially edifying reflection for the library team since it represents the successful integration of library resources and services into research and the awareness that research data (in addition to published articles) can be a valuable scholarly output.

These reflections show that, through exposure to research combined with thoughtful discussions of research and data management best practices, students learned valuable practical skills and were able to see the larger context within which the scholarly research enterprise takes place.

Faculty Mentor

Working with many students at different levels, while rewarding, is time-consuming and can be resource-intensive. For this reason, some faculty members shy away from working with undergraduates. A research team needs to be able to work together, draw on each member's strengths, and produce results for a cogent analysis. The question of how one prepares students with little or no experience to move into tasks that require skills along the continuum of basic to advanced has not been resolved. To an extent, the process is idiosyncratic. However, this training curriculum crystallizes the essential parts of each step in the design and implementation of a research study. Having students work through the modules with the Library Team, along with individual consultations with them as needed, reduced the mentor's training load from weeks to days and the amount of work for the mentor shifted from a deficit to a net positive balance of training input and work output. According to the mentor:

> *The undergraduate research initiative funded by the university has increased my research capacity a great deal. Because I don't normally have funding to hire undergraduate research assistants, I rely on the URE program for extra hands. I hire, on average, three undergrad research assistants each year, and training can be onerous. Some students can start immediately doing literature reviews, joining in data collection events, data processing and management, and even analysis. Many, however, start at the beginning with little knowledge and few skills, and it may take a lot to get them up to speed. But all of them are expected to conform to my expectations and do the work thoroughly and well. Achieving economies of scale is essential to getting the work done effectively and efficiently, while giving the students the best experience possible.*

Time spent in training helped the mentor understand where the students were starting with their knowledge and skills, assist them, and prevent errors. The mentor reflected:

> *Research supervisors often assume that research assistants—at this point, mostly younger people—understand how to work with data, because they have always been around technology. Also, it's second nature to us. We sometimes forget that we had to learn it, and how we learned it. In general, I think that because I don't always work on research in a linear way, it can be confusing for the students if I move from one piece of the study to another as quickly as I'm used to. But I realize that if I teach the research process in a systematic way, it's good modeling for the students.*

The synergy of the curriculum with the actual work of the research projects enhanced student and faculty workflows. According to the mentor:

Having [the Library Team] in on the whole process was essential to our success. As the PI, I could have made an executive decision. That might have been more expedient, but I would have had to consult with the Library Team anyway, since I didn't know all of the options and I value their input. So, hearing about the alternatives happened in the group with the students present. As always, the questions that the students asked added to the conversation, because I wouldn't have thought of things that would be most helpful for them as they worked together.

The mentor also appreciated that, as a practice, the team also held each other accountable for backing up data. This was achieved primarily through sharing tasks and making sure that updates and work completed were posted in the appropriate, secured places. The secure site where the raw and processed data were kept was monitored informally, and team members reminded each other to post their work regularly. The mentor began to think differently about questions of organization and documentation, as well:

Changing the way I thought about naming and organizing data files was difficult. Everybody has their preferred way of labeling that makes sense to them, but then expecting five to ten other people to be able to understand and use it the same way is somewhat unrealistic. It was good for me to be on "the other side" again, like I was as a graduate student in my first experiences as a research assistant. This [curriculum] gave me the chance to sit back and reflect on the logic of organizing schemes. Now, I have to learn about the rest of the team's way of thinking. I think what they came up with was better organized than what I had, and will be easier to explain to future cohorts.

What the mentor found is that when she asked the senior students to manage and delegate tasks to the junior team members, they were able to pick up the responsibility quickly because of their deeper understanding of the process. What normally would take a week or two to teach students was presented in one day, and the students then had each other and the library team for support.

For this particular undergraduate research experience, the University encouraged research assistants to develop their own research questions from the faculty mentor's study. The students identified unanswered questions in which they were interested, identified themes and/or variables in the data, analyzed them, and reported results and interpretation. The students presented their research findings as posters at a university-wide forum, where students represented every college and discipline. By the end of the year, the students were able to describe their projects in detail from beginning to end, including the roles they played in the research design. The guidance from the Library Team prepared them for answering questions about their work, especially those from the perspectives of people outside of the discipline.

Perhaps the most important aspect of the project is the collaboration because the students have learned when, where, and how to ask for help and where, when, and how to provide their opinions and understanding. Affirming this impression, the mentor reflected:

I am confident that this group can join another project somewhere after they graduate, or design their own if they needed to, to evaluate their practice. I know they can do it, because I've seen them think through the process. They know what it takes to work together in a diverse group to problem-solve, to take a load of data and shape it into something meaningful, and to look at it from all sides.

In the end, the mentor found the close collaboration very effective for teaching the students the skills and knowledge they needed. The model of individual assistance is not practical, however, if the curriculum were to be applied to all of the undergraduate research assistants in the department. The important lessons that the mentor took from the experience centered on two points: 1) the connections made between the technical skills and conceptual frameworks are essential, and the expertise of the Library Team was invaluable for teaching the fundamentals; 2) the relationships among the research team members are critical to success. In practice, it is unrealistic to expect that each research team include a dedicated librarian/data specialist. But a close affiliation, through which the faculty and students have regular formal and informal contacts, offers substantial benefits. The challenge to will be to find the balance of instruction and guidance, on a scale that will be as inclusive as necessary. Future formats may include a program that could be open to any interested faculty mentors and undergraduate research assistants, consisting of prescribed workshops presented by a library team combined with periodic attendance by the librarians at team research meetings and individual consultations.

Librarians

As librarians do not typically play an involved role in research team meetings, a primary benefit of this collaboration is the opportunity for the library team to see behind the curtain and observe the structure and discourse of student and faculty collaboration during the undergraduate research experience. Faculty in turn were benefited by personal attention to their research support needs. Librarians and faculty have a symbiotic relationship: librarians simultaneously observe and participate in research and scholarship, aiming both to understand and support the scholarly enterprise. One of the librarians reflected on the value of this relationship:

The field of librarianship is changing along with evolution in the scholarly communication system and the focus on data-intensive research. The opportunity to have an inside look at the research process for a team at our university is invaluable as we are re-shaping our roles to meet changing needs. Studying how researchers do their work enables me to discern what current needs are and learn how to best meet those needs. Understanding research and information-seeking behavior is a really important aspect of my work so that I can purchase the right collections, learn how to provide the right guidance to new scholars, and advocate for investment in additional central university research infrastructure.

The modularized curriculum provided flexibility to enhance the faculty member's agenda. Material and delivery is prepared in advance of meetings, and could be presented or delayed depending on the progress of the project as well as the topics and issues raised

during the meetings. A typical meeting balances between education, training, reporting and discussion of research and task progress. However, this degree of focus and attention is not easily scalable. Despite the modularized curriculum allowing for flexibility of delivery, the overhead of preparation and frequent meeting required by the embedded method is not particularly time efficient.

After acclimating to the dynamics of the group, it was possible to respond to teachable moments by providing immediate and tailored instruction. This instruction was provided in an ad hoc nature, and out-of-band with the regular presentation of the modularized curriculum. The corollary effect is the ability to prepare for upcoming content or revisit recently covered topics. This means that not only is it possible to assess student comprehension, but the library team is able to address gaps or correct misunderstanding as issues arise. One librarian reflects on the curriculum delivery:

At first it was difficult to realize that all of the material I had prepared could not realistically be delivered according to the calendar we had planned. Although our curriculum stressed that research is not always a linear process, I still like to plot out a plan, especially for instruction. But we were melding the two. It was very different from my usual instruction work, where I am in and out of the classroom in one session and have to carefully plan a detailed lesson that covers everything in one fell swoop. In the end, I actually grew to enjoy the development of an ongoing relationship that allowed for curriculum to be delivered over a period of time in concert with real world needs.

This dynamic was also mutually beneficial for the library team. The iterative nature of instruction provided an accelerated feedback loop for the library team to improve and expand upon earlier topics. Many of the improvements discovered during this method have since been applied to subsequent revisions of the modules. Because very few curricula exist that were designed for undergraduate comprehension, this situation provided a valuable test of content appropriateness. Another unanticipated but noted benefit of embedded delivery of content is the close tandem of the lifecycle model for data management and the research process as a whole. Information gathering, planning, management, analysis, reporting, and publication are paralleled in these curricula providing a serendipitous synergy of research agenda and traditional library instruction.

Because those with knowledge of best practices for research data management often are neither the same as those with knowledge of reference and instruction nor the same as those with detailed knowledge of the research process, team instruction diffuses teaching and learning. The social work librarian reflects on this aspect of the project:

The experience of integrating recently conceived content on data information literacy along with our well-established information literacy competencies has proven to be valuable. A current struggle for many librarians is how to add data management work on top of their existing responsibilities. I see now that this is a continuum of service, which helps make data management work more accessible. Working with my colleagues as a team has helped me develop a better understanding of the digital curation concepts that are used to inform the work of data management.

Resulting is a forum for shared learning: librarians grow more adept at advocating support for tools (e.g., workflow software) and services (e.g., digital storage) for university researchers; researchers are better equipped to pursue data-centric improvements to research efficiency and impact; data managers are initiated into the research process and empowered with new teaching methods; and students are elevated into new roles on the research team for which they were previously underprepared.

Conclusion

As a case study of a pilot project, this experience has laid the groundwork to explore the integration of a library and research data management curriculum into the undergraduate research experience. There is room for further assessment of student skills and knowledge within the context of mentored undergraduate research specific to this integrated skill set. In addition, the reflective assessments point up challenges of scale, time commitment, and the need for multiple areas of domain knowledge. The question of how to move forward in a way that provides the greatest impact for more students still remains unanswered. Given that the undergraduate research experience involves many small distinct teams of faculty mentors and students working on different projects, there may not be a way to replicate the embedded model beyond one or two research teams. Reaching the majority of research teams led by social work faculty may mean the forfeiting of a deeply personalized experience and teaching model for a more generic set of workshops that will apply across the board as a baseline of library and research data management competencies. Although this would lose the high level of synergy and reciprocity between faculty, librarian, and student along with the direct relevance that is gained from mapping the curriculum directly to the agenda of a particular research project, it would still serve as an opportunity to build foundational skills for students and open their eyes to the holistic research process beyond the individual tasks to which they may be assigned. This launching pad effect could still have considerable utility and benefits as part of the overall mentored research experience.

However, without the knowledge gained from the experience of working together over the course of a year as a collaborative faculty/librarian/student team, the potential for greater impact and the efficacy of the curriculum would never have been realized. This experience developed awareness, enhanced understanding, and built capacity for the research team in regards to workflow and data management, and for librarians in regards to researcher needs and behavior. It is clear that simple modules relating good practice resonate with an undergraduate population. Librarians, in particular, bring a unique insider/outsider perspective that allows for the imparting of expertise across the lifecycle of a research project which is beneficial to both students and faculty. Our project revealed that students possess a need and are excited to learn and situate their contributions to faculty research within a holistic context encompassing processes and best practices for the conduct of scholarly research in general. Drawing out and directly addressing the skills, knowledge, and best practices surrounding library and research data management serve to make explicit what is often an implicit area of scholarly practice. Mentored undergraduate research is an opportunity to expose students to the research process from

soup to nuts and a forum for faculty and librarians to contribute their expertise for their personal mutual benefits as well as for the enhancement of the student experience.

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The Effectiveness of Writing Across the Curriculum in a Baccalaureate Social Work Program: Students' Perceptions

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Abstract: Effective social work practice requires strong writing and communication skills; however, social work students often experience difficulties performing academically at expected levels. This article presents findings from a student survey that was collected for two years to assess perceptions of the effectiveness of Writing Across the Curriculum (WAC) strategies on writing skills and social work knowledge acquisition in an introductory social work class that is taught every semester at a school of social work located in southeastern Florida. Students reported that WAC strategies substantially improved their abilities to write in the discipline and learn course content. Based on our findings, it is recommended that schools of social work infuse WAC throughout their curriculum, a process that requires cross curricular collaboration, intra-departmental support, and faculty commitment to course development and implementation.

Keywords: WAC, baccalaureate curriculum, writing skills, communication skills, social work content

Effective social work practice requires sound writing and communication skills. Students entering social work programs, however, experience difficulties performing these skills at expected levels. It is imperative to identify, implement, and assess pedagogical techniques that will address these problems, thereby increasing student engagement and preparing them for successful performance of their professional responsibilities in the field. Writing Across the Curriculum (WAC) programs provide pedagogical techniques that are promising for improving writing and critical thinking skills among college students (Bean, 2001). Beginning in 2006, we developed a course that introduces students to social work values, ethics, and practice areas through the use of WAC techniques. The course continues to be taught every semester in multiple sections.

When the course was first developed, we asked students to complete a student self-report survey to assess and describe their perceptions of the WAC course to determine its effectiveness and provide students with an opportunity to reflect on the development of their writing across the term. We used a self-report survey in this study because self-report instruments have been described in the literature as usual methods of measuring learning strategies (Veenman, 2011) and collecting information about respondents' perceptions and attitudes about a particular subject (Schellings & Van Hout-Wolters,

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2011; Veenman, 2011). In line with suggestions by multiple authors (Robinson & Burton, 2009; Rubin & Babbie, 2008; Schellings & Van Hout-Wolters, 2011; Veenman, 2011) concerning the utility of self-report measures, the self-report format allowed us the flexibility to include multiple questions about the efficacy of the course with minimal loss of class time. In addition, since the students were already familiar with surveys utilizing Likert-like scales, the format produced minimal distress for them and, at the same time, made the project both cost- and energy-efficient for the researchers.

The results of the survey showed that nearly all respondents reported substantial to moderate improvement in writing and critical thinking skills. Students also reported that the process of writing facilitated acquisition of social work knowledge. These findings are highly encouraging for educators in our discipline, even though the high expectations for effective writing of this labor-intensive course challenged both students and faculty.

This paper presents survey findings on the perceived benefit of selected WAC strategies and techniques (substantive professor feedback, multiple drafts, peer review) on students' writing skills and social work knowledge acquisition. We have identified four themes within the survey for data reporting, including student perceptions of: 1) the general benefit of this course in improving their ability to write in the social work profession; 2) specific elements of composition, structure and style that they believed were improved (e.g. writing thesis statements, reorganizing and/or clarifying ideas, APA format, and proofreading for patterns of error) or needed further improvement after taking the WAC course (e.g. introduction, organization, argument); 3) specific WAC techniques that they believed were most effective in improving their writing skills; and 4) specific WAC techniques that facilitated their learning of social work content. The authors hypothesized that students would indicate substantial improvement in their writing skills after completion of the course and would indicate that WAC techniques facilitated knowledge acquisition of different content areas in social work. We offer a brief explanation of WAC principles, followed by a description of the Profession of Social Work WAC course and ways we examined its perceived benefits.

Writing Across the Curriculum

Since researchers and educators agree that social work students entering the field must be able to express their professional opinions and judgments in writing (Alter & Adkins, 2006; Knight, 1997; Rompf, 1995; Simon & Soven, 1990), it is important to examine pedagogical techniques that can ensure that students' writing skills are adequate for the work that they will be doing in the field. The WAC movement, which emerged in the 1970s, provides pedagogical techniques that faculty use to enhance the educational outcomes of students (McLeod & Maimon, 2000). Proponents of the movement believed that writing could and should be used not only as a way to deliver some message that one wants to communicate, but also as a way to develop critical thinking that enhances the learning experience (Bean, 2001). Today, the main purposes of writing assignments based on WAC principles are "to use writing as a tool for learning rather than a test of that learning, to have writers explain concepts or ideas to themselves, to ask questions, to make connections, to speculate, to engage in critical thinking and problem solving" (McLeod & Maimon, 2000, p. 579). Assignments should be developed so that they do not

allow a single *right* answer, but rather require students to develop and utilize critical thinking skills in a discussion of multiple points of view (Bean, 2001). Thus, while students refine their writing skills, they also learn course concepts through the writing process itself.

Description of the WAC Class

The introductory WAC social work course that was developed in our school resulted from an emerging culture of support for writing in the School of Social Work. Over the course of six years, half of the social work faculty, including the Chair, participated in WAC seminars and made a commitment to integrate WAC principles throughout the curriculum. The WAC course developed by the authors is a three-credit, upper division class that is taught in multiple sections every semester. All undergraduate social work majors must pass it before they can enter practice courses and go into their field internship placements. The course combines traditional elements such as lectures, videos, in-class discussions, quizzes, midterm, and final exams with WAC writing assignments. These assignments require multiple drafts, substantive instructor feedback on drafts, and peer review. The class includes information on the various practice areas in social work, an introduction to basic social work values and ethics, and an explanation of the generalist intervention model.

Students are expected to complete two WAC writing assignments. The first is a short paper (5 to 6 pages including title page, abstract, and reference page). It requires them to compare and contrast the institutional (conservative), residual (liberal), and person-in-environment perspectives concerning the provision of social welfare services as they apply to a case study. The second is a longer paper (10 to 12 pages including title page, abstract, and reference page). It requires students to read an article on the problems that can arise from engaging in dual relationships with clients and apply the concepts in that article to another case study. These two papers comprise 60% of students' final grade. Both assignments are considerably more complex than students expect when they enter the class, requiring them to write their papers using logical organization, acceptable professional language, and adequate APA formatting. We made a conscious choice to focus on academic writing rather than practice writing in this introductory course because we wanted students to learn how to read and think critically and express themselves clearly and coherently within the discipline. Students have opportunities to acquire field writing skills in later practice courses.

To support the students' efforts as they refine their drafts over the semester, the teachers provide instruction during every class on how to organize a paper, write adequate introductions and conclusions, and argue and support their ideas. A grading rubric that incorporates these ideas is supplied to the students during the first class that they use for writing their papers and self-evaluation. The rubric helps them see exactly what is expected of them as they write each section. It was developed by faculty members teaching the course to help them organize both their thinking and their writing. For example, the rubric specifies the writing elements that need to be included in the abstract, introduction, body, and conclusion of the paper (e.g., purpose, importance, thesis, and

organizational statements in the introduction). In addition, it specifies the required APA format and grammar and punctuation rules (See Appendix for the rubric itself).

In addition, students use the rubric for a peer review process. First, a formal peer-review process is introduced by modeling it for students once in class; then students work in pairs outside of class, providing written feedback to each other using the grading rubric to ensure that they are addressing all of the elements of the paper. This process enables them to work with each other informally throughout the semester.

From this explanation of the class structure, readers may surmise that this course is challenging to both students and instructors. Students may have entered class with English as a second or third language or may never have been held to such high standards for writing performance. Students are frequently concerned about the complexity of the assignments, as well as the high expectations of their professors because they are encountering professional writing in the discipline of social work for the first time. Faculty also find the course challenging because they read and comment on multiple students' drafts, which require substantial time and attention. Approximately 50% of class time is devoted to the content and organization of the two written assignments and to writing strategies and techniques. Early drafts may require up to 35 minutes per paper to evaluate, and there are up to 25 students in a class. The time instructors spend responding to revised drafts is nearly cut in half as a result of substantial revision. However, given the survey results and the authors' perceptions of their students' improvement, the authors concur with Light (2001) that "writing plays a pivotal role in the academic lives—and the academic success—of most students" (p. 55). More specifically, integrating writing—and specific writing strategies in particular—is instrumental to the professional development of social work students.

Method

Design and Sample

This descriptive cross-sectional study utilized a self-report survey developed to determine students' perceptions regarding the effectiveness of WAC strategies on their writing skills and social work content knowledge acquisition. The survey was developed during the Spring semester of 2008. Upon Institutional Review Board approval, the survey was administered at the end of each semester during Fall and Spring terms 2008-2010. Participants included students attending the WAC course on the date the survey was distributed. One hundred eighty-two students completed the survey.

Students Survey Questionnaire

The survey components were grouped into four categories: 1) the general benefit of the course in improving students' ability to write in the social work profession; 2) specific elements of composition, structure and style that students believed were improved or needed further improvement after taking the WAC course; 3) specific WAC techniques that students believed were most effective in improving their writing skills; and 4) specific WAC techniques that facilitated students' learning of social work content.

Data were collected concerning demographic characteristics including respondents' age, gender, ethnicity, marital status, employment status, and place of birth (born in the United States).

General benefit of the course improving writing. Students used a 5-point Likert-type scale to indicate their overall impression regarding the perceived benefit of the WAC techniques employed in the course on their writing skills. For example, students were asked to rate the degree of writing improvement (0 = *no improvement* to 4 = *substantial improvement)*. They were also asked to rate what contribution the writing component made to their overall learning (0 = *none at all* to 4 = *substantially)*. Other questions included rating the extent to which students' critical thinking skills (i.e., knowledge, comprehension, application, analysis, synthesis, and evaluation) will transfer to future courses (0 = *not at all* to 4 = *substantially),* and the degree of confidence that they have improved their ability to write for the social work profession (0 = *not confident at all* to 4 = *very confident)*.

Specific elements of composition, structure, and style improving writing. Students used a 4-point Likert-type scale to indicate their perceptions regarding their improvement of specific writing elements in their writing skills. For example, students were asked to rate the degree to which the WAC revision process helped them to: 1) change focus or thesis; 2) reorganize substantially; 3) clarify ideas; 4) correct misinterpretations; 5) strengthen the relationships between ideas; 6) respond more effectively to the assignment; 7) proofread patterns of error; 8) correct citations; 9) provide additional evidence; and 10) reformat paper (0 = *not at all* to 3 = *to a substantial degree)*. A separate question asked students what writing skills needed further improvement after taking the WAC course (i.e., introduction, organization, transitions, arguments, analysis). A single question using a 5-point Likert-type scale (0 = *no improvement* to 4 = *substantial improvement*) assessed students' perceptions about learning APA format.

Specific WAC techniques improving writing. Students used a 4-point Likert-like scale to indicate their perceptions about the effectiveness of three WAC techniques on their writing skills. The first technique was the use of multiple drafts for each assignment. Respondents were asked to rate the degree of improvement from the first draft to the final draft (0 = *no improvement* to 3 = *substantial improvement*). Students were also asked to identify the primary sources for the changes in their revisions (i.e. professor, writing center, classmates' feedback, response from outside readers).

The second technique involved the professors' feedback. Respondents were asked to rate their perceptions about how successful their assignment was before and after receiving feedback from their professor (0 = *not very successful* to 4 = *very successful*); students were also asked how many of the professors' comments they attempted to address (0 = *none* to 5 = *all*).

The last technique involved the peer review process in which students were asked to review and comment on a classmate's assignment using the grading rubric. Respondents were asked to rate the usefulness of classmates' comments on the revision process (0 = *not useful at all* to 4 = *very useful)*.

Specific WAC techniques facilitating learning content. Respondents were asked five questions concerning to what extent the writing assignments in the class helped them learn about social work ethics and values, generalist practice, different areas of practice, and comprehending academic articles (0 = *none at all* to 4 = *substantially*).

Data Analysis

Quantitative analyses consisted of descriptive statistics and bivariate analyses using a Likert scale to determine the perceived benefits of WAC on writing skills. Frequencies, percentages, means, and standard deviations were reported. It is noteworthy that the number of students in some analyses (i.e. gender, ethnicity) do not correspond with the number of students in the total sample because not all students responded to all questions. Thus, N varies from 182 in several examples below.

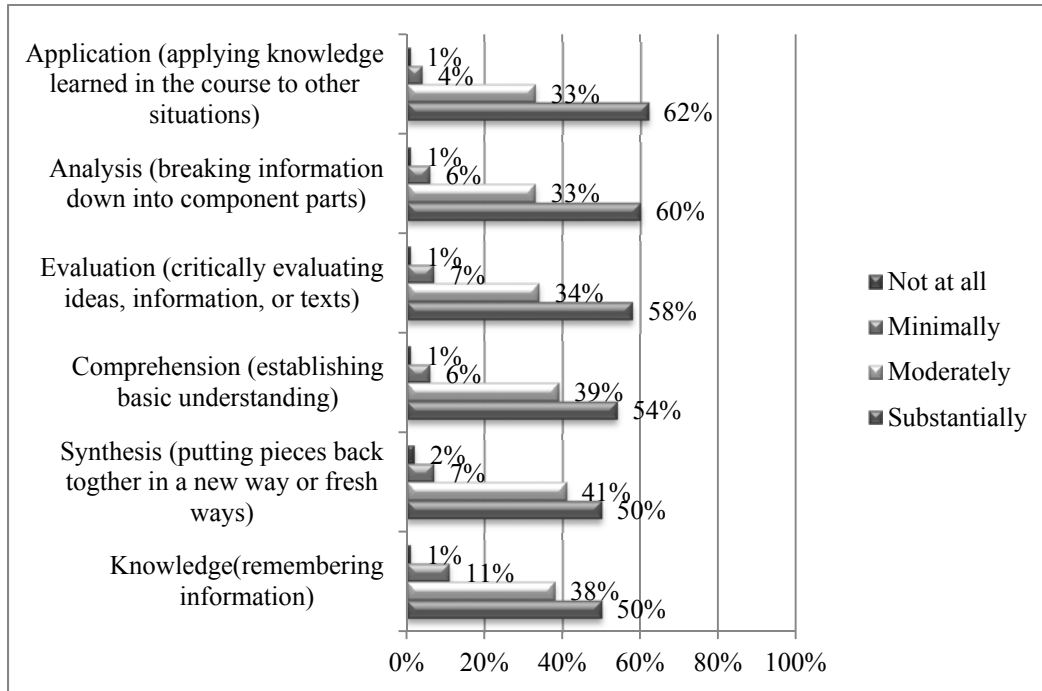# Results

Demographics of Participants

There were 182 student respondents: 89% females (*n* = 159), and 11% males (*n* = 20). Age ranged from 19 to 55 years old, with a mean of 27. Twenty-five percent of the sample was born outside of the United States. Approximately 26% (*n* = 48) of the respondents identified themselves as European American, 23.6% (*n* = 43) as African American, 15.9% (*n* = 29) as Latino, 16.5% (*n* = 30) as Caribbean/West Indian, 3.3% (*n* = 6) as Native American, and .5% (*n* = 1) as Asian American. More than half of the sample (*n* = 99) reported being single, while 19.5% (*n* = 34) indicated being legally married, 10.3% (*n* = 18) cohabitating with partner, 8.6% (*n* = 15) divorced, 3.4% (*n* = 6) separated, and 0% were widowed. Approximately 13% (*n* = 22) reported working more than 40 hours per week, 20.6% (*n* = 36) reported working 40 hours per week, 41.7% (*n* = 73) worked fewer than 40 hours per week, 17.7% (31) were unemployed, and 7.4% (*n* = 13) were homemakers or retired.

General Benefit of the Course Improving Writing

Thirty-six percent of the sample reported substantial improvement in writing, while 54% reported moderate improvement. A little over 13% (*n* = 24) of students reported minimal improvement, and only 1.7% reported no improvement at all. Similarly, 38% (*n* = 68) reported that they were very confident that this course improved their ability to write for the social work profession; 49% (*n* = 88) reported being moderately confident about this skill; 11.2% reported being somewhat confident; and 1.7% (*n* = 3) were not confident at all. Concerning critical thinking skills, approximately 62% of students reported that their efforts put into the writing assignments will help them substantially apply the knowledge learned in the course to other situations, break down information into component parts, and critically evaluate ideas and information. Figure 1 shows the results of questions concerning specific ways in which the course was beneficial. At least half of the respondents reported that this course will help them substantially remember, comprehend, and synthesize information while about 60% of the respondents indicated

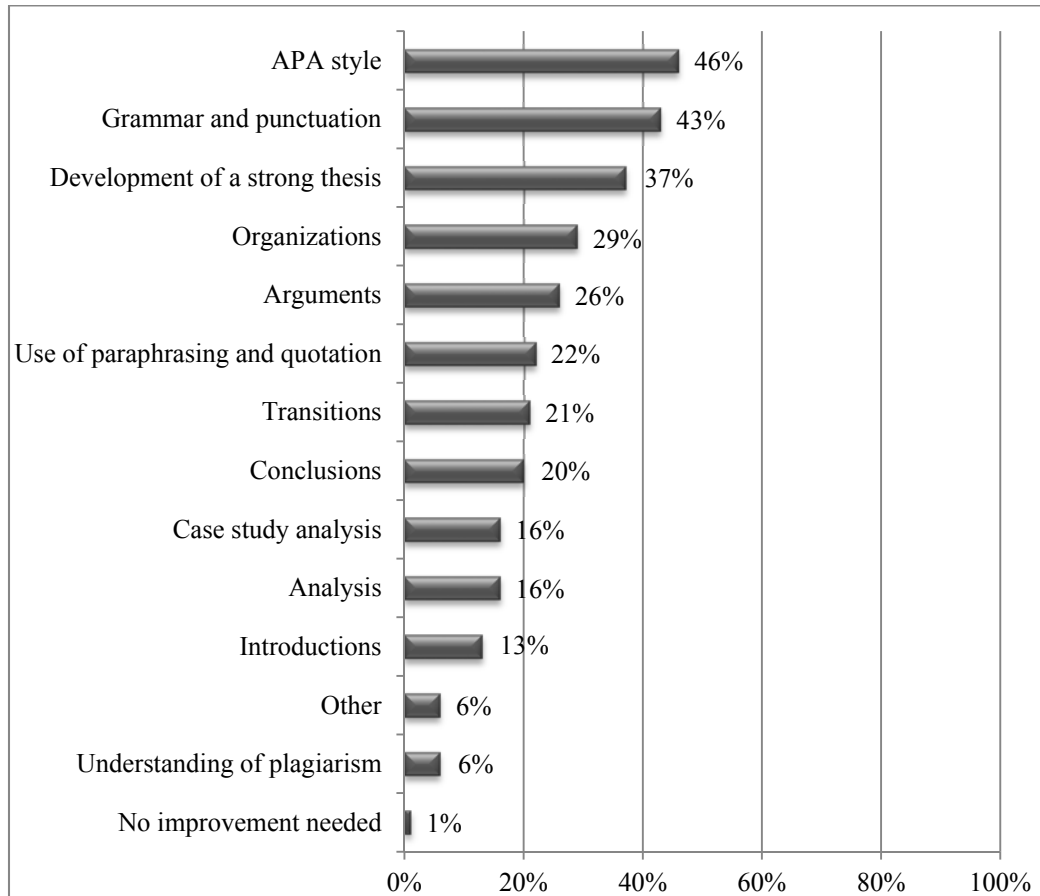that the course would help them apply knowledge to future courses and analyze and evaluate information.

Figure 1. *Students' Response to Survey Item: How Much Will The Efforts You Put Into Writing Assignments Help Demonstrate the Following Skills in the Future?*

Specific Elements of Composition, Structure and Style Improving Writing

Results show that 62% (*n* = 113) of students reported that their use of APA format substantially improved as a result of this course, 31% (*n* = 57) reported a moderate improvement, 5% (*n* = 10) reported minimal improvement, and only 1% (*n* = 2) reported no improvement. Figures 2 and 3 present the results of questions concerning skills students felt still need improvement after taking the WAC course. Approximately half (*n* = 84) reported that they need to improve the use of APA style; 43% (*n* = 78) reported grammar and punctuation; 37% (*n* = 68) indicated the development of a strong thesis statement; 29% (*n* = 52) organization; 26% (*n* = 47) arguments; 22% (*n* = 40) use of paraphrase and direct quotation; and 20% (*n* = 37) conclusions.

Figure 2. *Students' Response to Survey Item: I Still Think I Need To Improve _____ in My Writing*

Category	Percentage
APA style	46%
Grammar and punctuation	43%
Development of a strong thesis	37%
Organizations	29%
Arguments	26%
Use of paraphrasing and quotation	22%
Transitions	21%
Conclusions	20%
Case study analysis	16%
Analysis	16%
Introductions	13%
Other	6%
Understanding of plagiarism	6%
No improvement needed	1%

Students also reported that they wished they could improve their writing in the following ways: 35% ($n = 63$) organize thoughts; 27% ($n = 49$) edit; 25% ($n = 45$) think critically; 24% ($n = 43$) communicate; 19% ($n = 34$) paraphrase; 11% ($n = 20$) summarize and evaluate; and 10% ($n = 18$) persuade.

Figure 3. *Students' Response to Survey Item: I Wish I Could _____ More Effectively in My Writing*
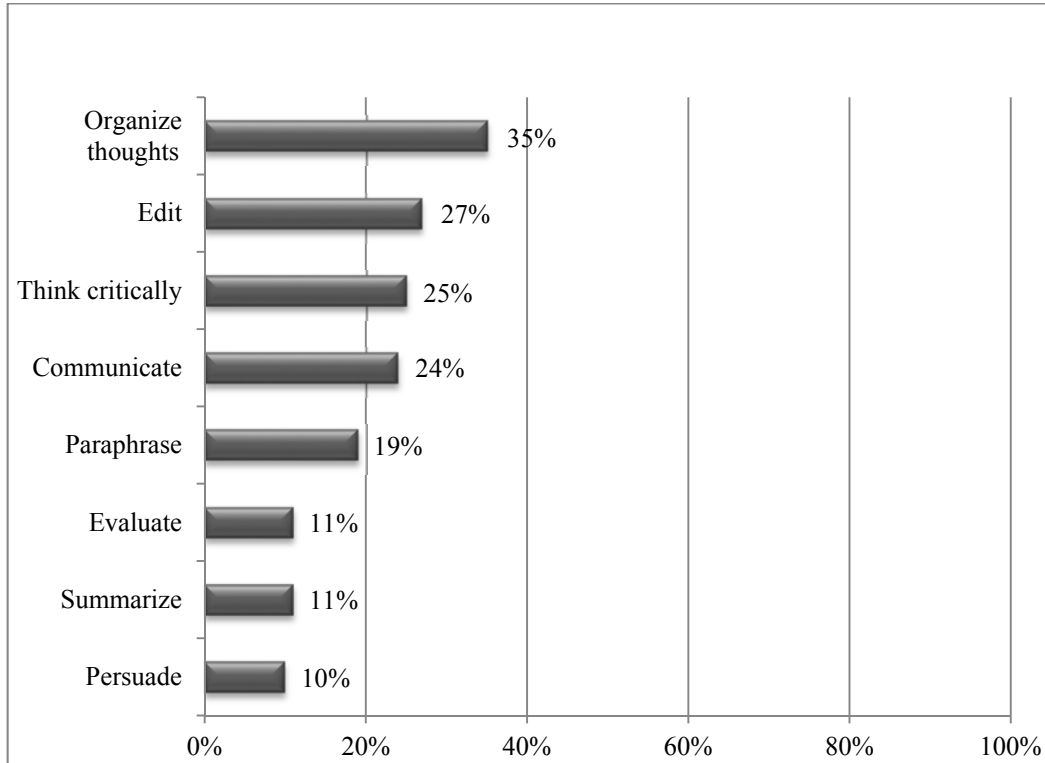

Figure 4 presents the results of the analyses concerning the writing elements students used more frequently as they revised their work. Students reported that the following WAC writing elements were used to a substantial degree during the revision process: 1) 61% (*n* = 104) proofread for patterns of error in grammar, punctuation, spelling, and word choice; 2) 58% (*n* = 100) corrected misinterpretations; 3) 56% (*n* = 95) responded more effectively to the assignment; 4) 55% (*n* = 95) clarified ideas; 5) 52% (*n* = 90) corrected citations and references; 6) 50% (*n* = 85) clarified sentences; 7) 40% (*n* = 68) strengthened relationships between ideas; 8) and 9) 38% (*n* = 65) provided additional evidence and reorganized the assignment substantially; 10) 37% (*n* = 64) reformatted the assignment; and 11) 29% (*n* = 50) changed the focus or thesis of the assignment.

Figure 4. *Students' Response to Survey Item: Rate How Much You Used Each of the Following Revision Elements.*
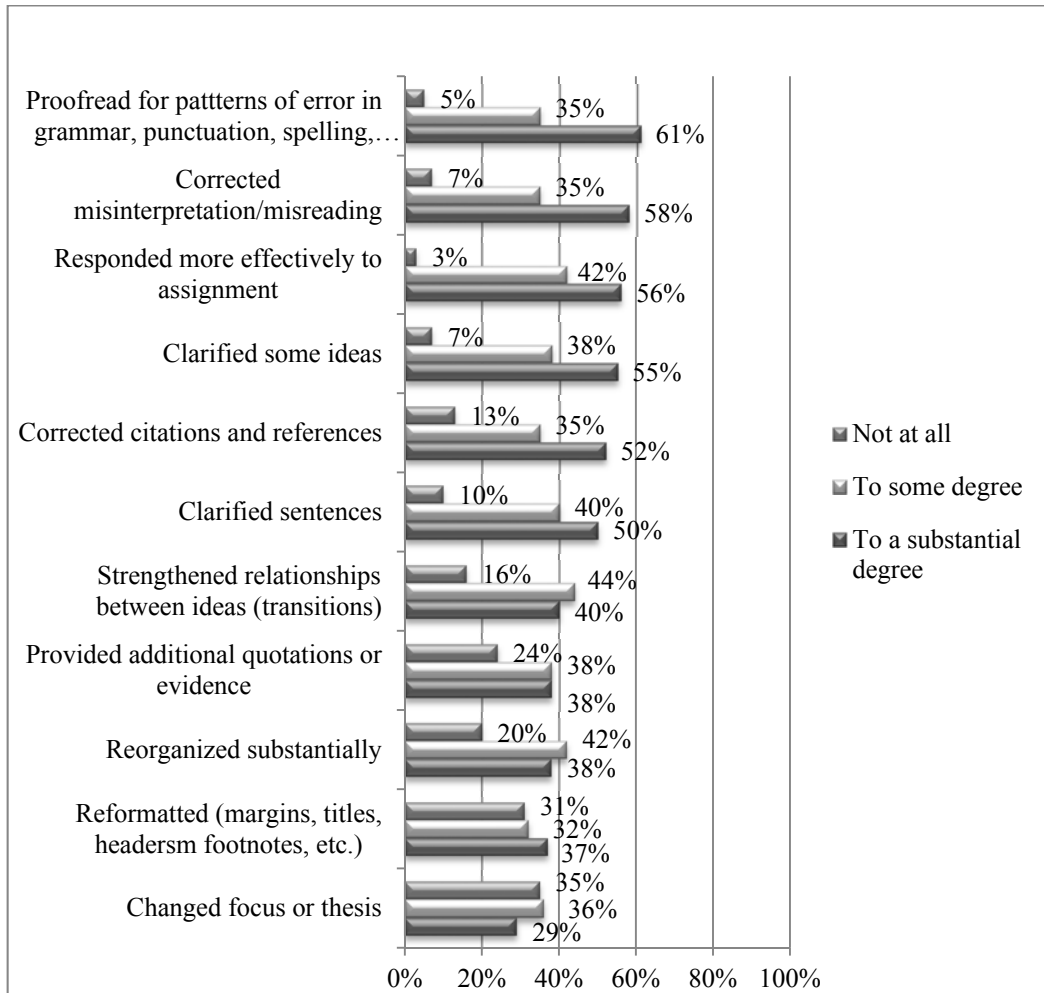
Specific WAC Techniques Improving Writing

Forty-seven percent ($n = 79$) of students reported that the multiple revisions of the writing assignments helped them improve their writing substantially from the first draft to the final draft, 42% ($n = 71$) reported moderate improvement, and 4% ($n = 7$) of students felt that they had fulfilled the assignment *very successfully* before the professors' feedback. In comparison, 19% ($n = 33$) of students felt that after receiving professor feedback, they had fulfilled the assignment very successfully. Thirty-four percent ($n = 62$) felt that they had been *successful* in fulfilling the assignment before professor's feedback, and 51% ($n = 92$) reported feeling that they had been *somewhat successful*. In comparison, 33% ($n = 58$) and 29% ($n = 51$) reported feeling *successful* or *somewhat successful*, respectively, after the feedback. Seventy-seven percent ($n = 135$) reported

attempting to respond to *all* the professor's comments, while 17% ($n = 30$) responded to *most*, 5% ($n = 8$) responded to *some*, and 1% ($n = 2$) responded to *none*. Eighty-nine percent ($n = 162$) also reported that the primary source for the changes made on their papers came from the professors' comments. Twenty-six percent ($n = 32$) and 35% ($n = 44$) of students reported the peer review process to be *very useful* or *somewhat useful* respectively, 26% ($n = 33$) reported it to be *minimally useful,* and 13% ($n = 16$) *not useful at all*. Thirty-three percent ($n = 60$) of students reported that they used their classmates' responses during the peer review process as a primary source for making revisions of their assignments.

Specific WAC Techniques Facilitating Learning Content

Forty-one percent ($n = 73$) of students indicated that this WAC course, compared to non-WAC courses, substantially contributed to the overall learning of course material, 44% ($n = 80$) reported moderate contribution, 13% ($n = 24$) reported minimal, and 2% ($n = 3$) reported none at all. In addition, 73% ($n = 132$) of students reported that the writing assignments in the course substantially helped them to learn about social work ethics and values, 51% ($n = 91$) about generalist practice, and 42% ($n = 75$) about different areas in social work practice (e.g., criminal justice, schools, children and families) (See Table 1). Forty-seven percent ($n = 85$) of students indicated feeling very confident, 41% ($n = 75$) moderately confident, 11% ($n = 19$) somewhat confident, and 1% ($n = 2$) not confident at all about comprehending academic articles after taking this class.

Table 1. *Extent to Which Writing Assignments Helped Student to Learn Different Social Work Content Areas*

	Substantial		Moderate		Minimal		None at all	
Social Work Content Areas	*n*	%	*N*	%	*n*	%	*n*	%
Ethics and values	132	73	39	22	10	6	0	0
Generalist practice	91	51	73	41	15	8	0	0
Different areas of practice (i.e., children and families, school, etc.)	75	42	71	39	26	14	8	5

Discussion

The purpose of this paper was to present survey findings on the perceived benefit of WAC strategies and techniques on students' writing skills and the acquisition of social work knowledge. Effective social work practice requires sound writing and communication skills. Previous studies have indicated concerns among social work educators resulting from their students' academic difficulties. Furthermore, the Council on Social Work Education has changed accreditation standards to emphasize educational outcomes demonstrating students' competencies for the practice of social work (Council on Social Work Education, 2008). Thus, it is crucial to identify, implement, and assess

pedagogical strategies that improve the skills of future practitioners. The findings of this study are promising because participants reported that the WAC strategies and techniques employed in the course were effective in improving their ability to write professionally and to think critically about important social work concepts.

In regard to the perceived general benefit of the WAC course, 36% of 172 participants reported substantial improvement in their writing skills, and an additional 54% indicated moderate improvement. Thirty-eight percent of the sample reported being very confident that this course helped them to improve their ability to write for the social work profession. Sixty percent of the sample reported that the skills they learned, developed, or improved in this course will transfer to future courses.

The three WAC techniques examined in this study appeared to be effective. Approximately half of the sample reported that the multiple revision process helped them substantially to improve their assignment. Eighty-nine percent of the respondents indicated that professors' feedback was the primary source for revisions they made in their writing. In addition, more than half of the sample reported that the peer-review process was very useful or somewhat useful. Respondents identified multiple writing skills that were improved as a result of the WAC course. Some of these skills included correcting patterns of errors in grammar, punctuation, spelling, word choice, responding more effectively to assignments, clarifying ideas, reorganizing the assignment, and providing additional evidence to support claims. Furthermore, the WAC course appeared to be effective in helping students learn the APA format and social work content (e.g., sixty-two percent of the sample reported that their use of APA format substantially improved).

The course writing assignments were fundamental in helping students learn social work content. Seventy-three percent of the respondents indicated that the writing assignments substantially helped them learn about social work ethics and values, fifty-one percent about generalist practice, and forty-two percent about different areas in social work practice including criminal justice, schools, and children and families. These results confirm Light's (2001) general claims for undergraduate perceptions of student writing and their engagement in course material. He reports that there is a stronger relationship between the amount of student writing in a course and student engagement than with any other factor, including impressions of faculty, whether the course was required or not, or whether the course fulfilled a requirement in a major. Light found that courses with more than twenty pages of "final draft writing" take about twice as much time as courses with no formal writing assignments (p. 56). Students also reported that the greater amount of writing required, the greater they found the intellectual challenge of the course. Finally, they reported that the impact of writing assignments on their engagement was dramatic.

Implications for Teaching and Curriculum Development

The results of this study suggest that the school's commitment to writing is justified. The integration of WAC into the social work curriculum involved extensive faculty training, including a three-day intensive WAC seminar, several months of planning and designing the course's written assignments, and development of writing assessment tools.

In addition, the authors received a WAC grant to develop and produce a DVD for orienting students to the importance of writing in the field of social work. The school also provided WAC workshops for adjunct faculty teaching non-WAC courses to familiarize them with the school's writing expectations and to help them introduce writing strategies into all of their courses. These efforts have resulted in social work students earning the second highest scores in a university wide assessment of writing assignments across eight different departments. Figure 5 shows the results of a stratified random sample of student papers submitted from 10 to 15 WAC classes a semester across the university. Each paper was rated using a 12- trait rubric on a four point scale, with 4 representing highest ability, and 1 representing least ability. Social Work and Nursing were the only departments whose scores were rated statistically significantly higher than the other departments. Given the difficulty and high expectations of the course, this outcome is particularly noteworthy.

Figure 5. *Results from an Assessment of WAC Programs across the University*
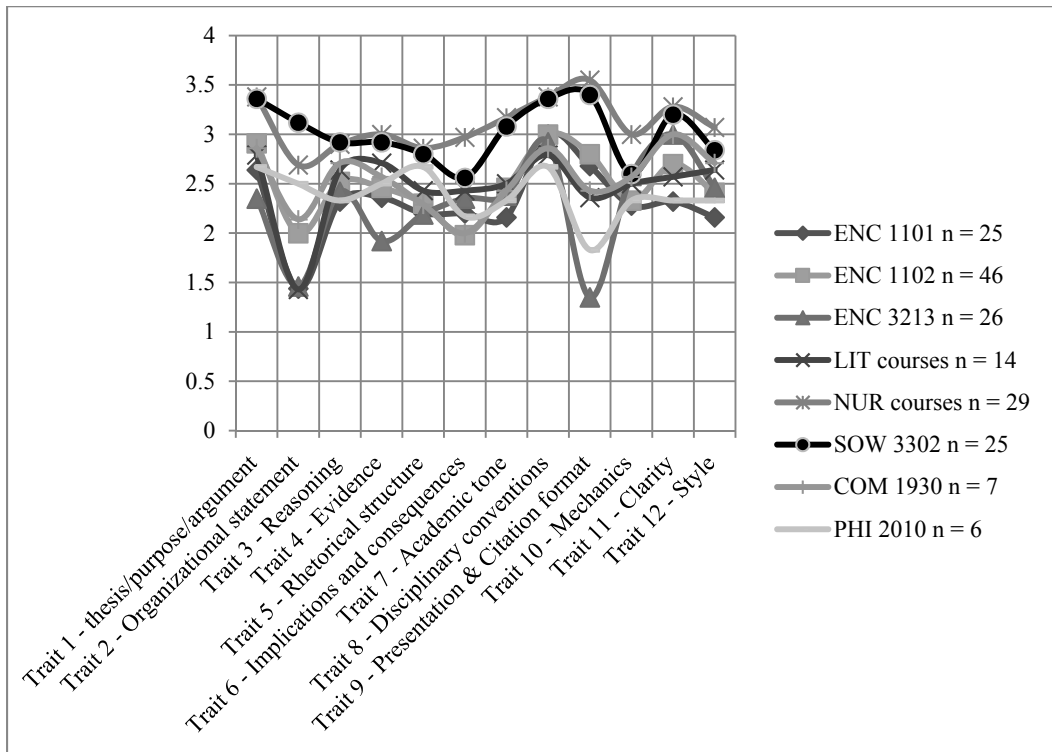
There are three significant factors that may account for the positive outcomes of this course: 1) the commitment of the core faculty members who initiated, developed, and continue to teach the course; 2) the ongoing support of the school's Director; and 3) the collaboration with the university WAC program. The authors believe that all of these factors were essential to the success and sustainability of this curriculum.

Commitment of Core Faculty

The curriculum development and the success of this course have been dependent upon the commitment of the faculty who designed and now teach sections of the course. For this writing-intensive course, faculty members must spend significant amounts of time responding to drafts and must devote class time and office hours to helping students improve their writing. In addition, faculty members meet at least two to three times a semester to norm and reevaluate teaching strategies. As a result of these ongoing meetings, we have developed on-line learning modules for basic writing and APA formatting skills to provide additional support for students. Furthermore, one faculty member leads half-day workshops for adjunct instructors each semester to infuse WAC techniques across other courses in our curriculum. This ongoing commitment ensures quality and consistency of the curriculum, allowing the School of Social Work to maintain high writing standards.

The increased writing standards have impacted students' evaluation of teachers' performance, particularly when the new course was implemented. Most incoming social work students do not anticipate a strong emphasis on writing nor the significance of writing in the field. Initially faculty members experienced resistance from students because of the writing demands of the course. However, over time the culture of the program has changed, and students now tend to know in advance that writing is a central component of the social work curriculum. As the teaching of the course has been refined and faculty confidence has increased, the quality of students' writing has improved as demonstrated by students' perceptions of their own writing. In addition, results from a recent university-wide WAC assessment study indicated that social work students scored second highest in terms of the quality of writing among students from seven other disciplines. Other social work programs that implement a similar emphasis on writing should, however, expect some level of resistance from students at first because of the higher writing expectations and demands that the new course requires. These attitudes will likely improve as the new culture emerges.

Director of the School of Social Work Support

In addition to the commitment of the core faculty, the support of the Director was essential to the successful development and implementation of this course. The Director participated in one of the first WAC seminars and carried her enthusiasm back to the faculty. Recognizing the difficulties in learning how to teach this course, she was available to discuss faculty concerns about students' performance during the semester and their evaluation of it at the end. She recognized that students did not expect writing to be such a fundamental component of the course. Therefore, they tended to give lower teacher evaluation scores to the instructors for the first few terms it was taught, which is a salient factor given the instructors' tenure-seeking status. When the faculty submitted their tenure portfolios, she defended the lower student evaluations of the course while highlighting the work and commitment involved in teaching the course. In an effort to validate the instructors' commitment and effort, she has ensured that the faculty accomplishments have received public recognition at the school, college, and university levels. For schools considering implementation of a writing program such as the one

presented here, it should be noted that without the support of administration, it would be very difficult to initiate and maintain the required time and effort in the face of the challenges presented by a class such as this one.

Collaboration with the Director of the UCEW

Collaboration with the Director of the University Center for Excellence in Writing, who also serves as the Director of the WAC program for the university, was also essential to the success of the course. He has been an active partner throughout this process, leading the workshops that faculty have attended and substantially contributing to the course development. He has met regularly with social work faculty over the course of four years, provided feedback on strategies for grading papers, offered recommendations about the development of the course syllabus, and helped develop assignments and WAC student surveys. In addition, he encouraged social work faculty to submit a grant, which was accepted, to develop a promotional DVD on the importance of writing. Furthermore, he has collaborated as a partner in writing research manuscripts and presenting them at national conferences. Social work programs that develop a writing program similar to the one presented here should consider carefully the need for collaboration with a WAC Director or other departments within the university. These collaborations provide essential support, credibility, and incentive to sustain such initiatives.

Limitations

Several methodological issues and limitations related to the design of the study and the use of self-report must be considered when interpreting the findings. There were no baseline measures before the WAC course was implemented. Therefore, it would be difficult to determine if improvements in students' writing skills resulted from the WAC course. However, there were no substantial curriculum changes in the school of social work during the data collection period. While we could have employed other methods for examining the perceived benefit of the course, we used students' perceptions only. Although we developed a survey to examine faculty perceptions of students' writing and critical thinking, the response rate was insufficient for data analysis. We had no resources to support independent reviews of students' drafts by external reviewers outside of the discipline. In addition, this study involves a cross-sectional design, which does not provide information about the long-term effect of WAC techniques on students' writing skills.

One concern involving self-report is that students exhibit problems assessing their information skills and accurately recollecting what they have done (Schellings & Van Hout-Wolters, 2011; Schilling & Applegate, 2007). However, in this study we administered the surveys during the last weeks of the semesters when the skills and knowledge we inquired about were being practiced in the classrooms and instructors were giving extensive feedback to the students about those areas. Thus, our students had a clear notion and awareness as to the content of the questions included on the survey.

Despite these limitations, the current study has several strengths. This study is the first of its kind to examine social work students' perception of the effectiveness of WAC

techniques. In addition, the sample size was relatively large ($n = 182$), and it included students attending different sections of the course and different semesters. Due to the scarcity of research with respect to pedagogical techniques beneficial to social work students, this study fills an important gap in the literature.

Future research should continue to examine the perceived benefit of WAC techniques on educational outcomes and the long term sustainability of such programs. It is crucial to improve the communication and writing skills of social work students and better prepare them to be successful professionals in the field. Furthermore, faculty members' perceptions of students' improvement and baseline data on students' outcomes should be included in future studies to establish validity of perceived benefit of WAC techniques. Future studies should also have a longitudinal design to examine the long-term effect of the writing improvement and knowledge acquisition. Lastly, this paper was a descriptive study intended to present the multiple factors related to the perceived helpfulness of WAC techniques. A future publication will include findings examining the impact of demographic variables on the perceived benefits of WAC.

Conclusion

While most mental health practitioners, educators, and other professionals recognize that writing skills are essential for effective social work practice, few social work programs have published information concerning the implementation of curricula that address these needs. The primary purpose of this paper was to present survey findings on the perceived benefit of the WAC strategies and techniques on students' writing skills and social work knowledge acquisition. Findings indicated that students perceived substantial improvement in their writing skills after the completion of this course. In addition, WAC techniques facilitated knowledge acquisition from different content areas in social work. These results support the implementation of WAC into social work curricula and suggest a potential model that other programs might use to better prepare future practitioners in the field. The sustainability of our program, and any that follow, requires: 1) departmental support and recognition by both faculty and administration of the importance of writing within the social work curriculum; 2) continuous commitment of the faculty teaching the course; and 3) collaboration with university writing programs.

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Appendix

Grading Rubric

Student:		Score:	
Requirement	**Rating key:** - = Unsatisfactory + = Satisfactory ++ = Outstanding		
Abstract	**APA Writing/Grammar/Editorial Style**	
Purpose	Transitions	
Key points	Tense	
Conclusion (findings)	Conciseness (no wordiness/redundancy	
Importance (of findings)	Sentence/paragraph length	
Opening of the body	Word choice	
Purpose	Spelling	
Importance of the topic	Pronoun/antecedent agreement	
Key definitions provided	No colloquial expressions	
Thesis statement	Subject/verb agreement	
Organizational statement	Complete sentences	
Body (Argument)		
Key definitions provided	Punctuation:	
Terminology used correctly	Commas after introductory elements	
Claims	Commas after items in a list	
Evidence	Commas to set off nonessential items	
Analysis, explanation	Compound sentences (no run-on/ fused)	
Counterargument and rebuttal	Colon(s)	
Material from other sources	Semicolon(s)	
Quotations	No unnecessary commas	
Paraphrases	Apostrophes	
Credible. Relevant sources cited	Quotation marks	
Credit given	Capitalization	
Conclusion of the body	Italics	
Conclusion (findings)	Numbers	
Key points revisited		
Importance (of the findings)		
APA Reference/Manuscript	**Comments:**	
Title page:		
Required items		
No unnecessary items		
Capitalization		
Citations in paper		
Font, spacing		
(Continued)		

Indentation, margins		
Headings		
Reference page:		
Required items		
Capitalization		
Italics		
Alphabetization		
Page headers		

Human Sexuality as a Critical Subfield in Social Work

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Abstract: *Human sexuality is of vital importance to social work practitioners, educators, and scholars. Yet historically, the profession's leadership around it has waxed and waned, impacting practice. This article discusses the importance of human sexuality as a critical subfield within social work. It suggests that the mechanisms, namely textbooks, journals, and national conferences, for stimulating human sexuality social work scholarship are limited. The authors assert that the taboo of human sexuality limits the advancement of a cohesive professional discourse and contributes to the continued oppression of marginalized populations. Recommendations for providing better support for those who study, teach, and practice in the arena of human sexuality are offered.*

Keywords: *Human sexuality, social work scholarship, social work education*

Throughout the 20th and 21st centuries, a group of passionate leaders within our profession asserted that social workers should recognize human sexuality as an integral, rather than a peripheral or even "deviant," aspect of human functioning. One such leader, social worker and sexuality educator, Diane Brashear, suggested, "to ignore our sexuality is to deny our humanity" (1976, p. 18). Yet unfortunately, ignoring and pathologizing sexuality has happened all too often within social work education, scholarship, and practice (Myers & Milner, 2007). Social workers Gochros and Shultz (1972) attributed this phenomenon, particularly the lack of competency and willingness of social workers to discuss sexuality issues with clients, to the fact that social workers are "people first, and then professionals" (p. 246).

This problem is not unique to just the area of human sexuality; social workers recognize that a lack of understanding in any major aspect of one's culture or identity can interfere with effective practice, establishing culturally competent practice as an ethical standard within the profession (National Association of Social Workers [NASW], 2008). Negotiating differences in practice requires self-awareness of personal and cultural values and also a commitment to dismantling oppression through empowerment and advocacy. Issues related to human sexuality fall squarely within the arena of cultural competency given the diverse lived experiences, attitudes, and behaviors of clients, many of whom experience marginalization because of their sexuality. Indeed, NASW (2008) specifically states in the Ethical Standard 1.05, "Cultural Competence and Social Diversity," that social workers are ethically bound to "…understand the nature of social diversity and oppression with respect to …sex, sexual orientation, gender identity or expression ...marital status…" (para. 30).

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Further, NASW (2008) asserts in the preamble of the Code of Ethics that the mission of the social work profession is to enhance the well-being of individuals and the larger society. Particular attention is paid to vulnerable and marginalized populations and to considering the impact of the environmental context on individual, family, organization and community behavior on well-being. The World Association for Sexual Health (WASH, 2013) states that "full development of sexuality is essential for individual, interpersonal, and societal well-being" (para. 1). Social work supports the importance of human sexuality as a critical topic for social workers while calling attention to the influence of the economic, social, political, and familial contexts on achieving optimal sexual well-being. Further, NASW (2008) suggests special focus should be on the marginalization of individuals and groups by understanding the societal mechanisms that regulate aspects of human sexuality. Given this, social workers have a responsibility to gain knowledge and skills for generalist and advanced practice and to support expanding existing knowledge through teaching and scholarship on human sexuality issues.

The first step to building competency in a particular domain is defining its scope. The ever-evolving concept of human sexuality makes it challenging to capture within a single definition. Too often the word "sexuality" is considered synonymous with sexual orientation (Trotter, Crawley, Duggan, Foster, & Levie, 2009). Yet human sexuality is an expansive term. For example, the World Health Organization (2006) suggests human sexuality is:

> … a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. (para. 6)

While this definition highlights that human sexuality is central to daily life and is experienced and expressed in complex ways, it does not explicitly address the relationship between sexuality, oppression, and privilege – a connection that is paramount to social workers. Sexual privilege, the ability to experience your sexual attitudes, identities, or behaviors, as "normal" or "healthy," is maintained at the expense of "others" who will be taught that their sexuality and sexual decisions are "abnormal" or "unhealthy" (Crimp, 1988; Crimp, Pelligrini, Pendleton, & Warner, 1997). The importance of reframing such negative labels when working with marginalized populations is a key component of strengths-based social work practice (Saleebey, 1997).

To better prepare social workers to understand and negotiate the myriad of human sexuality issues, it is critical that human sexuality becomes a more visible and cohesive subfield. Competency development needs to occur within professional practice, which can be facilitated through advances in social work education and scholarship. One possible avenue for pursuing such advances is through the cultivation of an environment that fosters the creation and dissemination of human sexuality scholarship. To this end,

we examine the history and context of human sexuality and social work scholarship, as well as our experiences as sexuality scholars in social work. Second, we propose potential pathways for change within the arenas of social work scholarship. Lastly, we discuss the importance and timeliness of engaging in such change efforts. We begin with a review of the current state of social work knowledge around this topic.

Human Sexuality: Scope, Surveillance, and Social Control

While the scope of human sexuality literature is incredibly broad, much has been written about the symbolic nature of human sexuality (Gecas & Libby, 1976; Jackson & Scott, 2010; Longmore, 1998). For example, Hawkes and Scott (2005) argue:

> Human sexuality is distinct from non-human sexuality in that it is neither immutable nor static but is highly responsive to social forces. Human sexuality is imbued with symbolic meaning and social significance…given that humans are social beings, human sexuality is inevitably influenced by a person's social location...forms of social stratification, relating to class, status, gender, ethnicity, age and so on, will influence modes of individual self-expression. (p. 7)

This focus on the symbolic meaning of human sexuality highlights the connection between human sexuality, social power, and social control. Here, those in power (e.g., government officials, administrators, religious organizations, mass media, etc.) reinforce a hierarchy of social stratification and privilege, routinely advocating for and implementing social policy that regulates aspects of sexuality, including reproductive autonomy and sexuality education (Bywater & Jones, 2007). For example, the U.S. Supreme Court recently ruled that family-owned Christian businesses do not need to provide health insurance coverage to women for certain types of contraceptives, such as intrauterine devices (IUD) or emergency birth control pills (Plan B), because it violates their religious belief that these contraceptives equate to abortion (Liptak, 2014). This is contrary to the federal mandate that employers must provide health insurance that covers all FDA approved contraceptives with no cost-sharing (through deductible or co-pay) to their employees under the Patient Protection and Affordable Care Act of 2010 (National Women's Law Center, 2014). The impact of this judicial ruling is likely to disproportionately affect lower-income women who have fewer resources to access contraceptives not covered by insurance.

Repeatedly, human sexuality has been regulated through discourses involving social control, panic, power, and surveillance (Chambon, Irving, & Epstein, 1999; Shepard, 2007a). For example, social welfare policies have been aimed at the moral regulation of the personal and sexual lives of those on public assistance (Abramovitz, 1996, 2000; Flavin, 2009; Gans, 1995; Piven & Cloward, 1993). In an era of a dwindling welfare state, the actions of the poor, those who subsist on survival services, are increasingly scrutinized and subject to surveillance (Spade, 2011). For feminist philosopher Nancy Fraser (1989), a distinct series of social discourses produced the stereotype of the "welfare mother." These discourses functioned to create a "gendered" form of "welfare provisions" used to undermine supports for social welfare programs. Within this feminized system, women are labeled as deviant so that the services they receive serve as

a mechanism of normalization (Fraser, 1989). Repeatedly, opponents of social services have responded to the new social mobility among women by calling for welfare policies based on social control, mandatory production, and demonization of female sexual self-determination (Abramovitz, 1996, 2000; Flavin, 2009). A racialized, dehumanizing view of women on welfare, combined with anxiety about shifts in the constellation of the nuclear family, fuel these anxieties (Abramovitz, 1996, 2000; Sidell, 1998).

Beyond the welfare arena, issues such as variant sexual behaviors, sexual assault, adolescent sexuality, and sexual orientation have been framed as "problems" to be solved by helping professionals (Myers & Milner, 2007). Social workers have often responded with the best intentions, while unknowingly perpetuating the cycle of sexual oppression by delivering services that are based on erroneous assumptions and personal judgments, or avoiding such topics all together (Myers & Milner, 2007). Given the profession's emphasis on cultural competency, there is ample opportunity to move away from this pattern and to reframe the subfield of human sexuality as one where social workers can gain new knowledge, disseminate scholarship, and engage in anti-oppressive practice that fosters empowerment and challenges the status quo of what is considered "normal" human sexuality.

While social workers have the capacity to be leaders in this effort, thus far momentum has been limited. Social work's response to human sexuality mirrors the larger cultural norms and values on sexuality, which favor social control rather than the field's stated emphasis on self-determination (Ehrenreich, 1985; Margolin, 1997; Myers & Milner, 2007). There are multiple reasons for this response. Similar to Tatum's (1997) astute declaration that none of us are able to avoid breathing in the "smog" of cultural racism (p. 6), social workers likely have an internalized belief system in which certain sexual attitudes and behaviors are perceived as more normative than others. This internalization is influenced by the frequent use of public shaming and stigma to regulate and control individual sexual behavior (Bay-Cheng, 2003; McAlinden, 2005). The consequences of this are manifested in social work practice (e.g., homophobia and discrimination of sexual minorities within residential treatment) (McCave, 2008), research (e.g., negating and ridiculing the worth of sexuality research) (Hammond & Kingston, 2014; Israel, 2002), and teaching (e.g., avoiding the integration of human sexuality content into social work courses) (Dunk, 2007). Yet, it is the profession's obligation to train future social workers to provide high quality, culturally competent care (NASW, 2008). Rather than focus on the pathology of certain sexual issues (e.g., teenage sexual behaviors) and characteristics of certain populations (e.g., sexual abuse victims) (Dunk, 2007; Morrow & Messinger, 2006), we emphasize a strengths-based approach that favors self-determination more in line with the field's code of ethics (Saleebey, 1996).

The regulation of human sexuality can be seen within the social work academic arena as well. This is evidenced by the career challenges the authors of this paper have faced as result of their choices to study sexuality within the social work academy. According to one of the authors, while pursuing a graduate degree in social work, students and faculty seemed uncomfortable with discussions of sexuality-related material, such as teen pregnancy and HIV prevention, while advancing punitive policy solutions. While

women's sexuality was often blamed for problems extending from teen pregnancy to reproductive autonomy (Abramovitz, 1996, 2000), few students or faculty seemed interested in critically engaging in questions about why this was the case. Another author of this paper was told in no uncertain terms by a faculty mentor in 2007, in one of the initial explorations of dissertation topics, all of which centered on human sexuality in some way, that pursuing a "gay dissertation" (i.e., research focused on gay and lesbian sexual health) would be a barrier to a successful academic career because it would result in being "tracked" into "that kind of research." While the intention might have been well meaning, the comment was both personally and professionally degrading. Moreover, it ultimately affected the final choice of dissertation topic. Perhaps ironically, the second experience that the same author had on several occasions was in fact related to the dissertation topic, which examined health providers' HPV vaccination attitudes and behaviors. Throughout the dissertation phase and especially while on the job market in 2009, one message came back consistently from other social work academics – that while the topic was interesting, it was not really a social work subject; rather it was a topic for public health researchers. This author was frustrated with having to justify her intellectual pursuits to strangers. Repeatedly being told her research did not "fit" within her own profession made her question the worth of her research, and her worth as a social work scholar.

The pattern of social control continued when the authors went on the job market for social work teaching jobs in the mid-2000s. When interviewing for a position at a large research institution in the northeast, one of the authors of this paper was told that the interview committee had laughed at one of the publications listed on the author's curriculum vitae the day before the job talk at the school. The article in question was a book review of a book published by MIT Press published in a top tier journal. During this informal pre-interview conversation, the author asked what the faculty thought about questions about sexuality and self-determination as a part of social work education. "We are not there yet," one of the members of the appointments committee noted during the informal discussion.

Unfortunately, experiences such as these can perpetuate feelings of academic and professional marginalization for engaging in topics outside widely accepted categories of mainstream social work research (e.g., child welfare, mental health, gerontology). These experiences are not unique to those who pursue sexuality issues (Canda, 2003). While related fields have built a rich literature critically engaging questions about sexuality and difference (Bernstein, 2007; Crimp, 1988; Foucault, 1978; Freud, 1975; Warner, 1999), the social work knowledge base is limited when it comes to questions about human sexuality and practice (Timm, 2009). Rather than expand our often limited knowledge base around this topic, social work tends to look the other way (Dunk-West & Hafford-Letchfield, 2011; Goldstein, 1990; Martin, et al., n.d.; Morrow & Messinger, 2006). Our experiences suggest that social work sexuality scholars are forced to contend with a lack of understanding contributing to a bias that mirrors patterns seen in the larger culture (Spade, 2011). To be fair, one of the authors' experiences in the related field of psychoanalysis suggests providers in this area have equally difficult times engaging with

questions about human sexuality and difference, especially around topics related to "deviant" sexual behavior. These experiences are well documented (Timm, 2009).

To be competent educators and practitioners, we are compelled to advance the social work knowledge base so as to support client self-determination in negotiating their sexual selves. This can be challenging given the social, legal and ethical issues related to human sexuality. WASH (2013) identifies eleven sexual human rights, which include the right to sexual freedom, sexual autonomy in individual decision-making, and to be free from sexual violence, as well as the right to sexual privacy. It also includes the right to be free from sexual discrimination, the right to experience sexual pleasure and sexual expression. It asserts that individuals have the right to choose with whom they associate sexually and to make their own reproductive choices. Yet, people can only make these choices freely when they have access to current, evidenced-based sexuality education and responsive health care (WASH, 2013). A caveat is stated within this declaration that it is never the sexual right of an individual, organization, or society to engage in acts of sexual coercion, sexual discrimination, sexual violence, or sexual exploitation. These sexual rights and limitations serve as a guide for assisting practitioners who want to promote client sexual self-determination.

Integrating these sexual rights into one's practice acknowledges that, "The expression of sexuality is a window into who each person is and how they relate to each other," notes Timm (2009, p. 15). However, when social workers avoid the topic of human sexuality, it limits a client's ability to fully engage in self-determination. Furthermore, "Not talking about it sends a message that it is taboo and ignores valuable clinical information… One of the biggest barriers to productive, therapeutic conversations about sexuality is a lack of training; many … professionals simply are not adequately trained," (Timm, 2009, p. 15). Yet, there are ways around this limitation. By recognizing sexuality as an integral part of social work education and practice, we can replace patterns of paternalism with strengths-based models of care more consistent with our code of ethics and evidence-based practice (Saleebey, 1997). A critical component of building this knowledge base involves cultivating and disseminating scholarship and linking it with practice. Yet, when it comes to human sexuality, cultural competence has waxed and waned.

Human Sexuality and Social Work Scholarship

While social welfare scholars have long recognized that sexuality has a rightful place in the social work curriculum, the scholarship has rarely matched the need for this material (Abramowitz, 1971; Dunk-West & Hafford-Letchfield, 2011; Martin, et al., n.d.; Morrow & Messinger, 2006). The ebb and flow of sexuality-focused scholarship reflects the field's historic ambivalence about such scholarship. While scholarship can take many forms, three primary types of social work scholarship – books, journals, and conferences – are examined.

Scholarship on human sexuality and social work in the form of books and journals was limited for much of the 20th century. Social work pioneers Sophonisba Preston Breckinridge and Edith Abbott published a book in 1912 entitled, *The Delinquent Child*

and the Home: A Study of the Delinquent Wards of the Juvenile Court of Chicago. In it, the authors suggest that girls were more vulnerable to sexual encounters with adults when in families and communities that had severely limited resources and this, in turn, led to juvenile delinquency among these girls.

In the early years of the profession, human sexuality knowledge was disseminated via the Proceedings of the National Conference of Social Work (formerly called the National Conference on Charities and Correction) (National Conference of Social Work, 1921). The topics presented were indicative of society's unease with human sexuality; the index referenced the topics of childhood ideation about sex; the "steamy side" of sex; problems related to sex; moral education as the solution to sex; and the interpretation of sex by adolescents (p. 525). Two decades passed before a social work book on human sexuality was published, entitled, *A Case Work Approach to Sex Delinquents* (Wessel, 1947), again supporting a pathology framework.
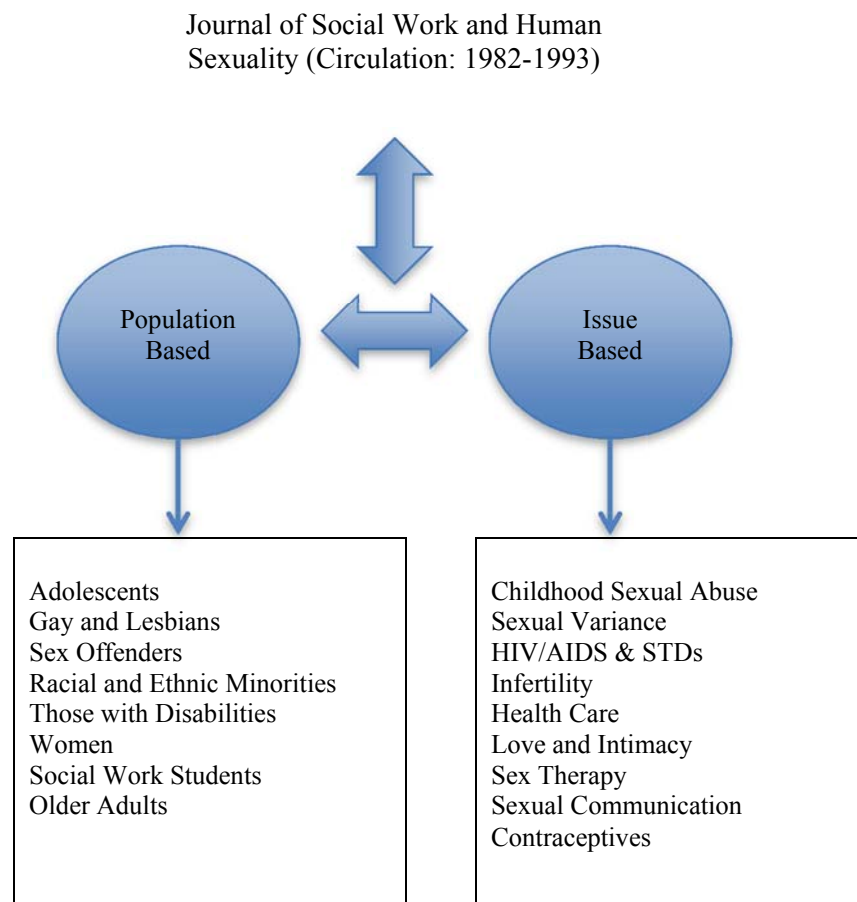
It was not until 1972, that editors Harvey Gochros and LeRoy Schultz published the first progressive, comprehensive book on human sexuality and social work, *Human Sexuality and Social Work*. The purpose of the book was to "…cut through the relative silence surrounding explicit sexual problems as they relate to social work practice" (Gochros & Schultz, p. 15). In the preface, the editors outlined nine professional values and beliefs that served as the foundation for the writings that were included. To paraphrase, these values and beliefs included: 1) the legitimacy of sexuality as an area of importance for social workers; 2) the recognition of sexuality as a complex aspect of humanity influenced by a variety of factors both internal and external to the individual; 3) the belief that sexual behavior is learned; 4) the right of every individual to be sexually fulfilled (within the context of society's laws); 5) the assertion that sexual variation is normal; 6) the belief that social workers should be at the forefront of new theory and technological development as it relates to dealing with sexual problems; 7) the belief that social workers should be at the table in promoting progressive social policy related to sexuality; 8) the assertion that promoting sex education policy and programs is paramount to promoting responsible and fulfilling sexual practices; and 9) the declaration that social work practitioners will be most effective in assisting those with sexual problems when they become formally educated, and when they employ self-awareness and sensitivity.

It is not surprising that this first major monograph about human sexuality and social work was written in the early 1970s, given the Women's and Gay liberation movements and sexual revolution taking place (Allyn, 2000; Heidenry, 1997; Kaufman, 2005). During this time period, dramatic changes in sexual attitudes and behaviors concerning intimacy, homosexuality, interracial relationships, reproductive decision-making, and gender norms (among others) were seen (D'Emilio & Freedman, 1997). Subsequently, social work scholars began asserting the importance of human sexuality as a subfield within social work education and practice. Between 1965 and 1980 social work scholars published 40 journal articles regarding sexuality-related issues focusing on: 1) teaching human sexuality to social work students; 2) addressing gender issues, particularly sexism, within the profession; and 3) preparing social workers to assist clients with sexual issues.

The discourse on human sexuality and social work increased dramatically during the 1980s and early 1990s. The *Journal of Social Work and Human Sexuality*, published by Taylor and Francis, was in circulation from 1982 to 1993 (Taylor & Francis Group, n.d.). It was then discontinued and later became the *Journal of Family Social Work*.

Looking at the contents of each issue of *Journal of Social Work and Human Sexuality*, several topics were covered each year, with some special issues included as well. Figure 1 highlights that a range of topics were covered in the journal, both focused on specific populations (e.g., adolescents) and issues (e.g., HIV/AIDS).

Figure 1. *Description of Populations and Issues Covered in Journal of Social Work and Human Sexuality*

Journal of Social Work and Human
Sexuality (Circulation: 1982-1993)

Population
Based

Issue
Based

Adolescents
Gay and Lesbians
Sex Offenders
Racial and Ethnic Minorities
Those with Disabilities
Women
Social Work Students
Older Adults

Childhood Sexual Abuse
Sexual Variance
HIV/AIDS & STDs
Infertility
Health Care
Love and Intimacy
Sex Therapy
Sexual Communication
Contraceptives

The journal's rise and decline raises subsequent questions, such as: What precipitated the demise of the journal? Did human sexuality cease to be a broad topic of concern and relevance for social work researchers, teachers, and practitioners? Who stepped in to fill the space this journal left? A review of existing journals found that special topic social work journals certainly include content about human sexuality related to the same

populations and issues covered in the *Journal of Social Work and Human Sexuality*. Table 1 provides a list of social work journals that include content in these areas of human sexuality. There are also several non-social work specific journals that promote sexuality-focused scholarship (see Table 2).

Table 1. *Social Work Journals That Include Articles on Sexuality Issues or Populations*

Sexuality Category	Journal Title
Issue	
HIV/AIDS and STDs	Journal of HIV/AIDS and Social Services
Childhood Sexual Abuse	Child and Adolescent Social Work Journal Child and Family Social Work
Health Care	Social Work in Health Care Health and Social Work
Contraceptives	Health and Social Work Social Work in Health Care
Sex Therapy	Psychoanalytic Social Work Clinical Social Work Journal Journal of Analytic Social Work
Infertility	Health and Social Work
Sex Offenders	Journal of Social Welfare and Family Law
Population	
Those with Disabilities	Journal of Social Work in Disability and Rehabilitation
Women	Affilia: The Journal of Women and Social Work
Social Work Students	Journal of Teaching in Social Work Social Work Education (UK)
Adolescents	Child and Adolescent Social Work Journal Child and Family Social Work Children and Schools
Racial and Ethnic Minorities	Journal of Ethnic and Cultural Diversity in Social Work Journal of Multicultural Social Work
Gay and Lesbians	Journal of Gay and Lesbian Social Services Journal of Homosexuality
Older Adults	Journal of Gerontological Social Work Journal of Social Work in End-of-Life & Palliative Care The Gerontologist

Table 2. *Sexuality-Focused Journals From Other Related Disciplines*

Journal Name	Years of Circulation
American Journal of Sexuality Education	2005-present
Annual Review of Sex Research	1996-2007
Archives of Sexual Behavior	1997-present
Canadian Journal of Human Sexuality	1998-present
Contemporary Sexuality	2000-present
Culture, Health & Sexuality	1999-2011
Current Sexual Health Reports	2004-2008
Electronic Journal of Human Sexuality	1998-present
Exchange on HIV/AIDS, Sexuality and Gender	2005-present
Gender and Sexuality: Journal of Center for Gender Studies, ICU	2005-present
International Journal of Sexually Transmitted Diseases and AIDS	2000-2002
International Perspectives on Sexual and Reproductive Health	2009-present
Journal of Child Sexual Abuse	2000-2011
Journal of Sex & Marital Therapy	1997-present
Journal of Sex Research	1965-present
Journal of Sexual Aggression	2003-2011
Journal of the History of Sexuality	1990-present
Law & Sexuality	1991-present
Perspectives on Sexual and Reproductive Health	2002-present
Sex Education	2001-2011
Sex Roles	1997-present
Sexologies: European Journal of Sexology	2006-present
Sexual Abuse	1988-present
Sexual Addiction & Compulsivity	1998-2011
Sexual and Relationship Therapy	2000-2011
Sexual & Reproductive Healthcare	2010-present
Sexualities	2008-present
Sexuality & Culture	2000-present
Sexuality and Disability	1997-present
Sexuality Research & Social Policy	2004-present
Studies in Gender and Sexuality	2001-2011

While there are certainly a number of sexuality-focused journals, there is no longer a human sexuality journal written by and for social workers. This gap limits social work scholars by leaving them with the option of either publishing in social work journals with a broad scope, focusing their research into one of the few sexuality-focused topic or population journals in social work (e.g., *Journal of Gay and Lesbian Social Services*), or publishing in non-social work journals, which most likely are interdisciplinary in terms of theoretical and practice orientations. The outcome of this choice may be that social work scholars, teachers, and practitioners struggle to easily find current scholarship on a wide array of sexuality-focused topics within the profession. Additionally, this creates a fragmented discourse for social work scholars, who may be unaware of the latest theoretical, pedagogical, or empirical scholarship disseminated by fellow social work academicians who are researching human sexuality topics that overlap with their own

areas of scholarship. A social work human sexuality journal would allow scholars to pursue a more nuanced analysis of the intersectionality of sexuality with issues of race, class, gender, and mechanisms of oppression.

At the current time, there are no social work textbooks on human sexuality published for social work educators in the United States. This does not include those texts that are part of the required social work curriculum, which often include some content on human sexuality (e.g., Human Behavior in the Social Environment texts). Currently, there is one British textbook by Bywater and Jones, titled *Human Sexuality and Social Work* (2007). While this textbook is well written and full of important content, including an anti-oppressive framework, its primary limitation is that it provides historical, policy, and practice information specifically for British social work students. Without accessible and relevant textbooks, social work educators may be discouraged from teaching a human sexuality and social work course. Moreover, given the many social work textbooks representing other subfields (e.g., child welfare, mental health, juvenile delinquency, etc.), it is not unreasonable to question whether this is reflective of a marginalized status of human sexuality within the social work academy. Certainly, there are monographs and texts on practice with special populations or specific issues, such as gay and lesbian families, child sexual abuse, and working with families affected by HIV/AIDS (Hilarski, Wodarski, & Feit, 2008; Morrow & Messinger, 2006; Poindexter, 2010). These writings are profoundly beneficial to students and scholars. Yet, the lack of both a sexuality social work journal and textbook reflects a significant gap in the social work knowledge base (Goldstein, 1990).

Human Sexuality and Social Work Scholarship: National Social Work Conferences

In addition to books and journals, national social work conferences provide an important opportunity for scholars to disseminate cutting edge scholarship for use by practitioners, social work students, and faculty. Both the Council on Social Work Education (CSWE) and the Society for Social Work and Research (SSWR) utilize conference "tracks" and "clusters and topics" to designate subfields that are of importance to the profession, such as mental health and addictions/substance abuse (CSWE, 2014a; SSWR 2014b). Yet, a notable lack of sexuality-focused research and teaching scholarship is found in a review of the abstracts accepted at two of the major social work conferences hosted by CSWE and SSWR. At the 2012 CSWE Annual Program Meeting (APM), 33 abstracts included the words "sexuality," "sex," or "sexual" in either the title or abstract description. This is out of more than 600 sessions offered throughout the conference (CSWE, 2012). These abstracts highlighted a range of sexuality-focused issues, including childhood sexual abuse; sex offenders; sex education; LGBT issues in practice and social work education; prostitution; HIV/AIDS; gender identity; and sexual assault. For the 2013 SSWR conference (SSWR, 2013) the numbers were notably higher than for CSWE – 176 abstracts out of the 500 sessions offered were found when the word "sexual" was used as the search term, followed by 76 abstracts for the term "sex," and six abstracts for the search term "sexuality." This latter point is certainly promising as is the fact that a special interest group (SIG) focused on "sexuality

development and well-being" was formed in 2013. While there may be a growing recognition and support for research focused on sexuality at SSWR, there currently is not an oral/poster presentation track for human sexuality at either conference. The CSWE conference is focused on utilizing social work education to advance practice and scholarship, while SSWR is geared towards promoting and disseminating cutting edge social work research (CSWE, 2014b; SSWR, 2014a). Yet both are vital opportunities for disseminating social work scholarship, particularly as there is professional recognition that all three areas of social work (practice, education, research) are inextricably connected (CSWE, 2014b).

Similar to what has occurred with journal publications, within the national conference arena, human sexuality conference proposal tracks are limited to those which more narrowly focus on marginalized populations where sexuality is explicitly linked (e.g., practice with LGBT individuals) and topics where federal funding is available (e.g., HIV/AIDS). This is certainly indicative of progress within our profession. However, human sexuality is a broader umbrella under which many interrelated and complex issues come into play, such as sexual orientation, gender identity and expression, sexual behaviors and fantasies, intimacy, sexual negotiation, sexual violence, as well as privilege and oppression of certain populations, including children, women, older adults, those with disabilities, and those with mental illnesses (Bywater & Jones, 2007). While there are benefits to creating narrowly defined tracks, such as "Women" and "HIV/AIDS," there are unintended consequences. Instead of integrating questions of sexuality into larger debates within the field, the discourse on human sexuality remains fragmented and scholars miss out on the dissemination of research that likely intersects with their own research. Further, it creates a challenge for social work scholars to decide on a proposal track that represents the complexity of their work.

Just as social work scholars are likely to look to interdisciplinary journals to publish their work, scholars may also seek out interdisciplinary conferences where their work is well-received and validated. The Society for the Scientific Study of Sexuality (2010) annual conference is an excellent example. This conference is committed to the dissemination and support of scholarship related to human sexuality issues. For social workers, the central limitation of this conference is that most of the individuals who attend and present are not social workers. CSWE and SSWR can capitalize on this distinction and attract social workers to their conferences if they are more inclusive of human sexuality content. It is reasonable to assume that CSWE and SSWR want to be among the top choices when it comes time to choosing between multiple conferences of interest. This is particularly relevant given that social work doctoral students, faculty, and practitioners typically have limited funding available for annual conference travel.

Pathways to Advance Human Sexuality Social Work Scholarship

The subfield of human sexuality can become more cohesive and visible by stimulating human sexuality social work scholarship through a number of concrete mechanisms. This includes developing a community and infrastructure for supporting those social work scholars and students, who want to build expertise, disseminate knowledge, provide and receive mentorship, and explore their passions. Three arenas of

scholarship were presented in this article. Concrete and feasible opportunities for change within each of these arenas exist.

First, in regards to social work textbooks, social work scholars who regularly teach human sexuality courses within social work may be uniquely positioned to offer their expertise as either editors or as contributors to such a textbook. Publishers can be contacted to determine if there would be an interest to accept such a manuscript. Second, in considering scholarship disseminated through journals, it is suggested that a new peer-reviewed human sexuality and social work journal be developed and circulated. This could be done through a traditional academic publisher that offers printed journals or an online journal established and maintained through a school of social work or other national social work organization. Third, in regards to social work national conferences, members can submit requests to those in leadership positions within these organizations that a "Human Sexuality" proposal track be offered, either through some reorganization of existing tracks or by adding the track. Including a new established track for scholars and students interested in human sexuality would greatly increase the options for disseminating scholarship as well as social networking while at the conference. Finally, networking opportunities through new Facebook™ groups, such as the Social Work Sexuality Scholars group, point to increased support efforts among those in the field. Combined, these change efforts highlight opportunities to foster cohesiveness within this subfield.

Discussion

It can easily be argued that sexuality is multifaceted. Dailey (1981) proposed that sexuality includes our attitudes, values, and feelings as practitioners as well as the belief systems of our clients, coworkers, community leaders, and legislators. These belief systems can impact social work practice in countless ways. The intersections between systems, such as families, organizations, communities and society, and sexuality issues, including health and reproduction, sexual identity, intimacy, and sensuality, are vast. Dynamic social forces, including race, class, cultural norms, ideologies, religious beliefs, and family organization, influence the way in which these issues are understood and negotiated. Dailey's framework highlights the possibilities of our professional impact as change agents if we are proactive in building expertise as practitioners, educators, and scholars. After all, issues of sexuality are connected to and shaped by the social and political milieu in which we operate. The presence of oppression, marginalization, and privilege are at the core of many of the sexuality domains included in Dailey's framework. The landscape social workers need to be able to traverse is dynamic and complex (Dailey, 1981).

However, the involvement by the social work profession in cultivating and producing human sexuality expertise and then disseminating that expertise is currently less than ideal. While the profession promotes models of practice that foster client dignity and respect (Saleebey, 1996), without an adequate knowledge base (Goldstein, 1990), the field tends to rely on paternalistic patterns of care (Epstein, 1975; Margolin, 1997; Morrow & Messinger, 2006). Despite the passage of more than forty decades since Gochros and Schultz wrote their book, *Social Work and Human Sexuality*, many of the

issues and challenges discussed within it are present today. The labeling, pathologizing, and oppression of sexual minorities and other marginalized groups continues to impact society's most vulnerable populations (Shepard, 2013; Spade, 2011).

For example, adolescents are bombarded with conflicting messages about sexuality and what is "right" and "normal." Gender policing, particularly of compulsory masculinity and heterosexuality, is ever present in our families and our schools (Martino & Pallotta-Chiarolli, 2005). This continues despite the evidence of its tragic consequences, namely the recent wave of teen suicides in response to unrelenting bullying as a result of a teen's perceived or actual sexual orientation (ABC News, 2010). Today, populations of runaway teens are still forced to live away from home because of sexuality-related issues. On the streets of New York, where there are only 250 shelter beds for LGBT homeless youth, the rate of HIV infection is three times higher among the homeless than the rest of the population (Aviv, 2012). The reality is that in order to survive, these young people turn to squatting and survival sex, putting them at risk. While the stakes are high, the social work knowledge base with regard to sexual minorities is limited (Morrow & Messinger, 2006). In many ways, social workers have failed sexual minorities, who are still judged, neglected, and taken for granted (Aviv, 2012; Shepard, 2007a, 2007b, 2013). Rather than turn away from this complicated area of practice, more social work scholars are needed to tackle both policy and practice issues related to all the issues of sexuality addressed in Dailey's (1981) framework on holistic human sexuality.

The recent policy changes around LGBT equality, HPV vaccination, HIV services, sexuality education, youth services, sexual violence, health care, and reproductive autonomy are forcing the profession to grapple with issues of human sexuality and self-determination in increasingly nuanced ways (Flavin, 2009). Today, social workers are engaging discussions of sexuality in more proactive ways, recognizing sexuality as a vital component for social workers to be able to assess and engage in thoughtful, effective ways (Dunk-West & Hafford-Letchfield, 2011; Timm, 2009). This discourse is needed across the profession. After all, social workers are change agents, capable of challenging mechanisms of oppression that continue to control and stigmatize those we serve.

Conclusion

Throughout this paper, we presented evidence that suggests that, although human sexuality continues to be a topic of vital importance to social work practice, the subfield of human sexuality within social work is relatively invisible and fragmented. The prevalence of human sexuality social work scholarship and mechanisms for dissemination were discussed.

Having insight into the struggles of social work scholars can create much needed momentum to propel those within the social work academy to challenge "regimes of the normal" while creating a new more dynamic social work knowledge base (Chambon, Irving, & Epstein, 1999; Foucault, 1978; Warner, 1999). After all, education is about power, education for change ideally connecting social theory with a practice of social change (Gramsci, 1971). Such a praxis is desperately needed for social work. Fortunately, the foundation for this work exists within current social work education and scholarship.

Mechanisms of oppression, such as sexism, heterosexism, ageism, racism, able-bodied-ism, and ethnocentrism, are already at the forefront of our conversations. An important next step is to recognize that within each of these "isms" there is prejudice and marginalization specifically tied to a group's sexual attitudes, identities, or behaviors. Yet, further work is needed to raise critical consciousness among those within the social work academy to make visible the insidious dynamics of sexual privilege and oppression.

If we do not engage students in a dialog that expands the breadth and depth of knowledge on human sexuality, either as an area for discussion within existing courses or within an elective course, how do we prepare future practitioners and scholars to value and wrestle with issues related to human sexuality? How do we motivate social work educators and practitioners to connect with advocates involved in social movements that are committed to dismantling the mechanisms that marginalize and oppress those who are "different" sexually if they are limited in their understanding of the issues (Crimp et al., 1997; D'Emilio & Freedman, 1997; Shepard, 2007b; Spade, 2011; Warner, 1999)? How do we inspire future scholars to "dare to innovate" (Canda, 2003, p. 81) if they feel marginalized for pursuing their academic passions? How do we package or frame each of the separate human sexuality issues (e.g., gay and lesbian families, sexual violence, gender oppression, etc.) as part of a larger whole? Social workers greatly need a broad theoretical framework to examine and understand issues of sexuality, as well as a historical context to understand such issues from a generalist perspective crossing the span of the field. Given the importance and timeliness of human sexuality issues, we hope this small paper is part of a larger dialogue about sexuality and social work education in theory, practice, and praxis. We call on social work students, teachers, scholars, and practitioners to join the conversation and engage in strategic individual and collective acts that will lead to significant change at all levels of practice and within the academy. If anyone can make this critical change happen, it is social workers; it is you.

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Age Differences in LGBT Attitudes Toward Marriage Equality

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Abstract: *The purpose of this study was to compare attitudes of older versus younger lesbian, gay, bisexual, and transgender (LGBT) individuals regarding marriage equality. Data were collected via self-report questionnaires from 350 LGBT adults in a mid-size city in the southern United States. Older and younger LGBT cohorts did not differ significantly in voter registration, political party affiliation, awareness of LGBT political issues, or voting on social issues. Older LGBT adults were less likely to find same-sex marriage important. Yet, age cohorts did not differ significantly on legalizing same-sex marriage. Social work implications are discussed regarding this policy area.*

Keywords: *LGBT, marriage equality, older adults, same-sex marriage, voting behavior*

Lesbian, gay, bisexual, and transgender (LGBT) older adults in the United States are estimated to number between 1.75 million and 4 million (Administration on Aging, n.d.), a sizeable population to be sure. This subpopulation is rich in historical knowledge with increasing demand for awareness and training that targets this underserved subpopulation (Erdley, Anklam, & Reardon, 2014). Scholarly literature on LGBT older adults is paltry; this lack of empirical data has been indicated as a crisis regarding sexual minority elders (Brown & Grossman, 2014). Accordingly, few studies have investigated the LGBT and older adult social policy perspectives within this population.

Same-sex marriage, more recently referred to as marriage equality, emerged on the U.S. stage in 2003 when Massachusetts made history by becoming the first commonwealth in the nation to legalize same-sex marriage, with the first of those marriages taking place in 2004 (*Goodridge v. Department of Public Health*, 2003). However, the LGBT community is not of one mind on this issue (Lannutti, 2005). It is likely that views are split by, among other categories, age, much as ideas about heterosexual marriage are split along age lines in the heterosexual community (King & Scott, 2005). Marriage is typically the domain of young adults (under the age of 35) for whom it often is a rite of passage, compared with middle-age and older adults who have likely already married at least once (Copen, Daniels, Vespa, & Mosher, 2012). However, are we overlooking the importance that LGBT older adults place on marriage or, like their heterosexual counterparts, do LGBT older adults no longer consider it important, if they ever did? The purpose of this study is to compare the attitudes of older and younger LGBT cohorts regarding marriage equality.

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Literature Review

History of Marriage Equality

The struggle for marriage equality has been around since the early 1970s (Lewis & Edelson, 2000), when at least three states, Minnesota, Kentucky, and Washington, heard cases on it. The argument was the same as it is today, challenging the limitation of marriage as only that between a man and a woman, and asking for equal protection under the 14th Amendment of the U.S. Constitution (Lewis & Edelson, 2000).

In 1993, the Hawaii Supreme Court heard the case of *Baehr v. Lewin* in which the plaintiff, suing the state for refusing to issue a marriage license to her and her same-sex partner, cited sex and sexual orientation discrimination (Lewis & Edelson, 2000). After passing through the state supreme court, the trial court, and back, the Supreme Court of Hawaii determined that the state was within its rights to limit marriage to different-sex couples (Rimmerman, 2002). The year before the decision, the state legislature passed a constitutional amendment dictating the state's right to limit marriage to that between a man and a woman. According to Rimmerman (2002), although the law did allow domestic partnership benefits for same-sex couples, it strengthened the cause of those against marriage equality.

While the marriage debate raged on, states were, in one form or another, legalizing same-sex relationships. Hawaii was the first to legally recognize any kind of same-sex relationship (Stein, 2012) with its passage of the Reciprocal Beneficiaries Act in 1997 (Burnette, 1998-1999), which provided some of the benefits afforded to married couples. Vermont in 2000 was the first to legalize civil unions, and several other states followed suit (Stein, 2012).

During the 1990s, the United States saw further anti-gay and -lesbian legislation. The Defense of Marriage Act (DOMA), which defined marriage as the union of one man and one woman and exempted states from being forced to recognize same-sex marriages performed in other states (Defense of Marriage Act, 1996), was signed into law in 1996 by President Bill Clinton, despite his overwhelming support from the LGBT community in the 1992 presidential election (Lewis & Edelson, 2000; Rimmerman, 2002). Following in the footsteps of Hawaii, over half of the United States enacted same-sex marriage limitations (Lewis & Edelson, 2000). By 1998, 98% of states had deliberated and 62% of states had approved measures barring same-sex marriage acknowledgment (Haider-Markel, 2000). It was not until 1999 that the Vermont Supreme Court decided in *Baker v. Vermont* that the state legislature was allowed to make decisions about gay and lesbian rights under the law (Rimmerman, 2002), although it did not provide for the specific right of marriage. According to Rimmerman (2002), conservative organizations, in response, lobbied against same-sex marriage recognition in neighboring states, such as New Hampshire, and continued to work toward increasing the number of state bans.

As much of a setback as these bans were to LGBT civil rights, they also exacted a toll on LGBT individuals psychologically. LGBT people living in states with proposed ballot measures to ban same-sex marriage in 2006 experienced greater levels of psychological distress and minority stress than did LGBT people living in states with no such ballot measures (Rostosky, Riggle, Horne, & Miller, 2009). Repeated exposure to negative media

campaigns and the heated public debates that ensued left LGBT people in Colorado, Idaho, South Carolina, South Dakota, Tennessee, Virginia, and Wisconsin with greater negative affect and depressive symptoms.

Current State of Marriage Equality

As of May 2014, the District of Columbia and 18 states issued marriage licenses to same-sex couples (Human Rights Campaign [HRC], 2014a). In contrast, 28 states have constitutional amendments banning same-sex marriage, and four states have laws that restrict marriage to a man and a woman (HRC, 2014b). In a major victory for proponents of marriage equality, the U.S. Supreme Court on June 26, 2013, rendered DOMA unconstitutional (*United States vs. Windsor*, 2013).

Same-Sex Marriage Statistics

According to the U.S. Census Bureau, of the 116.7 million households in 2010 (Lofquist, Lugalia, O'Connell, & Feliz, 2012), approximately 0.55% were married (*n* = 131,729) or unmarried-partner (*n* = 514,735) households of same-sex couples (U.S. Census Bureau, 2011). Gates, Badgett, and Ho (2008) reported that over 40% of same-sex couples have participated in some type of state sanctioned relationship recognition. However, marriage appears to be the preferred form of recognition, as only 10-12% of same-sex couples sought domestic partnerships or civil unions in the first year they were available; while in the first year of marriage equality, over one third of gay and lesbian couples married in Massachusetts (Gates et al., 2008).

Also, using data from the American Community Survey, Gates et al. (2008) have shown that those seeking legal partnership status tend to be younger. This may be explained by the fact that LGBT older adults self-identified with the LGBT community later in life, while younger cohorts now self-identify as early as adolescence (Muraco, LeBlanc, & Russell, 2008). That is, when they were younger, LGBT older adults had coupled with same-sex partners long before same-sex marriage was available and either are not motivated to legalize those relationships or are no longer in them. Other factors impacting marriage among LGBT older adults include the lack of role models within same-sex families during early development (Muraco et al., 2008).

Attitudes

Marriage equality has been a contentious issue in United States domestic policy since its inception. While its prominence in the media may suggest universal support among LGBT adults, attitudes differ. For example, lesbians and gay men with greater internalized homophobia, less education, and lower rates of disclosure to their families have less favorable attitudes toward same-sex marriage (Baiocco, Argalia, & Laghi, 2014). Other studies have examined attitudes toward marriage equality based on whether or not an LGBT individual would marry if given the option. Using data from an online poll of LGBT adults (Egan & Sherrill, 2005), approximately one quarter out of 748 participants who were surveyed would not choose to marry if it were legal.

According to the Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE) and the Movement Advancement Project (MAP), the lack of marriage

equality has been identified as one challenge to healthy aging within the LGBT population (SAGE & MAP, 2010). Specific obstacles include discrimination, legal inequalities, and dependence on chosen families, who are typically denied access to resources and privileges that legal and biological families are allowed (SAGE & MAP, 2010).

In examining political participation and priorities, the Hunter College Poll (Egan, Edelman, & Sherrill, 2008) revealed that protection from discrimination, both criminally and occupationally, was most important among those over age 65. Younger LGBT adults consider marriage equality and parental/adoption rights to be the two most important; these issues were ranked only fifth and seventh, respectively, within the older adult population (Egan et al., 2008). An earlier study (Egan & Sherrill, 2005) suggested that differences between the older and younger LGBT cohorts may be explained by the fact that the younger generation is less tolerant of relationship discrimination and has higher expectations of equality. This leads us to ask, then, with the rapid and numerous changes in relationship recognition, at both the state and federal levels, over the past 6 years (since Egan et al.'s 2008 report), how does the issue of marriage equality, with its accompanying 1,138 benefits involving survivorship, taxation, retirement, and the like (Shah, 2004), look to LGBT older adults now?

Methods

Design and Sampling

This survey research utilized a cross-sectional design, which was appropriate for the purpose of gathering demographic and descriptive data from a localized population never before sampled for a quality-of-life study. Nonprobability sampling methods yielded 452 participants, 102 of whom were excluded for not meeting study eligibility requirements. Thus, a final sample of 350 participants was used in the analysis. The sample was primarily White (84%), male (50%), and gay (47.1%), with a mean age of 37.1 years (SD = 13.16). Complete demographic data can be found in Table 1.

Survey

The 53-item, quantitative and short-answer survey[1] was developed collaboratively by graduate students in a service-learning course on social work with LGBT people and the board of directors of a local LGBT advocacy organization. For the purpose of this study, we looked exclusively at the survey's two same-sex marriage items in regards to importance and legalization (e.g., "How important is it to you that same-sex marriage become legal in Louisiana?") and four of its political items in regards to voter registration, and political affiliation, influences, and awareness (e.g., "How aware are you of political issues and decisions regarding LGBT people?").

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[1] This questionnaire can be made available to those who have interest in obtaining a copy by contacting the authors of this study.

Table 1. *Participant Demographics (N = 350)*

Characteristic	*n*	*%*	*M (SD)*
Race			
European Amer./White	294	84.0	
African Amer./Black	28	8.0	
Hispanic/Latino	7	2.0	
Biracial/Multiracial	7	2.0	
Other	14	4.1	
Gender			
Male	175	50.0	
Female	165	47.1	
Transgender	6	1.7	
Gender queer	4	1.1	
Age (18-82 years)			37.0 (13.16)
Sexual identity			
Gay	165	47.1	
Lesbian	121	34.6	
Bisexual	29	8.3	
Queer	19	5.4	
Other	16	4.6	
Education			
High school/GED or less	15	4.3	
Some college	95	27.1	
Bachelor's degree	100	28.6	
Some graduate	41	11.7	
Graduate degree	99	28.3	
Employment status			
Employed full-time	212	60.6	
Unemployed	69	19.7	
Employed part-time	31	8.9	
Student	16	4.6	
Other	21	6.0	
Missing/Invalid	1	0.3	
Household income			$44,169 (41,125.7)
Relationship status			
Partnered	147	42.0	
Single	179	51.1	
Married	14	4.0	
Separated/div./widowed	9	2.6	
Missing	1	0.3	

Procedures

The study was approved by the University's Institutional Review Board. LGBT individuals were invited to participate in a study on LGBT quality of life in a mid-size city in the Deep South. Individuals were eligible if they were at least 18 years of age and identified as LGBT or a related sexual identity (e.g., queer, questioning, same-sex attracted, etc.). They were excluded if they identified as heterosexual (and not also transgender) or acknowledged living outside the state. Participants living outside the metropolitan area but within the state were retained to provide a broader perspective of quality of life across the state. The survey was offered in electronic and hard-copy formats; however, all participants completed the survey online.

Data Analysis

Data were analyzed utilizing SPSS (version 21). Descriptive statistics were used to summarize sample characteristics. Chi-square was used for analyses with nominal and ordinal variables. To compare outcomes between younger versus older respondents, we dichotomized the sample according to age: those younger than 50 years (78.9%), and those 50 years and older (21.1%). Because of the small number of participants in the 50+ age category, the response categories of some nominal and ordinal variables were collapsed.

Results

The overwhelming majority (92.3%) of voting-eligible participants in the sample were registered voters, with more than half (54.9%) identifying as Democrats. Nearly two thirds (64.9%) reported being completely or somewhat aware of political issues and decisions affecting them as LGBT people. Participants' votes were influenced by social issues (74%) far and above any other factor. Virtually all (95.4%) agreed or strongly agreed that same-sex marriage should be legal, and 79.4% felt it was very or somewhat important to them personally.

The sample was analyzed for its political involvement and awareness (see Table 2), providing a context for similarities and differences between the age cohorts on the politically charged issue of same-sex marriage. Younger and older LGBT cohorts did not differ in voter registration ($\chi^2 = 3.311$, $df = 1$, $p = .069$), political party affiliation ($\chi^2 = 3.901$, $df = 3$, $p = .272$), awareness of political issues and decisions regarding LGBT people in the greater metropolitan area ($\chi^2 = 0.631$, $df = 2$, $p = .730$), or voting on social issues ($\chi^2 = 2.018$, $df = 1$, $p = .155$).

Regarding the same-sex-marriage variables of interest (see Table 3), a chi-square test of independence found a significant difference between younger and older LGBT adults on the importance of same-sex marriage ($\chi^2 = 7.255$, $df = 2$, $p = .027$). Standardized residuals revealed a higher-than-expected count of LGBT older adults who find same-sex marriage somewhat or very unimportant. However, the same test found no significant difference on allowing same-sex couples to enter a legal union offering the same benefits of marriage ($\chi^2 = 0.289$, $df = 2$, $p = .865$).

Table 2. *Political Involvement and Awareness (N = 350)*

Characteristic	*n*	*%*
Voter registration		
Yes	323	92.3
No, eligible	18	5.1
No, not eligible	8	2.3
Not sure	1	0.3
Political party affiliation		
Democrat	192	54.9
Independent	67	19.1
None	38	10.9
Republican	24	6.9
Libertarian	13	3.7
Other	14	4.0
Missing	2	0.6
Awareness of political issues and decisions regarding sexual orientation and gender identity		
Completely unaware	23	6.6
Somewhat unaware	63	18.0
Neutral	36	10.3
Somewhat aware	176	50.3
Completely aware	51	14.6
Vote influencer		
Social issues	259	74.0
Candidate	192	54.9
Economy	175	50.0
Political party	111	31.7
Environment	92	26.3
Race issues	39	11.1
Religious issues	18	5.1

Discussion

This study examined attitudes toward same-sex marriage among younger and older LGBT adults. Specifically, respondents were asked whether same-sex marriage should be legal and how important same-sex marriage was to them. The first question tapped into their global perceptions (i.e., should same-sex marriage be available in general), whereas the second question was more personal (i.e., does same-sex marriage matter to you personally). The issue of same-sex marriage is, among other things, a political one, so in order to gauge the nature of the sample's overall involvement in the political process and investment in political issues, responses to the same-sex marriage variables are presented against a backdrop of the sample's overall political awareness and involvement.

That LGBT younger adults bear no significant difference from LGBT older adults in voter registration, party affiliation, political awareness, and voting on social issues suggests that the cohorts are more similar than different. Statistically speaking, they are likeminded and relatively equally engaged and aware politically.

Table 3. *Attitudes Toward Marriage Equality (N = 350)*

Characteristic	*n*	*%*
Importance of marriage equality		
Very unimportant	44	12.6
Somewhat unimportant	8	2.3
Neutral	18	5.1
Somewhat important	56	16.0
Very important	222	63.4
Not sure	1	0.3
Missing	1	0.3
Same-sex marriage should be legal		
Strongly disagree	11	3.1
Disagree	0	0.0
Neutral	4	1.1
Agree	23	6.6
Strongly agree	311	88.9
Missing	1	0.3

Voter Registration

A Gallup poll (Gates & Newport, 2012) found that three quarters (74%) of LGBT adults were registered to vote. Nearly all voting-eligible participants in the present study were registered to vote. Among them, similar rates of younger adults (93.7%) and older adults (98.6%) were registered to vote, whereas in the general population, 68.9% of younger adults (18-54 years) and 79.1% of older adults (55+) were registered (Holder, 2006).

Party Affiliation

In singling out Democratic, Republican, and Independent participants, our sample was more Democratic (67.8%) and less Republican (8.5%) than Gallup's (Gates & Newport, 2012) LGBT sample, which was 44% Democratic and 13% Republican. More than half (55%) of 18-34-year-olds in the general population identified as Democrat, while 46% of those 35-64 and 48% of those 65 and older did (Fisher, 2008). Fisher (2008) reported that individuals 35-64 identified themselves as Republican more (43%) than any other age group; only 35% of those 18-34 did so. Unlike heterosexuals, LGBT younger and older adults may unite on social issues, particularly those that affect them as LGBT people (e.g., adoption, parenting, marriage, etc.), and may therefore find themselves more often on the same side of the political aisle.

Political Awareness

LGBT younger adults (64.1%) and their older counterparts (68.5%) do not differ significantly in being somewhat or completely aware of political issues and decisions regarding LGBT people in the local area. In a study to determine the environmental factors that increase awareness of ballot propositions (i.e., political awareness), Nicholson (2003) reported civil liberties/rights as having the greatest impact, followed by media coverage. That virtually all LGBT political issues and decisions are about civil liberties and rights

may explain, in part, the political awareness of nearly two thirds of our sample. There exist no empirical studies on the political awareness of LGBT individuals or of heterosexual individuals regarding LGBT issues.

Social Issues Voting

Researchers have noted voting influences ranging from voice pitch (Tigue, Borak, O'Connor, Schandl, & Feinberg, 2012) to the economy (Pew Research Center, 2012). In our sample, no other issue came as close to influencing the vote of either age group as did social issues. Indeed, no other ballot measure is more motivating to any voter than one based on a social issue (Biggers, 2011). Social issues influenced the votes of LGBT younger adults (75.7%) slightly more than they did older (67.6%), although not significantly so. Votes influenced by the candidate came in a distant second among both younger (54.3%) and older LGBT adults (56.8%), and votes were least influenced by religious issues (5.4% younger adults, 4.1% older adults).

Attitudes Toward Marriage Equality

Legalization. As with Lannutti's (2005) mixed-age sample, the two LGBT age cohorts in the present sample agreed that same-sex couples should be allowed to be legally joined in a relationship that affords them the same rights, entitlements, and privileges as marriage, whatever it be called. However, whereas younger and older LGBT adults agree on legalizing same-sex marriage, younger and older heterosexual adults disagree. According to Masci (as cited in Becker & Scheufele, 2011), 49% of young adults (< 30 years of age) favor same-sex marriage, whereas 65% of older adults (≥ 65) oppose it. These findings were echoed by Becker (2012), who found Millennials (ages 18-29) most supportive of same-sex marriage and the Silent Generation (65+) least supportive.

Perceived importance of marriage equality. Although they agreed on legalization, younger and older LGBT adults disagreed on the institution's importance. That is, older adults believe in legal recognition of relationships; they merely find that same-sex marriage is not for them. In fact, more older adults (6.8%) in the sample were already married compared to their younger counterparts (3.2%) and, coincidentally, more so to opposite-sex partners (60%) than younger adults were (22.2%). More older adults (2.6%) were also separated, divorced, or widowed than were younger adults (1.1%). Similar to our sample, more older adults (59.2%) in the general population are already married compared to their younger counterparts (43.1%) and were also separated, divorced, or widowed (33.7%) more than were younger adults (12.5%; U.S. Census Bureau, n.d.).

In Lannutti's (2005) study of 288 LGBT individuals, younger participants recognized the importance of same-sex marriage as they grow older (e.g., making medical decisions, having access to a spouse's health insurance), but this apparently did not immediately resonate with older adults in the present study. This could possibly be due to a generational difference in life experiences. Indeed, children 10 years of age and younger have never been without marriage equality in at least one state in the U.S. Even adolescents are unlikely to remember the time before marriage equality in this country. To underscore the generational point, today's youth have very different expectations of themselves and others than did those before them (Marzullo & Herdt, 2011).

Practice Considerations

Our study revealed that although LGBT older adults support marriage equality on par with their younger counterparts, older adults find it not as important personally. Personal preference about marriage aside, the lack of marriage equality has a significant impact on LGBT older adults of which this population may be unaware. For example, among baby boomers, LGBT individuals are more likely to be caregivers than those in the general population, and gay and bisexual men are more likely to be caregivers than their heterosexual counterparts (MetLife, 2006). Fewer resources may be available to caregivers who are not married to their dependent partners, including the Family Medical Leave Act, which protects only those couples who are married (U.S. Department of Labor, n.d.).

Until President Obama urged the U.S. Department of Health and Human Services to initiate a policy to the contrary (Obama, 2010), hospitals across the country could deny visitation to individuals whose same-sex partners were hospitalized. The new policy, implemented in 2010, applies to hospitals that receive Medicare and Medicaid dollars, and although most do, some do not. Marriage equality would cover that gap, granting visitation to all couples regardless of the hospital's participation in federal funding programs.

In Stein and Bonuck's (2001) survey of 575 lesbian, gay, and bisexual people ranging in age from 19-83, 72% reported familiarity with advance directives; however, only 38% had one. Even among LGBT older adults, most (72%) had discussed advance directives with loved ones, but half (51%) had not actually prepared one (MetLife, 2006). Without an advance directive, the default surrogate-selection policies in some states will overlook the same-sex partner of an incapacitated or deceased individual in favor of those next in line, such as biological relatives (Riggle, Rostosky, Prather, & Hamrin, 2005).

Tax advantages and employee benefits (including death benefits) contribute to financial well-being among married partners, more so than among their unmarried counterparts; in turn, financial well-being becomes a significant contributor to physical and mental health (de Vries, 2007). However, without marriage, surviving partners are left with estate taxes and other financial penalties following their partner's death. Moreover, surviving partners of unmarried same-sex couples are denied their deceased partners' Social Security benefits (Sugarman, 2008).

Surviving partners may be prevented from claiming their deceased partner's remains and making funeral arrangements. This interferes with a critical component of grieving. For those LGBT older adults unable to marry their same-sex partners, this *disenfranchised grief* offers an additional layer of psychological distress uncommon among their heterosexual counterparts (McNutt & Yakushko, 2013).

Practitioners working with LGBT older adults presenting with custodial, legal, end-of-life, and related concerns should assess clients' plans for themselves, their loved ones, and their estate in the event of their illness or death. It may be necessary to educate clients on their rights and responsibilities, rather than assume they already have this information, and present all available options for their consideration. Knochel (2010) recommends a reciprocal beneficiary agreement, which extends to unmarried partners some of the same rights afforded married couples, such as the right to make medical decisions on a partner's behalf and the right to inherit a deceased partner's estate. Until the issue of marriage

equality is settled, practitioners must keep in mind the negative effect that anti-marriage equality campaigns and conversations can have on LGBT older adults (Rostosky et al., 2009). Negative reactions among LGBT individuals to these campaigns include fear, shock, and anger (Russell, 2000). Anti-gay politics, including said anti-marriage equality movements, contribute to a further deepening of disenfranchisement and psychological distress to this already marginalized group (LGBT older adults), which often leads to secrecy of loving, meaningful long-term relationships to avoid discrimination and ridicule (Butler, 2004).

The various types of difficulties and discrimination that can accompany the process of identifying as lesbian, gay, bisexual, or transgender often lead to psychosocial stressors within an individual's life. Given that a vast majority of LGBT individuals tend to seek out different forms of therapeutic treatment from mental health providers (Haas et al., 2011), it is imperative that social workers are equipped with adequate knowledge and training before clinically treating this population. Content focusing on LGBT individuals should be made mandatory within diversity and practice-related courses as opposed to solely within elective courses for social work students (Martin et al., 2009). Additionally, social work professionals should be responsible for commitment to attending annual, continuing education programs that contribute to their practice knowledge and sensitivity with LGBT issues (King, Semlyn, Killaspy, Nazareth, & Osbom, 2007).

Limitations

A 2008 report by Egan et al. stated that 20% of the LGBT adult population was 55 and older. Our sample was slightly younger, with just 10.6% 55 and older. While Egan et al. attribute the disproportionately low number to fewer LGBT older adults identifying as LGBT, we attribute our slim subsample to the potential inaccessibility of the online survey. As ubiquitous as computers have become, older adults lag behind younger age groups in access to and knowledge of computers (Shapira, Barak, & Gal, 2007).

With limited age and race representation in our sample, the results are not generalizable beyond a small segment of a population—a segment that is primarily white, young, and middle-class—in a mid-size city in the Deep South. Inviting participants using language such as *lesbian, gay, bisexual, and transgender* may have overlooked individuals who do not use those terms to identify themselves, particularly older adults (Shankle, Maxwell, Katzman, & Landers, 2003) and persons of color (Millett, Malebranche, Mason, & Spikes, 2005). Additionally, many individuals within this population wish not to be aggregated as simply *LGBT* and prefer to be understood within their respective orientations (e.g., transgender aging persons; Siverskog, 2014). Securing adequate sample sizes to address this issue is difficult but, nonetheless, important for future research.

Further, the lack of standardization regarding the present study's questionnaire is worth mentioning, as reliability and validity of the survey instrument are untested.

Summary

This study aimed to compare attitudes of older versus younger LGBT individuals regarding marriage equality. Older and younger LGBT cohorts did not significantly differ in voter registration, political party affiliation, awareness of LGBT political issues, or

voting on social issues. Older LGBT adults were less likely to find same-sex marriage important. However, age cohorts did not differ significantly on marriage equality legalization. The future for social work researchers and practitioners working with older LGBT adults is looking brighter thanks to increased resources germane to this population, including the National Resource Center on LGBT Aging (see Meyer & Johnston, 2014). We hope that, despite its limitations, this study adds to this brighter future by providing a snapshot of the marriage equality attitudes among younger and older LGBT adults. We believe that this study provides beneficial knowledge to social workers who practice with LGBT older adult clientele (individuals and families), and to social work educators who explore older, age-specific LGBT issues within their curricula.

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Attitudes Toward Same-Gender Adoption and Parenting:
An Analysis of Surveys from 16 Countries

Darrel Montero

Abstract: *Globally, little progress has been made toward the legalization of same-gender adoption. Of the nearly 200 United Nations members, only 15 countries with populations of 3 million or more have approved LGBT adoption without restrictions. The objectives of this paper are, first, to provide a brief background of the obstacles confronting same-gender adoption including the role of adoption agencies and parenting issues; second, to discuss the current legal status of the 15 countries which have approved same-gender adoption without restrictions; third, to report on recent public opinion regarding the legalization of same-gender adoption and parenting, drawing from previously published surveys conducted in 16 countries; and, fourth, to explore the implications for social work practice including social advocacy and social policy implementation.*

Keywords: *Same-gender adoption, same-sex adoption, gay adoption, same-gender parenting*

To date, few papers have addressed the issue of same-gender adoption globally. As of 2013, only 15 major industrialized countries have approved same-gender adoption without restrictions. For the purpose of this paper, the term "without restrictions" refers to nations which allow joint adoption by same-gender couples, step-parent adoption (of their same-gender partner's biological child), and adoption by a single gay or lesbian individual. Although Canada was the first country to approve same-gender adoption in 1999, the vast majority have only recently approved full legal adoption rights. The objectives of this paper are, first, to provide a brief background of the obstacles confronting same-gender adoption including the role of adoption agencies and parenting issues; second, to discuss the current legal status of the 15 countries which have approved same-gender adoption without restrictions; third, to report on recent public opinion regarding the legalization of same-gender adoption and parenting, drawing from previously published surveys conducted in 16 countries; and, fourth, to explore the implications for social work practice including social advocacy and social policy implementation.

It was not until 2011 that the United Nations Human Rights Council passed its first resolution recognizing lesbian, gay, bisexual, and transgender (LGBT) rights, urging all countries to enact laws protecting basic LGBT civil liberties (Dougherty, 2011). Laws affecting LGBT people vary greatly from country to country, ranging from full legal recognition of marriage, adoption, employment, and full civil liberties to the criminalization of consensual same-gender relationships in 76 countries (Council for Global Equality, 2011; United Nations Human Rights, 2013).

Historically, the first country to approve same-gender adoption without restrictions was Canada in 1999. This was followed by the Netherlands (2001), South Africa (2002), and Sweden (2002). Most recently, on May 18, 2013, the French government approved same-gender marriage and adoption, despite France's long religious tradition of opposition to this policy. The legislation is cited as the country's most extensive social amendment since bringing an end to the death penalty in 1981 (Cody, 2013).

A wide range of international landmark legislation has marked a turning point for gay and lesbian couples who wish to adopt. Namely, in England and Wales, the Adoption and Children Act of 2002 allowed for gay and lesbian couples wishing to adopt children (Brodzinsky, 2005). However, it was not until 2005 that this Act came into full effect and permitted same-gender couples the right to adopt children (Logan & Sellick, 2007). In 2007, The Equality Act (Sexual Orientation) Regulations further mandated that lesbian and gay couples cannot be discriminated against by adoption agencies (Samuel, 2010).

Agency Constraints and Successes in Policy Implementation

Although public and faith-based adoption agencies are required by law to comply with same-gender adoption statutes, there are numerous documented cases where agencies have chosen to disregard these laws. In the United States, where same-gender adoption is legal in some states, there have been cases of faith-based adoption agencies in Boston, Denver, the District of Columbia, and Rockford, Illinois which decided to close their doors rather than be forced to comply with same-gender adoption laws ("Catholic Adoption," 2011; Filteau, 2006; Kyle, 2013; "Same-Sex," 2010). Institutionalized bias against the LGBT community still can influence judges, legislators, casework experts, and individuals involved in the adoption process (Brodzinsky, 2003).

In England, some adoption agencies have witnessed targeted prejudice towards LGBT adoption, where adoption specialists were giving priority to heterosexual adoptive parents over homosexual parents (Doughty, 2011; English, 2012; Seal, 2009). Seal (2009) reported data regarding gay men who had adopted children, and found that some adoption workers gave preferential treatment to wealthy married heterosexual couples over single gay men.

As a result of England's 2007 Sexual Orientation Regulations, although some faith-based adoption agencies have stopped discriminating practices, others have ended their association with the church (Doughty, 2011). Britain's Catholic adoption society reported that they would close their doors if they were required to place orphans with same-gender couples ("Catholic," 2010). Moreover, the Muslim Council of Britain also sided with the Catholic Church and its adoption agencies ("Muslims," 2012).

Because of some of these selective practices, in England and Wales, the National Minimum Standards for Local Authority Adoption Services have established guidelines that require reasonable practices within British adoption agencies. These guidelines provide that adoptive parents are to be treated fairly, with respect, and without prejudice (Department of Education, 2011).

In 2008, the European Court of Human Rights ruled that same-gender couples can adopt. Their ruling prohibited the exclusion of gay individuals or couples from applying for adoption. The court concluded that the best interest of the child is of utmost importance, adding that prejudice based on sexual orientation should not stand in the way of care and love ("Europe," 2008).

In 2013, a same-gender couple from Austria sought to adopt a partner's biological son. The jury believed the couple and child were a family, citing that same-gender parents are no more harmful to children than heterosexual parents. Leaders of both Amnesty International and the International Lesbian, Gay, Bisexual, Transgender, and Intersex Association stated that they hoped the judgment furthered equality for European families (Cassell, 2013).

In February 2013, Puerto Rico's Supreme Court upheld a law prohibiting same-gender couples from adopting. Also in February, the Federal Constitutional Court of Germany ruled that same-gender couples in a civil union can legally adopt their partner's non-biological child/ren. In May, Portugal's Parliament voted to approve a law allowing same-gender couples to adopt their partners' children. As well, in October the Northern Ireland High Court maintained that a law allowing adoption only by heterosexual married couples or single individuals is illegal, regardless of their sexual orientation (Franklin, 2013).

However, opposition of same-gender rights and adoption is still prevalent, and it remains quite difficult for same-gender couples to pursue adoption globally. Prejudice against LGBT people is rampant in many countries with large orphan populations. As such, overt policies and/or implied social attitudes exist against same-gender adoption. Even the most forward-thinking adoption agencies are cautious about representing same-gender adopters due to the challenges of working with anti-gay policies and laws (Levine, 2013).

Recently, perhaps the strongest anti-gay response has been by Vladimir Putin. In 2012, the Russian lower house of parliament prohibited the adoption of orphans by same-gender couples from countries where same-gender marriage is legal (Franklin, 2013). In addition, in 2013, Putin's anti-LGBT campaign continued by levying a $3,000 fine against any Russian citizen who advocates for LGBT rights (Gessen, 2013). UNICEF estimates that there are approximately 740,000 Russian children in need of adoption, while only about 18,000 Russian parents are seeking to adopt (Heintz, 2012).

Same-Gender Parenting

A serious roadblock facing same-gender couples seeking to adopt is the issue posed by some critics as to whether LGBT parents can offer the same quality of parenting as heterosexual parents (Erich, Leung, & Kindle, 2005; Erich, Leung, Kindle, & Carter, 2005). However, there is substantial evidence that underscores the merits of and successes found in LGBT parenting. After reviewing the scientific literature, three major professional associations—The American Psychological Association ([APA], 2010), Australian Psychological Society ([APS], Short, Riggs, Perlesz, Brown, & Kane, 2007), and Canadian Psychological Association ([CPA], 2006)—came to the conclusion that the

well-being of children with same-gender parents does not vary from that of children with heterosexual parents.

The CPA (2006) based their position on a review of over 100 empirical studies. An analysis of this research suggests no consistent differences between the mental health and social personality of children raised by same-gender or heterosexual parents ("Brief," 2005). The Australian Psychological Society (Short et al., 2007) indicated that their research showed that same-gender parenting and their children's outcomes are likely to be at least as favorable as those in families of heterosexual parents.

Numerous studies conducted from 1995 through 2013 underscore the conclusions reported by the APA, APS, and CPA (Anderssen, Amlie, & Ytteroy, 2002; Biblarz & Savci, 2010; Bos, Gartrell, & van Gelderen, 2013; Bos, Gartrell, Peyser, & van Balen, 2008; Bos, Gartrell, Roeleveld, & Ledoux, 2013; Chan, Raboy, & Patterson, 1998; Cianciaruso, 2013; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Goldberg & Smith, 2013; Golombok et al., 2003; Golombok et al., 2013; Patterson, 2008; Perrin, 2013; Tasker & Golombok, 1995; Veldorale-Brogan, 2012; Wainwright, Russell, & Patterson, 2004). Similar policy statements have been advanced by an additional 14 professional groups regarding the viability of gay/lesbian adoption and parenthood. These professional associations include the American Academy of Child and Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, the American Association for Marriage and Family Therapy, American Bar Association, American Medical Association, the American Psychiatric Association, the American Psychoanalytic Association, the American Sociological Association, the Child Welfare League of America, the National Adoption Center, the National Association of Social Workers, the North American Council on Adoptable Children, and Voice for Adoption.

Methods

The findings of this study are based on previously published opinion polls from Ipsos Global @dvisor (2013) conducted between and on behalf of Reuters News via the Ipsos Online Panel system in the following countries: Argentina, Australia, Belgium, Canada, France, Germany, Great Britain, Hungary, Italy, Japan, Norway, Poland, South Korea, Spain, Sweden and the United States of America. An international sample of 12,484 adults aged 18-64 in the U.S. and Canada (and aged 16-64 in all other countries) were interviewed.

The Ipsos Global @dvisor (2013) conducts attitudinal surveys internationally on a regular basis. The purpose of the present study is to report a subset of the data this organization collected in its 2013 survey. Numerous questions were asked by the organization on same-gender issues; however, these were not relevant to this article's specific focus on same-gender adoption. Within this context, I report the survey methodology below used by the Ipsos Global @dvisor.

Approximately 1,000 individuals participated on a country-by-country basis, except in Argentina, Hungary, Norway, Poland, South Korea and Sweden where each nation had a sample of approximately 500 respondents. Weighting was then used to balance demographics and make certain that the sample reflected that of the adult population

according to the most recent country census data and to present results intended to estimate the sample universe. The accuracy of Ipsos polls is calculated by using a confidence interval (1,000 is accurate to +/- 3.5 percentage points, while a poll of 500 is accurate to +/- 5.0 percentage points in their respective general populations). All sample surveys and polls may be subject to other sources of error, including but not limited to coverage error and measurement error. Additional information and parameters on confidence intervals and research methodology can be found on the Ipsos Public Affairs (2013) website.

Limitations

Numerous scholars have reported the limits of survey research methodology (Creswell, 2013; Groves et al., 2013). As with all sample surveys, standard errors may include but are not limited to sampling errors, interviewer bias, nonresponse rate, social desirability response bias, types of survey questions (open-ended vs. closed-ended), and inter-rater reliability. The results may be impacted by the use of various terms to describe same-gender adoption (gay adoption, same-sex adoption, LGBT adoption, etc.). Also, as is typical of survey data, results can vary by a country's political climate, a newsworthy event, or a declaration from a major political or religious figure on same-gender adoption.

In examining the question in Table 2 ("Do you think same-sex couples should have the same rights to adopt children as heterosexual couples do?"), perhaps if the question was worded using the term "same-gender couples," "gay couples," or "gay individual" instead of "same-sex couples," it may have produced different responses. Similarly, in Table 3, the question reads: "Do you think same-sex couples are just as likely as other parents to successfully raise children?" If the second survey used the phrase "effectively raised children," it again may have produced different responses than what were reported here. Finally, in both surveys, there could be potential ambiguity or loss of uniformity due to the questions being asked in different languages. Thus, "same-gender couple" may not translate into a "gay or lesbian couple" as in the English language. Despite these limitations, it is important for researchers to make an effort to report disparate global surveys and determine where the citizens of these 16 countries stand on their support or lack of support for the legalization of same-gender adoption and their views on parenting.

Results

Countries That Have Approved Same-Gender Adoption With No Restrictions

As of November 2013, 15 countries have approved same-gender adoption without restrictions (see Table 1). Countries without restrictions refer to nations that allow joint adoption by same-gender couples, step-parent adoption, and adoption by a single gay or lesbian individual. Canada was the pioneer country approving same-gender adoption in 1999, followed by the Netherlands in 2001 and South Africa and Sweden in 2002. Most recently, France approved same-gender adoption without restrictions in 2013. Of the 15 countries that have approved same-gender adoption without restrictions, two thirds of these nations are located in Western Europe. The remaining five countries are found in

South America (Argentina, Brazil, and Uruguay), North America (Canada), and Africa (South Africa).

Table 1. *Countries That Have Approved Same-Gender Adoption With No Restrictions*

Country	Legalized	Population (approximate in millions)
Argentina	2010	41 M
Belgium	2006	11 M
Brazil	2010	198 M
Canada	1999	34 M
Denmark	2010	6 M
England	2005	53 M
France	2013	66 M
Netherlands	2001	17 M
Norway	2009	5 M
Scotland	2009	5.5 M
South Africa	2002	51 M
Spain	2005	47 M
Sweden	2002	10 M
Uruguay	2009	3.5 M
Wales	2005	3 M

Sources: Begley, 2013; "Ultimate Gay Adoption Guide," 2013.

Note: Upon initially focusing on the topic of same-gender adoption globally, the author was immediately confronted with the need to make the conceptual decision of how to organize the nearly 60 countries and jurisdictions that have approved some form of same-gender adoption. Therefore, a decision was made to include countries based on three criteria that were met in 2013: (a) countries that have approved same-gender adoption with no restrictions—that is, nations which allow joint adoption by same-gender couples, step-parent adoption, and adoption by a single gay or lesbian individual; (b) countries with populations of 3 million or greater; and (c) countries in which every state, province, or territory approves same-gender adoption without restrictions. Following the above criteria, although Andorra and Iceland met the no restrictions criterion, they did not meet the population threshold. In addition, although Australia, Mexico, and the United States met the population threshold, these countries were excluded because not every state and/or territory has approved same-gender adoption without restrictions.

Note: Only countries with populations of 3 million or greater are included in this table since many countries with populations below 3 million are often geographically quite small and consequently unknown to many readers. For example, French Guiana is 32,253 square miles with a population of approximately 250,000, while Malta is 122 square miles and has a population of approximately 418,000.

Attitudes Toward Same-Gender Couples' Right to Adopt Children

Ipsos Global @dvisor (2013) conducted an attitudinal study in 16 nations and asked a cross section of respondents the following question: "Do you think same-sex couples should have the same rights to adopt children as heterosexual couples do?" Table 2

reports a breakdown of the responses for each country from greatest to least support for same-gender adoption. Column 3 reports "total agree," which is the combined responses of columns 1 and 2, "somewhat agree" and "strongly agree," respectively.

Table 2. *Attitudes Toward Same-Gender Couples' Right to Adopt Children, 2013*

	Somewhat Agree	Strongly Agree	Total Agree
Sweden	22%	56%	78%
Spain	20%	52%	73%
Germany	33%	37%	71%
Canada	25%	45%	70%
Australia	30%	37%	67%
Belgium	26%	41%	67%
Norway	26%	41%	67%
Great Britain	31%	34%	65%
United States	26%	38%	64%
Japan	45%	15%	59%
France	22%	31%	53%
Argentina	19%	33%	52%
South Korea	35%	11%	46%
Hungary	24%	18%	42%
Italy	22%	19%	42%
Poland	14%	13%	27%

Question: "Do you think same-sex couples should have the same rights to adopt children as heterosexual couples do?"

Note: Columns 1 and 2 may not total Column 3 because of rounding.

Source: Ipsos Global @dvisor (2013).

Of the 16 nations surveyed, 12 countries reported that a majority of the respondents interviewed agreed that same-gender couples should have the right to adopt. Canada, Germany, Spain, and Sweden report the greatest support, with more than 7 in 10 of their citizens supporting adoption. The four countries that fell below a majority ranged from 27% (Poland), with the remaining three countries of Italy, Hungary, and South Korea at approximately 40%. It is interesting to note that two counties in particular reported large differences between "strongly agree" and "somewhat agree" response categories. In Japan, for example, 59% reported "total agree," yet only 15% "strongly agreed" on the proposition of same-gender adoption. Similar findings were reported for South Korea, where a near majority (46%) answered "total agree," while only 11% reported "strongly agree."

Attitudes Toward Same-Gender Couples to Successfully Raise Children

In 2013, Ipsos Global @dvisor also surveyed the same 16 countries and asked a cross section of respondents the following question: "Do you think same-sex couples are just as likely as other parents to successfully raise children?" Table 3 reports a breakdown of the responses for each country from greatest to least support that same-gender parents can successfully raise children. Just as in Table 2, column 3 reports "total agree," which is the combined responses of columns 1 and 2, "somewhat agree" and "strongly agree," respectively.

Table 3. *Attitudes Toward Same-Gender Couples to Successfully Raise Children, 2013*

	Somewhat Agree	Strongly Agree	Total Agree
Sweden	24%	57%	81%
Norway	25%	55%	79%
Canada	28%	48%	76%
Germany	32%	42%	74%
Spain	24%	49%	73%
Australia	30%	42%	72%
Great Britain	35%	37%	72%
Belgium	28%	42%	70%
United States	26%	39%	66%
France	25%	39%	63%
Japan	46%	15%	62%
Argentina	24%	34%	59%
Italy	26%	24%	49%
Hungary	29%	17%	46%
South Korea	36%	6%	42%
Poland	22%	15%	36%

Question: "Do you think same-sex couples are just as likely as other parents to successfully raise children?"

Note: Columns 1 and 2 may not total Column 3 because of rounding.

Source: Ipsos Global @dvisor (2013).

Overall, for 12 of the 16 countries surveyed, a majority (51%+) supported the successful raising of children by same-gender parents. In fact, for 8 of the 16 nations, support for same-gender couples' ability to successfully parent reached 70% or greater. Swedes offered the greatest support on this issue, where more than 8 in 10 agree that same-gender couples can successfully raise children.

Of the four countries where a majority did not support parenting by same-gender couples, the same four countries—Italy, Hungary, South Korea, and Poland—also did not support the right to adopt by same-gender couples at a majority or higher level. Japan and

South Korea stood out, given that in both cases a very small percentage reported "strongly agree" when asked about the ability of successfully raising children by same-gender couples. Finally, Polish respondents reported the lowest support on this issue (slightly more than 1 in 3).

Discussion

Of the nearly 200 members of the United Nations, only 15 countries have legalized same-gender adoption with no restrictions. An important pattern emerges among these countries: two-thirds of these nations are located in Western Europe. For decades, scholars have documented the origins and traditions of liberalism in this part of the world (de Ruggiero, 1977; Hlousek & Kopecek, 2010; Kirchner, 1999; Leroux, 2011; Moravcsik, 1995). Their observations may, in part, explain the tolerance of these countries toward the issues faced by their LGBT citizens.

In 2013, attitudinal surveys conducted in 16 nations indicate that a majority of these countries report support for same-gender adoption and recognize same-gender couples' ability to successfully raise children. As noted earlier, regarding same-gender parenting, there is a large body of empirical studies which indicate that parenting by same-gender couples is equally successful when compared with heterosexual child-rearing. Given the findings that public opinion impacts social policy formation (Burstein, 2003; Kenworthy, 2009; Silver, 2013), we may anticipate more countries approving same-gender adoption in the future.

Social Work Practice

Even though numerous countries have prohibited discrimination against same-gender adoption, traditional attitudes and perhaps prejudice may still remain. Therefore, it is important for social workers to make their clients aware of international adoption laws which allow for placements based on cultural values as well as what is in the best interest of the child ("Adoption," 2013).

The results from these public opinion surveys may be useful for social workers who seek to advance social justice for their same-gender clients seeking to adopt (National Association of Social Workers, 2012). Globally, social workers who provide services to same-gender couples work in one of four distinct types of regions: Group 1 includes those 76 countries where consensual same-gender relationships are criminalized; Group 2 includes countries where homosexuality is not criminalized, yet full equal rights for members of the LGBT community are not granted; Group 3 countries and jurisdictions (dependencies, municipalities, and territories) have legalized same-gender adoption with restrictions; and Group 4 countries have legalized same-gender adoption without restrictions. We discuss the role for social workers practicing in each of these four environments.

First, social workers who work with LGBT clients in Group 1 countries where homosexuality is criminalized have the most challenging role when working with clients whose sexual preference is considered a crime. For instance, Uganda, Sierra Leone, and Senegal have declared homosexual acts illegal and anyone caught can be punished with

long jail sentences ("Amnesty International," 2013). Consequently, these social workers may themselves encounter personal harm working with a member of the LGBT community. Within this context, they may need the support of organizations such as Amnesty International and United Nations Human Rights Council, as well as the larger global social work community, in seeking to reverse the criminalization of homosexuality. As a priority, these social workers need to work to decriminalize homosexuality before they can advocate for the possibility of marriage equality.

Group 2 countries include those where consensual same-gender relationships are not criminalized, yet basic civil rights have not been granted. Social workers will need to advocate for their clients' rights in terms of civil unions, adoption, and employment.

Group 3 includes countries and jurisdictions that have endorsed some form of legal same-gender adoption but with restrictions. In this context, social workers have important roles in both direct practice and macro practice. First, in direct practice, social workers will work with clients who seek full equality adoption rights currently enjoyed by their counterparts in only 15 countries. A critical role for social workers at the macro level will be to engage in social action and policy implementation to bring about the legalization of same-gender adoption. A number of scholars have stressed the importance of social workers being apprised of restrictions and exceptions that may be faced by their LGBT clients that are idiosyncratic to their country (Davis, 2013; Moore & Brainer, 2013). Therefore, it is useful for social workers to be fully informed about gay and lesbian adoption policies in the country in which they practice, since policies may vary widely. Social workers advocating for their LGBT clients may encounter important hurdles. For example, male parents versus female parents may encounter more resistance to adoption in some context. This may be further compounded by demographics including ethnicity, religion, and socioeconomic status. All these factors can play a central role as to how social workers will deliver services.

Group 4 countries have legalized same-gender adoption without any restrictions. It is critical that social workers remain ever vigilant on two fronts: First, monitoring adoption agencies that seek to give preferential treatment to heterosexual couples in the adoption process, and second, countering the ongoing efforts in several countries to reverse the legalization of same-gender adoption. It is imperative that social workers remain organized and vocal in their opposition to attempts to reverse these hard-fought adoption rights. Social workers should continue to inform themselves about same-gender adoption, since little research exists in this field. Social workers should also educate their same-gender clients about their rights to adopt, and introduce them to other clients who have previously gone through this challenging process.

Summary

It has taken over half a century for the United Nations Human Rights Council to pass its first ever resolution protecting the rights of lesbians, gays, bisexuals, and transgender persons. This resolution seeks to protect the equal rights for all, regardless of sexual orientation. Even with these modest inroads, Russia, a powerful nation, has approved a $3,000 fine for any Russian citizen advocating for homosexual rights, as noted

previously. In addition, Russia has halted all adoptions to countries which allow same-gender adoption. This is particularly significant since according to UNICEF, nearly 750,000 Russian children await adoption while only 18,000 Russian citizens express interest in adopting. Given their training and expertise, social workers are in a unique position to advance the basic rights of the LGBT community worldwide.

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Waiting to be Cinderella'd?: Attitudes on Class Differences Among Women

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Abstract: This article explores the way in which college students construct attitudes about class differences among women. Social work student researchers interviewed 30 college students at a Midwestern public university and asked them to tell stories about women in two different social class positions. The results revealed that social class differences are constructed based on factors related to family of origin, personality, structural inequities, personal choices and relationships, as well as other intersecting experiences. In addition, participant stories highlighted gendered attitudes towards women in poverty. Implications for social science teaching, practice, and research are discussed.

Keywords: Feminization of poverty, gender, attitudes, college students, social class, social work

The economic status of women in the United States has been the frequent subject of social science research. While academics and helping professionals may be well aware of the intersecting forms of oppression faced by women, less is known about people's beliefs about females in different class positions. Attitudes inform action (Cozzarelli, Wilkinson, & Tagler, 2001) so a lack of knowledge about perceptions of gender and social class creates a deficit in the ability to work for social justice, especially regarding women experiencing poverty. An exploration of how people view differences between a woman in an upper-middle class position and one living in poverty can reveal the factors that help to shape such attitudes. Information about perceptions of women and economic status can be used to inform social work research and practice in order to reduce disparities and stigma for women in different social class positions. Of particular importance is how college students form beliefs about social justice issues as they are getting ready to enter the workforce, where they will have influence on the experiences of women in various social class positions. This study focuses on the findings of a research project aimed at exploring how college seniors create indicators of social class. The research team asked participants to construct stories about women in two different social class positions: one a janitor or factory worker and the other a successful business person. The narrative from the participant interviews illuminates some of the ways that gendered beliefs about social class are determined and constructed. These findings have important implications for social science research, teaching, and practice.

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Literature Review

The Role of Gender in Social Class

Since the 1970s, researchers have noted a decidedly feminine trend in poverty (Richards, Garland, Bumphus, & Thompson, 2010; Tiamiyu & Mitchell, 2001), with women experiencing more poverty than men. This "feminization" of poverty is cemented by experiences of single parenthood, domestic violence, lack of affordable housing, poor job opportunities, and inadequate public welfare (Richards et al., 2010; Tiamiyu & Mitchell, 2001). At the same time, wealth in America has increasingly become concentrated, making class mobility more difficult (Froehlich, 2005). In addition, job polarization with economic growth only at the top and bottom of the labor market has led to a decrease in middle-class incomes. The increase of women entering the workforce has created more opportunities in the upper and middle class among females with a college education, but has put greater strain on those in poverty (Dwyer, 2013). In 2012, 16% of American women were living in poverty, and 28% of female-headed families had incomes below federal poverty lines (U. S. Census Bureau, 2012; U. S. Bureau of Labor Statistics, 2012). An additional 7.6% of women qualify as working poor (U. S. Bureau of Labor Statistics, 2012). Women of color experience a more hostile labor climate, influenced not only by pervasive sexism, but racism as well. Poverty rates for women of color are double those of white women (Ahmad & Iverson, 2013). These data suggest that women are vulnerable to poverty and to other social class issues, such as racism.

Disparities in pay in the labor force play a large role in the feminization of poverty. Analysis of the gender wage gap in the United States revealed that in 2011, women earned only 77% of male counterparts, despite strong family reliance on their earnings (American Association of University Women [AAUW], 2014b). The Pew Research Center recently gave the name *breadwinner moms* to women, married or single, who have children under the age of 18 and provide the sole or primary income for their family (Wang, Parker, & Taylor, 2013). Breadwinner moms share responsibility for their families' livelihood, but differ dramatically in income levels with poor women making considerably less than male counterparts (Wang et al., 2013). Inequities in the labor force stemming from gendered discrimination and changes in national policy are seen as a source of the feminization of poverty. An increased expectation, propelled by the Personal Responsibility and Work Opportunity Reconciliation Act and subsequent welfare restructuring in 1996, that lower-income mothers enter the workforce has shifted policy closer to devaluing the work traditionally done in the home (Froehlich, 2005). Women entering the workforce in low-paying jobs may face occupational injustice and "occupational imbalance," meaning that they have more labor commitments than others in higher class positions (Froehlich, 2005, p. 406). This occupational injustice can be compounded when women are part of other historically marginalized groups and encountering multiple forms of oppression. Part of this imbalance stems from mothers entering the workforce while continuing multiple forms of labor at home as well as from the influx of women into low-wage care taking professions that were historically done in the home, such as childcare (Dwyer, 2013; Froehlich, 2005; Gittell, 2009). Women have higher educational attainment now than at any point before, but face struggles exiting and re-entering the work force when they have families (Gittell,

2009). Overall, white and Asian women make more money with comparable educational backgrounds than black or Hispanic women (AAUW, 2014a). Men of color out earn their female peers within their ethnic group, and white men out earn all groups of women (AAUW, 2014a).

The feminization of poverty and its impact on the lives of women is not new news in social science research. While some women have been able to make enormous economic strides, those living in poverty and especially mothers have been unable to achieve meaningful class mobility. Impacting their experiences are societal attitudes and expectations, which is an area of study that merits more attention

Attitudes About Gender and Poverty

Research on beliefs about poverty is important because beliefs shape attitudes and behavior, including civic participation (Cozzarelli et al., 2001; Davidson, 2009). Opinions about social issues reflects public discourse, which often reflects generational beliefs and political action (Foster, 2008). Analyses of many social surveys and census data have indicated that race and class standing influence beliefs about poverty attributions (Adeola, 2005; Foster, 2008). Caucasians and people from middle class backgrounds are more likely to have individualist views of social class, while African Americans and those in lower income brackets are more likely to have structural beliefs about the causes of poverty (Adeola, 2005; Foster, 2008). In a survey of 154 undergraduates, Abowitz (2005) found that college students believe in individualist causes of class mobility, including the idea of the American Dream, or that anyone can achieve a high class status with enough work.

Views on gender may impact poverty perceptions. In a sample of 575 college students, participant adherence to traditional gender roles and promotion of victim-blaming attitudes were connected to low support for social welfare spending, whereas promotion of feminist values was connected to stronger support of social welfare (Swank, 2005). Cozzarelli et al. (2001) surveyed over 200 undergraduates about their attitudes towards poor women and men. The sample had more positive beliefs about poor women than men in poverty. Poor women were seen as having more positive characteristics, but also as having too many children. Participants' attributions for men in poverty were internal in nature, while attributions for women were individual and culturally based. Attributions for social class among men matched the research team's previous survey when no gendered pronoun was given suggesting that attitudes about male poverty are closer to general attitudes as a "default" mode (Cozzarelli et al., 2001). These findings necessitate a closer look at constructions of social class among women, especially if attitudes towards men in poverty differ from those towards females. In particular, it is important to learn more about college students and their attitude constructions in light of emerging knowledge about human development. As social, emotional, and neurological development extends into emerging adulthood (Ashford & LeCroy, 2013), inquiry focused on this age range may offer insights to assist in enhancing understanding about social class issues among this group. The following research project offers new insights into how college students construct female-specific attitudes about class.

Methods

Research Question

The research question guiding the inquiry was: *How are social class differences among women constructed?* The research question guided analysis by seeking to uncover the process by which people in the sample shape attitudes about class difference among females and construct meaning about how women achieve and maintain economic status.

Procedure

This study is unique in that, in addition to offering insight into constructions of social class, it served as a teaching tool to illustrate the research process to undergraduate social workers. Social work juniors at a large, Midwestern university, who were enrolled in a required introductory research course, located, recruited and interviewed study participants. The students were engaged in a semester-long, Institutional Review Board approved research project that also taught them skills for conducting social work research. This is a multi-year study aimed at gathering data towards a grounded theory about poverty attributions. For more information about the student learning process and an evaluation of this teaching method as a learning tool, please see Hostetter, Sullenberger, and Wood (2013). The inclusion criteria for participation were graduating seniors, between the traditional graduating age of 20 and 25. Study participants were found using a peer-swap style of snowball sampling in which one student found a participant for another student to minimize student use of close friends or relatives. These interviews took place at the location preferred by a participant and lasted anywhere from 15 to 30 minutes.

The interview consisted of questions based on two scenarios, one involving a woman who was described as working as a janitor or in a factory and struggling to get by, and the other of a woman who is the vice president of a successful business. These two sets of descriptive terms were meant to distinguish different social class experiences. A total of 30 participants were asked questions with a female pronoun and 25 participants were asked the questions with a male pronoun used in the scenario. For the current analysis related to constructions of women in poverty, a subsample of all 30 interviews using the female pronoun was used. Of the 30 college students interviewed with the protocol using "woman," 21 were female respondents and 9 were males. Ages ranged from 21 to 23. The interviews were conducted by the undergraduate researchers, a doctoral student, and the two principle investigators. The interviewees represented an array of majors, from history to business and education. No further demographic information was taken. Social work majors were intentionally not sampled due to the heavy emphasis on social class differences in the social work curriculum.

Analysis

The data were analyzed using the grounded theory method. Grounded theory is a good fit for studies examining social processes (Annells, 1997). In grounded theory, data are analyzed using the constant comparison method, where items are compared to the instances that come before it and those that will come after it (Birks & Mills, 2011; Charmez, 2006).

This process leads to coding of the data. In this study, coding happened in three stages: open, or line-by-line coding, axial coding to build relationships, and advanced coding to construct theory (Charmez, 2006; Corbin & Strauss, 2008). Open coding involves a careful line-by-line analysis of the data. The axial coding phase helps to build relationships and refine categories. In the advanced coding phase, the theory is constructed (Charmez, 2006; Corbin & Strauss, 2008). Two researchers analyzed the data separately during the stage of open coding using the verbatim transcripts. Coding occurred using the constant comparison method. The codes emerged from the data, consistent with constructivist grounded theory (Charmez, 2006). The codes were merged by the same two researchers during the axial coding phase. The codes were analyzed for similarities and differences, and a third member of the research team was consulted about intersecting and divergent codes and interpretations. As this is an ongoing project, the third stage of analysis helped to develop themes that relate to ongoing theory construction about attitudes on poverty. The themes related to the gendered nature of poverty attributions among women were finalized in the advanced coding stage. Saturation was reached when subsequent data collection and analysis failed to reveal new insights.

Like many qualitative methods, grounded theory has procedures for rigor. Charmez (2006) details the four rigor criteria of a grounded theory study as creditability, originality, resonance, and usefulness. Use of memos from data collection and analysis formed an audit trail to monitor theory and thematic development. Creditability was established through use of thick descriptions coming from participant voices. All findings are rooted in saturated mention and comparison within and across the data and presented in the findings section below in order to verify their place in the conceptual framework. The previous year's findings and theoretically sensitizing literature indicated the originality of the line of inquiry and the need for the study focusing on gender. The participant's ability to use storytelling in order to shape the interview helped to establish resonance. The usefulness of the study will be illustrated for the benefit it provides for the social work students involved in the research project, as well as for the information gleaned from the findings. After analysis, use of existing literature helped to triangulate and contextualize the data.

Findings

College students in the sample expressed beliefs that the differences between women in lower socio-economic statuses, defined as struggling to get by as a janitor or factory worker, and those in the upper class position of being a successful vice president, were a combination of several related factors. A careful analysis of the data set and construction of related themes resulted in six related factors. These factors included cycling, or the generational transmission of social class status; choosing, or the implications of personal decision-making in class status; accessing, or the level to which women were able to have social and educational structure and support; identifying, or the importance of personality traits in achieving and maintaining financial success; relating, including the role of the relationships of the women described by the participants in shaping gender norms and social class status; and finally intersecting, or the impact of other identity positions in the construction of social class distinctions. Cycling, choosing, accessing, identifying, relating

and intersecting made up the process by which participants constructed social class differences.

Cycling

Participants overwhelmingly asserted a generational aspect to social class, which is passed down from the family of origin, in particular, from the mother. For the woman described as financially struggling, storylines were frequently constructed around someone who came from a single-parent home. Chloe described succinctly the dominant story line for the low-income woman throughout the sample:

She kind of had a hard upbringing, she did not have both parents in the home so she's kind of repeating something that her mother went through with kind of struggling to make ends meet. She had children at a younger age, so now not only is she struggling to make ends meet, she's struggling to also feed her children. So, that's hard and there's no father figure around to kind of help her or guide her through what she's going through right now.

Generational poverty not only acts as a barrier to achieving economic goals, it also permeates to extended family, placing constraints on economic and social choices, and limiting the ability to access social support. For example, the needs of the family of origin can be a powerful draw to join the work force. Several times, participants referred to the need of the low-income woman in their story to begin work to help with siblings. Ariel explained why the lower-income woman in her story may not have gone to college:

…She had other siblings, so she couldn't focus on kind of that achievement, that academic achievement as much as like the feeling of trying to help with the household. So she could have possibly been the oldest child to an extent to where she kind of felt like, okay, I need to help my mom out, it's my responsibility. So she could have been forced to get a job at a young age, or, something like that.

This generational cycle of social class was seen by some participants as nearly impossible to escape, Rachel said, which makes class differences unfair.

Okay, they're not fair because you can't help the situation you're born into, you can't help, poverty, I see it as a vicious cycle. If you're stuck into it, it's really hard to get out of it, and I think that it's unfortunate because there are so many people that have so much potential, and they just don't get the opportunity to that potential because they're stuck in a situation they have no way out of.

For the woman working as a vice president, class positions were also generationally transmitted. Families not only pass down economic values, but also can provide support to maintain and gain class status. Women who grew up in middle or upper class families have the advantage of the ability to access networks from their family of origin. In addition to being able to access networks, the woman who grew up in a middle or upper class family was taught the value of education. Dionne told a story about the family of origin of a successful vice president.

They were probably middle-class and more than likely she wasn't a first generation college student. She was able to fund college or her parents were able to fund college. She may have been smart enough to find the money that is out there for college students. In school I think she was a hard-working student that led to her success in college as well as in high school. She did whatever it took to be successful and that's why she is in the position she is in now.

Overall, while participants acknowledged the power of other factors, family of origin was identified as a major influence along with choices made by the individual in determining social class.

Choosing

Participants related that the women in the stories they constructed often made critical choices that solidified their financial positions and impacted the possibility for social mobility. Further, while circumstance can provide the initial class position, the path of decisions taken affects what happens later. Amber described the potential lost opportunity of class mobility:

She might be attending the local college or at some point in time have had attended the local college but if you're currently working as a janitor, I doubt that you struck it rich and just sorta decided to live a poor life by choice…And that's how it is, I think sometimes. It's not even money, it might be opportunity, it might be circumstances, I mean sometime you just can't make it there. But then other times, you're on Teen Mom 2 and you get knocked up and you just cannot be bothered to take your GED because you would rather lay up in bed with your good for nothing, ugly boyfriend named Adam, all day long.

Even when structural factors, such as lack of access to good education are a factor, participants told stories of women who made choices that ultimately limited their ability to have more economic security. Participant attitudes were influenced by the woman's attempts to gain status, as Jessica articulated:

It's not necessarily fair but it depends on the situation. Did the mom with less money try to go to college? Did she try to make her life better? Did she take the steps that you have to take to get to where you need to be or where you want to be to live a comfortable lifestyle?

Participants created a successful vice president who may have structural factors in her favor, but also makes the best possible choices to be poised for good class standing. Tonni talked about a woman in this position:

Still had a social life because in order to be a vice president you have to be social, but so she was probably popular I would say, but not too popular. That didn't overtake her whole life and she focused on school and went to college and tried to make her parents proud. Got a job right away and maybe worked her way up, met the right people, kept working her way up, switching jobs, getting promotions and here she is.

The higher-income woman is viewed as more deserving of the quality of life she enjoys because she made the right choices, as expressed by Becky:

> *Like if the women that owns her own company worked very hard, went through school, tried very hard to get good grades. Like built her company from the ground up and she worked very hard for that then she deserves it.*

The stories told by participants reflected choice as a critical element of class status. Decisions may be impacted by structural barriers, but participants viewed being poor as ultimately a lifestyle choice of someone who did not try hard enough to escape poverty. In addition to personal choices, access to resources and support were seen as critical in class status.

Accessing

Class differences between the two women were seen in part as a matter of accessing resources, such as social support and education. The lower-income woman was conceived of as lacking support to pursue education and other goals. Women growing up in low-income homes were seen as having little or no access to higher education, as well as coming from families who placed limited value on college. This limits their ability to achieve mobility, as Cora elaborated:

> *I think that she completed her GED; she has a high school degree. A diploma. And I think probably she didn't have all the same opportunities as other people did. I think maybe she came from a working class background; with her parents anyway. They were working class as well. And so, she has kind of limited mobility.*

The low-income woman is also one who lacks social support from her family of origin, as Becky explained:

> *As for the one that works in the factory I think the difference for her would be maybe not having that much of a support system. Because either they are too far away or she is not that close with them. She gets less time with her family I think.*

In juxtaposition, the higher-income woman has supportive social networks and educational help. This often stems from the support of active family and peer networks, which offer models for success, as Ariel noted:

> *She probably had a better support system, especially at home because I feel like when you don't have it at home and your parents aren't there then it kind of makes it hard for you to be driven or to feel more comforted and supported. But I imagine her having that and also I imagine her having a better group of friends maybe at a younger age or in high school.*

Support from family and friends and the ability to gain resources helps women stay in middle and upper class positions, in addition to individual personality traits.

Identifying

Personality emerged as an important aspect of social class construction for women. Participants carved out a definite personality type for a higher-income woman. The female vice president was narrated as powerful, focused, and confident. She is perceived, as Olivia put it, as having a strong personality.

> *She's probably has a very strong personality for becoming a vice president of her company. It takes a strong woman to become a leader within a company.*

The higher income woman was often described as coming from a more affluent family of origin, which also shaped personality. In order to achieve her goals, she had the support of her family and social personality. These leadership skills are honed through extensive training and academic work, but as Ariel noted, personality counts in how well a woman could perform the role of being vice president of a business.

> *It takes a lot to be a VP. It takes a certain personality and qualities to be a leader, you have to be confident, you have to be motivating, very on top of things and organized, so I see her being president of union board at (her university) or something like that. Just a very high up position.*

Amber noted that a successful woman is not necessarily a "soft" woman.

> *Um, you're looking at 2 to 3 degrees and you're looking at a very extensive resume and experience. You're also looking at someone who has the ability to kind of like, be that softer woman but, um, also take no bullshit in the, in the in the board room so to speak. She's not coming in there, she's not coming in there ready to play with the kids or to go get her nails done - she's coming in there ready for business because she has to earn that respect.*

Physical appearance and presentation was an indication of personality, especially for higher income women. The vice president was defined by her use of feminine indicators of social class. Harper described what the woman in her story would wear.

> *A lot of business woman gear, a lot of jewelry to show that she's feminine. I mean I would have some high heels personally.*

Less mention was made about the personality of the woman in the story working in a lower class position. A handful of participants indicated that she probably would be a woman of color. A couple of interviewees also indicated that she might not be physically attractive or fit. When it was alluded to, the personality of the woman in the lower-class position was constructed as milder, more traditionally feminine. The vice president was described by participants as tough, demanding, and calculating In addition to personality, participants indicated that women's relationships affected how they gain class status, but more importantly, how they maintain their social position.

Relating

Relationships were the most unifying indicator of class status among women in the sample. They were conceived of in many forms, including the parenting role, relationship

with family of origin, friends and peers, and marriage. The quantity and quality of relationships were major factors affecting social class from an early age. Several participants indicated that the lower-income woman had experienced violence in her past, as Eddie stated when describing her relationships:

> *She is closest to her mom's family because she was never really close with her dad because he abused her.*

The vast majority of the sample also indicated the lower-income woman's family structure was that of a single mother raising children without financial or emotional support from the father of her children. Herbert's comment on family structure matched much of the sample.

> *I'd probably characterize her as like single mother, either divorced or widowed in sort of a, a type of manual labor or service job, working in either, maybe having more than one job but not really a kind of well paying, stable career.*

Most low-income women were viewed as having children who lived with them. Thus, in the case of the lower-income woman, the quality of parenting became a major issue explored in participant interviews. Many participants, such as Krista, imagined the work life of the woman to negatively impact her children.

> *Yeah, for the woman who is a janitor. She probably is not as involved in the children's schooling. Maybe she doesn't really expect great grades or make sure they're in extra-curricular activities. Maybe, the kids even help support the mom or family.*

The contrast of the two class positions of the women described by participants was clearest when it came to parenting roles, as summed up by Eddie:

> *They are always thinking for providing for the kids as they grow up. The rich woman is thinking about college, while the poor woman is thinking about where dinner is going to come from.*

The successful vice present was described as having strong relationships. These relationships often stemmed from a supportive family of origin. The sample however, was split on the issue of marriage for the vice president. Some participants, like Grace, imagined her as married with children.

> *Okay well I envision this person since she's vice president, you know, in a big luxury house, a lot of land, probably a nuclear family I would think. With the husband but she would be the bread winner too. So he might work also. I'd say they both work and then the children, they're in a, you know, high pre-school or you know a really prestigious school, any of the children they might have.*

Others, like Jacob, imagined a woman with no children.

> *She lives in an apartment in the city. Um, she doesn't have any kids or anything like that, she's basically just kind of a career woman, and that's how she likes it.*

One critical element of social class construction in the sample was that a successful middle- or upper-class woman is more able to control the relationships in her life, including the decision to raise children or get married. Freedom over reproduction was a major factor influencing how participants constructed class differences among women. Having children was seen as a major expense, and one that influenced social class position. The ability to evaluate the cost of raising children and wait until a person could afford to have children was seen as a critical element of class status among woman. Jessica described a successful woman who made the right moves:

> *She is probably doing smart things with her money. Saving and planning. She probably has a nice car and can afford the gas to get to and from work. She probably graduated from college to get that position. Maybe she is married and maybe she has kids. If she does then she can afford to have kids. She can afford for them to have a pretty good life.*

Being able to afford quality care and possessions for children, and to watch them grow, was considered a luxury of the middle and upper class. However, participants acknowledged the struggles of women in all class brackets of managing many competing roles.

Intersecting

Participants in this study imagined social class differences in part based on the intersection of different roles and identity positions held by women. Some participants saw the intersection of roles as a work and life balance issue. Amber described the plethora of roles that a woman must play and the challenge of the pressure to be everything:

> *What's interesting is when I think of both the first and the second scenario, I think that woman is a go-getter and I feel like we already talked about music so much - Shania Twain has a song where, um, she's describing different women and she says, um, you know, she's your, she's your bagger at the local grocery store, she's your mom, she's your, she's your doctor and women these days - just like, as a gender - are expected to be so many different things and you can't be just a stay at home mom. You have to be the stay at home mom and the P.T.O. president and, you know, such the faithful wife who's got dinner on the table by seven o' clock and kids in bed by 9 pm and homework in backpacks and you also have to go to all the soccer games and you also have to go to all the softball games. And you have to be so many different people at so many different times and be willing to wear so many different hats and to do it well.*

For the vice president, participants imagined success as having a comfortable work-life balance and financial security. The lower-income woman's life is out of balance from the pressure of the many roles she must take. The participants in this study imagined many possible successes for middle or upper class women, and several challenges for one working as a janitor or in a factory. However, many participants saw how in both class positions, women face obstacles. The pressure of gender roles and norms adds stress to women in all class positions. Amber related the intersection of class and gender roles, and the expectations of physical appearance.

It's really hard to have your cake and eat it too as a woman. Men can go out and be doctors and in their free time go over to happy hour and they're done for the night. Whereas a woman, you're getting off of work... Like, you can't be walking up in the club competing with other people looking a hot mess...So it's just like really hard to be that woman that like has it all and maintain it all, and do it well.

Ariel mused that no matter how hard the vice president might work, she will still be compared to her male counterparts.

I think just that she has the qualities and she can do her job just as well as if a male were in her position. Because I know now a lot of corporation, now I don't know if it's a large business or small business but I think it's hard for a women to prove themselves when they already have people prejudging the situation before they have even had a chance to prove themselves, people already have these judgments. So I think she is probably already really stressed out about proving herself already and she's probably almost doing everything times a million to do everything better.

Despite the resiliency and independence of women in either class position in this sample, participants endorsed the idea that many women are looking for partnerships with men to improve or change their economic circumstances. Eve declared what she saw as the two options for class mobility for women:

Because as women, unfortunately it goes back to like luxury and opportunity and privilege and either you're studying to get a diploma or you're studying to get a man with a diploma.

For a struggling woman, this was often described to be a failed attempted at a marriage relationship to escape from poverty, as Jacob indicated.

She saw a way out with, you know, getting married to her guy, and was like, ok, were going to be alright, but it didn't turn out to be that way.

When the marriage does not work out, as Mallory conveyed, the results are poverty, and single-parenthood.

So we're going to say she's a mother, supporting two children, the first one out of wedlock. That didn't turn out so well. The father is "M.I.A.," or at least not paying child support, and she has to support two kids

Participant views on marriage and coupling suggest that women look for partners that will improve or at least help them to maintain their class status. The ability to provide financial support was seen as a deciding factor about a romantic relationship. Amber attributed this desire to partner for financial gain as part of an innate desire to be cared for, or have a Cinderella story.

...Girls are designed to be caretakers and so part of being a woman is just that innate desire to be taken care of. And that's not necessarily living up in a mansion and getting, you know, big ole bitty breast implants, BUT it is that, you know, you're going to one day have kids and you're going to one day wanna be taken

care of and you're not going to want to have to worry about bills and school and car insurance and tuition. And so if she's working in a position like she's in, it seems like the situation is pretty desperate and that she's basically begging for someone to not necessarily sweep her off her feet and like have that Cinderella ending, but for her to not have to worry.

Discussion

Cycling, choosing, accessing, identifying, relating, and intersecting made up the process by which participants constructed social class differences among women. No marked major differences were noted by participant major or gender. The research team was able to construct, from participant interviews, dominant plots that indicated what factors make a woman have a lower or higher class status. In the typical participant story line, the woman described as struggling to get by and working as a janitor or in a factory was portrayed as a single mother. This is a fitting description. Over 40% of American households have women as the primary earner, and 63% of those homes are single-parent ones (Wang et al., 2013). The average income for a single mother household is between $17,400 and $29,000, and 28% of female-headed families have incomes below federal poverty lines (U. S. Census Bureau, 2012; Wang et al., 2013). In participant stories, most often the low-income woman came from poverty in her family of origin and lacked access to education and social support, but also made choices that negatively impact her ability to be upwardly mobile. This also matches the findings of survey data. Those born to lower income families are more likely to fall lower in income than their parents or stay at a similar level (Acs, 2011). The lower-income woman led a stressful life, without support for her and her children, and must balance many roles and expectations. Her personality, though not often described, is thought to be gentle and nice, traits classically associated with the female gender (Brannon, 2004). Interestingly, the participants in this sample seldom referenced race as part of the lower-income woman's identity. It could be in part because the interviewers were students and were emerging in their qualitative interview skills. This reflects a need for the research team to more explicitly probe about the issue of race in further studies. This is in opposition to survey data that reveals considerations of race and racism are a major aspect of American's attitudes about poverty (Foster, 2008; Swank, 2005) and indication that women of color are more than twice as likely to be in poverty or working poor than white females (Ahmad & Iverson, 2013). In short, the study revealed that many college students constructed a relatively realistic story about being poor and female in America, including the stress of gendered stereotypes. Missing from participant analysis was the intersection of race, sexual orientation, and citizenship status.

The middle or upper income woman who works as the vice president of a successful business differed greatly from her low-income counterpart. A great majority of participants indicated that she comes from a family who also has a middle or upper class income, and that she had supportive parents and family. The woman who becomes the vice president has access to education and strong peer support. Access to college education is indeed a major factor in the ability of women to gain or maintain class status (Acs, 2011; Tiamiyu & Mitchell, 2001). In addition, a woman in a higher class position has more control over her reproductive life and relationships. She may or may not have a husband, but most often

does not have children. Her personality is strong, focused, and motivated, which matches societal constructions of masculine traits (Brannon, 2004). Like the woman in the lower economic position, she faces work and life balance issues and stress, but she possesses more internal and external resources to meet these challenges.

Implications

One major standout of the findings is about how participants attribute social class differences among women. The interviews in this study revealed that both structural and individual elements are critical to constructions of class differences among women. This is similar to the Cozzarelli et al. (2001) findings that college students tend to hold cultural and generational beliefs about poverty transmission for women, but also to believe that structural barriers impact a woman's ability to achieve economic mobility. College students in this sample by and large got the "right" story about social class, gender, and oppression. Participants implicitly recognized the realities of the feminization of poverty, and even identified a handful of the core structural reasons women may be poorer. However, many participants believe that women are still to blame in some part for their socioeconomic position through the choices they have made and their family of origin. In general the interview participants saw class mobility in the form of the American dream as a possible but distant goal. Some participants felt that the American dream can be shattered or achieved through relationships, such as marriage or having children. While students may understand that there are structural issues, their adherence to traditional gender roles and belief in the American Dream indicate that there is work to be done in offering a more nuanced perspective of class and gender in America. Men and marriage are still viewed as major devices for women to get ahead. This notion is not without merit. Single women with children are more likely to be downwardly mobile than their married peers (Acs, 2011). In short, children are an expensive liability for a woman struggling to get by. While participants understand some of the realities of class and gender in America, strong belief in exceptionalism and the American dream is still evident.

Participants told stories that noted important similarities among women in all economic situations, including the difficulties of dual participation in workforce and parenting roles. High and low wage work has a plethora of stressful implications for women when intersected with societal role expectations (Froehlich, 2005). In both stories of high and low income, these breadwinner moms (Wang et al., 2013) supported their families while balancing gendered and relational expectations. The resounding consensus from this sample of college students is that it is hard to be a working woman in this country. The turn of phrase "Waiting to be Cinderella'd" offers pause to the now-standard storyline about the struggles of work-life balance for many women. Participants suggest a more modern Cinderella story of a woman who does not necessarily want to be taken care of like a princess in a castle, but perhaps wants a supportive partner to offer some relief from the burdens of managing family, work, and life stressors. The suggestion from participants is not that women categorically wish to return to mid-century gender roles and expectations, but that they may want support to improve quality of life.

The data reveal that participants told half the story about the feminization of poverty. As Foster (2008) suggested, two or more dominant discourses on social issues can exist at

the same time. This was evident in the stories told by participants, celebrating the freedom of middle and upper class women while also expressing concern about deviations from classic gender roles among single moms and personality shifts in women. This split is evident in the rest of America, too. Pew research indicates that 79% of Americans do not think women need to return to traditional roles, but 64% think that the trend of single motherhood is a big problem and 51% think children are better off staying at home with a mother (Wang et al., 2013). The findings from this study confirm that college students believe that women hold primary responsibility for care of the family unit, an attitude that may contribute to the perpetuation of a gender wage gap (Gittell, 2009). The findings also imply that women are expected to be participants in the work place. Interestingly, very few participants explored the structural deficits, such as a wage gap, lack of supportive mentoring, or discrimination, that impede a woman's ability to gain and maintain high wage work. While participants may understand the struggles faced by women due to social class, few interviewees actively challenged structural factors.

The implications of these findings are two-fold. First, the dominant narrative about the feminization of poverty in this sample may be "right" in some ways, but begs intervention. The realm of social science inquiry is influenced by rhetorical discourse about the intersections of poverty, gender, and race. Participants in this sample ascribed to beliefs that low-income women are vulnerable and in need of aid, but also that they make choices that impact their class status. This implies that it is not enough to teach about the existence of the feminization of poverty, but social work educators and other college professors must explore the causes and consequences. Academics and helping professionals should be cognizant of the impact of these attitudes on people, and challenge the assumptions on both micro and macro levels. This may mean exploring the impact of internalized oppression with clients, or working with community collaborators and organizations on social justice projects aimed at low-income women (Froehlich, 2005). Importantly, it also means continuing to highlight and expose the impact of structural factors in personal lives with the aim of increasing access and skills for women related to their economic positions. Intervention is important, especially in the practice-based field of social work. The concept of economic empowerment, stemming from work to eliminate gender violence, may offer pathways to increasing knowledge among women about social class and mobility (Kristoff & WuDunn, 2009; Postmus, 2010). Economic empowerment is a process by which an increase in financial literacy, improvement in economic self-efficacy, and more economic self-sufficiency occurs (Postmus, 2010). Preliminary evaluations indicate that empowerment-based programs have had some success in increasing economic resources (Kristoff & WuDunn, 2010; Postmus, 2010).

The data reveal ongoing shifts in feminist perspective among millennial students. While this research project was not designed specifically to evaluate the impact of feminist thought on college students, some of the current issues in feminism are evident in the sample. Participants did not indicate concern with some of the classic issues of second wave feminism, such as reproductive and legal rights (Baxandall & Gordon, 2000). Instead, interviewees focused more on what might be called a third wave perspective focused on identity positions, freedom of expression, and broader constructions of family and gender roles (Chamallas, 2010; Snyder, 2008). Much like critiques of the second and third wave

of feminism, this sample failed, for the most part, to acknowledge the role of intersecting oppression beyond class and gender to include age, ability status, geographic location, and race (Bograd, 1999; Crenshaw, 1993; Danis & Bhandari, 2010). This suggests that while participants, and perhaps other college students, know that women struggle with issues of social class and work-life balance, more education and awareness are needed to bring to light the influence of structural discrimination and intersectional oppression. An intersectional lens helps to provide/promote awareness of how identity, power, privilege, and oppression come together to shape a person's unique experience and positionality in the world (Bograd, 1999; Crenshaw, 1993; Danis & Bhandari, 2010). The need for more of an intersectional approach is evident in the lack of discussion about race, sexual orientation, or citizenship status in the participants' responses. A truer picture of what it is to be poor and female in the United States would require attention to intersecting oppressions and privilege. Bringing light to the intersections of oppression, through education, but also in the media, will help to foster more diversity in the dominant discourse about women and social class and perhaps influence attitudes, culture, and policy priorities. This is especially critical in social work, a value-based profession charged with increasing social justice (National Association of Social Workers [NASW], 2008).

Social science research and teaching can benefit from the knowledge gained from this inquiry. As Foster (2008) suggested, class must be looked at as the intersection of not only gender, but race, age, ability and any multitude of identity positions. For researchers and educators, this means approaching gender and social class as related to each other and many other factors. Dominant class attitudes represented in college teaching and research may indicate a seemingly neutral position that in fact matches constructions of male poverty, as found by Cozzarelli, Tagler, and Wlikinson (2002). This study reaffirms that constructions of female social class positions are not the same as male positions, which makes it important for researchers to differentiate the two in projects, and also reveals the need for more data about attitudes on gender-based poverty attitudes that include other forms of intersecting oppression, such as race.

This research was conducted with college seniors, and while not applicable to all populations, indicates that the multiple discourses about attributions to poverty may mean there is a role for educators in helping to shape attitudes on poverty. The important developmental transitions in emerging adulthood include transitioning from beliefs of the family of origin to a more independent lens. This is coupled with new experiences in relationships, careers, and life experiences as well as exposure to diverse viewpoints (Ashford & LeCroy, 2013). College students, then, are at an age primed for intervention to introduce more dialogue about the structural and gendered nature of social class. Beyond the feminization of poverty is the awareness of action needed to address some of the intersecting challenges faced by women in a variety of social class positions. College education may be one way to introduce change. In short, it is not enough to know there is a feminization of poverty and that it creates problems for women. Social work and other social science researchers, educators and practitioners must illuminate pathways to explore the causes of these oppressions and develop, implement, and evaluate solutions. More exploration in scientific inquiry is needed about the constructions of class and gender among different populations, chiefly those who are experiencing poverty, in order to

increase the knowledge about how attitudes are formed, and possibly internalized, among people in a state of economic hardship. Through more inquiry, social science researchers can gain insight that will aid in the efforts to eliminate and alleviate poverty.

Limitations

This study represents a small sample of college seniors at one university who cannot be considered representative of the larger population of students. In addition, data were collected by multiple students and faculty, which may have led to inconsistencies with interviewing skills and methods. Lack of demographic information, in particular race and income of family of origin, makes it difficult to assess potentially important defining characteristics. In addition, participants were not asked to describe the racial or ethnic background of the women in the constructed stories, which could have yielded a more comprehensive response about the impact of intersecting oppressions. More research needs to be done to support these findings, and to explore the meaning behind participant attitudes. In addition, this analysis does not directly ask participants to contrast attitudes on male versus female experiences of poverty, which might have yielded more direct comparisons.

Conclusions

A sample of 30 Midwestern college seniors were asked to tell stories about two women in different social class positions. The results of this analysis indicate that participants construct social class differences among women as a multi-layered process involving generational cycles, choices, access to resources, personality, relationships, and the impact of other roles. The findings match much of the survey data about attitudes on women and social class positions, but offer a more nuanced understanding of how participants come to these attitudes. While the findings illustrate a basic understanding of structural aspects of the feminization of poverty, more needs to be done to address the impact of these attitudes on women, and increase knowledge of structural barriers among helping professionals. Social science researchers should continue to explore these constructions and how they form in order to work towards social and gender justice.

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Social Distancing of Depressive and Panic Disorders in an International Sample of Social Work Students

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Abstract: Using an international sample, this study examined what variables were associated with social distancing among social work students. A total of 1,042 students from seven universities in the United States, United Kingdom, and Australia participated in a cross-sectional paper and pencil survey that applied the Social Distancing Scale to case vignettes describing an individual with panic disorder or major depressive disorder. The results show that levels of social distancing were related to age, knowing someone with a mental illness, type of disorder, level of conservatism, race, country, professional interest in mental health, level of student, and sex. Overall, 16.8% of the variance was accounted for with these significant variables. Implications for social work education and future research are discussed.

Keywords: Stigma, mental health, mental illness, social distance, social work education, international social work

Stigma, as with any social construct, is multifaceted and complex. The *Merriam-Webster's Dictionary* defines it as "a mark of shame or discredit; a stain, or an identifying mark or characteristic and when associated with mental illness, involves feelings, attitudes and behaviors" (Penn & Martin, 1998, cited in Overton & Medina, 2008). There are several theories of stigma, such as social identity theory, which describes how people use social constructs to judge or label someone who is different or disfavored (Overton & Medina, 2008).

From a psychological perspective, the process in which one stigmatizes involves four social-cognitive processes: cues, stereotypes, prejudice, and discrimination (Corrigan, 2004). This process of stigmatizing is described further by Overton and Medina (2008) as the following: the *cue* as a social cognitive process in which a person recognizes internally that something is different about an individual, which then activates a *stereotype*. If the stereotype is negative, it is considered a *prejudice*. Lastly, that prejudice can then lead to a behavioral response, often *discrimination* or social distancing. Within the four processes of stigmatizing, the first three are internal responses, and the fourth, a behavioral response, is external.

Although stigma and social distancing are not interchangeable or synonymous, there is a relationship between the two. Social distancing can be one behavioral consequence of stigmatizing attitudes. Because social distancing is manifest and not latent, it is often used by researchers as a measurable indicator of possible stigma (Covarrubias & Han,

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2011; Faulkner, Irving, Paglia-Beck, & Adlaf, 2010; Feldman & Crandell, 2007; Link, Yang, Phelan, & Collins, 2004; Reavley & Jorm, 2011).

Measuring an increased desire for social distance is considered an important measure of stigma (Couture & Penn, 2003) as social distancing can have consequences for employment for those with mental illness. For example, those with mental illness can experience employer discrimination during the hiring process (Feldman & Crandall, 2007; Overton & Medina, 2008). One study conducted with social work students found that the majority (78.9%) said they would not hire a person with severe and persistent mental illness as a babysitter for their child (Covarrubias & Han, 2011). This form of employer stigma (i.e., not hiring one for a job) is an example of social distancing or, put another way, a lack of desire to include people with serious mental illness in one's personal network (Link et al., 2004). However, it should also be noted that social distancing can also occur for reasons other than stigma, such as fear (Theriot & Lodato, 2012).

Unfortunately, mental healthcare service providers are not excluded from stigmatizing and social distancing of clients. Provider stigma can be defined as "the negative attitudes, beliefs, and behaviors that mental health providers possess and enact toward clients they serve, even unknowingly or subtly" (Charles, 2013, p. 361). Mental healthcare providers, including social workers, may harbor prejudices against those with mental illness (Covarrubias & Han, 2011), which may pose a threat to the effective provision of social services. Moreover, although social workers are one of the largest providers of mental health services in the United States, few studies have explored social work students' attitudes towards mental illness (Theriot & Ladato, 2012). Theriot and Ladato (2012) stated that at the time of their contribution, only one study (Eack & Newhill, 2008) had specifically looked at social work students and their attitudes towards mental illness. Thus, the attitudes toward mental health clients of social work students, who are future practitioners, are largely unknown. Service delivery to individuals with mental illness or any other vulnerable population is integral to the social work profession. This responsibility to our clients requires social workers to perform effectively and ethically, which requires awareness of one's own inherent biases. The purpose of this current study was to investigate what personal factors among social work students are associated with social distancing towards individuals with mental illness, and more specifically, depression and anxiety. Social distancing was chosen because it is manifest rather than latent, and it may have a direct impact on how clients are treated.

Rationale

Past research has been suggested that it would be beneficial to disaggregate various mental illnesses to determine differences of mental health stigma (Covarrubias & Han, 2011). Much of the literature around social distancing focuses on schizophrenia (e.g., Faulkner et al., 2010; Reavley & Jorm, 2011) and other mental illnesses perceived as dangerous. Reavley and Jorm (2011) state that it may not appropriate to generalize stigmatizing attitudes about schizophrenia to anxiety disorders, and that there is a need to explore specific attitudes towards anxiety disorders. Thyer and Wodarski (2007) also noted that panic disorder, a type of anxiety disorder, is relatively common in the general

population. These conditions are not generally thought of as dangerous, and individuals experiencing these conditions function fairly well in the community, as opposed to conditions typically viewed as "dangerous (also known as *peril*)," such as schizophrenia (Corrigan, 2005). Thus, for this study, both panic and major depressive disorders were chosen for four reasons: 1) these disorders represent illnesses from the most common diagnostic categories: anxiety disorders (Sadock & Sadock, 2003) and mood disorders (Corrigan, Mueser, Bond, Drake, & Solomon, 2008), and thus are common conditions that social workers encounter and treat; 2) these conditions are not typically "associated" with violence, so subtle and covert social distancing may be present; 3) to compare anxiety and depression and their underlying assumptions as suggested by Reavley and Jorm (2011); and 4) to expand the literature around stigma and social distancing to include additional disorders.

Stigma may operate differently according to variables associated with social distancing and attitudes, such as age, gender, and culture (Reavley & Jorm, 2011). Because stigma is a multi-dimensional construct, the researchers included in this study variables thought to be associated with social distancing and attitudes, based on past research and theory. Variables in the current study included demographics such as age, race, and gender (Covarrubias & Han, 2011; Faulkner et al., 2010; Theriot & Ladato, 2012). The study also included other personal and educational factors thought to be related to attitudes in general, such as increased contact (Covarrubias, & Han, 2011, Cummings, Alder, & DeCoster, 2005), student interest in a practice area (Kane, 2004), graduate or undergraduate level of a student (Curl, Simons, & Larkin, 2005; Theriot & Ladato, 2012; Wang, Ihara, Chonody, & Krase, 2012), knowing someone (Cummings, Alder, & DeCoster, 2005; Kane, 2004), religion and importance of religion (Anderson & Wiscott, 2003), and country (Angermeyer, Holzinger, Carta, & Schomerus, 2011). Because sexual orientation and level of conservatism are also believed to be related to attitudes and perspectives, they were also included.

The researchers of this current study also chose to include an international sample of social work students. Mental health can be conceptualized differently among various cultures and may impact career choices. For example, Limb and Organista (2003) found that students of color and American Indians were more likely than Whites to choose poverty as their area of practice. This finding may reflect a priority of social justice and advocacy over direct mental health services among various racial and cultural groups. Thus to explore various differences, our study included an international sample of social work students from three Westernized countries (US, UK, and Australia) in our study. Although diversity would be better investigated by examining differences among cultures within and between countries of varying financial and economic development, the similarities and differences that exist between groups in these Westernized countries could help to clarify cultural differences and perhaps lead to larger-scale studies that include both Eastern and Western countries.

Method

The data for this study were collected from September 2010 through December 2011 from five universities in the US, one suburban university in the UK, and one suburban

university in Australia. All of the universities were home institutions of the research team at that time. Of the universities located in the United States, three of the universities were located in large cities (New York, NY and Philadelphia, PA) and two were located in the rural South (Texas and Alabama), and were chosen for both access as well as an effort to diversify the sample in terms of rural/urban, religion, and culture. Approvals were obtained from all the universities' institutional review boards (or its equivalent). This study was a cross-sectional, self-administered, in-person paper and pencil survey that targeted social work students. Members of the research team or research assistants recruited students from various undergraduate and graduate social work classes. Course schedules were obtained and instructors were contacted for permission to administer the survey during class time. Attempts were made to administer the survey in as many of the classes as possible. Students were instructed that if they already completed the survey in another class they were not to fill it out again. Students were given the option of completing the survey during the time it was administered or returning it to the investigator in his/her faculty mailbox at a later time. The survey took approximately 10-15 minutes to complete.

For this study, stigma was conceptualized as social distancing from those with mental illness and the conditions targeted were panic disorder and major depressive disorder. Social distancing is used as a proxy for behavior to help approximate how students would respond to these individuals. The inclusion of social distance as a dependent variable was first introduced when Bogardus (1925) examined the construct in relation to race and ethnicity. Bogardus' scale was later modified to be more applicable to the mental health population (Link, Cullen, Frank, & Wozniak, 1987). Vignettes are utilized in the present study in order to better understand how attitudes differ based on the diagnostic label. Vignettes have been used in numerous studies related to mental health stigma (Feldman & Crandall, 2007), including the General Social Survey (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Pescosolido et al., 2010). The advantages of using vignettes as an independent variable in stigma research have been well documented and permit the researcher to provide a more thorough description of an individual as opposed to simply presenting a diagnosis (Link et al., 2004). Moreover, a diagnosis is typically more methodologically rigorous than generic references to "mental illness" as a descriptor.

Two researcher-created vignettes (one for panic disorder and one for major depressive disorder) were used that were consistent with the criteria of the *Diagnostic and Statistical Manual of Mental Disorders IV-TR* (DSM-IV-TR; American Psychiatric Association, 2000). The following is the vignette developed to reflect a client experiencing panic disorder:

> For the past two months, Mike has been feeling very nervous almost every day. There are times during the day when he has trouble catching his breath and fears he is losing control. During these times, he also reports sweating and trembling. Mike has had to leave work early a few days because of this. He frequently worries about having future "attacks" because they seem to come about for no reason. Mike has also been having difficulty sleeping and has become more moody.

The following is the vignette developed to reflect a client experiencing major depressive disorder:

> For the past two months, Mike has been feeling very sad almost every day. He often feels fatigued and does not feel like doing things with friends that he used to enjoy. He has arrived late to work a few days because he barely had enough energy to get out of bed. Mike often has trouble sleeping at night. During the day, he feels worthless and feels guilty about things that are not really his fault. Sometimes, when Mike feels down, he will eat a lot more food than usual, which has resulted in weight gain.

Measures

Dependent variable: Social Distance Scale (SDS). Each student was randomly given either the major depressive disorder vignette or the panic disorder vignette that applied the SDS. The version used in this study was adapted from one created by Link and colleagues (1987), which had an internal consistency reliability (or Cronbach's alpha) estimated at .92. Students in the present study were asked how willing they would be to: 1) rent a room to the client, 2) have him as a coworker, 3) have him as a neighbor, 4) have him as a caretaker for the respondent's children, 5) have him marry the respondent's child, 6) have him date a friend of the respondent (the original item is stated as "introduce him to a young woman". This was re-worded in the current study in order to not bias heterosexuality), and 7) recommend that he work for a friend of the respondent. A five-point Likert scale was utilized with higher scores indicating greater social distancing (i.e., a less favorable attitude); lower scores indicating less social distancing (i.e., a more favorable attitude). A total composite score was calculated, creating a possible range of 7 to 35 with a higher score indicating a higher level of social distancing (Corrigan, Edwards, Green, Diwan, & Penn, 2001). For this current study, Cronbach's alpha was estimated at 83.9%.

Independent variables. The independent variables were *age*, asked as "What is your age?"; whether or not they know someone with a mental illness (yes/no); *diagnosis*—whether they received the depression or anxiety vignette; what they consider their social *political beliefs* to be (mostly liberal, slightly liberal, moderate, slightly conservative, and mostly conservative were collapsed and treated as nominal level variables: liberal, moderate, and conservative); *country* (USA, UK, or Australia); whether or not they had a primary social work *interest* in mental health (yes/no); *level* of the student (graduate or undergraduate); *sex* (choices given were male, female, and intersexed/transgender. Due to cell sizes, these were collapsed into male and female); *sexual orientation* (choices were gay/lesbian, bisexual, heterosexual, neither hetero- or homosexual, and unsure. Due to cell sizes, these were dichotomized into heterosexual and sexual minority); *race* (seven options were offered, but they were collapsed into four categories: White, Black, Hispanic/Latino(a), and Other); *religious affiliation* (several choices were offered, but they were collapsed into not religious at all, spiritual only, and having a religious affiliation). The *importance* of religious/spiritual beliefs was asked with choices offered of very important, important, moderately important, of little importance, and

unimportant, again measured on a five-point Likert scale with a higher number indicating a higher level of importance.

Results

A total of 1,042 students participated in this study. The majority of the participants in the sample (94.8%) were social work students or majors; however, all students were included because they were enrolled in a social work class and may not yet have declared their majors. Undergraduates comprised most of the sample (63.3%, n = 653), with the average age reported as 27.44 years (SD = 9.04). Respondents were mostly from the USA (80.1%, n = 835) followed by the UK (10.2%, n = 106) and Australia (9.7%, n = 101). The sample was mostly female (86.4%, n = 894); race/ethnicity was mostly White (57.1%, n = 595), followed by Black (22.5%, n = 234), Other (11%, n = 110), and then Hispanic/Latino(a) (5.8%, n = 58). The respondents tended to be more liberal, with 53.9% of the sample identifying themselves as mostly or slightly liberal. Finally, the sample was primarily heterosexual (89.1%, n = 928).

Most of the respondents (84.6%, n = 882) indicated that mental health was not their primary interest in practice, with 15.4% (n = 160) indicating that working in mental health was their intended area of practice. The majority (68.8%, n = 717) reported that they knew someone with a mental illness, and the average social distancing score for the overall sample was 22.57 (SD = 5.28). Anxiety (50.6%, n = 527) and depression (49.3%, n = 514) vignettes were approximately evenly distributed (See Table 1 for sample characteristics).

A hierarchal linear regression was conducted to test which factors were associated with social distancing. The categorical variables were dummy coded to improve interpretation: level of student (1 = undergraduate, 0 = graduate), whether or not they knew someone with a mental illness (1 = yes, 0 = no), diagnosis (1 = anxiety, 0 = depression), sexual orientation (1 = heterosexual, 0 = sexual minority), sex (1 = female, 0 = male), race (1 = White, 0 = non-White), country (1 = United States, 0 = Other), importance of religion (1 = yes, 0 = no), and whether or not they identified mental health as their intended area of practice (1 = no, 0 = yes). The three levels of the political affiliation and the religious affiliation variables were separated into three separate dummy variables (e.g., liberal = 1, 0 = other).

There were sixteen variables inserted into the hierarchical regression model (Model 1) that included variables that were theoretically linked to social distancing and each subsequent model only included variables that remained significant. Table 2 represents the final three models. In the first model, the liberal and spiritual variables were removed, and the moderate, sexual orientation, religious importance, not religious or spiritual, and religious affiliation variables were not significant, and therefore removed. Importance of religious beliefs, liberal political affiliation, sexual orientation, spiritual variable, not religious or spiritual variable, and religious affiliation variables were all not significant in the model. These variables were removed leaving age, knowing someone, diagnosis, political affiliation, White, country (United States), interest in mental health, gender, and level of student (undergraduate) in Model 2 to be tested.

Table 1. *Characteristics of the Sample*

Variable	*M*	*SD*	%	*n*[a]
Age (range 18–64)	27.44	9.04		1,023
Sex				
Male			13.1	135
Female			86.8	894
Race				
African American/Black			23.5	234
Hispanic			5.8	58
Caucasian/White			59.7	595
Other			11.0	110
Political Affiliation				
Liberal			53.9	545
Moderate			33.2	336
Conservative			12.9	130
Diagnosis (Anxiety/Depression)				
Anxiety			50.6	527
Know someone with MH issues				
Yes			68.8	717
Mental Health Interest (yes/no)				
No			84.6	882
Country				
Australia			9.7	101
United States			80.1	835
United Kingdom			10.2	106
Religious Affiliation				
Not religious or spiritual			13.1	133
Spiritual only			23.6	239
Religious affiliation			63.3	641
Sexual Orientation				
Heterosexual			89.1	928
Sexual Minority			10.9	114
Undergraduate/Graduate				
Undergrad			63.3	653
STIGMA Total	22.57	5.28		957

[a] Sample sizes are different on each variable due to missing data

Table 2. *Summary of Regression for the Social Distancing Scale*

Variables	Model 1			Model 2			Model 3		
	B	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Age	.054	.021	.094*	.051	.021	.088*	.050	.021	.087*
Know someone	-1.933	.380	-.171***	-1.925	.377	-.170***	-1.965	.376	-.174***
Diagnosis: depression	2.215	.331	.218***	2.296	.331	.225***	2.302	.331	.225***
Liberal[a]									
Moderate	.517	.382	.047	-.478	.373	.201			
Conservative	1.147	.528	.077*	1.185	.512	.079*	1.011	.493	.067*
White	-.959	.396	-.087*	-.945	.386	-.086*	-.985	.385	-.089*
United States	2.517	.507	.178***	2.250	.487	.159***	2.235	.487	.158***
Non-MH Interest	.772	.483	.054*	.995	.478	.070*	1.018	.477	.071*
Undergraduate	-.897	.395	-.084*	-.809	.393	-.076*	-.784	.393	-.073*
Female	1.183	.510	.076*	1.017	.507	.065*	1.039	.507	.067*
Sexual Orientation	.101	.557	.006						
Religious importance	-.014	.153	-.004						
Spiritual[a]									
Not religious or spiritual	.936	.700	.056						
Affiliation	.336	.411	.031						
R^2		.415			.406			.404	
F change in R^2		11.798***			15.935***			17.51***	

Notes: [a] Removed from model; *p< .05, **p< .01, ***p< .001

In the second model, only the political affiliation of moderate was not significant so it was removed from the model. Model 3 included the following significant variables: age, know, diagnosis, conservative, race, country, mental health interest, level of student, and sex. When tested, all variables were significant and no items were flagged for removal indicating that the final model was Model 3, accounting for 16.3% of the variance.

Discussion

Overall, the participants reported more social distancing towards major depressive disorder than towards panic disorder. It is not entirely clear why student participants viewed anxiety more favorably than depression; therefore the interpretations are offered with caution. However, one possible explanation could be that anxiety and panic are more socially accepted than depression. A second possible explanation is that anxiety and panic are more consciously experienced than depression, in that people often recognize when they are anxious about day-to-day events. Thus, this could result in a normalization of these emotions. A third explanation is that a depressive disorder may be perceived as more severe than a panic disorder.

Another potential explanation for the difference in attitudes between depression and panic disorder is the link between depression and excessive reassurance seeking (ERS) behavior and resulting interpersonal rejection (Evraire & Dozois, 2011; Starr & Davila, 2008). In other words, individuals with depression may constantly seek reassurance from friends and family that that they are loved and cared about, which can unknowingly lead to "burning out" their support system. Thus, it is possible that participants in the present study endorsed more favorable attitudes (i.e., less interpersonal rejection) toward the panic disorder vignette because they do not associate people with anxiety as constantly seeking reassurance as a person with depression might.

The difference between depression and anxiety do suggest that further inquiry into differentiation of various conditions is critical in understanding how to address stigma and social distancing. For example, when studying severe and persistent mental illness, Covarrubias and Han (2011) found that depression was less stigmatized than bipolar disorder or schizophrenia, suggesting that depression may be more socially acceptable than the others. This comparison has been substantiated elsewhere (Mann & Himelein, 2004, cited in Theriot & Ladato, 2012). These disparities clearly exist between various conditions and have direct implications for social work practice, values, and ethics. Deeper inquiry into these disparities will help to determine strategies and interventions at both the educational and workforce levels. The various causes of social distancing would determine approaches to amelioration. For example, educational efforts would differ if depression is seen as more stigmatizing based on fear of dangerousness rather than a result of burnout for excessive reassurance. Additionally, continual introspection into managing one's own personal biases may need to be encouraged and taught in order to not reduce detrimental effects to individuals with mental illness.

Comparisons have been made in the past between Western and non-Western countries, and it was found that certain cultures held less favorable attitudes towards mental illness, possibly based on notions of guilt and individual blame (Angermeyer et

al., 2011). Our results found that the students from United States exhibited greater social distancing than the students from the UK and Australia. Given that all the countries in this current study were Westernized, it is interesting that these differences were found. One factor may be that the US is less homogenized and more diversified than the UK or Australia. Additionally, cultural or policy influences may contribute to the perception or treatment of people with mental illness. As provision of mental health services may vary from country to country, social workers in other countries may play less of a role in direct assessment and treatment than they do in the United States. For example, in the UK services for less severe conditions are generally provided by a general medical practitioner.

Our study found differences between sexes, which is in congruence to previous the finding that women exhibited greater social distancing than males (Chung, Chen, & Liu, 2001, cited in Theriot & Ladato, 2012), and contrary to finding that women were more tolerant and sympathetic to mental illness (Hinkelman & Granello, 2003, cited in Theriot & Ladato, 2012), and no differences between sexes (Covarrubias & Han, 2011). The contradiction in previous findings warrants closer attention to determine under which circumstances sex contributes to social distancing and stigma. One possible explanation for our findings is that the majority of our sample were female (86.8%), whereas the vignette presented featured "Mike," a male. A gender bias towards males with mental health issues may account for some of the findings. Another possibility might be that male social work students are not representative of males in the general population (e.g., they might be more accepting of persons with SMI). Future research can seek to include either gender neutral vignettes, vignettes with both sexes, or vignettes with randomized sexes to make further distinctions. Additionally, to the authors' knowledge, this current study was one of the first to include sexual orientation, which was also found to be unrelated to levels of social distancing. The logic that sexual minorities are often stigmatized themselves and thus are less stigmatizing of mental illness was not supported in our findings.

Past research has suggested that examining a practitioner's past professional and/or personal experiences with mental health services would be useful (Charles, 2013). Knowing someone with a mental illness as well as having an interest in mental health were both related to lower levels of stigma in our current study. These findings support that perspectives are not "fixed" (e.g., demographic variables such as age or gender) and solutions can be offered to correct stigmatizing attitudes. It may not be surprising that students interested in pursuing a career in the mental health field viewed mental health clients as more socially acceptable than those who do not desire a career path in mental health. In other words, in general, those students who possessed negative attitudes toward mental health clients would most likely not express an interest in wanting to work directly with such clients. Exposure has been cited as a mechanism to increase interest, as in the study that showed that individuals who have more knowledge about and contact with people with schizophrenia had more positive attitudes (Eack & Newhill, 2008) and in another study that demonstrated the effectiveness of the use of contact to reduce stigma in the construction of anti-stigma interventions (Corrigan, 2005). These findings show

promise and opportunities for the profession to implement ways of reducing stigmatizing attitudes.

Graduate level students showed more social distancing than undergraduate students. A similar finding was that new social work students generally held more positive attitudes towards serious mental illness than did other students (Theriot & Ladato, 2012). Although undergraduates have patterns of concerns that differ from those in the general population (Feldman & Crandall, 2007), the findings that undergraduate students and those who know someone with a mental illness displayed less social distancing support the idea that early exposure to intervention and education about mental illness could help to reduce negative stereotypes about mental illness (Theriot & Ladato, 2012). Additionally, understanding the trajectory of career choices among students may shed light to how ideas and interests are formed.

The findings of our study have other implications for practice and social work education. Because the factors related to social distancing were largely related to non-fixed demographics such as being an undergraduate student, knowing someone with mental illness, and having an interest in mental health, anti-stigma education efforts may be helpful in correcting stigmatizing attitudes (Covarrubias & Han, 2011). For example, exposure to individuals with mental illness who exhibit a range of functioning may demonstrate that mental illness is not always debilitating. This may serve as a model for students' subsequent contact with clients in the field. Further, efforts earlier rather than later in social work education could help students formulate interest and understanding in working with individuals with mental illness. Perhaps exposure even prior to field placement may be helpful.

Second, various attitudes towards different mental health conditions and different levels of severity of mental illness may also be useful in determining where and why certain biases exist. It has been noted that social workers may be disillusioned because of exposure to clients who are experiencing the most severe symptoms of mental illness during periods of decomposition (Covarrubias & Han, 2011). This idea may be comparable to death anxiety among geriatric social workers, as Greene (1984) found that geriatric social workers had higher levels of death anxiety than non-geriatric social workers and greater number of years in the field was correlated with a higher level of death anxiety (although this leveled off after six or seven years). This supports the notion that working with individuals with mental illness may result in seeing severe and persistent behaviors as norms. This phenomenon is also called the "clinician's illusion", which is the belief that people with severe mental illness are always low functioning; cannot get along in society; and exhibit socially undesirable behaviors, like being violent (Cohen & Cohen, 1984, as cited by Covarrubias & Han, 2011). Social workers may displace their own biases onto their clients causing harm that could be curbed through further education or training. Addressing issues of counter-transference could also help to reduce stigmatizing attitudes (Ahmedani, 2011). This may be critical prior to exposure in the field to clients with severe mental illness. Social work pedagogy that addresses these deficiencies in exposure, diversity, and training should be evaluated.

There are some limitations to our study that need to be highlighted. One limitation is that we were only able to simply describe social distancing given the cross-sectional nature of our study. We were not able to explain how or where perceptions of mental illness were formed, the impact of stigma in terms of a person's behavior, or the treatment of clients with mental illness. How stigma and social distancing actually affect direct practice is an important research issue. A second limitation of our study is that although this is one of the few studies that includes a diverse sample in terms of urban/rural and different countries, the way the survey was administered still limits generalizability: we cannot be certain that a student did not complete the survey twice, or that students did not report in a way that was socially desirable. Lastly, another limitation of our study is that it only compared major depressive disorder and panic disorder. Other forms of severe and persistent mental illnesses were not assessed or compared. Further research that explores the relationships between stigma or social distancing and various mental illnesses is warranted. Replicating the current study with students or the general public would help to advance the stigma literature by potentially supporting this current study's findings or identifying other explanations for the differences in attitudes based on disorder type.

In sum, the findings that undergraduate students, those with an interest in mental health, and those who knew someone with a mental illness all showed less social distancing indicate a potential for opportunities to create meaningful experiences within social work practice and education. These factors that are associated with social distancing all suggest ways we can intervene to increase awareness and sensitivity towards individuals with mental illness. Social workers play an extremely important role in treating and advocating for consumers with mental illness. One study found that social workers held the second lowest amount of stigma (behind psychiatric nurses/nursing students) among seven professional groups (Kassam, Papish, Modfill, & Patten, 2012). We further our mission of improving the lives of individuals who are vulnerable if we are able to ensure that social workers possess destigmatizing attitudes towards clients and can educate and advocate within the general population and policy arenas.

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What is the Role of Social Work in China? A Multi-Dimensional Analysis

Jieru Bai

Abstract: *This article analyzes the role of social work in the context of the special political, economic, cultural, and historical background in China. A historical perspective is used to understand the evolution of the Chinese welfare system and explain the timing of reintroducing the social work profession. A pluralistic perspective is adopted to define social work relating to different stakeholders in social welfare and services. The government starts to diminish its role as a direct service provider. The traditional family and community have less capacity to take care of people. Yet, the social work profession is not ready to take over. Finally, a social development perspective is used to illustrate why economic growth is prioritized by the Chinese government and social work as profession is supposed to work to promote social stability and prosperity. Implications for social work research and practice are discussed.*

Keywords: *China, pluralistic, social development, policy*

Through the past few decades, China has experienced fundamental economic, political, and social changes. On the one side, China has achieved significant improvements in poverty alleviation and social development (Chi, 2005). On the other hand, China is facing numerous new challenges due to rapid social change, including poverty, income disparities, family breakdown, rural-urban migration, unemployment, underemployment, criminality, housing, an aging population, child labor, public health, and environmental pollution (Leung, 2007; Tsang & Yan, 2001). In order to maintain the economic success and achieve wealth and prosperity, the Chinese government has implemented corresponding welfare reform to remedy social problems, avoid social unrest (Guan, 2003), and maintain social stability (Chi, 2005). Development and professionalization of social work was strongly advocated by top Chinese leaders and perceived as the most important theme in the welfare reform (Xiong & Wang, 2007).

In 1986, social work was officially recognized as a university discipline and four universities started to provide social work programs. Within the following twenty years, the number of social work programs increased from 20 in 1994 to more than 300 in 2011 (personal communication, Sibin Wang, the current president of the China Association of Social Work Education, December, 2011). After the new millennium, the government has selected large, metropolitan cities as experiments, such as Shanghai, Shenzhen, and Beijing, to develop local social service delivery systems and social work teams (Hung, Ng, & Fung, 2010; Leung, 2007). In 2003, the government of Shanghai issued *Temporary Measures of Qualifications for Social Workers Registration* and tried some experimental projects of employing professional social workers in hospitals, community centers, and schools. By 2010, there were more than 1,500 people registered as social workers (Shanghai Civil Affairs Bureau, 2010). Those social workers have played an important role in providing services for juvenile delinquents, the elderly, and people with

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substance abuse problems (Xiong & Wang, 2007). Following the steps of Shanghai, the government of Shenzhen developed an integrated system in which the government purchased services from independent social service agencies (Hung et al., 2010). The Shenzhen Bureau of Civil Affairs provides funding and helps to develop non-governmental social work organizations which hire social workers and provide direct services.

The experiences of experimental cities strengthened the government's determination to promote social work as a profession for the whole country. In recent years, the government made great efforts in legislation and provided legal support in the professionalization of social work. In 2004, the Ministry of Labor and Social Security issued *Regulations on the Occupationalization of Social Workers*. In 2006, the Ministry of Civil Affairs and the Ministry of Personnel issued *Temporary Regulations on the Social Workers Occupational Standard System*, by which the government officially recognized social work as a profession. Right after that, the Ministry of Civil Affairs and the Ministry of Personnel published *Regulations on the Professional Certification for Assistant Social Workers and Social Workers,* which defined different positions and corresponding requirements of the new profession. The experiences also demonstrated the importance of the government's support in the successful, experimental cities.

As a socialist country, the Chinese government plays a strong and directive role in the development of social welfare as well as the social work profession (Tsang & Yan, 2001). Many Chinese scholars appreciate that it is a golden chance for the development of professional social work in China. However, others criticize that although the term "social work profession" has suddenly become popular and frequently appears in various government reports, "a widely agreed definition of what social work is and what social workers do is missing" (Xiong & Wang, 2007, p. 568).

This article analyzes the role of social work in the context of the special political, economic, cultural, and historical background in China. A multi-dimensional model is used to analyze why the Chinese government is determined to develop social work contemporarily, and how to define social work as a profession in the Chinese welfare system. Implications for social work research and practice are discussed.

A Multi-Dimensional Model

In order to explain the timing of the professionalization of social work, a historical perspective is used to understand the evolution of the Chinese welfare system and social work profession. In consideration of the vastness and complexity of the social problems in China, a pluralistic perspective is adopted to define social work relating to different stakeholders in social welfare and services, including the state sector, the voluntary sector, the informal sector, and the commercial sector. Moreover, China is still a developing country and economic growth is its highest priority. There is a consensus that the current policy is directed to maintain social stability in order to achieve wealth and prosperity for the country. The major assignment for the social work profession is to remedy social problems caused by economic reform (Xiong & Wang, 2007), which reflects the political-economic perspective in social policy. This article combines these three

perspectives and proposes a multi-dimensional model (see Figure 1) to explain the role of social work in China.

Figure 1. *Multi-Dimensional Model of Social Work in China*
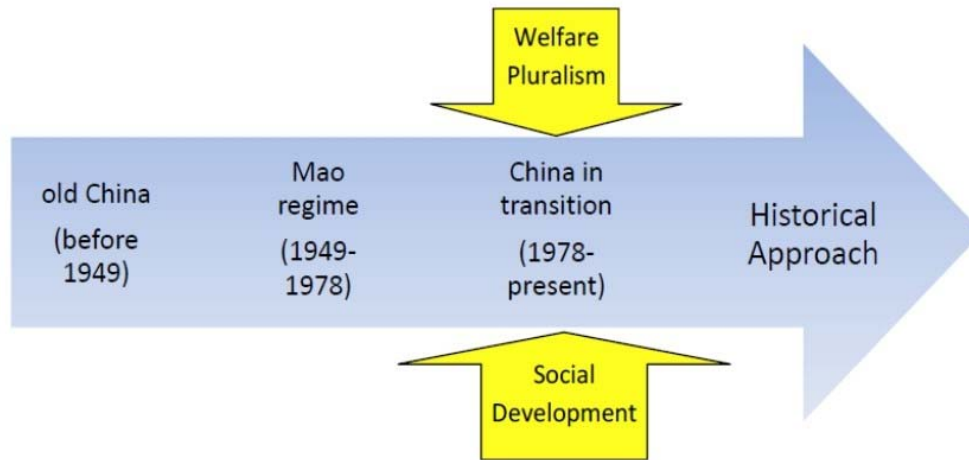
The Historical Perspective

Old China: Before 1949

Before the People's Republic of China (New China) was founded in 1949, China had been a feudal society for nearly three thousand years. Confucianism was, and still is, the dominant belief system in China. It provided a foundation for social welfare ideology in Chinese culture (Hutchings & Taylor, 2007). Core values of Confucianism include reciprocity, filial piety, loyalty to one's family, and consensus and harmony (Chung, 1992). Confucianism encourages mutual help because of the individual's responsibility for the collective good (Chan & Tsui, 1997). Individuals and families were the primary caregivers. Social provisions from the state were limited to famine relief on an ad hoc basis (Chan & Tsui, 1997). In addition, Buddhist temples were the major charitable entities. This is similar to the role of churches in western societies before social work was developed.

Social work was absent from Chinese history until the 1920s, when it was first introduced to China by western missionaries. However, at that time, China was invaded by western countries and Japan and then trapped in civil war. Although there were approximately 20 social work-related education programs before the People's Republic of China was established in 1949 (Yan & Tsang, 2005), social work was not able to develop in the society.

Communist China: 1949-1978

After the Communist Party took over in 1949, a centrally-planned economy was established. The central government took the responsibility of providing social welfare to

the whole Chinese society (Tsang & Yan, 2001). In urban areas, citizens enjoyed employment-based social welfare. "Danwei", or work units, provided comprehensive social services for their employees, including housing, food, education, child care, health care, income protection, and old age pensions (Leung & Nann, 1995). In rural areas, social welfare was delivered by production teams (Mok, 1983). However, there was a huge gap between welfare in urban areas and rural areas. Rural welfare services were relatively undeveloped due to limited resources.

Within this period, all social sciences, including sociology and social work courses, were eliminated from the universities during the "restructuring of institutions of higher learning" (Yuen-Tsang & Wang, 2002, p. 376). The underlying rationale was that social welfare was a by-product of capitalism to remedy social ills, while the socialist state itself was a social welfare agency (Mok, 1983). Social work was removed before having any chance to develop.

China in Transition: 1978-Present

In 1978, the Chinese government decided to shift the focus of national policy from political debate to economic development. The government initiated the transition from a planned economy towards a market economy and opened the door of China to the world. Within those political and economic transformations, the welfare system of China also underwent profound changes.

In 1983, the collective system was formally ended. During the 1990s, many state-owned enterprises were dissolved. Individuals were no longer permanently protected by the collectives. The comprehensive employment-based welfare was terminated, but no substitute welfare system has been established yet. As a result, many people were left out in the welfare transition. They no longer receive free housing, education, and medical care from the government. Instead, they have to pay for everything out of their own pockets. Unfortunately, this is challenging for many people.

In facing those new social problems, the Chinese government tried to engage various resources and encouraged localized services (Leung & Nann, 1995). In the late 1980s, the Chinese government brought up the concept of "large society and small government." The government started to reduce its responsibility in providing social welfare and tried to promote the "socialization" of social services. Private, quasi-government, and non-governmental sectors were encouraged to share the responsibility for welfare service provision (Leung, 2007). The government's diminishing role in welfare provision combined with increasing social needs imposed great pressure on the social welfare system (Xiong & Wang, 2007). As a result, the Chinese government decided to reintroduce social work. The government expected the new profession to provide comprehensive services and help remedy social ills. Social work programs expanded rapidly with the support from the government.

Welfare Pluralism Perspective

Welfare pluralism, also referred as "mixed economy of welfare," contends that there are four sectors involved in the production and delivery of welfare. They are the state

sector, the commercial sector, the non-profit or voluntary sector, and the informal sector (Gilbert, 2008). Currently in China, although most social services are directly operated by the state, a multiple-intervention system is emerging. People are encouraged to seek help from informal and semi-formal system (Smith, 2003).

The State Sector

Social welfare in China is provided by various organizations under the leadership of the central government. The most important agencies are the Ministry of Civil Affairs and the Ministry of Labor and Social Security. Civil affairs work has been well established within each level of government and is considered as social work with Chinese characteristics (Wang, 2011). At present, there are nearly 500,000 people working in the civil affairs system (Li, Huang, & Han, 2012). Instead of being direct service providers, the government is now focusing more on policy, legislation, management, and financial support. The welfare delivery system is decentralized, and community-based services are developed. However, most of the staff members hired in civil affairs organizations do not have a social work background. They usually perceive their work as administrative and executive duties.

Wang (2011) defined the "Embedded Model" of social work development in China. Because the civil affairs system has been functioning since 1978, social work as a new profession has to strive for its place both within and outside the historical structure. Social work educators like Wang have advocated for embedding social work within the civil affairs system and gradually transferring the civil affairs work into professional social services. In recent years, many social work students have been sent to national and local Bureaus of Civil Affairs for their practicum experiences. Working in the civil affairs system is one of the few jobs related to social work that students can find in China (Wong & Pearson, 2007; Yan, Ge, Cheng, & Tsang, 2009). However, this model has triggered the argument about who should take the lead: staff members without professional training but who understand the services or social workers with professional training but having little experience in the system? The Embedded Model also echoes the strong political tradition in Chinese social welfare system.

The Voluntary Sector

During the 1990s, many local and international NGOs (non-governmental organizations) and NPOs (non-profit organizations) emerged in China. The number of NGOs registered in the Ministry of Civil Affairs increased from 5,901 in 1999 to 381,361 by the third quarter of 2008 (Ministry of Civil Affairs, 2008). Those newly emerged NGOs played more and more important roles in producing and delivering social services.

Before this period, the Chinese government held a very skeptical attitude toward the development of NGOs. Now, the government allows much more room for the development of NGOs. Especially during the Sichuan earthquake in 2008, the government demonstrated unprecedented flexibility toward NGOs because of their contributions in crisis intervention and post-disaster reconstruction. Currently, the government is working actively on the legislation and standardization of NGOs. NGOs

are expected to replace the welfare services which the government no longer provides. However, the government does not provide tangible support for the NGOs beyond tax incentives (Wong, 2008). As a result, numerous NGOs are facing great difficulties in finding stable funding sources, establishing efficient management, and recruiting professional workers.

Though growing rapidly, the function of the NGOs as service providers is limited (Hutchings & Taylor, 2007; Tsang & Yan, 2001). Due to the political environment, it is hard for grassroots NGOs to achieve true independence (Wong, 2008). The quality of the services from grassroots NGOs varies greatly depending on what resources they can get in the society. Some well-functioning NGOs are actually affiliated with governmental organizations, or transformed from previous government branches. Thus, they have adequate funding sources and other support from the government. However, they do not function independently as the third sector.

The Informal Sector

Informal care refers to the help received from family, friends, neighbors, and other non-statutory sources (Gilbert, 2008). Informal care and family obligations are valued in Chinese tradition and are still important principles of the contemporary welfare system (Chan & Tsui, 1997). The government uses legislation to enforce the family's responsibility to take care of individuals and an individual's obligation to the family (Leung, 2001). However, in modern society, the capacity of Chinese families to provide care is seriously deteriorating (Leung & Wong, 2002). Because of the one-child policy, most families are now nuclear families. The family size is decreasing while the divorce rate is increasing, which means there are fewer people in stable family relationships that share the responsibility of caregiving. What is more devastating, due to the urbanization, many rural residents have left their land and migrated to urban areas to make money, while their elder parents and young children are left behind to take care of themselves (Shang, Wu, & Wu, 2005). This phenomenon seriously threatens the traditional Chinese family values and undermines the family's capacity as the primary care provider.

The rapid change in family structure results in urgent needs for professional services, especially for elderly people. It is anticipated that the portion of elderly people (age 65 and above) in the population will increase from 8% in 2010, to 16% in 2030 and 24% in 2050 (Jackson, 2011). The growing aging population will overwhelm the traditional care model for elderly people, where adult children take care of their elderly parents. Using professional services will be inevitable for Chinese families. The professional services will compensate the weakening roles of family as the primary care provider. However, this change will challenge Chinese people's values about family and filial piety, which is fundamental in Confucianism. Some people believe that sending elderly parents to nursing homes is abandoning them. Social work as a new profession will have to cope with those negative attitudes and help people transform their values.

The Commercial Sector

The commercial sector of the welfare system in China is not well developed yet. From the middle of the 1990s, the Chinese government has been trying to commercialize higher education and the medical care system, but has encountered great resistance. People have been very dissatisfied with the booming prices. Many people from urban poor and rural families cannot afford higher education and medical care. After admitting the failure of the medical care system reform in 2006, the Chinese government is now promoting a social insurance system to the whole society. In urban areas, employers are mandated to purchase medical insurance for employees. In rural areas, the government has established a new insurance system named "New Cooperative Medical Scheme" (NCMS). The system is co-financed by rural residents (a premium of RMB 60/USD 10 per year), the central government, and each level of local government. Rural residents get reimbursement for inpatient services and outpatient services for severe medical problems. As of now, the majority of rural residents in China participate in the NCMS.

Meanwhile, because of the economic reform and policy change, there are many more private hospitals, schools, and nursing homes in China. In 2013, the Chinese government started to allow for-profit services for elderly people and people with disabilities. Chan and Tsui (1997) argued that the private sector will play a greater role in meeting social needs, particularly for those who have become rich thanks to economic reform.

The welfare pluralism perspective provides a holistic overview of the welfare system in China. However, it is easy to isolate each part and neglect the interaction among different sectors. In a socialist country, the influence of the government is prevailing. None of the other sectors can totally be independent of the government. Thus, it is important to consider welfare pluralism under the centralized political system in China.

Social Development Perspective

The social development perspective broadens the traditional view of Western social welfare by including economic development (Lowe, 1995). It contends that economic development is a way of promoting the well-being of the whole population and achieving social goals (Midgley & Sherraden, 2008). The social development perspective is particularly popular in developing countries, where a comprehensive social welfare system is not available. Economic development is vital for developing countries to build up a social welfare system and enhance the overall well-being of the society.

As a developing country, China has prioritized economic development as the most significant national task since 1978. After nearly 30 years of economic reform and opening up to the outside world, China has achieved remarkable economic development. The living standard of its citizens has been greatly improved. However, the achievement is dramatically uneven between rural and urban areas, between eastern coastal and inland provinces, and among different populations (Chi, 2005). China's Gini coefficient, which measures the disparity between rich and poor, increased from 28.2 in 1981 to 38.8 in 1995 and 47.4 in 2012 (Atinc and World Bank, 1997; National Bureau of Statistics of the People's Republic of China, 2013). Social inequality and class divisions have become more and more severe.

In the face of those critical social problems and potential social conflicts, the Chinese government has shifted its policy from focusing only on economic growth to balancing economic development and social development. Stability is considered the premise of economic development. Building a socialist harmonious society is proposed by the former President Hu Jingtao as the national goal of contemporary China. The government has made great efforts to improve the social welfare system. Rebuilding social work as a profession is one of the most important agendas. There is a consensus between the government and social work scholars that the mission of social work in China is to fix social problems, maintain social stability, and support economic development. For example, Chi (2005) contends that the main objective of social welfare is to provide basic benefits to maintain social stability. Guan (2003) maintains that the primary task of social welfare is to provide a basic safety net, avoid social unrest, and make China more competitive in the world economy. The Chinese social workers are very clear about their roles as problem-solvers within the existing political system.

The social development perspective was critiqued for overemphasizing economic participation while neglecting the real hardships of disadvantaged groups. Many developing countries endorsing a social development perspective have experienced situations similar to that in China. The benefits of growth are experienced by privileged groups, while the major burden of growth is imposed on poor people (Midgley & Sherraden, 2008). Tang (1996) argued that social work and social welfare are marginalized in developing countries, and the expenditure on social programs is limited to a minimum part in economic development.

Discussion and Implications

The multi-dimensional model of this article provides a comprehensive analysis of the welfare system and the role of social work in China. The historical analysis explains how Chinese welfare systems evolved into the current situation and why social work has received more attention now. Through a welfare pluralism lens, it is explicit that social work in China will have a greater potential for development. The government sector will be the main source of job positions for future social workers. Meanwhile, the increasing grassroots NGOs and private service agents will have an urgent need for professional social workers. The informal sector will also require professional intervention to compensate for the eroding capacity of families as care providers. The social development perspective helps define the role of social work as a problem-solver within an existing political system. The task of social work is to remedy social problems, maintain social stability, and sustain economic development. Only with the clear understanding of the professional role and task can Chinese social workers develop indigenized intervention strategies and function appropriately in a socialist system.

Currently, the development of social work in China is facing many challenges. The whole society has encountered many new social problems which they have never experienced before. Also in a developing country, resources are particularly limited. Chinese social workers have to develop the new profession and accomplish its mission in a cost-effective way. Social work, as a new profession, is not yet well recognized in Chinese society. Not many Chinese people know what social work is and most people

cannot differentiate social workers from volunteers or social work from charity activities (Tong, 2007). Localizing social work and making the profession compatible with Chinese cultural values are critical issues for social work pioneers.

Social work education in China is also confronted with numerous problems. Many social work programs do not have an independent status in universities but often are affiliated with sociology, public administration, or political science (Bai & Daley, 2014). Most social work programs lack professional social work educators and practicum supervisors. Of even more concern, a social work job market is nearly non-existent in China (Sha, Wong, Lou, Pearson, & Gu, 2012; Yan et al., 2009). Yan and her colleagues (2009) interviewed 31 social work students and only five of them reported that they would try to look for social work related jobs. Sha and his colleagues (2012) surveyed 1,331 social work students in Beijing and Shanghai. They found that fewer than 40% of the students expect to perform any social work activities in the first five years after graduation. The jobless reality has led to a severe waste of social work education in China.

Although the government's support is fundamental for the development of social work in China, Wang (2011) believes that the subordinate status of social work in the administrative system has hindered the impact of the new profession. Chinese social workers should advocate for their own status by creating new services that the government has not developed, such as medical social work, school social work, and mental health services. In this way, it will be easier for social workers to establish professional reputations. Also, hospitals and schools are secondary settings for social workers. They do not have to start from a blank slate or create activities to fulfill a schedule. Rather, they can work within a multi-disciplinary team with an independent role. In recent years, there have been urgent needs for interventions in doctor-patient and teacher-student relationships. It would be a good opportunity for social workers to contribute to the situation from their own perspectives.

For Chinese social work researchers, it is time to focus more on practical development. From the literature review, it was found that most authors wrote about social work on a macro level, such as policy analysis, academic programs, historical evolvement, and Chinese culture. However, few studies have been done on how to relate those macro-level issues to micro-level practice. Also, evidence-based practice is missing and there are barely any empirical studies. More needs assessments and program evaluations should be done to examine social problems and the effectiveness of existing services. With sufficient empirical studies, social workers can negotiate with the government to develop feasible plans for serving vulnerable populations.

For Chinese social work educators, it is essential to study how to incorporate Western social work values and methods into China's context. It is reasonable to suspect that some values will conflict with traditional Chinese values. Chinese social workers should not be judged if they do or do not adopt these Western values. Social work educators should never ignore the influences of the traditional Chinese culture and current political system on the development of social work profession. After the earthquake in 2008, social workers have gained much more public recognition because of their involvement

in crisis intervention and post-traumatic intervention. Appropriate use of mass media is an effective way to gain public recognition. Chinese social workers should cooperate with the media to publicize this new profession and attract more people to participate in the professional team.

International cooperation is also imperative. Chinese social workers should critically consider the theories and practices from developed countries before using them. Short-term condensed training programs could be provided to social work educators, and joint programs could be developed through collaboration at the university level. Social work educators and practitioners in developed countries should not impose Western values on Chinese colleagues, nor prescribe conclusive solutions to Chinese social problems (Chi, 2005).

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The Impact of an Indiana (United States) Drug Court on Criminal Recidivism

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Abstract: *This study evaluated a drug court located in a metropolitan area of Indiana (United States), focusing specifically on identifying variables that predicted recidivism among drug court participants and comparing criminal recidivism patterns among drug court and probation participants. Drug court participants were most likely to recidivate if they were younger, had a violation within the first 30 days of the program, had a previous criminal record, and were terminated unsuccessfully from the program. Furthermore, drug court participants were less likely to recidivate than probationers who had similar offense and demographic characteristics. Implications for drug court practice, policy advocacy, and future research are discussed.*

Keywords: *Drug court, logistic regression, criminal recidivism, substance use disorders, probation*

The National Survey on Drug Use and Health (NSDUH) is an annual survey that assesses the rate of illicit drug and alcohol use in the United States (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). There are several notable findings that came out of the 2012 survey. First, findings suggest that an estimated 24 million Americans, or 9% of the population, used illicit drugs and 136 million Americans, or 52% of the population, used alcohol. Second, of all the Americans that used illicit drugs or alcohol, about 9%, or 22 million, met the diagnostic criteria for substance abuse or dependence; however, few actually received treatment for their substance use disorder. Specifically, of the 22 million Americans that needed substance abuse treatment, only 3 million received this type of intervention. Third, 34% of parolees and 37% of probationers met the diagnostic criteria for substance abuse or dependence, whereas only approximately 8% of their counterparts who were not on parole or probation met the same diagnostic criteria.

As a result of the large criminal justice population that has experienced problems related to personal illicit drug and alcohol use and the apparent limited availability of substance abuse treatment, society has relied on the judicial system to offer rehabilitative services to arrestees to minimize their risk of reoffending. One of the ways that the criminal justice system has addressed the high rate of substance use disorders with their population has been through the development of drug courts. This article will conceptualize drug courts, present a review of the literature related to the effectiveness of drug courts, present findings that identify the most predictive factors of drug court

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participants' recidivism during and after the program, discuss how drug court compares to traditional probation in regards to reducing criminal recidivism, and explore implications for drug court practice, policy advocacy, and future research.

Indiana (United States) Drug Court

This section provides an overview of the drug court evaluated for this study, which will be called the Indiana drug court. The Indiana drug court began in 1997 and the court's mission is to "reduce repeated criminal behavior and reverse the destructive effects of drugs upon the individual abuser and health and public safety of the community at large" (St. Joseph County Drug Court, 2014, para. 3). The court's philosophy is that "long-term sobriety involves not only quality substance abuse treatment, but also the prospect for an improved quality of life through better education, employability, and the support of a sober community" (St. Joseph County Drug Court, 2014, para. 4). In order to meet the program's mission and philosophy, the drug court employs a multidisciplinary judicial team, commonly known as the drug court team. The drug court team consists of the judge, drug court coordinator, two drug court case managers, the chief of adult probation, a compliance officer, prosecuting attorneys, defense attorneys, a researcher, and local substance abuse treatment providers. The drug court team meets once a week to discuss the status of participants.

The length of a drug court participant's assignment ranges from 12 to 24 months (St. Joseph County Drug Court, 2014). During this timeframe, participants complete interventions consistent with the key components of a drug court (National Association of Drug Court Professionals [NADCP], 2004), such as attending substance abuse counseling, maintaining abstinence from illicit drug and alcohol use, submitting random urinalysis drug tests approximately 1 to 3 times a week, attending status hearings with the drug court judge approximately 1 to 4 times a month, and completing other interventions that the drug court team may assign due to individualized needs, such as HIV and AIDS education or budgeting classes. If participants are not employed at the time of admission into drug court, they are required to undergo vocational training while in the program. Similarly, if participants do not have at least a high school diploma or equivalent at admission, they are expected to work towards their GED during the program. In order to graduate from the program, participants must have completed their substance abuse counseling, been in the program for at least 12 months, have at least 6 months of consecutive negative drug tests, and pay all program fees, which include a $500.00 program fee and the cost of drug testing. Based on a participant's economic status, all or a portion of the program fee and drug testing fees can be waived by the drug court team. Prior to admission into drug court, participants plead guilty to the charges filed against them. Upon graduation, the charges are dismissed; however, if a participant is terminated from the program, he or she is convicted of the charge or charges and sentenced accordingly.

Literature Review

Since their inception in 1989, drug courts have seen tremendous growth. There are over 2,700 drug courts and 1,122 other problem-solving courts, such as mental health and

veterans courts, operating in the United States (NADCP, 2014a), and is it estimated that there are over 30 international drug treatment courts operating throughout 11 countries including Ireland, Australia, and the United Kingdom (NADCP, 2014b). In the United States, the proliferation of drug courts is partially explained by a growing trend where states, such as Texas, are beginning to mandate that certain counties have drug courts because policymakers view drug courts as an efficient and effective alternative to incarceration (Gallagher, 2012). Drug courts are perhaps the most researched criminal justice program, and as they continue to increase throughout the United States and internationally, drug court evaluations should continue to be a major part of the criminal justice, forensic social work, and addiction studies literature.

Recent meta-analyses of drug court evaluations have suggested that drug courts are more effective than other types of criminal justice programs, such as traditional probation, at reducing criminal recidivism (Mitchell, Wilson, Eggers, & MacKenzie, 2012; Shaffer, 2011). Mitchell et al. (2012) completed a meta-analytic review of 92 adult drug court evaluations and found that drug court participants were less likely than non-participants to recidivate. Specifically, the average recidivism rate of drug court participants was 38%, compared to a recidivism rate of 50% for non-participants. It is also important to mention that Mitchell and colleagues found that the positive effect of drug court participation on recidivism lasted for three years following admission into the program. Shaffer (2011) calculated 82 effect sizes from drug court evaluations and found that drug court significantly reduced recidivism. The effect sizes suggested that drug court participants had a recidivism rate of 45.5%, whereas the recidivism rate for the comparison group would have been 54.5%. Overall, both meta-analyses provide evidence that the expansion of drug courts and continued funding of these programs is warranted.

Meta-analyses offer valuable insight into the effectiveness of drug courts; however, the majority of studies evaluate single drug court programs. For example, an evaluation of the Douglas County (Omaha), Nebraska drug court found that drug court participants were significantly less likely to be rearrested than a comparable group of felony drug offenders (42% versus 61%) (Spohn, Piper, Martin, & Frenzel, 2001). Furthermore, Spohn and colleagues found that younger offenders, males, and those with a prior criminal record were more likely to be arrested during the follow-up period. In a similar evaluation of the Los Angeles County drug court, Fielding, Tye, Ogawa, Imam, and Long (2002) found that only 24% of drug court participants recidivated within the one year follow-up period, whereas 37% of participants from the drug diversion education program and 51% of felony defendants not in either program recidivated. Fielding and colleagues also note that graduating from drug court decreased the likelihood of recidivating; only 20% of graduates recidivated, compared to 33% of terminated participants. Brown (2011) completed a recent evaluation of a Wisconsin drug court and found that drug court participants were less likely to commit a new crime than a matched comparison group (30% versus 46%), and when a new crime was committed, drug court participants had a longer time to when they recidivated than the matched comparison group (614 days versus 463 days).

While there is a large body of literature suggesting that drug courts are more effective than other types of criminal justice programs, it is important to mention that these

findings are not universal (Bavon, 2001; Listwan, Sundt, Holsinger, & Latessa, 2003; Wolfe, Guydish, & Termondt, 2002). In an evaluation of the Tarrant County (Fort Worth), Texas drug court, Bavon (2001) found that about 13% of drug court participants and 17% of the comparison group were rearrested within one year after last contact with their respective programs, results that were statistically insignificant. Wolfe et al. (2002) also found in their evaluation of the San Mateo County, California drug court that drug court and non-drug court participants had equal likelihoods of recidivating. However, consistent with the findings from Fielding et al. (2002), Bavon (2001) and Wolfe et al. (2002) both found that, when comparing just drug court graduates and unsuccessfully terminated participants, graduates were noticeably less likely to recidivate than those who were terminated from the program. Wolfe and colleagues, for example, found that 53% of terminated participants and only 19% of graduates recidivated within the two year follow-up period.

Methodologically, the present study contributes to the existing literature in several ways. First, the follow-up period to measure recidivism in this study is 36 months, which is noticeably longer than previous studies were the norm is to evaluate recidivism at a one (Fielding et al., 2002) or two year (Wolfe et al., 2002) follow-up period. Additionally, Mitchell et al. (2012) found in their meta-analysis of 92 adult drug court evaluations that, for the articles where the information was available (n = 79), 82% measured recidivism with a follow-up period of 24 months of less, further supporting the need to have a longer follow-up period to assess the long-term impact of drug court on recidivism.

Second, this study utilizes a comparison group of offenders who were eligible for drug court but chose probation instead, and while it is common for drug court evaluations to use probationers as a comparison group (Krebs, Lindquist, Koetse, & Lattimore, 2007), previous studies have typically developed comparison groups based on participants having a drug use history, not the fact that they met the admission criteria for drug court and chose to do another program. The method of developing a comparison group for this study, perhaps, may minimize selection bias.

Third, this study assessed two variables that are theoretically associated with drug courts, yet not found in the previous research. A key component of the drug court model is to admit participants as soon as possible after an arrest; theoretically, this will improve outcomes because participants are more motivated to change following the arrest experience (NADCP, 2004). Therefore, this study included a variable labeled "arrest and admission", defined as the total number of days from an individual's arrest to admission into drug court. Next, the variable "first 30 days", which measured whether a participant had a violation within the first 30 days of drug court participation, was added to the analysis because recent evidence has suggested that compliance within the first month of drug court can predict graduation outcomes (Newton-Taylor, Patra, & Gliksman, 2009); however, this variable has not been used to predict post-program recidivism outcomes.

The other variables included in the analysis are consistent with those used in previous research that tested logistic models to predict recidivism and other drug court outcomes, such as graduation. Drug of choice, for example, was dichotomized as cocaine versus all other drugs because previous research has suggested that participants who identify

cocaine as a drug of choice are less likely to have successful drug court outcomes than those who identify other drugs of choice (Dannerbeck, Harris, Sundet, & Lloyd, 2006; Hickert, Boyle, & Tollefson, 2009).

Methodology

Design and Sample

The research design used for this study was approved by the Institutional Review Board (IRB) at Indiana University. This study employs a nonequivalent comparison group, quasi-experimental design to evaluate a drug court located in Indiana; two research questions guided this evaluation. First, what variables most strongly predict recidivism among drug court participants? Second, do drug court participants have a lower rate of recidivism than probation participants? To identify the variables that predicted recidivism among drug court participants, data were collected on all drug court participants (n = 197) who graduated or were unsuccessfully terminated from the program from 2006 to 2009. To compare the recidivism patterns of drug court and probation participants, recidivism data were retrieved for the same sample of drug court participants and the electronic charts of probation participants. A list of all probationers (n = 995) who were arrested for a Class D Felony and completed their probation or had their probation revoked from 2006 to 2009 was generated. From this initial list, 194 (19%) were included in the final sample because they had a Class D Felony that made them eligible for drug court but they had chosen probation instead. Based upon his experience as the drug court coordinator of the program evaluated in this study, one of the authors suggests that potential participants may be more likely to select probation over drug court because drug court tends to cost more than probation and drug court is more time consuming. Drug court, for example, typically requires drug testing 1 to 3 times a week, whereas probationers may be drug tested only one time a month. Additionally, at the beginning of the program, drug court participants appear before the judge once a week while probationers typically only attend court once every several months. Criminal cases eligible for drug court include: (1) I.C.35-48-4-6 Possession of Cocaine or a narcotic drug, class D felony; (2) I.C. 35-48-4-7 Possession of a Controlled Substance, class D felony; (3) I.C. 35-48-4-8.3 Possession of Paraphernalia, class D felony; (4) I.C. 35-48-4-11 Possession of Marijuana, class D felony; (5) I.C. 35-48-4-13 Maintaining a Common Nuisance, class D felony; and (6) I.C. 35-48-4-14 Acquiring Possession of a Controlled Substance by fraud, class D felony.

Due to the quasi-experimental nature of this research design, participants were not randomly assigned to drug court or probation; therefore, selection bias may compromise the comparability between the groups in the study. To assess the comparability between the drug court and probation groups, demographic data, including gender, ethnicity, age, education status, and employment or student status, were collected and analyzed. This process of comparing the two groups is similar to that used in previous research (Brown, 2011). The results of the comparison are noted in Table 1. There was no difference between the drug court and probation group in regards to gender, ethnicity, age, and employment or student status. The drug court group, however, was less likely to have a

high school diploma or equivalent at admission than the probation group (41% versus 54%).

Table 1. *Demographic Comparisons Between Drug Court and Probation Participants*

Variables	Drug Court (n = 197)	Probation (n = 194)	χ^2 and t scores
Gender	Male = 73% (n = 143) Female = 27% (n = 54)	Male = 72% (n = 140) Female = 28% (n = 54)	$\chi^2 = 0.01$
Ethnicity	White = 51% (n = 101) Black/Hispanic = 49% (n = 96)	White = 51% (n = 98) Black/Hispanic = 49% (n = 96)	$\chi^2 = 0.02$
Age	Range = 18 to 57 years old Mean = 32 years old SD = 10.52	Range = 18 to 69 years old Mean = 33 years old SD = 12.54	t = 1.30
Education *	Have high school diploma or equivalent at admission = 41% (n = 80) Do not have high school diploma or equivalent at admission = 59% (n = 117)	Have high school diploma or equivalent at admission = 54% (n = 105) Do not have high school diploma or equivalent at admission = 46% (n = 89)	$\chi^2 = 7.16$
Employment or Student	Employed or student at admission = 38% (n = 75) Not employed or student at admission = 62% (n = 122)	Employed or student at admission = 42% (n = 81) Not employed or student at admission = 58% (n = 113)	$\chi^2 = 0.72$

Note. *p < 0.05

Variables and Analysis

All data were recorded and analyzed using SPSS 21 software. There were twelve independent variables and one dependent variable for the logistic regression. The dependent variable was (0 = not rearrested, 1 = rearrested). The conceptualization and coding of the independent variables were as follows: gender (0 = male, 1 = female), ethnicity (0 = white, 1 = African American and Hispanic), age (age at time of admission into drug court), education (0 = have a high school diploma or equivalent at time of admission into drug court, 1 = do not have a high school diploma or equivalent at time of admission into drug court), employment or student (0 = employed or a student at time of

admission into drug court, 1 = not employed or a student at time of admission into drug court), drug of choice (0 = all other drugs, 1 = cocaine), positive drug tests (total number of positive drug tests while in drug court), first 30 days (0 = did not have a violation within the first 30 days of drug court, 1 = had a violation within the first 30 days of drug court), arrest and admission (total number of days between arrest and admission into drug court), mental health (0 = do not have a mental health diagnosis, 1 = have a mental health diagnosis), criminal history (0 = do not have a criminal history prior to the arrest that resulted in admission into drug court, 1 = have a criminal history prior to the arrest that resulted in admission into drug court), and outcome (0 = graduated drug court, 1 = terminated from drug court).

Logistic regression was used to identify which variables significantly predict drug court participants' recidivism. Multicollinearity was assessed by conducting correlations between all of the independent variables. If the phi coefficient was greater than .80, multicollinearity was suspected (Orme & Combs-Orme, 2009).

Last, to compare the recidivism rates of drug court and probation participants, the percentage of drug court and probation participants who recidivated during and after their respective programs were collected through a government software program that tracks and records arrests, charges, and dispositions. Recidivism was defined as any new local (County) arrest for a felony or misdemeanor offense that resulted in charges being filed during drug court / probation and up to 36 months post drug court / probation discharge. The definition of recidivism was provided by the drug court and approved by the Indiana Judicial Center, which is an Indiana Supreme Court agency that certifies Indiana problem-solving courts. The recidivism data were collected in 2013 to assure a follow-up period of 36 months.

Results

For the drug court sample, chi-square tests of independence were used to determine if statistically significant differences existed in recidivism outcomes for the dichotomous variables of gender, ethnicity, education, employment or student, drug of choice, first 30 days, mental health, criminal history, and outcome. The variables of gender (χ^2 = 0.64, p = .43), ethnicity (χ^2 = 1.10, p = .29), education (χ^2 = 1.20, p = .27), drug of choice (χ^2 = 0.17, p = .68), and mental health (χ^2 = 1.88, p = .17) were not significantly related to recidivism. The variables of employment or student, first 30 days, criminal history, and outcome, however, did show statistically significant associations with recidivism.

First, drug court participants who were neither employed nor a student at the time of admission were more likely to recidivate (54%) than participants who were employed or a student at time of admission (36%) (χ^2 = 6.10, p < 0.05). Second, drug court participants who had a violation within the first 30 days of the program were more likely to recidivate (65%) than participants who did not have a violation with the first 30 days of the program (35%) (χ^2 = 17.12, p < 0.05). Third, drug court participants who had a prior criminal history were more likely to recidivate (59%) than participants with no prior criminal history (30%) (χ^2 = 16.27, p < 0.05). Fourth, for the drug court sample (n = 197), 108 (55%) participants graduated successfully form the program and 89 (45%) were

terminated unsuccessfully. Drug court participants terminated from the program were more likely to recidivate (65%) than were those who graduated from the program (32%) ($\chi^2 = 21.01$, p < 0.05).

Multicollinearity statistics were not in the problematic area; therefore, all independent variables were included in the logistic regression analysis. The findings from the logistic regression analysis are noted in Table 2.

Table 2. *Logistic Regression of Drug Court Participants' Recidivism (n = 197)*

Independent Variables (IVs)	b	S.E.	Wald	df	Sig.	Exp (b)
Gender	-.268	.379	.498	1	.481	.765
Ethnicity	.043	.352	.015	1	.903	1.044
Age	-.045	.017	6.870	1	.009*	.956
Education	-.274	.357	.587	1	.444	.761
Employment or Student	.470	.356	1.748	1	.186	1.600
Drug of Choice	-.247	.370	.447	1	.504	.781
Positive Drug Tests	-.003	.022	.015	1	.904	.997
First 30 Days	1.221	.356	11.752	1	.001*	3.391
Arrest and Admission	.004	.007	.332	1	.565	1.004
Mental Health	.444	.508	.765	1	.382	1.559
Criminal History	.938	.375	6.270	1	.012*	2.554
Outcome	.846	.379	4.986	1	.026*	2.331

Note. *p < 0.05.
Note. -2 Log Likelihood (221.77).
Note. Nagelkerke R Square (0.30).
Note. Hosmer and Lemeshow Test ($\chi^2 = 8.86$, p = .35).
Note. Dependent variable was (0 = not rearrested, 1 = rearrested).

As noted in Table 2, four of the twelve independent variables were statistically significant. First, for each year of increase in age, participants' chances of recidivating decreases by about 4%. Second, participants who had a violation within the first 30 days of drug court were 3.4 times more likely to recidivate than those who did not have a violation during this timeframe. Third, participants with a criminal history were 2.6 times more likely to recidivate than participants who did not have a criminal history. Fourth, participants terminated from drug court were 2.3 times more likely to recidivate than were program graduates.

A chi-square test of independence revealed a statistically significant difference in recidivism patterns between the drug court and probation groups ($\chi^2 = 18.26$, p < 0.05).

Of all the drug court participants (n = 197), the majority (104; 53%) did not recidivate. Conversely, of all the probation participants (n = 194), the majority (133; 69%) did recidivate.

Discussion

This study adds to the existing literature by identifying the variables most predictive of drug court participants' recidivating. Participants were most likely to recidivate if they were younger, had a violation within the first 30 days of the program, had a prior criminal history, and were terminated unsuccessfully from the program. Consistent with previous research (Brown, 2011; Krebs et al., 2007), younger participants are more likely to recidivate than older participants. Additional demographic variables, however, were not significant predictors of recidivating, including gender, education status, and employment or student status. While previous research has suggested that being female (Brown, 2011; Listwan, Shaffer, & Hartman, 2009; Wolfe et al., 2002) decreases the likelihood of rearrest, this study found no difference in recidivism patterns by gender. Similarly, no difference was found in the likelihood of recidivism for participants who were or were not employed or a student at the time of admission into drug court, which contradicts the findings from Listwan and colleagues (2009) and Shaffer, Hartman, Listwan, Howell, and Latessa (2011).

Consistent with previous evaluations (Krebs et al., 2007; Listwan et al., 2009; Shaffer et al., 2011), this study found that education status was not a significant predictor of recidivism. Perhaps the variables of education and employment or student status did not reach statistical significance because they were only assessed at admission. Specifically, data were only collected on whether or not a participant had a high school diploma or equivalent or was employed or a student at the time they were admitted to drug court. This method of coding does not account for participants who increased their education or employment status while in drug court or by the time they graduated or were terminated from the program. Additionally, despite the evidence that identifying cocaine as a drug of choice may decrease the likelihood of successful drug court outcomes (Dannerbeck et al., 2006, Hickert et al., 2009), this study did not find cocaine to be a predictor of recidivism. This finding is similar to Gallagher's (2014) recent evaluation of a Texas drug court where equal recidivism rates were found among drug court participants who identified stimulants, including cocaine, and nonstimulants as drugs of choice.

A noticeable strength of this study is that recidivism was measured up to 36 months. With the longer timeframe to measure recidivism, the results remained consistent with those from previous studies. Specifically, drug court participants were less likely to recidivate than probationers who had similar characteristics (Brown, 2011; Fielding et al., 2002; Mitchell et al., 2012; Shaffer, 2011; Spohn et al., 2001). Although drug court participants were less likely to recidivate than probationers, there are important demographic variables that were not assessed when comparing the two groups and these variables may have impacted the results. For example, the variable of socioeconomic status was not available for this study. A majority of probation participants may have come from lower socioeconomic backgrounds and they may have chosen not to enroll in drug court because it was more expensive than probation. Consequently, the higher

likelihood of recidivating for probation participants may be more associated with socioeconomics than with the type of intervention.

Racial disparities in drug court outcomes is a concern for many drug courts and the National Association of Drug Court Professionals (NADCP) has recently encouraged drug courts to evaluate their programs to see if racial disparities exist (Marlowe, 2013). Therefore, the results for the Indiana drug court are promising because white and minority participants (African American/Hispanic) had equal likelihoods of recidivating, which is consistent with findings from an evaluation of a Nebraska drug court (Spohn et al., 2001). Researchers have speculated that drug courts in which minority participants are underrepresented are more likely to experience racial disparities in graduation and recidivism outcomes (Gallagher, 2013a). White and minority participants were equally represented in the Indiana drug court (each group made-up about 50% of the program), and this may possibly explain why the variable of ethnicity did not reach statistical significance.

Interestingly, participants with no positive drug tests in drug court and those with multiple positive drug tests had equal odds of recidivating. Presumably, drug court participants who had positive drug tests would be more likely to recidivate because they were continuing to engage in illegal behaviors. However, these same participants would have also received multiple sanctions throughout the program because of the positive drug tests and these sanctions, consistent with the drug court model, would have been therapeutic in nature, as compared to punitive interventions. Perhaps having positive drug tests increased participants' attendance in substance abuse treatment and the knowledge and skills they learned in treatment supported their recovery beyond drug court, hence lowering their risk of recidivism. Similarly, the variable of days between arrest and admission did not reach statistical significance, suggesting that shorter times between arrest and program entry do not result in better outcomes. This finding fails to support a key component of drug court; specifically, key component three recommends that drug courts enroll participants as soon as possible following an arrest, as this will result in better outcomes related to graduation and avoiding recidivism (NADCP, 2004).

Of all the variables assessed in this study, the strongest predictor of recidivism was having a violation within the first 30 days of drug court. This finding adds to the existing literature because the level of participants' compliance during the first month of drug court has not been commonly measured in previous research. Only two known studies have used this variable and these studies predicted completion outcomes, not recidivism. Newton-Taylor et al. (2009) found in the Toronto drug treatment court that participants who had better compliance within the first month of the program were more likely to graduate. Gallagher (2013b), however, found that compliance within the first 30 days of a Texas drug court had no impact of graduation.

Limitations

The findings from this study need to be interpreted within the context of the study's limitations. The most noticeable limitation is that an experimental research design was not used. Randomly assigning arrestees to drug court or probation would have provided

maximum control for the threats to internal validity. As with all research that does not use random assignment, there is the potential for selection bias. While attempts were made to develop a probation group that had characteristics similar to those of the drug court group, the matching process was limited to the data available to the researchers. For example, probation participants were compared to the drug court group based on having similar arrests and comparisons were then assessed on several demographic variables. Last, while the findings from this study can inform other drug courts, they should only be generalized beyond the research sample with caution. While all drug court operate under the same ten key components (NADCP, 2004), the implementation of each component varies from court-to-court based on a community's needs, the type of offenders the drug court serves, the political climate of the community, and the availability of resources in the area. Evaluation of individual drug courts is recommended to assess what predicts recidivism for a specific jurisdiction.

Drug Court Practice

One of the main characteristics of drug courts that differentiates them from probation is that drug court defendants appear before the judge for judicial status hearings more frequently. The Indiana drug court, for example, requires its participants to see the judge weekly at the beginning of the program and no less than once a month during the later phases of the program. For certain populations, however, drug court programs may require more intensive supervision. Participants in this study who had a criminal history were more likely to recidivate than their counterparts without a criminal history, and research has suggested that participants with personality disorders that increase their criminogenic risk factors, and likelihood of having a criminal history, benefit most from frequent contact with a judge (Festinger et al., 2002; Marlowe, Festinger, Dugosh, & Lee, 2005). In order to improve outcomes in drug courts for those with criminal histories, it is recommended that assessment tools be used, like the Texas Christian University (TCU) Criminal Thinking Scales (Knight, Garner, Simpson, Morey, & Flynn, 2006), and that interventions be tailored to participants based on the findings from the assessment. Participants, for example, with multiple criminal thinking patterns and histories of criminal convictions may have improved outcomes if they appear before the judge at least two times per week. This recommendation of increasing judicial status hearings for high-risk participants is also associated with the finding that participants who had a violation within the first 30 days of drug court were more likely to recidivate than those that did not have a violation during this timeframe. Participants who see the judge more frequently may reduce their risk of having program violations, and based on this study, even delaying violations until after the first 30 days seems to result in lower recidivism rates.

Policy Advocacy

Drug courts throughout the United States continue to demonstrate effectiveness at reducing criminal recidivism; as a result, policymakers are beginning to establish laws that require certain counties to have drug courts and require drug courts to become certified through the state. Texas, for example, requires counties with a population of

more than 200,000 to have a drug court program (Texas Legislature, 2007). In Indiana, drug courts are required to be certified through the state, which helps promote fidelity to the drug court model (Indiana General Assembly, 2010). Only five states (Colorado, Iowa, Kansas, Massachusetts, Ohio) have no drug court legislation or state appropriations dedicated to drug court (Huddleston & Marlowe, 2011).

It is recommended that policy advocacy efforts focus on establishing drug court laws and funding in all states. Advocates can use the findings from this study and the evidence from previous research to support the development and expansion of drug courts in their communities. In this study, drug court participants were 22% less likely to recidivate than probation participants (47% versus 69%) and this finding is consistent with meta-analyses of 92 (Mitchell et al., 2012) and 82 (Shaffer, 2011) drug courts that also found drug court to be more effective than similar programs, such as probation, at reducing recidivism for offenders with substance use disorders. Policymakers from the five states that do not have drug court laws or state appropriations may respond favorably to evidence from other states demonstrating that drug courts reduce recidivism, which naturally saves taxpayers money. In Indiana, for example, a statewide evaluation indicated that having drug courts saved state taxpayers 3.5 million dollars a year, and for every $1.00 invested in drug courts, there can be a return of $5.37 dollars (Wiest et al., 2007). Additionally, as drug court laws continue to be amended and implemented, it is important that policymakers collaborate with professionals who have expertise in drug court programming to assure helpful laws are being created. It is important that laws require drug courts to offer participants culturally competent, evidence-based treatments to avoid negative unintended consequences, such as racial disparities in graduation and recidivism outcomes (Gallagher, 2012).

Future Research

The majority of drug court research has used quantitative methods to predict graduation and recidivism outcomes, and to compare the recidivism rate of drug court to that of other judicial programs. Often, the quantitative studies leave many questions unanswered. In this study, the data demonstrated that the risk factors for recidivating were being younger, having a violation within the first 30 days of drug court, having a criminal history, and being terminated unsuccessfully from the program. While these findings are informative, they do not offer insight into the challenges participants experience with being successful in drug court. With this said, it is recommended that future research use qualitative methods to answer some of the unanswered questions that arose from this study. For example, what are some of the challenges younger participants face that increase their risk of recidivating? Facilitating individual interviews with different age groups may allow researchers to compare and contrast the experiences of younger and older participants, which may offer an in-depth understanding on how drug court can be enhanced. This compare and contrast method can also be used to explore the barriers participants face in the first month of the program or the factors that contribute to higher recidivism rates for those with criminal histories. Terminated participants are a little more than 2 times more likely to recidivate than graduates; through the use of

qualitative methods, researchers may be able to capture the lived experiences of participants which may inform practice and improve graduation outcomes.

Conclusion

Findings from this study, coupled with the plethora of evidence from previous research, suggest that drug court is more effective than similar types of criminal justice programs at reducing criminal recidivism rates for offenders with substance use disorders. Participants from the Indiana drug court recidivated at a rate of 47%, whereas the recidivism rate for a comparable group of probationers was 69%. Additionally, drug court participants were most likely to recidivate if they were younger, had a violation within the first 30 days of the program, had a criminal history, and were terminated from the program. In order to improve outcomes for drug court participants, especially those more likely to recidivate, the use of assessment tools, such as the Texas Christian University (TCU) Criminal Thinking Scales, may help drug courts tailor interventions to participants' needs. Furthermore, advocating for effective drug court laws throughout the United States is recommended to support the expansion of these valuable programs. Last, future research focused on the use of qualitative methods may help develop an in-depth understanding of drug court from participants' lived experiences, such as focusing on the challenges participants face during the first 30 days of the program or the factors that may contribute to younger participants being more likely to recidivate.

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Aging in Rural Appalachia: Perspectives from Geriatric Social Service Professionals

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Abstract: This paper uses qualitative methodology to explore the experience of growing old in rural Appalachia. Given the growing population of older adults seeking and utilizing services, it is important to understand the challenges and specific needs related to aging. Within the context of rural Appalachia, these challenges and needs may be different than those in urban areas or areas outside of the region itself. From interviews with 14 geriatric service providers in rural southeast Ohio, the authors were able to identity three prevalent themes associated with aging in rural North Central Appalachia: scarcity of resources, valuing neighbors and family, and the prevalence of drug use. These findings suggest that preparation and ongoing training of rural geriatric social workers should include attention to topics such as substance abuse and strengthening social support networks that often exist in these regions.

Keywords: Rural aging, older adults, Appalachia, qualitative

The 65 and over population is growing exponentially, in large part because of aging baby boomers. From 2007 to 2030, the number of older adults will have increased by 89%, with the population as a whole increasing 21% (Houser, Fox-Grage, & Gibson, 2009). Between 1950 and 2000, life expectancy increased by eight years for men and women alike (Kinsella & Velkoff, 2001). In Appalachia, 15.2% of the population is 65 or older, compared with 13.2% of the overall U.S. population. Moreover, two-thirds of elders in the Appalachian region reside outside metropolitan areas. In Appalachian Ohio, where the present study takes place, 15.7% of the population is 65 or older (Pollard & Jacobson, 2014). Thus, while the aging population is growing at the same rate in Appalachia and the rest of the country, Appalachia has a higher concentration of older adults (Haaga, 2004; Pollard & Jacobson, 2014).

In a systematic literature review on attention to rural topics in social work journals, Slovak, Sparks, and Hall (2011) found a low proportion of research-focused articles on rural populations. Out of more than 3,000 peer-reviewed articles published between 2004 and 2008 in 14 top social work journals, only 71 articles had a distinctly rural focus. We support these authors' conclusions that, "Empirical studies about the issues and needs of rural populations and evaluations of interventions are needed to address gaps in services, improve programs, and assist in policy matters" (p. 435). In light of the scarcity of social work research on rural topics, this study focuses on a particular subgroup of rural America—older adults. This paper aims to provide an in-depth description of rural aging,

as viewed through the experiences of rural social service providers in a rural region of North Central Appalachia.

The Appalachian Region of the U.S. is, for the purpose of research and inquiry, divided into sub-regions. In 2009, the Appalachian Regional Commission (ARC) refined the sub-region classification, moving from a three sub-region classification (North, Central, Southern) to a five sub-region classification that includes North Central and South Central regions. These revised classifications reflect "contiguous regions of relatively homogenous characteristics (topography, demographics, and economics)" (ARC, 2009, para. 2). Thus, for this paper, statistics and discussion of the North Central Appalachian region are provided when available. The Housing Assistance Council (Housing Assistance Council [HAC], 2012), however, prefers to look at Central Appalachia as a whole. Thus, reference to Central and North Central Appalachia are overlapping at times and both used in this paper.

Review of the Literature

There is much evidence documenting the poor physical health of Appalachians (Halverson, Barnett, & Casper, 2002; Halverson, Ma, & Harner, 2004; Smith & Holloman, 2011), and of older Appalachians in particular (Behringer & Friedell, 2006; Haaga, 2004). The region has a greater percentage of older adults with disability and chronic conditions (Halverson et al., 2004). Compared to a disability rate of 36.8% among those 65 and older across the U.S., four out of ten elders living in Appalachia are disabled. In Appalachian Ohio, rates of disability among older adults are higher than the state average (38.2% compared to 35.8%) (Pollard & Jacobson, 2014). Cancer rates are also high in Appalachia and the availability of treatment options (both preventive and therapeutic) are limited (Baldwin et al., 2008; Deskins et al., 2006; Lengerich et al., 2005). Chronic diseases such as diabetes are also prevalent in the region. Diabetes rates are high for both older adults and the general population (Barker, Gerzoff, Crespo, & Shrewsberry, 2011; Della, 2011). In general, rural communities are notoriously underserved with respect to health care providers and services (Kropf, 2004) and alternative long-term care services are also scarce in these communities (Buckwalter & Davis, 2011). As a result, many often rely upon themselves, friends, and family members for a more informal level of care (Blieszner, Roberto, & Singh, 2002; Hayes, 2006).

In addition to poor physical health, the region faces other challenges that likely affect those growing old in the region. High poverty rates plague the area. Taken as a whole, the region's poverty rate is 16.6%; in the North Central sub-region, the poverty rate is 17.3% (Pollard & Jacobson, 2014). In North Central Appalachia, 9.7% of older adults are living in poverty, as compared to a 9.4% poverty rate for older adults across the U.S. (Pollard & Jacobson). In Appalachian Ohio, older adults are slightly less likely to be poor than older adults throughout the region (9.0% live in poverty) yet are more likely to be poor than older adults in the state of Ohio as a whole (7.8% live in poverty) (Pollard & Jacobson). Given high poverty rates, it is not surprisingly that many young people are moving out of the small towns and communities in search of work and opportunity (Haaga, 2004). This contributes to a lack of available and qualified adults to work in long-term care and other health-related jobs within the region.

The social and cultural milieu of the region may also affect health perceptions, experience of illness, and preventative and curative behaviors (Furnham, 1994). Older Appalachians have a unique culture that likely affects their experiences with aging and long-term care. The "deep sense of place" relationship that Appalachians often have to their communities (Coyne, Demian-Popescu, & Friend, 2006), coupled with a more widespread desire to age in place might be detrimental to older adults accessing adequate medical care (AARP, 2000; Alley, Liebig, Pynoos, Banerjee, & Choi, 2007). The Appalachian characteristic of living in the "here and now" may prove harmful if it prevents forethought and keeps adults from making concrete plans for later life (Hayes, 2006). Rather than preparing for potential care needs, some middle age and older adults rely on reciprocity from family and friends. Relying on close relationships for informal care enforces a tendency not to ask for help (particularly in the means of formal care) and the expectation of others to offer help; this can be particularly detrimental in receiving timely and appropriate care (Hayes, 2006; Pope, 2013).

Growing old in rural areas may provide different challenges to elders and their families than aging in large metropolitan communities. Thus, this study sought to better understand the challenges and specific needs related to aging in rural Appalachia. By asking service providers to share their experiences and stories, we are better able to think about how to develop interventions and services that will support effective service delivery systems in our small towns and communities. Given that Appalachia is distinct in terms of its geography, history, culture, and current social problems, it is important to consider the experiences of rural Appalachian professionals apart from that of rural professionals in other regions. The region has distinct cultural traditions (Lengerich et al., 2006) and although some may put Appalachians at risk for health and social consequences in late life (e.g., independence and fatalism), other values and beliefs may be protective (e.g., strong family ties and religiosity) (Coyne et al., 2006; Hartley, 2004).

Methodology

This study utilized qualitative methodology to allow for the voices of the study participants to be heard and for themes to emerge from their experiences. Because little is known about rural aging—and specifically from rural social service providers who engage with and serve rural elders—this grounded approach was preferable. A distinguishing feature of qualitative inquiry is that it "elevates context as critical to understanding [a phenomenon]" (Patton, 2002, p. 63). North Central Appalachia, specifically rural southeast Ohio, serves as the study setting and its context is vital to this research.

Sample Selection and Recruitment

Nonrandom, purposive sampling was used to locate participants who: 1) self-identified as a direct service provider; 2) provided services to older adults currently or within the past year; 3) provided services to elders living in rural Appalachia; 4) possessed at least one year's experience with older adults in order to be able to reflect on their experiences; and 5) lived and worked in southeast Ohio (as defined by the Ohio Environmental Protection Agency, n.d.). The first author utilized professional and personal contacts to reach out to

potential participants who met the inclusion criteria. Initial contact was made through either an email or phone inquiry about the professional's potential interest in the project.

Fourteen geriatric social service providers, ranging in age from 24 to 69, comprised the final sample (see Table 1). One social service professional who met the criteria for inclusion chose not to participate due to time constraints. Participants averaged 13 years of practice experience and 11 had more than 5 years of experience working with older adults. Three self-identified as supervisors of other social workers. All participants were White, all were female, and all but two worked full time. All of the professionals had attended some college; six had master's degrees and six had completed undergraduate programs. The educational backgrounds of participants included six studying social work, two in nursing, and two with a background in counseling/ family studies. Six participants worked at an Area Agency on Aging, two were in a hospital, two worked in adult protective services, and two were in a community crisis center. Other work settings were an aging-focused nonprofit and private practice with one participant at each.

Data Collection

This research was conducted following approval from the Ohio University Institutional Review Board. Between August, 2012 and May, 2013 the first author collected data through semi-structured interviews that were digitally recorded and transcribed. Some of the questions included, "What's it like to age in this community?" and "What are some of the values common to this area about care for older people?" Prior to each interview, participants signed a consent form; this included the purpose of the study, researcher contact information, audience for which the study is intended, and explanations of the voluntary nature of participation. All participants were assigned a pseudonym and names of towns mentioned by participants were changed. Participants were offered a $35 gift card to a vendor of their choosing. Interviews averaged one hour in length.

Data Analysis

Grounded theory methods were used to analyze the data, specifically the techniques of coding and constant comparison. The first author read each of the 14 transcripts several times to get a sense of the data in its entirety. During initial reading of the transcripts, open coding procedures were employed, where codes were created from what was present in the data. After identifying initial codes in the transcripts, the first author moved to focused coding, which involved making decisions about what codes were most relevant to the research questions, discarding codes that were not relevant, and combining earlier codes that were similar. Constant comparison was used to look for similarities and differences in categories across the transcripts (Charmaz, 2014). To facilitate this, segments of data pertaining to participants' perceptions of rural aging (e.g. attitudes, beliefs, relevant experiences, statements) were copied and pasted into a separate document using Microsoft Word. Sorting the data into categories that emerged (i.e. informal support, limited health care resources, drug use) and assigning codes to segments of data occurred simultaneously and were iterative processes.

Table 1. *Participant Characteristics*

Participant	Age	Race	Educational Background	Program of Study	Length of Time Employed at Current Job	Part-time/ Full Time	Job Title
Lydia	46	White	Bachelor's degree	Social Work	21 years	Full-time Supervisor	Hospital Social Worker
Tatum	35	White	Bachelor's degree	Social Work	10 years	Full-Time	Hospital Social Worker
Jacquelyn	52	White	Master's degrees	Social Work, Economics	4 years	Part-Time	Director of Operations
Amy	36	White	Master's degree	Family Studies	14 years	Full-time Supervisor	Supervisor
Courtney	38	White	Bachelor's degree	Nursing	2 months	Part-Time	Service Coordinator
Taylor	24	White	Bachelor's degree	Social Work	2 years	Full-time	Case Manager
Marge	69	White	Associate's degree	Nursing	6 ½ years	Part-Time	Service Broker
Joanne	65	White	Master's degree	Counseling	25 years	Part-Time	Therapist, grief counselor
Karen	62	White	Master's degree	Social Work	24 years	Full-Time	Supervisor
Terri	48	White	Bachelor's degree	Philosophy	17 ½ years	Full-Time	Case Manager/ Assessor
Linda	51	White	Some college	Marketing	12 years	Full-Time	Program Coordinator
Donna	43	White	Bachelor's degree	Social Work	5 years	Full-Time	Case Manager
Maggie	38	White	Master's degree	Counseling	5 ½ years	Full-Time	Case Manager
Carolyn	62	White	Master's degree	Applied Behavioral Science	20 years	Full-Time	Supervisor

Member checks were used to help ensure rigor (Bogdan & Biklen, 2007; Merriam, 2009). After preliminary interpretations of the data were developed, the first author sent a summary of the findings to seven participants via email. Three participants provided feedback on the common themes and adjustments were made based on their feedback, such as clarifying the label of a theme or category.

Findings

Three themes were identified concerning rural aging, as viewed from the perspective of social service providers in a rural region of North Central Appalachia: a scarcity of resources, a valuing of neighbors and family, and a high prevalence of drug abuse in the area. These themes are discussed below.

Scarcity of Resources

Aging in rural Appalachia is influenced by limited access to healthcare and social services, limited technology, poverty, and the distance one must travel to access care.

Maggie, who provided case management and mental health counseling at an Area Agency on Aging, discussed the trouble that many clients have in accessing healthcare services due to geographic isolation, poverty, and a shortage of medical care in the region:

> *The transportation to medical appointments is a big issue. It's gotten better recently in the rural area, but because a lot of the specialists are so far away, they have to drive. [Clients] have to somehow get themselves there. And they get max $700 a month and they've got to figure out how they're going to get to the doctor and how they're going to buy their groceries. You know, the nearest grocery store for some people is twenty miles away.*

Participants described their rural communities as having few medical doctors, resulting in clients having to commute to nearby large cities to receive specialized healthcare services.

A second example of scarce resources that was mentioned was insufficient social services for rural elders. Lydia, a hospital social worker, asserted that many older adults in her community are "geographically isolated" and many aging-related programs serve elders living in the city limits and not those living in more remote areas of the county: "[With] the senior programs we have—who are the folks that belong to them but the town folk?....as hard as we've tried over the years…to reach out to these outlying areas— those people don't come in to town."

Social isolation is often a consequence of scarce resources. A lack of transportation or access to social services can lead to limited interaction with other people. Linda, a program coordinator at an Area Agency on Aging, has observed this over her 12-year tenure in the agency. She stated that "loneliness [which] then leads to depression [which] leads to all sorts of ailments" was common for her clients.

Terri, a case manager with more than 17 years of experience at an Area Agency on Aging, discussed the limited technology where she lived and worked.

Where I live, [there is] very little cell phone reception – actually no internet unless you want slow dial up through the phone or an expensive satellite. We don't have cable, we don't have broadband, you know, we don't have the pieces that a lot of these things are dictating now what you have to have access to. We still have a lot of technology deficits in this zone.

Accessing the internet was especially important for Terri's clients, who participated in a consumer-directed Medicaid waiver program where they, or their authorized representative, assumed responsibility for managing their own in-home services. These older clients act as the "employer of record" for their care providers and manage hiring, scheduling, and payroll duties for their service providers. An unreliable internet connection was a real hindrance for older adults or authorized representatives who need to access the web to input time sheets and enter data into an online system.

Lastly, intergenerational poverty was mentioned by several of the participants and is closely linked to the access issues facing many rural elders. For example, Donna, an Adult Protective Services case worker, observed: "You get out in rural areas where they don't live with running water, they don't have electricity…I've seen [clients who] use buckets to go to the bathroom. They've just lived this way their whole life."

Despite many participants describing a lack of resources in their rural area, two participants expressed different sentiments about this issue. Interestingly, both of these women worked at community crisis centers where the bulk of their job entailed connecting clients with community agencies and services; these two women also worked in the same town. When asked what it was like for older adults in her small town, Courtney, a service coordinator, said simply: "I think aging around here, I mean …I think it's pretty good, actually." She described close immediate and extended families and local church and civic organizations that were concerned about their older community members. Similarly, Marge, a service broker, said, "I think resources are excellent around here. I think it's just that people just need to know the right questions to ask or the right person…but they're out there." The divergent perspectives of Courtney and Marge indicate between-site variation that emerged from interviewing aging services providers at different communities in southeast Ohio. Their comments also relate to the next theme to be discussed—the valuing of neighbors and families.

Valuing of Neighbors and Family

An aspect of aging in Appalachia that might counterbalance the poverty and scarcity in resources is the importance placed on neighbors and family. Taylor, the youngest participant in this study at age 24, spoke about informal support from fictive kin that is often present in rural communities:

I think that in small towns…a lot of people know people and have known their families for a long time. So [elders have] that informal support of maybe somebody who was—maybe it was somebody who was best friends with your mother—and so now they're going to a step up and take care of them. I think in small towns and in rural areas that happens a lot. I think that people are more aware of what's going on with everybody because everybody knows everybody.

Jacquelyn, a social worker and director of an aging-focused nonprofit, shared similar observations from her own experiences.

> *In this region, we're going to take care of each other. I think it's really significant and I see that happen at all socioeconomic levels…. My mom and grandma are good examples of that. They've been adopted by I don't know how many people helping to take care of them. I think that goes on a lot.*

In addition to neighbors providing informal support to older people, participants also observed strong attitudes toward filial responsibility and close family ties. Amy, a supervisor with Adult Protective Services, said simply, "families stick together in Appalachia as far as taking care of each other." She went on:

> *[They] may not be taking care of each other to the extent that I would think that it needed to be done, but you do see families saying "I'll take him", "I'll take him", "I'll take him." More so than just, "Well, just place them [in a nursing home]."*

Courtney, a service coordinator and registered nurse, observed older adults in her area receiving much support from extended families: "There seems to be lots of, 'You know, my daughter comes in and does that for me' or 'Yeah, my niece does that for me.'" Likewise, Tatum, a hospital social worker, shared, "a lot of times it's…like mom has two acres and everybody's got a trailer or a camper or something on the property and so they kind of stick together that way and they're very protective of each other."

Terri related what she has heard from adult children regarding parents' expectations for caregiving:

> *Several [clients] have indicated, "You know, Mom and/or Dad, they want me to take care of them forever, they want me to promise them that they'll never be put in a nursing home and I've made them that promise. But you know, I just can't do it anymore." I hear a lot of that. There's a lot of respect still in this area through our culture and the way that families are pretty tight still.*

Carolyn, a supervisor with more than 20 years of experience working at an Area Agency on Aging, also spoke to this: "I think that a lot of family feel that they have to be responsible for the parent."

Despite cultural values that support expectations for family caregiving, several participants commented on the incongruity between filial responsibility and the reality of young people leaving the small towns. Karen, a supervisor at an Area Agency on Aging, shared:

> *I think the biggest thing that I've seen as far as the planning [for aging] is the tendency for the older generation to make assumptions based [on the idea] that you take care of the seniors in your family. That's their value and the younger generation doesn't have the ability to do that all the time because they've left the area because there are no jobs. [Young people] have had to go wherever to get them and they're not available to provide support and assistance that they would love to give [but] they just physically aren't there. So, it's not even a matter of a different value system—it's a matter of a different reality.*

Linda provided a similar outlook. In her town, increasing numbers of elders were being cared for by long-distance caregivers; she attributed this to the fact that many young adults had to relocate to larger towns and cities to access financial and educational opportunities. Linda observed, "There's no work here. Everybody's leaving to go find work and now everybody's running off to the big city to find jobs and pursue their dreams or what have you."

Prevalence of Drug Abuse

A third, somewhat surprising theme related to aging in a rural environment that emerged was the perception of rampant drug abuse problem in the region. Abuse of both illicit and prescription drugs is a public health concern in many rural communities that affects older adults and their family members. Maggie, who provided case management and counseling services through an Area Agency on Aging, shared about clients being addicted to both illicit and prescription drugs:

> *[Drug abuse] is starting to become pretty widespread in this area. We have lots of conversations about it. One of the workers actually had a consumer overdose on heroin.... We've had some arrested multiple times for drug usage and selling their [prescription] drugs. They are no longer in the program.*

Participants also shared about older adults who profited from selling their prescription drugs. Linda described what she had heard from other case managers in her regional office: "I've heard of seniors selling their meds so they can buy groceries." Similarly, Karen had recently learned of older adults renting out their kitchen tables for people to use for selling drugs.

Drug use affects not only rural older adults who misuse, abuse, and sell them, but family members who have a significant role in these elders' lives. Carolyn, a supervisor, shared about the shift she had seen in her community and her work with older adults:

> *Some of the issues we're having are family members who are taking advantage of the parent. Some of them are the individual who has had a history of alcoholism or has become drug dependent. You know…lots of things are coming up that we've never had to deal with before. It's a whole new phase of case management!*

Joanne, a social worker who specialized in caregiver support services and hospice, described what she had seen in her work: "Drugs are…a huge problem with family members or neighbors stealing them. People protect their family member and go without the needed drugs at times. They are *not* going to turn them in." Likewise, Donna, an Adult Protective Services case manager, mentioned family loyalty characteristic of Appalachians and how this affected elders and their interactions with relatives abusing drugs: "With the drug abuse in the Appalachian population—it's amazing. You have the elder population who doesn't want to say anything. They're never going to do anything against their grandkids. They're never gonna' do anything like that."

For participants in this study, drug abuse was not an issue typically thought to affect older adults. However, Appalachian elders are not immune from the drug abuse epidemic in the region, and health and social service providers have to adjust their approach to

working with older clients and their families in light of this issue. Carolyn said, "There's a lot of drug and alcohol problems that never existed twenty years ago…. We're having to branch out and look at things differently… [and] look at issues and situations that we had never had to deal with before." Similarly, this comment from Karen gives additional insight into how drug abuse among the older population affects geriatric professionals:

> *[We have] service providers refusing to go in [to homes] and provide care because of the family members. It's seniors who are doing without the medications they need because family members borrow them. It's physicians being reluctant to prescribe the medications that individuals need because of certain assumptions.*

Although not affecting the majority of clients, abuse and misuse of prescription and illicit drugs was an issue that these social service providers were facing.

Discussion

The purpose of this study was to learn more about rural aging, as viewed through the experiences of social service providers in a rural region of North Central Appalachia. Given that aging in Appalachia might look different than growing old in other regions of the United States, this study adds to the literature by having participants describe the experience of aging in rural Appalachia based on their work experience in geriatric social services. Themes surrounding growing old in this region were scarcity of resources, a valuing of neighbors and family, and a high prevalence of drug abuse.

It is not surprising that high rates of poverty and scarce health and social services were mentioned often by participants interviewed in this study. High rates of chronic illness and disability that are present among older rural elders are exacerbated by shortages in health and social services in these regions (Smith & Holloman, 2011). Poor health outcomes are highly correlated with factors such as lower incomes and educational attainment which are more widespread in rural areas of the United States (Behringer & Friedell, 2006). Additional burdens for rural older adults living with chronic conditions include less access to physicians, hospitals, and routine medical care. Although 25% of the U.S. population lives in rural areas, only 10% of physicians practice in these regions (Barley, Reeves, O'Brien-Gonzales, & Westfall, 2001). Those living in rural communities are often geographically isolated, lack public transportation options, and have to travel long distances to access health and social services (Hartley, 2004; Krout, 1998). In the Rural Healthy People 2010 survey, access to quality health services (including primary care) was ranked as the top rural health priority with about 75% of respondents naming access as a priority (Gamm, Hutchison, Bellamy, & Dabney, 2002).

In this study the importance of informal support from family and friends was a second prominent theme regarding aging in small communities. Historically, children of older adults would assume the responsibility of informal caregiving of their parents. This is often done in conjunction with raising their own children. An issue that complicates the ability for aging parents to receive care from their adult children is the rural population loss through outmigration of young people. One effect this may have on elders is that it limits the availability of unpaid family caregivers to provide assistance when chronic illness or disability necessitates the need for care (Carter & Wang, 2006). This was reflected in

participant comments about the conflict between attitudes towards filial responsibility for aging relatives and the reality of potential family caregivers relocating to larger cities. However, participants described support provided to elders not only by family, but also by fictive kin. This supports other evidence of a social structure in Appalachia based on fictive kin (e.g., close neighbors, fellow church members) as well as blood relatives, possibly because in isolated communities these are the individuals with whom one usually interacts (Russ, 2010). These extended family networks may be a resource for older adults in the region whose blood relatives are no longer living nearby. Another effect of outmigration is the loss of the "professional and leadership skills" that "young and educated people leaving for more prosperous areas and opportunities" take with them (HAC, 2012, p. 67). Thus, within rural Central and North Central Appalachia there may be a loss of both familial informal and skilled formal caregivers for the aging population.

Finally, an unanticipated theme that emerged about aging in rural Appalachia was how prevalent drug abuse in the region influenced older adults and their well-being. Like stories from participants in this study, Basta, Della, and Ashlock (2013) found that the selling of prescription drugs in Appalachia is closely linked to the depressed economy; individuals often resort to selling their prescriptions to pay for basic needs like food and utility costs. Older adults, they found, were also not excluded from drug abuse. One participant in their recent study commented: "…the sad part of it is people my age, which is in the 60's, there has been drug overdoses from that age because they got hurt in the coal mines, they got hooked on drugs" (Basta et al., slide 13). Certainly a factor in substance abuse among rural elders is the fact that older people use prescription drugs about three times more often than the general population. Representing only 13% of the U.S. population, individuals 65 and older consume 25 to 33% of all prescription drugs (Richardson & Barusch, 2006) and 25% of elders are taking psychoactive medications with abuse potential (Simoni-Wastila & Yang, 2006). Research has also identified a strong relationship between therapeutic exposure to opioid analgesics and abuse of these drugs (Cicero, Surratt, Inciardi, & Muñoz, 2007).

Data suggests that rates of prescription drug abuse in Appalachia are congruent with the rest of the country—5.6% and 5.9% respectively (ARC, 2008). However, high unemployment rates may influence prescription drug use in rural North Central Appalachia (Thornton & Deitz-Allen, 2010). The ease with which drugs are made available by physicians (Leukefeld, Walker, Havens, Leedham, & Tolbert, 2007; Schoenberg, Hatcher, & Dignan, 2008), influence from peers and families (Leukefeld et al., 2007), and cultural acceptance of drug misuse (Leukefeld et al., 2007) may also contribute to prescription drug abuse in the region. In addition, the region has witnessed a recent crackdown on the prescription drug abuse trade by state and local officials. For example, in Scioto County, Ohio (within the geographic boundary of the current study), heroin use is on the rise and has been since the community came together to eliminate "pill mills" and ameliorate the prescription drug epidemic (Roberts, 2012).

Limitations

A central aim of qualitative research inquiry is to provide in-depth descriptions of a phenomenon, using a small sample of information-rich cases. Therefore, the findings of

this study should be cautiously applied to other groups. These participant descriptions of rural aging will not necessarily hold true for all rural and/ or Appalachian regions of the US. In addition, study participants were limited to direct service providers for older adults. Potential participants might have not responded to the recruitment flier because they did not identify with the selection criteria or the language used in eligibility requirements. Despite these limitations, this study highlights the voices of 14 seasoned geriatric social service providers, because the focus was to understand rural aging from their perspectives.

Implications for Social Work Research, Education, and Practice

This study adds to the developing knowledge about aging and aging services in rural areas of the U.S. Given the small regional focus and sample size, this research can serve as a jumping off point for future work aimed at understanding the realities of growing old in the 21st century. Based upon results of this study, it seems that future research in this area must address the following: 1) the complexities of familial relationships and aging, including the role that fictive kin may play in the lives of older adults, 2) access to services and service discrepancies between rural and urban communities, 3) how older adults engage in/utilize technology and what barriers exist related to the burgeoning tech-driven models (e.g., tele-medicine, web-based services) in rural communities, and 4) substance abuse—particularly prescription drug abuse—and aging.

This study revealed that older adults are very much impacted by substance abuse and misuse. While social work students often study substance use and misuse, they may not be prepared for the realities of how substance abuse affects older people and their family caregivers. Resources for instructors interested in infusing gerontology content into substance abuse courses are available online at the Council on Social Work Education Gero-Ed Center (http://www.cswe.org/TeachingInfusion.aspx). By challenging common beliefs about substance abuse in the classroom, students can be better prepared to engage with the complexities in their caseloads. Findings from this study also highlight the need for awareness and attention to be brought to the drug issue in Appalachia – particularly its effects on the older rural population. Future research needs to explore the ways in which older adults engage in illicit activity with prescription drugs, the vulnerability of older adults in prescription drug fraud/sales, and the protections available to older adults who may be victimized, such as those who have their prescriptions sold or stolen. The grassroots efforts of those in Scioto County, Ohio (Roberts, 2012) serve as an example for communities looking to fight the prescription drug epidemic. Campaigns to oppose "pill mills" should certainly consider the needs of older citizens, as well as the susceptibility of this group to prescription drug abuse. Moreover, social workers should be at the center of these efforts.

The knowledge gained from this study can also help social work educators prepare students to be effective in working with older adults in rural agencies and communities. For example, participants in this study identified family and fictive kin as important resources for elders in their small towns. Students need to be made aware of the complexities of family dynamics and the role that family (fictive and relational) plays in the aging process. While many rural regions in the U.S. have been characterized by their strong social support networks, it is crucial to have culturally competent and sensitive

social workers in such regions who can build upon the strengths of such social support networks. In order to get a strong cohort of skilled social workers in the rural areas who are also interested in older adults (especially at the masters level), it would advantageous to extend the benefits of loan repayment programs to geriatric social workers practicing in rural regions, like the loan repayment options available to physicians who commit to working in a rural area.

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