

EDITORIAL

William H. Barton

Welcome to the Fall 2011 issue of *Advances in Social Work* (Volume 12, No. 2). Once again, we have had the good fortune to receive many high-quality manuscripts, and reviewers and authors alike have responded quickly and capably to their respective reviewing and revising tasks. As a result, this issue contains 16 articles on a range of topics. In addition, this issue begins with a special recognition, written by Rob Schneider, of the centennial of the Indiana University School of Social Work, the oldest social work education program affiliated with a university, and the sponsor of this journal!

On the *Advances* horizon for 2012 will be two special issues. Some delays in processing manuscripts have moved the “Military Social Work” special issue, co-edited by James G. Daley and Anthony Hassan to sometime in early 2012. In the Spring of 2012, we will be publishing yet another special issue, “Global Problems: Local Solutions,” highlighting the latest work on cross-border, cross-disciplinary, and cross-boundary practices that seek solutions at the local level to problems caused by global conditions. Khadija Khaja and Joe Varga are co-editors, and we’ve had a good response to the call for papers for that issue. Our next “regular” issue will be the Fall 2012 issue.

The first regular article in the current issue, “Strengths-Based Practice and Motivational Interviewing,” should be of particular interest to practitioners. In it, Trevor Manthey and colleagues systematically examine the fit between motivational interviewing and strengths-based practice. The article includes a detailed case example that makes the abstract comparison come to life. Next, in “Outpatient Commitment on the Ground: Listening to Consumers and Providers,” Christopher Gjesfjeld and Michaela Kennedy present a qualitative study of the perspectives of consumers and providers about outpatient commitment, that is, court-ordered mental health treatment. Although they found that consumers perceived that outpatient commitment led to improvements in their lives, they also identified themes of ambiguity of personal control among consumers, and inconsistencies among both consumers and providers regarding what outpatient commitment specifically required.

Two articles by Darrel Montero in this issue use Gallup Poll and other national survey data to investigate changes in public attitudes about controversial social issues. The first, “End-of-Life Issues in the United States after Terri Schiavo: Implications for Social Work Practice,” looks at attitudes towards end-of-life issues in the years following the highly publicized case of Terry Schiavo. The second, “Survivorship and Inheritance Rights for Same-Gender Couples: Relevance to Social Workers,” appearing as this issue’s next-to-last entry and co-authored by Montero with several former MSW students, analyzes changes over time in attitudes related to same-sex marriage and other civil rights of homosexuals. Both articles provide evidence that increasingly larger percentages of the public favor the extension of greater rights.

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Two articles explore parent-child issues in the context of specific ethnic families. Kimberly Stauss and colleagues, in "Parent-Child Communication Related to Sexual Health: The Contextual Experiences of Rural Latino Parents and Youth," explore perceptions of first-generation, immigrant rural Latino parents and youth regarding parent-child communication related to sexual health. Results suggest that parents provided gender-specific messages about sex to their children, mothers discussed birth control facts in greater frequency, and youth, especially boys, expressed the need to have more conversations about sex with their parents. Next, in "Understanding Fathering among Urban Native American Men," Jeffrey Shears and colleagues use qualitative data from the National Early Head Start Research and Evaluation Project to examine the perceptions of Native American fathers about their role as fathers. The fathers indicated that it is important to them to be "present" in addition to "being there" in the lives of their children, to pass on the language and cultural traditions to their children. They also perceived fathering as a protective factor for themselves, helping them reduce their participation in at-risk behaviors.

In "Paying Project Participants: Dilemmas in Research with Poor, Marginalized Populations," Lara Descartes and colleagues offer lessons learned about issues that can arise in research with marginalized populations. In a study of gay men's perceptions of prostate health and prostate cancer, they attempted to recruit focus group participants using monetary incentives. They encountered unanticipated problems in specifically recruiting low-income participants, and reflect upon how such situations might be avoided or better handled in future research.

The next five articles in this issue should be of particular interest to social work educators. Emily L. McCave and Carrie W. Rishel, in "Prevention as an Explicit Part of the Social Work Profession: A Systematic Investigation," argue that, despite social work's endorsement of prevention-focused practice, little attention to prevention can be found in a systematic search of the social work literature, NASW policy positions, or the new EPAS curricular competencies and practice behaviors. In "Lawyers are Counselors, Too: Social Workers can Train Lawyers to More Effectively Counsel Clients," Stephanie Boys and colleagues advocate and provide examples of transdisciplinary education in which social work educators teach classes in law schools. Angela R. Ausbrooks and colleagues next provide results from an exploratory study of faculty and student perceptions of classroom incivility in a social work program in an article entitled, "Now You See It, Now You Don't: Faculty and Student Perceptions of Classroom Incivility in a Social Work Program." They report that faculty noticed classroom incivility less than did students, while students felt that faculty were not doing enough to address incivility. Bruce Dalton and colleagues, in "'How do you do it?': MSW Field Director Survey," report great variation in respondents' reports of field requirements, field credits, and field liaison faculty status. While recognizing the potential problems of having overly standardized requirements, the authors recommend pursuing some level of basic equity of student field experience between programs. In the final article in this group, "Towards a Research Agenda for Social Work Practice in Virtual Worlds," Scott Anstadt and colleagues discuss the potential merits and challenges of using Second Life, an online 3D

virtual world, in social work practice and education. Their review of existing research reveals a number of questions that remain for researchers to answer.

And now for something completely different. “The Dialectic Method: A Critical and Postmodern Alternative to the Scientific Method,” by Phillip Dybicz and Loretta Pyles, ventures into the philosophical territory of Hans-Georg Gadamer. The article discusses how Gadamer’s dialectic method can be applied to social work inquiry and practice concerns, as an alternative to the traditional scientific method. The authors identify the dialectic method’s strengths in uncovering socially constructed truths and emphasizing empowerment.

The next two articles return to social work education issues. In “Using Internet-Based Videos as Pedagogical Tools in the Social Work Policy Classroom,” Sarabeth Leukefeld describes how to select and use contemporary internet videos to engage students in policy courses. Then, in “Exploring Empathy Embedded in Ethics Curricula: A Classroom Inquiry,” Susan Gair presents exploratory, qualitative research regarding the use of case vignettes to teach empathy in social work. She concludes that an introduction to empathy in social work classes may be insufficient if students do not advance beyond a superficial understanding of empathy to deeper listening and empathic capacity.

The final article in this issue, “Social Workers’ Role in the Disproportionality of African American Students in Special Education,” Kristen Faye Bean addresses a timely social justice issue. She employs Patricia Collins’ Domains-of-Power Framework to identify ways school social workers can practice transformational resistance to reduce the overrepresentation of African American students in special education.

So, something to do over the long holiday break, perhaps curled up by the fire (if you are in the Northern Hemisphere) or on the beach (if you are in the Southern Hemisphere)! Of course, you may also use some of whatever time off you may have to work on those next manuscripts you intend to submit to *Advances* – I look forward to receiving them.

Cheers!

SPECIAL RECOGNITION
The Indiana University School of Social Work:
The First 100 Years!

Rob Schneider

On Oct. 24, 2011, the Indiana University School of Social Work formally celebrated its 100th anniversary at a dinner that drew nearly 400 people, including the President of Indiana University, Michael McRobbie, as well as state, city and civic leaders. President Barack Obama also sent a letter congratulating the School on its accomplishments.

The School's story starts with the opening of the Department of Social Service in Indianapolis in 1911. The opening of the Social Service Department makes the School of Social Work the oldest professional social work education program in the United States begun and continuously functioning as part of a university. The Social Service Department was part of the Department of Economics and Sociology in Bloomington, but it was housed with the School of Medicine in Indianapolis. The Department listed its objectives as: education, prevention and research.

Indiana University President William Bryan turned to Edna Henry, Ph.D., an Indiana University graduate, to lead the new Department. In a note to Henry, Dr. Bryan explained the University intended to establish a sub-Department of Sociology to study "charity problems in connection with the City Dispensary and later in connection with the City Hospital and also in order to render service to the deserving poor that come to the Medical School for assistance" (Bryan, letter to Edna Henry, June 3, 1911).

The new Department struck a bold note in its first annual report. "The Department must look through the individual patient to the society in which he lives and find there the causes which make individuals sick or which keep them so. Such work cannot be limited to the confines of one city. It must be state-wide. Indiana University can be satisfied with nothing less than better health, increased knowledge, and diminished poverty for the coming generations of all Indiana" (Indiana University, Social Service Department, 1913, p. 5).

"Much of the learning was experiential in nature. Students were assigned cases and learned by providing actual social services to people in need. The faculty of the new department developed a coherent curriculum and taught courses such as medical social work and social medicine. They also managed a laboratory for sociology students interested in social work. In addition, they administered hospital social services and supervised community volunteers who provided aid to patients and their families" (Busch et al., 2001, p. 85).

In 1918, Dr. Henry was elected the first president of the American Association of Hospital Social Workers. With America's entry into World War I, she was asked to work in the federal government's Surgeon General's Office to develop a program for social service in reconstruction hospitals to assist soldiers returning home from the war. In

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September of 1920, illness forced Dr. Henry to submit her resignation. In April of 1921, Robert Neff, the registrar of the Indiana University School of Medicine and administrator of the Robert W. Long Hospital succeeded Henry as director.

The Department of Economics and Sociology of the College of Arts and Sciences assumed administrative control of the Social Service Program in 1921. The program took on a new name, the Indiana University Combined Course for the Training of Social Work. The program augmented students' liberal arts studies with professional social work training and service experience. Under this arrangement, students could complete the social work training program and earn a baccalaureate degree. Neff served as director for three years, then left to become administrator of the new James Whitcomb Riley Hospital, which opened in October of 1924, as well as administrator for the Robert W. Long Hospital.

Professor Ulysses Grant Weatherly stepped in to serve as director of the program in addition to teaching courses in Indianapolis and Bloomington, according to announcements for the 1926-27 school year (Rogers, 1983, p. 33). To comply with the educational standards of the American Association of Training Schools, the Indiana University Training Course required undergraduate coursework in sociology, economics and psychology. Students were expected to complete foundation studies followed by one of five specializations: medical social work, family social work, child welfare, visiting teaching, and public social work. Students also completed field practicum experiences in agencies that supported one or more of these specializations.

In the early 1930s, the Combined Training Course for Social Work was reorganized as a two-year graduate program in Indianapolis as part of an effort to promote social work as a profession. The program provided coursework for three specializations, including social casework, public welfare administration, and social statistics. Students completed a research thesis and oral examination in addition to classroom and field practicum experiences.

In 1935 the Combined Training Course became a division within the Department of Sociology. The program shifted its curriculum to enable graduates to work at newly created public welfare agencies created to address problems brought on by the Great Depression. For the period from 1937 to 1942 the Training Course provided professional education for social work to those men and women who chose social service as their careers. It offered a two-year graduate program of professional courses, field work, and research leading to the Master of Arts degree in Social Service. Its work was fully accredited by the American Association of Schools of Social Work. "Strong programs in family welfare, child welfare, public welfare, and treatment of delinquents have been maintained and further developed" (Evans, 1943, p. 2). This 1937-42 report further points out that special attention was given to the professional education needs of untrained and partly trained workers employed in social agencies throughout the state.

World War II drastically affected the social service program. In the program's report for 1942-44, Louis Evans, who was in charge of the Training Program, wrote they had to make several "drastic adaptations to the war situation. A marked decline in enrollment occurred in the face of an increased demand for qualified social workers in Indiana and

throughout the country” (Evans, 1944, p. 1). The program adopted an accelerated year-round war schedule that shortened the time for completion of the standard four semester program from 21 to 16 months

In 1944, the Board of Trustees established the Division of Social Work as a unit within the College of Arts and Sciences, separate from the Department of Sociology. Physically, the Division remained in Indianapolis and provided professional education leading to the degree of Master of Arts in Social Service and continued to collaborate with the College in offering an undergraduate major in Social Service on the Bloomington campus (Busch et al., 2001, p. 87)

In November of 1944, Dr. Grace Browning, a nationally regarded social work educator from the University of Chicago School of Social Service Administration, was named director of the Division of Social Work. The Division opened in the fall of 1945 with six full-time faculty members. In its report for 1945-46, the division reported having 39 full-time and 50 part-time students for the 1945-46 year.

Indiana University’s Labor Studies program, which would become part of the School of Social Work in 2007, got its start in 1946 at the direction of Indiana University President Herman B Wells. Under his administration, the University assumed the responsibility and commitment to provide workers and unions the education they would need to contribute to a modern, efficient economy.

Dr. Browning was the first American social worker to be chosen for an assignment on the Technical Assistance Program of the United Nations as a consultant to the Italian Schools of Social Work in 1951. However, on the day she was to leave for Italy, Browning died in Robert W. Long Hospital following a short illness. She was 46.

The University selected Mary Hammond Houk, who had joined the Division in 1945 as the director of field work, to lead the Division. A native of Missouri, Houk received her BA degree from the University of Missouri in 1922 and a Master’s degree from the University of Chicago’s School of Social Service Administration in 1939. “Primarily because of Houk’s success in enhancing the program’s reputation, the Board of Trustees upgraded the status of the Division in 1966 by creating the Graduate School of Social Service. Director Houk was appointed Dean of the School and students earned the Master of Social Work degree” (Busch et al., 2001, p. 88).

“Professor Walter Johnson became Acting Dean of the School during the interim period following Houk’s retirement. During his short tenure, Johnson was able to obtain a commitment from university officials to move the School from its long-time location at 122 E. Michigan Street, to a building to be built on the new campus of Indiana University in Indianapolis” (Busch et al., 2001, p. 88).

Dr. Richard G. Lawrence, who was a faculty member and associate dean of the George Warren Brown School of Social Work at Washington University in St. Louis, was named dean in 1967. In its 1967-68 annual report, the School of Social Services reported having 135 full and part-time students and a full-time faculty of 19 professors as well as 7 lecturers, of which 6 were part-time. During Dr. Lawrence’s tenure as dean, the MSW curriculum was reorganized. “As partners in a national curriculum project, the

School attempted to cross-integrate its course-work content by organizing plenary sessions and discussion groups instead of traditional classes. By 1969-70 block field placements were introduced for the first time and a community organization concentration complemented those in social casework and social group work” (Busch et al., 2001, p. 88).

The School moved from its offices in downtown Indianapolis into Cavanaugh Hall on the IUPUI campus in 1971. The following year the School proposed new curricular designs for the new Bachelor of Social Work and Associate of Science in Human Services programs. Dr. Cyrus Behroozi was appointed coordinator for Undergraduate Development. In 1973 the proposal was accepted by the Indiana Commission on Higher Education and the same year the Graduate School of Social Work was renamed the Indiana University School of Social Service. The BSW program graduated its first class in 1975. “The School’s new BSW curriculum was designed to prepare students for beginning professional social work practice with a focus on the problem-solving process. Over several years this curriculum was implemented on the Indianapolis, Richmond and Bloomington campuses, replacing the undergraduate social service program that had been offered for so many decades in cooperation with the College of Arts and Sciences in Bloomington” (Busch et al., 2001, p. 89). The BSW program was accredited by the Council on Social Work Education in 1975 and has been accredited ever since.

In 1976-1977, the Associate degree was started at Indiana University East under the leadership of Professor Valerie Chang. Between 1980 and 1994, the School offered the first three years of the baccalaureate program on the Indiana University East campus, with students transferring to Indianapolis for the fourth year. In 1994, the Council on Social Work Education approved the fourth year of the program on the IU East campus.

Dr. Leonard Schneiderman was named dean of the school in 1977 and Dr. Cyrus Behroozi was appointed the first Associate Dean of the School. That same year, the School’s name was changed to the Indiana University School of Social Work and it offered the Associate of Science in Human Services, the BSW and MSW degrees.

The origins of doctoral education at Indiana University date back to Dean Lawrence, but the development of such a program took on an added urgency under Dr. Schneiderman who made it one of the School’s top priorities. Dr. Schneiderman was convinced that the realization of the School’s aspirations for national prominence would inevitably require the development of a research infrastructure that could lead to the creation of new knowledge. A faculty planning group was formed in 1979 and set about preparing a formal proposal to be submitted to the Indiana Commission on Higher Education. The committee opted for the DSW degree because of the lack of PhD’s on the school’s faculty.

The Commission tabled the DSW proposal in 1980 pending a report on the progress of the expansion of the MSW program to three additional Indiana University Campuses and the University of Southern Indiana. One year later, the Commission voted seven to six against approval, citing the failure on the part of the School to mount programs on any of the regional campuses. The School had requested \$1.6 million to implement the

approved MSW programs, but in the absence of any additional funding to support the expansion, it created the option of a Weekend Work Study program at the graduate level.

In 1981, the School moved from Cavanaugh Hall to the fourth floor of the new Education-Social Work Building. A year later, Dean Schneiderman resigned his position as dean. Dr. Beulah Compton served for a year as Acting Dean and was then followed by Dr. Powers, who served two years as Acting Dean. Dr. Sheldon Siegel was appointed dean of the school in 1984. Dr. Siegel previously had been Director of the University of Cincinnati School of Social Work for six years and before that an Associate Professor at The University of Michigan School of Social Work.

Dr. Siegel continued the School's efforts to increase the diversity of both its faculty and student body. Dr. Schneiderman was responsible for developing the School's affiliation with the Council on International Programs (CIP), an international initiative that was instrumental in bringing hundreds of human service professionals from more than 80 countries around the world to the IUPUI campus. The international and interdisciplinary initiative was sustained by Dr. Siegel under the leadership of Professor David Metzger. To enhance statewide access to graduate social work education, the School initiated a part-time weekend Work Study program on the Indianapolis Campus.

In the late 1980s, Dr. Siegel reconvened a group of faculty to consider the feasibility of submitting a new proposal for a doctoral degree program. In the years that intervened since the submission of the original proposal, the makeup of the faculty had changed dramatically, both in terms of its academic credentials and racial diversity and the School applied for a PhD program in 1991. The School's proposal for a PhD program was approved by the Commission on Higher Education. The first cohort of PhD students began coursework in 1994.

In 1994, Dr. Roberta Greene became the School's fifth dean. Dr. Greene built upon her predecessors' efforts to develop a variety of community-based field units headed by teacher/practitioners. Dr. Greene also secured major funding that dramatically enhanced the computer and technological resources of the School and contributed to a growing interest and capacity for research and scholarly writing among social work faculty and students.

Dr. Michael Patchner became the sixth dean of the School in 2000. The son of an Appalachian coal-miner, he served as the Associate Dean and Professor at the University of Pittsburgh School of Social Work for eight years before coming to Indiana University. Previously, he served as Dean and Professor of the West Virginia School of Social Work. In the School's December 2000 newsletter, Dean Patchner outlined his goals for the School. Among his top priorities were research and scholarship. "As we need to produce new knowledge to inform practice and the social work profession, I desire for the school to be recognized, both nationally and within Indiana, for having a reputation for quality and service, and I look for the School to be well-connected to state government and social service organizations throughout the state" (Patchner, 2000). The school's new journal, *Advances in Social Work*, started in 2000 to provide an additional outlet for the dissemination of social work scholarship and to bring additional recognition to the School.

In 2004, the School celebrated another milestone with the graduation of the first class of BSW students on the Bloomington campus. Previously, students on the Bloomington campus needed to transfer to the Indianapolis campus to complete their senior year in the BSW program.

State leaders turned to the School in 2004 to provide leadership for the Indiana Commission on Abused and Neglected Children and Their Families. Dean Patchner served as chair of the Commission, whose recommendations formed the basis for changes the state made to better protect children in Indiana.

During the 2005-06 academic year, the school marked a milestone as its enrollment topped 1,000 students on all of its campuses for the first time. One of the factors contributing to the School's growth was the addition of the MSW program at Indiana University-Purdue University, Fort Wayne.

The School assumed administrative duties for Indiana University Labor Studies Program in 2007. Labor Studies courses are offered on all of Indiana University's campuses, and the program offers degrees ranging from an Associate of Science to a Bachelor of Science in Labor Studies. Dr. Irene Queiro-Tajalli, the Executive Director of Undergraduate Education, took on the role of Interim Executive Director of the Labor Studies Program as well.

After Gov. Mitch Daniels was elected governor and created the Department of Child Services, the School enhanced its partnership with the agency to better train employees of the agency as well as students who wanted to become case managers with DCS. The School initiated a program where employees in public child welfare were able to earn their MSW degrees.

The addition of the Labor Studies program and the growth of the Child Welfare training program were among the reasons the school saw the number of its faculty jump from about 25 faculty members in 1998 to about 70 in 2011. The School's growing and enhanced programs were reflected in national rankings – for 2008 the U.S. News and World Report ranked the School's MSW Program 26th out of more than 200 programs.

After extensive discussions, the School began a new initiative in 2009 that linked the Social Work program to its earliest days of medical-related social work. With philanthropic support from Jason Baker, a punter with the Carolina Panthers, the School of Social Work collaborated with Riley Children's Hospital to establish an academic certificate program focused on training individuals to specialize in a career that provides support to children with special health needs and their families.

The State of Indiana again turned to the School of Social Work in 2010 asking for its help to resolve the growing problem of children living in poverty. Dean Patchner was asked to serve as chair of the Commission on Childhood Poverty in Indiana. The Commission is charged with recommending how the state can reduce childhood poverty by 50 percent by 2020.

The School and its faculty have expanded their focus to include a global perspective. It has developed partnerships that with universities in Kenya, China and Croatia that resulted in special opportunities for students and faculty members alike.

While online courses have been part of the BSW program since 2001, the School moved to increase its online distance education efforts at the MSW level. The School is planning an online Master of Social Work program, MSW Direct, to serve students who cannot come to our campus.

The size and scope of the School of Social Work has changed drastically since Edna Henry sat in her director's chair determined to see the new Social Service Department succeed. One aspect though remains very much the same 100 years later. The same passion that Dr. Henry and those that followed her brought to bear on their work is still very much in evidence today as we celebrate a century of giving hope and changing lives.

References

- Busch, M., Powers, G. T., Metzger, D., Behroozi, C. S., Siegel, S., & Cournoyer, B. R. (2001). Indiana University School of Social Work: 90 years of professional education. *Advances in Social Work*, 2, 83-100.
- Evans, L. (1943). *Report of the Training Course for Social Work 1937-42*, Indianapolis: Indiana University.
- Evans, L. (1944). *Report of the Training Course for Social Work September 1, 1942-August 31, 1944*, Indianapolis: Indiana University.
- Indiana University, Social Service Department. (1913). *Report of the Social Service Department 1911-12 and 1912-1913*. Bloomington, IN: Author.
- Patchner, M. (2000, December). "Dean's Message," *Network*, p.1.
- Rogers, H. C. (1983). *Seventy years of social work education at Indiana University*. Indianapolis: Indiana University.

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Strengths-Based Practice and Motivational Interviewing

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Abstract: *There has been recent concern that many practices and programs erroneously claim to be strengths-based. In reaction some have called for researchers to make systematic comparisons to the tenets of strengths-based practice (SBP) before making the contention that an intervention is strengths-based. Motivational interviewing (MI) is an intervention which has been described as being strengths-based; however, no systematic efforts have yet been made to compare the two. This article takes a methodical approach to comparing SBP and MI to determine level of cohesion and how they might be used together. A case-example is used to illustrate how MI and SBP may be used in conjunction and implications for social work practice and education are discussed.*

Keywords: *Strengths, strengths-based practice, intervention, motivation, motivational interviewing*

INTRODUCTION

There has been recent concern that social work agencies, programs, practices, and therapies that claim to be strengths-based often misperceive what it means to operate from a strengths-based practice (SBP) (Rapp, Saleebey, & Sullivan, 2005). Operating from a SBP does not mean someone is merely being nice or ignoring problems, rather SBPs contain distinct ideological underpinnings and principles which guide practice (Saleebey, 2006). Many interventions which make claim to being strengths-based do not make a systematic effort to corroborate what they actually do with authentic SBP. Conducting SBP requires dedication and a depth of commitment and often the principles, though simple on the surface, are complex in operation (e.g. Marty, Rapp, & Carlson, 2001). In response to the discrepancy between what is sometimes professed about interventions and what actually occurs, Rapp et al. (2005) developed six standards to evaluate whether or not a practice is strengths-based.

Motivational interviewing (MI), an intervention used to facilitate behavior change, has gained international attention and is often described as a SBP (Chung, Burke, & Goodman, 2010; Clark, 2006; Corcoran, 2005; van Wormer & Davis, 2008). While articles have alluded to consistencies between MI and SBP (e.g. Clark, 2001; 2005), no published methodical efforts have yet been made to link the two. The authors believe MI

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does fit into a strengths-based paradigm and the goal of this article is to engage the challenge issued by Rapp et al. (2005) in *Advances in Social Work* by systematically comparing MI with SBP.

We begin by reviewing the origins of both approaches. This review is followed by a systematic examination of the principles of MI through the lens of the qualifying standards put forth by Rapp et al. (2005) that assesses the goodness of fit of MI to the principles of SBP as described by Saleebey (2006). A potential reciprocal relationship is acknowledged and a case-scenario is used to describe how both SBP and MI can be used together. Implications are discussed for social work education and practice.

ORIGINS AND DEFINITIONS

Strengths-based practice has been conceptualized as an overarching perspective and as a set of principles. Specific models such as Strengths-Based Case Management (SBCM) have also been developed (Brun & Rapp, 2001; Rapp & Goscha, 2006). These multiple levels of conceptualization create difficulty in drawing definitions and comparisons (Probst, 2009) and some have critiqued SBP because it can be difficult to operationalize (McMillen, Morris, & Sherraden, 2004; Staudt, Howard, & Drake, 2001). For the purpose of this article we draw specifically from the principles guiding SBP as defined by Saleebey (2006) and the qualifying standards put forth by Rapp et al. (2005).

Strengths-Based Practice

A definition of SBP put forth by Saleebey (2010) posits that operating from a SBP means that “everything you do as a helper will be based on facilitating the discovery and embellishment, exploration, and use of clients’ strengths and resources in the service of helping them achieve their goals and realize their dreams (p. 1)” In addition, central to SBP is the belief that clients are most successful at achieving their goals when they identify and utilize their strengths, abilities, and assets (Rapp, 2006). SBP assists clients in recognizing and utilizing the strengths and resources they may not recognize within themselves, thus aiding clients in regaining power over their lives (Greene, Lee, & Hoffpauir, 2005).

Although aspects of SBP have been discussed in the social work literature periodically throughout much of its history, strengths-based work wasn’t formalized into a set of practice principles until the 1980s (Rapp et al., 2005). The formalization came in response to the pathology-laden treatments available for individuals with psychiatric disorders prevalent at that time (Weick, Rapp, Sullivan, & Kisthardt, 1989). SBP was a stance taken to oppose a mental health system that overly focused on diagnosis, deficits, labeling, and problems (Saleebey, 2000; 2001). Initially implemented in case-management, SBP then moved into other areas of social work and the helping professions (Saleebey, 1996).

SBP contains explicit practice principles; however, SBP is not explicit about what skills workers should use. It describes processes that are important but doesn’t necessarily describe in detail how to practice those processes. Instead, SBP can be perceived as a way of conducting oneself during any practice interaction (Saleebey,

2006). SBP can be used in a majority of the situations workers may find themselves in because it is a framework by which one sees and interacts with others. A profound belief in an individual's potential is intrinsic to any strengths-based interaction (Rapp & Goscha, 2006). Strengths-based practice begins with understanding what goals and dreams a client has and then helping the client to reflect on the possibilities and hopes that their lives hold (Saleebey, 2006). Helping clients reflect on their goals and dreams facilitates the discovery and development of new possibilities for, and change toward, a better quality of life (Saleebey, 2006).

Motivational Interviewing

Motivational interviewing was originally developed in the addictions field in the 1980s as an alternative to the coercive and confrontational approaches used in the substance abuse field at that time (Miller & Rollnick, 2002). MI has since moved into many helping fields, including social work. William Miller reported that the formulation of MI was facilitated through individuals in Norway asking him why he interacted with clients in some ways (that produced positive results) rather than others (Miller & Rose, 2009). This forced Miller to make explicit the approach he had learned from his clients. Therefore, MI was developed through practice wisdom first (e.g., what appeared to be working to help facilitate change) and then moved toward attaching theory about why it worked later (Miller & Rose, 2009), as is consistent with a practice-based evidence research methodology (e.g., Tilsen & Nylund, 2008).

Miller and Rollnick (2002) defined MI as “a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence” (p. 25). This approach accepts that ambivalence toward behavioral change is normal. Argumentation is avoided because trying to persuade a person to make a behavioral change usually results in the person verbally defending the status quo. Intrinsic motivation is achieved when a person sees a conflict between their current behavior and other goals or values that they hold. The role of the counselor, therefore, is to explore those goals and values and to elicit statements or perspectives that support behavioral change (Miller & Rollnick, 2002).

There are a variety of skills outlined in the use of MI, and an explanation of all these skills is beyond the scope of this article. However, one interesting and critical facet of MI is that the intervention outlines not just *what* skills to use but *how* the skills are to be implemented. There is a *spirit* associated with MI that grounds how a counselor approaches people. Miller and Rollnick (2002) are clear that the spirit of MI is integral to its successful practice, as they have encountered practitioners and trainers “mimicking...component techniques without understanding their overall context” (p. 33).

The spirit of MI is comprised of three components: collaboration, evocation, and autonomy. These components are described as follows:

1. *Collaboration*. Counseling involves a partnership that honors the client's expertise and perspectives. The counselor provides an atmosphere that is conducive rather than coercive to change (p. 35). Miller and Rollnick contrast collaboration to its opposite approach: Confrontation, in which overriding the

client's perspective and correcting his or her view of reality are central components. An individual may decide to personally confront behavior change issues during the MI process; however, it is not the role of the worker to be confrontational.

2. *Evocation*. The resources and motivation for change are presumed to reside within the client. Intrinsic motivation for change is enhanced by drawing on the client's own perceptions, goals, and values. Evocation is in turn compared with education, in which there is an assumption of a deficit in the client's "knowledge, insight, and/or skills" that must be corrected by the counselor (p. 35). Education, such as normative feedback, may be a tool used within MI, but it is not the goal.
3. *Autonomy*. The counselor affirms the client's right and capacity for self-direction and facilitates informed choice. Autonomy is contrasted with authority, in which the client's role is to be told what he or she should do.

These elements of the spirit of MI are important when considering how this approach may or may not be consistent with strengths-based practice.

SYSTEMATIC COMPARISON

This article compares MI and SBP to assess the commensurability of the two approaches and to determine the degree to which MI is consistent with SBP. It is important to make this comparison in order to respond to the call for individuals to make systematic efforts to corroborate a given intervention with SBP before making the contention that an intervention is strengths-based (Rapp et al., 2005). Conducting this comparison is also important because not every intervention is appropriate for social work (even with empirical support) if the intervention is not consistent with social work values and ethics. Recognizing strengths is a key component of social work's code of ethics (NASW, 2006). Therefore, comparing MI to SBP is an important step in determining if the intervention is appropriate for social work.

Comparison of SBP and MI occurred across eight domains which were created by combining Rapp et al.'s (2005) standards and Saleebey's (2006) principles of SBP. If a standard or principle overlapped we combined them into one domain. Three researchers were used as a panel to determine if a standard or principle was overlapping. Motivational interviewing was then compared to each domain of SBP. If there was disagreement, meetings continued to be held and concepts studied until consensus was reached. Motivational interviewing was rated explicitly consistent, philosophically consistent, or not consistent to each of the developed SBP domains. The three-level rating scale (explicitly, philosophically, or not consistent) was developed by the research team in order to provide for a more nuanced analysis than a simple yes/no regarding consistency. At the conclusion of each of the following comparative sections a sentence is included which describes what rating motivational interviewing was given for the SBP domain described.

Goal Orientation

Strengths-based practice is goal oriented. Encouragement is given to individuals to set goals they would like to achieve in their lives. Goal setting becomes a foundation or backdrop for which strengths are assessed and mobilized (Saleebey, 2006). There are some situations where a worker helps an individual to define and articulate his or her goal(s); however, it is still the individual's values that drive the goal setting process (Rapp & Goscha, 2006).

Motivational interviewing is focused on the exploration of goals and values. Individuals are invited to explore what their ultimate goals are and how they imagine themselves achieving them (e.g. Corrigan, McCracken, & Holmes, 2001). Exploring what values are important to an individual is also incorporated into MI. The goals and values are elicited from the individual and not imposed upon them from outside (Miller & Rollnick, 2002). The goal setting process is person-centered (Rollnick, Miller, & Butler, 2008).

Conclusion: Motivational interviewing is explicitly consistent with SBP's goal orientation principle.

Strengths Assessment

Strengths-based practice contains a systematic means of assessing strengths (Rapp et al., 2005). Assessment for, and documentation of, strengths occurs in a methodical way that avoids a primary focus on problems, pathology or deficits (e.g. Rapp & Goscha, 2006). The means to overcoming barriers to goal attainment are seen as being tied to an individual's strengths such as talents, assets, resources, and skills. Attention is also given to what is already working, searching for instances when there are exceptions to problems, and identifying coping strategies that an individual has already obtained. Focus is more often on the current situation rather than past pathology; although, the past *can* be explored for talents, resources, and assets (Saleebey, 2006).

Motivational interviewing provides workers with skills to assess client confidence in their ability to make behavioral change (Miller & Rollnick, 2002). When a client lacks confidence to make behavior change, the MI practitioner uses skills to elicit clients' belief in their own ability. For instance, individuals using MI facilitate discussion which enables individuals to look back over their lives and identify past successes (Miller & Rollnick, 2002). What is working currently and how individuals can imagine things working better are also explored. Affirmation skills are developed which allow workers to specifically identify and affirm strengths, encourage autonomy, and provide support (Rollnick et al., 2008). Excessive exploration of the history of the problem is discouraged; rather the focus is on past success, self-confidence and self-efficacy (Rollnick et al., 2008).

Conclusion: Motivational interviewing is philosophically consistent with the SBP principle of strengths assessment.

Environmental Resources

Strengths-based practice sees the environment as rich in resources. It is highlighted that the natural community is the principal source of resources, opportunities, people, and supports (Saleebey, 2006). A tenet of SBP is that often goal attainment occurs through the matching of client desires and strengths with naturally occurring resources in the environment (Rapp & Goscha, 2006). Strengths-based practice assumes every individual, group, family, and community has strengths and resources (Saleebey, 2006). In strengths-based practice explicit methods link client and environmental strengths to goal attainment. After the goal has been identified and strengths have been assessed, a clear means for utilizing and mobilizing strengths is identified. The identification and use of resources, therefore, becomes essential and may be one of the most important principles of SBP (e.g. Davidson & Rapp, 1976). The plan is derived from the goals and strategically incorporates strengths (Rapp & Goscha, 2006). The idea is to build from strengths and aspirations, agree on a set of goals, and match these goals with natural resources in the community.

The idea within motivational interviewing is to focus on exploring client goals and values, build motivation to achieve the explored goals and values, determine how current behavior fits or doesn't fit with goals and values, and develop a change plan based on client preferences. The change plan is meant to help individuals live more consistently with the values they hold dear and achieve their goals. Both MI and SBP assume that every individual group or family has strengths. Motivational interviewing assumes individuals know their personal environment and its resources better than the worker (Miller & Rollnick, 2002). It is central to MI that the plan be developed based on how individuals see themselves most likely succeeding (Rollnick et al., 2008). It is up to the worker to listen carefully for strengths and resources and strategically affirm them or their use (Miller & Rollnick, 2002). In this way, the worker helps the individual to self-identify and use their strengths and environmental resources in a productive fashion within their change plan. Therefore, the change plans facilitated through MI often include naturally occurring resources, such as family members, friends, or a community group. The worker who uses MI is also purposeful in eliciting client strengths and change language in order to help mobilize confidence and importance for behavior change (Miller & Rollnick, 2002).

Conclusion: MI is philosophically consistent with the SBP principle of using environmental resources.

The Relationship

The strengths-based relationship is hope-inducing. The relationship is clearly attuned to increasing the hopefulness of the individual, family or group (Rapp et al., 2005). Being accepting, empathetic, and having a collaborative purpose are all part of the strengths-based relationship (Saleebey, 2006). The hope inducing qualities of the strengths-based relationship can be destroyed through spirit-breaking behaviors, such as labeling, having a problem or diagnostic focus, or pathologizing (Deegan, 1990). The focus of the helping process is on strengths, interests, knowledge, and capabilities, not on diagnosis, deficits,

symptoms, and weaknesses. The relationship is also empowering in that it increases individuals' perceptions of their abilities, increases choices and options, and increases confidence to choose (Rapp & Goscha, 2006).

The motivational interviewing relationship facilitates hope, confidence, and motivation for change. As noted previously, MI provides skills for supporting an individual's self-efficacy which often can be hope-inducing (Miller & Rollnick, 2002). Self-efficacy can be defined as a person's belief in his or her personal competence and ability to achieve his or her goals. The MI spirit includes maintaining a positive and supportive relationship that emphasizes the evocation of an individual's ideas, increasing an individual's autonomy, and collaboration (Miller & Rollnick, 2002). MI also focuses on increasing the importance of, and confidence to, change. Attention is given to how individuals describe their situation, not on diagnosing or labeling the problem (Rollnick et al., 2008). The supportive and accepting nature of the relationship in MI can be negatively impacted if the worker starts to label, give unsolicited advice, or becomes confrontational.

Conclusion: MI is explicitly consistent with the SBP principle of developing a hope-inducing relationship.

Meaningful Choice

In strengths-based practice the provision of meaningful choices is central and individuals have the authority to choose (Rapp et al., 2005). Throughout the strengths-based process the worker is expanding choices and options for the client. The worker helps to clarify choices and encourages the individual to direct the process. The generation of alternatives is a mutual process and individuals are seen as the experts in their own lives (Rapp & Goscha, 2006). The work in SBP is client-directed. Individuals are encouraged to generate solutions and alternative courses of action (Rapp et al., 2005).

Motivational interviewing supports autonomy and choice (Miller & Rollnick, 2002). Individuals are empowered to make choices, set the agenda, prioritize their goals, and function independently. Specific skills and tools are utilized to increase an individual's perception of autonomy and control (e.g. Manthey, 2011). Clients are perceived as being the experts in their own lives and are empowered to make choices and provide direction within the interaction. Motivational interviewing helps individuals increase their confidence in their ability to make decisions and changes (Rollnick et al., 2008).

Conclusion: Motivational interviewing is explicitly consistent with the SBP principle of meaningful choice.

Collaboration

Strengths-based practice assumes that we best serve clients by collaborating with them. Workers who use SBPs approach individuals as collaborators who have specific skills and experiences to offer, while remaining open to the wisdom, experience and knowledge of individuals (Saleebey, 2006). This allows the practitioner to work *with*

individuals rather than *on* them. The individual's voice should be heard and valued throughout all levels and aspects of intervention and practice (Rapp & Goscha, 2006).

Motivational interviewing assumes that we best serve individuals by collaborating with them. A large part of the *spirit* of MI includes the collaborative relationship that should be present between the worker and the individual (Miller & Rollnick, 2002). MI views both the worker and the individual as equally important to the process. If a worker drifts away from being collaborative with an individual (e.g., starts to give unsolicited advice or suggestions, or becomes confrontational) the worker is no longer providing motivational interviewing (Rollnick et al., 2008). Collaboration is considered one of the essential aspects of the relationship that facilitates positive change (Miller & Rollnick, 2002).

Conclusion: *Motivational interviewing is explicitly consistent with the principle of collaboration.*

Trials and Opportunity

Strengths-based practice assumes that trauma, abuse, illness, and struggle may be harmful but they may also be sources of challenge and opportunity (Saleebey, 2006). Often individuals have misperceived SBP as ignoring problems (Rapp & Goscha, 2006). Instead, SBP focuses on aspects of humanity that indicate that despite adversity individuals are often resilient and resourceful (Saleebey, 2000). Workers acknowledge problems and struggles; however the workers' focus is to explore and learn from individuals' strategies to overcome traumatic and adverse events (Saleebey, 2006).

Motivational interviewing is focused on helping people mobilize commitment to change despite historical problems (Miller & Rollnick, 2002). MI is primarily present and future focused. The past informs why someone wants to change and may be used to help build self-efficacy, but it is not the focus of the work with the client (Miller & Rollnick, 2002). MI attempts to clarify current and future objectives and develop discrepancy between current behavior and important goals (Rollnick et al., 2008). In a way similar to SBP, MI respects an individual's wisdom gained through prior experience and draws on that wisdom to explore why the individual might consider behavioral change.

Conclusion: *Motivational interviewing is explicitly consistent with the SBP principle that trials can also be sources of opportunity.*

Change/Growth Potential

Strengths-based practice assumes that the worker does not know the upper limits of individuals' capacity to grow and change (Saleebey, 2006). Serious consideration is given to individual, group, and community aspirations (Rapp & Goscha, 2006). Individuals often feel bound by past experiences, assessments, diagnoses, or judicial sentences. By purposefully avoiding labels and by having high expectations, workers empower individuals to believe in their own capacity to obtain their goals (Rapp & Goscha, 2006). This is accomplished through keeping a close alliance with the individual's hopes, values, and aspirations (Saleebey, 2006).

Motivational interviewing assumes that individuals truly can change and achieve their goals (Miller & Rollnick, 2002). These goals are often extensively explored in order to increase motivation for change (e.g. Corrigan et al., 2001). The worker values and closely aligns with individuals' long term goals. The worker's belief in a person's capacity to change is considered fundamental in the practice of supporting self-efficacy (Rollnick et al., 2008). Beyond the underlying assumptions of MI, there is a skill base for increasing individuals' belief in their capacity for change (Miller & Rollnick, 2002). MI selectively reinforces language that reflects the person's desires, abilities, reasons, and needs for change (e.g. Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003).

Conclusion: Motivational interviewing is explicitly consistent with the principle that the worker does not know the upper limits of an individual's capacity to grow and change.

Areas of Divergence

Based on this systematic comparison it was determined that MI is either explicitly or philosophically consistent with the primary principles of SBP (See Table 1). While the "not consistent" category was not appropriate to be used in comparing MI to the principles of SBP, there were several areas of nuanced divergence also noted. For instance, MI does not express a particular preference between naturally occurring vs. formal resource use (e.g. governmental programs), while SBP contains a preference towards using naturally occurring resources (e.g. neighbors, friends or community groups) (Rapp & Goscha, 2006).

In addition, MI may or may not include a problem focus depending on the context. MI may avoid a problem focus in situations where it is being used to resolve ambivalence and increase motivation to obtain a specific pro-social goal, such as resolving ambivalence regarding obtaining a job (e.g., Larson, 2008) or attempting education (e.g. Manthey, 2011). In other situations MI attempts to develop discrepancy between current problem behaviors and an individual's long term goals. These include situations such as substance abuse (Miller & Rollnick, 2002) or child abuse and neglect (Forrester, McCambridge, Waissbein, Emlyn-Jones, & Rollnick, 2008). For example, an individual may have a desire to be a good parent but finds that drug addiction becomes a barrier to accomplishing that goal. It should be noted that MI does not blame, label, or diagnose people (which would also be contrary to SBP). Instead, MI attempts to help an individual change behavior toward being more consistent with the individual's long term goals and values.

Another area of nuanced divergence may be in the domain of concrete resource acquisition. As described earlier, a major component of SBP is its emphasis on pragmatically using current resources, talents, and skills to form a plan for goal attainment. Linking and using strengths for goal attainment moves well beyond simply *knowing about* or *recognizing* strengths, it is at the heart creative social work practice. Where claims about SPB sometimes go awry is when practitioners only become familiar with strengths and do not actually utilize them in action. Motivational interviewing does

more than just devote some attention to strengths. For instance, MI includes both goal planning and action step components that are related to strengths such as desires and

Table 1: Depiction of the Consistency of Motivational Interviewing with Strengths-based Practice.

Strengths Principles	Explicitly Consistent*	Philosophically Consistent*
1. <i>Strengths based practice is goal oriented</i>	MI is focused on goals and values exploration.	
2. <i>Strengths-Based practice contains a systematic means of assessing strengths</i>		MI provides skills to assess individuals' own confidence in their ability to make change. Affirmation skills are used to reinforce strengths.
3A: <i>Strengths-Based practice sees the environment as rich in resources</i>		MI assumes individuals know their environment and its resources better than anyone else. Plans for change may or may not include naturally occurring resources.
3B: <i>In strengths-based practice explicit methods are used for using client and environmental strengths for goal attainment</i>		Although explicit methods are not always used, MI assumes that every individual group or family has strengths. The worker affirms personal and environmental strengths which can be used for goal attainment. The worker uses affirmation of strengths for the purpose of building self-efficacy.
4. <i>The strengths-based relationship is hope-inducing</i>	The MI relationship facilitates hope, confidence and motivation for change.	
5. <i>In strengths-based practice the provision of meaningful choices is central and individuals have the authority to choose</i>	MI supports autonomy, choice and personal control.	
6. <i>Strengths-based practice assumes that we best serve clients by collaborating with them</i>	Collaboration is considered one of the essential aspects of the MI relationship that facilitates change.	
7. <i>Strengths-based practice assumes trauma and abuse, illness and struggle, may be injurious but they may also be sources of challenge and opportunity</i>	MI is focused on helping people mobilize commitment to change despite historical problems. MI is primarily present and future focused, the past is informative but it is not the focus of the intervention.	
8. <i>Strengths-based practice assumes that the worker does not know the upper limits of individuals' capacity to grow and change</i>	Belief that individuals truly can change and achieve their goals is considered basic to MI and clinical skills are developed meant to increase clients' belief in their capacity for change.	
*The available category of <i>not consistent</i> was never used and therefore is not included in this table.		

abilities. However, MI does not go as far as other practices, such as Strengths-based Case Management (Rapp & Goscha, 2006) which assists clients in developing very detailed strengths assessments and utilitarian goal attainment plans. These plans are then revisited repeatedly to help increase the likelihood that goals are met. While there is a lot of overlap between SBP and MI in this area there is also difference. The difference may be present because MI has a greater focus on building motivation while SBP's such as SBCM have a greater focus on planning and action. Therefore, because of their divergent foci, SBPs such as SBCM and interventions like MI may benefit each other.

Finally, MI is described as a way of being with people (Miller & Rollnick, 2002) and is primarily used as a tool or intervention to address behavior change issues. It is a means for achieving positive behavior change ends. In other words, SBP provides an overarching perspective (Saleebey, 2006) while MI is an approach that may not be appropriate for every situation (Miller & Rollnick, 2009). Therefore, when workers are highly trained in MI they learn to smoothly move in and out of the MI intervention as needed (Miller & Moyers, 2006). In contrast, because of its overarching perspective, it has been contended that SBP may be appropriate for any human service interaction (Saleebey, 2006).

As discussed previously, SBP does not ignore barriers to goal attainment, but rather focuses on what is working well, coping strategies already developed, and on hopes for the future. MI may provide individuals who use SBP with skills to navigate situations where individuals want to change behaviors that get in the way of their long-term goals and desires.

A GOOD FIT FOR SOCIAL WORK

Research on SBP and MI suggest that there may be a potential useful alignment between the two approaches. We begin this section by reviewing empirical support for SBP and MI. We then discuss ways in which they may be used in conjunction. We conclude this section with a case-scenario which illustrates the potential reciprocal relationship between MI and SBP.

Empirical Support for Strengths-based Practice

Strengths-based work is most explicitly articulated in case management practice (e.g. Rapp & Goscha, 2006); otherwise the notion of SBP is predicated on a set of values and principles. This conceptualization of SBP *as an overarching perspective* has garnered critique from researchers (e.g., Staudt et al., 2001) who contend that it is difficult to assess a direct relationship between SBP and outcomes (for a detailed discussion on this topic see Probst, 2009). Despite this critique, there are several areas which show promise. The primary SBP research has been conducted on SBCM. Four experimental, three quasi-experimental, and three non-experimental design studies have been conducted on SBCM which show positive results (Barry, Zeber, Blow, & Valenstein, 2003; Bjorkman, Hansson, & Sandlund, 2002; Kisthardt, 1994; Macias, Farley, Jackson, & Kinney, 1997; Macias, Kinney, Farley, Jackson, & Vos, 1994; Modcrin, Rapp, & Poertner, 1988; Rapp & Chamberlain, 1985; Rapp & Wintersteen, 1989; Ryan, Sherman, & Judd, 1994;

Stanard, 1999). In addition, implementation of SBP has been attempted in a variety of fields such as substance abuse (Brun & Rapp, 2001; Redko, Rapp, Elms, Snyder, & Carlson, 2007), school counseling (Saleebey, 2008), gerontology (Sullivan & Fisher, 2004; Whitley, White, Kelley, & Yorke, 1999), corrections (Clark, 1997; Leukefeld et al., 2003), and at-risk youth (Arnold, Walsh, Oldham, & Rapp, 2007; Werrbach, 1996). There are also hundreds of conceptual or theoretical articles describing potential applications of SBP to a variety of populations and circumstances.

Further support comes from secondary sources. For instance, similar to the efforts presented in this article, Rapp et al. (2005) systematically compared several intervention models to the tenets of SBP and proclaimed them strengths-based. These models include asset building, solution-focused therapy and supported employment (Rapp et al. 2005). Each of these related models have been studied in their own right, the results of which provide secondary support for SBP. For example, see Kim's (2008) meta-analysis on solution-focused therapy. SBP is further supported by complementary research in other fields such as resiliency, positive psychology, and common change factors research (Norman, 2000; Saleebey, 2006).

Empirical Support for Motivational Interviewing

MI has a very large evidence-base including over 200 empirical studies and over five meta-analyses showing positive outcomes (Wagner & Conners, 2010). A meta-analysis can take studies conducted in a variety of situations and with a variety of populations and combine the results to determine if there is a significant effect across studies, rather than just in isolated instances. An important meta-analysis conducted by Hettema, Steele, & Miller, (2005) found that MI has an *additive effect* when combined with other interventions. The additive effect found by Hettema et al. shows an increased length of intervention potency for individuals who receive a combined intervention approach across a variety of MI and other intervention combinations. In other words, it was found that when MI is combined with other interventions it may increase the effectiveness of both MI and the other approach. For instance, it may be that intervention models based on SBP (such as SBCM) may become more effective when used in combination with MI than either intervention might be when used alone. The *additive effect* finding lends weight to the contention that MI and SBP may be a good fit. For example, it may be easier to implement and learn MI skills if the overarching system that supports the worker functions from a strengths perspective. It may also be of benefit for workers who use SBPs to build skills that increase hope and motivation within their clients.

A Combined Approach

There is some initial support for a combined SBP-MI intervention approach in the literature. While there are methodological weaknesses, some studies have shown a potential positive linkage between motivational interviewing and strengths-based work. One study, which focused on using MI to improve treatment entry for substance misusing adolescents, audio-taped and coded 54 sessions of workers utilizing the Strengths-Oriented Referral for Teens (SORT) (Smith & Hall, 2007; Smith, Hall, Jang & Arndt, 2009). They found that when the worker had higher adherence to SORT there was greater

use of MI, a greater discussion of client strengths, and more utilization of solution-focused language. Another study which was designed to help offenders obtain employment had 500 drug court participants take part in MI and SBCM as pieces of an overall vocational intervention (Leukefeld et al., 2003). The participants reported increased confidence and increased feelings of capability of finding employment or obtaining education.

In addition, SBP may inform the worker trained in MI on how best to work with strengths during an action stage. SBP would provide workers trained in MI the ability to smoothly transition from MI skills into strengths-based skills appropriately matched to the individual's readiness. SBP would complement MI as the individual receiving services moves into action planning. For instance, a large part of SBP is linking resources and strengths to a specific goal and creating initial tasks. Sometimes an individual may be reluctant to pursue a strengths-based action plan because of low confidence. If this is the case, the worker's ability to drop back and use MI skills which focus on building confidence may be beneficial. Conversely, if a worker is using MI and a client becomes very motivated to change and is ready to develop an action plan, having that plan grounded in client strengths in a detailed and methodical fashion will likely increase success.

Both MI and SBP support personal empowerment and hold the belief that the individuals already have the skills necessary to solve their problems and achieve their goals. Motivational interviewing and SBP place emphasis on the relationship as foundational to the change process and hold the belief that engendering hope is essential. SBP and MI do not expect workers to be experts in charge of how an individual changes. Instead, both approaches enable the worker to become skilled at facilitating a process of exploring and reinforcing the client's own goals, values, and strengths. MI may be an important aspect of strengths-based practice, particularly as one goes about conducting an assessment and then helping the individual hone in on a goal or set of goals important to him or her.

Concluding this section is a case-example which illustrates how SBP and MI may be used together. However, prior to the case-scenario it is helpful to note some of the micro-skills which are used in MI: (1) open-ended questions, (2) affirmations, (3) reflections and (4) summary statements. These micro skills are used to elicit *change talk*, in other words, desires, abilities, reasons, or needs for change (Miller & Rollnick, 2002). One of the unique characteristics of MI is that it is designed to elicit change talk rather than simply waiting for it to occur. This practice is similar to a worker listening for and affirming strengths. Miller and Rollnick (2002) have described many methods for eliciting change talk, including asking questions which often lead to answers containing change talk (e.g., In what ways might change be a good thing?) and avoiding questions which are likely to lead to resistance (e.g., Why haven't you changed?). When change talk is elicited, the worker may use reflection, affirmation, or requests for elaboration to elicit further change talk.

The fundamental principles of motivational interviewing include: rolling with resistance rather than confronting it, expressing empathy for individuals' experiences,

developing discrepancy between where they currently find themselves and their long term goals and values, and supporting their self-efficacy (Miller & Rollnick, 2002). The fundamental principles of MI are supported through learning the behavioral micro skills.

Case-example

Julie is a mother of two who has been diagnosed with a psychiatric disability, has had history with the child welfare system, and has had difficulties with substance use. Her children are aged two and five and are currently staying with Julie's older sister. Julie is currently unemployed; however, she receives \$570 a month in SSI. She rents a basement apartment from a long-term friend familiar with her situation. Julie receives case-management services at her local community mental health center. Her case-manager is assisting her in filling out a strengths assessment. The strengths assessment includes three domains: (1) *current strengths* (2) *individual desires/aspirations*, and (3) *past resources*. These three domains are present across seven categories: (1) *home/daily living*, (2) *assets/financial/insurance*, (3) *employment, education/specialized knowledge*, (4) *supportive relationships*, (5) *wellness/health*, (6) *leisure/recreation*, and (7) *spirituality/culture*.

The purpose of the strengths assessment is to identify personal goals through exploration of the *desires and aspirations* domain, these goals are then linked with the *current strengths* and *past resources* domains (Rapp & Goscha, 2006). The eventual aim is to utilize the identified strengths and resources for goal attainment. The following transcript picks up after initial greetings are made and the strengths assessment is beginning to be filled out.

Worker: To start out Julie, what would you like to see differently in your living situation? (Open question)

Julie: I don't know. I like where I live, Nick's known me a long time and understands me and my situation. I don't think someone else would be as understanding.

Worker: Having a landlord that understands what it's like to have a psychiatric disability is important to you. (Reflection)

Julie: Yeah, he's been a friend of my family for years, he knows my sister and my mom, and understands when things aren't going well. I don't think I'd get that kind of leeway if I rented an apartment from someone else.

Worker: So one of your strengths is having a relationship with Nick who helps you out with housing and other things when you need him to. (Reflection)

Julie: Yes! He and Mary even used to babysit for me sometimes when I still had my kids. He really is a nice guy.

Worker: He's a good friend and you've really maintained a positive relationship with him. (Affirmation)

Julie: Yeah

Worker: So things are going pretty good and you don't really have a goal for changing your housing or your living situation right now. (Reflection).

Julie: I guess for my housing. But I really want my kids back. They live with my sister because supposedly I can't take care of them. Which I don't think is true. Stupid social workers taking away my kids! These people don't have a clue what it's like to be me. I'm a good parent!

Worker: So your kids were taken away and you think you're a good mom and you want them to live with you. (Reflection)

Julie: Yeah! What else do you think I want? I'm a mom! I love my kids.

Worker: It's a natural drive for mothers to want to take care of and be with their kids. (Reflection).

Julie: Yeah. It is.

Worker: What would it be like if you had your kids back living with you? (Open question) (Writes "I would like to gain custody of my kids" in the *individual desires, aspirations* domain of the *daily living* category on the strengths assessment).

Julie: It would be awesome! I wouldn't have to visit them at my sister's and we could be alone together. Last time I got my kids back I tucked them into bed every night and sang songs to them. I was a good mom. I took them to the park all the time and I made really good meals, not like when I'm living alone and only cook for myself.

Worker: You've taken care of them most of their lives and you've been successful at getting your kids back before. (Reflection)

Julie: Yes.

Worker: What was it that happened that made it possible for you to get your kids last time? (Open Question)

Julie: Well the main thing was that I was clean and sober. That's really what the court wanted me to do. When I'm not using my kids are able to stay with me.

Worker: So the biggest barrier to you achieving the goal of having custody of your kids is drug use. (Reflection)

Julie: Yes, they told me that as long as I was using I couldn't keep my kids.

Worker: And you really want your kids back because being a mother is a big part of who you are as a person, you love your kids, and you think you would be a good at taking care of your kids. (Reflection)

Julie: Yeah, I would be good at taking care of my kids. No one else should parent my kids. I'm a good mom.

Worker: Having your kids live with you would be the best thing for your kids. (Reflection).

Julie: Yes! They tell me they want to come back and live with me and they miss me so much. I love my sister, but she isn't their mother. I am their mother and I know them best and how to take care of them best.

Worker: What else did you do that made you feel like you were successful at being a parent. (Open Question)

Julie: Well, everything wasn't always great, sometimes things were hard. But we always got by. I never hit my kids, and I always told them I loved them. We might not be perfect but we've always been a close family.

Worker: Good for you! It can be hard not to take out your frustrations on others when things are hard, but you try really hard not to do that to your kids. (Affirmation and Reflection)

Julie: Yeah, I do try really hard not to do that.

Worker: That's important to you. (Reflection)

Julie: Yes it is.

Worker: And you're a close family. (Reflection)

Julie: Yeah, like when we watch TV together, we all cuddle together in a big group. I know some families who can't stand being in the same room together, but we like to cuddle and talk and watch TV. It used to be my favorite time of the day.

Worker: You love your kids a lot and they love you. (Reflection)

Julie: I miss them so much.

Worker: So one thing you are considering is attempting to stay sober so that you can get your kids back. And you've done it before so you think you'll be able to do it again. (Reflection)

Julie: Yep, that's what I'm going to try to do.

Worker: And you have a lot of strengths that might help you with that goal, such as your past success as a parent, some skills you've developed that help you deal with frustration, and maybe even having stable housing with your friend Nick. (Summary)

Julie: I guess I do.

Note that the worker used the open-ended questions strategically to elicit strengths and then affirmed them. Even though the initial topic was ultimately about a self-identified problem (Julie having her kids taken away) the problem was also a positive life goal about being a good parent. The strength of desiring to be a good parent may even drive other positive changes in the future (such as obtaining a job or obtaining an education in order to better provide for her children). Just as Saleebey (2004) and Weick, Kreider, and Chamberlain (2006) point out, often one has to start out with a problem and then listen carefully for desires, talents, resources, and other strengths that may be glimmering in the background. The worker was careful to listen for the strengths that were in Julie's story and sometimes reframed perceived problems as strengths.

The worker also elicited change talk such as Julie’s past successes and her desires to have her kids back. In some cases the worker elicited strengths and change talk that were the same, such as when Julie discussed her ability to avoid taking out her frustrations on her kids and other positive parenting skills. The worker strategically used reflections and open questions to obtain these types of responses rather than focusing on deficits or diagnoses or asking questions that might engender resistance. Motivational interviewing as with SBP breaks ties with the past and changes to focus on a future beyond the problem (Miller & Rollnick, 2002; Weick et al., 2006).

In this scenario the worker, together with Julie, filled out the rest of the strengths assessment. They discussed many topics during a relatively short period of time in order to get a snapshot of what Julie’s ultimate goals and desires were. However, as with all SBPs it is intended that the strengths assessment will be an ongoing and dynamic process over time. Together, Julie and the worker also identified strengths and resources. The following is Julie’s sample strengths assessment (format and content adapted from Rapp & Goscha, 2006).

Table 2: Julie’s Strength’s Assessment

<p>Current Strengths: What are my current strengths? (i.e. talents, skills, personal and environmental strengths)?</p>	<p>Individual’s Desires, Aspirations: What do I want in my life?</p>	<p>Past Resources – Personal, Social, & Environmental: What strengths have I used in the past?</p>
Home/Daily Living		
<ul style="list-style-type: none"> - Rents basement apartment - Good relationship with landlord Nick - Have most of the physical things I need (furniture, cooking utensils etc.) - Has good parenting skills 	<p>“I want to gain custody of my kids”</p> <p>“I’d like a computer or laptop”</p>	<ul style="list-style-type: none"> -Was able to gain custody of kids last year. - Knows a guy that can get electronics at a discount
Assets - Financial/Insurance		
<ul style="list-style-type: none"> - Currently receives \$570 in SSI - Has Medicaid - Receives food stamps 	<p>“I want to earn more money so I have the freedom to do more things and get a computer”</p>	<ul style="list-style-type: none"> - I pay most of my bills on my own and on time.
Employment/Education/Specialized Knowledge		
<p>Knowledgeable and skilled with the food industry</p> <p>“I am learning more and more about recovery all the time”</p>	<p>“I want to get a job where I get to cook things I like”</p> <p>“I might want to get a chef or other cooking certification”</p> <p>“I think I would be a good peer support worker”</p>	<ul style="list-style-type: none"> - Has worked in several fast food positions, and once as a waitress. - Graduated from high school

Supportive Relationships		
<ul style="list-style-type: none"> - Sister (Megan) listens to me and cares for my kids - Mom (Susan) take me places when I can't get there by bus - Nick (Landlord) has known me a long time and tries to understand me - Neighbor (Fran) used to watch my kids sometimes and very friendly - Rose (Case Manager) helped me believe in myself and learn about recovery 	<p>"I would like to have more friends"</p>	<ul style="list-style-type: none"> - "I have always been close with my mom and sister" - Ex-boyfriend (Bob) used to be a good support ("He made me feel good inside") - Stewart (Children's Father) used to be a good financial support for a while.
Wellness/Health		
<ul style="list-style-type: none"> - Lamictal helps with my mood "I don't feel suicidal as much" - "Talking to others about how I'm feeling helps" - "I have started exercising when my sister lets me borrow her pool pass" 	<p>"I want to continue to be healthy and stay in recovery"</p>	<p>"Going out and doing things made me feel better about myself" (e.g. movies, dancing, shopping, etc.)</p>
Leisure / Recreational		
<ul style="list-style-type: none"> - Enjoys music (Salsa and Swing) and dancing (Swing) - "I like watching murder mysteries and other TV shows, especially with my family" 	<p>"I want to make more friends and spend time with them"</p>	<ul style="list-style-type: none"> - used be involved with the high school dance club. - went out for track in high school - used to love to swim
Spirituality/Culture		
<p>- "God has been with me even when everyone else wasn't"</p>	<p>"I would like to find a church where I feel accepted for who I am"</p>	<p>- "Going to Church on Sunday and going to bible study on Wednesdays was important in my childhood"</p>

After the strengths assessment is completed, the worker attempts to help Julie prioritize which goals she would like to work on.

Worker: We've talked about quite a few things today, Julie. Is it okay if I talk with you a little bit about what others have found helpful in similar situations? (Closed Question - Asking Permission)

Julie: Sure

Worker: A lot of people find that they don't need help with all of the goals that they put on the strengths assessment. Many people just want help with a few big things and then they attempt to achieve other goals on their own or at a later time. For some

it's also been easier to attempt only a few goals at a time so that they don't get pulled in too many directions at once. But that's really up to you. You have lots of options. What do you think? (Giving Information and Open Question)

Julie: This sounds fine to me. I don't really need help finding a new church anyway. I can do that on my own.

Worker: So what are the top two or three goals that we've discussed today that you might like my help with? (Closed Question)

Julie: I definitely want to get my kids back. They're the most important people in my life. I also need help getting a job as a cook or chef or something...but not waitressing, I want to cook, not work tables or the register. Those are the two biggest things. I might also like a computer, but I can't afford one right now.

Worker: So managing your sobriety so that you can get your kids back and getting a job as a cook so that you can do more things and perhaps get a computer really top your list. (Reflection).

Julie: Yep!

In this section the worker was careful to not give unsolicited advice, but instead consciously chose to instill autonomy and choice throughout the process. The worker helped Julie to prioritize and set the agenda for their future work. From here the worker can: (1) help Julie to link strengths (e.g. desires, resources, abilities, and skills) to a practical plan for goal attainment, as well as move into motivational interviewing and elicit change talk when needed (e.g. desires, abilities, reasons and needs for change) in order to increase motivation, confidence and hope.

IMPLICATIONS FOR SOCIAL WORK

Based on our systematic comparison we contend that MI and SBP are highly compatible. Given the wide use of SBP, implications from this analysis include that MI may be of benefit for social work agencies, researchers, educational institutions, and practitioners. These implications are detailed in the following subsections.

Social Work Agencies

Agencies who want to more closely operate from a SB approach may benefit from motivational interviewing skillset acquisition which may augment their SB efforts. If agencies struggle to determine hands on skill development that include strengths-based elements and is evidence-based, they may turn to MI. It is also recommended that systemic barriers to implementation of MI (such as programs that emphasize external motivators, confrontation, and problem focus) may find that those barriers are overcome if they develop an overarching strengths-vision and culture. As described previously a combined MI-SBP approach may have the potential of sustaining good outcomes longer (e.g. Hettema et al., 2005). Agencies that report that they frequently have issues with client "compliance" may want to consider utilizing a combined MI-SBP approach to reduce adversarial interactions between staff and participants. Programs that find that

they sometimes sacrifice long term behavior change for short term compliance may also want to use this approach.

Social Work Research

Social work has distinguished itself from other helping professions through its focus on facilitating change (Fraser, 2004) and, at its most basic element, research in the social work field entails the study of intervention and the development of systematic change strategies (Fraser, 2004; Thyer, 2007). Motivational interviewing is an intervention geared toward helping individuals talk themselves into behavior change. Strengths-based practice is meant to envision, explore and assist individuals in achieving their goals. Both approaches are not only compatible with each other but are consistent with this important fundamental aspect of social work research.

We echo the Rapp et al. (2005) recommendation that researchers who wish to contend that a given intervention is strengths-based conduct a systematic analysis in order to support such an assertion. The eight domains used here may be beneficial for researchers who wish to conduct a similar comparison of other interventions.

The additive effect of MI (Hettema et al., 2005) described previously is intriguing and lends support for further research aimed at measuring the outcomes of a combined MI-SBP approach. Researchers may use this analysis as a launching point for future studies. In addition, further analyses and research into each of the above eight domains would benefit both MI and SBP researchers as they attempt to refine their approaches.

Social Work Education

Schools of social welfare may want to include MI in their curriculum as is currently the case in schools such as Portland State University, University of Utah, and Eastern Washington University, among others. Some social work professors have suggested that MI may fit well within HBSE coursework (van Wormer, 2007) while others have suggested that MI could play a larger role in social work practice and education (Hohman, 2011; Wahab, 2005).

It is important for social work educators to be able to measure a student's competency when teaching skills-based interventions. While there is an instrument available that measures an agency's fidelity to SBCM (Rapp & Goscha, 2006) there are no instruments which measure an individual worker's skills or competence at providing SBP. In contrast, there are several different instruments which can be used to measure a student or worker's ability to provide MI. For example, the *Motivational Interviewing Skills Code* (MISC) (Miller, Moyers, Ernst, & Amrhein, 2003) and the *Motivational Interviewing Treatment Integrity manual* (MITI) (Moyers, Martin, Manuel, Miller, & Ernst, 2007) provide valuable information about the degree to which an individual provides practice which is adherent to MI. If schools were to utilize such instruments not only would they be able to contend that they teach content on SBP but that students graduate with a demonstrable ability to utilize a practice that contains SB elements.

Teaching SBP content is a requirement for reaccreditation by the Council on Social Work Education (CSWE) and the infusion of SBP into social work BSW and MSW programs has been a central theme for many schools of social work (Cox, 2001; Donaldson, Early, & Wang, 2009). In addition, the recent move away from content-based school accreditation toward competence-based school accreditation by CSWE means that a practical means of measuring whether a practitioner is delivering SBP needs to be developed. Until this occurs, adding MI into practice coursework or adding a standalone MI class may be beneficial.

Social Work Practitioners

Identifying and affirming strengths is key to the value stance of the social work profession (Wilson, 2006); therefore, using SBP and MI may provide an effective practice approach for professionals who find the values consistent with their personal practice vision. Using interventions that are consistent with social work values and ethical principles is an important additional criterion workers should use when selecting an approach. MI is consistent with SBP and is also consistent with other principles and values described in the NASW code of ethics such as self-determination.

Using an MI-SBP approach may help both the worker and the client feel less tension within the helping relationship. A combined approach may also help the worker develop skills to more easily align with client goals. Social work practitioners are progressively becoming burdened by increasing case load sizes and other demands. MI has been recommended as a possible means for professionals to reflexively assess their own practice in order to potentially prevent burnout and avoid compassion fatigue (Parks, 2007). Therefore, using an MI-SBP approach may not only reduce tension in the helping relationship but reduce tension for the worker in other ways through reflective practice. Most importantly, using an MI-SBP approach may increase the likelihood that clients will achieve lasting behavior change and goal attainment.

References

- Amrhein, P. C., Miller, W. R., Yahne, C. E., Palmer, M., & Fulcher, L. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology, 71*, 862–878.
- Arnold, E. M., Walsh, A. K., Oldham, M. S., & Rapp, C. A. (2007). Strengths-based case management with high-risk youth. *Families in Society, 88*(1), 86-94.
- Barry, K. L., Zeber, J. E., Blow, F. C., & Valenstein, M. (2003). Effect of strengths model versus assertive community treatment model on participant outcomes and utilization: Two-year follow-up. *Psychiatric Rehabilitation Journal, 26*, 268–277.
- Bjorkman, T., Hansson, L., & Sandlund, M. (2002). Outcome of case management based on strengths model compared to standard care. A randomized controlled trial. *Social Psychiatry and Psychiatric Epidemiology, 37*, 147-152.

- Brun, C., & Rapp, R. C. (2001). Strengths-based case management: Individuals' perspectives on strengths and case manager relationship. *Social Work, 46*(3), 278-288.
- Chung, R. J., Burke, P. J., & Goodman, E. (2010). Firm foundations: Strengths-based approaches to adolescent chronic disease. *Current Opinion in Pediatrics, 22*, 389-397.
- Clark, M. D. (1997). Strength-based practice: A new paradigm. *Corrections Today, 59*(2), 201-202.
- Clark, M. D. (2001). Change-focused youth work: The critical ingredients of positive behavior change. *Journal of the Center for Families, Children & the Courts, 3*, 59-72.
- Clark, M. D. (2005). Motivational interviewing for probation staff: Increasing the readiness to change. *Federal Probation, 69*(2), 22-28.
- Clark, M. D. (2006). Entering the business of behavior change: Motivational interviewing for probation staff. *Perspectives: The Journal of American Probation & Parole Association, 30*(1), 38-45.
- Corcoran, J. (2005). *Building strengths and skills: A collaborative approach to working with clients*. New York: Oxford University Press.
- Corrigan, P. W., McCracken, S. G., & Holmes, E. P. (2001). Motivational interviews as goal assessment for persons with psychiatric disability. *Community Mental Health Journal, 37*(2), 113-122.
- Cox, A. L. (2001). BSW students favor strengths/empowerment-based generalist practice. *Families in Society, 82*(3), 305-313.
- Davidson, W. S., & Rapp, C. A. (1976). Child advocacy in the justice system. *Social Work, 21*(3), 225-232.
- Deegan, P. E. (1990). Spirit breaking: When the helping professions hurt. *The Humanistic Psychologist, 18*(3), 301-313.
- Donaldson, L. P., Early, B. P., & Wang, M. L. (2009). Toward building a culture of strengths in U.S. MSW programs. *Advances in Social Work, 10*(2) 211-229.
- Forrester, D., McCambridge, J., Waissbein, C., Emlyn-Jones, R., & Rollnick, S. (2008). Child risk and parental resistance: Can motivational interviewing improve the practice of child and family social workers in working with parental alcohol misuse? *British Journal of Social Work, 38*, 1302-1319.
- Fraser, M. W. (2004). Intervention research in social work: Recent advances and continuing challenges. *Research on Social Work Practice, 14*, 210-222.
- Greene, G. J., Lee, M. Y., & Hoffpauir, S. (2005). The languages of empowerment and strengths in clinical social work: A constructivist perspective. *Families in Society, 86*(2), 267-277.

- Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology, 1*, 91-111.
- Hohman, M. (2011). *Motivational interviewing in social work practice*. New York: Guilford Press.
- Kim, J. S. (2008). Examining the effectiveness of solution-focused therapy: A meta-analysis. *Research on Social Work Practice, 18*(2), 107-116.
- Kisthardt, W. E. (1994). The impact of the strengths model of case management from the consumer perspective. In M. Harris & H. Bergman (Eds.), *Case management: Theory and practice*, pp. 165-182. Washington, DC: American Psychiatric Association.
- Larson, J. E. (2008). User-friendly motivational interviewing and evidence-based supported employment tools for practitioners. *Journal of Rehabilitation, 74*(4), 18-30.
- Leukefeld, C., McDonald, H., Staton, M., Mateyoke-Scrivner, A., Webster, M., Logan, T., & Garrity, T. (2003). An employment intervention for drug-abusing offenders. *Federal Probation, 67*, 27-31.
- Macias, C., Farley, W. O., Jackson, R., & Kinney, R. (1997). Case management in the context of capitation financing: An evaluation of the strengths model. *Administration and Policy in Mental Health, 24*(6), 535-543.
- Macias, C., Kinney, R., Farley, W.O., Jackson, R., & Vos, B. (1994). The role of case management within a community support system: Partnership with psychosocial rehabilitation. *Community Mental Health Journal, 30*(4), 323-39.
- Manthey, T. (2011). Using motivational interviewing to increase retention in supported education. *American Journal of Psychiatric Rehabilitation, 14*(2), 120-136.
- Marty, D., Rapp, C. A., & Carlson, L. (2001). The experts speak: The critical ingredients of strengths model case management. *Psychiatric Rehabilitation Journal, 24*(3), 214-221.
- McMillen, J. C., Morris, L., & Sherraden, M. (2004). Ending social work's grudge match: Problems versus strengths. *Families in Society, 83*(3), 317-325.
- Miller, W. R., & Moyers, T. B. (2006). Eight stages in learning motivational interviewing. *Journal of Teaching in the Addictions, 5*(1), 3-17.
- Miller, W. R., Moyers, T. B., Ernst, D., & Amrhein, P. (2003) *The Motivational Interviewing Skills Code (MISC) Manual (Version 2.0)*. Albuquerque: University of New Mexico, Center on Alcoholism, Substance Abuse, and Addictions.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.
- Miller, W. R., & Rollnick, S. (2009). Ten things that MI is not. *Behavioral and Cognitive Psychotherapy, 37*, 129-140.

- Miller, W. R., & Rose, G. S. (2009). Toward a theory of motivational interviewing. *American Psychologist, 64*(6), 527-537.
- Modcrin, M., Rapp, C., & Poertner, J. (1988). The evaluation of case management services with the chronically mentally ill. *Evaluation and Program Planning, 11*, 307-314.
- Moyers, T., Martin, T., Manuel, J., Miller, W., & Ernst, D. (2007). *Motivational Interviewing Treatment Integrity 3.0*. Albuquerque: University of New Mexico, Center on Alcoholism, Substance Abuse, and Addictions.
- NASW. (2006). *Code of Ethics*. Washington, DC: NASW Press.
- Norman, E. (2000). Introduction: The strengths perspective and resiliency enhancement, a natural partnership. In E. Norman (Ed.), *Resiliency enhancement: Putting the strengths perspective into social work practice* (pp. 1-16). New York: Columbia University Press.
- Parks, R. (2007). The importance of reflexive practice within the context of life-long career development for rehabilitation counselors. *Australian Journal of Rehabilitation Counselling, 13*, 20-31.
- Probst, B. (2009). Contextual meanings of the strengths perspective for social work practice in mental health. *Families in Society, 90*(2), 162-166.
- Rapp C. A., & Chamberlain, R. (1985). Case management services to the chronically mentally ill. *Social Work, 30*(5), 417-422.
- Rapp, C. A., & Goscha, R. (2006). *The strengths model: Case management with people with psychiatric disabilities* (2nd ed.). New York: Oxford.
- Rapp, C. A., Saleebey, D., & Sullivan, W. P. (2005). The future of strengths-based social work. *Advances in Social Work, 6*(1), 79-90.
- Rapp, C. A., & Wintersteen, R. (1989). The strengths model of case management: Results from twelve demonstrations. *Psychosocial Rehabilitation Journal, 13*(1), 23-32.
- Rapp, R. C. (2006). Strengths-based case management: Enhancing treatment for persons with substance abuse problems. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4th ed., pp. 128-147). Boston: Pearson Education, Inc.
- Redko, C., Rapp, R. C., Elms, C., Snyder, M., & Carlson, R. G. (2007). Understanding the working alliance between persons with substance abuse problems and strengths-based case managers. *Journal of Psychoactive Drugs, 39*(3) 241-250.
- Rollnick, S., Miller, W., & Butler, C. (2008). *Motivational interviewing in health care: Helping patients change behavior*. New York: Guilford Press.
- Ryan, C. S., Sherman, P. S., & Judd, C. M. (1994). Accounting for case manager effects in the evaluation of mental health services. *Journal of Consulting and Clinical Psychology, 62*(5), 965-974.

- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41*, 296-305.
- Saleebey, D. (2000). Power in the people: Strength and hope. *Advances in Social Work, 1*(2), 127-136.
- Saleebey, D. (2001). The diagnostic strengths manual? *Social Work, 46*(2), 183-187.
- Saleebey, D. (2004). Commentary: Response to "Ending social work's grudge match." *Families in Society: The Journal of Contemporary Social Sciences, 85*(4), 588-590.
- Saleebey, D. (Ed.). (2006). *The strengths perspective in social work practice* (4th ed.). Boston: Pearson Education, Inc.
- Saleebey, D. (2008). Commentary on the strengths perspective and potential applications in school counseling. *Professional School Counseling, 12*(2), 68-75.
- Saleebey, D. (2010). The strengths perspective. Strengths Institute, University of Kansas School of Social Welfare. Retrieved from: <http://www.socwel.ku.edu/strengths/about/index.shtml>
- Smith, D. S., & Hall, J. A. (2007). Strengths-oriented referrals for teens (SORT): Giving balanced feedback to teens and families. *Health and Social Work, 32*(1), 69-72.
- Smith, D. S., Hall, J. A., Jang, M., & Arndt, S. (2009). Therapist adherence to a motivational interviewing intervention improves treatment entry for substance misusing adolescents with low problem perception. *Journal of Studies on Alcohol and Drugs, 70*, 101-105.
- Stanard, R. P. (1999). The effect of training in a strengths model of case management on client outcomes in a community mental health center. *Community Mental Health Journal, 35*(2), 169-179.
- Staudt, M., Howard, M. O., & Drake, B. (2001). The operationalization, implementation, and effectiveness of the strengths perspective: A review of empirical studies. *Journal of Social Service Research, 27*(3), 1-21.
- Sullivan, W. P., & Fisher, B. J. (1994) Intervening for success: Strengths-based case management and successful aging. *Journal of Gerontological Social Work, 22*(1.2), 61-74.
- Thyer, B. A. (2007). Social work education and clinical learning: Towards evidence-based practice? *Clinical Social Work Journal, 35*, 25-32.
- Tilsen, J., & Nylund, D. (2008). Psychotherapy research, the recovery movement and practice-based evidence in psychiatric rehabilitation. *Journal of Social Work in Disability and Rehabilitation, 7*(3/4), 340-354.
- van Wormer, K. (2007). Motivational interviewing: A theoretical framework for the study of human behavior and the social environment. *Advances in Social Work, 8*(1), 19-29.

- van Wormer, K., & Davis, D.R. (2008). *Addiction treatment: A strengths perspective*. (2nd ed.). Belmont, CA: Brooks/Cole.
- Wagner, C., & Conners, W. (2010). Motivational interviewing: Motivational interviewing bibliography 1983-2007. Mid-Atlantic Addiction Technology Transfer Center. Retrieved from <http://motivationalinterview.org/library/biblio.html>
- Wahab, S. (2005). Motivational interviewing and social work practice. *Journal of Social Work*, 5(1), 45-60.
- Weick, A., Kreider, J., & Chamberlain, R. (2006). Solving problems from a strengths perspective. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4th ed., pp. 116-127). Boston: Pearson Education.
- Weick, A., Rapp, C., & Sullivan, P. (1989). A strengths perspective for social work practice. *Social Work*, 34, 350-354.
- Werrbach, G. B. (1996). Family-strengths-based intensive child case management. *Families in Society: The Journal of Contemporary Human Services*, 77, 216-226.
- Whitley, D. M., White, K. R., Kelley, S. J., & Yorke, B. (1999). Strengths-based case management: The application to grandparents raising children. *Families in Society*, 80(2), 110-119.
- Wilson, S. Z. (2006). Field education: Linking self-efficacy theory and the strengths perspective. *The Journal of Baccalaureate Social Work*, 12(1), 261-274.

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Outpatient Commitment on the Ground: Listening to Consumers and Providers

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Abstract: *Current debate and research on outpatient commitment (OPC) has examined whether OPC is (1) clinically effective or (2) ethically acceptable, yet little research has sought the voices of consumers and mental health providers who are most intimately impacted by outpatient commitment. Our research was specifically interested in the perspective that consumers and providers had about OPC. Qualitative interviews were conducted with nine consumers on OPC orders and eight treatment providers associated with these consumers. Three major themes emerged. First, consumers voiced an ambiguous sense of personal control in the context of OPC orders. Second, consumers and mental health providers maintained inconsistent understandings of outpatient commitment. Finally, all consumers reported an improvement in their life after being on OPC. Based on these findings, we suggest methods by which mental health providers could facilitate a collaborative relationship with consumers despite working within a context of OPC orders.*

Keywords: *Involuntary commitment, coercion, community mental health services, mandated treatment, OPC*

INTRODUCTION

Outpatient commitment (OPC) has been defined as “a form of civil commitment in which the court orders an individual to comply with a specific outpatient treatment program” (Torrey & Kaplan, 1995). With outpatient commitment laws in over 40 states in the United States of America, the intention of OPC is to mandate outpatient mental health services to individuals with a serious mental illness who maintain a capacity for violence, suicide, or re-hospitalization if left untreated. Advocates of OPC emphasize the importance of appropriate mental health treatment for the individual and the protection of the community from violence (Torrey & Zdanowicz, 2001). They note legal pressure requiring treatment is necessary for some individuals with mental illness because of their inability to make appropriate decisions about their own mental health care (Munetz, Galon, & Frese, 2003). Geller (1986; 2006), for example, has argued that some intrusion into personal liberties may actually increase personal freedom; those who are provided treatment early in their illness may avoid involuntary inpatient hospitalization.

Opponents, however, see the utilization of OPC as problematic for a number of reasons. Some opponents contend that OPC undermines the aims of collaboration between the worker and client because of the “monitoring” and heightened stigma associated with OPC orders (Allen & Smith, 2001; Bazelon Center for Mental Health Law, 2001). Other opponents have argued that mandated treatment, by its very existence,

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represents the failure of a public mental health system that is underfunded and offers ineffective treatments (United States Psychiatric Rehabilitation Association, 2007). Opponents to OPC have also pointed out that longitudinal data refutes the assertion that mental illness is an independent contributor to violence, consequently making the necessity of OPC less relevant (Elbogen & Johnson, 2009).

Besides ethical concerns surrounding mandating mental health treatment, another strand of OPC research has examined the specific clinical outcomes associated with outpatient commitment. Commonly known as the Duke study, Swartz et al. (2001) followed 331 involuntary patients randomly assigned to either voluntary or involuntary services after leaving the hospital. When individuals in this study were on OPC for over six months and received frequent services (over 7 professional contacts a month), various researchers within this Duke group found the individuals were less likely to be homeless, less likely to be a strain on caregivers, and had a greater quality of life (Compton et al., 2003; Groff et al., 2004; Swanson, Swartz, Elbogen, Wagner, & Burns, 2003). These gains were only made, however, if mandated treatment was provided over an extended period of time and consisted of frequent visits with mental health providers.

On the other hand, a Cochrane Review that included this Duke study as well as an evaluation of OPC conducted in New York City found little evidence for the effectiveness of OPC (Kisely, Campbell, & Preston, 2011; Steadman et al., 2001). The authors found few differences on health service use, social functioning, mental state, quality of life, or satisfaction with care between consumers on or off outpatient commitment orders. In the most recent analysis of the New York City study, researchers found a few potential benefits in certain clinical outcomes yet note “caution against using our results to justify an expansion of coercion in psychiatric treatment” (Phelan, Sinkewicz, Castille, Huz, & Link, 2010).

In sum, the ethical and clinical effectiveness debates will most likely not be resolved (O'Reilly, 2004). Due to this mixed picture, we (an academic-agency research collaboration) found it difficult to advise a community-based agency providing mental health services in Western Pennsylvania about “best practices” in terms of OPC. However, we found common agreement that the current discourse on OPC lacked the voices of those most intimately connected to OPC orders: consumers and those who provide treatment. With this in mind, we sought to hear how consumers and providers experienced outpatient commitment. By hearing from individuals and treatment providers about their experience with outpatient commitment orders, we hoped to achieve a better understanding of how OPC “looked on the ground”. We hoped our efforts could facilitate two aims. First, the voices of consumers and providers could stimulate an inter-agency dialogue about the role of OPC in the agency. Second, our analysis could add a different dimension to the current discussions concerning the ethical dilemmas and clinical effectiveness of OPC orders.

METHODOLOGY

Conceptual Framework

A qualitative research method was selected as the most effective way to more deeply explore the different perspectives of both consumers¹ and providers involved in OPC. A semi-structured interview format was chosen because consumer and provider perspectives were to be used to directly inform decision-making by agency administration. Given this evaluative purpose, *sensitizing concepts*, or “categories that the analyst brings to the data” (Patton, 2002a, p. 456), were identified and used to structure the interview data and as an aid for data analysis. These concepts included: the stakeholders’ understandings of the OPC process, attitudes and corresponding feelings about being placed on outpatient commitment, and any feedback that could improve the current implementation of OPC. Due to the utilization of this inductive approach and the partnering with an agency employee to do this research, our work was consistent with Patton’s (2002b) stance of pragmatic utilitarianism. He notes that this stance is vital when specific evaluative questions do not require a comprehensive philosophical, ontological, or epistemological frame. While this methodological approach is flawed in terms of providing specific knowledge that could be generalized to other agencies providing treatment under OPC orders, our inquiry was consistent with an approach providing specific yet descriptive answers to outpatient commitment stakeholders to inform them of the experiences of consumers and their mental health care providers.

We also attended a number of outpatient commitment hearings. These specific hearings were not specific to a particular consumer in our study but did help us understand the legal context of mandated treatment. These experiences aided us in asking appropriate questions to both providers and consumers as to their understanding of these hearings and their significance.

Study Participants

Nine interviews were conducted with consumers either currently or recently on OPC orders. Individuals were eligible for the study if they received services at Family Services, were involved in OPC either currently or during the previous 2 years, and were 18 years and older. Consumers were approached by clinical staff of Family Services either in-person or via mail. Individuals were given a brochure to sign if interested and informed of their eligibility for the study. Researchers contacted individuals who expressed an interest in the study and arranged a time and date to meet. All consumers who showed initial interest in the study completed the interview. Interviews were tape-recorded and conducted either in an agency office or in the consumer’s home. Interview sessions averaged about an hour in length and all participants received a \$25 gift card to a local grocery store for participating in the interview. Of the nine consumers who participated in the interviews, five were on an OPC order at the time of the interview, and

¹ The term “consumers” will be used to describe individuals with a serious mental illness who have been placed on outpatient commitment orders. This specific term, in the context of mandated treatment, is problematic given that this term implies a consumption of mental health services that is voluntary. And yet, this was the language used within this agency to describe clients receiving mental health services, voluntary or involuntary.

four had been on an OPC order in the past two years. The age range of the nine individuals receiving services was age 28 to 71. A total of five females and four males were interviewed and all were Caucasian. Eight of the nine consumers had been diagnosed with schizophrenia or schizoaffective disorder, whereas one consumer had a diagnosis that included both depressive and anxiety symptomatology.

After these nine consumers agreed to participate in the study, they were asked to voluntarily nominate a provider within Family Services that was intimately connected to their mental health care. Eight providers were nominated with one consumer who chose not to nominate a provider. The strategy of nomination was used for two reasons. First, we wanted to find providers that had some experience working with an individual on OPC orders. Second, we thought that this process of consumers nominating a provider would enable us get multiple perspectives on a particular consumer's experience with OPC. Providers nominated by consumers were approached with the study, provided informed consent, and contacted to arrange a time for meeting. All nominated providers participated in the research. These interviews were also recorded using digital recorders and conducted in a semi-structured format with identical concepts as used with the consumers. The professional titles of these providers included psychiatric nurses, case managers, and psychosocial rehabilitation counselors.

Data Analysis

After completion of the 17 interviews, all digital audio files were transcribed into written transcripts. Initial categories were defined by the three predetermined concepts about (1) understandings of the OPC process, (2) attitudes and corresponding feelings about the consumer being placed on outpatient commitment, and (3) feedback that could improve the current implementation of OPC. With these *a priori* categories, both researchers separately coded the written text, making notes in the margins and finding commonalities among them. After we developed our codes separately, we met weekly for a month to clarify what themes we saw as present within the transcripts keeping in mind our specific aim of informing agency decision-making pertaining to OPC. These themes were developed with the specific purpose of informing OPC stakeholders about how OPC intersects with the experiences of both providers and consumers.

RESULTS

In many ways, the opinions and feelings about OPC orders differed between consumers and agency treatment providers. Consumers often felt like they were being pushed into something they did not see a need for, whereas providers thought that outpatient commitment was helpful for consumers who lacked insight into their mental illness. Yet, common themes were present in both interviews: (1) the ambiguous location of personal control for consumers in mandated treatment, (2) divergent definitions of outpatient commitment provided by consumers and providers, and (3) a perceived personal benefit of outpatient commitment voiced by both consumers and providers.

“What Ever Happens, Happens”

One of the predominant themes that emerged was the ambiguous location of personal control in mandated treatment. While it must be acknowledged that the very nature of mandated treatment suggests an individual has a compromised ability to assert self-control, consumers' responses suggested a fatalistic stance to OPC orders whereby any personal self-control or initiative was of little use.

Consumer #1: *I never say nothing. I am afraid of the judge. I just agree with him. What ever happens, happens.*

Consumer #4: *I kept saying to my caseworker when am I going to get off of this court order? I can be on my own to take my medications and make my appointments. I was pretty persistent. It felt like I wanted to hurry up and be responsible for myself. I felt that I was being treated a little childishly.*

Consumer #8: *I have been on it five or six years and nothing has changed. They have not changed anything yet. I have the idea that they are not going to change it. Maybe six or seven years from now I will still be on it. I got the idea that I would like to get off of it, I would be better if I could get off of it. I think things would be better for me.*

Consumer #9: *They want to treat me like a baby. ‘How do you keep your house clean? Do you know how to wash your hair? Do you know how to bathe? Do you know how to do this?’ Why don’t they just let me live my life? They tell me I am not well and I am not doing good.*

One treatment provider spoke at length about the reason consumers were not more involved in decisions about their own care.

Provider #9: *Anytime they hear ‘hearing’ and ‘court order’ or ‘302’ or ‘diversion’ they are automatically thinking this is not a good thing. Often times they will sit there silently and not say anything, unless they are more intelligent and have been in the system. But often times the people who don’t understand just sit there quietly and do as they are told. Often times we are their voice. But the question is: ‘what if we are not there?’ Then they are just kind of rolling along with wherever the doctor is putting them and giving them and pushing them. Often times individuals in mental health won’t ask. They just assume that the doctors know what is right. Providers know what is right and they go with that. The majority [of consumers] . . . have problems communicating and they have problems with authority so they won’t speak up.*

This excerpt illustrates how mental health providers can unintentionally influence the personal control of consumers on OPC orders. While providers perceive themselves as advocates for their client, the quote also suggests that this advocacy is necessary given the consumer's illness or intellectual capacity. While this is certainly a possibility, after observing several OPC hearings, it also appears reasonable that the passive stance of individuals may have some origin in the substantial legal jargon and formality of the process rather than being merely a consequence of psychiatric symptoms.

Inconsistent Understandings of OPC

An inconsistent understanding of outpatient commitment was also a common theme among both providers and consumers. Consumers and providers alike could not accurately define OPC, the specific mandate of OPC orders, or the consequences of consumer non-compliance. Both consumers and providers were unsure or confused about how consumers get removed from OPC. Providers' descriptions of OPC varied as the following comments demonstrate:

Provider #2: It's voluntary. Attending services that we can provide.

Provider #3: To the best of my knowledge the outpatient commitment is only committing a person on a written agreement that they will take their medications and that they will keep their psychiatric appointments. Anything else is a bonus.

Provider #7: My understanding is OPC at this agency is just in regards to the doctor's visit. Sometimes for therapy like a therapist.

Individuals subject to OPC also had a wide range of understandings about the definition of OPC:

Consumer #1: Outpatient commitment means you are a patient out in the public. You can see a doctor anytime, stuff like that. To keep my nose clean and stay out of trouble. Take the medicine.

Consumer #5: That is just where the doctor goes in and makes sure that I am obeying what she prescribes in medicine and makes sure that I come back to see her again. I don't understand the whole procedure but I understand that it is the court that I go to.

Consumer #9: I am being treated by the court. The court pays for the treatment or something? I am treated but I am an outpatient. I don't have to be committed all the time.

In addition to being unclear about what OPC actually entailed, it was unclear to most consumers as to why they were continued on OPC despite taking their medication and living independently in the community. They noted that decisions about OPC did not appear to examine their current ability to keep appointments, take medication, and maintain daily activities. They also seemed uninformed about what factors influenced the decision-making process for the professionals to get them dropped from an OPC.

Consumer #4: I can't remember who decided or what it was based on to let me finally go home. It was all of a sudden. The judge decided . . . Oh I know she said that they had a separate meeting between the nurse, where I worked, the case worker and maybe the judge and they said I was doing well enough that I did not need this court order.

Consumer #5: I don't understand it [OPC process] but eventually the doctor wanted me to be off if it. They were going to decide what happens to me. They just looked at me and made the decision. It might even be made before I get there [to court hearing]. Before the doctor even met me she had all the previous notes

from the previous doctor or from somebody. They already had their minds made up. She told me on the very first meeting that she is sure that I should keep coming to see her.

Consumer #6: Sometimes they just take you off of it, [that's how] you know if you are doing good. If they think everything is alright they will take you back off of it.

For the consumer on OPC, there was little understanding about what behaviors or actions could assist them in being removed from outpatient commitment. They were confused about how the decisions were made to terminate OPC. Termination from OPC was something that just happened and was suddenly determined by professionals. Similarly, the providers interviewed had divergent understandings about the definition of OPC, the services that it mandated, and the consequences for individuals who did not follow the court order.

A Personal Benefit

Another consistent theme was that all individuals subject to outpatient commitment interviewed reported some improvement in their quality of life while receiving treatment under outpatient commitment orders. However, it was not consistently understood from individuals what aspect of outpatient commitment actually helped them improve. While some individuals noted that the treatment received was beneficial, others noted that available support and the access to mental health services was what ultimately helped them succeed.

Consumer #1: Keeps me out of trouble. Keeps me on my medicine. Keeps me on an even keel.

Consumer #6: I have been on court commitment many times and they always seem to work when I am on them. When I am taken off I end up back in the hospital soon after. It helped, it kept me going to my doctor appointments and it kept me medicated long enough to realize that I did have a problem.

Consumer #7: I should be on court commitment. Now I have a car, I have an apartment, I have furniture, I have a job and I am stable and I agree with the court commitment's decisions. So my life is good right now compared to what it has been.

Consumer #8: It helped me. I kind of got on my feet a little bit. If I did not have the program or treatment I would be back in the hospital or gutter or up at Torrance [State Hospital]. I have not been in the hospital for 6 years now.

Some individuals pointed out the understanding and availability of staff as the most helpful to them.

Consumer #3: She [therapist] was really like god sent to me. I don't know if I would have made it without her. She just talked to me about everything. She understood everything I would tell her about what my problems were. And she would find a resolution for me.

Consumer #4: I think the best part of the outpatient commitment was that I saw a caseworker once a month. I could call her if I needed to. I was taking medication and that helped and I felt more responsible for my mother and I was fully in charge of taking care of my mother.

Despite treatment being mandated, individuals subject to OPC reported that they were doing better now. While it was not clear how the court order helped, the consumers reporting maintaining positive relationships with their treatment providers had a particularly important positive impact on their lives.

Limitations

Despite being able to interview nine individuals who had been on outpatient commitment, a number of individuals were uninterested or unwilling to participate in this study. It is possible that these individuals may not have had positive experiences on outpatient commitment or feared that this study would impact their court order status in a negative way. Due to symptoms common to psychotic disorders, it is also possible that individuals were reluctant to participate for fear of being placed on outpatient commitment, being hospitalized, or being reconnected with the mental health system. The specific characteristics of those willing to share their experiences certainly may not be representative of those typically on OPC orders. Consumers who were uninterested in sharing their experiences may have had more intense psychiatric symptoms or very different experiences with outpatient commitment than the consumers participating in our research.

Likewise, as a group, consumers who shared their experiences about OPC may have been either exceedingly positive or negative about the provider they selected for us to talk with. Despite the agency having personnel with a specific full-time role dedicated to evaluation and research independent of the specific clinical care these consumers received, consumers and providers may have shielded us from specific negative comments about their treatment under a court order. Our study was also limited in terms of the racial and geographic diversity of the participants; all consumers and their providers were Caucasian and resided in Western Pennsylvania. Further research on how consumers and providers, particularly from underrepresented racial and ethnic minorities, interact with mandated treatment would improve the current body of research relevant to OPC orders.

CONCLUDING REMARKS AND RECOMMENDATIONS

Despite research that has considered the clinical effectiveness of OPC (Kisely et al., 2011), a much smaller amount of research has explored the consumer and provider perspectives associated with these court orders. With initial interest from a social service agency to understand how their specific consumers and treatment providers were influenced by outpatient commitment orders, we saw promise in listening to their perspectives and experiences. Three general areas of questions were the initial topics of inquiry: (1) understandings of OPC, (2) attitudes and feelings associated with being on

OPC, and (3) feedback that could encourage agency improvement when commitment orders are used.

The first theme prevalent in the consumer responses was the lack of active engagement consumers had in the OPC process. Consumers voiced little control of the process and general confusion about what specifically was being asked of them while on these orders. While passivity may be a very natural response to a court order, we see this theme as particularly troubling because of the potential for this passive pattern to continue into their post-OPC care. Simply put, how will consumers be active collaborators in their treatment when they are familiar with treatment experiences in which they are typically passive and obedient?

To address consumer passivity, we see promise in practicing collaboration early in the commitment process. One specific opportunity can be in the formal OPC legal hearing. First, one-on-one time with legal representation could be arranged before the actual court hearing. If the individual is uncomfortable or intimidated by the hearing, a written statement could also be created prior to the hearing that could assist the individual in presenting his or her viewpoint without having to speak spontaneously. Agency providers can help consumers understand the court proceedings in simple language and encourage them to express their own perspective. One provider described soliciting consumers' voices:

Provider #9 - I am always in contact with them and trying to explain to them and I am asking questions for them because there are a lot of things we don't understand . . . I am speaking to the staff. I am asking if there are alternatives. My goal is not to see them in a state hospital or to even court order them. I will speak to my client and say what would your ideal situation be? Lets come up with our plan and then we mediate between what our thoughts are and the social worker's at the hospital and what the team is. My goal is to explain what is going to happen to my client. Offer them a chance, plenty ahead of time saying if you have anything to say, you might want to jot down some thoughts. We will review it because you do have a right to speak. If they want to speak to the attorney, we will pull the attorney aside and say they would like to speak to you ahead of time and get them as much time as possible.

We were encouraged by this particular provider's engagement with consumers to understand and have a voice in the OPC hearing. Even so, our research concludes that consumers require more information about the details of their commitment orders as they receive pharmacological and psychological treatment. We see ongoing education about OPC as an opportunity to strengthen the therapeutic relationship prior to the termination of OPC.

In addition to the finding that consumers had little voice in the process, we also found that consumers generally did not understand what was being asked from them while on commitment orders. Both providers and consumers offered different requirements for being on OPC orders. Did these orders require them to meet with the psychiatrist, go to specific groups, or give them special access to providers? Consumers, in particular, were also confused about what was expected prior to termination of the OPC orders.

Individuals were unsure of what behaviors would encourage the termination of their treatment orders. The orders seem to be terminated without a specific rationale.

We see these varied understandings as problematic because they can undermine the consumers from become partners in their care. As behavioral theorists have widely noted, a behavior is extinguished if it receives no reinforcement. If the removal of the commitment orders is not specifically associated with specific behaviors of the consumer, how are such orders helpful? While it could be argued that the vague goals of OPC could encourage greater clinical discretion about a specific consumer, a truly collaborative relationship, under commitment orders, would seem to require that therapeutic goals be specifically named and regularly evaluated. As noted by the divergent understandings of OPC by providers, the rationale for the use of OPC must also be communicated among treatment providers so there is consistency in its use within the agency and clarity for why it is being utilized.

Finally, whether individuals liked or disliked being coerced into treatment, all individuals reported an improvement of their life or a personal benefit from treatment. This positive reaction may have been the result of the accessibility and availability of support services, which are key components to the effectiveness of OPC (Appelbaum, 2005; Swartz & Monahan, 2001). When OPC is utilized without appropriate funding for mental health services, it is likely an ineffective tool (Petrla & Christy, 2008).

Our consumers' positive reaction is an important finding because many individuals subject to OPC will continue to have a mental health illness that requires extensive treatment services. Strong therapeutic relationships with providers, as well as services that are continuously financially funded, are vital to the future therapeutic partnerships between consumers and treatment providers. Providers should be aware that the partnership during OPC can impact the future engagement of consumers with mental health care, either positively or negatively.

References

- Appelbaum, P. S. (2005). Assessing Kendra's Law: Five years of outpatient commitment in New York. *Psychiatric Services*, 56(7), 791-792.
- Allen, M., & Smith, V. F. (2001). Opening Pandora's box: The practical and legal dangers of involuntary outpatient commitment. *Psychiatric Services*, 52(3), 342-346.
- The Bazelon Center for Mental Health Law. (2001, July). *Studies of outpatient commitment are misused*. Washington, DC: Author. Retrieved from <http://www.bazelon.org/Where-We-Stand/Self-Determination/Forced-Treatment/Outpatient-and-Civil-Commitment/Resources.aspx>
- Compton, S. N., Swanson, J. W., Wagner, H. R., Swartz, M. S., Burns, B. J., & Elbogen, E. B. (2003). Involuntary outpatient commitment and homelessness in persons with severe mental illness. *Mental Health Services Research*, 5(1), 27-38.
- Elbogen, E. B., & Johnson, S. C. (2009). The intricate link between violence and mental disorder. *Archives of General Psychiatry*, 66(2), 152-161.

- Geller, J. L. (1986). Rights, wrongs, and the dilemma of coerced community treatment. *American Journal of Psychiatry*, 143(10), 1259-1264.
- Geller, J. L. (2006). The evolution of outpatient commitment in the USA: from conundrum to quagmire. *International Journal of Law and Psychiatry*, 29(3), 234-248.
- Groff, A., Burns, B., Swanson, J., Swartz, M., Wagner, H. R., & Thompson, M. (2004). Caregiving for persons with mental illness: The impact of outpatient commitment on caregiving strain. *Journal of Nervous & Mental Disease*, 192(8), 554-565.
- Kisely, S. R., Campbell, L. A., & Preston, N. J. (2011). Compulsory community and involuntary outpatient treatment for people with severe mental disorders. *Cochrane Database of Systematic Reviews*, Issue 2. Art. No.: CD004408. DOI: 10.1002/14651858.CD004408.pub3.
- Munetz, M. R., Galon, P. A., & Frese, F. J., III. (2003). The ethics of mandatory community treatment. *The Journal of the American Academy of Psychiatry and Law*, 31(2), 173-183.
- O'Reilly, R. (2004). Why are community treatment orders controversial? *Canadian Journal of Psychiatry*, 49(9), 579-584.
- Patton, M. Q. (2002a). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.
- Patton, M. Q. (2002b). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative Social Work*, 1(3), 261-283.
- Petrila, J., & Christy, A. (2008). Florida's outpatient commitment law: A lesson in failed reform? *Psychiatric Services*, 59(1), 21-23.
- Phelan, J. C., Sinkewicz, D. M., Castille, D. M., Huz, S., & Link, B. G. (2010). Effectiveness and outcomes of assisted outpatient treatment in New York State. *Psychiatric Services*, 61(2), 137-143.
- Steadman, H. J., Gounis, K., Denis, D., Hopper, K., Roche, B., Swartz, M., et al. (2001). Assessing the New York City outpatient commitment pilot program. *Psychiatric Services*, 52(3), 330-336.
- Swanson, J. W., Swartz, M. S., Elbogen, E. B., Wagner, R., & Burns, B. J. (2003). Effects of involuntary outpatient commitment on subjective quality of life in persons with severe mental illness. *Behavioral Sciences and the Law*, 21(4), 473-491.
- Swartz, M. S., & Monahan, J. (2001). Introduction: Special section on involuntary outpatient commitment. *Psychiatric Services*, 52(3), 323-324.
- Swartz, M. S., Swanson, J. W., Hiday, V. A., Wagner, H. R., Burns, B. J., & Borum, R. (2001). A randomized controlled trial of outpatient commitment in North Carolina. *Psychiatric Services*, 52(3), 325-329.

Torrey, E. F., & Kaplan, R. J. (1995). A national survey of the use of outpatient commitment. *Psychiatric Services, 46*(8), 778-784.

Torrey, E. F., & Zdanowicz, M. (2001). Outpatient commitment: What, why, for whom? *Psychiatric Services 52*(3), 337-341.

United States Psychiatric Rehabilitation Association (2007, March). *Position paper on involuntary outpatient commitment*. Linthicum, MD. Retrieved from <http://knol.google.com/k/uspra-staff/position-paper-on-involuntary/9hcd4qaqyqq0/5#>

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End-of-Life Issues in the United States after Terri Schiavo: Implications for Social Work Practice

Darrel M. Montero

Abstract: *The very public death of Terri Schiavo in 2005 alerted Americans to the growing ethical, medical, and social crises surrounding the status of end-of-life issues and decisions in the United States. Currently, only a few states grant terminally ill patients the right to end their lives, with physicians' help, if they so choose. Public opinion data from 1947 to 2011 report that Americans support greater rights for individuals facing end-of-life decisions—up to and including physician-assisted suicide and euthanasia. This paper considers the status of end-of-life issues in the United States after Terri Schiavo's death and examines the opportunities for advocacy by social workers who serve clients and families encountering this complex and controversial issue.*

Keywords: *Attitudes, death and dying, end-of-life decisions, euthanasia, physician-assisted suicide, right to die*

INTRODUCTION

On February 25, 1990, Terri Schiavo collapsed in her home and never regained consciousness; 15 years later, on March 31, 2005, she died in a Florida hospice. Terri Schiavo's death and the preceding legal battle to remove her feeding tube ignited a firestorm of debate about the status of end-of-life decisions in the United States. Passionate reactions to the case came from all sides: an outraged public, government officials, and the professionals who specifically deal with end-of-life care, notably social workers, nurses, and physicians. This debate revealed how deeply divided the American public is when it comes to euthanasia and end-of-life care. Moreover, these debates serve to highlight just how critical end-of-life issues will become as population demographics increasingly reflect a greater proportion of older Americans.

As Freudenheim (2010) aptly notes, over 40% of elderly hospital patients are 65 or older. In addition, the U.S. Census Bureau (2010) reports that as of 2009, 12.5% of the U.S. population is 65 years of age or older, 5.8% are 75 years of age or older, and 1.5% are 85 years of age or older. Freudenheim further observes that by 2030, more than 70 million Americans will turn 65, with the fastest-growing segment being over 85 years of age. This specific population tends to be costly to treat, has numerous illnesses, and often requires multiple hospital stays. Gardner and Kramer (2010) found that end-of-life care sought by this age group focused on dying with dignity and ignoring additional medical treatment to keep them alive. Similar findings were reported by Leichtentritt (2011), Luptak (2010), Schroeffer and Noh (2010), and Thompson and Chochinov (2010).

In an independent study, the National Hospice and Palliative Care Organization suggests that Medicare reimbursement cuts will potentially harm the financial stability of 66% of hospice programs in the U.S. (Patients Rights Council, 2011). These cuts will

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only further undermine the growing number of elderly who seek to obtain quality end-of-life care from social workers.

Public attention to end-of life issues occurred throughout the 1990s with the controversy surrounding Jack Kevorkian, the Michigan doctor who assisted terminally ill patients in taking their lives (Kirk & Sullivan, 1996), and earlier still with the Karen Ann Quinlan and Nancy Cruzan cases, which both involved women in vegetative states like Schiavo (Pence, 2004). While the names attached to the euthanasia debate have changed over time, the core issues and questions continue today (Boisvert, 2009; Chong & Fok, 2009; de Bal, Gastmans, & Dierckx de Casterlé, 2008; Givens & Mitchell, 2009; Seale, 2009).

Euthanasia is an emotionally, politically, and sociologically charged word that evokes a strong reaction in almost every person. From the ancient Greek word for “good death,” euthanasia can be defined more specifically by the following characteristics: active versus passive, voluntary versus nonvoluntary, and the role the physician plays in the act (Leichtentritt & Rettig, 2002, p. 568). The most commonly discussed types of euthanasia are physician-assisted suicide and active voluntary euthanasia. Physician-assisted suicide (PAS) is a practice whereby physicians prescribe medications or some other form of intervention to hasten death for terminally ill individuals (Blevins, Preston, & Werth, 2005). Active voluntary euthanasia (AVE) occurs when a patient requests medical assistance in order to bring an end to life, while passive voluntary euthanasia (PVE) is when life-sustaining treatment is withdrawn from a patient with the patient’s permission (Pakes, 2005; Mahmood, 2008). Involuntary or nonvoluntary euthanasia involves the euthanasia of unwilling or incapacitated patients and is less frequently addressed in the euthanasia debate (Allen et al., 2006). Although the practice of involuntary or nonvoluntary euthanasia is rare, it is relevant to the discussion of the Terri Schiavo case, as Schiavo’s wishes regarding end-of-life care were contested in the absence of a written document such as a living will.

LITERATURE REVIEW

Physician-Assisted Suicide, Patient Self-Determination, and Oregon’s Death with Dignity Act

Controversy over euthanasia and end-of-life decisions has been prevalent since the beginning of the 20th century, but became particularly heated in the early 1990s (Altilio & Otis-Green, 2011). The Patient Self-Determination Act (1990) went into effect nationwide, requiring hospitals, nursing homes, and hospice facilities to provide their patients with legal documents (or advance directives) to convey their decisions about end-of-life care. In 1991, journalist and Hemlock Society founder Derek Humphry published *Final Exit*, a book that gives terminally ill patients detailed instructions for committing suicide (cited in Blendon, Szalay, & Knox, 1992). During the same year, the Michigan Board of Medicine revoked Jack Kevorkian’s license to practice medicine after he assisted three people in ending their lives (Kirk & Sullivan, 1996).

While the Patient Self-Determination Act provided a national mandate on living wills, individual states also attempted to resolve questions regarding euthanasia. In 1994, Oregon voters passed the Death with Dignity Act, which allowed residents to request a lethal dose of medication from a physician under a certain set of circumstances (Oregon Death with Dignity Act, 1994). This law was enacted in 1997, legalizing PAS under specific circumstances (Miller et al., 2004; Stevens, 2006), and was upheld by the U.S. Supreme Court in 2006 (*Gonzales v. Oregon*, 2006). Other states followed; in November 1998, Washington approved physician-assisted suicide, and in January 2010, Montana became the third state to legalize the act (Knickerbocker, 2010). As of this writing, only three states allow for physician-assisted suicide. The topic became so controversial and salient that the National Association of Social Workers (2003; 2004; 2009) developed several reports to guide social workers on palliative and end-of-life care.

Demographic Influences on End-of-Life Decisions

Differences between individuals' religious and moral perspectives have led to heated debate over the merit of euthanasia (Gielen, van den Branden, & Broeckert, 2009). Those who identify as very religious are less likely to support PAS or to consider it for themselves (Domino, 2003). Caddell and Newton (1995) observed a diversity of opinions regarding euthanasia across religions. Catholic and conservative Protestants viewed active euthanasia as more acceptable than suicide and preferred the physician, rather than the patient or family member, to facilitate the dying process. This finding is consistent with the results of a study from Ohio where individuals expressed support for euthanasia when physicians were actively involved and exerted authoritative control over the voluntary procedure (MacDonald, 1998). One such highly publicized example of how strongly polarized Americans are regarding end-of-life decisions involved Terri Schiavo.

The Terry Schiavo Case

In 1990, Terri Schiavo collapsed in her home and never regained consciousness. Despite rehabilitation attempts, Schiavo remained in a persistent vegetative state and was dependent on a feeding tube for nutrition and hydration (Hampson & Emanuel, 2005; Kollas & Boyer-Kollas, 2006). In 1998, Michael Schiavo, Terri Schiavo's husband and guardian, filed his first petition to have Terri's feeding tube removed—which was met with strong objection by Schiavo's family and many right-to-life activists. Terri Schiavo's presumed wishes became the subject of intense national controversy; while Schiavo made comments to friends and family about her desire not to be kept alive artificially, she had not formalized these wishes in an advance directive or living will (Ditto, 2006). In the absence of such a directive, the courts were forced to resolve the question of Schiavo's death or continued life in a persistent vegetative state (Preston & Kelly, 2006).

In 2003, a Florida court issued a second order to remove Schiavo's feeding tube. The Florida legislature passed HB-35E or "Terri's Law" in response. "Terri's Law" granted Florida Governor Jeb Bush the ability to name a new guardian for Schiavo and prevent the removal of Schiavo's feeding tube (Kollas & Boyer-Kollas, 2006). By 2005, the U.S. President, George W. Bush, and several members of Congress had become involved in

the Schiavo case. Congressional involvement began the day after the removal of Schiavo's feeding tube on March 18, 2005, when two Republican senators announced that they would call Schiavo to testify before a congressional committee. Republican leaders in the House of Representatives followed suit by subpoenaing Schiavo, effectively placing her under federal protection and barring any attempts to remove her feeding tube. Congress additionally passed S.686, or the Palm Sunday Compromise, to place the Schiavo case under federal jurisdiction.

President George W. Bush signed the Palm Sunday Compromise after the bill passed, and he also created the Protection of Incapacitated Persons Act of 2005 (Hampson & Emanuel, 2005). On March 31, 2005, Terri Schiavo died 13 days after her feeding tube was removed. Since the Schiavo case, euthanasia and end-of-life care have continued to stir strong emotions among the American people (Bern-Klug, 2010; Gorsuch, 2009) and have generated a great deal of research (Smith, Goy, Harvath, & Ganzini, 2011).

METHODS

The findings of this study are based on published opinion polls from the Gallup Organization (1996; 2006a; 2006b; 2007a; 2007b; 2011) and the National Opinion Research Center/General Social Survey (Benson, 1999). The design of the sample for personal (face-to-face) surveys is that of a replicated area probability sample down to the block level in the case of urban areas and down to segments of townships in the case of rural areas. After stratifying the nation geographically and by size of community according to information derived from the most recent census, over 350 different sampling locations are selected on a mathematically random basis from within cities, towns, and counties that have, in turn, been selected on a mathematically random basis.

The procedures just described are designed to produce samples that approximate the adult civilian population (aged 18 and older) living in private households (that is, excluding those in prisons, hospitals, hotels, and religious and educational institutions, and those living on reservations or military bases) and, in the case of telephone surveys, households with access to a telephone. Survey percentages may be applied to census estimates of the size of these populations to project percentages onto the numbers of people. The manner in which the sample is drawn also produces a sample that approximates the distribution of private households in the United States; therefore, survey results can also be projected onto the number of households.

RESULTS

Attitudes toward Euthanasia for Patients Who Have an Incurable Disease, 1947-2007

Between 1947 and 2007, a cross section of the American public was asked the following question (see Table 1): "When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his family request it?" The results reveal consistent majority support for voluntary active euthanasia (VAE) since the question was first posed in 1947.

Table 1: Attitudes toward Euthanasia for Patients Who Have an Incurable Disease, 1947-2007^a

Year	Yes %	No %	Don't Know/NA %
1947	54	37	9
1950	54	36	10
1973	53	40	7
1977	60	36	4
1978	58	38	4
1982	61	34	5
1983	63	33	4
1985	64	33	3
1986	66	31	4
1988	66	29	5
1989	66	30	4
1990	69	26	5
1991	70	25	5
1993	65	30	5
1994	68	27	5
1996	68	28	4
1998	68	27	6
2001	65	31	4
2002	72	26	2
2003	72	25	3
2004	69	29	2
2005	75	24	1
2006	69	27	4
2007	71	27	2

Question: "When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his family request it?"

^aFigures may not total 100% because of rounding.

For each table, authors have reported all data which were collected by Gallup

Organization and other major polling organizations. However, it is important to note that these organizations did not conduct the same survey every single year, which explains the occasional gaps in the data reported year to year.

Source: Poll data compiled Benson (1999) and Gallup Organization (2006b; 2007b).

In 1947, 5 in 10 Americans supported a patient's right to end his or her life when that person was suffering from a terminal illness. Beginning in 1977, American attitudes toward euthanasia began to change and support for VAE steadily increased, with 6 in 10

Americans agreeing that a patient with a terminal illness had the right to end his or her life. By 1991, 7 in 10 Americans supported euthanasia. By 2005, fully 3 in 4 Americans (75%) supported euthanasia, and this figure leveled off to 7 in 10 by 2007.

Support for Doctor-Assisted Suicide by Major Social Demographic Factors, 2003-2006

From 2003 to 2006, a cross section of the American public was asked two significantly different questions: (1) “When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient’s life by some painless means if the patient and his family request it?” (see column 1, Table 2) and (2) “When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it? (see column 2, Table 2).”

This variation in wording—“end[ing] the patient’s life by some painless means” versus “assist[ing] the patient to commit suicide”—yielded strikingly different results. As shown in Table 2, while over 7 in 10 Americans support euthanasia according to this set of questions, in contrast, fewer than 6 in 10 indicate support of euthanasia when the word “suicide” was used. Without exception, the responses to the questions referencing “suicide” resulted in lower levels of support in every demographic category.

Table 2 details how responses to these questions broke down by gender, age, race, education, religion, church attendance, political affiliation, and political ideology. Support for euthanasia ranges from a low of 54% of Americans who attended church almost weekly to a high of 84% of those Americans who report no religious preferences whatsoever. Frequency of church attendance yields the greatest difference in the survey: from a low of 54% of those reporting weekly or almost weekly church attendance compared with fully 80% of those who seldom or never attended church—a significant 26% difference. When we address the issue of physician-assisted suicide in the second column of Table 2, church attendance again yields the sharpest difference. For those Americans who report weekly or almost weekly attendance, fewer than 4 in 10 (39%) compared to over 7 in 10 (72%) of those who report seldom or never attending church support a patient’s right to physician-assisted suicide.

The second sharpest division in attitudes on the issue of physician-assisted suicide is reported between white and black Americans. Fully 6 in 10 white Americans compared to fewer than 4 in 10 black Americans support physician-assisted suicide.

Attitudes toward the Moral Acceptability of Physician-Assisted Suicide, 2001-2011

From 2001 to 2011, a cross section of the American public was asked the following question (see Table 3): “Regardless of whether or not you think it should be legal... please tell me whether you personally believe that in general it [doctor-assisted suicide] is morally acceptable or morally wrong?”

Table 2 **Support for Doctor-Assisted Suicide by Major Social Demographic Factors, 2003-2006^a**

	Support doctor ending patient's life by painless means %	Support doctor assisting patient to commit suicide %
Total sample	69	58
<u>Gender</u>		
Men	73	57
Women	65	58
<u>Age</u>		
18- to 29-year-olds	69	56
30- to 49-year olds	72	63
50- to 64-year olds	69	60
65 years and older	62	47
<u>Race</u>		
Whites	70	60
Blacks	56	38
<u>Education</u>		
High school or less	65	48
Some college	69	60
College graduates	76	70
Post-graduate education	73	69
<u>Religion</u>		
Protestants	61	50
Catholics	71	62
No preference	84	81
<u>Church Attendance</u>		
Weekly/almost weekly	54	39
Monthly	68	59
Seldom/never	80	72
<u>Party Affiliation</u>		
Republicans	63	50
Independents	71	61
Democrats	72	61
<u>Political Ideology</u>		
Conservatives	57	44
Moderates	74	65
Liberals	82	70

Question: “When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his family request it?”

Question: “When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?”

^aFigures may not total 100% because of rounding.

For each table, authors have reported all data which were collected by Gallup

Organization and other major polling organizations. However, it is important to note that these organizations did not conduct the same survey every single year, which explains the occasional gaps in the data reported year to year.

Source: Poll data compiled by Gallup Organization (2006b).

Table 3 Attitudes toward the Moral Acceptability of Physician-Assisted Suicide, 2001-2011^a

Year	Morally acceptable %	Morally wrong %	Depends on situation (vol.) %	No opinion Not a moral issue (vol.) %
2001	49	40	8	3
2002	50	44	4	2
2003	45	49	5	1
2004	53	41	3	3
2005	49	46	4	1
2006	50	41	6	2
2007	49	44	5	2
2008	51	44	3	1
2010	46	46	6	2
2011	45	48	5	2

Question: “Regardless of whether or not you think it should be legal... please tell me whether you personally believe that in general it [doctor-assisted suicide] is morally acceptable or morally wrong?”

^aFigures may not total 100% because of rounding.

For each table, authors have reported all data which were collected by Gallup

Organization and other major polling organizations. However, it is important to note that these organizations did not conduct the same survey every single year, which explains the occasional gaps in the data reported year to year.

Source: Poll data compiled by Gallup Organization (2011).

The results of this decade-long survey reveal remarkably stable American public opinion varying only 8 percentage points over 10 survey periods. That is, those reporting moral acceptability of physician-assisted suicide ranged from a low of 45% in 2003 and 2011 to a high of 53% in 2004. Thus, over the last decade, we note that a majority or near majority of Americans report that physician-assisted suicide is morally acceptable.

American Attitudes toward the Terri Schiavo Case, 2006-2007

In 2006 and 2007, a cross section of the American public was asked the following three questions (see Table 4): 1) “Should the feeding tube have been removed from Terri Schiavo?”, (2) “How do you view Congress’s involvement in the Terri Schiavo case?”, and (3) “Do you approve or disapprove of the way George W. Bush is handling... the Terri Schiavo case?”

Table 4: American Attitudes toward the Terri Schiavo Case, 2006-2007^a

	Should have %	Should not have %
Removal of feeding tube	52	42
	Approve %	Disapprove %
Congressional handling of case	20	76
Presidential handling of case	34	53

Question: “Should the feeding tube have been removed from Terri Schiavo?”

Question: “How do you view Congress’s involvement in the Terri Schiavo case?”

Question: “Do you approve or disapprove of the way George W. Bush is handling... the Terri Schiavo case?”

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

For each table, authors have reported all data which were collected by Gallup

Organization and other major polling organizations. However, it is important to note that these organizations did not conduct the same survey every single year, which explains the occasional gaps in the data reported year to year.

Source: Poll data compiled by Gallup Organization (2006a; 2007a).

When asked about the removal of Schiavo’s feeding tube, a bare majority (52%) of Americans believed that Schiavo’s feeding tube should have been removed. When polled about congressional and presidential handling of the Schiavo case, Americans were decidedly opposed to congressional involvement in the Schiavo case: only 1 in 5 Americans approved. Similarly, barely 1 in 3 Americans approved of President George W. Bush’s handling of the Schiavo case.

DISCUSSION

Since 1947, American support of VAE has steadily increased. This trend suggests that Americans are increasingly sensitive to the plight of terminally ill patients and are more willing to support euthanasia under certain circumstances. The Terri Schiavo case made national news, as did the cases of Nancy Cruzan and Karen Ann Quinlan, and thereby raised critical questions regarding quality of life for individuals in a persistent vegetative state. This undoubtedly played a role in changing public sentiment regarding euthanasia and PAS (Kollas & Boyer-Kollas, 2006). It is interesting to note that increased support for both PAS and VAE corresponded with media attention generated by Jack Kevorkian, who began assisting patients in ending their lives in the early 1990s (Kirk & Sullivan, 1996).

In 1997, Oregon became the first state to legalize physician-assisted suicide or PAS. The Oregon Death with Dignity Act allows physicians to write prescriptions for lethal doses of medication for terminally ill patients who request such medication in writing (Okie, 2005). Patients must be physically and mentally capable of making the request, and two witnesses must affirm the patient's wishes. Further, one witness must be unrelated to the patient and not be entitled to any financial benefit from the patient's death. Once the patient has made such a request, a mandatory 15-day waiting period applies, during which time the patient may cancel the request (Miller et al., 2004). It is important to note that doctors are not required to help a patient end his or her life and that any physician who assists a patient does so voluntarily.

While clear support for PAS existed in Oregon, which created the law, and among American citizens in other states, the federal government still took strong measures to render the law ineffective and override Oregon voters' decision. As with the Terri Schiavo case, both Congress and the executive branch became involved. In 2000, the U.S. Senate and House of Representatives attempted to nullify the Oregon Death with Dignity Act through the creation of the Pain Relief Promotion Act (Klinck, 2001). In 2002, U.S. Attorney General John Ashcroft attempted to invoke the Controlled Substances Act to prevent doctors from prescribing Oregon residents with lethal doses of medication—an attempt a federal judge later overruled (Johnson, 2002). These strong parallels to federal involvement with the Schiavo case are noteworthy in that they speak to the disconnect that exists between public opinion toward death-and-dying issues and the attitudes and actions of the government.

Concerns related to end-of-life issues involve many professions in the arena of health care, social services, and law. Care-giving professions such as physicians, nurses, and social workers have the responsibility to adhere to current law, carry out patients' wishes to the extent possible, and continue to advocate for patients and family members encountering the challenges of end-of-life decisions. The social work and larger medical community have a responsibility to adhere to current law, even when some physicians desire to honor their patients' wishes. A patient's mental competency is a heavily weighted determinant as to whether he or she might request physician-assisted suicide.

Implications for Social Work Practice

End-of-life care will undoubtedly continue to have significant implications for social workers. Euthanasia, advance directives, and death-and-dying issues are often accompanied by grief, loss, chronic illness, and questions about morality, religion, family relationships, and responsibility. Social workers are uniquely equipped to support patients and families encountering the challenges of end-of-life decisions.

The National Association of Social Workers [NASW] (2003) has developed a pertinent policy statement to assist social workers in working with end-of-life decisions and terminal patients. NASW mandates that social workers have a critical role assisting individuals with their end-of-life options without the use of coercion. Self-determination is a core value for social workers. Towards this end, these individuals should make their own decisions after all options are made known to them. NASW (2004) does not take any specific position on issues dealing with end of life; they are much more concerned with the care of the individual during this time, especially with children and those with developmental disabilities and/or mental illnesses.

NASW's (2009) updated statements on end-of-life care (pp. 114-120) and hospice care (pp. 186-191) were adopted by their delegate assembly in 2008. These two policy statements are the result of the assembly's systematic approach to policy development and guide NASW's advocacy efforts in social policy. Each statement provides approximately 25 policy recommendations that guide social workers' practice in this field. In addition to the NASW policy statements on end-of-life care, there are a variety of other resources that social workers can draw from. For example, University of Washington School of Medicine (2009) guidelines require physicians to abide by a set of duties and responsibilities. As well, the National Hospice and Palliative Care Organization also provides a variety of resources useful for social workers (Patients Rights Council, 2011).

It is an important responsibility for social workers to become knowledgeable concerning end-of-life issues. The responsibility to take action to withdraw actual life support appliances falls within the responsibility of the medical profession, a heavy responsibility that calls for legal sanction and personal and professional management on the part of the particular health provider. Ethically, the social worker can only refer their clients and families to professionals that specialize in these types of issues (NASW, 2003, 2004).

This study suggests that the American public supports terminally ill patients' right to choose physician-assisted suicide under specific circumstances, even though this right is currently unavailable in most states. Social workers serve families and individuals facing end-of-life decisions and have the potential to act as advocates for the rights of terminally ill patients. Advocacy at mezzo- and macro-levels can help impact policy. Figueira-McDonough (1993) describes policy practice as the "neglected side of social work interventions" (p. 179). She articulates four approaches to policy practice—legislative advocacy, reform through litigation, social action, and social policy analysis—which we apply here in hopes of inspiring such work.

Legislative Advocacy

Although a majority of the American public clearly supports legalizing PAS and euthanasia, this option is only currently available in a few states. Social workers may interpret this disparity to mean that a majority of Americans' voices are not being heard and that an extremely vulnerable portion of the population—the terminally ill—is not being served or having its interests represented.

It is imperative that social workers organize to lobby for the opportunity of people to preserve the right to determine the course of their own lives. Social work practitioners can work within the ethical framework of the NASW to organize the American public to influence legislation and end-of-life laws so that personal choices will be honored for the terminally ill and their families (Allen et al., 2006; Csikai & Bass, 2000).

It is interesting to note the various legislative efforts across the U.S. attempting to legalize physician-assisted suicide. From January 2011 through June 2011, at least seven bills had been introduced (Patients Rights Council, 2011). Montana, Oregon, and Washington have produced annual reports documenting the implementation of physician-assisted suicide and end-of-life care (Montana Legislative Services, 2011; Oregon Department of Human Services, 2011; Washington State Department of Health, 2011). These reports may serve as exemplars for other states seeking to pass similar legislation.

Reform through Litigation

Individuals who investigate euthanasia as an option to end their lives are typically affected by chronic pain and/or terminal illness. Americans would greatly benefit from reform through litigation because elected officials have been unwilling to represent the wishes of a majority of the American public with regard to end-of-life issues. Social workers are qualified to represent the community's wishes and should work toward reform through litigation to correct often unresponsive and non-representative state and federal laws regarding PAS and euthanasia.

Several recent litigation cases have explored the rights of patients to physician-assisted suicide (see *Baxter v. State*, 2009; *Smith v. State*, 2009). These cases can serve as informational models for social workers as they use litigation advocacy to facilitate their patients' rights to quality end-of-life care. Overall, current laws are not favorable for patients and their families seeking end-of-life care (Frank & Anselmi, 2011). Thus, if social workers implement these and similar models, it may serve to expedite and facilitate the litigation process.

Meisel and Cerminara (2010) provide a comprehensive (nearly 1400-page) book on statutory and case law addressing the issue of end-of-life care. Social workers may find this detailed manual to be an effective resource which they may draw from to implement reform through litigation.

Social Action

Although each approach has the potential to improve the rights of terminally ill patients in the United States, community-based social action may be more accessible to

social workers than reform through litigation because social workers receive formal training in social action techniques as opposed to technical legal training. Social workers could employ this approach on a local level by establishing ongoing dialogue within their community about end-of-life issues and by mobilizing community players and elected officials for change.

Knowledge of public opinion data, like those presented here, could aid social workers in their work toward expanding the rights of terminally ill patients. Specific findings in this article—such as how support for euthanasia and PAS has grown over time and has consistent majority approval—may be important “leverage points” that social workers can use to advocate for the rights of the terminally ill. Social workers should also become aware of George Soros’s *Project on Death in America*, which has provided funding to raise awareness in the field of palliative medicine and thereby improve end-of-life care (McGlinchey, 2004).

Social Policy Analysis

Social workers would benefit by becoming familiar with the provisions and status of the Oregon Death with Dignity Act, as this may be pertinent to any end-of-life discussion in their community. Becoming knowledgeable about the provisions of the act, such as who has been impacted by it and how families have been affected, has the potential of being highly persuasive in any public debate. If state legislation proposed the expansion of the rights of terminally ill patients, social workers could take the lead in testifying regarding meeting the needs of this vulnerable segment of the population.

The status of social work practice after the Terri Schiavo case could be likened to the calm after a storm or, perhaps, the calm before an even larger storm to come. Although Terri Schiavo’s story no longer dominates the national news, the record number of Baby Boomers nearing retirement means that end-of-life issues will only become more pressing. In the wake of the Schiavo case, only half of Americans had a written will and fewer still (40%) had a living will or advance directive (Gallup Organization, 2005). What this means for social workers is that many Americans may become terminally ill or fall into a vegetative state without any thorough discussion of their end-of-life care. This often leaves the burden to their families to struggle through inadequate, vague, and often archaic laws to ensure the most dignified and painless end-of-life arrangements for their loved ones.

References

- Allen, J., Chavez, S., DeSimone, S., Howard, D., Johnson, K., LaPierre, L., et al. (2006). Americans’ attitudes toward euthanasia and physician-assisted suicide, 1936-2002. *Journal of Sociology and Social Welfare*, 33, 5-23.
- Altiglio, T., & Otis-Green, S. (Eds.). (2011). *Oxford textbook of palliative social work*. New York: Oxford University Press.
- Baxter v. State*, MT DA 09-0051, 2009 MT 449 (2009).

- Benson, J. M. (1999). The polls—trends: End-of-life issues. *Public Opinion Quarterly*, 63, 263-277.
- Bern-Klug, M. (2010). *Transforming palliative care in nursing homes: The social work role (End of life care: A Series)*. New York: Columbia University Press.
- Blendon, R., Szalay, U., & Knox, R. (1992). Should physicians aid their patients in dying? *The Journal of the American Medical Association*, 267(19), 2658-2662.
- Blevins, D., Preston, T. A., & Werth, J. L., Jr. (2005). Characteristics of persons approving of physician-assisted death. *Death Studies*, 29, 601-623.
- Boisvert, M. (2009). Should physicians be open to euthanasia? *Canadian Family Physician*, 56(4), 320-322.
- Caddell, D. P., & Newton, R. R. (1995). Euthanasia: American attitudes toward the physician's role. *Social Science and Medicine*, 40, 1671-1681.
- Chong, A. M., & Fok, S. (2009). Attitudes toward euthanasia: Implications for social work practice. *Social Work in Health Care*, 48, 119-133.
- Csikai, E. L., & Bass, K. (2000). Health care social workers' views of ethical issues, practice, and policy in end-of-life care. *Social Work in Healthcare*, 32(2). Retrieved from http://www.haworthpress.com/store/E-Text/View_EText.asp?a=3&fn=J010v32n02_01&i=2&s=J010&v=32
- de Bal, N., Gastmans, C., & Dierckx de Casterlé, B. (2008). Nurses' involvement in the care of patients requesting euthanasia: A review of the literature. *International Journal of Nursing Studies*, 45(4), 626-644.
- Ditto, P. H. (2006). What would Terri want? On the psychological challenges of surrogate decision making. *Death Studies*, 30, 135-148.
- Domino, G. (2003). Community attitudes toward physician assisted suicide. *OMEGA: The Journal of Death and Dying*, 46, 199-214.
- Figueira-McDonough, J. (1993). Policy practice: The neglected side of social work intervention. *Social Work*, 38(2), 179-188.
- Frank, R., & Anselmi, K. K. (2011). Washington v. Glucksberg: Patient autonomy v. cultural mores in physician-assisted suicide. *Journal of Nursing Law*, 14, 11-16.
- Freudenheim, M. (2010, June 29). The new landscape: Preparing more care of elderly. *New York Times*, p. D5.
- Gallup Organization. (1996, January). Design of the sample. *Gallup Poll Monthly*, 56-87.
- Gallup Organization. (2005). Last wishes: Half of Americans have written wills. Retrieved from <http://www.galluppoll.com/content/?ci=16660&pg=1>
- Gallup Organization. (2006a). Schiavo review. Retrieved from <http://www.galluppoll.com/videoArchive/?ci=22186&pg=>

- Gallup Organization. (2006b). Public continues to support right-to-die for terminally ill patients. Retrieved from <http://www.gallup.com/poll/23356/public-continues-support-righttodie-terminally-ill-patients.aspx>
- Gallup Organization. (2007a). Presidential ratings—Issues approval. Retrieved from <http://www.gallupoll.com/content/default.aspx?ci=1726&pg=1>
- Gallup Organization. (2007b). Public divided over moral acceptability of doctor-assisted suicide. Retrieved from <http://www.gallup.com/poll/27727/public-divided-over-moral-acceptability-doctorassisted-suicide.aspx>
- Gallup Organization. (2011). Moral issues. Retrieved from <http://www.gallup.com/poll/1681/Moral-Issues.aspx>
- Gardner, D. S., & Kramer, B. J. (2010). End-of-life concerns and care preferences: Congruence among terminally ill elders and their family caregivers. *OMEGA—Journal of Death & Dying, 60*(3), 273-297.
- Gielen, J., van den Branden, S., & Broeckaert, B. (2009). Religion and nurses' attitudes to euthanasia and physician assisted suicide. *Nursing Ethics, 16*(3), 303-318.
- Givens, J. L., & Mitchell, S. L. (2009). Concerns about end-of-life care and support for euthanasia. *Journal of Pain and Symptom Management, 38*(2), 167-173.
- Gonzales v. Oregon*, S. Ct., 2006 WL 89200 (2006, January 17).
- Gorsuch, N. M. (2009). *The future of assisted suicide and euthanasia*. Princeton, NJ: Princeton University Press.
- Hampson, L. A., & Emanuel, E. J. (2005). The prognosis for changes in end-of-life care after the Schiavo case. *Health Affairs, 24*, 972-975.
- Johnson, K. (2002, April 18). Federal judge backs Oregon suicide law. *USA Today*, p. A3.
- Kirk, M., & Sullivan, M. (Writers/Directors/Producers). (1996). *The Kevorkian verdict* [Motion picture]. Boston: WGBH Educational Foundation.
- Klinck, R. A. (2001). Pain Relief Promotion Act. *Harvard Journal on Legislation, 38*, 249-261.
- Knickerbocker, B. (2010, January 2). Montana becomes third state to legalize physician-assisted suicide. *The Christian Science Monitor* [Online]. Retrieved from <http://www.csmonitor.com/USA/2010/0102/Montana-becomes-third-state-to-legalize-physician-assisted-suicide>
- Kollas, C. D., & Boyer-Kollas, B. (2006). Closing the Schiavo case: An analysis of legal reasoning. *Journal of Palliative Medicine, 9*, 1145-1163.
- Leichtentritt, R. D. (2011). Beyond favourable attitudes to end-of-life rights: The experiences of Israeli health care social workers. *The British Journal of Social Work* [Online]. doi: 10.1093/bjsw/bcr006

- Leichtentritt, R. D., & Rettig, K. D. (2002). Family beliefs about end-of-life decisions: An interpersonal perspective. *Death Studies, 26*(7), 567-594.
- Luptak, M. (2010). *End-of-life decision making: A family perspective*. Saarbrücken, Germany: Lambert Academic Publishing.
- MacDonald, W. L. (1998). Situational factors and attitudes toward voluntary euthanasia. *Social Science and Medicine, 46*, 73-81.
- Mahmood, K. (2008). Difference between voluntary active and voluntary passive euthanasia: An ethico-legal perspective. *Rawal Medical Journal, 33*(2), 242-244.
- McGlinchey, L. (2004, October 1). *Open Society Institute examines impact of \$45 million* [Press release]. Open Society Institute and Soros Foundations Network.
- Meisel, A., & Cerminara, K. L. (2010). *Right to die: The law of end-of-life decisionmaking* (3rd ed.). New York: Aspen Publishers.
- Miller, L. L., Harvath, T. A., Ganzini, L., Goy, E. R., Delorit, M. A., & Jackson, A. (2004). Attitudes and experiences of Oregon hospice nurses and social workers regarding assisted suicide. *Palliative Medicine, 18*, 685-691.
- Montana Legislative Services. (2011, January 13). *Senate Bill No. 167: Montana Death with Dignity Act*. Retrieved from <http://data.opi.mt.gov/bills/2011/billhtml/SB0167.htm>
- National Association of Social Workers. (2003). Client self-determination in end-of-life decisions. *Social work speaks: National Association of Social Workers policy statements, 2003-2006* (6th ed., p. 46). Washington, DC: NASW Press.
- National Association of Social Workers. (2004). *NASW standards for social work practice in palliative and end of life care*. Washington, DC: Author.
- National Association of Social Workers. (2009). *Social work speaks: NASW policy statements, 2009-2012* (8th ed.). Washington, DC: NASW Press.
- Okie, S. (2005). Physician-assisted suicide—Oregon and beyond. *New England Journal of Medicine, 352*, 1627-1630.
- Oregon Death with Dignity Act, ORS 127.800-895* (1994).
- Oregon Department of Human Services. (2011, January 26). *2010 annual report on Oregon's Death with Dignity Act*. Retrieved from <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>
- Pakes, F. (2005). The legalisation [sic] of euthanasia and assisted suicide: A tale of two scenarios. *International Journal of the Sociology of Law, 33*, 71-84.
- Patient Self-Determination Act, Pub. L. No. 101-508, §§ 4206-4751* (1990).

- Patients Rights Council. (2011). *PRC update*, 25(2), 1, 7. Retrieved from <http://www.patientsrightscouncil.org/site/wp-content/uploads/2011/04/Update-2011-2.pdf>
- Pence, G. (2004). *Classic cases in medical ethics: Accounts of cases that have shaped medical ethics, with philosophical, legal, and historical backgrounds* (4th ed.). New York: McGraw-Hill.
- Preston, T., & Kelly, M. (2006). A medical ethics assessment of the case of Terri Schiavo. *Death Studies*, 30, 121-133.
- Seale, C. (2009). Legalisation [sic] of euthanasia or physician-assisted suicide: Survey of doctors' attitudes. *Palliative Medicine*, 23(3), 205-212.
- Schroepfer, T. A., & Noh, H. (2010). Terminally ill elders' anticipation of support in dying and in death. *Journal of Social Work in End-Of-Life & Palliative Care*, 6, 73-90.
- Smith v. State*, 209 Mont. Dist. LEXIS 267 (2009).
- Smith, K. A., Goy, E. R., Harvath, T. A., & Ganzini, L. (2011). Quality of death and dying in patients who request physician-assisted death. *Journal of Palliative Medicine*, 14(4), 445-450.
- Stevens, K. R., Jr. (2006). Emotional and psychological effects of physician-assisted suicide and euthanasia on participating physicians. *Issues in Law & Medicine*, 21, 187-200.
- Thompson, G. N., & Chochinov, H. M. (2010). Reducing the potential for suffering in older adults with advanced cancer. *Palliative and Supportive Care*, 8, 83-9.
- University of Washington School of Medicine. (2009). *Physician aid-in-dying* [Ethics in Medicine website]. Retrieved from <http://depts.washington.edu/bioethx/topics/pad.html#ques12>
- U.S. Census Bureau. (2010). *Current population survey: Annual social and economic supplement*, 2009 [Internet release date December 2010]. Retrieved from http://www.census.gov/population/www/socdemo/age/older_2009.html
- Washington State Department of Health. (2011, March 10). *2010 Death with Dignity Act report*. Retrieved from <http://doh.wa.gov/dwda>

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Parent-Child Communication Related to Sexual Health: The Contextual Experiences of Rural Latino Parents and Youth

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Abstract: *Understanding how parent-child communication occurs within the cultural context is an important consideration in sexual health given that culture plays a major role in the development of various beliefs and attitudes. This qualitative study explores the perceptions of first-generation, immigrant rural Latino parents and youths (N = 19) regarding parent-child communication related to sexual health. Specifically, the article explores their perceptions on (a) the process of such communication when and if it occurs; (b) the content of such discussions when they occur; and (c) whether the content and process are guided by cultural scripts that stem from traditional gender and familial norms. Results suggest that parents provided gender-specific messages about sex to their children; meanwhile, these messages were delivered in strict gender concordance. Going against religious and father's expectations, the mothers also discussed birth control facts in greater frequency. As for youth, they expressed the need to have more conversations about sex with their parents, especially with boys. We discuss implications for Latino teen pregnancy prevention efforts.*

Keywords: *Sex-related communication, Latino parent-child interactions, culture, Latino teen pregnancy, gender roles*

INTRODUCTION

After years of steady decline, teen pregnancy rates in the United States have risen (Guttmacher Institute, 2010). The rate of incidence rose by 3% in 2006 (Guttmacher Institute, 2010). The overall teen pregnancy rates decreased by about 29% between 1990 and 2000 (Guttmacher Institute, 2006); however, that level of decline was not evident for Latinas. Between 1990 and 2000, the teen pregnancy rates only decreased 15% to 20% for Latinas, a much lower decrease compared to non-Hispanic Whites and African Americans (National Latino Resource Center, 2005; Ryan, Franzetta, & Manlove, 2005). This rate of incidence partially explains why some estimates suggest that 53% of Latinas will become pregnant at least once before turning 20 (National Campaign, 2009; Ryan et al., 2005). Thus, we maintain that pregnancy prevention efforts have not had the same degree of influence on Latinas as on other racial and ethnic groups.

Although teen pregnancy rates are similar between rural and urban communities, teenagers in rural communities account for a greater percentage of all nonmarital births than those in urban settings (36.2% v. 29.2%) (Litchter, Rascigno, & Condrón, 2003). The birth rate for females ages 15–19 in all regions was 52.4 births per 1,000 female

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adolescents. However, in rural counties, the birth rate is higher at 57.9 births per 1,000 female adolescents (National Center for Health Statistics, 2001). Among Latinas, some estimates suggest that the rate of incidence is nearly double that of non-Hispanic Whites (Guttmacher Institute, 2006). These statistics demonstrate a disparity in occurrence of teen pregnancies that should call for more attention in understanding how and why these differences exist.

In the state of Arkansas, early teen sexual behavior is a major health concern. As a rural state, Arkansas boasts some of the highest teen pregnancy rates in the country (Annie Casey Foundation, 2003; Guttmacher Institute, 2006). In 2009, Arkansas had the third-highest teen pregnancy rates in the nation (Centers for Disease Control and Prevention, 2009). The rate for girls ages 15–19 was 106 per 1,000 girls compared with the United States average of 78 per 1,000 girls (Annie Casey Foundation, 2003). In 2007, Arkansas also reported a significant problem of the incidence of sexually transmitted diseases in adolescents living there. The reported totals for those under age 19 were as follows: Gonorrhea – 1,391; Chlamydia – 4,056; Syphilis – 22 (Arkansas DHHS, 2005). In Polk County, where the current investigation took place, adolescent sexual behavior is prevalent. Among 9th and 12th graders, 48% reported they have had sexual intercourse and 15% reported having sexual intercourse before the age of 13. Moreover, 17% of 9th grade respondents reported having sex in the past 30 days (Arkansas DHHS, 2005).

Parent-child communication is posited as critical to preventing early teen sexual behavior and teen pregnancy. Albert's 2010 study using data from the National Survey of Family Growth, found that teens perceive the influence of their parents on their decisions about sex is greater than the influence of their peers, siblings, and media. Additionally the study found that over 80% of teens in the study believed that more open and honest conversation with their parents would help youth to make better decisions about sex. Consequently, understanding how parent-child communication occurs within the cultural context is an important consideration in sexual health given that there is growing recognition that culture plays a major role in the development of various beliefs and attitudes (Andrulis & Brach, 2007; Institute of Medicine, 2004). Yet few studies have attempted to understand the specifics of Latino parent-child communication in relation to sexual health (Guilamo-Ramos et al., 2006; Guilamo-Ramos, Bouris, Jaccard, Lesesne, & Ballan, 2009). Very limited research exists that seeks to understand the process and content about sexual health communication within the Latino cultural context that can inform prevention efforts that aim to reduce teen pregnancy rates. To address this knowledge gap, multiple focus groups of Latino participants living in a rural community in Arkansas were brought together to discuss their perceptions of (a) the typical process of parent-child communication when and if it occurred; (b) the content of such discussions when they occurred; and (c) whether the content and process is guided by cultural scripts that stem from traditional gender or familial norms.

BACKGROUND AND SIGNIFICANCE

Research suggests that sexual attitudes and beliefs are highly influenced by the cultural and familial context (Blake, Simkin, Ledsky, Perkins, & Calabrese, 2001). For Latinos, culture may be a salient source that prescribes attitudes and beliefs regarding

sex, especially because of the high importance placed on family, or *familialismo* (Marin, Sabogal, Van Oss Marin, Otero-Sabogal, & Perez-Stable, 1987; Sabogal, Marin, Otero-Sabogal, Van Oss Marin, & Perez-Stable, 1987). One qualitative study found that among 11th and 12th grade Mexican-American youths in San Francisco, parental and cultural prohibitions were important reasons cited for not engaging in sexual activity (Flores, Eyre, & Millstein, 1998).

One manner in which *familialismo* takes place within the family is by socializing the youth through communication (Guilamo-Ramos et al., 2009). Guilamo-Ramos and colleagues (2009) suggest that this process happens through dialogue, when parents convey to their children their rules and expectations. Existing evidence posits parent-child communication as an influential factor in shaping a youth's decision to engage in or abstain from early teen sexual activity. Parent-child communication about sex-related themes is highly relevant for youth because the information and values received from such conversations can shape an adolescent's way of thinking and increase his or her likelihood of adopting safe and healthy sexual behavior (Martino et al., 2008; Schouten, van den Putte, Pasmans, & Meeuwesen, 2007; Whitaker & Miller, 2000). Increased parent-child communication is correlated with lower levels of youth risk-taking behaviors (McBride et al., 2005), less conformity to peer norms, and a greater belief that parents provide the most useful information about sex (Whitaker & Miller, 2000). However, several studies report that such discussions between parents and children do not happen frequently, or if they occur, they focus only on the basic biological facts (El-Shaieb & Wurtele, 2009). The one qualitative parent-child communication study we located that focused specifically on Latinos reported that Latina mothers were able to talk with their children about the consequences of having sex, but not about more taboo topics such as sexual intercourse and birth control (Guilamo-Ramos et al., 2006). Among Latinos, talking about sex-related topics is uncomfortable and may also violate a cultural taboo, which may partially explain why it happens less frequently than it does among other racial and ethnic groups (Hutchinson, 2002; National Campaign, 2001; O'Sullivan, Meyer-Bahlburg, & Watkins, 2001).

Another plausible reason why Latinos may not frequently speak about sex-related topics could be the influence of religion. McCutcheon (2003) suggests that through religion, moral codes, practices, values, institutions, customs, and rituals associated with its belief system are transmitted to the individual. Among Latinos, religion continues to play a significant role as a socialization agent (Regnerus, 2009), in particular around issues of sex. Gonzalez-Lopez (2003) suggests that to some degree, sexuality for Latinas is shaped by the preservation of premarital virginity, which complies with the Catholic sexual moral code. However, the moral standards of Catholicism are only one factor that imposes such notions of social and moral control (Gonzalez-Lopez, 2003). This is evident in a national study that found that among Latino youths, relative to African American and non-Hispanic White youths, both boys and girls were least likely to report that religion and morals were a reason why they did not have sex (Abma, Martinez, Mosher, & Dawson, 2004). Nonetheless, we cannot discount the fact that there may be segments of Latinos that believe sex-related talks with their children may not be consistent with religious teachings and therefore abstain from engaging in such discourse.

Existing research has also found that among Latinos, gender differences exist when it comes to various facets of parent-child dialogues of sex-related topics. For example, Guilamo-Ramos and colleagues (2006) found that among a group of Latinas in New York City, there was a belief that conversations about sexual-related topics should be based on gender concordance (mothers should talk to daughters and fathers to sons) and concerns about pregnancy outcomes were more germane to girls than to boys. Although conflicting, some studies have found that gender predicts whether discourse about sex-related topics takes place in the home. Youths were more likely to have dialogues about sex with mothers than fathers and these conversations happened more with daughters than sons (Miller, Kotchick, Dorse, & Forehand, 1998; O'Donnell et al., 2007; Raffaelli, Bogenschneider, & Flood, 1998). For example, Epstein and Ward (2008) found that Latino college-aged men had the lowest levels of parental communication about sex compared with other racial and ethnic groups. Conversely, Romo, Lefkowitz, Sigman, and Au (2001) found that Latina mother-son dyads reported more communication around sex than mother-daughter dyads. However, in non-Latina samples mothers report more communication about sex and daughters report more than sons (Dilorio, Kelley, & Hockenberry-Eaton, 1999). Collectively, these findings may speak to the traditional gender roles prescribed in the Latino community that define and limit the behavior of men and women (Raffaelli & Suarez-al-Adam, 1998). There are certain roles and expectations that create gender differences that create a double standard for boys and girls in how sex-related topics are discussed and delivered. Faulker (2003) suggests that these cultural scripts delineate behaviors that correspond with Latino culture in ways that put forth expectations about what are appropriate and acceptable sexual beliefs and behaviors for Latinas and Latinos.

The above literature highlights the importance of gaining a better understanding of parent-child communication in Latino families relative to sexual health within their cultural context. The few studies exploring sexual health have been conducted in urban settings and have focused less on the contextual experiences of Latinos living in rural communities (Guilamo-Ramos et al., 2009). Even fewer studies have incorporated the perspectives of Latino males (Guilamo-Ramos et al., 2009). Through a qualitative inquiry, we contribute to the literature by exploring the breadth and scope of the content and process of sexual health communication among Latino mothers, fathers, and children living in a rural Arkansas community.

METHODS

The methodology for this study is grounded in a constructivist theoretical framework, in which themes and patterns in collected data are discovered rather than predetermined. Given that this topic has not previously been explored in depth, researchers took a qualitative, exploratory approach using a grounded theory methodology (Bryant & Charmaz, 2007; Patton, 2002). Through a constructivist lens, we sought to elicit the personal meanings and understandings of the participants' experiences around Latina/Latino parent-child communication of teen sexual behavior, sexual health, and pregnancy prevention. The research team consisted of three university professors and two master's degree students. There were two males and three females total. Team members

included a Latino male, an African American female, an African female, a non-Hispanic white female, and a non-Hispanic white male.

Sample and Recruitment

A community-based abstinence program called Voices 4 Healthy Choices (V4HC) was recently completed in rural Arkansas that included 19 Latinas/os that participated in the treatment group during the first year. Although the program was developed with the idea of being culturally sensitive to Latina/o participants (i.e., Spanish-surveys and translators available), it was not designed to focus exclusively on this group's needs but rather on the rural community as a whole. Focus groups were completed from the pool of year-one Latina/o participants to gather more in-depth data on the parent-child communication process in Latina/o families so that the program could better meet their needs. This manuscript reflects the data from these focus groups.

Purposeful sampling procedures were used to identify possible candidates for the focus groups. A family was eligible to participate if the child and at least one parent was of Latina/o descent, the child took part in the V4HC program, and the mother or father of the child participated in at least one of the parent activities sponsored by the program. All eligible Latino families were invited to partake in a focus group. Of the 19 Latina/o children who participated in year-one of the program, only 10 children had a mother or father who also participated in at least one of the parent activities associated with the full project. As a result, 10 families were eligible to join the focus group component; however, only 7 agreed and were scheduled to participate. On the day of the focus group, one of the parents was delayed at work and our group count consisted of 7 youths and 6 parents.

Recruitment of the participants occurred through telephone calls to the youths' homes. The study's purpose and procedures were outlined during these phone calls. The day the focus groups took place, informed consent forms were distributed explaining the purpose and procedures again. The university's Institutional Review Board approved the procedures for recruitment and participation used in the current study. All participants were given a \$20 gift card for contributing to the focus group.

The focus groups were assembled according to family roles and resulted in the following five groups: a group of fathers ($n = 3$), a group of mothers ($n = 3$), a combined group of boys and girls ($n = 7$); a girls-only group ($n = 5$) and a boys-only group ($n = 2$). The youths who participated in the combined boys and girls group were the same ones who participated in the boys-only and girls-only focus groups. The adolescent focus group was also split by gender so that we could focus our inquiry on examining specific gender-related topics. The parent focus groups were conducted with a Spanish translator (who was foreign born) and the mothers and fathers in the group represented different children. All six parent-participants had emigrated from Mexico and all but one of these participants stated that Spanish was the only language they spoke and read. All the youth-participants were fluent in English; therefore, their focus groups were conducted in English. Issues and cautions relative to the small focus group size are discussed in the limitations section.

Data Collection

The focus groups were conducted at the middle school the youths attended. Every focus group lasted approximately one to two-and-a-half hours. After the consent process was completed, a short demographic questionnaire was administered, which included a validated instrument to measure acculturation levels among the parents (Marin et al., 1987). The interview guide (see the Appendix) was created with the intent of capturing the participants' perspective on parent-child communication in regards to sex. Some specific areas of interest were exploring how this communication occurred, what was discussed, and how gender affected this process. The semi-structured interview guide was followed by each facilitator for consistency, but each facilitator went into depth with questioning when appropriate. The focus group discussions were audio-taped and later transcribed by a transcriptionist not affiliated with the study.

Data Analysis

The five members of the research team read all of the transcripts. Every member coded the transcripts independently to generate a first series of emergent themes and subthemes. Using a constant comparative method (Merriam, 1998), the team held a number of meetings to discuss the findings and look for research consistency. Notes were taken as part of the process and a journal was established that detailed our discussions. The data recorded in the journal were used during the final analysis as an additional source. For a more exhaustive reanalysis, two Ph.D. researchers from the team continued to reread each transcript and review the process journal using the notes and emergent themes identified from previous team meetings. Reanalysis of each narrative entailed a sentence-by-sentence appraisal, seeking and extracting open codes. The theoretical/conceptual framework of the study also served as a frame for the analysis process (Miles & Huberman, 1994). During open coding, possible themes were identified and short segments of text were underlined (Ryan & Bernard, 2000). Codes or categories were written on the right-hand side of the transcript. After open coding, axial coding was completed. This process linked relationships among codes and these codes then formed core categories. Finally, selective coding occurred when broad, more inclusive categories were found that encompassed several core categories. To ensure that themes were not misstated or misconstrued, the two researchers collaborated in the discussion of emerging themes and categories. Great importance was placed on coalescing these themes into suppositions made about the participants' experiences.

Trustworthiness

Trustworthiness is an important element in determining the level of rigor in qualitative research. Credibility, confirmability, and transferability are three factors often used to assess the trustworthiness of qualitative findings (Lincoln & Guba, 1985; Padgett, 2008). Credibility and confirmability pertain to the rigor in which the data and findings were obtained and transferability pertains to how the findings can be generalized to other contexts, settings, and practices (Lietz & Zayas, 2010; Padgett, 2008). To this end, our analysis included several techniques to increase credibility, clarity, and transferability of the results. Triangulation was used, which involves using multiple methods and

informants to analyze the data and results (Denzin & Lincoln, 1998). We used three different types of triangulation strategies (Berg, 2009). First, investigator triangulation was used, in which each of the members of the research team independently coded the transcripts and determined emergent themes and later compared their findings. The fact that all research team members generated similar themes increases the validity of the key themes. Second, we used participant triangulation by exploring the data to determine if points existed at which the data in one group corroborated data in other groups. There were numerous cases in which this occurred. Using theory-based triangulation, we also looked for points where existing research, theory, and literature suggested the perceptions of the different participant groups (i.e., mothers vs. fathers, parents vs. children, or boys vs. girls) were projected to converge and diverge. We also enhanced transferability by using thick descriptions that provide readers with information regarding the research context and protocol and the research participants (Lietz & Zayas, 2010; Lincoln & Guba, 1985; Padgett, 2008). The fact that our findings were consistent with expected situations enhances the credibility and transferability.

Using a process journal throughout the analysis, the researchers established an audit trail that included a sensitive narrative of the emerging themes and categories, which enhanced the confirmability and transferability of our results (Lietz & Zayas, 2010). Furthermore, the confirmability of the data analysis was established by having multiple coders and a peer research team. Cultural sensitivity was also promoted by incorporating a Latino male in the data analysis process. As the focus groups progressed, the researchers were able to explore the preliminary themes emerging from the previous groups to enhance clarity of the findings. Due to the semi-structured interview format, the researchers were able to check these preliminary themes with the participants in each subsequent focus group, thereby enhancing the level of confirmability and credibility. Major importance was again placed on every individual's narrative, his or her experiences, and subsequently, the representations of these experiences.

RESULTS

Latina/o is not a monolithic label and there are significant differences between individuals, often based on their country of origin and level of acculturation. As a result, it is important to note that all of the parent-participants had emigrated from Mexico. The fathers had been in the United States an average of 23-24 years, while the three mothers had emigrated approximately 14 years ago. The level of parent-participants' acculturation was also taken into account. We utilized a commonly used measure of acculturation (Marin et al. 1987) to determine the extent to which our participants' attitudes and beliefs had been modified by living in the United States. All but one of these participants commented that Spanish was the only language they spoke and read, only Spanish was the language in which they think, and only Spanish was spoken at home and to their friends. The sixth participant said that she spoke, read, and thought in Spanish, but spoke both Spanish and English. Based on these results, all of the parent-participants reported low levels of acculturation (Marin et al. 1987). The youth appeared to be more acculturated. Most were born and raised in the United States and all of them had a good mastery of the English language.

All participants were specifically asked about communication between parents and children relative to sex. The responses resulted in discussions about process (how they go about talking about sex) and the content (what they actually talk about). Under the theme of process, responsibility for communication and communication style emerged as key points of discussion. Under the theme of content, protection, teen sex, responsibility, goals, consequences, and ambitions emerged as key points of discussion. Traditional gender-specific messages were also focused on under this theme. There was a convergence of opinions between the individual participants and focus groups, but also a divergence of communication style and content.

Process

There was a divergent attitude on who should be responsible for communicating information about sex to children. The mothers jointly believed that fathers need to be more involved in this communication process, but they often are not. When trying to get her husband involved in sexual discussions one mom stated that her husband said, "Oh, you know how to do it. You do it. You know how to do it." One mother expressed, "Sometimes my kids go to the bedroom when he is there, then I'll start the conversation about sex with my kids there. Then maybe I will say something that I know makes him want to say something. That's the only way I can get him to participate. He would rather watch his TV show." Another mother stated, "I am more open to talk about sex with my kids than my husband is. If my husband knows anything it's because I tell him about it. Because if not, he would never know."

Two of the fathers confirmed this belief in the mothers being more responsible for this communication. The third father disagreed and expressed his belief that both mother and father are responsible. He stated, "I believe we as parents need to educate ourselves. In my case, I love to read. It's a very important thing." While the fathers did not take credit for being the primary communicators with their children, they all consistently perceived that their responsibility for parent-child communication in regards to sex had changed from how it was communicated to them. Because of their children's increased knowledge about sex they too had to be more knowledgeable. One father stated, "But they already know, they learned that in school. They learned on the Internet. They watch on the Internet." Nonetheless, they also perceived that their children trusted them enough to come to them and talk and to confirm the information. One father said, "If they ask us, they may already know it, but if they come to us to ask us—to confirm what they already know—because of the trust he has. They come to us because they trust us even if they know it, they come to us." While mothers thought it was important for them to talk to both the boys and girls, the fathers perceived it was the mother's role to talk to the girls and their role to talk to the boys.

In reviewing the data, it was also clear that the mothers' communication styles were more direct, explicit, and detailed. The fathers perceived their discussions of sexual issues to be informal, implicit, and superficial, particularly with their daughters. When discussing how he communicates to his teenager about sex, one father stated, "But we don't exactly go to the table and talk about it. Sometimes we do. Sometimes we talk about this subject but not really deeply." Another father said, "We talk about the subject

but not really deeply.” The fathers also confirmed what the mothers and teens said about the more explicit conversations occurring with mom. The Spanish interpreter confirmed what one of the fathers was trying to say. She said, “They coat what the mom has to say, they put in the last layer.” Another father said, “The mom tells the girl when they get their period and what they need to do. We just support them.”

When questioned about what leads to the conversations and how they come up, the fathers reported play and work as the two avenues. With regard to play, one father stated, “Oh like kidding and joking” and another said, “Little by little we just keep joking and we start talking about it.” With regard to work and play, another father stated, “and we’re working together, and we just start talking. Or at home when they put on the lotion, deodorant, they fix their hair. ‘Hey where you going?’ ‘Oh I’m going to the park.’ Oh the boys and the girls, so that’s how we start talking.”

Confirming the parents’ reflections, the children consistently agreed that the parent-child conversations about sex were primarily with their mother versus the father. Only one girl reflected that her father discussed any sexual topics with her. This was consistent with the data from both the mother and father focus groups where one father indicated that he talked to his daughter. The boys also reported experiencing the dads talking with them about sex and expressed more comfort with this; but again, it was described as an informal discussion, usually in a work or outdoor setting. One teenage boy stated, “I think with my dad. Because most the time you’re with him and not nearly as much with your mom. Because we spend time working outside and because he’s the man.” When directly asked what the fathers talked to the boys about, the boys were unable to come up with any topics.

All of the mothers perceived themselves as the primary initiators of the conversations with their children. On the contrary, most of the youth believed that they themselves brought up these conversations. One teenage girl commented that her friends at school would bring up something “nasty” and she would not know what they were talking about. She went on to say, “So I would ask my mom. What does that word mean and she would tell me.” Interestingly, the youth thought that they were cleverly getting their parents to talk about sex by bringing up topics that they knew would lead to discussions of sex. A teenage boy said, “Sometimes I would ask my parents ‘When can I have a girlfriend?’ They would go like, whenever you have the responsibility and you’re at the right age. Then that would lead into other things about girlfriends, then it leads to sex and goes from there.”

The youth who perceived that their parents initiated sex conversations confirmed that such conversations usually started informally with both the mothers and the fathers. For example when discussing how the conversations get started one girl said, “Well they always start it off by saying ‘when I was a kid’ and I’m like here we go again.” One female adolescent also stated, “When I’m interested in a guy, they talk, they explained everything that happens when you fall in love.” Lastly, even though the adolescents agreed that conversations around sex occurred periodically, usually with the mothers, both the girls and the boys wanted these conversations to occur more frequently. When reflecting on parents not wanting their kids to learn about sex from other sources one girl

stated that she would tell parents, "Well I would say, 'then you should talk to them about it.'" Another girl stated, "In my opinion it's ok for them to know (about sex) when they start growing up. So they will know what's going on. If it's a girl and a boy is messing with her. They need to know what he is doing to her." Interestingly, both boys and girls made the point that because there is a gender difference in this process, boys are often not included in these conversations and need to be. When questioned about the gender-differences in these conversations one teenage boy expressed, "Make sure the parents know that you are having a relationship." When asking for clarification the interviewer asked, "So you think parents should investigate more with boys?" He then went on to confirm, "yeah."

Content

When talking with their children about sex-related topics, the fathers reported talking primarily about relationships, responsibility, and good moral character. The fathers consistently believed they are responsible for their child's attitudes about sexual behavior but these attitudes should be transferred by being a good role model. One father said, "It's mostly the parents how they direct them. Because a lot of parents get home and all they do is go watch TV, and then go to bed. Then on weekends all they do is drink, drink, drink." Another said, "You don't see us as having so many women, or drinking alcohol, drugs. If they don't see that in us and then they're not going to look for it. They're going to be quiet and peaceful because they know we're quiet. They're going to see that in us." The third stated, "We try to be good parents, good fathers. Talking and keeping them busy in activities and on the weekends. So not just thinking about parties, parties, parties....We are like the brain of the family, we're wrong and everything else will be wrong. More than anything, we are the ones that have to go on the good path. Take the boat in the right direction."

Even though the fathers knew that the mothers' conversations with the children, especially the daughters, were more explicit and direct, they assumed the mothers were delivering messages to the children that were similar to their messages of good character, moral values, and achieving goals and ambitions. As a matter of fact, one father expressed that people who teach youth to carry condoms would send the wrong message "...What are they saying? Here, go. They are inviting them to have sex before they get married. What is the moral authority that is involved in this to do that?" Ironically, the mother participants were communicating different messages to their daughters. Reflecting this, one mother stated, "usually the father may have different opinions."

The mothers reported talking primarily about protection from pregnancy and sexually transmitted diseases (STDs). An example is apparent in the following quote from a mother talking about what she most wished to communicate to her child: "For me, it's how to protect themselves against STD. To protect themselves from getting pregnant so early in life. To have a goal in their life. So they know what they're going to be when they grow up." Another mother stated, "For me it's very important for them to protect themselves and to not start having sex so early in life either. And then to fight for whatever they want to be, to pursue their dream." The third mother echoed, "For me it's the same." Another example of the divergent parent attitude was when one mom was

talking about birth control. She said, "I do [talk about specific forms of birth control]. The only thing he says is that she has to protect herself. But he doesn't actually believe that. But I do." Another responded passionately, "For me, they're going to have sex whether they have the information or not. The difference is they need to know how to protect themselves."

According to both the mothers and fathers, common secondary themes were the topics of goals, aspirations, and consequences. They wanted their children to realize that having a child at a young age could hinder them from obtaining their goals and dreams. When asked about the content of conversations with their children, one father indicated that he talked about the "consequences of having sex on you. What can happen? They mess up their lives—not totally, but their studies, their efforts. They have to work at Tysons all their lives—that sort of thing." Another father stated his message to his daughter was, "just don't have a kid so young. You get a disease in the system, be messed up."

The youths seemed to grasp that a key component of parent-child topics of sexual health communication was talking about the negative consequences of teen pregnancy. An example of these negative consequences is clearly seen in one of the father's previous comment to his daughter, "If you come out on the bad side, everything falls apart. If you behave you will get what I promised. If not all will be broken." Similarly, a teenage girl said, "My mom would always tell me if you get with a guy and you have a baby, 'You get out of this house!' I am like, what the heck!"

Consistently, the youth said their parents followed the traditional cultural script in regards to gender when discussing topics of sex (Murphy-Erby, Stauss, Boyas, & Bivens, 2011). They reflected that these conversations and house rules were different based on the gender of the teen, and that it was okay to have different discussions and expectations. In describing this difference one teenage boy said, "They don't let my sister, she is sixteen, have a boyfriend. Yet, I ask my parents, can I have a girlfriend, and its like if you ask your parents first, you can have a girlfriend." When explaining why it was okay to treat girls and boys differently, the youth consistently reflected that the girls would be the ones left with the baby. As one girl remembered her mother's statement to her she commented, "If you get pregnant you have to take care of this. She's been showing me my whole life how to take care of a kid." Another stated, "Coz the boys will not want to take care of a baby." A third said, "They will just leave. That happens a lot here."

In discussions regarding gender specific messages, both girls and boys heard from their parents that boys were always focused on sex and, therefore, unable to make good decisions in regards to initiation of sexual contact. Examples from the girls include: "She (her mother) says that guys are different because they have hot hormones," and "Girls are different cause they are more mature, and they have to learn how to speak like do not touch me up here or down there. Guys don't have to worry about someone touching them. Cause they are guys of course." Another female reflected, "Some families will tell their boys, yeah, you can go off and have sex with this girl as long as you use protection but then they will tell their daughters, no, you shouldn't have sex or you can't even have

a boyfriend.” Confirming these gender-specific messages one of the boys stated, “It’s okay to be different (conversations), because we’re different. If they want to have a baby they could have it. The boys have to depend on girls saying yes.” The other boy confirmed, “Because if the girl didn’t want to do it she could say no. What if he really wants to and she doesn’t.”

DISCUSSION

Minimal research has been conducted with rural Latina/o families in relation to sexual health, particularly among first-generation immigrant families. Through our study this group was given an opportunity to give first-hand accounts of the ways in which parent-child sex communication occurs. The findings suggest that the parents of this study, particularly the mothers, recognize the need to change the process of sexual communication with their own children. They want to connect more with their children by broadening their conversations to include delicate subject matters such as sex. This is a change in parental norms from how older generations have handled the issue of sex, which could be a result of the evolution of the acculturation process to the United States. In previous studies, lower levels of acculturation (Driscoll, Biggs, Brindis, & Yankah, 2001), being from Mexico (Driscoll et al., 2001; Raffaelli & Green, 2003), being male (Raffaelli & Green, 2003), and coming from a lower socioeconomic status (Raffaelli & Green, 2003) resulted in decreased sex communication. Contrary to other studies (El-Shaieb & Wurtele, 2009; Guilamo-Ramos et al., 2006), the sample of mothers in this study were invested in talking to their children about more than biological facts in regards to sex but they were also passionate about discussing birth control. Going against more traditional cultural norms, both mothers and fathers also recommended that the fathers need to be more involved in this process.

Consistent with existing research (Kirkman, Rosenthal, & Feldman, 2002), our findings suggest that there was a strong belief in gender concordance when it comes to sexual health communication. In other words, there was a belief among fathers and mothers that conversations about something as sensitive as sex should be based on fathers talking with their sons and mothers talk to their daughters. Fathers and mothers agreed that they each had a responsibility to talk with their sons and daughters about sex, but that this should be done through strict traditional gender role expectations. While this was a practice that was more in line with traditional cultural thinking, these parents still believed it themselves. Even though the youth established that conversations with their parents should be gender-specific, both the boys and girls also agreed that boys need to be brought more into the conversations and that parents need to be more cognizant of the boys’ behavior.

Implications

The participants’ accounts and insights into their perceptions and experiences offer guidance and hold specific implications for teen pregnancy prevention efforts. As current statistics indicate, programming and policy efforts aimed at reducing teen pregnancy are not as effective with the Latino/a population in comparison with other populations. Although many sex education programs have attempted to integrate culturally competent

interventions, none has applied a theoretical framework that addresses the complex and interlaced dimensions of underserved populations (Kreinin, 2004). Taking these dimensions of the Latino experience into account, we used the Multi Systems Life Course (MSLC) perspective (Murphy-Erby, Christy-McMullin, Stauss, & Schriver, 2010) as our theoretical framework. As conceptualized by Murphy-Erby and colleagues (2010), the MSLC perspective is a dynamic, integrative, and holistic assessment and intervention approach that attempts to synthesize four disparate yet interrelated and complementary theoretical frameworks. Recognizing the need for a framework that is sensitive to the intricacies of human experience, MSLC makes a shift from traditional reductionist, linear, one-dimensional models to a postmodern, emergent, holistic, nonlinear, and multi-layered view. MSLC accomplishes this by incorporating the frameworks of ecological/systems perspectives, symbolic interactionism, life-course theory, and social change theory. In accordance with the MSLC perspective, the studies on sexual health communication should also reflect an understanding of the complexity of the Latino experience. To this end, we present several implications for practice and programming efforts relative to teen pregnancy prevention efforts with Latino families that capture a great deal of this.

With regard to practice with Latino families, there are several implications for clinicians. Assessment is an important and ongoing process for clinicians. It is important for clinicians to explore each family's process for discussing sensitive topics such as sex. In implementing the assessment, it will be important for the clinician to triangulate data sources by conducting a mix of individual, family and couples work as a way to determine if the mother and father are delivering conflicting messages in communicating with their children about sex.

In working directly with the parents and youth, clinicians may sense a need to help the youth and parents challenge traditional beliefs and practices such as the cultural belief that the responsibility of pregnancy and sex decisions should be shouldered more so by girls than by boys and the parenting strategy of focusing heavily on consequences with minimal use of parenting strategies that involve the use of support and trust, particularly with regard to their daughters. It is important for clinicians to be aware that challenging such traditional beliefs and practices may present a cultural discord. Therefore, it is important for clinicians to ensure their work is grounded in an empowering and culturally relevant perspective. Similarly, one of the major differences in the perspectives of parents and children centered on acculturation levels, and subsequently, the differences in how each perceived the process and content of discussions relating to sexual health. On the one hand, most parents who were not highly acculturated reported that this topic was hardly discussed when they were younger in their native country of Mexico. They perceived this to be a divergent practice in the United States—everyone talks about sex in the United States with more ease. Youth on the other hand, believed that their parents needed to be more “laid back” and “cool” about this topic. Thus, we believe this to be a sign of an acculturation gap that has been noted in parent-child relationships, where one or both parents were born outside of the United States (Birman, 2006). It is important to recognize that such a gap can have negative implications in the household because neither can fully relate to the other. Because of the importance of sexual health, it will be

important that clinicians working with such family dynamics identify and/or develop strategies that could be implemented in their work to bridge this cultural gap. Doing so could open and enhance the communication between Mexican-origin parents and children about a sensitive topic that is rooted in cultural divergence.

With regard to programming, incorporating opportunities for Latino parents to talk about their immigration experiences and their relation to parenting and talking with their children about sex and other risky behaviors, providers of teen sex prevention programs can validate the experiences of Latino participants while also gaining a better understanding of the challenges they face in communicating with their children about sex. Although many teen pregnancy prevention efforts incorporate a parent component, programs that target the Latino population would probably benefit by using additional strategies to specifically recruit and engage Latino fathers. The significance of fathers in achieving positive well-being outcomes for children has been well documented over the last decade (Popenoe, 1996; Yeung, Duncan, & Hill, 2000). Consistent with existing research (Kirkman et al., 2002), our findings suggest that while the fathers in our study understood the importance of their role, they were less involved than mothers in communicating with their children about sex, less informed about the topic, and felt they needed more education on the topic. The mothers and the fathers both felt that collaborative efforts involving the fathers were needed. According to the fathers and mothers in our study, one reason for the low involvement of fathers is that the fathers spend much of their time working. Therefore, it is important for program leaders to consider creative ways such as embedding education and information into fun and social activities that are planned during the times that fathers are off from work to welcome and engage the fathers into the program's efforts. As one of the fathers in our study suggested, potluck gatherings where the fathers could bring dishes they like to make might serve to motivate the fathers to participate. In addition, given that the connection between time and earning is salient for the fathers, honoraria that recognize the value of their participation and time are important. Also, recognizing the divergent perspectives and comfort levels between the Latino mothers and fathers in talking with their children about sex, teen pregnancy prevention programs may also benefit by using a hybrid of father-only and mother-only groups in conjunction with combined parent groups.

Given the focus that the fathers placed on informal and more indirect styles of communication and social interactions, incorporating experientially-based and active learning strategies into the parent-only and father-only sessions may be helpful. Also, given the importance that the Latino parents placed on responsibility and good moral character, incorporating strategies to promote youth asset and character development in both the youth and parent components of prevention efforts may be beneficial.

Limitations

Two study limitations warrant attention. First, although the focus groups reflected the experiences of 7 of the 10 Latino children whose mother or father also participated in the program and were therefore eligible to participate in this study, the individual focus group sizes were less than the recommended 6–8 participants (Krueger & Casey, 2000). Even if the number of eligible families were larger, the researchers and parent

participants believe that perceived language communication concerns and fears may prohibit many Latina/o parents from participating in research. To minimize the limitation of small focus group sizes, the researchers paid particular attention to triangulating the responses between the various focus groups and the current literature.

Second, while analysis of data from the larger study suggests there were no obvious demographic differences between the eligible Latino parents who participated in the focus group and those who did not, it is plausible that differences do exist that are not captured by the demographic data collected for the larger study. For example, although our demographic results suggest that all of the participants were immigrants of Mexican ancestry with relatively low levels of acculturation, it is highly possible that the parents who participated were in general more comfortable communicating about sex and participating in research. Additionally, since the Latino population is not a monolithic cultural group, the transferability of our findings are limited as each subgroup may have a different social experience in the United States. Understanding that a great deal of heterogeneity exists within this population with regard to cultural, legal, and socioeconomic differences, there is a need for developing interventions that are more culturally specific in order to produce better health-related outcomes.

While the study was not designed to produce findings that are generalizable, they are transferable and add value to the study participants and those working with the participants in a number of ways. First, the study highlights the voices and contextual experiences of Latino families in the V4HC program. Second, it informs the program's efforts by providing concrete recommendations for adapting the program to better serve the Latino population. Finally, our study is an initial step in addressing a major gap in the literature and provides a much-needed impetus for researchers, funders, practitioners, public policy makers, and others committed to reducing teen-pregnancy rates to further explore the experiences and highlight the voices of Latino parents and youths relative to parent-child communication about sex.

References

- Abma, J. C., Martinez, G. M., Mosher, W. D., & Dawson, B. S. (2004). *Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2002*. National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/series/sr_23/sr23_024.pdf
- Albert, B. (2010). *With One Voice 2010: America's Adults and Teens sound Off About Teen Pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved from http://thenationalcampaign.org/resources/pdf/pubs/wov_2010.pdf
- Andrulis, D. P., & Brach, C. (2007). Integrating literacy, culture, and language to improve health care quality for diverse populations. *American Journal of Health Behavior, 31*(1), S122–133.
- Annie E. Casey Foundation. (2003). *Kids Count 2003 data book online*. Retrieved from <http://www.aecf.org/kidscount/databook>

- Arkansas Department of Health & Human Services. (2005). *Arkansas prevention needs assessment student survey: 2005 results for Polk County*. Retrieved from http://tel.occe.ou.edu/arkansas_reports/dl.php?pdf=Polkco2005report.pdf&type
- Berg, B. (2009). *Qualitative research methods for the social sciences* (7th ed.). Boston, MA: Allyn & Bacon.
- Birman, D. (2006). Measurement of the "Acculturation Gap" in immigrant families and implications for parent-child relationships. In M. H. Bornstein & L. R. Cote (Eds.), *Acculturation and parent-child relationships: Measurement and development* (pp. 113-134). Mahwah, NJ: Lawrence Erlbaum Associates,
- Blake, S. M., Simkin, L., Ledsky, R., Perkins, C., & Calabrese, J. M. (2001). Effects of a parent-child communications intervention on young adolescents' risk for early onset of sexual intercourse. *Family Planning Perspectives, 33*(2), 52-61.
- Bryant, A., & Charmaz, K. (2007). *The SAGE handbook of grounded theory*. London, England: SAGE.
- Centers for Disease Control and Prevention. (2009). *National Center for Health Statistics. VitalStats*. Retrieved from <http://www.cdc.gov/nchs/vitalstats.htm>
- Denzin, N. K., & Lincoln, Y. S. (1998). *The landscape of qualitative research*. Thousand Oaks, CA: Sage.
- Dilorio, C., Kelley, M., & Hockenberry-Eaton, M. (1999). Communication about sexual issues: Mothers, fathers, and friends. *Journal of Adolescent Health, 24*, 181-189.
- Driscoll, A., Biggs, M. A., Brindis, C. D., & Yankah, E. (2001). Adolescent Latino reproductive health: A review of literature. *Hispanic Journal of Behavioral Sciences, 23*, 255-326.
- El-Shaieb, M., & Wurtele, S. K. (2009). Parents' plans to discuss sexuality with their young children. *American Journal of Sexuality Education, 4*, 103-115.
- Epstein, M., & Ward, M. L. (2008). Always use protection: Communication boys receive about sex from parents, peers, and the media. *Journal of Youth & Adolescence, 37*, 113-126.
- Faulkner, S. L. (2003). Good girl or flirt girl: Latinas' definitions of sex and sexual relationships. *Hispanic Journal of Behavioral Sciences, 25*(2), 174-200.
- Flores, E., Eyre, S. L., & Millstein, S. G. (1998). Sociocultural beliefs related to sex among Mexican American adolescents. *Hispanic Journal of Behavioral Sciences, 20*(1), 60-82.
- González-López, G. (2003). De madres a hijas: Gendered lessons on virginity across generations of Mexican immigrant women. In P. Hondagneu-Sotelo (Ed.), *Gender and U.S. immigration: Contemporary trends* (pp. 217-240). Berkeley, CA: University of California Press.

- Guilamo-Ramos, V., Bouris, A., Jaccard, J., Lesesne, C., & Ballan, M. (2009). Familial and cultural influences on sexual behaviors among Mexican, Puerto Rican, and Dominican youth. *AIDS Education and Prevention, 21*, 61-79.
- Guilamo-Ramos, V., Dittus, P., Jaccard, J., Goldberh, V., Casillas, E., & Bouris, A. (2006). The content and process of mother-adolescent communication about sex in Latino families. *Social Work Research, 30*(3), 169-181.
- Guttmacher Institute. (2006). *U.S. teenage pregnancy statistics: National and state trends and trends by race and ethnicity*. Retrieved from <http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf>
- Guttmacher Institute. (2010). *U.S. teenage pregnancies, births, and abortions: National and state trends and trends by race and ethnicity*. Retrieved from <http://www.guttmacher.org/pubs/USTPtrends.pdf>
- Hutchinson, M. K. (2002). The influence of sexual risk communication between parents and daughters on sexual risk behaviors. *Family Relations, 51*(3), 238-247.
- Institute of Medicine. (2004). *Health literacy: A prescription to end confusion*. Washington, DC: National Academies Press.
- Kirkman, M., Rosenthal, D. A., & Feldman, S. S. (2002). Talking to a tiger: Fathers reveal their difficulties in communication about sexuality with adolescents. *New Direction for Child and Adolescent Development, 97*, 57-64.
- Kreinin, T. (2004). Taking culture into account. *SIECUS Report, 32*(1), 2.
- Krueger, R. A., Casey, M. A. (2000). *Focus groups: A practical guide for applied research*. Thousand Oaks, CA: Sage.
- Lietz, C. A., & Zayas, L. E. (2010). Evaluating qualitative research for social work practitioners. *Advances in Social Work, 11*(2), 188-202.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Litcher, D. V., Rascigno, J., & Condron, D. J. (2003). Rural children and youth at risk. In D. L. Brown & L. E. Swanson (Eds.), *Challenges for rural America in the twenty-first century* (pp. 97-108). University Park, PA: The Pennsylvania State University Press.
- Marin, G., Sabogal, F., Van Oss Marin, B., Otero-Sabogal, R., & Perez-Stable, E. J. (1987). Development of a short acculturation scale for Hispanics. *Hispanic Journal of Behavioral Sciences, 9*(2), 183-205.
- Martino, S. C., Elliott, M. N., Corona, R., Elliott, M. N., Zhou, A. J., & Schuster, M. A. (2008). Beyond the "Big Talk": The roles of breadth and repetition in parent-adolescent communication about sexual topics. *Pediatrics, 120*, 494-503.
- McBride, D. C., Freier, M. C., Hopkins, G. L., Babikian, T., Richardson, L., Helm, H., Boward, M. D., & Marshak Hopp, H. (2005). Quality of parent-child relationship and adolescent HIV risk behavior in St. Maarten. *AIDS Care, 17*(1), S45-54.

- McCutcheon, R. T. (2003). *The discipline of religion: Structure, meaning, rhetoric*. London, England: Routledge.
- Merriam, S. (1998). *Qualitative research and case study application in education*. San Francisco, CA: Jossey-Bass.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage.
- Miller, K. S., Kotchick, B. A., Dorse, S., & Forehand, R. (1998). Family communication about sex: What are parents saying and are their adolescents listening? *Family Planning Perspective, 30*, 218-222.
- Murphy-Erby, Y., Christy-McMullin, K., Stauss, K., & Schriver, J. (2010). Multi-systems life course: A new practice perspective and its application in advanced practice with racial and ethnic populations. *Journal of Human Behavior in the Social Environment, 20*(5), 672-687.
- Murphy-Erby, Y., Stauss, K., Boyas J., & Bivens, V. (2011). Voices of Latino parents and teens: Tailored strategies for parent-child communication related to sex. *Journal of Children and Poverty, 17*(1), 125-137.
- National Campaign. (2001). *It all starts at home: Hispanic parents speak out on preventing teen pregnancy*. Retrieved from http://www.thenationalcampaign.org/resources/pdf/pubs/AllStarts_FINAL.pdf
- National Campaign. (2009). *Thinking about our future: Latino teens speak out about teen pregnancy*. Retrieved from http://www.thenationalcampaign.org/resources/pdf/pubs/Thinking_About_Our_Future.pdf
- National Center for Health Statistics. (2001). *US health, 2001*. Washington, DC: U.S. Government Printing Office.
- National Latino Resource Center. (2005). *Teen pregnancy among Latinas in San Diego County: Contraceptive and abortion attitudes and behaviors*. Retrieved from http://www.csusm.edu/nlrc/Fact_Sheet_Teen_Pregnancy.pdf
- O'Donnell, L., Wilson-Simmons, R., Dash, K., Jeanbaptiste, V., Myint-U, A., Moss, J., & Stueve, A. (2007). Saving sex for later: Developing a parent-child communication intervention to delay sexual initiation among young adolescents. *Sex Education, 7*(2), 107-125.
- O'Sullivan, L. F., Meyer-Bahlburg, H. F. L., & Watkins, B. X. (2001). Mother-daughter communication about sex among urban African American and Latino families. *Journal of Adolescent Research 16*(3), 269-292.
- Padgett, D. (2008). *Qualitative methods in social work research* (2nd ed.). Thousand Oaks, CA: Sage.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.

- Popenoe, D. (1996). *Life without father: Compelling new evidence that fatherhood and marriage are indispensable for the good of children and society*. New York: The Free Press.
- Raffaelli, M., Bogenschneider, K., & Flood, M. F. (1998). Parent-teen communication about sexual topics. *Journal of Family Issues, 19*(3), 315-333.
- Raffaelli, M., & Green, S. (2003). Parent-adolescent communication about sex: Retrospective reports by Latino college students. *Journal of Marriage and Family, 65*, 474-481.
- Raffaelli, M., & Suarez-al-Adam, M. (1998). Reconsidering the HIV/AIDS prevention needs of Latino women in the United States. In N. L. Roth & L. K. Fuller (Eds.) *Women and AIDS: Negotiating safer practices, care and representation* (pp. 93-111). New York: Haworth Press.
- Regnerus, M. D. (2009). *Forbidden fruit: Sex and religion in the lives of American teenagers*. New York: Oxford University Press.
- Romo, L. E., Lefkowitz, E. S., Sigman, M., & Au, T. K. (2001). Determinants of mother-adolescent communication about sex in Latino families. *Adolescent and Family Health, 2*, 72-82.
- Ryan, G., & Bernard, H. R. (2000). Data management and analysis methods. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 769-802). Thousand Oaks, CA: Sage.
- Ryan, S., Franzetta, K., & Manlove, J. (2005). *Hispanic teen pregnancy and birth rates: Looking behind the numbers*. Retrieved from <http://www.childtrends.org/Files/HispanicRB.pdf>
- Sabogal, F., Marin, G., Otero-Sabogal, R., Van Oss Marin, B., & Perez-Stable, E. J. (1987). Hispanic familism and acculturation: What changes and what doesn't. *Hispanic Journal of Behavioral Sciences, 9*, 397-412.
- Schouten, B., van den Putte, B., Pasmans, M., & Meeuwesen, L. (2007). Parent-adolescent communication about sexuality: The role of adolescents' beliefs, subjective norm and perceived behavioral control. *Patient Education and Counseling, 66*, 75-83.
- Whitaker, D. J., & Miller, K. S. (2000). Parent-adolescent discussions about sex and condoms: Impact on peer influences of sexual risk behavior. *Journal of Adolescent Research, 15*(2), 251-273.
- Yeung, W. J., Duncan, G. J., & Hill M. S. (2000). Putting fathers back in the picture: Parental activities and children's adult outcomes. In H. E. Peters, G. W. Peterson, S. K. Steinmetz, & R. D. Day (Eds.), *Fatherhood: Research, interventions and policies* (pp. 97-113). New York: Hayworth Press.

Appendix

Interview Guide

- 1) Before you were involved in the program did you talk to your child/parent about sex related topics?
- 2) What messages did you get from your own parents about communication about sex? (Question to parents)
- 3) What role do you see mothers and fathers needing to take when helping youth not get pregnant?
- 4) How did these conversations occur or come up?
- 5) Do you talk to your daughters and sons/mothers and fathers differently when it comes to sex?
- 6) If answer is yes to above question then...Does that communication process need to change or does that work for your family or situation?
- 7) Are there things that girls need to learn from their fathers and boys need to learn from their mothers?
- 8) What kinds of things do you talk about?
- 9) How does their culture affect how they communicate with their kids in regards to sex?
- 10) What are the challenges that Latina/o people face in a rural community as far as teen pregnancy?
- 11) What types of knowledge or information would help you with these discussions?
- 12) Any suggestions for future programming in regards to prevention of teen pregnancy?

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Understanding Fathering among Urban Native American Men

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Abstract: *This study explores fathering among self identified Native American men who have been identified as father or father figure to children involved in the Early Head Start Research and Evaluation Project. This research study highlights United States policies and their effects on Native American families particularly fathers. In addition, Native American fathers in this study reported that “being there” for their child was important and described how the manifestation of being there ranged from traditional to contemporary models of fathering. The article concludes with a discussion of specific issues that are important when working with Native fathers that may be of interest to social workers and social service practitioners.*

Keywords: *Fathering, Native American, race*

INTRODUCTION

There is a growing interest in the role of fathers and fathering in America. One could argue that fathering has become a contemporary social, as well as political, issue. This awareness is supported by an increased number of grassroots organizations supporting fathers, research in this area of scholarship, and the more visible, active roles fathers are taking with their children today. The study of fathering is important, given that research continues to indicate that fathers have a significant impact upon the lives of young children. Although fathers are important, very little has been written or studied about fathering in some communities of color. This article uses qualitative data from the National Early Head Start Research and Evaluation Project (EHSREP) to explore Native men and their perceptions of fatherhood.

LITERATURE REVIEW

The research shows there is a positive relationship between fathers' involvement and infants' early physical, mental, and social development (Dubowitz et al., 2001; Klitzing, Simoni, Amsler, & Burgin, 1999; Pedersen, 1987; Pedersen, Rubenstein, & Yarrow, 1979; Shears & Robinson, 2005; Toth & Xu, 1999; Yogman, Kindlon, & Earls, 1995). Even though the parenting literature supports the importance of parents in general, Lamb (1997), and Magill-Evans, Harrison, and Burke (1999) all agree that fathers contribute differently to infant developmental outcomes when compared to mothers. These differences in interactions suggest that fathers offer something unique to early infant development.

The fathering research literature has suggested that fathering is in a state of transition as more fathers embrace contemporary versus traditional roles. Shears, Summers, Boller,

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and Barclay-McLaughlin (2006) suggest that the traditional view of fathers in American society is one of provider, protector, role model, and teacher. Although men still find value in traditional roles, many fathers are currently articulating a more contemporary fathering role. Some of these contemporary roles include father as caregiver, as a partner with the child's mother, and as a source of affection and emotional support (Lamb, 1997; White, Godfrey, & Moccasin, 2006).

Much of the link between positive child outcomes and fathering practices has been established through quantitative analysis that has merely identified the key variables and outcomes involved. While important, more information regarding the lived experiences of fathers is needed. By understanding the lived experiences of fathers themselves, family practitioners will be able to better understand how men construct their identities as fathers, and will be able to provide more sufficient services to them and their children. The issue of discussing fathering with fathers is essential because much of what is known historically about fathers' parenting attitudes and experiences came from mothers' reports (Shears et al., 2006; Tanfer & Mott, 1997).

In addition to the limitations of quantitative research and mothers' reports on fathering, there is very little research on Native fathers. Historically, fathering has been examined more frequently in western middle-class and well-educated families; however, researchers have recently suggested a need for research on perceptions of fatherhood among minority populations (Marsiglio, Amato, Day, & Lamb, 2002; Palcovitz, 2002). Several studies have found differences in fathering roles across racial and ethnic groups (Houssain, Field, Pickens, Malphurs, & Del Valle 1997; Mincy, 2002; Toth & Xu, 1999). This suggests that the roles that men embrace as fathers can also be impacted by one's race and ethnicity.

Since research and documentation of fathering is based primarily on Anglo communities, a predominantly Anglo model for fathering is viewed as the benchmark and thus, socially normative for all other men (Furman & Collins, 2005). These social norms and fathering standards can be deceiving and, in many cases, lead to improper and misleading conclusions regarding fathering in communities of color. To this end, more research is needed in minority and, more particularly, tribal communities. Native peoples and tribal communities (urban, rural, suburban, geographically isolated, etc.) are complex and present challenges for social work practitioners attempting to acquire more culturally competent practices. Since most of the current fathering literature applies to non-Native fathers, it is important to explore how fathering may differ in these communities. As a result, this qualitative study explores fathering within the urban Native family context.

Historical Overview

Historically, federal Indian policies and colonization have had and continue to have a profound impact on the role of Indigenous families and, in particular, on Native fathers (Noriega, 1992; White et al., 2006). Loss of land, lifestyle changes, and role changes in traditional family organization, clan, and kinship have also impacted the role of male relatives, grandparents, and the specific role of fathers within the Native family structure

(Diedrich, 1995; Duran & Duran, 1995; Heller, Cunningham, & Heller, 2003; White et al., 2006).

Tribal societies in the U.S. were largely communal and self-sustaining prior to European conquest. As European dominance of North America escalated, treaties with tribes created a basis for non-tribal land title and established defined land areas reserved by the tribes. Entire tribes were forced into dependency on the U.S. military for all means of daily sustenance. As the military role gave way to long term management of tribal people and lands, federal policies shifted toward forced assimilation of tribes into U.S. society. Of particular concern to lawmakers was the persistence of tribal communal lifestyles as opposed to the individual capitalist ideal. The 1887 Dawes Act broke up tribally held land into individual allotments for agricultural development and grazing. This process disrupted extended family systems and altered the traditional role of fathers significantly. Unallotted lands were made available for non-Native homesteads; thus tribal communities were further impacted by the proximity of non-Native practices and influences. Despite this influence, many tribal societies resisted assimilation and were resilient despite oppressive federal Indian policies.

Persistent poverty, acculturation, substance abuse, and historical trauma resulting from federal Indian policy continue to impact Native family life today (Duran, Duran & Braveheart, 1998; Garrett & Pichette, 2000; Lafromboise, Medoff, Lee, & Harris, 2007). The cumulative impact from specific federal Indian policies during relocation, allotment, forced boarding school, repression of Native spirituality, and persistent poverty and unemployment contributed to the emasculation of Native men (White et al., 2006). Currently, father absence for Native dads is significant and remains among the highest in the country (U.S. Census Bureau, 2000). At the same time Natives have a higher percentage of male-maintained households than do other minorities, with 9% of Native households being male-maintained where no female partner is present (U.S. Census Bureau, 2000).

Forced boarding school policies had a profound and traumatic impact on the Native American family unit and the tribal community (Duran et al., 1998; Flemming, 1992; Noriega, 1999; White et al., 2006). For almost a century, Native American children were forcefully removed from their families, communities, and tribes and sent to boarding schools under oppressive assimilation policies with the goal of cultural/tribal eradication and assimilation into the dominant society. The Indian Reorganization Act (IRA) of 1934 ended the legal and federally sanctioned abduction of children, although children were still removed from their homes and sent to boarding schools or 'foster families' (Noriega, 1992). Some have theorized that this policy had a significant impact on Native families, given the overrepresentation of Native children in child abuse cases, placement in the child welfare system, and in child fatalities (Petit & Curtis, 1997). The coerced acculturation interrupted traditional fathering practices and extended family structures resulting in dramatic and immediate changes in tribal family life styles, as well as identity (Hossain et al., 1999; Mirandi, 1991; Morrisette, 1994; Weaver & White, 1999; White et al., 2006). The absence of adult family role models within the boarding school structure impacted emotional development in children, many of whom later developed significant problems with depression, alcoholism, and violent behavior as adults (Swinomish Tribal

Mental Health Project, 1991). One might hypothesize that, with the lack of Native masculine role models for fathering, Native boys were significantly affected in their understanding and access to Native fathers as role models.

Forced relocation, allotment, boarding school practices, and loss of traditional roles forced tribal members to become dependent on government food distribution programs and welfare to sustain their families. This process undermined the role of fathers and increased the likelihood that Native children would grow up in an uninvolved or absent father home. The loss of male influence within the family can be traced to a loss of cultural practices, traditions, and rituals that once sustained tribal communities.

Within many traditional Native communities, fathers were neither the primary disciplinarian nor childcare provider, yet there were significant ways in which fathers contributed in child rearing activities (Hossain, 2001; Hossain et al., 1999). In male warrior societies, men's traditional roles to provide, protect, teach, and bring honor, whether as hunter, healer, scout, or warrior, were fairly common within a myriad of precontact tribal communities. In some western tribes, a father's role included taking over the primary role of instruction when sons turned eight or during latency-age years to train with him as a hunter and warrior (Diedrich, 1995). Being a warrior may not be viewed in a contemporary sense as an essential requirement for adulthood in all tribal communities, yet many contemporary tribal programs and initiatives encourage the reclaiming of warrior identities and are providing enculturation for young men as warriors (Vanas, 2003; White et al., 2006).

In the precontact milieu in a number of tribal communities, neither the father's or mother's role included negative interaction with their children; instead, extended family members served as the disciplinarians. Thus Native fathers and mothers were able to provide warmth and support for their children in unconditional ways (White et al., 2006). With the introduction of federal Indian policies, particularly assimilation policies, implementing a rigid boarding school curriculum institutionalizing non-Native gender identities and gender roles had significant impacts on the traditional roles for Native men (hunter, warrior, scout, healer, etc.) and created barriers for them as fathers. However, the change in traditional male roles might also create other opportunities for fathers to spend more time in interaction with their children in non-punitive ways which, for many Native men, may be a reclaiming of a traditional parenting style.

Today there is a resurgence of asserting tribal sovereignty via language reclamation, spiritual and healing practices, and cultural and tribal specific activities. Interestingly, enculturation has recently been suggested as a protective factor for Native adolescents (LaFromboise, Hoyt, Oliver, & Whitbeck, 2004). Enculturation is embraced informally across all of Indian Country as a key aspect of treatment and healing initiatives. Tribal communities throughout Native America are bringing back traditional activities and exploring ways to reclaim positive Native identities for their children. Native Hawaiian parents are learning the Hawaiian language on the internet. Northwest tribes have engaged youth with traditional paddling trips on the ocean to neighboring tribal communities. Pueblos in the Southwest continue to teach their youth tribal ceremonial dance and spiritual practices. Men's camp circles and reclaiming of warrior identities are

two contemporary areas in which Native men are specifically engaging in reclaiming traditional identities (Vanas, 2003; White Bison, Inc., 2002). Organizations like the Native American Fatherhood & Families Association (NAFFA, 2007) are working to strengthen Native American families by increasing the involvement of Native fathers. NAFFA uses the “fatherhood is sacred” model that encourages traditional Native culture and beliefs. In British Columbia, Canada the Indigenous Fathers Project was created to explore First Nations and Metis fathers’ experiences of becoming fathers. A documentary was created from the Indigenous Fathers Project as the participants felt this was the best way to share with other Indigenous peoples what had been learned in the fathering project.

Native Fathers

While there is both quantitative and qualitative research on fathering in mainstream populations, there is very little research available on contemporary Native fathering practices and significantly less investigation of Native fathering with preschool-aged children. There are, however, some trends reflected in historical and current literature that should be considered. In 1980, Native adolescents from 24 different states participated in a study that examined their perceptions of their fathers; researchers found clear evidence that Native adolescents want their fathers to become more involved in their parenting role (Stinnett, King, & Rowe, 1980). Fifty-seven percent said they were not close to their dads yet most reported that they respected their dads in the way elders are respected across tribal communities. Another historical study by French (1979) noted that similarly situated Native junior high students had lower self-esteem than their white classmates. Stinnett et al. (1980) suggest that lower self-esteem experienced by Native adolescents could be related to the lower involvement that Native dads had with their adolescents, suggesting that increased involvement could impact self-esteem for Native youth.

Research supports the idea that father involvement has a positive effect on young Native boys. Radin, Williams, and Coggins (1993) conducted an exploratory study of Ojibwa families to determine the relationship between father and mother involvement, academic performance, traditional values, and social performance. Increased time spent with fathers as primary caregivers was associated with higher academic achievement, as well as better social development for boys, while the role of mothers was particularly salient given the strong leadership roles and the centrality of women in those communities. The study supports the idea that cultural identity promotes resiliency (LaFromboise et al., 2004). Fathers and mothers who are secure in their own Native identities may help to provide a secure cultural identity for their children (Radin et al., 1993). Interestingly, in another study with Navajo families, father involvement in caretaking activities and across genders was significant, yet there were noted differences in academic-related nurturance since mothers spent significantly more time with children in academic-related caretaking. In the Navajo tribe there is significant tribal importance placed on maternal lineage. Researchers in this study emphasized how critical it was to note the recent importance and emphasis placed on the value of education in Navajo communities across class and education lines, since education is currently viewed as vital in terms of future economic security (Hossain et al., 1999). It should be noted that

historical governmental policy has brought a number of changes in tribal structure; such as the move from reservations to cities (first via federal policy and now for employment) which has created less time for many Native fathers to spend with their children (Hossain et al., 1999).

Despite these policies, a study by Kaye (2005) shows that Native fathers had a high level of involvement in Early Head Start (EHS) center committees, by serving on advisory boards, working in the classroom, bringing children and picking them up, attending home visits, and helping in maintaining center grounds. To appreciate the fathering experience among Native families, one must understand the historical policies that have had generational effects and the continued effects of those policies for Native fathers today.

METHODS

This exploratory study seeks to join a growing body of research on the lived experience of non-White fathers by exploring attitudes, experiences, and perceptions of self identified urban Native fathers of children involved in the EHSREP. This study used qualitative methods to analyze the qualitative questionnaire embedded in a larger data set. The guiding research question for this study asked, how do different fathers involved in Early Head Start perceive fathering?

Early Head Start

EHS focuses on enhancing the child's development and supports the family during the critical first three years of the child's life. As a result, it is a two-generation program that includes intensive services that begin before the child is born. A consortium of 17 researcher sites and federal funding agencies working in partnership with the National Early Head Start office conducted a national evaluation of program implementation and impacts. The EHSREP centers on the mother as the source of information but also includes a set of studies that focuses specifically on fathers as the primary respondents. The father studies help to fill a significant gap in knowledge by increasing our understanding of how fathers, in the context of their family and the Early Head Start program, influence infant and toddler development. Data related to participating fathers were collected at the child's age of 24 months at 12 sites. The father study contained an embedded qualitative study involving audio taped, open-ended questions, interspersed throughout the quantitative interview. Thus, the overall design of this mixed-methods research could be characterized as predominantly quantitative, with an embedded qualitative component conducted parallel to the quantitative study (Creswell, Clark, Gutman, & Hanson, 2003). Data for this report were taken from the interviews of men who were reported to be the father or father figure of the EHS child at 24 months.

Participants

This study includes the narratives from 18 urban Native fathers and father figures who participated in this qualitative study. Each of these men was interviewed around the time their child was 24 months old. Mothers involved in the EHS identified the

participants in this study as the father or father figure of their two year old child or focus child in the EHSREP. Given the requirements for enrollment in EHS, these men are considered to be fathers in low-income families. Most of the fathers interviewed (67%) reported being the resident biological father of the focus child, while 22% reported being residential other father type. The focus child of these fathers was 39% female and 61% male. All eighteen fathers reported having completed high school with 40% reported at least one year of college or more. Fathers reported a monthly mean income of \$1392 with a standard deviation of \$985 and a range of \$0 to \$3000 a month. Fathers' reported mean age was 31 years old with a standard deviation of 7.7 years and a range of 19 to 47 years.

The Interview

This study included an embedded qualitative instrument designed to produce more open-ended narrative information about fathering. Very little was known about low-income Native fathers, thus, this study was necessary to explore a general sense of the roles of Native fathers in the lives of their children. The qualitative interview instrument included six primary areas of inquiry and was designed to assist in the generation of new hypotheses about fathers and their involvement in children's lives.

The qualitative instrument explored the perception of fathering and the areas of inquiry included: What does "being a good father" mean to you? How has becoming a father impacted your life? Talk about your experiences with your own father. What kinds of help or support do you get to do your job as a father? What gets in the way of being a good father? and What are you proudest of about your child? Interviewers follow up the fathers' initial responses to these questions with additional probes to gather more details in each of six primary areas of inquiry. Interviewers were trained in qualitative interview techniques and also participated on conference calls to discuss and make revisions to the additional probes being used. This type of peer debriefing and charting of the revised probes adds to the overall credibility of the study (Anfara, Brown, & Mangione, 2002).

Two authors from the study did the coding. A Native American Studies scholar and third author, a Native male researcher, developed initial codes and categories. Data analysis involved describing trends in the data, as well as interpretative techniques. Detailed information, the context in which responses were presented, integration across comments, agreement across participants, and meanings offered relative to cultural phenomena were all taken into consideration in the analysis. The researchers read through the data multiple times using a line-by-line analysis of comments in order to determine patterns and trends in the data, using the constant comparison method (Lindlof & Bryan, 2002; Strauss & Corbin 1998). Using this approach, the data were coded, discussed, separated into categories, and further discussed as to the distinctiveness and difference of the categories.

RESULTS

This EHSREP qualitative study included participating Native fathers and their responses to six open-ended questions regarding their experiences as fathers. These

questions and an analysis of them are presented here for discussion and consideration for future areas of research on Native fathers.

Availability and Engagement

Fathers were asked, “*What does being a ‘good father’ mean to you?*” A consistent theme that Native fathers identified as being a good father was being available and actively engaged with their children. In discussing “availability” fathers included being physically present, being emotionally available, and showing up for their children. Being engaged included spending quality time, a willingness to actively engage, and to be in the moment with their children. Availability and engagement also furthered a participant’s ability to provide, protect, and care for his child. When fathers talked about availability it often included an example of urgency in which they perceived their children needed them in that place and time for a specific reason. For example, one father explained, “*Like when they’re sick or don’t feel good or if they want something.*” While a number of fathers included, “*Being there when they need you.*” Many of the fathers included ‘responsibility’, which several said their own fathers had not displayed, as important in being a good father. When fathers were available and engaged with their children, they viewed themselves as being responsible fathers. Participants also identified teaching their children as a part of engagement in activities with their children as important to being a good father. Throughout the interview many of the Native fathers contextualized their answers in relation to what they experienced as sons from their own fathers. One father shared, “*Pretty much just spending all kinds of time with them, sharing your time, playing with them, and being there when they need you. In general, just being there ... for the good and the bad.*” Another dad added:

I see people with their children. It’s inspirational to see fathers with their children. You very rarely see fathers in their children’s lives...you see the mother all the time, but not the father. You want to teach him something—Teach him our culture and don’t take him down the wrong path.

These Native fathers generally defined their roles as fathers in traditional terms, as the provider and protector who has responsibility in these areas for children. However, fathers also acknowledged their role in a child’s emotional stability and daily activities such as cooking, reading stories, and taking care of a sick child.

Change in Perspective

Fathers were also asked, *How has becoming a father impacted your life?* Fathers discussed many different examples of how becoming a father changed their perspective with regard to responsibilities and changed their behavior to fit their role as a father. Many of the fathers discussed the role of their child as central within their families. Most fathers were reflective of how fathering gave new meaning to their lives. One dad shared, “*My life changed a lot because everything has meaning to me now—not just being a father.*” In reflecting on how their perspective has changed, a number of dads shared how they have changed past at-risk behaviors since becoming a father:

Yeah, it's changed my life completely. I'm away from drugs and alcohol. I don't hang around the bars like I used to when I was younger. I got something at home to look forward to; I don't have to go out nowhere to get it.

When considering how fatherhood has impacted their lives, these dads reflected upon their own childhoods and compared their fathering ability to their own dads.

I kind of figured it wouldn't be anything like it was when I was brought up. I knew it would be better than that. I knew it was going to work no matter what it took to do better than the way I was brought up.

Father Figures and Positive Role Models

We later asked men to, *Talk about your experiences with your own father.* All of the dads in this study identified a father or father figure with the exception of one participant who revealed that he didn't have a male father figure growing up. The participants identified a father, stepfather, uncle, and, in one instance, a boyfriend of an Auntie as significant father figures. In Native families, people can be related by blood, clan, marriage, formal adoption, and, in some instances, in an "Indian way."

While many of the participants in this study discussed serious challenges from their families of origin, most of the participants talked about the positive role models they experienced from their father or father figures. Participants discussed the activities they did with their fathers, which provided meaning for them in considering the father figures in their lives. Those activities included hunting, fishing, archery, walking, road trips, and three wheeling. Other participants talked about their fathers as being present in their homes yet absent in their lives; this seems to have increased their own commitment as fathers to be present for their children as discussed above. In discussing missing fathers, some participants talked about how other father figures stepped in as positive role models. One participant shares: *"My experience with him was pretty good. I liked him and he did a lot for me...more than what my real father did for me when I was younger anyway."* These dads acknowledged the positive role modeling they experienced with their own father figures, which seemed particularly important as participants themselves now understood the demands of being fathers themselves:

He really wasn't one to talk a lot. But when he said something, he usually said something quite important...kind of straight to the heart kind of thing. And just by his examples as well. He loved all his kids and provides for his wife and stuff as well.

In their comments about the positive role modeling with their own father figures, participants discussed the importance of activities that their father figures engaged in with them and how that modeled for them how to engage with their own children:

Every weekend he would grab us up, put us in the car, take a little journey somewhere, places that we never experienced before. Other parts of the city, upstate, out of town, farms. He did a lot with us you know and that's what I like to do with my kids.

Participants, in describing their role in guiding or teaching their children, also shared the importance of teaching or conveying traditional cultural knowledge by teaching “culture”, “religion”, and language to their children.

Familial and Interpersonal Support Systems

We also asked participants about, *What kinds of help or support do you get to do your job as a father?* Most of the participants in this study identified extended family, particularly their siblings, as their primary source of help or support in their roles as fathers and almost all of the participants identified relational support systems as being important. Family by definition in Native communities generally includes extended family; thus the role of siblings and other family members providing support for Native fathers may be viewed as critical. Participants also identified the child’s mom as a significant source of support for fathers in this study. Being able to talk with the child’s mom and other relatives about fathering was acknowledged as particularly significant. One dad shared:

Yeah, my wife she’s been a big part of that...and my brother, talking to him, seeing how he does things. The combination of the two has played a major role in my life.

For many tribes parenting historically included extended family relatives and fathers in this study acknowledged the importance of interacting and including family members in their role as fathers. A number of the participants indicated a program or service that assisted them in their roles as fathers including Early Head Start, program parents, school psychologist, and Medicaid. Some of the fathers saw their friends as a source of support and two of the fathers identified themselves as their primary source of support in their job as a father. One dad responded that his children are his support: *“My kids help me out in many ways cause I like to cook. My sons like to watch me cook. They help me cook, actually.”*

Fathers identified various sources of support, both personal and institutional that were important to them as fathers. It is interesting to note that Pollack and Levant (1998) suggest that men are less likely than women to seek help or support. However it appears that these men utilized various support systems in their role as father.

Finances

Understanding the barriers to fathering is also important. As a result we asked men, *What gets in the way of being a father?* Three of the fathers said there was nothing that got in the way of being a father. Most of the fathers identified challenges in the expenses involved in raising children, the difficulties in dealing with illness and injuries, the developmental challenges they face as children grow and change, and the permanence of the responsibility of being a father. One father shared that:

I think everything in life is challenging. As far as actual downsides of being a father, not really. I can’t think of anything bad about it.

Given the financial constraints and challenges for many of the fathers in this study, it is interesting to note that few mentioned negative experiences. This demonstrates the importance and cultural significance of being a father with less emphasis on materialism as a measure of success. Another father said, *“It’s really tough when you’re a student and working, to spend time with the family. My wife and I really do try to spend as much time as we can with her.”*

One father did not find any barriers and stated:

It’s a lot of responsibility. I work to do the best I can to make them happy; it’s what makes me happy, the quality time is what’s important to me.... Nah it’s pretty fun, it is.

Another dad pointed out the difficulty of the toddler years in saying:

Not really. This is my first kid. She hasn’t really been a pain until she got a little older...the potty training is the hardest part.... Trying to get her off the pacifier. She won’t let that go for nothing.

Children are Amazing

We lastly asked fathers to share, *What are you proudest of about your child?* Mostly, fathers were proud of and in awe of their children’s abilities to learn, as well as their intelligence and the connection of those gifts to their roles as their fathers. One proud father shared:

The way she learns. She picks up so fast. She’s the smartest kid I’ve ever seen. Our friend’s two year old don’t talk the way she does. She can sit down and talk to you—have a conversation.

Another father shared a difficult story about his son’s health:

He went through four surgeries (he was born with cleft palette syndrome) before he was a year old and he’s taken it so well. Every time he opened his eyes after surgery it was me and his mom he seen. He’s been real good.

Another father said:

He’s a very intelligent, very active young man. He’s more—to me—he’s the youngest he speaks more, speaks his mind more. He tells—he gives them (siblings) advice that they listen to because of his intelligence. Some things he surprises me with, the things he says.

While another father reflected:

There are so many things. We really didn’t set any formal expectations or anything like that with her. She’s never and never has, in our minds, let us down.

Engaging with Fathers and Conveying Cultural Knowledge

Engagement in activities with fathers is an overarching theme discussed by participants in a myriad of ways in this study. Participants identified engaging in

activities with their own children as important and a way in which they defined themselves both as fathers and Natives. They also reflected and talked about their father figures and the activities they engaged in with them growing up, which included skipping rocks, walking the beach, road trips, making particular foods, going to market, hunting, fishing, using a bow, etc. Understanding their own language, cultural activities, and Native identity were also discussed. The impact of absent fathers was notable as was the importance placed on the fathering role. When father figures didn't engage with their sons, this was a particular area where participants shared negative experiences:

When I was in elementary school I was passing grades—I was in baseball league one year, and he really didn't pay much attention to that. So I really didn't pay much attention to him, and I started getting all (F's?)E's in school and everything and he grounded me to my room.

DISCUSSION

The results of this study indicate that Native fathers feel strongly that it is important to be “present” in addition to “being there” in the lives of their children. Since a number of fathers discussed the absence of their own fathers, even when those fathers were physically present, it is important to note in this study that the idea of “being present” was particularly important to Native fathers as demonstrated in other research on fathers (Shears, Furman, & Nalini, 2007). Orientation in a Native worldview is in the present and for Native fathers, being present and engaged with their children was as important, if not more salient, as “being there.” At the same time, Native fathers discussed the importance of engaging in activities with their children and increased father involvement, both of which are associated with better academic and social outcomes for Native children. A number of fathers also seemed to communicate that fatherhood saved them from at-risk behaviors and gave them a sense of purpose in life. One might hypothesize that the relationship between father and child was mutually beneficial. Although we know there are benefits to children of having engaged fathers present, we need to further explore the benefits to fathers of being an active father. Given the high incidence of father absence in Native populations, it is interesting that Native fathers in this study evidence similar perspectives of good fathering to middle-income Anglo fathers. One might question the amount of stress that is caused in the attempt to “be there” with fewer financial resources. As a result, one might ask if low-income fathers are more stressed in their attempt to be there for their child.

Native fathers also emphasized that they wanted to teach their children culture, language, and traditional activities. The importance of enculturation was an interesting finding, since other researchers have suggested that enculturation may serve as a protective factor and a way to encourage resiliency for Native children in spite of persistent poverty and other challenges (LaFromboise et al., 2004). Several studies found that more than mere father presence was needed for Native children to report a sense of closeness to their fathers and social success (Radin et al., 1993; Stinnett et al., 1980).

When asked about the downside of fathering and the challenges in this role, most Native fathers replied there were none; when they did list a challenge, it was often

followed-up with how positive it was to be a father. Shears et al. (2006) noted a similar finding with low-income Mexican American fathers. The importance of children in Native communities is well documented historically, as was the role of parenting, which may support the ways in which Native fathers downplay the challenges in fathering their children. Engagement in the role of fathering may serve as a form of resiliency for fathers, particularly low-income fathers experiencing other challenges in their lives.

To this end, becoming a father may be a protective factor with some men in order to reduce their participation in at-risk behaviors, such as drug and alcohol use and membership in gangs. Some men report feeling a sense of purpose and responsibility once they become a father. These men suggest that becoming a dad saved them from the life they had been leading and caused them to become more socially compliant. Shears et al. (2007) found that many fathers perceived that becoming a father made them more responsible and accountable. We often cite how important fathers are to children and may need to explore how important becoming a father is to some men's well-being.

Limitations

All of the Native fathers interviewed in this study were living in urban areas and, thus, may not be representative of fathers living in more rural, reservation, and geographically remote homeland areas in the United States. The results from this study are limited to young, urban fathers with primarily preschool-age children. Interviewers were neither familiar with nor trained in interviewing around culturally cued information and, when participants responded in culturally nuanced ways, these cues were not followed up. For example, some respondents were able to provide culturally relevant information regarding cooking, hunting, and teaching language to their children yet interviewers didn't follow up or explore their responses in any detail. Lastly, the interview instrument itself did not include probes to explore particular differences among fathers from different racial or ethnic backgrounds.

Implications

As Natives continue to move into urban and suburban communities, social services practitioners and researchers need to understand their past histories and connection to homeland and cultural areas in order to provide more culturally relevant services. Many of the current social and health problems facing Native populations today have origins that refer to a history of trauma and oppressive federal policies which significantly impacted individuals, families, and communities. Healing is an ongoing process for many tribal communities. Social service practitioners need to acknowledge and be prepared to confront the grief experienced by the Native families if they are to be successful in providing services and understanding lived experiences of Native fathers (Brown & Shalett, 1997; Morrissette, 1994). Social service practitioners and researchers are realizing that more must be done to understand the lived experiences of Natives and how that experience relates to contemporary and historical federal policies impacting Indigenous peoples, specifically, Native men. Too often, cultural variables are misunderstood by the social service community and non-Natives working with Native populations. That is, the experience of Native men is often viewed through a lens of

individual pathology rather than contextualizing their personal and lived experiences as it relates to important cultural, family, tribal, and community variables and the historical, as well as political, context in which Native men live their lives. It is notable that Native men in this study exhibit an increased sense of self and accomplishment as a result of their engagement in fathering their children. The importance placed on the fathering role and experiencing success as a father is significant and could be incorporated by social work practitioners when working with Native populations.

A remarkable result of this research has been the way men expressed how becoming a father positively impacted other aspects of their lives. EHS programs that serve Native American populations should assist men in understanding the importance of fathering from the traditional sense, that their relationship is important to their child. In addition, some attention should be given to the stories of men who share that they benefitted from being a dad, and that sense of purpose they feel has led them to reevaluate their life's purpose. As child care centers attempt to engage fathers and encourage them be more involved, they can put more emphasis on helping men to understand how important fathering is to them. In addition, these centers with fathering programs need to assist and provide support to young fathers who may be a "little rough around the edges" as they transition to being a more stable adult and parent.

References

- Anfara, V., Brown, K., & Mangione, T. (2002). Qualitative analysis on stage: Making the research process more public. *Educational Researcher, 31*(7), 28-38.
- Brown P. M., & Shalett, J. S. (1997). *Cross cultural practice with couples and families*. Binghamton, NY: Haworth Press.
- Creswell, J. W., Clark, V. L., Gutmann, M. L., & Hanson, W. E. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209-240). Thousand Oaks, CA: Sage.
- Diedrich, M. (1995). *The life and times of a famous Dakota woman and her family*. Rochester, MN: Coyote Books.
- Dubowitz, H., Black, M. M., Cox, C. E., Kerr, M. A., Litrownik, A. J., Radhakrishna, A., English, D. J., Schneider, M. W., & Runyan, D. K. (2001). Father involvement and children's functioning at age 6 years: A multisite study. *Child Maltreatment, 6*(4), 300-309.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: State University of New York.
- Duran, B., Duran, E., & Braveheart, M. Y. (1998). Native Americans and the trauma of history. In R. Thornton (Ed.), *Studying Native America: Problems and prospects* (pp. 60-76). Madison, WI: University of Wisconsin Press.
- Flemming, C. (1992). American Indians and Alaska Natives: Changing societies past and present, In: Substance Abuse and Mental Health Services Administration, *Cultural Competence Series #1*, Rockville, MD: Center for Substance Abuse Prevention.

- French, L. (1979). The educational dilemma facing urban Indians. *Journal of American Indian Education, 18*(2), 28-32.
- Furman, R., & Collins, K. (2005). Culturally sensitive practices and crisis management: Social constructionism as an integrative model. *Journal of Police Crisis Negotiation, 5*(2), 47-57.
- Garrett, M. T., & Pichette, E. F. (2000). Red as an apple: Native American acculturation and counseling with or without reservation. *Journal of Counseling and Development, 78*, 3-13.
- Heller, C., Cunningham, B., & Heller, H. M. (2003). Selecting children's picture books with positive Native American fathers and father figures. *Multicultural Review, 12*(1), 43-48.
- Hossain, Z., Chew, B., Swilling, S., Brown, S., Michaels, M., & Philips, S. (1999). Fathers' participation in childcare within Navajo Indian families. *Early Child Development and Care, 154*, 63-74.
- Hossain, Z. (2001). Division of household labor and family functioning in off-reservation Navajo Indian families. *Family Relations, 50*, 255-261.
- Hossain, Z., Fields, T. M., Pickens, J., Malphurs, J., & Del Valle, C. (1997). Father's caregiving in low-income African-American and Native American families. *Early Development and Parenting, 6*, 73-82.
- Kaye, S. (2005, January/February). Father involvement. *Children's Voice: Research to Practice, 20-21*.
- Klitzing, K. V., Simoni, H., Amsler, F., & Burgin, D. (1999). The role of the father in early family interactions. *Infant Mental Health Journal, 20*(3), 222-237.
- LaFromboise, T. D., Hoyt, D. R., Oliver, L., & Whitbeck, L. B. (2004). Family, community, and school influences on resilience among American Indian adolescents in the Upper Midwest. *Journal of Community Psychology, 34*(2), 193-209.
- Lafromboise, T. D., Medoff, L., Lee, C., & Harris, A. (2007). Psychological and cultural correlates of suicidal ideation among American Indian early adolescents on a northern plains reservation. *Research in Human Behavior, 41*, 119-43.
- Lamb, M. E. (1997). *The role of the father in child development* (3rd ed.). New York: Wiley.
- Lindlof, T. R., & Bryan, C. T. (2002). *Qualitative communication research methods* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Magill-Evans, J., Harrison, M. J., & Burke, S. O. (1999). Parent-child interactions and development of toddlers born preterm. *Western Journal of Nursing Research, 21*(3), 292-312.
- Marsiglio, W., Amato, P., Day, R. D. & Lamb, M. E. (2002). Scholarship on fatherhood in the 1990s and beyond. *Journal of Marriage and the Family, 62*(4), 1173-1191.

- Mincy, R. B. (2002). What about Black fathers? *The American Prospect*, 13(7), 56-58.
- Mirandi, A. (1991). Ethnicity and fatherhood. In F. Bozett & S. Hanson (Eds.), *Fatherhood and families in cultural context* (pp. 53-82). New York: Springer Publishers.
- Morrisette, P. J. (1994). The holocaust of first nation people: Residual effects on parenting and treatment implications. *Contemporary Family Therapy*, 16(5), 381-392.
- Native American Fatherhood & Families Association (2007). "Fatherhood is Sacred; Motherhood is Sacred." Retrieved from <http://www.nativeamericanfathers.org/>
- Noriega, J. (1992). American Indian education in the United States: Indoctrination for subordination to colonialism. In M. A. Jaimes (Ed.), *The state of Native America: Genocide, colonization, and resistance* (pp. 371-402). Boston, MA: South End Press.
- Palkovitz, R. (2002). *Involved fathering and men's adult development: Provisional balances*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Pedersen, F. (1987). Introduction: A perspective on research concerning fatherhood. In P. Berman & F. Pedersen (Eds.), *Men's transition to parenthood: Longitudinal studies of early family experience* (pp. 1-12). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Pedersen, F. A., Rubenstein, J. L. & Yarrow, L. J. (1979). Infant development in father-absent families. *The Journal of Genetic Psychology*, 135(1), 51-61.
- Petit, M. R., & Curtis, P. A. (1997). *Child abuse and neglect: A look at the states—The 1997 CWLA stat book*. Washington, DC: Child Welfare League of America
- Pollack, W., & Levant, R. (Eds.). (1998). *New psychotherapy for men*. New York: John Wiley & Son
- Radin, N., Williams, E., & Coggins, K. (1993). Parental involvement in child rearing and the school performance of Native American children: An exploratory study. *Family Perspectives*, 27, 375-391.
- Shears, J., Furman, R., & Nalini, J. (2007). The perceptions of Mexican American men as fathers. *Advances in Social Work*, 8(2), 338-352.
- Shears, J., & Robinson, J. (2005) Fathering attitudes and practices: Influences on children's development. *Child Care in Practice*, 11(1) 63-79.
- Shears, J., Summers J., Boller, K., & Barclay-McLaughlin, G. (2006). Exploring fathering roles in low-income families: The influence of intergenerational transmission. *Families in Society*, 87(2), 259-268.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Stinnett, N., King, K. F., & Rowe, G. (1980). The American Indian adolescent: Perception of fathers. *Journal of American Indian Education*, 19(2), 19-23.

- Swinomish Tribal Mental Health Project. (1991). *A gathering of wisdoms: Tribal mental health: A cultural perspective*. LaConner, WA: Swinomish Tribal Community.
- Tanfer K., & Mott, F. (1997). *Data and measurement issues: The meaning of fatherhood for men*. Battelle Memorial Institute, prepared for NICHD workshop Improving Data on Male Fertility, Family Formation and Fatherhood, Urban Institute, January, 1997, Washington, DC.
- Toth, J., & Xu, X. (1999). Ethnic and cultural diversity in fathers' involvement: A racial/ethnic comparison of African American, Native, & White fathers. *Youth and Society, 31*, 76–99.
- U.S. Census Bureau. (2000). Households and families with an American Indian and Alaska Native householder for selected American Indian and Alaska Native Tribes. Washington, DC: Author.
- Vanas, D. J. (2003). *The tiny warrior*. Kansas City, MO: Andrews McMeel Publishing.
- Weaver, H. N., & White, B. J. (1999). Protecting the future of indigenous children and nations: An examination of the Indian Child Welfare Act. *Journal of Health and Social Policy, 10*(4), 35-50.
- White Bison, Inc. (2002). Seven philosophies for a Native American man. www.whitebison.org
- White, J. M., Godfrey, J., & Iron Moccasin, B. (2006). American Indian fathering in the Dakota Nation: Uses of Akicita as a fatherhood standard. *Fathering, 4*(1), 49-69.
- Yogman, M. W., Kindlon, D., & Earls, F. (1995). Father involvement and cognitive/behavioral outcomes of preterm infants. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*(1), 58-66.

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Paying Project Participants: Dilemmas in Research with Poor, Marginalized Populations

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Abstract: *This paper presents a case study about issues that can arise in research with marginalized populations. We use our experiences during a focus group conducted with low-income men to discuss how using monetary incentives can lead to ethical and methodological dilemmas, including participants' misrepresentation of their demographic backgrounds to match study criteria. We address difficulties caused by the Institutional Review Board process' inability to account for unanticipated circumstances during fieldwork. We note that any resolution of such dilemmas must prioritize responsible research practice and protecting participants. We also note the need for more research on the impact and ethics of monetary and other incentives in recruiting participants for studies such as ours that include populations from diverse socioeconomic backgrounds. The issues raised in this paper have implications for those considering research design, especially concerning incentives and screening questions.*

Keywords: *Marginalized populations, recruitment, research design, research incentives, research participation*

INTRODUCTION

One of the principles of the Code of Ethics of the National Association of Social Workers [NASW] (NASW, 2008) is social justice. Social justice requires that all people receive equitable access to information and services. However, a great deal of the research that forms the basis for providing such information and services, especially those that are health-related, is conducted with White, middle-class, heterosexual respondents (Fredriksen-Goldsen & Hooyman, 2007). Many of the resultant articles end with recommendations to include more diverse populations in future samples, but few investigators actually do this. Our project was one attempt to rectify this situation. Our original intent was to investigate gay men's perceptions of prostate health and prostate cancer and their perceptions of the effects of prostate cancer on sexuality and relationships. Most prior work had been done with presumptively heterosexual men. We also wanted a sample that was racially and socioeconomically inclusive, as, with the exception of Heslin, Gore, King, & Fox (2008), there are few studies on this topic conducted with non-White or low-income gay men.

When we recruited low-income marginalized men using protocols established with middle-class men, however, complications arose. Primarily, our participation incentive of \$40, modest by middle-class standards, proved problematic when advertised among low-

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income populations. Some of our volunteers seemed to misrepresent themselves, presumably motivated by the financial incentive and their own economic needs. The NASW code calls on social workers to “educate themselves, their students, and their colleagues about responsible research practices” (NASW, 2008, 5.02p). Our experience raises several issues related to responsible research practices that are pertinent to social work and health-related fields, as well as other disciplines. The topics we address in this paper include: incentives and the possibility of participants misrepresenting their demographic background to match study criteria; the limits posed by protocols approved by Institutional Review Boards (IRBs), which cannot be immediately altered as issues arise in the field; and research ethics. We conclude with recommendations for fieldwork arising out of our experiences.

RESEARCH METHODOLOGY

Research Subjects and Method

The design and protocols of our study (Asencio, Blank, Descartes, & Crawford, 2009; Blank, Asencio, Descartes, & Griggs, 2009; Descartes, Asencio, Blank, & Crawford, forthcoming) replicated standard procedures used in typical prostate-related research (Eton & Lepore, 2002; Sanda et al., 2008). The major difference was that, as stated, we intended our sample to be gay men and we hoped for racial, ethnic, and socioeconomic diversity. Participation eligibility was limited to those who were gay, male, and 40 years old or older (the age demographic most likely to face prostate health-related issues). These criteria were stated clearly in all our advertisements and reiterated to those who contacted us.

Our research was exploratory, and a qualitative approach thus was deemed most suitable. We decided to use focus groups to bring diverse groups of gay men together to talk about their knowledge of and share their experiences with prostate health issues. We set the participation incentive at \$40, well within the range of incentives commonly given in health-related research (Grady, 2005; Klitzman, Albala, Siragusa, Nelson, & Appelbaum, 2007).

Site, Recruitment, and Participants

We conducted the study in Hartford, Connecticut, a small city that has a significant Latino and Black population. We distributed flyers announcing the focus groups to community organizations that had programming for gay men and at the local Pride celebration. Postings also were placed on relevant electronic mailing lists. In the first four (out of five) focus groups these methods recruited gay men who fit our criteria.

The participants in the first four groups included a significant number of low-income men. These men revealed particular needs and issues that we wanted to explore more fully. We thus decided to specifically recruit low-income men for a fifth group. We contacted an outreach worker from a local organization serving poor Latino and Black men and women, many of them homeless and with a history of drug use. Some, he

believed, were gay men. With our flyers in hand and our criteria in mind, the outreach worker set about recruiting for our next group.

DILEMMAS IN THE FIELD: THE FIFTH FOCUS GROUP

Each of our first four focus groups had six to eight participants. In this fifth group, however, a total of 22 people were waiting for us when we arrived a half hour before the scheduled start. Many of them had been waiting an hour for us to arrive. As we looked around the room, we noted with concern that some people looked much younger than 40, a few were instantly recognizable as having attended earlier groups, and one appeared to be a biological female. Based on (admittedly unreliable) cues, we did not even get the sense that all those in the room actually were gay. Some seemed unusually uncomfortable, some seemed to avoid eye and physical contact with those around them, and so forth.

Because IRB procedures are established well before the study begins and any changes need to be approved ahead of time (sometimes with a lag of several weeks), unanticipated challenges in the field such as these cannot be addressed easily or in a timely manner. Requesting a driver's license or identification card would have helped us to establish sex and age. Our IRB-approved protocol, however, did not include this step. When developing the research protocol, we thought that asking for identification might be threatening for some of the men, such as those engaged in illegal activities or those who might be undocumented immigrants. Some, being poor and homeless, might not even have had access to identification documents. A driver's license or identity card would not have answered the question of sexual orientation anyway. There thus was no way to determine who met our criteria.

Cancelling the focus group and starting fresh did not make sense as we likely would have lost the participation of the waiting men who did fit the criteria. Such a move also might have initiated confrontations with this large, increasingly impatient, group. We decided to continue and provide the study information and consent forms. As we did so, we reinforced how important it was that participants fit the criteria. We gently queried those who appeared not to fit the study's requirements, as well as those we recognized as prior participants. We were concerned that anything beyond requests for confirmation might violate the men's rights to ethical treatment. If we had gone further in questioning those we were concerned about, we would have been attacking their self-representations in front of the large group gathered. This clearly would have violated the NASW Code of Ethics statement concerning "due regard for participants' wellbeing, privacy, and dignity" (NASW, 2008, 5.02e).

We recognized one man in particular from a prior focus group, but he gave a different first name this time. He vehemently denied being the same man, even though he was not easily forgotten because of unusual tics and mannerisms. When he was told that one of the investigators distinctly remembered him, he said the "other" man had been his twin brother. He was adamant that he was going to stay. We wished to avoid further confrontation, and as always, we wished to treat all participants with sensitivity, so we moved on.

We then approached a potential participant who appeared to be a (non-transgender) woman dressed in baggy, figure-obscuring clothing, sitting with a man who appeared to be the person's partner. This incident highlights the challenge in trying to confirm someone's sex. This person could have been transgender, given that visual cues are unreliable. The person identified as male when we asked. Given the awkwardness of the question and having no way to determine otherwise, we accepted the response. While we understand that issues of sex and gender are complicated, for the purpose of this study, participants needed to have a prostate.

There were also several men who looked younger than 40, including one particularly youthful looking man. When he was reminded of the age criterion, he told us that he had just turned 40. At this point, all those about whom we were concerned seemed completely comfortable in maintaining that they fit the study's criteria. Reminders of how important the criteria were for the research goals did not result in any voluntary withdrawals. We had a group at least half of which we suspected to be not 40, not gay, and/or not male. To complicate matters more, we also had the repeat attendee.

Given our concerns, the importance of protecting our participants' privacy and dignity, and our inability to change IRB-approved procedures in the field, we decided that there was only one way to proceed. We did not question anyone further. We gave the participation incentive of \$40 before the focus group commenced, which was a regular step of our protocol. We then announced that anybody could leave if they wanted to, without being asked to return the money. Although we made similar statements in previous focus groups, no one had ever taken the money and walked out. This time, however, the room quickly started to clear. All those we were concerned about, whether we'd spoken to them directly about it or not, left immediately, as did several others. At the end, seven remained. We presume (and visual cues indicated) that those who stayed did so because they actually fit the gay, male, age 40-and-over category. We were distressed, as we lost funds that might have enabled an additional focus group, but we felt we had maintained integrity with our participants, the validity of our data, and our ethical stance.

ISSUES IN RESEARCH WITH MARGINALIZED POPULATIONS

Despite this challenging experience, we continue to believe that it is crucial that hard-to-reach and marginalized people are included in all research. Although human services research does this as a matter of course, health-related research often does not. As we found, (Descartes, Asencio, Blank, & Crawford, forthcoming; also see Augustus et al., 2009; Diebert et al., 2007), the perspectives, knowledge, and attitudes of poorer and/or less educated people can differ from those of the middle-class, highly educated populations more often included in such work (Augustus et al., 2009; Eton & Lepore, 2002; Sanda et al., 2008). Studies that have been conducted with middle-class populations should be extended to incorporate more diverse people, rather than simply accepted as being non-representative. Yet, inclusion of poor and marginalized populations presents very real issues around recruitment and financial incentives. These issues include the potential for participants to misrepresent themselves. At least one death is attributable to this—in an NIH sleep study, one woman died as a result of her

participation, after giving false medical information in order to be included (Kolata, 1980, as cited in Ripley, 2006).

The related issue of “professional” research participants, those who make part or all of their living by participating in any study they can, is a problem in academic investigation. Indeed, two of our participants subsequently contacted one of us with rather aggressive requests for other paid research opportunities. Market researchers, however, seem to be among the few publicizing concerns about professional focus group attendees (FocusGroupTips.com, n.d.). Their suggestions on how to address this issue (take names, request identification, keep databases that record identifying information) are not always practicable for academic researchers, however. This is especially the case for social workers, health researchers, and others who research sensitive topics with marginalized populations.

Much of what has been published about ethics and financial incentives to vulnerable populations comes from addiction, homelessness, and adolescent studies. Concerns expressed in this literature include what the participants will do with their money—for example, the potential for drug users to use their money to purchase drugs (noted by Ensign & Ammerman, 2008). Although we feel participants’ spending is their own business, the literature observes that the prospect of buying drugs might influence decisions to participate and violate voluntary and informed consent, because of the nature of addiction (Fry, Hall, Ritter, & Jenkinson, 2006). The NASW Code of Ethics indeed requires that there not be “undue inducement to participate” in research (NASW, 2008, 5.02e). Both Fry et al. (2006) and Ripley (2006) provide guidelines for considering whether researchers should provide payments as incentives, and both note the possibility that some people might misrepresent themselves to participate in research. Fry et al. (2006) raise the possibility of screening procedures to address such issues.

Some factors, however, as noted, are difficult to screen for. Participants motivated by monetary considerations can easily lie, as for example, when a heterosexual man says he is homosexual or a biological woman dresses in obscuring clothing and insists that she is a gay man. Age can be verified, but a person’s sexual history (or, as other examples, addiction history or mental health symptomatology) are not necessarily easily confirmed. Ways out of such dilemmas are difficult if not completely impossible to implement fully. Incentives are difficult to consider giving up. Studies have shown that they raise the participation of low-income people in research (Mack, Huggins, Keathley, & Sundukchi, 1998; Martin, Abreu, & Winters, 2001, both as cited in Singer & Kulka, 2002). Reaching populations who are low-education and low-income is critical. It is precisely in those populations, however, that incentives can be transformed from a simple “thank you” to reasons to do whatever it takes to obtain the money.

RECOMMENDATIONS

It is imperative that marginalized populations be included in research. By attempting to recruit non-White and low-income gay men we obtained important data about the diverse experiences of a range of men who are confronted with prostate health issues. Our experiences, however, highlight the difficulties that such efforts can bring. Even with

knowledge of potential challenges, investigators can be taken unaware when they are actually in the field.

Some of our issues arose due to the inflexibility of the IRB process, which is unlikely to change much in the near future. We had a serious predicament in the field and could not change our protocols in a timely manner. The only solution is to try to foresee awkward and ambiguous situations and incorporate those into the IRB submission. The impetus behind this article was to add to the resources available for anticipating such circumstances. In our own case, we could have tried using identification to establish eligibility but foregone any recording of names and addresses. Private time with each focus group participant also might have made a difference. We did not reserve separate rooms in which to give the participants their initial consent forms. The men came together in one large room, and consent was gone over with them individually or in small groups, in front of the others waiting. Privacy for this stage of the research process would better have enabled potentially sensitive topics to be addressed more freely. Along those lines, screening questions need to be thought through thoroughly regarding criteria that are not easily verifiable, such as sexual identity. "Describe how you came to realize you were gay" for example, might have been a better way of encouraging only gay men to stay for the focus group, as a narrative requires more from a respondent than simply showing up for a group advertised as being for gay men. Those truly committed to getting the money no matter what, however, might still have fabricated something in order to get the incentive.

Financial incentives with marginalized populations do need to be considered in terms of their coercive potential. Forty dollars is minimal to a middle-class person and hardly worth lying for. For a homeless person, however, it may be a very attractive sum. We do want to note that concerns about monetary incentives are not something only involving the poor. One of the few articles in the social work literature addressing monetary incentives and unethical behavior involved doctors who received \$1000 from pharmaceutical companies to recruit patients (Fast, 2003). What our research experiences show is that what is considered a small amount of money by middle-class participants may be seen as a lot by less well-off participants. Unfortunately, determining the appropriate and ethical level of monetary incentive, particularly in a study recruiting participants with a mix of socioeconomic backgrounds, has not been researched.

To avoid the issue of the coercive potential of money altogether, some researchers have used prepaid phone cards as incentives for those who are homeless (e.g., Ensign, 2003). Such incentives, however, may not be particularly appealing to those who are middle-class, who are likely to own cell phones. For a study recruiting people of different socioeconomic statuses, as ours did, this would be a problem. Incentives that appeal primarily to members of a specific identity might have been a better solution for our work. Gift cards to a gay bookstore or gift shop or for entry to a gay-themed event might have worked well to reduce the likelihood of misrepresentation and the potential coercion of a monetary inducement.

CONCLUSION

Our focus group taught us a number of lessons about the challenges that can arise in a project where both middle- and low-income participants are included. In our case, we confronted issues not indicated by our initial literature reviews that were difficult to deal with given the timeframe of IRB approvals. Although some of the situations we encountered can be avoided by us in the future and by other researchers who take our experiences into account, some of the issues likely have no solution. There is no way to verify sexual orientation, for example. It is a completely self-reported, non-measurable categorization and thus entirely falsifiable. Therefore, the participant's truthfulness on the subject of identity is crucial. Making sure that truthfulness is not subverted by the incentive of payment will likely remain a challenge.

The sharing of these types of research experiences, however, highlights: 1) issues and problems that need to be anticipated before commencing fieldwork; 2) measures that may help reduce some of the challenges encountered; and 3) the need for more research addressing the use of incentives when dealing with both privileged and marginalized populations in the same study. It also adds to a continuing conversation on how to support the commitment, as called for in the NASW code of ethics, to advance social justice and responsible research practice.

References

- Asencio, M., Blank, T., Descartes, L., & Crawford, A. (2009). The prospect of prostate cancer: A challenge for gay men's sexualities as they age. *Sexuality Research and Social Policy, 6*(4), 38-51.
- Augustus, J. S., Kwan, L., Fink, A., Connor, S. E., Maliski, S. L., & Litwin, M. S. (2009). Education as a predictor of quality of life outcomes among disadvantaged men. *Prostate Cancer and Prostatic Diseases, 12*, 253-258.
- Blank, T. O., Asencio, M., Descartes, L., & Griggs, J. (2009). Aging, health, and GLBTQ family and community life. *Journal of GLBT Family Studies, 5*, 9-34.
- Deibert, C. M., Maliski, S., Kwan, L., Fink, A., Connor, S. E., & Litwin, M. S. (2007). Prostate cancer knowledge among low-income minority men. *The Journal of Urology, 177*, 1851-1855.
- Descartes, L., Asencio, M., Blank, T. O., & Crawford, A. (forthcoming). Gay men's knowledge of prostate cancer. In G. Perlman (Ed.), *What every gay man needs to know about prostate cancer*. New York: Magnus Books.
- Ensign, J. (2003). Ethical issues in qualitative health research with homeless youths. *Journal of Advanced Nursing, 43*, 43-50.
- Ensign, J., & Ammerman, S. (2008). Ethical issues in research with homeless youths. *Journal of Advanced Nursing, 62*, 365-372. doi: 10.1111/j.1365-2648.2008.04599.x
- Eton, D. T., & Lepore, S. J. (2002). Prostate cancer and health-related quality of life: A review of the literature. *Psycho-oncology, 11*, 307-326.

- Fast, J. (2003). When is a mental health clinic not a mental health clinic: Drug trial abuses reach social work. *Social Work, 48*, 425-427.
- FocusGroupTips.com. (n.d.). The Dirty Secret of the Research Industry - What to Do about Professional Focus Group Participants. Retrieved from <http://www.focusgrouptips.com/focus-group-participants.html>
- Fredriksen-Goldsen, K. I., & Hooyman, N. R. (2007). Caregiving research, services, and policies in historically marginalized communities: Where do we go from here? *Journal of Gay & Lesbian Social Services, 18*, 129-145.
- Fry, C., Hall, W., Ritter, A., & Jenkinson, R. (2006). The ethics of paying drug users who participate in research: A review and practical recommendations. *Journal of Empirical Research on Human Research Ethics, 1*, 21-36.
- Grady, C. (2005). Payment of clinical research subjects. *Journal of Clinical Investigation, 115*, 1681-1687.
- Heslin, K. C., Gore, J. L., King, W. D., & Fox, S. A. (2008). Sexual orientation and testing for prostate and colorectal cancers among men in California. *Medical Care, 46*, 1240-1248.
- Klitzman, R., Albala, I., Siragusa, J., Nelson, K., & Appelbaum, P. (2007). The reporting of monetary compensation in research articles. *Journal of Empirical Research on Human Research Ethics, 2*(4), 61-67.
- National Association of Social Workers. (2008). Code of ethics of the National Association of Social Workers. Retrieved from <http://www.naswdc.org/pubs/code/code.asp>
- Ripley, E. (2006). A review of paying research participants: It's time to move beyond the ethical debate. *Journal of Empirical Research on Human Research Ethics, 1*, 9-20.
- Sanda, M. G., Dunn, R. L., Michalski, J., Sandler, H.M., Northouse, L., Hembroff, L. . . . Wei, J. (2008). Quality of life and satisfaction with outcome among prostate cancer survivors. *New England Journal of Medicine, 358*, 1250-1261.
- Singer, E., & Kulka, R. A. (2002). Paying respondents for survey participation. In M. Ver Ploeg, R. A. Moffit, & C. Forbes Citro (Eds.), *Studies of welfare populations: Data collection and research issues* (pp. 105-128). Washington, DC: National Academy Press.

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Prevention as an Explicit Part of the Social Work Profession: A Systematic Investigation

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Abstract: *Historically, social workers have espoused a philosophy of prevention. However, this philosophy has not consistently translated into prevention-focused social work practice. This gap in social work practice is of concern given the growing federal attention placed on prevention efforts in key social work arenas, such as health, mental health, and substance abuse. In an effort to illustrate this practice gap, this article presents a systematic investigation of the status of prevention and social work through the examination of three seminal indicators including: the social work literature, the 2009-2012 National Association of Social Workers (NASW) Social Work Speaks, and the 2008 Educational Policy Accreditation Standards (EPAS). Results indicate that the social work profession lacks an emphasis on prevention, as well as cohesiveness regarding prevention across social work practice, education, and scholarship. Opportunities for integrating prevention into the profession are highlighted for key stakeholders, namely social work scholars, educators, and practitioners.*

Keywords: *Prevention, social work profession, social work literature, Social Work Speaks, EPAS*

INTRODUCTION

The historical roots of the social work profession are grounded in a philosophy of prevention. Throughout our tenure as a profession, however, social workers have not consistently embraced prevention as a core component of practice (Bracht, 2000; Woody, 2006). Early commitment to prevention practice within the profession faded as social workers professionalized and established themselves as psychiatric case workers and mental health professionals (Trattner, 1999). Renewed interest in prevention-focused social work emerged in the 1960s, and again in the 1980s, but prevention has yet to become a firmly established focus of social work practice. While there have been areas within social work that have drawn from prevention principles, such as HIV/AIDS prevention, even within the arena of sexual health there has been a strong emphasis on the consequences of the sexual behavior (providing support to those with unplanned pregnancies or STDs) as opposed to a focus on prevention (Brashear, 1976; McCave, 2010). Although previous work has addressed the connection between prevention and social work at various points throughout our professional history, up to this point there has been no systematic analysis of the status of prevention in social work. The purpose of this article is to present the results of a systematic investigation of the prevalence of prevention in social work and to discuss the implications of these results for the current and future status of the profession.

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What is Prevention?

As some social workers may not be familiar with prevention theory and concepts, it is important to briefly define and discuss prevention practice here. The goal of prevention practice is to prevent major problems of living. By definition, prevention occurs before a problem is fully visible or developed (National Research Council and Institute of Medicine, 2009). The prevention approach requires moving beyond the medical-based disease model, in which practitioners wait for an illness or problem to develop and then provide evidence-based treatment, to a practice philosophy that focuses on long-term healthy development. The salient question asked in this philosophy is, "What resources need to be put in place now to support this healthy development?" (National Research Council and Institute of Medicine, 2009).

Prevention science as a unique discipline was formally recognized in the 1980s (Shore, 1998). Since that time, the study of prevention has greatly increased. One notable example, the Institute of Medicine (IOM) report, *Reducing the Risks for Mental Disorders: Frontiers for Preventive Intervention Research* (Mrazek & Haggerty, 1994), popularized a change in terminology regarding classification of prevention programs (Farmer & Farmer, 2001). While the traditional classification system categorized prevention efforts as *primary*, *secondary*, or *tertiary*, the new classification system uses the terms *universal*, *selective*, and *indicated*. *Universal* prevention programs are targeted at the general public or an entire population group. *Selective* prevention efforts are aimed at those who are at an elevated risk for a particular problem as compared to the general population. Finally, *indicated* prevention efforts are aimed at high-risk individuals, usually those who already demonstrate signs or symptoms of the targeted problem, but in whom it has not yet fully developed (Rishel, 2007). It is important to note that the 1994 IOM report, and its recent 2009 update (National Research Council and Institute of Medicine, 2009) clearly specify that the term "prevention" should be used only to refer to intervention activities that occur prior to the full onset of a disorder or problem. Therefore, efforts that were previously labeled as secondary or tertiary prevention are now more appropriately considered as "treatment" or "rehabilitation" (Woody, 2006).

Prevention practice is the application of prevention principles and goals to interventions aimed at preventing individual and social problems. Prevention scholars agree that prevention practice and programs should focus on targeted predictors of illness or health, called risk factors and protective factors (Rishel, 2007). Risk factors are defined as circumstances that *increase* the likelihood of negative outcomes while protective factors are considered to *decrease* the likelihood of negative outcomes (Durlak, 1998; Smith & Carlson, 1997). Risk and protective factors are typically categorized into three groups: individual factors, family factors, and environmental factors (Garmezy, 1985), representing the three levels defined by ecological systems theory (Bronfenbrenner, 1979).

Why should Social Workers Focus on Prevention?

While a prevention approach has long been promoted in the field of public health, and has more recently become encouraged in many areas of health care, other areas of

practice have lagged behind. For example, in the area of mental health services, most resources available have been used for treatment and rehabilitative services with very little funding allocated for the prevention of mental health problems (Dulmus & Wodarski, 1997). This may be changing, however, as the new report by the National Research Council and Institute of Medicine (2009) highlights the urgent need for a paradigm shift in the field of mental health. The report notes that, “interventions before the disorder occurs offer the greatest opportunity to avoid the substantial costs to individuals, families, and society that [mental health] disorders entail” (National Research Council and Institute of Medicine, 2009, p. 1). As key providers of mental health services, social work professionals have a vested interest in the future of mental health practice.

While good evidence regarding the effectiveness of prevention did not exist in the early years of our profession, scholars in the field of prevention science have made important advances in recent years in developing an empirical research base and rigorously evaluating prevention efforts. We now know much more than in the past about “what works” in prevention (Rishel, 2007). Although prevention interventions have been shown to be effective at reducing problems (please see Rishel, 2007 for a thorough discussion of the evidence supporting prevention practice), most practitioners do not use a prevention-oriented approach to practice. This makes sense considering that clinical training has historically focused on diagnostic assessment and treatment skills, and rarely includes prevention theory or discussion of successful prevention efforts (Beardslee, 1998). It, therefore, seems likely that the majority of practitioners are not prepared to incorporate prevention principles and theory into their practice, and do not approach individual cases with a prevention focus.

Social workers are uniquely positioned to lead the movement toward prevention-focused practice. Prevention scholars point toward the need for a bio-psycho-social approach to prevention practice that focuses on the interaction between person and environment (Beardslee, 1998; Coie et al., 1993; Kellam, Koretz, & Moscicki, 1999). Social workers have long embraced the ecological, person-in-environment perspective as our hallmark approach to practice—well equipping the profession to lead the way in cultivating prevention-focused service delivery. In his editorial on prevention, Bracht (2000) reviews a number of factors that support a preventive approach to practice, but notes that the practice community has been slow to respond to “prevention pleas.” He suggests that the “will to change needs to be rekindled” (p. 3). Social workers, who are trained to be change advocates, are well prepared to initiate and encourage a shift in policy and practice toward a preventive approach.

What is the Historical Connection between Social Work and Prevention?

From its inception, social workers have espoused prevention-focused goals and practice approaches. Jane Addams’ community-based approach to practice was, at its heart, a prevention-oriented approach. While they may not have been labeled as such, early settlement house services (e.g. education, socialization opportunities, skills training) were delivered with the hopes of *preventing* individual and social problems within the community. The profession’s primary mission is to enhance human well-being, both in

terms of individual well-being in a social context as well as the well-being of society (National Association of Social Workers, 2010). Prevention, by definition, enhances human well-being by preventing major problems of living. Furthermore, the profession's values and goals, such as reducing health disparities among oppressed and vulnerable populations, are consistent with a preventive approach to practice (Bracht, 2000).

Despite the apparent "goodness-of-fit" between the mission and goals of the profession and prevention practice, throughout most of our professional history social workers as a whole have not promoted our services as prevention-focused (Woody, 2006). Review of the social work literature indicates sporadic episodes of particular interest in prevention in the 1960s (e.g. Deschin, 1968; Rapoport, 1961; Rice, 1962) and most heavily in the 1980s (e.g. Feldman, Stiffman, Evans, & Orme, 1982; Geismar & Lagay, 1985; Germain, 1982; Gilbert, 1982; Libassi & Maluccio, 1986; Roskin, 1980; Siefert, 1983; Walsh, 1982; Whitman & Hennelly, 1982). Then, a decade ago, a pair of editorials in *Social Work in Health Care* again raised the issue of prevention and social work (Bracht, 2000; Rosendberg & Holden, 1999). In summarizing their thoughts on prevention, Rosendberg and Holden (1999) urged "social work educators, practitioners and researchers to engage in a dialogue to find ways to *focus the profession away from pathology and towards prevention*" (emphasis added; p. 9). Although results of specific prevention interventions have appeared in social work journals since this call (e.g. Ager, Parquet, & Kreutzinger, 2008; Skiba, Monroe, & Wodarski, 2004; Yampolskaya, Brown, & Vargo, 2004), little "dialogue" or discussion of the role of prevention in the profession (or, conversely, the role of the social work profession in prevention efforts) has appeared in the social work literature (with the exception of Hawkins, 2006, Lurie & Monahan, 2001, and Woody, 2006).

METHODOLOGY

In order to best assess the current status of prevention within the social work profession, a systematic strategy was employed to ascertain the *explicit* content of prevention within three seminal indicators within the social work profession. These included the social work scholarly literature, the most current National Association of Social Workers (NASW) Social Work Speaks, and the most current Educational Policy Accreditation Standards (EPAS) Curriculum guidelines for social work undergraduate and graduate programs developed by the Council on Social Work Education (CSWE). These three sources were selected because they represent the profession's focus, and allow for an examination of the explicit content of prevention across social work scholarship, practice, and education. While *implicit* prevention content is important within these three sources and is likely connected to both the presence and absence of *explicit* prevention content, it is beyond the scope of this paper. Rather only the explicit, that is, irrefutable, prevention content was considered in this investigation.

Assessing the Social Work Literature

A review of the social work literature allowed for an examination of the prevalence of "prevention" and "social work" in past and current social work scholarship. The databases examined included Social Services Abstracts and Social Work Abstracts. These

two databases were used because they were considered the most likely to include social work prevention-focused literature. All years within each database were searched, which were 1970-2010 for Social Services Abstracts, and 1960-2010 for Social Work Abstracts. It was decided that books within the authors' institutional library would not be considered, given the variance of collections between University libraries.

Assessing Social Work Speaks

Since 1955, NASW has published *Social Work Speaks*, which features NASW's official position on both professional and societal policy issues (National Association of Social Workers, 2009). The Delegate Assembly within NASW is responsible for the creation of the statements, with input from the NASW membership. *Social Work Speaks* is used by NASW to make policy recommendations at the national and state level. NASW also recommends this book for use in the social work curriculum, as either a main text or supplemental reading. Further, "Social workers developed the statements to serve as broad parameters for advocacy work and to help professionals who are concerned with social issues focus their thinking" (p. x). *Social Work Speaks* is updated every three years, with the most recent edition covering 2009-2012. Within this most recent edition, NASW covers 64 policy issues. Given that *Social Work Speaks* is a reflection of our national association and thereby, our profession, we felt it pertinent to include *Social Work Speaks* in our review of the prevalence of explicit prevention content within social work.

In order to assess this prevalence, the word "prevention" or any direct variation, such as "preventive" or "prevent," was counted within each policy issue. This highlights the extent to which "prevention" is explicitly a matter of importance to the social work profession at the state and federal policy level. While "prevention" may often be implied and indirectly discussed within *Social Work Speaks*, it is likely that there is not consensus on whether a passage within the text is actually referring to "prevention," such as in the case where "early intervention" is discussed. For this investigation, only the overt presence of "prevention" language was the focus.

In completing the process, a total score (number of total times the word "prevention" or variation of the word was used) was recorded for each of the 64 policy issues. Within each policy issue, a subscore was tallied from the number of times the word "prevention" or variation of the word was used specifically within the "policy statement" section of the policy issue. This subscore was equally important as the total score, given that the policy statement is the "call to action" section within each policy issue statement.

Assessing EPAS

To fully examine the status of prevention in social work, we must also consider how the profession educates social work students. It is within their educational programs that social work students learn about the values and goals of the profession, our holistic approach to practice, and commitment to helping vulnerable populations. For social work practitioners to adopt prevention-focused practice, social work education content must include, or even emphasize, prevention knowledge, values, and skills. The Council on

Social Work Education (CSWE) regulates accredited BSW and MSW programs through the Educational Policy and Accreditation Standards (EPAS). As the EPAS represents the profession's regulatory mechanism regarding social work education programs, we believed it necessary to include it in our review of the current status of "prevention" in social work. As with our review of Social Work Speaks, we examined the prevalence of the word "prevention" (or any direct variation) within the current 2008 EPAS (CSWE, 2008).

RESULTS

Prevention within the Social Work Literature

The authors used a tiered search process, working from most broad to most specific. The rationale was to gauge both the breadth and the depth of the explicit prevention content within the social work literature. The first two searches were meant to assess the breadth, with the first search finding those documents that included "prevention" and "social work" anywhere in the document. This yielded 4,635 records in Social Services Abstracts, and 940 records in Social Work Abstracts. From there, the search was narrowed down to only those documents with "social work" and "prevention" in the abstract. The results, as expected, were dramatically reduced to 294 records in Social Services Abstracts and 253 records in Social Work Abstracts. The third step, used to assess the depth of explicit prevention content within the literature, included only those documents that were either journal articles or dissertations and had "prevention" and "social work" in the title of the document. By narrowing to a title-level search, only those articles with a core focus on prevention and social work were identified. There was again a dramatic drop in results at this level, with 36 records retrieved in Social Services Abstracts and 25 records in Social Work Abstracts. Within this third search step, there were some records that were found in both databases. These duplicates were identified and excluded in the results, which left 44 unique records between the two databases.

In order to examine if any trends or patterns could be established from examining those 44 records, the publication sources were identified as well as the years of publication. First looking at the publication sources, there were a total of 32 different publications (e.g., journals). Only five journals had more than one article that was found in this title-level search: *Social Work in Health Care* (6 articles); *Health and Social Work*; *Journal of Social Work Education*; *Journal of Teaching in Social Work*; and *Child Welfare* (each of these with 2 articles). Additionally, there were four dissertations found within *Dissertation Abstracts International*. The journals covered a wide range of audiences, including practitioners and academics, as well as a broad array of interest areas, including diversity, mental health, social policy, and school social work to name a few.

Second, for those 44 records found within the two databases, there was inconsistency in the trends for years of publication. Within Social Services Abstracts, there was an increase in prevention related articles over the last decade, while the opposite of this was found within Social Work Abstracts. Overall, Social Services Abstracts yielded much higher results at all three search steps than Social Work Abstracts. This can be attributed

to the fact that the two databases have different holdings of journals and the number of journals indexed varies as well. Social Services Abstracts indexes over 1300 journals, as well as dissertations and book reviews, compared to Social Work Abstracts' collection of 400 journals (personal communication with J. Tapia, April 15, 2010). Further, Social Services Abstracts is a broader database that includes articles not only from social work and human services related journals, which is the primary focus within Social Work Abstracts, but also from those publications focused on more macro-related topics, such as social policy and social welfare, along with community development (personal communication with J. Tapia, April 15, 2010).

As a final step in examining the social work literature, it was important to conduct a similar search that served as a measure of comparison. Throughout the history of the social work profession, there has been a consistent waxing and waning dichotomy between "prevention" (e.g., public health efforts, social reform, mental health prevention) and "treatment" (e.g., clinical practice) (Trattner, 1999). As such, a search using the terms "social work" and "treatment" using the same three steps described above was conducted. As shown in Table 1, the results of this search revealed that explicit treatment content represented within the social work literature occurred 1.5 to 4 times as often as compared with explicit prevention content.

Table 1: Comparison Between "Prevention" and "Treatment" in the Social Work Literature

Level of Search	Key Words	SWA	SSA
Level 1: Anywhere	"social work" and "prevention"	940	4,635
	"social work" and "treatment"	3,648	9,184
Level 2: Abstract	"social work" and "prevention"	253	294
	"social work" and "treatment"	1,037	943
Level 3: Title	"social work" and "prevention"	25	36
	"social work" and "treatment"	58	58

"Prevention" in Social Work Speaks

Based on the total score for each policy issue (number of total times the word "prevention" or variation of the word was used), the issues were separated into four categories—from having "frequent" (10 or more) mention of "prevention" followed by "moderate" (3 to 9), "minimal" (1 or 2), and lastly "none". While eight (12.5%) of the 64 policy issues made it into the category of "frequent" with having 10 or more appearances, 24 (37.5%) of the policy issues fell into the "minimal" category of having a total score of either 1 or 2. Surprisingly, 17 (26.5%) of the policy issues had no explicit mention of "prevention" in the entire statement. Several of the policy issues that fell into the

“frequent” category also had a prevalence of “prevention” in the “policy statement” sections.

The top three policy issues with both the highest total score and subscore were: school violence (23, 9, respectively), HIV and AIDS (21, 8, respectively), and youth suicide (20, 6, respectively). To see if this translated into high numbers within the Social Services Abstracts and Social Work Abstracts databases, three searches, using “prevention” and “social work” along with each policy issue were used in an abstract search. The purpose of this was to determine if there was a cohesive focus regarding specific areas of prevention between NASW and scholarship. Two articles were identified with “social work,” “prevention,” and “school violence” in the abstract. Three articles were identified with “social work,” “prevention,” and “youth suicide” in the abstract, and 42 articles were identified with “social work,” “prevention,” and “HIV/AIDS” (38 under Social Services Abstracts and 4 under Social Work Abstracts). This demonstrates some cohesion within the HIV/AIDS arena between the social work literature and Social Work Speaks, but not within youth suicide or school violence.

Lastly, those 44 records found within the two databases that had both “prevention” and “social work” in the title were categorized according to how they related to the 64 policy issues within Social Work Speaks. Almost half of the articles were not readily identifiable as fitting into one of the policy issues. These articles did, however, fall into three identifiable topics that included: conceptualizing prevention in social work, school social work, and social work education.

Prevention Reflected in our Accreditation Standards

The 2008 EPAS contains the word “prevention” (or some variation) four times: once in the introductory section, twice in the core competencies and practice behaviors (the section that drives foundation curriculum content), and once in the standard defining generalist practice (CSWE, 2008). These four references are as follows (emphases added):

*“The purpose of the social work profession is to promote human and community well-being. Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work’s purpose is actualized through its quest for social and economic justice, the **prevention** of conditions that limit humans rights, the elimination of poverty, and the enhancement of the quality of life for all persons.”* (p. 1).

*Education Policy 2.1.3 Critical Thinking (under Core Competencies) . . . “Social workers . . . analyze models of assessment, **prevention**, intervention, and evaluation . . .”* (p. 4).

*Education Policy 2.1.10(c) Intervention (under Core Competencies) . . . “Social workers implement **prevention** interventions that enhance client capacities . . .”* (p. 7).

*Educational Policy B2.2 Generalist Practice . . . “To promote human and social well-being, generalist practitioners use a range of **prevention** and intervention*

methods in their practice with individuals, families, groups, organizations, and communities . . .” (p. 7).

It is important to note here that by including prevention language under the core competencies and practice behaviors, the 2008 EPAS more or less require accredited programs to demonstrate that their students achieve competency in the prevention tasks/activities mentioned (i.e. “analyze models of prevention” and “implement prevention interventions”). For comparison, we also examined the most recent previous 2001 EPAS. The 2001 EPAS contain the word “prevention” or “preventing” twice, once in describing the purpose of the profession and once in describing the achievement of this purpose (CSWE, 2001). It is again important to note that “prevention” (or any variation) does not appear anywhere in the 2001 foundation program objectives, which are equivalent to the new core competencies and practice behaviors of the 2008 EPAS. This omission of any mention of prevention in this section implies no requirement for the inclusion of prevention content in the social work curriculum under the previous 2001 EPAS.

DISCUSSION

Policy makers at the federal and state level are demonstrating increased recognition of the need for health and mental health prevention programs and interventions (e.g., National Research Council and Institute of Medicine, 2009). Although the social work profession is uniquely positioned to promote and advocate for a prevention-focused approach to service delivery, our review indicates that there is limited focus and attention to prevention practice in the social work profession.

Implications for Social Work Scholarship

From this investigation, it is clear that scholarship that is focused on prevention in social work is limited. Of the two databases searched, Social Services Abstracts revealed an increase in prevention related articles within the last decade and Social Work Abstracts indicated a decrease. However, when the focus of these articles was more closely examined, we found that conceptual articles that advocate a prevention focus in social work have clearly decreased. These types of articles were published most frequently in the 1980s, with at least seven published during this decade (Feldman et al., 1982; Geismar & Lagay, 1985; Germain, 1982; Libassi & Maluccio, 1986; Roskin, 1980; Siefert, 1983; Whitman & Hennelly, 1982). Our search revealed no other conceptual articles published until 2006 (Hawkins, 2006; Woody, 2006). Other articles published between the 1980s and 2006 with “prevention” and “social work” in the title were all area-specific (e.g. delinquency prevention; school-based prevention; teen pregnancy prevention). The lack of conceptually focused articles in the last two decades suggests that there has been little debate or consideration among social work scholars regarding the connection between prevention and social work during this time period.

Increasing prevention-focused scholarship would facilitate further debate regarding the role of prevention in the social work profession. This could be done in a number of ways. Editors of journals could increase their efforts to encourage prevention-related

content by creating a Special Issue on the topic. Editors could also use explicit prevention-focused language in the routine calls for papers, within the online “aims and scope” description of their journals, and within their instructions for authors. Additionally, we encourage all editors to review their journal’s past table of contents and to assess whether prevention related articles are being published, and if not, to examine why. Further, our national conferences hosted by the Society for Social Work and Research (SSWR), CSWE, and Baccalaureate Program Directors (BPD) could add a “prevention in social work” track or add explicit prevention language into the call for abstracts.

In addition, mentorship is critically important for junior scholars whose focus is prevention within social work, regardless of population of interest. In order for prevention to receive a greater emphasis, prevention-focused scholars and practitioners will need to define a distinct knowledge base and skill set for those interested in this area of social work. This may be difficult, given the lack in prevention-focused content in social work education and possible lack of recognition of “prevention” as a legitimate area of research within social work. This supports the need for mentorship, both informal and formal. While helpful email listservs, such as the Early Career Preventionists Network (ECPN), sponsored by the Society for Prevention Research (SPR) exist, it seems likely that social workers could benefit from a similarly formed social network that connects scholars interested in social work and prevention.

We assert that prevention should be an equally important focus as treatment within the profession, with evidence reflected in the social work literature. Currently, there were 74 unique records found in Social Service Abstracts and Social Work Abstracts when searching “social work” and “treatment” within the title. This compares to 44 unique records found when searching “social work” and “prevention.” This represents a clear benchmark that can be set for the near future.

Implications for Social Work Practice

If NASW’s Social Work Speaks can be viewed as a window into where our profession is focused in current social policy and practice issues, then prevention is clearly not a core element of many areas of social work practice. Review of the most recent Social Work Speaks indicates a lack of explicit prevention language in policy issues addressed, particularly in the “policy statement” sections. It was surprising that more than 25% of the policy issues covered had no explicit mention of prevention, especially in issues such as: 1) poverty and economic justice, 2) rural social work, 3) people with disabilities, and 4) prostituted people, commercial sex workers and social work practice. These are areas in which it seems clear that prevention should play a role in practice, as well as policy formation and advocacy. For poverty and economic justice, practitioners who are engaged in policy practice can advocate for social welfare policies that will prevent increased percentages of those in poverty (e.g., raising the federal minimum wage). Practitioners in rural areas can focus on the prevention of social problems that are particularly prevalent in rural locations because of isolation and lack of access to care, such as teen pregnancy (Skatrud, Bennett, & Loda, 1998). Prevention in the area of disabilities can include a focus on advocating for inpatient substance abuse

treatment centers to admit pregnant women as a way to prevent fetal alcohol syndrome, which is the leading cause of mental retardation (Hutchison, 2008). For the last issue mentioned, sex trafficking and prostitution, it is acknowledged that as long as there is a demand for sex-work there will always be a supply. However, prevention efforts can focus on increasing access to condoms, as well as HIV counseling and testing for sex workers (Rekart, 2005). It seems reasonable that a benchmark of adding explicit prevention language into the 17 policy issues currently lacking any mention of prevention for the next edition of *Social Work Speaks* could be reached.

The review of *Social Work Speaks* also suggests a gap between practitioners and scholars, particularly in the disconnect between research and practice in areas such as youth suicide and prevention as well as school violence and prevention. Both of these policy statements emphasized prevention in *Social Work Speaks*. There was little attention to these areas, however, in the social work literature. A Special Issue in a related journal could address these issues easily.

Implications for Social Work Education

Review of the current (2008) and previous (2001) EPAS indicates a slight increase in prevention language, with explicit prevention language used twice in the 2001 EPAS and four times in the 2008 EPAS. More importantly, the fact that prevention language is included in the core competencies and practice behaviors of the current EPAS suggests that social work programs will need to demonstrate that graduating students are competent in analyzing and utilizing prevention models with clients. This may be a challenge as prevention is typically not a primary focus of social work education programs. For the profession to move forward in the area of prevention-focused practice, however, educational content in social work programs must include, or even emphasize, prevention knowledge, values, and skills. This can occur in two different ways. One identifiable mechanism is through accreditation/reaffirmation. The self-study requirement for reaffirmation provides an excellent opportunity for program directors and faculty to thoroughly examine the curriculum for prevention-focused content in each of the courses. As course objectives are written to fit the core competencies and practice behaviors that are associated with each course, faculty responsible for these objectives can consider incorporating one objective that emphasizes prevention-focused content. A second way in which prevention-focused content can be incorporated into social work curriculum is to first create an elective that has a prevention focus as the overarching theme for the class (e.g., Children's Mental Health or Sexual Health). This allows programs to gauge the interest level of students as well as provide time for faculty to determine how they would start integrating prevention-focused content into other required courses and electives.

Of course, faculty will need to embrace the idea that prevention-focused content is a priority before any program-wide change occurs. As faculty become committed to integrating prevention-focused content, Siefert, Jayaratne, & Martin (1992) and more recently Woody (2006) offer specific recommendations for developing and implementing prevention-focused content into generalist and advanced social work courses and programs. Siefert and colleagues describe the development of three specialized prevention courses created within a public health conceptual framework aimed at

strengthening social workers' preparation in prevention practice. Woody (2006) provides specific guidelines for integrating prevention principles and practices, as well as models of prevention services, into the social work curriculum. The ten specific principles discussed include ideas such as teaching skills related to the identification of both risk and protective factors, risk screening and risk reduction practices, and community capacity building. Finally, Lurie and Monahan (2001) suggest eight specific prevention practice principles for social workers practicing in the area of mental health, which could be used as a starting point for developing prevention-focused curriculum content within courses focused on mental health and clinical practice.

Limitations of Investigation

Several limitations of this study should be noted. Most notably, the authors made a conscious decision to choose the literature, the EPAS standards, and the NASW Social Work Speaks, to serve as the indicators in this investigation. These indicators are not exhaustive and there are certainly other indicators, such as academic and practice job posting descriptions, the number of social work programs with a joint MSW/MPH option, and so forth. The three indicators were chosen both because they were deemed appropriate for the research question at hand, and the information needed to assess them was easily accessible.

Another limitation that relates specifically to using the social work literature as one of three indicators is that the number of articles within the two databases, Social Work Abstracts and Social Service Abstracts, is constantly in flux. Consequently, the numbers that are presented in this manuscript will inevitably vary as compared to what would be found if the search were conducted at another point in time. However, it is unlikely that the numbers will experience a dramatic shift within the near future.

Finally, the authors have made a conclusion that social workers ultimately can and should become more effective in integrating prevention into social work scholarship, practice, and education. That said, it is also worthwhile to note that it is likely that social workers are, in fact, engaging in prevention-focused research, teaching, and practice, but there is not a viable and systematic mechanism for identifying and tracking those activities.

WHAT IS THE FUTURE OF PREVENTION AND SOCIAL WORK?

In conclusion, our scholarly literature, along with our educational and professional guidelines, seems to lack both focus as well as integration in explicit prevention content. What may be needed is a break from "business as usual" (i.e., a treatment-only philosophy). This can be done first and foremost through social work education by encouraging deans and chairs of social work programs across the country to initiate discussion among social work faculty regarding integrating prevention content throughout the curriculum. The new 2008 EPAS support this by requiring programs to demonstrate student competency in implementing prevention models. Current practitioners must also be educated on prevention principles, knowledge, and skills. Continuing education classes may be one way to achieve this goal. Additionally, social

service organizations can make a commitment to increase opportunities for social work interns to foster an interest in prevention-focused activities. Most importantly, as a profession, we need to agree that prevention is valuable and is at the heart, not the fringe, of our profession. Prevention offers savings in financial costs, promotes physical and mental well-being of our clients, and may even be beneficial to social workers who are struggling with managing the ever revolving door that comes with treatment-only practice. It is clearly an ideological issue that our profession must confront in the coming years.

References

- Ager, R. D., Parquet, R., & Kreutzinger, S. (2008). The youth video project: An innovative program for substance abuse prevention. *Journal of Social Work Practice in the Addictions, 8*, 303-321.
- Beardslee, W. R. (1998). Prevention and the clinical encounter. *American Journal of Orthopsychiatry, 68*, 521-533.
- Bracht, N. (2000). Prevention: Additional thoughts. *Social Work in Health Care, 30*, 1-6.
- Brashear, D. B. (1976). *The social worker as sex educator*. Hampstead, NY: SIECUS.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Coie, J. D., Watt, N. F., West, S. G., Hawkins, D., Asarnow, J. R., Markman, H. J., Ramey, S. L., Shure, M. B., & Long, B. (1993). The science of prevention: A conceptual framework and some directions for a national research program. *American Psychologist, 48*, 1013-1022.
- Council on Social Work Education. (2008). Educational policy and accreditation standards. Available at <http://www.cswe.org/File.aspx?id=13780>.
- Council on Social Work Education. (2001). Educational policy and accreditation standards. Available at <http://www.cswe.org/File.aspx?id=14115>.
- Deschin, C. (1968). The future of social work: From concern with problems to emphasis on prevention. *American Journal of Orthopsychiatry, 38*, 9-17.
- Dulmus, C. N., & Wodarski, J. S. (1997). Prevention of childhood mental disorders: A literature review reflecting hope and a vision for the future. *Child and Adolescent Social Work Journal, 14*, 181-198.
- Durlak, J. A. (1998). Common risk and protective factors in successful prevention programs. *American Journal of Orthopsychiatry, 68*(4), 512-520.
- Farmer, T. W., & Farmer, E. M. Z. (2001). Developmental science, systems of care, and prevention of emotional and behavioral problems in youth. *American Journal of Orthopsychiatry, 71*, 171-181.
- Feldman, R., Stiffman, A., Evans, D., & Orme, J. (1982). Prevention research, social work, and mental illness. *Social Work Research & Abstracts, 18*, 4-13.

- Garnezy, N. (1985). Stress resilient children: The search for protective factors. In J. E. Stevenson (Ed.), *Recent research in developmental psychology: Journal of child psychology and psychiatry book* (pp. 213-233). Oxford, UK: Pergamon.
- Geismar, L. L., & Lagay, B. W. (1985). Prevention in social work: a postmortem of an experiment on preventive intervention. *The Journal of Applied Behavioral Science*, 21, 329-338.
- Germain, C. (1982). Teaching primary prevention in social work: An ecological perspective. *Journal of Education for Social Work*, 18, 20-28.
- Gilbert, N. (1982). Policy issues in primary prevention. *Social Work*, 27, 293-297.
- Hawkins, J. D. (2006). Science, social work, prevention: Finding the intersections. *Social Work Research*, 30, 137-152.
- Hutchison, E. D. (2008). *Dimensions of human behavior* (3rd ed.). Los Angeles, CA: Sage Publications.
- Kellam, S. G., Koretz, D., & Moscicki, E. K. (1999). Core elements of developmental epidemiologically based prevention research. *American Journal of Community Psychology*, 27, 463-482.
- Libassi, M. F., & Maluccio, A. N. (1986). Competence-centered social work: prevention in action. *The Journal of Primary Prevention*, 6, 168-180.
- Lurie, A., Monahan, K. (2001). Prevention principles for practitioners: A solution or an illusion? *Social Work in Health Care*, 33, 69-86.
- McCave, E. L. (2010). "It is not just about me": A relational understanding of young women's sexual negotiations. *Smith Studies in Social Work*, 80, 53-69.
- Mrazek, P. J., & Haggerty, R. J. (Eds.) (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington DC: Institute of Medicine, National Academy Press.
- National Association of Social Workers. (2010). *Code of ethics*. Washington, DC: Author.
- National Association of Social Workers. (2009). *Social work speaks*. Washington, DC: NASW Press.
- National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions. Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
- Rapoport, L. (1961). The concept of prevention in social work. *Social Work*, 6, 3-12.
- Rekart, M. L. (2005). Sex-work harm reduction. *The Lancet*, 366, 2123-2134.

- Rice, E. (1962). Concepts of prevention as applied to social work practice. *American Journal of Public Health, 52*, 266-74.
- Rishel, C. W. (2007). Evidence-based prevention practice in mental health: What is it and how do we get there? *American Journal of Orthopsychiatry, 77*, 153-164.
- Rosendberg, G., & Holden, G. (1999). Prevention: A few thoughts. *Social Work in Health Care, 28*, 1-11.
- Roskin, M. (1980). Integration of primary prevention into social work practice. *Social Work, 25*, 192-196.
- Shore, M. F. (1998). The making, unmaking, and remaking of primary prevention. *Journal of Mental Health, 7*, 471-477.
- Siefert, K., Jayaratne, S., & Martin, L. D. (1992). Implementing the public health social work forward plan: A research based prevention curriculum for schools of social work. *Health and Social Work, 17*, 17-27.
- Siefert, K. (1983). An exemplar of primary prevention in social work: The Sheppard-Towner Act of 1921. *Social Work in Health Care, 9*, 87-103.
- Skatrud, J. D., Bennett, T. A., & Loda, F. A. (1998). An overview of adolescent pregnancy in rural areas. *The Journal of Rural Health, 14*(1), 17-27.
- Skiba, D., Monroe, J., & Wodarski, J. S. (2004). Adolescent substance abuse: Reviewing the effectiveness of prevention strategies. *Social Work, 49*, 343-353.
- Smith, C., & Carlson, B. E. (1997). Stress, coping, and resilience in children and youth. *Social Service Review, 72*, 231-256.
- Trattner, W. I. (1999). *From poor law to welfare state: A history of social welfare in America* (6th ed.). New York: The Free Press.
- Walsh, J. A. (1982). Prevention in mental health: Organizational and ideological perspectives. *Social Work, 27*, 298-301.
- Whitman, B. Y., & Hennelly, V. D. (1982). The use of epidemiologic methods as the bridge between prevention and social work practice. *Social Work in Health Care, 7*, 27-38.
- Woody, J. D. (2006). Prevention: Making a shadow component a real goal in social work. *Advances in Social Work, 7*, 44-61.
- Yampolskaya, S., Brown, E. C., & Vargo, A. C. (2004). Assessment of teen pregnancy prevention interventions among middle school youth. *Child and Adolescent Social Work Journal, 21*, 69-83.

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Lawyers are Counselors, Too: Social Workers can Train Lawyers to More Effectively Counsel Clients

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Abstract: *Attorneys new to practice often find themselves completely unprepared to assist emotionally distraught clients. Traditional law school curricula do not mandate coursework on how to interview clients or how to involve clients in the representation plan. The knowledge, values, and skills taught in schools of social work can be useful tools to address many common challenges faced by lawyers. The authors argue for transdisciplinary education in which social work educators teach courses in law schools. Systems theory, cultural competence, and the strengths perspective are used as examples of practice approaches that could greatly enhance the services provided to clients seeking legal services.*

Keywords: *Social work and law, interdisciplinary education, social work practice skills, transdisciplinary education*

INTRODUCTION

Law schools teach students to think like lawyers, meaning how to break cases down into legal principles (Wetlaufer, 1990). However, legal practice requires knowledge far beyond legal facts and analysis. Inevitable questions asked by beginning attorneys include “What do I do when my client cries?,” “How do I handle clients who tell me more than I want to know?,” and “Where do I send a client who needs psychiatric help?.” These are all questions answered in introductory social work courses. While lawyers sometimes try to deny the social work inherent in working with low income clients, many researchers argue it should be embraced (Aiken & Wizner, 2003; Coleman, 2001).

There are significant differences between the professional duties and ethics of law and social work; however, the knowledge and skills taught in schools of social work can be useful tools to address the common challenges faced by attorneys. There have been scholarly discussions about the need to form more cross-campus collaborations over the past several decades, but little has changed in universities or in the actions of faculty and students to further interdisciplinary work (Weinberg & Harding, 2004).

The aim of this article is to demonstrate the benefits of transdisciplinary education. The authors argue for moving beyond the traditional academic interdisciplinary model of allowing students to take a few courses outside their field of study. Instead, the authors propose shifting to a model in which knowledge and skills are shared from various disciplines that can benefit one another, and educators can teach across departmental boundaries.

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Transdisciplinary work is not one discipline imposing its own values, knowledge, and practices on another discipline or deciding which discipline is the best to use in certain situations. Instead it involves coming up with solutions that incorporate multiple ways of thinking, and collaboratively working together to serve clients and the community in a way that is better than segregated services (Bronstein, 2003; Voyvodic & Medcalf, 2004; Weinberg & Harding, 2004).

While transdisciplinary education has possible benefits for a multitude of fields and could be useful in both directions between law and social work, this exploratory article focuses on what social work educators should be called upon to teach in law schools. The authors first explore what is missing in law schools and why these deficiencies are problematic. Next, theoretical constructs from social work that could fill the gaps in legal education will be discussed. The theories will be briefly explained, followed by a demonstration of their relevance to legal education and a pedagogical example of how they could be conveyed in a law school setting. Barriers to developing transdisciplinary education with social workers in law schools are examined and recommendations for overcoming the barriers are explored.

WHAT IS MISSING IN LAW SCHOOLS?

Practicing attorneys spend much of their time in direct interactions with clients who are experiencing multiple problems that cannot be solved by solely focusing on legal issues. For example, a client in the midst of a divorce proceeding may also be in need of services such as housing assistance, food pantries, day care, job training, and emotional support. Therefore, law students may be better prepared to assist clients if they are trained in how to communicate, empathize, and interview clients, as well as to be aware of other resources that can help clients beyond merely legal resources. The most realistic way to prepare students for direct practice is to give them the opportunity to work with clients under supervision of practicing attorneys. However, the majority of law students graduate without a school-related internship, which is often referred to as clinical experience in law schools, or the benefit of instructor-supervised practice working directly with clients. Not all schools of law offer clinical experience opportunities, and very few American law schools require an internship as part of the law school degree requirements (Voyvodic & Medcalf, 2004).

Social work students, in contrast, are required to participate in a practicum under the supervision of licensed social workers to gain direct practice experience with clients before graduating (Voyvodic & Medcalf, 2004). Schools of social work and law take very different approaches to teaching "practice." Voyvodic and Medcalf (2004) explain there is a sense of "academic illegitimacy" associated with pursuing hands-on practice as part of academic programs, and they argue for a re-examination of this longstanding belief.

While professors of law may still object to clinical practice in law schools, there is a growing movement among clinical professors of law, who teach elective practicum courses, for interdisciplinary components to be added to clinical programs (Voyvodic & Medcalf, 2004). There is an emerging literature in legal journals, particularly clinical

teaching law reviews, discussing the ways in which social work practice skills could be useful tools for law students (Aiken & Wizner, 2003). For example, Galowitz (1999) explains that she realized there is a need for social workers in law clinics after supervising a law student assigned to a case with a client referred to the clinic for housing problems. It quickly became apparent the client also had other barriers in her life, such as HIV positive status, threats of losing her food stamps eligibility, and problems paying her utility bills. Galowitz states social workers can help law students view clients as whole people affected by multiple systems, instead of viewing clients only by their legal issue, so that client problems can be recognized before reaching emergency crisis situations (1999). Others advocate for incorporating social work approaches into legal education through a focus on social justice. The professional code of social work requires promoting social justice. Lawyers and law students can play a more significant role as professionals if they move beyond just providing direct services to clients and see the importance of using their knowledge and skills to practice social justice on a macro level (Aiken & Wizner, 2003; Rand, 2006).

WHY TRULY INTEGRATED EDUCATION IS NECESSARY

The primary reason social work education is needed in schools of law is to ensure better services for clients seeking legal assistance. Lawyers with some training in social work practice skills will have a more holistic toolbox from which to assist clients, will work more effectively in interdisciplinary teams, and will have better educational outcomes (Colarossi & Forgey, 2006; Coleman, 2001).

Much of the work already performed by attorneys falls into the category of social work rather than law, especially when they are serving low income clients (Aiken & Wizner, 2003). Attorneys are often asked to provide service referrals, mediate conflicts, and simply listen to a client's dilemmas. Research on the practice of law is scarce because most academic lawyers are not trained in empirical research methods, but in 1975 Shaffer found that lawyers could spend up to 80% of their time with clients performing counseling duties, as defined by talking with clients about issues that do not result in progression of the legal case. Yet the majority of attorneys have no educational background in counseling.

Workplace interdisciplinary partnerships between lawyers and social workers are becoming more common in practice areas such as family law, child abuse and neglect, and juvenile delinquency (Allen-Meares, 1998). Defining roles and communication between the professions can often be difficult in the workplace when professional identity has already been solidified (Allen-Meares, 1998). If the professionals had prior training on collaboration during their education, it could enhance effective communication and understanding of each other's skills and roles to ultimately better serve clients (Katkin, 1974). The ability of social workers and lawyers to work together in the courtroom has long been shown to impact the quality of services provided to clients (Shaffer, 1975; Weil, 1982).

Additionally, evaluation of innovative transdisciplinary courses provides initial evidence that courses co-taught by social work and law educators results in better

educational outcomes. Colarossi and Forgey (2006) used a pretest-posttest control group design to evaluate the effectiveness of a transdisciplinary social work and law course focused on domestic violence. The course, *Domestic Violence: Social Work and Law*, was offered as an elective and either co-taught by a social work and a law professor with enrollment from both fields or a control class taught by an instructor from the student's own profession. The results of the study indicate several themes: students involved in the transdisciplinary course experienced increased knowledge of domestic violence and of the roles that social workers and lawyers take in client intervention, students in the transdisciplinary course had fewer myths and stereotypes about domestic violence clients after completing the course (as compared with the control group), and the students in the experimental group experienced positive attitudes towards transdisciplinary education (Colarossi & Forgey, 2006).

Finally, social work educators should advocate for the value of their knowledge and skills to other professions. A qualitative study of lawyers found that attorneys were not aware of the professional duties and education of social workers, and believed they could perform the functions of a social worker as well as a professional social worker (Weil, 1982). Social workers are trained to advocate for others, but we also need to remember to advocate for ourselves. Our knowledge is important. While other professions cannot and should not take on our professional roles, a background in some of our interviewing and assessment skills can ensure clients receive better services from attorneys and that attorneys can provide appropriate referrals to social workers and other professionals.

EXAMPLES OF SOCIAL WORK THEORETICAL PERSPECTIVES USEFUL IN LAW SCHOOLS

Professional social workers employ a variety of theories to inform the practice skills they select for use with clients. The theories are used to help explain the nature of human behavior and interaction to achieve various practice goals. Several of the essential goals social workers must achieve with clients are also essential goals attorneys must meet with each client. Examples include interview structuring, information gathering, and goal-setting based on client decisions. Both professions must prepare interview frameworks, and have the ability to maintain focus and know when to allow for deviation from the planned structure of the interview. Social workers and lawyers must also conduct information gathering sessions. They must know how to make clients feel comfortable disclosing necessary information in order for the professional's assistance to be effective. Finally, both professions must set goals for the outcome of the client services, and the client's input must be balanced with the duties of the profession.

Several theories borrowed from social work can help attorneys more effectively and systematically perform these tasks that the professions have in common. The following discussion of systems theory, cultural competence, and the strengths perspective is far from an exhaustive list of social work constructs that would be beneficial to future lawyers, but it is intended as a beginning discussion for social work educators to advocate for social work involvement in law school curricula.

Systems Theory

Systems theory, adopted from its origins in biology, is the primary perspective from which social workers evaluate client situations and needs (Andreae, 2011). The theory explains connections between various systems, whether in the body or between individuals and their community. When used in the social sciences, systems theory demonstrates how an action on any system has a reverberating impact on many other systems (Andreae, 2011; Katz & Kahn, 1978).

How systems theory is useful in legal education. Legal practice is typically focused on the individual; however, clients' needs are often multifaceted and the decisions they make in a legal office can impact multiple systems in their lives. Legal problems are often intermixed with social, medical, and economic problems (Coleman, 2001). Attorneys will provide more effective counsel if they understand systems and use the theory to help a client foresee all possible outcomes of legal action. For example, an angry father recently served with divorce papers may react by initially requesting his attorney take the most adversarial tactics available to fight for custody of his child. This single action will impact many other systems in his life. Only a few of the impacted systems include: the child herself, the child's school district, and each member of the larger family systems of both parents (e.g., whether grandparents/aunts/uncles/cousins will be able to easily visit the child).

Systems theory can also be useful in recognizing that clients often need services beyond what lawyers can provide; in this instance, it is important to recognize opportunities for crisis intervention services and other referrals. Law students should be made aware of community resources and have a local guidebook on hand for referrals.

Examples of how to teach systems theory in a law school setting. Socratic pedagogy, in which professor and student exchange questions on legal doctrine, dominates legal education (Wetlaufer, 1990); however, the types of role plays incorporated into social work education could greatly enhance demonstrations of how to gather information from clients and determine service goals. Systems theory, which is often difficult to explain abstractly, can be demonstrated clearly through example in a role play. The following example is one way to teach law students both the benefits of approaching client problems from a systems theory perspective and the ways the theory can be useful in skilled interviewing.

Provide one student with a scenario in which he or she is an attorney and her client has just received a settlement offer from her ex-husband regarding custody of their 10-year-old daughter, Casey. The instructor can play the client. The student will most likely begin with questioning the client on whether she understands the settlement. As the client, respond that you understand, and the only troubling stipulation is that the split of holidays means you will never have custody of Casey on Christmas. As the client, express in a timid way that you cannot make up your mind about what to do (be as indecisive as possible... worry that if you do not sign this settlement, your ex-husband might become angry and sue for full custody, resulting in a less favorable settlement). The lead author has utilized this scenario as a guest speaker in several clinical law courses, and the most common student attorney responses are "I can't tell you what to

do” and “Do you want to take a few minutes to think about it?.” In order to avoid imposing their own agenda, students put the power of self determination on the client’s shoulders and offer no guidance.

Next, process the interaction. Start by asking what the attorney did correctly. Under legal professional standards, the student did not make any mistakes. She refrained from advising the client on a personal decision; however, the lawyer could have better served the client by helping her think through possible outcomes. Systems theory can be used to guide the client through an interview based on “what if” scenarios. Inform students they can ask “What if you sign this settlement today? Tell me what Christmas will be like.” This will allow the client to explore various systems that will be impacted by her daughter’s custody arrangement. Next, the client must be asked what will happen if she does not sign. All possible outcomes should be exhausted to allow the client to determine the most informed decision for herself. After the discussion of systems theory, allow another student to conduct the client interview and incorporate systems theory.

An additional way to utilize systems theory is to require a homework assignment students begin by brainstorming a list of all resources their clients might need, such as financial, food and housing assistance. Next, ask students to research assistance available for each of these needs, such as TANF, food stamps and section 8 housing vouchers. Finally, students should conduct research regarding specific details on how to apply for these programs. In the process, students will learn what community resources are available, where they are located, and what information clients will need to gather in order to apply. The assignment can be explained and debriefed in relation to systems theory as students brainstorm what services will be needed for clients in various situations. The completed assignment will be a valuable resource book for attorneys who plan to practice locally upon graduation, and a starting point for collecting a database of resources for those who relocate.

Cultural Competence

Cultural competence involves the acquisition of knowledge about various cultures and traditions, and the practice of sensitivity and acceptance of diversity. Students of social work are asked to reflect on cultural traditions and their own beliefs in exercises to develop acceptance, in order to avoid pushing their own agenda or assessment of client needs on a client (Perry & Tate-Manning, 2006).

How cultural competence is useful in legal education. Attorneys have a similar requirement to respect client individuality and decisions. Social work training techniques regarding cultural competence are an effective way to teach the importance of removing self from client decisions. It is important for all professionals serving clients to devote time to becoming aware of their own biases, prejudices, values, ethics, experiences, and assumptions about human behavior, because all of these attributes can influence interaction with clients and approaches to working with culturally diverse clients (Perry & Tate-Manning, 2006). Practitioners who do not practice cultural competence run the risk of detrimental outcomes for clients, including disrespect, discrimination, improper

assessment and/or intervention, and lack of access to needed services (Simmons, Diaz, Jackson, & Takahashi, 2008).

The meaning of cultural competence is often misunderstood. Practitioners, including both social workers and attorneys, do not need to be an expert in all cultural differences to be a culturally competent professional (Simmons et al., 2008). Cultural competence means being aware of potential differences in values, ethics, behavior, language, and religious practices of clients in order to be sensitive to their unique needs and circumstances (Perry & Tate-Manning, 2006). Being culturally competent is an ongoing process as social workers and attorneys continually encounter new situations and new clients (Simmons et al., 2008). Directly asking clients questions is an appropriate way of addressing cultural differences—one cannot be expected to know everything about all cultures. However, being aware of the impact of cultural differences can have a positive impact on client-practitioner interactions and client outcomes. Clients can be asked about their culture, social background and preferences, such as how they would like to be addressed. Cultural competence is becoming even more important as the United States is becoming increasingly diverse in terms of racial, ethnic, religious, social, and cultural differences. There has been a corresponding growth in the need for people in social services to develop skills and knowledge of cultural competence (Simmons et al., 2008).

Cultural competence is also a useful construct for discussing accessible language. When teaching interviewing skills, a discussion of using language appropriate to the client's needs is imperative. Law school training aims to teach students to think and talk in legal language (Wetlaufer, 1990); however, students must also learn how to undo this training when speaking with clients. Legal terms can be used, but must be explained to clients in everyday language. Lawyers need to approach and interact with clients for whom English is a secondary language differently than with those who are native English speakers. Legal terminology is difficult for most people to understand and it is even more problematic for clients unfamiliar with the English language. Additionally, the educational level and any disability the client may have must be taken into account. The concept of "starting where the client is" is necessary to match the style of communication the client takes. While the attorney must adopt a professional appearance to maintain trust, he or she must also avoid being condescending toward the client in order to maintain an open relationship.

Example of how to teach cultural competence in a law school setting. As with any type of social work theory, construct, or practice skill, there are many ways to teach the application of cultural competence. The authors have utilized the following exercise in a clinical law course and received positive, systematically derived qualitative feedback on its effectiveness from students, with the primary theme being that the exercise made them realize that flexibility is needed when working with clients because everyone will have differing needs. To complete the exercise, students are given a homework assignment of preparing a preliminary set of interview questions for a client who has made an appointment to file for a protective order. Just like social work students, beginning law students working with clients tend to prepare in great detail and remain rigidly bound to the set of interview questions prepared in advance. During the next class session, ask a student to role play the attorney and the instructor will act as the client. As soon as the

student begins on the line of scripted questions, interrupt that you are no longer sure you want the protective order. The student will most likely be at a loss for words now that the script is no longer relevant.

The role play allows for class discussion of the need for flexibility and a brainstorming session on cultural competence. The client has made the effort to attend the appointment, which indicates she wishes to address the matter. Ask the students to brainstorm what her reluctance could mean. A non-exhaustive list of discussion points includes:

1. Cultural competence issues of education: She may not understand what a protective order is.
2. Cultural competence issues of socioeconomic status: She may have limited financial resources and believe it is beyond her means to file a protective order.
3. Cultural competence issues of culture: Cultural differences may impact how openly a client will divulge relevant information. For example, Native American cultures have a taboo of speaking of domestic violence in public.
4. Cultural competence issues of background experiences: She may be an illegal immigrant and afraid that her status will be reported if she becomes involved with the justice system through a protective order.
5. Cultural competence issues of recognizing when a referral is needed: She may not yet be ready to leave her partner. In this case, she should be given information for a local shelter and told to keep it in her shoe just in case.

Strengths Perspective

The strengths perspective is a practice approach that involves identifying clients' sources of resilience. The strengths model is based on six principles: the focus is on individual strengths rather than pathology, the community is viewed as a source of resources, interventions are based on client self-determination, the practitioner-client relationship is seen to be primary and essential, aggressive outreach is employed as the preferred mode of intervention, and people are seen as being able to learn, grow, and change (Saint-Jacques, Turcotte, & Pouliot, 2009).

How strengths perspective is useful in legal education. Social workers utilize the strengths perspective to facilitate the empowerment of clients and include them in the problem solving process (Aiken & Wizner, 2003). Clients seeking legal representation are typically in a crisis situation and often feel hopeless. Although it is not the role of the attorney to help the client emotionally work through the situation, the attorney's representation can be more effective if the client can focus on resilience. Clients who feel empowered will be more likely to be engaged in helping themselves. Clients need to be motivated to do what is necessary to provide effective representation, such as returning phone calls, attending meetings, returning documents, and finding necessary evidence.

The strengths-based approach to practice is sometimes misunderstood as an approach that only focuses on the positives in a situation or only on the potential benefits one can

experience from adversity. Instead, strengths-based approaches do not ignore or minimize problems of clients, but make a point to assume all clients have competencies and strengths that can help them cope with and overcome their problems (Sousa, Ribeiro, & Rodrigues, 2006). They also involve helping the clients view their identity as separate from their current legal problems (Sousa et al., 2006).

The barrier to the strengths-based approach is that many professionals who serve clients are trained in a deficit or problem-based approach. Indeed, society in general is more problem-based or negatively focused, approaching life by identifying what is wrong. Detrimental effects of the problem-focused approach can include frustration (by both the professional and client), stigmatization, apathy, a greater dependency on social services, and disempowerment (Sousa et al., 2006). Strengths-based approaches go beyond the identification of the problem to also identify what is working or has worked in the past and what can be learned from the situation. Professionals then help clients identify and utilize their talents, values, competencies, skills, and knowledge to better their lives (Early & GlenMaye, 2000).

A law student must learn the subtle art of applying a strengths perspective. Out of context, the question “What good has come out of this?” or “How might you benefit from this bad experience down the road?” would only alienate an emotionally distraught client. Timing and subtlety are keys to the use of strengths perspective by attorneys. Seemingly insignificant comments, such as how bringing in necessary documents has moved the case along, can have a significant influence on how clients perceive their ability to help in resolving their legal problems, and therefore, their ability to be resilient in the face of the crisis. As their belief in their ability to overcome the problems increases, so will their motivation to engage in the representation process.

Example of how to teach strengths perspective in a law school setting. Subtlety and timing are two very difficult practice skills to teach. The benefits of praising clients for helping with the process and reinforcing the progress when gains in the case are made can be discussed in theory; however, the practice needs to become a subconscious habit and part of the future attorney’s natural approach to work with clients. The skill of applying a strengths perspective begs for the institutionalization of social work education and practicum experience in a legal curriculum so that students can practice work with real clients under the supervision of professionals trained in both law and social work.

Internalizing the skills needed to work from a strengths perspective requires teaching students to restructure how they view their clients. Legal educators often still use victim terminology when discussing clients. Approaching the clients from a strengths perspective means viewing the client as someone who can assist in legal advocacy rather than as a victim who should be passive in case development. Since paradigm shifts occur slowly, it is important to discuss the strengths perspective early in a course and to revisit the topic throughout the semester. Therefore, an exercise on client strengths should be given in one of the first class sessions. A scenario describing a typical client seen in a law school clinic can be provided. For example, a client of a poverty law clinic often arrives at the clinic crying. She appears underweight and has stains on her jeans. The first thing she asks is if you know of any food or clothing pantries nearby. She is late for her

appointment because her car broke down and she had to take the bus. When asked why she is seeking services, she responds that she has been denied TANF benefits unfairly. She says she documented every interaction she had with her county's social services office and she gives you a pile of folders. When you open them, the documents are barely legible and it is clear she only has about a third grade writing ability.

Ask students what they think about the client in the scenario. Students will generally respond that they feel sad for her, that she sounds pathetic and that they feel too overwhelmed by all the files to know where to start the process of helping her. Next, ask students if this client has any strengths she can bring to the case (a brief definition of strengths prior to this discussion would be helpful). Write the brainstormed list of strengths on the board. A non-exhaustive list of possible strengths includes:

1. She made it to the meeting. Her car broke down, but she found an alternative transportation method.
2. Though the first glance at the notes shows they are poorly written, they are meticulous. She documented each date so transcripts of phone conversations might be called into evidence.
3. She asked if you could recommend any food pantries or clothing resources. Though she appeared to have malnutrition she is interested in networking to find resources. She also wants to appear more professional in her clothing, which will be helpful in court.

After listing the strengths, a debriefing discussion should include issues of how to reframe the students' thinking about clients. Discussion should also cover how to encourage clients to focus on their resilience through subtle encouraging remarks, and how this can increase clients' motivation to actively engage in their representation. The exercise can be revisited in class discussions throughout the course and in supervision meetings with students as they begin internship duties with clients. This exercise can also overlap with systems theory and cultural competency. Systems theory can be seen in the client's desire to connect with other resources and lawyers should be ready to encourage this sign of resiliency with a guidebook of resources. Cultural competency can also be addressed by increasing student empathy for clients who are different from themselves.

BARRIERS TO TRANSDISCIPLINARY EDUCATION

The two primary barriers to implementing transdisciplinary education are differences in teaching pedagogy and differences in professional ethics. Differing pedagogy results in varying educational cultures, which makes a deviation from institutionalized teaching styles difficult to implement. Additionally, lawyers and social workers are bound to different professional ethics and duties, and these differences must be understood by the social work educator who steps into the legal classroom.

Differences in Culture and Pedagogy

Some of the differences between the educational culture of schools of law and social work are immediately clear upon observation through the classroom design, dress, and student-professor interactions. However, Taylor (2006) conducted a systematic study of the pedagogical differences between law and social work. She separately observed law and social work classes to assess social interactions, educational techniques, and group dynamics in both disciplines. Data collected involved different aspects of the social work and law classrooms, such as dress, language, layout of classroom, length of class, teacher-instructor interactions, and type of classroom instruction. She concluded law instruction tends to be lecture-based, focuses on summarization of cases, places little emphasis on personal reactions to course material, and allows little time for class discussion. Social work instruction, in contrast, is discussion-based, focuses on personal reactions to material, and allows a great deal of time for class interaction. With the variations in culture and pedagogy, it will be difficult for a social work instructor to be accepted as a legitimate educator in a law school.

Beyond the basic differences in legal and social work education, legal education itself may make acceptance of varying pedagogies difficult. As Weinstein (1999) states, "Legal education, with its mission to train students to think like lawyers, indoctrinates the narrow focus and confined boundaries of linear thinking that define traditional law practice" (p. 340). This can further hinder openness to perspectives from other disciplines or alternative forms of pedagogy (Weinstein, 1999). However, it is exactly this type of narrow consideration of issues and clients that transdisciplinary education aims to overcome. If collaboration is implemented at the university level, prior to student solidification of professional boundaries, the culture will slowly shift as each new class graduates.

Differences in Ethics and Duties

Social workers and attorneys are each bound by a code of ethics established by laws and professional organizations. There are two primary differences between the professions' standards. First, attorneys and social workers are bound by differing ethical standards regarding client confidentiality and privileged information. The issue of confidentiality is most salient in cases of suspected child abuse. Privileged information rights are trumped by child abuse mandatory reporting laws for social workers, but attorneys are not required to mandatorily report child abuse (St. Joan, 2001). The issue has been addressed by law firms that hire social workers and several models for resolution have been developed. For example, social workers may be categorized as employees for the firm in some states, in which case the privileged information standard for attorneys is extended to the social workers (St. Joan, 2001). Alternatively, a model in which clients are informed that social workers and attorneys will be sharing information on their case and mandatory reporting laws are explained can be utilized (St. Joan, 2001).

The second major differentiation between the professions involves to whom the professional is responsible when working with clients (Galowitz, 1999). For example, social workers may represent multiple family members with different or conflicting

interests. They may serve as the family advocate, child protective investigator, foster-placement worker, or parent worker (Weil, 1982). The interests of the parents may differ greatly from what is in the best interest of the children, and social workers are expected to help families as a whole. Lawyers, on the other hand, often represent only one client, not the entire family (Weil, 1982). It is imperative any social work educator teaching law students be aware of the differences, which vary by state, and incorporates these differences into lesson plans.

RECOMMENDATIONS

Law schools prepare students to practice law in the form of developing legal arguments, but they do not prepare students to practice with real clients from whom they must procure the necessary information to prepare the legal arguments. It is imperative students be trained in interviewing and goal setting in order to provide the best services possible. Thus, social work is a discipline with an abundance of knowledge and practice tools to offer law students. To ensure law students graduate prepared to counsel clients, the authors recommend several additions to traditional law school curricula. First, mandatory interviewing and counseling courses taught by social work educators should be implemented. Second, law students should be required to complete practicum hours with supervision by practicing professions from multiple disciplines. Finally, implementation of these transdisciplinary curricula adjustments should be monitored and evaluated for effectiveness with regard to student learning outcomes, client service outcomes, and longitudinal use by lawyers after graduation.

Most law schools offer elective courses on interviewing and/or counseling, but these classes are generally taught by practicing attorneys who have learned their skills in practice rather than from instruction on techniques grounded in empirically-based best practice approaches. The authors recommend that these courses be taught by social work educators, or possibly co-taught with both a legal educator and a social work educator. Furthermore, we recommend the courses be mandatory rather than elective since all attorneys will have to interact with clients regardless of their specific area of practice

It may also be beneficial to consider the implementation of a mandatory practicum for law students under the direction of both a law and a social work educator. Students could greatly benefit from supervision from experienced professionals while working with clients during their education. Otherwise beginning attorneys' first experience working with clients could be at a firm, where superiors have their own heavy caseloads and little time for mentorship. A practicum is an important part of several practice-based professional schools, such as medicine, social work, and physical therapy. The lack of practical training in law schools is incongruent with the realities of the profession.

The authors also recommend the transdisciplinary education approaches be monitored to ensure implementation is accepted by students, faculty, and university administration. The courses and practicum should also be evaluated for learning outcomes of students to see if students both perceive themselves to be prepared for practice and can demonstrate appropriate use of social work approaches. For example, law students could be pre and post tested with an interviewing skills assessment tool.

Finally, longitudinal data should be collected to assess whether law school graduates continue to utilize social work approaches to practice after graduation.

The time has come for social workers to advocate for themselves. We have effective and useful knowledge, values, and skills to offer other disciplines. Clients will be better served if attorneys are trained in basic social work approaches to practice. Lawyers will be able to better assist clients, and they will know when and how to refer client issues beyond their professional scope to social workers. We have much to offer law schools and it is time we told them.

References

- Aiken, J., & Wizner, S. (2003). Law as social work. *Washington University Journal of Law and Policy*, 11, 63-82.
- Allen-Meares, P. (1998). The interdisciplinary movement. *Journal of Social Work Education*, 34, 2-5.
- Andreae, D. (2011). General systems theory: Contributions to social work theory and practice. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (5th ed., pp. 242-254). New York: Oxford University Press.
- Bronstein, L. R. (2003). A model for interdisciplinary collaboration. *Social Work*, 48(3), 297-306.
- Colarossi, L., & Forgey, M. A. (2006). Evaluation study of an interdisciplinary social work and law curriculum for domestic violence. *Journal of Social Work Education*, 42(2), 307-323.
- Coleman, B. (2001). Lawyers who are also social workers: How to effectively combine two different disciplines to better serve clients. *Washington University Journal of Law and Policy*, 7, 131-158.
- Early, T. J., & GlenMaye, L. F. (2000). Valuing families: Social work practice with families from a strengths perspective. *Social Work*, 45(2), 118-130.
- Galowitz, P. (1999). Collaboration between lawyers and social workers: Re-examining the nature and potential of the relationship. *Fordham Law Review*, 67, 2123-2154.
- Katkin, D. (1974). Law and social work: A proposal for interdisciplinary education. *Journal of Legal Education*, 26(3), 294-317.
- Katz, D., & Kahn, R.L. (1978). *The social psychology of organizations*. New York: Wiley.
- Perry, C., & Tate-Manning, L. (2006). Unraveling cultural constructions in social work education: Journeying toward cultural competence. *Social Work Education*, 25(7), 735-748.
- Rand, S. (2006). Teaching law students to practice social justice: An interdisciplinary search for help through social work's empowerment approach. *Clinical Law Review*, 13(1), 459-504.

- Saint-Jacques, M., Turcotte, D., & Pouliot, E. (2009). Adopting a strengths perspective in social work practice with families in difficulty: From theory to practice. *Families in Society, 90*(4), 454-461.
- Shaffer, T. L. (1975). Lawyers, counselors, and counselors at law. *American Bar Association Journal, 61*(7), 854-857.
- Simmons, C., Diaz, L., Jackson, V., & Takahashi, R. (2008). NASW Cultural Competence Indicators: A new tool for the social work profession. *Journal of Ethnic & Cultural Diversity in Social Work, 17*(1), 4-20.
- Sousa, L., Ribeiro, C., & Rodrigues, S. (2006). Intervention with multi-problem poor clients: Towards a strengths-focused perspective. *Journal of Social Work Practice, 20*(2), 189-204.
- St. Joan, J. (2001). Building bridges, building walls: Collaboration between lawyers and social workers in a domestic violence clinic and issues of client confidentiality. *Clinical Law Review, 7*, 403-467.
- Taylor, S. (2006). Educating future practitioners of social work and law: Exploring the origins of inter-professional misunderstanding. *Children & Youth Services Review, 28*(6), 638-653.
- Voyvodic, R., & Medcalf, M. (2004). Justice, ethics, and interdisciplinary teaching and practice: Advancing social justice through an interdisciplinary approach to clinical legal education: The case of legal assistance of Windsor. *Washington University Journal of Law & Policy, 14*, 101-132.
- Weil, M. (1982). Research on issues in collaboration between social workers and lawyers. *Social Service Review, 56*, 393-405.
- Weinberg, A., & Harding, C. (2004). Interdisciplinary teaching and collaboration in higher education: A concept whose time has come. *Washington University Journal of Law and Policy, 14*, 15-48.
- Weinstein, J. (1999). Coming of age: Recognizing the importance of interdisciplinary education in law practice. *Washington Law Review, 74*(2), 319-366.
- Wetlaufer, G. B. (1990). Rhetoric and its denial in legal discourse. *Virginia Law Review, 76*(8), 1545-1597.

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Now You See It, Now You Don't: Faculty and Student Perceptions of Classroom Incivility in a Social Work Program

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Abstract: *Classroom incivility is identified as a concern in the higher education literature; however, the extent to which these concerns apply to social work education has not been empirically addressed. This initial, exploratory study examined the perceptions of classroom behaviors in a small convenience sample of faculty and students in one social work program. Quantitative results indicated that faculty tended to perceive incivility as generally less serious and frequent than did student participants. Qualitative findings suggested that while faculty believed they were addressing incivility, students did not. Students expressed the desires for instructors to be more aware of behaviors, especially distracting use of electronic devices, and to take stronger actions to enforce guidelines. Social work programs may need to consider developing uniform policies for addressing incivility as well as helping faculty to find more effective ways to address the problem. Future research is needed with larger, more representative samples.*

Keywords: *Incivility, classroom management, social work, higher education, social work ethics*

INTRODUCTION

Once dismissed as a problem of elementary and secondary education, classroom incivility has been the subject of increasing concern in higher education over the past several years. Uncivil behaviors are those generally viewed as disrespectful and disruptive; they may include carrying on conversations with others during class, talking on cell phones, texting, surfing the internet, sleeping, arriving late, leaving early, and challenging the instructor about grades (Nordstrom, Bartels, & Bucy, 2009). Asking students to assume a larger role in the learning process leads to classroom incivility in that students may become resistant if not openly hostile (Boice, 1996). Although accounts of discourteous, disrespectful, and disruptive student behaviors are growing among faculty, relatively little research has focused on classroom incivilities in higher education. According to Boice, this lack of attention on incivility in higher education may stem from instructors' embarrassment over acknowledging their inability to control classroom behavior. Additionally, structural factors may include lack of training for instructors on dealing with the problem and administrators' reluctance to publicly discuss such problems for fear of tarnishing the institution's image (Boice, 1996). In social work education, the literature is essentially silent with regard to issues of classroom incivility. Social work education programs and curricula are rooted in the profession's core values, among which are *dignity and worth of the person, integrity, and importance of human*

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relationships (NASW, 2008). Acknowledging problems of classroom incivility in social work education poses the risk of considering how well social work educators are socializing students to the profession as well as raising questions about the appropriateness of students relative to professional identity and fit.

LITERATURE REVIEW

A number of factors have been identified as contributing to uncivil classroom behavior in higher education. Some authors believe classroom incivility is related to an overall decline in civil behavior in American society (Bjorklund & Rehling, 2010; Connelly, 2009; Bray & Del Favero, 2004). One obvious contributing factor is an individual's attitude regarding the appropriateness of uncivil classroom behavior. Hersch (1998) pointed out that current college students are more socially isolated than students from twenty years ago. Raised by parents who work longer hours and live very hectic lives, today's students are often forced to develop their world views and behavioral expectations in conjunction with their peers rather than adults. As a result of those generational differences, it should not be surprising that students and instructors often have markedly different views regarding what constitutes appropriate behavior. The widespread use of electronic mail, texting, and tweeting may serve to further compound the sense of social isolation. The impersonality associated with the use of contemporary communication tools may provide students with few cues about how to effectively navigate in the "real" social world (Hernandez & Fister, 2001). Consequently, some students may see nothing wrong in behavior that others perceive as uncivil.

Another contributing factor to uncivil classroom behavior is a consumer orientation to the educational process. Students who hold a consumer orientation toward their education tend to feel that the main purpose for college is economic, a means to increase their earning potential (Delucchi & Korgen, 2002). Indeed, students' motivations for attending college have shifted significantly in recent years. According to the 2006 Higher Education Research Institute's report, 69% of students surveyed indicated that they attended college to earn more money (as opposed to acquiring knowledge)—a marked increase from 21% in 1976 (Higher Education Research Institute, 2006). Consistent with this notion, Baker, Comer, and Martinak (2008) note that automatic and inherent respect for college professors, which was once based on the perception of them as experts in their respective fields, has been replaced by students' perceptions of their professors as merely employees of the university to which the students pay money. Hence, the perception among some students has become "I'm paying your salary, and I expect an A" (Baker et al., p. 66). According to Delucchi and Smith (1997), an emphasis on obtaining good grades in order to make more money has led to "grade grubbing" where students dispute deservedly low grades. Some students thus perceive themselves as consumers or customers rather than learners. Embracing the concept that "the customer is always right," consumer-oriented students may feel that they are entitled to act in whatever manner they choose (including incivility) since they have paid for the privilege. This relationship was confirmed by Nordstrom et al. (2009) who found that students with a consumer orientation toward the educational process also reported engaging in uncivil classroom behaviors. Among their findings, males were more likely to hold a consumer

orientation compared to females. Additionally, students who were less involved with their classes and colleagues (e.g., part-time students, those working many hours off campus and spending less time on their classes) were also more likely to hold consumerism beliefs as well as engage in uncivil classroom behaviors.

A concept closely related to consumerism is student entitlement. Instructors often complain that students resent instructors who are challenging and demand a lot of work, and instead prefer those who are entertaining (Edmundson, 1997), approachable, and flexible (Trout, 1998). Entitlement behaviors may include students expecting good grades, even when the work they submit does not meet standards; expecting instructors to be available to them at all times and prepared to make accommodations for them; and blaming their instructors if they do not succeed in their academic work (Bartlett, 2004). Students with an entitlement disposition often believe that knowledge should be acquired with a minimum of effort on their part (Boice, 1996) and that they should be rewarded with high grades for simply attending class (Gose, 1997). Entitled students therefore take on a passive learner role, expecting faculty to bear more responsibility for student learning. Student entitlement has been attributed to the structure of the U.S. education system which is seen as offering many students little academic challenge prior to entrance to higher education, resulting in unrealistic expectations of work at the university level (Bettinger & Long, 2005; Greene & Forster, 2003).

Nordstrom et al. (2009) suggest that another possible predictor of classroom incivility is narcissism, defined by Akhtar and Thompson (1982) as “a concentration of psychological interest in the self” (p. 12). Self-preoccupation of narcissistic individuals is manifested in a lack of empathy for others. Further, according to the DSM-IV-TR criteria, narcissists often have a sense of entitlement, holding unrealistic expectations for favorable treatment or automatic compliance with their expectations. “They expect to be catered to and are puzzled or furious when this does not happen” (APA, 2000, p. 659). Nordstrom et al. did in fact find that students with narcissistic tendencies were likely to report engaging in uncivil behavior in the classroom.

Differing perceptions between students and faculty regarding what constitutes problem behaviors have been primarily attributed to generational differences between the two groups (Baker et al., 2008; Connelly, 2009). While most faculty are members of the Baby Boomer and Generation X generations, the majority of today’s students are members of the Millennial generation. In contrast to the characteristically strong work ethic of the Baby Boomers, a characteristic of Millennials is the expectation of rewards for any performance, regardless of quality (Baker et al., 2008). Parents of Millennials who have praised and rewarded their children for mediocre and substandard performance have created the expectation that others will do the same (Twenge, 2006; Zaslow, 2007).

In addition to generational differences, gender and ethnicity differences may also result in problematic student behaviors in the classroom. Alexander-Snow (2004) reported that the degree of classroom incivility may be determined by the professor's gender and ethnicity. Problem behaviors may include Caucasian students “folding arms across the chest, slumped posture in the chair prior to...initial introduction of their teacher” when that teacher is a person of color (p. 26). Students may also begin

questioning the instructor's authority and developing expectations of the instructor's behavior based on pre-determined values and belief systems regarding how people of the identified ethnicity are supposed to conduct themselves. Alexander-Snow adds that "the extent of the students' undermining behavior will lessen or intensify depending on whether the teacher's behaviors are in accordance with students' own cultural expectations" (p. 27).

It is not only students who can create problems with classroom incivilities, however. Several authors report that faculty too can contribute to the problem (Alberts, Hazen, & Theobald, 2010; Alexander-Snow, 2004; Bayer, 2004). According to Braxton and Bayer (1999), faculty behaviors such as "condescending negativism, inattentive planning, moral turpitude, particularistic grading, personal disregard, uncommunicated course details, and uncooperative cynicism" (p. 21) can provoke student incivilities. Bayer (2004) believes that "the dynamic of classroom incivility is perhaps frequently a synergistic one involving inappropriate behavior on the part of students often combined with, or prompted by, misfeasance or malfeasance of the college teacher..." (p. 78). Bayer also found that faculty who mistreat students experience higher incidences of disrespectful student behavior. Regardless of the initiator, classroom incivility is harmful to the classroom climate and prohibitive to quality instruction and learning.

How faculty respond to instances of classroom incivility is also important. Schneider (1998) argues that students rarely get punished for committing incivilities, providing little disincentive for antisocial behavior. Tenure expectations may discourage or restrict faculty members from confronting incivilities. Hogan (2007) suggests that instructors' attempts to avoid negative evaluations by students lead to failure to confront uncivil behavior and ultimately to a weakening of discipline. Alternately, faculty simply may not know how to handle problematic situations (Sorcinelli, 1994), or they may feel uncertain that they will be supported by higher authorities if they punish misbehaviors, particularly as universities compete for students and seek to avoid lawsuits. Generally, students expect professors to step in and control disruptive behaviors and have little respect for instructors who do not (Kuhenschmidt, 1999; Young, 2003). Thus, investigating classroom incivilities and ways to respond to them is important.

PURPOSE AND AIMS

The present exploratory study seeks to address some of the gaps identified in the literature regarding classroom incivility, particularly in the context of social work education. Specifically, we examine perceptions of faculty and students concerning the type, frequency, and severity of classroom behaviors that may be perceived as uncivil. Our aims are to identify differences, if any, in perceptions between faculty and students, examine gender and ethnicity based patterns, and identify and/or develop strategies for addressing the problem of classroom incivility. A beginning exploration of such patterns may guide efforts towards further research aimed at understanding the nature of classroom incivility, assisting faculty in dealing with classroom problems, and identifying ways to help students understand behavioral expectations and their roles in preparing to enter this value-driven profession.

CONTEXT OF THE STUDY

The study was conducted in a school of social work located in a large Southwestern state. The program is fully accredited by the Council on Social Work Education and offers both the Bachelor and the Master of Social Work degrees. Although the school offers online MSW classes, only the on-campus student population was included in the study. In the academic year during which the study was conducted, the on-campus undergraduate and graduate enrollment totaled 213 students. The faculty included 27 individuals, including 10 tenured faculty, seven tenure-track faculty, three clinical faculty, and seven adjunct faculty. Faculty in the program traditionally teach across both undergraduate and graduate levels. However, for purposes of the study, faculty responded from the perspective of the courses they typically teach.

METHOD

Sampling Procedure

A convenience sample was obtained from all faculty and on-campus students in the department of social work. Fliers were posted on faculty and student bulletin boards announcing the study, and emails were sent to all faculty and students inviting participation. Surveys with return envelopes were placed in all faculty and student mailboxes. Students were instructed to deposit completed surveys in a locked, slotted box labeled "Student Civility Survey" which was placed in the main office on top of the student mail folder file cabinet. Faculty returned surveys to the authors' mailboxes in the department office.

Faculty sample. Fifteen faculty members returned completed surveys for a 56% faculty response rate. The faculty sample included 10 females (66.7%) and five males (33.3%). Participants were asked to indicate their ages by selecting one of several age categories. The median age was 41.4 years, with 80 % falling in the 41 to 60 year range. Ten respondents reported their race/ethnicity as Caucasian (66.7%), two as African American (13.3%), two as Hispanic (13.3%), and one as Asian (6.7%). Seven participants were tenured (46.6%), while four were tenure-track (26.7%), and five were clinical or adjunct faculty (27.7%). Participants were asked to report their years of teaching experience, with categories ranging from zero to three years to 20 or more years. The median number of years of teaching experience was 9.3, with 33.3% reporting eight to eleven years of teaching experience and another peak of 26.7% reporting 20 or more years of teaching experience. The demographics of the faculty sample composition were representative of the faculty as a whole. Faculty members were also asked how much training they had received in classroom management. Almost half reported having received no training (46.7%, $n = 7$), and another quarter (26.7%, $n = 4$) stated they had received between one and three hours of training. The remainder (26.6%, $n = 4$) reported having received from seven to more than 10 hours of training. All faculty members reported that they taught required courses, while 26.7% also taught elective courses. Approximately three-quarters (73.3%) reported teaching both undergraduate and graduate courses, while 20% reported teaching only graduate and 6.7% only undergraduate.

Student sample. Of 213 student surveys distributed, only 28 were returned for a response rate of 13%. Because of the low response rate, and in order to assess comparability to the student population, comparisons were made to the population of social work students enrolled in the same semester. The sample differed in demographic characteristics from the social work student population enrolled at that time. Considerably more males, older students, and students of color chose to participate in the study than were enrolled. Although a sample this nonrepresentative of the larger population may be considered biased, for purposes of this exploratory study, the authors believe there is value in examining perceptions of this group of nontraditional and ethnic minority students who evidently felt strongly enough about the civility issues to participate.

Table 1: Student Sample Comparison to Larger Student Population

Demographic Characteristic	Study Sample % (<i>N</i> = 28)	On Campus Social Work Students % (<i>N</i> = 213)
Gender		
Female	78.6	90.1
Male	21.4	9.9
Age		
20 – 30 years	28.6	69.0
31 – 40 years	32.1	19.2
41 – 50 years	39.3	11.8
Race/Ethnicity		
Black/African American	17.8	9.4
Hispanic/Latino/a	25.0	28.1
American Indian/Alaska Native	3.6	0.9
Asian/Pacific Islander	3.6	0.9
Caucasian	50.0	59.7
Academic Status		
Undergraduate	32.1	43.7
Graduate	67.9	56.3
Full-Time/Part-Time (MSW)		
Full-time	67.9	51.7
Part-time	32.1	48.3

Measures

With approval from the university Institutional Review Board and the author of the instrument, a self-report survey, *Classroom Civility and Teaching Practices Survey*

(Black, Wygonik, & Frey, in press) was adapted for use in the present study. Revisions to the original survey consisted of removal of one item (wearing hats) and addition of one item (joking inappropriately). In both quantitative and qualitative formats, the survey asks participants about the seriousness and frequency of disruptive behaviors, the most frequent and troublesome behaviors, and preferred strategies for addressing these behaviors.

For quantitative measures, the survey provides a list of 25 student behaviors and asks participants to rate the behaviors for seriousness and then for frequency using a Likert scale of one to four, with four representing the most serious and most frequent. From the list of 25 disruptive behaviors and a separate list of 23 strategies for promoting civility, participants were asked to identify the three most troublesome behaviors and the three most effective strategies for dealing with the three behaviors identified. The survey also included demographic items, items regarding the types of courses taught and number of years teaching experience for faculty, questions about the perceived seriousness and perceived frequency of classroom incivility in general (not specified by type), and perceived effect of class size and gender of students on frequency of classroom incivility. Faculty were asked whether graduate or undergraduate students exhibited more incivility, and students were asked whether more incivility occurred in required or elective courses. Cronbach's alpha on the survey items addressing seriousness and frequency of behavior ratings was .88. Because this is an initial exploratory study with a small sample, data analysis was focused on response frequencies, some statistical comparison of faculty and student responses, and qualitative analysis.

QUANTITATIVE RESULTS

General Behavior Seriousness, Frequency, and Characteristics

Participants were asked to rate the seriousness and frequency of disruptive or uncivil behaviors in their classes in general (non-specific as to type of behavior). As seen in Table 2, faculty appeared to view the problem of incivility as less serious and less frequent than did student respondents. Each rating category was assigned a code of one to five, with one being least serious and frequent and five being most serious and frequent. Significant differences were found between faculty and student mean responses as determined by independent samples *t*-tests. The faculty mean rating of seriousness (1.9, *SD* = 0.9, *n* = 15) was significantly lower than the student mean rating (2.8, *SD* = 1.2, *n* = 28; *t* (41) = -2.4, *p* = .02). Similarly, the faculty mean rating of behavior frequency (2.7, *SD* = 1.3, *n* = 15) was significantly lower than the student mean (3.8, *SD* = 1.4, *n* = 27; *t* (40) = -2.6, *p* = .01).

Several survey items asked about characteristics of students more likely to behave disruptively and situations in which these behaviors would more likely occur. More faculty (46.7%) than students (25%) reported that gender made no difference, while more students (64.3%) than faculty (40%) reported females were more likely to disrupt class. Faculty were asked to compare the frequency of uncivil behaviors among graduate and undergraduate students. Almost half (46.7%) reported that undergraduate students behaved disruptively more than did graduate students, while 40% said there was no

difference, and 13.3% did not respond. Students (46.4%) reported that incivility occurred more frequently in large classes, while the same proportion, 46.4%, said there was no difference. Half (50%) of the students said there was no difference in frequency of incivility between required or elective courses, while 35.7% reported that these behaviors occurred more frequently in required courses.

Table 2: General Behavior Seriousness and Frequency Comparisons

Behavior Measure	Faculty % (<i>N</i> = 15)	Students % (<i>N</i> = 28)
Seriousness		
Not at all	33.3	14.3
Slightly	46.7	28.6
Moderately	13.3	32.1
Very	6.7	14.3
Extremely	0.0	10.7
Frequency		
Does not occur	20.0	10.7
Once per semester	26.7	7.1
Several times per semester	33.3	14.3
One to two times a month	6.7	21.4
Once a week or more	13.3	42.9
Missing	0.0	3.6

Behavior Seriousness and Frequency: Comparisons of Faculty and Students

Participants were provided with a list of 25 disruptive behaviors and asked to rate their seriousness, if they were to occur in their classrooms, on a scale of one to four, where a rating of four indicated “very serious” and a rating of one was “not serious” (Table 3). Although faculty rated the seriousness of disruptive behaviors actually occurring in their classes in general as significantly less serious than did students, when it came to rating the seriousness of specific behaviors, should they occur, the two groups’ ratings were comparable, with some exceptions. Faculty mean ratings of the seriousness for 19 of the 25 behavior items were the same as or slightly higher than student ratings. However, faculty rated text-messaging, allowing the cell phone to ring, and dressing inappropriately as slightly less serious than did students. Larger differences between faculty and student ratings were found in higher faculty mean ratings of the seriousness of reading the newspaper, sleeping, using vulgarity, making threats to faculty or students, verbally attacking, and physically attacking other students. Faculty mean ratings for 16 of the 25 behaviors were rated three or higher, indicating they perceived these behaviors as more serious, compared to 11 behaviors rated that seriously by students.

Table 3. Behavior Seriousness and Frequency: Comparison of Faculty and Student Mean Ratings

Behavior	Behavior Seriousness Mean (SD)		Behavior Frequency Mean (SD)	
	Faculty (<i>N</i> = 15)	Student (<i>N</i> = 28)	Faculty (<i>N</i> = 15)	Student (<i>N</i> = 26)
Verbal attacking other students	4.0 (0.0)	3.4 (1.1)	1.2 (0.4)	1.6 (0.9)
Physically attacking other students	4.0 (0.0)	3.3 (1.3)	1.0 (0.0)	1.0 (0.0)
Making threats to faculty/students	4.0 (0.0)	3.3 (1.3)	1.1 (0.3)	1.1 (0.4)
Computer use unrelated to class	3.5 (0.9)	3.3 (1.1)	2.2 (1.1)	2.8 (1.1)
Taking phone calls in class	3.6 (0.5)	3.2 (1.0)	1.7 (1.0)	2.0 (0.9)
Text-messaging	3.2 (0.8)	3.3 (0.8)	2.5 (0.9)	3.5 (0.7)
Allowing cell phone to ring	2.9 (0.9)	3.1 (0.9)	1.8 (0.9)	2.4 (1.0)
Groans/sighs	2.3 (0.8)	2.3 (1.0)	1.5 (1.0)	2.3 (0.8)
Sleeping	3.4 (1.0)	2.5 (1.3)	1.6 (1.0) ^a	1.3 (0.5)
Acting bored or apathetic	2.9 (0.8)	2.7 (1.0) ^c	1.9 (1.2) ^a	2.6 (0.9)
Reading the newspaper	3.3 (1.0)	2.1 (1.0)	1.2 (0.4)	1.2 (0.4)
Using vulgarity	3.5 (0.9)	2.8 (1.3)	1.2 (0.6) ^a	1.5 (0.6)
Challenging teacher's credibility/ knowledge	3.0 (0.8)	2.7 (1.1)	1.3 (0.6)	2.0 (1.0)
Sending inappropriate emails to faculty	3.5 (0.7)	3.1 (1.3)	1.3 (0.5)	1.0 (0.0)
Making sarcastic remarks	3.3 (0.7)	3.1 (1.0)	1.7 (1.0)	2.2 (1.0)
Making offensive remarks	3.8 (0.4)	3.3 (1.3)	1.3 (0.6)	1.5 (0.8)
Joking inappropriately	3.0 (0.7) ^a	2.8 (1.2)	1.3 (0.6)	1.5 (0.8) ^b
Talking to other students at inappropriate times	3.1 (0.4)	3.1 (0.9)	2.7 (1.0)	3.0 (1.0)
Talking out of turn or interrupting others	2.9 (0.6)	2.9 (0.8)	2.3 (1.0)	2.6 (1.0) ^b
Arriving late or leaving early	3.0 (0.7)	2.9 (1.0)	2.5 (1.1)	2.9 (0.9)
Unpacking or packing backpacks	1.9 (0.7)	1.5 (0.7)	2.0 (1.0)	2.2 (1.1)
Eating	1.5 (0.8)	1.3 (0.5)	2.8 (1.1) ^a	3.6 (0.8)
Wearing distracting clothing	2.2 (0.9)	2.0 (1.1)	1.6 (0.9)	1.4 (0.8)
Dressing inappropriately	2.1 (0.9)	2.3 (1.3)	1.3 (0.8)	1.3 (0.7)
Poor hygiene or offensive odor	2.5 (0.7)	2.4 (1.2)	1.1 (0.3)	1.3 (0.6)

^a*N* = 14; ^b*N* = 25; ^c*N* = 27

Participants also rated the frequency of the 25 behavior items they observed or experienced most often, on a scale of one to four, where a rating of one represented “infrequent (one time or less per semester)” and four represented “quite frequent (one or more times per week)” (Table 3). While the faculty mean rating of incivility frequency in their classes in general was significantly lower than that of students, when it came to rating the frequency of specific behaviors they have observed, the mean ratings of the two groups were comparable, again with some exceptions. Faculty mean ratings of 20 of the 25 behaviors were the same as or only slightly lower than students’ ratings. However, faculty rated sleeping, sending inappropriate emails, and wearing distracting clothing as slightly more frequent than did students. The largest differences between faculty and student ratings of frequency were the higher student mean ratings of text-messaging, groans/sighs, eating, acting bored or apathetic, and challenging the teacher’s credibility or knowledge. While student mean ratings of 11 of the behaviors were higher than two, the mid-range rating, six behaviors were rated that frequently by faculty.

Most Troublesome Behaviors and Instructor Strategies

Participants were asked to identify from the provided list of 25 behavior items those that were both most troublesome and occurred most frequently in their classrooms. They were also provided a list of strategies instructors could use to address disruptive behaviors and asked to choose three strategies that would be most effective for each troublesome and frequent behavior selected. Frequencies were computed and compared for faculty and students. There were considerable commonalities in the responses of both groups, as seen in Table 4.

Three behaviors reported by faculty and students as among those most troublesome were talking to other students at inappropriate times, texting, and computer use for tasks unrelated to class. Among the most frequently listed troublesome behaviors identified by faculty but not students were arriving late or leaving early and talking out of turn or interrupting others.

Among the strategies most commonly selected as those most effective for instructors to use in addressing troublesome behaviors, the top choice for both groups was speaking privately with the offending student. Both also listed speaking publicly to the offender and addressing the entire class. Faculty included stating expectations clearly, while students listed sending an email to the offender.

In summary, quantitative results indicated a general trend of faculty viewing disruptive behaviors as less serious and frequent than did students. Within this trend, there were many points of agreement on ratings of specific behaviors, which were the most troublesome behaviors, and preferred strategies to address behaviors. However, there were also potentially important differences.

Faculty and students appeared to agree that several behaviors warranted little attention. These included behaviors viewed as serious but rare (aggressive behaviors, sleeping or reading the newspaper in class, vulgar or offensive remarks), frequent but not serious (eating in class), and both infrequent and not serious (dress or hygiene issues).

Table 4. Most Troublesome Behaviors and Preferred Strategies: Faculty/Student Comparison

Most Troublesome Behaviors		
Ranking	Faculty	Students
1	Arriving late/leaving early ($n = 8$) Talking to other students at inappropriate times ($n = 8$)	Texting ($n = 16$)
2	Texting ($n = 5$)	Computer use unrelated to class ($n = 11$)
3	Talking out of turn or interrupting others ($n = 4$) Computer use unrelated to class ($n = 4$)	Talking to other students at inappropriate times ($n = 9$)
Strategies to Address Behaviors		
Ranking	Faculty	Students
1	Speak privately with student ($n = 23$)	Speak privately with student ($n = 50$)
2	State expectations clearly ($n = 17$)	Address entire class ($n = 31$)
3	Speak publicly to offender ($n = 15$)	Send email to offender ($n = 12$)
4	Address entire class ($n = 12$)	Speak publicly to offender ($n = 11$)

Faculty and students seemed to agree that other behaviors were both fairly serious and frequent, indicating they need effective intervention. Distracting behaviors such as talking to students at inappropriate times, talking out of turn, and arriving late or leaving early were rated as mid-range to high in seriousness and frequency by both groups. These behaviors were also among those listed as most troublesome behaviors that occur frequently.

There were several behaviors, however, that faculty and students agreed were serious but students viewed as occurring more frequently than did faculty. These included behaviors indicating boredom such as acting apathetic or groaning, challenging the teacher's credibility, and technology-related behaviors. Computer use unrelated to class and text-messaging, while rated high in seriousness and listed in the most troublesome behaviors by both groups, were seen as occurring much more frequently by students than faculty. Therefore, these differences in perceptions point to potential areas needing attention.

QUALITATIVE RESULTS

In addition to the forced-response, quantitative items, the survey included several open-ended questions. The qualitative questions elicited participants' perceptions of the most serious and most common disruptive behaviors observed, instructors' responses to these behaviors, strategies instructors can/should utilize to address disruptive behaviors,

whether personal characteristics (age, gender, race/ethnicity) of the instructor affect behavior, whether observed behaviors affected teaching and learning, and reasons students engage in disruptive behaviors. Participants were also given the opportunity to provide additional comments. A content analysis was conducted on participants' qualitative responses. Faculty and student responses to each of the open-ended questions are reported below. Each response was considered a unit of analysis, however, participants may have provided several responses to each question. Therefore, response totals may exceed the number of participants who responded to qualitative questions.

Most Serious Behaviors

When asked to describe the most serious cases of classroom incivility/disruption observed and/or experienced, four (27%) faculty identified "disrespect toward the teacher and the students," two (13%) identified "texting," and two considered an "angry outburst" and "emotional breakdown in class" as the most serious behavior. Two faculty reported observing no incidents in field placement courses. Of those faculty who observed/experienced classroom incivility, 10 (67%) reported most incidents of incivility occurring in undergraduate classes, two (13%) in graduate courses, and one faculty reported that incivility/disruption is an uncommon occurrence in field seminars. Examples of faculty responses included the following: (a) *"A student that felt persecuted by peers and faculty and was regularly vocal about these feelings of persecution;"* (b) *"Angry argument/outburst to the extent that immediate intervention and follow-up counseling were required;"* (c) *"Student giving herself manicure and pedicure during guest lecture."*

Based on responses to open-ended items, students reported observing serious incidents of classroom incivility as occurring more frequently than did faculty. Behaviors students reported as among the most serious included "surfing the internet" ($n = 6$, 21%); "checking Facebook" ($n = 6$, 21%); "disrespect of teachers and students" ($n = 6$, 21%); "talking on cell phones during class" ($n = 4$, 14%); "texting" ($n = 3$, 11%); and "talking during class" ($n = 2$, 7%). Two individual students identified additional behaviors which were "students coming into class late," and "noise," specifically related to large classes. Examples of student comments were: (a) *Students using their computers to check their facebook status or using their phones to [check] Facebook;* (b) *Someone talking on the phone during class;* (c) *In a fairly large policy class this semester, I'm sitting in the back and the last three or four rows are all frenzy of texting, internet surfing, passing notes, and gossiping. All while the instructor is lecturing."*

Most Commonly Observed/Experienced Disruptive Behaviors

The most common type of incivility/disruption observed by faculty was "side conversations" ($n = 6$, 40%). Other behaviors reported as most commonly observed were "texting" ($n = 3$, 20%); "arriving late/leaving early" ($n = 3$, 20%); and "rude behavior toward peers" ($n = 3$, 20%). Two (13%) faculty reported the most common behavior they have experienced was students openly challenging them in class. In addition, "eye rolling," "surfing the internet," "talking on cell phones," and "apathy" were each identified by four different faculty members. Sample faculty comments included: (a)

"The most common are students whispering to each other during class;" (b) "Students being rude to others;" (c) "Surfing net on laptop unrelated to course; taking phone calls and leaving class; coming late to class."

Behaviors cited as most commonly observed by students included "texting" ($n = 8$, 29%); "talking during class" ($n = 5$, 18%); and "disrespect toward the instructor" ($n = 3$, 11%). Several students cited behaviors related to use of the computer as the most common. These included "surfing the internet" ($n = 3$, 11%), and "checking Facebook during class" ($n = 3$, 11%). Several behaviors were reported as most common by six different students. They included: "arriving late/leaving early," "disrespecting another student," "not being prepared for class and asking questions," "expressing bias during class discussions," "talking on the cell phone during class," and "electronics" in general. Sample student comments included the following: (a) *"Texting is common, but not necessarily disruptive. There are a few people though who do it constantly and openly – that is when it's disruptive;"* (b) *"One of those students (described elsewhere) made a very judgmental, hateful comment about people who shop at Wal-Mart...how the people who shop there cannot afford babysitters so they bring their 'wild' children and let them run around. It was incredibly out of line and shocking coming from an MSW student."*

Six (40%) faculty reported not having experienced incivility/disruptive behavior in their classes. They attributed this to "providing clear expectations" ($n = 4$, 27%); "modeling desired/appropriate behavior for students" ($n = 1$, 7%); the fact "students are engaged and understand the rules" ($n = 1$, 7%), "the instructor places a greater focus on professionalism and expectations" ($n = 1$, 7%), and "the maturity level of students during their field practicum" ($n = 1$, 7%). However, one faculty member believed that if anyone had not experienced incivility/disruptive behavior in their classes, they were "not being honest."

Measures Taken by Faculty to Address Disruptive Behavior

Faculty and student perceptions differed regarding the measures instructors took to address disruptive behaviors previously identified. Of the faculty responses regarding measures they take to address disruptive behaviors ($n = 14$, 93%), they reported that they "address observed behaviors with specific students" ($n = 5$, 33%); "with the entire class" ($n = 4$, 27%); "by reviewing pre-determined rules and expectations" ($n = 3$, 20%); "physically inserting themselves in close proximity to the students engaging in incivility/disruptive behaviors" ($n = 2$, 13%); "taking control of the class" ($n = 1$, .07%); "changing the syllabus and highlighting expectations" ($n = 1$, 7%); and "providing personal examples (of disruptive behavior)" ($n = 1$, 7%). Examples of faculty comments follow: (a) *"Take control of discussion. Speak with student privately;"* (b) *"Changed syllabus to reflect expectations and consequences; verbal redirection in class;"* (c) *"Move over to the areas of the room where they are located, and that usually results in their stopping their 'visiting' without causing further disruption by 'scolding' them in front of whole class."*

Comments by students regarding measures taken by faculty to address disruptive behaviors included reports that the majority of their instructors "did nothing" to address

incivility/disruptive behaviors ($n = 9, 32\%$); and most instructors “ignored the behavior” ($n = 4, 14\%$). Of these 13 students reporting inaction on the part of faculty, three reported having only one instructor who addressed incivility/disruptive behaviors. Additional faculty responses to disruptive behavior as reported by students included “instructors addressed the behaviors with the entire class” ($n = 5, 14\%$); “the instructor regained the focus of the class” ($n = 2, 7\%$); “instructor held down the noise while others spoke” ($n = 1, 4\%$); “not sure the instructor was aware the behavior occurred” ($n = 1, 4\%$); and “the teacher was involved in the incident” ($n = 1, 4\%$). Sample comments by students included: (a) *“Texting is ignored by all instructors with the exception of Dr. X. She asks the student to please turn off the phone;”* (b) *“They didn’t do anything. Dr. X has a bell she uses to get the classes’ attention. Sometimes this works. I’d suggest a stun gun!”* (c) *“The professor was involved in the incident. The professor was trying to make/persuade the students about the topic. The students would not back down and eventually the professor suggested they speak after class.”*

Suggested Strategies for Proactive Measures by Faculty

Asked to identify proactive measures that instructors can use to promote a positive environment, eight (53%) faculty members suggested “establishing rules,” “putting expectations on the syllabus,” and “setting high expectations at the beginning of the class” as the most effective strategies. Four (27%) faculty believed “role modeling behavior” and “treating students with respect” are the best strategies. Another three (20%) faculty members suggested “encouraging dialogue” and “beginning class with questions and concerns of students” as a method to promote a positive environment. Other strategies identified by three individual different faculty included: “using humor,” “being assertive,” and “having students sign a contract.”

Students suggested several strategies instructors can utilize to promote a positive environment. Twelve (43%) students suggested instructors should “take charge/be in control” which would include “stating and enforcing the rules,” “providing expectations for phone and computer usage,” and “applying penalties.” Five (18%) students believed the instructor should talk to the student or class, and one (4%) suggested instructors should “address behavioral issues early.” Additional suggestions included “unprepared students should ask questions during office hours” ($n = 1, 4\%$); “instructors should treat students with respect and as adults” ($n = 1, 4\%$); “instructors should teach the textbook material” ($n = 1, 4\%$); and “instructors should walk around the room and rearrange tables” ($n = 1, 4\%$). Only one (4%) student believed “the instructor should ignore disruptive behaviors.” Sample student comments included: (a) *“Reminding all students that they have a responsibility to fellow students and to their professor to act in accordance with school code of conduct or face further consequences. If that doesn’t work put them on suspension or kick them out. In a master’s program we are, or should all be, professionals;”* (b) *“Walk around room, rearrange tables so they can view what is on computer. Insist phones are put away. Send person out of class and try again next week.”*

Age, Gender and Race/Ethnicity Patterns

Faculty were divided as to whether age, gender, race/ethnicity of the instructor affected the incidence of incivility/disruptive behaviors. Of the faculty who responded to this open-ended item, four (27%) believed these factors could increase disruptive behaviors, especially if the faculty member was African American ($n = 2$, 13.5%), female and/or ethnic minority female ($n = 2$, 13.5%), and older ($n = 1$, 6.8%). Four (27%) faculty indicated they weren't sure whether these factors would affect the occurrence of incivility/disruptive behaviors. Sample comments included the following: (a) *"I think so, and it is also affected by the demographics of the disruptive student. The only time I have been questioned on my knowledge and credibility was by an older white male student. I don't think that would have happened if I was white and male;"* (b) *"I have heard from faculty of color that there is more challenging of their credibility coming from students."*

Students ($n = 12$, 43%) also offered opinions about the impact of instructor characteristics on the incidence of classroom incivility. Eight of these students believed personal characteristics of faculty did not contribute to the presence of disruptive behaviors. However, two students believed these factors did affect the presence of disruptive behaviors, specifically if the instructor was older, African American, and female. Comments included: (a) *"I believe age, gender, race/ethnicity play a part for everyone involved,"* (b) *"I have noticed a lack of respect toward an older female, African American professor by younger students."*

In addition, three (17%) students stated that instructor and student characteristics can be factors in uncivil behavior: (a) *"It's the overachieving high strung females;"* (b) *"Unfortunately, these students are 'nontraditional', meaning over 30-ish. I know these girls well, and they definitely have attitudes of superiority and feel as if they have 'earned their place here'";* (c) *"I hate to think so. However, in Dr. X's class – she's African American, older, and less inclined to confront. Seems out-of-control in her class."*

Effect of Incivility on Teaching and Learning

In response to the open-ended question about whether incivility/disruption affected their teaching, six (40%) faculty reported that incivility made them more vigilant ($n = 2$), pay more attention to the atmosphere ($n = 1$), be more determined to keep the class focused ($n = 2$), and learn from their mistakes ($n = 1$). Three (20%) faculty reported losing their focus and becoming distracted when they experience disruptive behavior, and two (13%) faculty indicated they become more defensive, angry, and offended. One (4%) faculty member stated his/her teaching is not affected by classroom incivility. Examples of faculty comments included: (a) *"Yes – in the past and in the classroom. It has made me more vigilant, less impulsive and less excited about the classroom experience...;"* (b) *"I find myself coming more defensive when there is an atmosphere of hostility or disinterest from several students. I may respond with sarcasm and that, of course, leads to a further downward spiral in class morale. Thank goodness this is not a frequent pattern;"* (c) *"Yes – it's distracting. I wonder about students' interest. I wrestle with how to handle. I get angry and feel offended at times. So, it takes energy and focus away from course objectives."*

Nine students (32%) reported that the occurrence of disruptive behaviors caused them to lose or have difficulty maintaining their focus, and/or become distracted. Five (18%) students reported these behaviors were disruptive, two (18%) considered them annoying, two (18%) identified them as a waste of time, and one student (4%) described the behaviors as stifling to his/her learning. One (4%) student reported getting angry when observing disruptive behaviors, and another (4%) admitted to engaging in uncivil behavior when disruption occurs. Five (18%) students indicated they are not affected at all by classroom incivility. Sample comments from students included: (a) *"I've selected seats away from repeat offenders. One semester, I sat behind a student who social networked in Facebook the whole three hours. Her computer was constantly flashing new images that was disruptive to my concentration of the lecture;"* (b) *"It has made many hours this semester a waste of my time. It is frustrating to work hard to meet expected goals as given to us well in advance only to arrive to the packed-to-capacity classroom and hear the extension granted because one person found the schedule too challenging;"* (c) *"Yes. I act bored and in turn, [I] text during class because I feel unchallenged."*

Reasons Students Engage in Disruptive Behaviors

Faculty and students offered a myriad of reasons students engage in incivility/disruptive behaviors. Faculty responses included: student entitlement ($n = 3$, 20%); not being held accountable ($n = 3$, 20%); boredom ($n = 2$, 13%); students having their own agenda ($n = 2$, 13%); professors being uncomfortable with authority ($n = 2$, 13%); and professors wanting to be friends with students ($n = 2$, 13%). Individual respondents ($n = 1$, 7%) identified each of the following reasons for students' disruptive behaviors: generational differences, students not being taught appropriate behavior, students not being provided clear expectations, students not being invested, student narcissism, power issues, students seeking attention, identity issues, students being comfortable with each other, and student conflict spilling over into the classroom. Examples of faculty comments included: (a) *"Sense of entitlement. 'I paid for this class. It's my business how I act...;"* (b) *"The natural narcissism of youth, enhanced by overly-doting parents, and a general breakdown in civility and respect for authority (and authority figures);"* (c) *"Sometimes generational differences – checking phone, e-mail, texting is like breathing or drinking water. Lack of clear expectations or enforcement from instructor. Material not engaging student interest."*

Students' responses were similar, and they identified additional reasons. Students' perceptions of reasons their peers engage in disruptive behaviors included: lack of interest and boredom ($n = 4$, 14%); weren't taught better ($n = 2$, 7%); unaware of their behavior ($n = 2$, 7%), and lack of respect and rude ($n = 4$, 14%). Individual students ($n = 1$, 4%) stated each of the following reasons for disruptive behaviors: think they know more than the instructor and their peers; lack discipline, push limits and haven't dealt with demons, generational differences, self-centeredness, technology trends, immaturity, too many people in a small space, no consequences, and no attention span. Only one student described being unsure why students engage in disruptive behaviors. Sample comments included: (a) *"Lack of respect and consideration, not being aware that it's disruptive;"* (b) *"Immaturity of students; general lack of respect for those in authority;"*

generational;” (c) “Boredom/burned out – we hear a lot of the same subjects/issues/topics in every class...,” (d) “Because they lack discipline and are not held accountable. They also avoid instructors that do hold them accountable.”

In summary, the major finding from the qualitative data is the difference in perceptions between faculty and students regarding faculty's responses to incidents of incivility. Faculty reported that they address the behaviors with individual students and/or with the entire class. However, students overwhelmingly report that faculty do not address disruptive behaviors. One possible explanation for this could be that faculty report addressing disruptive behaviors much more than they do because they don't want to be perceived as unable to manage their classrooms, as suggested by Boice (1996). Another possibility is that faculty are not observing all the behaviors students observe because they are in the front of the classroom engaged in pedagogical activities—lecturing, conducting powerpoint presentations, and writing information on the classroom board. Therefore, computer and telephone screens are not visible, and uncivil behaviors are not evident. Although it is possible that students are correct regarding their reports of faculty inaction, it should be noted that students have no way of knowing if faculty addressed behavioral problems with students privately.

The qualitative and quantitative findings are similar in terms of the students identifying behaviors as occurring more frequently than did faculty and more of a focus on technology-related behaviors by students. Disrespect was mentioned quite frequently by both faculty and students, including peer-to-peer disrespect, which may need more focus. An additional significant finding is the difference in faculty and student perceptions of how disruptive behaviors should be addressed. This supports the quantitative findings regarding student and faculty desires for behaviors to be addressed verbally with individual students. However, qualitative data appear to indicate that students want faculty to engage in much more direct and punitive methods to address and resolve disruptive behaviors exhibited by their peers. Students want faculty to address these behaviors openly and remove perpetrators from the classroom.

DISCUSSION

Limitations

The ability to generalize the findings of this study to other populations is limited by the small and non-representative sample from one social work program. Nevertheless, this study represents an initial attempt to empirically explore the issue of classroom civility. As such, the aim of the study was not to generate generalizable results but rather to obtain a beginning understanding of the issue of classroom incivility in social work education. The fact that the student sample was not representative of the student body of the social work department from which it was drawn, however, is informative. The demographics of the students who chose to respond suggest the possibility that some students feel strongly about incivility in the classroom, in particular older, male, African-American, and graduate students. This profile suggests generational and power differences in that older students and those from ethnic minority groups may be less likely to hold attitudes of entitlement than do traditional age, non-minority students.

Implications and Recommendations

The findings, although preliminary and based on a small sample, indicate that incivility may be an issue social work students and faculty observe and struggle with in ways similar to that described in the literature. Faculty and students in this study identified reasons for these behaviors similar to those reported in the higher education literature. Several findings warrant the attention of social work faculty in terms of classroom management and research. It is possible that at least some students observe disruptive behaviors that faculty do not and are bothered by them, desiring faculty to take stronger stands in managing behaviors, as found by others (Hogan, 2007; Kuhlenschmidt, 1999; Schneider, 1998; Young 2003). Based on participants' responses, faculty could utilize these findings to gain insight into students' perceptions related to faculty's classroom management or lack thereof. The findings also suggest that some students want to be aware of consequences implemented for disruptive behaviors. Although it may not always be feasible to provide students with this information, it appears there is a need to ensure students understand that there are consequences for disruptive behavior and that these will be enforced. Faculty and students agreed that this can be accomplished by clearly articulating in the syllabus the course expectations and associated consequences and reviewing these with students at the beginning of the course and several times throughout the semester.

There are many variables possibly at play in disruptive behaviors, as the literature indicates. Generational differences between instructors and students may mean a gap in definitions of civility. Drawing from the seminal work of Mannheim (1952, as cited in Joshi, Dencker, Franz, & Martocchio, 2010), Joshi et al. define age-based generational identity as "membership in an age group that shares collective memories developed during the formative years of life" (p. 398). The underlying assumption is that the process of growing up during a particular era impacts an individual's attitudes and that these attitudes are shared by all those born in the same time period. While the majority of social work faculty in the present study represent the Baby Boomer generation, characterized by its strong work ethic and work-centrality, students are more likely to represent the cohort known as GenMe, Gen Y, or Millennials, i.e., those born after 1982 (Twenge, 2010). Literature on generational differences in the workplace suggests these more recent generations express a weaker work ethic, view work as less central to their lives, and seek more freedom and work-life balance than older workers (Twenge, 2010). Research specific to generational differences in personality traits relevant to the workplace consistently show increases in individualistic traits, with younger generations scoring higher on both positive individualist traits such as self-esteem and assertiveness and more negative individualistic traits such as narcissism (Twenge, 2010). It is this negative level of individualism (narcissism, defined as an inflated sense of self) that can lead to the possibility of entitlement, or expecting something for nothing.

Differences in faculty members' classroom management styles or comfort levels in dealing with conflict may suggest the need for policies that promote more uniform responses to incivility. Additionally, methods of effective engagement of students in course material may be lacking. Social work faculty may need more training in classroom management, finding effective ways to manage disruptive behaviors, setting clear

expectations and consequences, obtaining student buy-in to behavioral guidelines, and following through with enforcement. The ubiquitous use of electronic devices, not easily detected, has brought new challenges to classroom management that also need to be addressed.

Students who participated in this study reflected underrepresented demographics of the student population in age, gender, ethnicity, and degree program (MSW). These students may have responded at a higher rate than those students who reflect more traditional/represented demographics because it was an opportunity for them to be heard. Ethnic minority students may not always speak out in class because they don't perceive they have a "voice." Participating in this study may have provided an opportunity to express their opinions anonymously without any threat or perception of risk. Therefore, another area to pursue in a larger study is whether there are significant differences in behavioral expectations of students based on gender, ethnicity, and age. The effect of faculty gender, race/ethnicity, and age also needs further investigation, as some participants in this study noticed effects catalogued by Alexander-Snow (2004).

Future research using larger, representative samples and comparisons among various social work programs will assist in determining whether these preliminary findings reflect the perceptions of a broader student base or are specific to the initial respondents who reflect underrepresented demographics in the student population. Larger samples will allow statistical analysis of relationships between demographic characteristics and perceptions of incivility. In addition, research that focuses more specifically on what incidents occur in social work classrooms, perhaps by surveying faculty and students about behaviors in individual courses immediately upon completion of those courses would determine more specifically what behaviors occur.

While the findings of this small, exploratory study are similar to those reported in the higher education literature, the implications of these results for the profession of social work also speak to socializing social work students into the profession and its values and ethics. Framing classroom incivility in terms of breaches of such core social work values as integrity, dignity and worth of persons, and the importance of human relationships may be an opportunity to instruct and shape behavior consistent with the principles and conduct of the profession in the classroom environment and beyond.

References

- Alberts, H. C., Hazen, H. D., & Theobald, R. B. (2010). Classroom incivilities: The challenge of interactions between college students and instructors in the US. *Journal of Geography in Higher Education, 34*(3), 439-462.
doi:10.1080/03098260903502679
- Akhtar, S., & Thompson, J. (1982). Overview: Narcissistic personality disorder. *American Journal of Psychiatry, 139*, 12-20.
- Alexander-Snow, M. (2004). Dynamics of gender, ethnicity, and race in understanding classroom incivility. *New Directions for Teaching & Learning, 99*, 21-31.

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC: Author.
- Baker, S. D., Comer, D. R., & Martinak, M. L. (2008). All I'm asking is for a little respect: How can we promote civility in our classrooms? *Organization Management Journal*, 5, 65-80.
- Bartlett, T. (2004). Taking control of the classroom, *Chronicle of Higher Education*, September 17, p.8.
- Bayer, A. E., (2004). Promulgating statements of student rights and responsibilities. *New Directions for Teaching & Learning*, 99, 77-87.
- Bettinger, E. P., & Long, B. (2005). Remediation at the community college: Student participation and outcomes. *New Directions for Community Colleges*, 129, 17-26.
- Bjorklund, W. L., & Rehling, D. L. (2010). Student perceptions of classroom incivility. *College Teaching*, 58, 15-18.
- Black, L., Wygonik, M., & Frey, B. (in press). Faculty-preferred strategies to promote a positive classroom environment. *Journal on Excellence in College Teaching*.
- Boice, B. (1996). Classroom incivilities. *Research in Higher Education*, 37, 453-485.
- Braxton, J. M., and Bayer, A. E. (1999). *Faculty misconduct in collegiate teaching*. Baltimore: Johns Hopkins University Press.
- Bray, N. J., & Del Favero, M. (2004). Sociological explanations for faculty and student classroom incivilities. *New Directions for Teaching & Learning*, 99, 9-19.
- Connelly, R. J. (2009). Introducing a culture of civility in first-year college classes. *Journal of General Education*, 58, 47-64.
- Delucchi, M., & Korgen, K. (2002). "We're the customer---we pay the tuition": Student consumerism among undergraduate sociology majors. *Teaching Sociology*, 30, 100-107.
- Delucchi, M., & Smith, W. (1997). A postmodern explanation of student consumerism in higher education. *Teaching Sociology*, 25, 322-327.
- Edmundson, M. (1997, September). On the uses of liberal education: As lite entertainment in higher education. *Harper's Magazine*, 295(1768), 39-50.
- Gose, B. (1997). Efforts to curb grade inflation get an F from many critics. *Chronicle of Higher Education*, July 25, A41-A42.
- Greene, J., & Forster, G. (2003). *Public high school graduation and college readiness rates in the United States*. Working Paper No. 3. Center for Civic Innovation, Manhattan Institute for Policy Research.
- Hernandez, T., & Fister, D. (2001). Dealing with disruptive and emotional college students: A systems model. *Journal of College Counseling*, 4, 49-62.

- Hersch, P. (1998). *A tribe apart: A journey into the heart of American adolescence*. New York: Ballantine.
- Higher Education Research Institute. (2006). *The American freshmen: National norms for Fall 2005*. Los Angeles: University of California, Los Angeles.
- Hogan, M. (2007). *The effects of perceived disruptive behavior on classroom civility*. Fayetteville, AR: University Ombuds Office, University of Arkansas.
- Joshi, A., Dencker, J. C., Franz, G., & Martocchio, J. J. (2010). Unpacking generational identities in organizations. *Academy of Management Review*, 35(3), 392-414.
- Kuhlenschmidt, S. L. (1999). Promoting internal civility: Understanding our beliefs about teaching and students. *New Directions for Teaching & Learning*, 77, 13.
- National Association of Social Workers. (2008). *NASW code of ethics: Guide to the everyday professional conduct of social workers*. Washington, DC: Author.
- Nordstrom, C. R., Bartels, L. K., & Bucy, J. (2009). Predicting and curbing classroom incivility in higher education. *College Student Journal*, 43(1), 64-85.
- Schneider, A. (1998). Insubordination and intimidation signal the end of decorum in many classrooms. *Chronicle of Higher Education*, 44(29), pp. A12-A14.
- Sorcinelli, M. D. (1994). Dealing with troublesome behaviors in the classroom. In K. W. Prichard & R. M. Sawyer (Eds.), *Handbook of college teaching: Theory and application* (pp. 365-373). Eastport, CT: Greenwood Press
- Trout, P. (1998). Point of view: Incivility in the classroom breeds 'education lite'. *Chronicle of Higher Education*, July 24, p. A40.
- Twenge, J. M. (2006). *Generation me: Why today's young Americans are more confident, assertive, entitled-and more miserable than ever before*. New York: Free Press.
- Twenge, J. M. (2010). A review of the empirical evidence on generational differences in work attitudes. *Journal of Business Psychology*, 25, 201-210. doi:10.1007/s10869-010-9156-6
- Young, J. (2003). Sssshhh. We're taking notes here. *Chronicle of Higher Education*, August 8, p. A29-30.
- Zaslow, J. (2007, July). Blame it on Mr. Rogers: Why young adults feel so entitled. *Wall Street Journal (Online)*. Retrieved from <http://online.wsj.com/article/SB118358476840657463.html>

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“How do you do it?”: MSW Field Director Survey

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Abstract: *This paper reports on a survey of MSW field directors in the United States. Results indicate that in some areas there is similarity between field programs, such as field training and orientation, and the student placement process. There was great variety between field programs in the areas of student field requirements, student field credits, and field liaison faculty status. Most field programs report adequate resources but a significant minority report a lack of resources. The benefits of increasing specificity of mandated standards at the cost of lessened program flexibility is discussed.*

Keywords: *Field seminar, field placement, MSW field program*

INTRODUCTION

Social work field instruction has evolved from an apprenticeship model early in its history to an educationally-focused model in which experienced professionals are selected as field instructors to help students achieve the educational objectives of the field program (Bogo, 2005; Frumkin & Lloyd, 1995). The field experience is where and when students connect the theoretical concepts learned in the classroom with the practical aspects of service provision while also gaining an appreciation for the breadth and depth of the many roles that a social worker performs. This approach is compatible with John Dewey’s philosophy of progressive education in which students learn by doing (Scannell & Simpson, 1996). Dewey believed having relevant experience in the wider world brought value and purpose to what goes on in the classroom. According to the Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education (CSWE) field instruction is now seen as the signature pedagogy of social work (EPAS, CSWE, 2008). CSWE is the accrediting body for social work programs in the United States. Signature pedagogy is defined as “the central form of instruction and learning in which a profession socializes its students to perform the role of practitioner” and its purpose is to “connect the theoretical and conceptual contribution of the classroom with the practical world of the practice setting” (EPAS, 2.3, CSWE, 2008).

Though the field practicum is considered the signature pedagogy, it is the experience and observation of the authors that many field practicum personnel enter the area of social work field education with no specific training on how to be a field instructor, liaison, coordinator, or director. There is also little information available about how the field component is implemented which may serve as a guide to those directing or forming a field program. It is the purpose of this study to provide a nation-wide overview of how MSW field programs are structured, the process by which students are placed in practicum settings, how field instructor orientation and training are provided, and the

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sufficiency of the resources that are allotted to field education. This will help fill the current gap in knowledge regarding the current state of field education in the U.S.

LITERATURE REVIEW

This literature review covers field program implementation, orientation and training, field standards, resources, and standardization. Program implementation refers to the structure that allows the program to exist in an educational bureaucracy. In some social work programs, field work offices maintain a high degree of autonomy, while in other schools field staff are closely integrated into the general program. Orientation and training encompasses the efforts of an institution's field staff to orient field instructors to the program requirements and to train field instructors to become social work educators and supervisors. As with program implementation, orientation and training efforts have the potential to vary widely from one school to the next. Field standards include the type, amount, and quality of activity required of students in their field placements. Although CSWE sets general requirements for the number of field hours and the types of activities appropriate for students, ultimately it is the responsibility of the individual field program to interpret those standards. Resources are the financial and structural support given to the field component in a social work department. Standardization is the degree of similarity between programs both in practice and in writing.

There have been few previous surveys of social work field directors in the U.S. that address program implementation. Kilpatrick and Holland (1993) surveyed 64 CSWE accredited schools that offered both MSW and BSW degrees. After investigating the management structure of field programs, they found that all but one reported having a position titled Director of Field Instruction even though the programs varied considerably in other aspects, such as other field staff available and faculty involvement as liaisons. Burke, Condon, and Wickell (1999) found in their sample of 66 social work programs that 38% reported faculty members were field liaisons, and that all field liaisons (both faculty and other) made a mean average of 2.9 field visits per year. Ligon and Ward (2005) surveyed MSW field liaisons who reported a mean average of 2.2 field visits per semester. The most common recommendation for improvement of the liaison position noted by Ligon and Ward's respondents was to "Initiate more structure and create standards for field education" (p. 240). There were no national studies found that looked at how students proceed through the field placement process, though recommendations are made for the use of student and agency questionnaires to streamline and systematize the process (Brownstein, 1989) and student interviews are also suggested when practicable (Zanville & Markwood, 1982). It appears that in regard to program implementation and staffing, the only common denominator between the programs studied is the position of Field Director.

The number of field hours required within a practicum placement has not been explored on a national level, perhaps in part because CSWE sets a minimum standard of 900 hours. Raskin, Wayne, and Bogo (2008) found in the minutes of a May 1982 CSWE board meeting a verbal reference to a study of MSW programs that found a range of 682 to 2,142 hours spent in field with a mean average of 1,082 hours. This was prior to the

standard set by CSWE of a minimum of 900 hours for MSW placement. Raskin et al. make the case that the current requirement of 900 hours was set arbitrarily and that there continues to be no empirical support for this or any other number being optimal. They advocate that the number of hours be adjusted to the individual student taking into consideration prior work experience. Although there is a minimum number of field hours now required in accredited programs, is there still such variability as found by Raskin et al.? If so, how does this variability impact the quality of a student's education and training?

Skolnik (1989) surveyed field directors at accredited BSW and MSW programs and found that 99% provided training for new field instructors and 71% did so for advanced field instructors. Of those who provided training, 31% reported it was required for new field instructors and 20% reported it was required for advanced instructors. McChesney (1999) received surveys from 92 MSW field directors and found 93.5% offered field instructor orientation and 70.7% offered ongoing field training. Field orientation was offered but not mandated by 47 of the field directors, though many added that it was expected or strongly encouraged for new field instructors. Many of the field directors used incentives to encourage attendance, especially meals (41%) and official CEU's (continuing education units) (38%). McChesney recommends that CSWE provide guidance to programs on field instructor orientation, such as an orientation handbook or national standards. In Britain field instructors are required to be trained and certified by the national social work governing body (Rogers, 1996). No such requirement exists in the United States and there is not much guidance available for field directors to use when designing programs. In the U.S. neither field instructors nor placement agencies receive direct financial support from the government in support of the field placement, as is the case in Britain where agencies are compensated through the General Social Care Council when they accept field students.

Detlaff and Dietz (2004) conducted focus groups with field instructors to identify their perceived training needs and identified particular areas of knowledge and skills that would be helpful for field instructor training, as well as a preference for a small group format for the training that would allow for the exchange of ideas. Berg-Weger, Rochman, Rosenthal, Sporleder, and Birkenmaier (2007) describe the process of how a group of three social work field programs collaborated to develop and oversee a joint field instructor training program. Although Berg-Weger et al. describe a replicable process for developing a field orientation and training program and curriculum, they do not provide that curriculum; other programs following this process would still be required to develop their own curriculum. There are but two training guides available that give concrete curriculum suggestions for field directors to use when providing field instructor education (Bogo & Vayda, 1998; Detlaff, 2003). A national survey of 218 field directors at accredited BSW and MSW programs was conducted by Bedard (1998) and found 87% agreed to strongly agreed that "The Council on Social Work Education should take some responsibility for field instructor training workshops that set some national standards for field instruction."

The issue of resources both within and without the educational institution was found to impact the field component. The changing practice environment was found by Raskin

and Blome (1998) to have impacted the availability of field placements. Responding field directors reported agencies were withdrawing as field placement sites due to reduced resources, increased caseloads, and staff who had to document their time as billable units. Ligon and Ward (2005) also found in their qualitative data a stated concern about the increasing impact of managed care shifting the emphasis onto billable units as an increasing pressure on field placement agencies. Bedard's (1998) survey included the item "There is a lack of institutional support for field instruction in the university" and found that 43% agreed or strongly agreed. In McChesney's (1999) survey it was found that the problem most often cited by respondents was the lack of resources of time, budget, and staff. Skolnik (1989) found the third most common area cited by her respondents was "The lack of university support and appropriate administration for field education." Respondents in Kilpatrick and Holland's (1993) field director survey cited a lack of resources as the most common problem in administering the field program.

Specific requirements for MSW field instruction are described in the Educational Policy and Accreditation Standards (EPAS, CSWE, 2008). These include specific "policies, criteria, and procedures for selecting field settings; placing and monitoring students; maintaining field liaison contacts with field education settings; and evaluating student learning and field setting effectiveness congruent with the program's competencies" (EPAS, M2.1.5, CSWE, 2008), and providing "orientation, field instruction training, continuing dialog with field education settings and field instructors" (EPAS, M2.1.7, CSWE, 2008). The specifics of how to fulfill these policy mandates are not specified; rather it is up to the individual program to determine how to implement them in a way that is most appropriate for their situation. This latitude is beneficial in that it allows each program to use discretion in planning an individual program that appropriately meets needs, but it leaves field programs with the challenge of designing and justifying their choices. Whenever such latitude is allowed in implementing policy, it opens a range of possibilities, including some that may be less than ideal (Lipsky, 1980). Raskin, Wayne, and Bogo (2008) recommend that field mandates be limited to those which can be empirically shown to be beneficial to students meeting their educational goals. For programs that seek guidance from other institutions there is not much information available on how other programs have implemented their field component.

The literature on social work field instruction indicates there is considerable variation in both how the field component is implemented and the standards that are applied to it. Further, there are gaps in knowledge of how the field component is implemented. This article will investigate and report how CSWE accredited MSW programs implement the above aspects of their field program. This study explores the following research questions: What are the common student field placement practices? How do field offices meet the CSWE requirement to provide field instructor orientation and training? How is the field component implemented (e.g. seminar characteristics, liaison visits)? This study also collects basic program data on aspects of the field component (e.g. size) that have not been previously examined.

METHODOLOGY

A 29-item questionnaire using both closed and open-ended questions was developed to examine field instructor orientation and training, the student placement process, field seminars, and resources available to field programs. The questionnaire was reviewed by three current or former field directors for content and clarity. The questionnaire was mailed in September 2007 to field directors at all 204 MSW Programs with either accredited or candidacy status with CSWE as of August 2007. Follow-up mailings were sent to non-respondents in October 2007. Completed surveys were received from 135 field directors for a 66% response rate which is considered good for a mailed survey (Rubin & Babbie, 2001). Though the questions focused primarily on specifics about program structure and administration, the respondents were the field directors, thus the unit of analysis is considered to be the field director. For grammatical simplicity the results are often presented from the perspective of programs.

RESULTS

Placement Process

Asking students to fill out a questionnaire before placement is a common practice with 91% of field directors reporting doing so. Personal interviews with students require a greater time commitment for the field office field staff: 79% of the respondents reported that their offices conduct these interviews. The most common activity in the placement process is an interview with the field instructor, reported by 95% of the field directors. Four programs reported using neither a questionnaire nor an interview but three of these reported the field instructor held an interview with the student, leaving only one program reporting none of the three activities in their placement process (See Table 1).

Table 1. Student Placement Process

"Before student placement do you require..."	Yes (%)	No (%)	N
Student questionnaire?	91	9	128
Interview with placement office?	79	21	127
Interview with field instructor?	95	5	124

Orientation and Training

Almost all field programs stressed field orientation and training. Ninety-eight percent offered field instructor orientation and 96% offered field instructor training. All programs reported offering one or the other. Although 60% responded that they require field instructors to attend orientation, only 26% responded that there are consequences for not attending. Thirteen went on to report that those field instructors who do not attend orientation would not receive students. Field directors in five programs reported that field office personnel would visit the field instructors who do not attend orientation to provide

the orientation, which places a greater burden on field office personnel. Similarly 60% responded that they require field instructors to attend training, but only 34% responded that there are consequences for not attending. Because of the high number of missing values for consequences of not attending orientation and/or training it is likely the percentages of programs having consequences is inflated (See Table 2).

Table 2: Field Instructor Orientation and Training

“Does your field office...”	Yes (%)	No (%)	N
Offer field orientation?	98	2	130
Require attendance at orientation?	61	39	128
Have consequences for not attending orientation?	26	74	96
Offer field training?	96	4	125
Require attendance at training?	60	40	126
Have consequences for not attending training?	34	66	77

Field Seminars

Field seminars are reported as a component of 81% of field programs. These seminars are given academic credit separate from field hours at 38% of the field programs with seminars. In cases where academic credit is given separate from field hours the mean number of credits given is 1.8 with a range of 0.5 ($n = 2$) to 4 ($n = 1$). Field seminars meet between 1 and 16 times per semester with a mean of 9.5. The length of each seminar had a mean of two hours. One program reported conducting four seminar sessions during a semester, each session eight hours in length. The mean total number of seminar hours in a semester was 17.5 with a range of 1.5 to 45. The number of liaison field visits required per semester ranged from zero to three with a mean of 1.5 (See Table 3).

Table 3: Seminar and Placement Characteristics

	Mean	Range	S.D.	N
Times seminar meets each semester.	9.5	1-16	4.74	106
Hours each seminar meeting lasts.	2	0.5-8	0.96	104
Total hours of seminar per semester.	17.4	1.5-45	9.63	104
Credit hours for seminar if separate from field credits.	1.8	0.5-4	.94	39
Credit hours for total field placement.	13.4	0-28	4.79	123
Clock hours for total field placement.	1010	720-1380	103.50	131
Liaison field visits per semester.	1.5	0-3	0.67	131
Ratio of students to field office FTE's	84:1	7:1-625:1	72.90	129

Liaisons

A slight majority of programs reported liaison work done primarily by full-time faculty, though many relied heavily on adjuncts (See Table 4). Of the 107 programs that had field seminars 72% reported that field liaisons were also seminar leaders, thus integrating the liaison work and the group processing function of the seminar. In cases where the liaisons were also seminar leaders the number of teaching credits awarded for the combined task varied from .5 to 6 credits ($M = 2.7$). In 17 cases liaisons were not also seminar leaders, and for being only a liaison they received one to three teaching credits per semester. In 16 cases seminar leaders were not also liaisons, and for being only a seminar leader they likewise received one to three teaching credits per semester.

Table 4: Field Liaison Status

“Are your field liaisons...”	%	N
All full time faculty	22.7	29
Mostly full time faculty	32.8	42
Evenly split	16.4	21
Mostly adjuncts	17.2	22
All adjuncts	10.9	14
Total	100	128

Field Requirements and Credits

The mean number of clock hours required for the total field experience for traditional students (not advanced standing) was 1,010 with a range of 720 to 1,380. Two respondents clearly entered fewer than the 900 hours required by CSWE. When asked their opinion about the CSWE hour requirement 20% responded it was too few, 78% that it was appropriate, and 2% that it was too many. Those who responded that the hour requirement was too few tended to require more clock hours ($M = 1081$) than those who responded that it was appropriate ($M = 994$) or too many ($M = 978$).

The field directors reported that students receive a mean of 13.4 credits for their total field experience with a range of 0 to 28. Although the one program reporting zero credits was an unusual response, low numbers of credit hours were not, as one reported three credits and two reported four. Twenty eight programs reported giving students ten or fewer credit hours for the total field experience. There was a weak and marginally significant correlation between number of credits given for the total field experience and the number of clock hours required ($r = .173$, $p = .056$.) A case could be made for this being a one-tailed test, in which case the p-value would be .023. Despite the correlation there was a wide range of credit given for similar effort. For example the nine programs that required 1,200 or more clock hours of field and did not separate field and seminar credit hours had a range of credits from 14 to 28. The modal number of clock hours

required for field was 900 ($n = 26$), and those 26 programs awarded from eight to 24 credit hours for the total field experience ($M = 13.1$, $SD = 3.9$). The ratio of academic credit hours to field clock hours was computed by dividing academic credit hours by field clock hours. The range of this ratio went from one academic credit hour per 37.5 field clock hours to one academic credit hour per 306.7 field clock hours. The mean of this ratio was one academic credit hour per 86.3 field clock hours.

Field Office Resources

The number of students reported in placement during the past year ranged from 10 to 800 ($M = 169.6$, $SD = 164.5$). The number of full time equivalent employees (FTEs) dedicated to field coordination ranged from .25 to eight and an outlier of 20 ($M = 2.6$, $SD = 2.6$). The program with 20 FTEs reported 168 students in placement (it is possible they mistakenly included liaisons when replying to this item). The program with 800 students in placement reported five FTEs dedicated to field coordination. Although the relative resources of these two particular programs may not seem equitable, the overall relationship between the number of students and FTEs had a medium strength correlation ($r = .332$, $p < .001$). When asked about institutional support for the field component, 58% agreed it was adequate, 17% were neutral, and 24% disagreed it was adequate. When asked about institutional financial support for the field component, 49% agreed it was adequate, 17% were neutral, and 34% disagreed it was adequate. The ratio of students to field coordination FTEs was computed. This new variable had a mean of 84:1 (i.e. 84 field students to one field coordination FTE), a range of 7:1 to 240:1, and an outlier of 640:1. (See Table 3) It was suspected that field directors of programs with a higher ratio of students per employee would perceive their institution was more supportive. This ratio was tested for correlation with the field director's perception of institutional support to explore if better staffed field offices had directors who perceived greater institutional support. It did not reach statistical significance. This ratio was then correlated with the field director's perception of institutional financial support and found to have a weak though statistically significant relationship ($r = .186$, $p = .035$).

Qualitative data were solicited by asking respondents if there was anything else they could tell us about their program or field education in general. The most common theme was a lack of resources, which was cited by nine respondents, with one saying the lack of resources was so dire that it caused some students not to be visited at their placements each semester. Two respondents said that field is undervalued while one said that their field program is highly valued. Two field directors said it was difficult finding field instructors in rural areas. One said "CSWE must mandate/specify an appropriate level of support for field if it is to be the signature pedagogy." Other comments were idiosyncratic and covered a wide range of issues.

DISCUSSION

Most programs were diligent in matching students with an appropriate placement. Only one program had neither a pre-placement questionnaire, pre-placement field office interview, nor field instructor interview. The activity that is the most time consuming for the field office is the pre-placement interview, and while it is the least utilized of the three pre-placement activities, it is still conducted by 79% of responding programs. This willingness by field directors to invest time in the interview process reflects the importance placed on an appropriate field placement match. The least time-consuming activity for the field office is to have the student interview with the field instructor, reported by 95% of programs. Although this may be time consuming for the field instructor, the benefits of this interview far outweigh the effort involved. The consequences for the field instructor and agency of having a poorly performing student or a student who is a poor match for the field agency are high as it is the field instructor and agency that bear the day to day responsibility of providing an educational environment for the student while at the same time protecting their clients. It is also in the student's interest to participate in a screening interview to ensure that the placement offers a potential good fit because "...the selection, once made, must be lived with unless the circumstances are exceptional" (Collins, Thomlison, & Grinnell, 1992, p. 37).

Almost all programs offer both field orientation and training, and all offer at least one or the other. CSWE (2008) requires that both services be offered, but does not say that programs must require field instructors to attend. Over half of respondents reported going beyond offering orientation and training by making attendance required. Enforcement of this requirement is problematic. Of those who require orientation or training, only a third report there are consequences for field instructors who do not attend, including not placing students with those field instructors. Many programs may have trouble recruiting and retaining field instructors and are thus reluctant to enforce consequences for not attending. A field instructor may attend orientation or training because it was presented as required, but later meet other field instructors who forwent the training and suffered no consequences. If a program presents orientation or training to field instructors as required but does not enforce it, then the reputation of the program is reduced. Whether or not a program can enforce consequences may be a factor of how many placements are available in the area and how well staffed the field office is. A lack of qualified field instructors has been identified as a concern by Raskin, Skolnik, and Wayne (1991). A dearth of available instructors limits the ability to impose sanctions when program requirements are not met.

The field seminar provides an opportunity for students to discuss their practicum experiences and to integrate the learning with classroom courses (Collins et al., 1992; Mary & Herse, 1992). In the current study, most programs (81%) reported providing field seminars for students. If a program does not have a seminar, it is unclear where such integration would take place. At one of the author's former institutions there was no seminar, but practice classes were asked to devote time to discussing relevant field issues. This was not ideal because not all instructors did so equally, and some included little or no such discussion. When such discussions were held, it was not done with knowledge by the instructor of the student's placement as it would be in the case of a seminar leader

who was also the liaison. A field seminar setting also allows for the development of greater trust if there are sensitive issues that need to be processed, and this function of professional support is the most common objective of seminars as previously reported by both students and faculty (Mary & Herse). Of the programs in the current study that offer a seminar, 72% reported that field liaisons were also seminar leaders, a model that seems best at providing the integration purpose of the seminar. The role of a field liaison is to provide a crucial "bridge" between the school and the field site, and is enhanced when liaisons act as seminar leaders. Not only do the liaisons then have a more intimate sense of the placement, they are able to identify concerns and address them with more immediacy when they have regular contact with the students in the seminar setting. The large number of programs that rely on adjuncts for liaisons and seminar leaders is not surprising given the trend in much of academia to reduce costs by relying on contingent faculty (Thornton, 2008). However, adjunct faculty by its very nature have a temporal and less visible presence within schools of social work. Ensuring the quality and consistency of their work with students poses a greater challenge than working with regular faculty members. More research is indicated as how to best integrate the field and classroom experience, whether through the use of an integrative seminar or other means, and how to best provide this instruction.

Of programs that had field seminars, academic credit was given for field seminar separate from field placement hours 38% of the time. This arrangement allows for a clearer delineation of responsibility between the seminar and field, especially when academic assignments are part of the seminar. In those cases where the seminar is seen as a process group with no readings or assignments outside the seminar, then having it credited as part of the field seems appropriate. This latter pattern more closely matches the purpose of seminar as described by Collins et al. (1992). If there are readings and written assignments, the field seminar takes on the air of a classroom and runs the risk of those activities becoming more valued than the processing of field issues, which may then be neglected. The nature of field seminars could be the focus of future research.

There were a variety of ways in which liaison and seminar leaders were credited for their work, with considerable variation in whether they were given teaching credits for seminar and liaison work together or separately, how many teaching credits were granted, and how many field visits were required, all of which bring up issues of equity and fairness. As they did for the faculty, the programs also show much variation in how students are credited for the field experience. There was considerable variation in the number of placement hours required and great variation in the number of credits given to students for similar effort. Some students received many times more academic credit hours for the same number of field clock hours. These differences in programs for both students and faculty may mean richness in the variety of programs with unique emphases and approaches. It also raises issues of quality standards as some programs are more or less demanding than others yet all result in a MSW degree from a CSWE accredited institution. For faculty it means that some will have more tasks and less time to complete them.

Both qualitative and quantitative data indicate that many programs are struggling financially and in terms of perceived institutional support. In some cases the respondents

may have been answering from a sense of felt deprivation when in fact the program has the resources to operate adequately. In other instances these results may indicate true cases of underfunding to the extent that basic operations are not possible, as in the case of the field director who said that some field visits are not made because of a lack of resources. In survey research it will always be impossible to definitively determine the level of subjectivity in responses to items like this. However the number of respondents claiming insufficient institutional support indicates a pattern of underfunding that is too widespread to be easily dismissed.

RECOMMENDATIONS/CONCLUSIONS

This paper presents general data on how field programs implement the field component. Field program directors can now use these data to inform their own implementation choices. There was a wide variation in program characteristics, reflecting a wide range of requirements, programs, and credits. The extent of the variation is large enough to raise questions regarding the provision of an equitable standard for MSW candidates enrolled in CSWE accredited programs. Do the current CSWE guidelines ensure that field experiences are of comparable quality across institutions and that they provide the type of baseline competencies as are required in core curriculum courses in the classroom? CSWE must strike a balance between mandating uniformity and allowing programs to develop in ways that seem best suited for their institution and community. If the balance goes too far toward program self-determination, then inequity between programs becomes an issue. There is currently such variety between programs in the most basic structures and requirements that field placements may vary widely by quality and degree of supervision. This can mean that students in different schools might all fulfill the requirements of the field practicum yet come out unequally prepared, not just differently prepared. The current research indicates that when programs are left to themselves to implement policy they may do so with varying degrees of proficiency. It may be time for CSWE to mandate some basic level of performance for field programs. Reasonable first steps could include: to require at least one field visit per semester, to require an expressed plan for the integration of practice and theory for those programs that do not have a field seminar, and to set a minimum target of attendance by field instructors in orientation and training. There should also be consideration of mandating some level of basic equity of student experience between programs. For this a reasonable first step could include requiring at least one academic credit hour for every 80 hours of field.

Conversely, too stringent a set of requirements leaves little leeway in designing field programs that fit the individual needs of schools and the communities in which they are located. As field placement options decrease as a result of constricted budgets and staffing, and the resources within field programs is limited, there will always be the need to work creatively within the boundaries faced by field personnel. For this reason, although more specific guidelines are needed, such guidelines should be limited in number. The provision of best practice recommendations could offer guidance to programs while allowing them the discretion that they need to function effectively.

During the process of conducting this research the authors became aware of potential directions for future research in this area. Further research is needed to explore if and how differences in the structure of the field practicum impacts learning outcomes. Do programs with field seminars better prepare students than those that do not? Is it an advantage when field liaisons also lead field seminars? Do hour requirements impact the development of basic competencies? Additional areas of exploration include the extent of use and the benefit or detriment of employment-based field placements, and the content that field program directors include in field instructor orientation and training. This paper's description of current practices is only a first step. Empirically comparing common field practices on valid, reliable, and commonly agreed upon outcome measures will provide us with the next level of understanding.

References

- Bedard, L. E., (1998). A national survey of social work field placement directors. *Dissertation Abstracts International*, 59, 955-A. (ISSN 0419-4209).
- Berg-Weger, M., Rochman, E., Rosenthal, R., Sporleder, B., & Birkenmaier, J. (2007). A multi-program collaboration in field education. *Social Work Education*, 26, 20-34. doi:10.1080/02615470601036492
- Bogo, M. (2005). Field instruction in social work: A review of the research literature. *The Clinical Supervisor*, 24, 163-193. doi:10.1300/J001v24n01_09
- Bogo, M., & Vayda, E. (1998). *The practice of field instruction in social work: Theory and practice*. NY: Columbia University Press.
- Brownstein, C. (1989). Practicum Issues: A Placement Planning Model. In M. S. Raskin (Ed.), *Empirical studies in field instruction* (pp. 93-104). NY: The Haworth Press.
- Burke, S. G., Condon, S., & Wickell, B. (1999). The field liaison role in schools of social work: A break with the past. *The Clinical Supervisor*, 18, 203-210. doi:10.1300/J001v18n01_13
- Collins, D., Thomlison, B., & Grinnell Jr., R. M. (1992). *The social work practicum: A student guide*. Itasca, IL: Peacock Publishers.
- Council on Social Work Education (2008). *Educational policy and accreditation standards*. Alexandria, VA: Author. Available online at <http://www.cswe.org/CSWE/>
- Dettlaff, A. J. (2003). *From mission to evaluation: A field instructor training program*. Alexandria, VA: Council on Social Work Education.
- Dettlaff, A. J., & Dietz, T. J. (2004). Making training relevant: Identifying field instructors' perceived training needs. *The Clinical Supervisor*, 23, 15-31. doi:10.1300/J001v23n01_02
- Frumkin, M., & Lloyd, G. A. (1995). Social work education. In R. L. Edwards, (Ed.), *Encyclopedia of social work* (19th ed., Vol. 3, pp. 2238-2247). Washington, DC: NASW Press.

- Kilpatrick, A. C., & Holland, T. P. (1993). Management of the field instruction program in social work education. *Journal of Social Work Education, 7*, 123-136. doi:10.1300/J067v07n01_10
- Ligon, J., & Ward, J. (2005). A national study of the field liaison role in social work education programs in the United States and Puerto Rico. *Social Work Education, 24*, 235-243. doi:10.1080/0261547052000333153
- Lipsky, M. (1980). *Street-level bureaucracy: Dilemma of the individual in public services*. NY: Russell Sage Foundation.
- Mary, N. L., & Herse, M. H. (1992). What do field seminars accomplish? Student and instructor perspectives. *Journal of Teaching in Social Work, 6*, 59-73. doi:10.1300/J067v06n02_06
- McChesney, M. (1999). Agency-based social work field instructor orientation and training. *Dissertation Abstracts International, 60*, 551-A. (ISSN 0419-4209).
- Raskin, M., & Blome, W. W. (1998). The impact of managed care on field instruction. *Journal of Social Work Education, 34*, 365-374.
- Raskin, M., Skolnik, L., & Wayne, J. (1991). An international perspective of field instruction. *Journal of Social Work Education, 27*, 258-270.
- Raskin, M., Wayne, J., & Bogo, M. (2008). Revisiting field education standards. *Journal of Social Work Education, 44*, 173-188. doi:10.5175/JSWE.2008.200600142
- Rogers, G. (1996). Training field instructors British style. *Journal of Social Work Education, 32*, 265-276.
- Rubin, A., & Babbie, E. (2001). *Research methods for social work*. Belmont, CA: Wadsworth.
- Scannell, J. J., & Simpson, K. (1996). *Shaping the college experience outside the classroom*. Rochester, NY: University of Rochester.
- Skolnik, L. (1989). Field instruction in the 1980's – Realities, issues, and problem-solving strategies. In M. S. Raskin (Ed.), *Empirical studies in field instruction* (pp. 47-75). NY: The Haworth Press.
- Thornton, S. (2008). "Where are the priorities?: The annual report on the economic status of the profession, 2007-2008. *Academe, 94*(2), 8-34.
- Zanville, H., & Markwood, R. (1982). *A Casebook on practice in internship education*. Boulder, CO: Western Interstate Commission for Higher Education.

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Towards a Research Agenda for Social Work Practice in Virtual Worlds

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Abstract: *Due to the unique applications of virtual reality in many modern contexts, Second Life (SL) offers inimitable opportunities for research and exploration. A review of current research regarding SL has examined the influence of real world social influences in online interactions and what the effects on users may be. This suggests the importance of developing an understanding of the relationship between users' real life and their Second Life, and how the two are related. Some research has begun to reveal the effectiveness of telecommunication and computer simulation with certain clients in the fields of mental health and social work, yet there is a lack of sufficient research done within the context of virtual worlds. The implications for social work intervention in virtual reality could solve persistent concerns with transportation, distance, access to services and education, however questions about the relevance of social work practice in SL and the potential for implementation must be answered.*

Keywords: *Social work, virtual world, Second Life*

INTRODUCTION

Humans as social beings have been inventing ways to improve communication for hundreds of years; from letters to the telephone, from pagers to the cell phone, from email to video conference, and in the last ten years communication technology has taken a giant leap from the internet to computer simulation and virtual reality. The online virtual worlds of Massively Multi-User Role Play Games (MMO-RPGs) are a new wave of interaction and offer to the discerning user a complete immersion in the social experience that transcends distance, language, and even the cultural mores of any given society. Users can plug in anywhere and immediately begin interacting, playing, creating and chatting with other users without regard to their geographic location or even their physical appearance. Time has no meaning in these virtual worlds, and the imagination is the limit as players learn the unique language and culture of this online universe. MMO-RPGs, or just RPGs as they are known by veteran players, can range from high-resolution action packed gaming, like World of Warcraft, to intricately stylized virtual landscapes where users can gather for social networking, such as Free Realm, There, and Second Life (Wood, 2009).

Imagine being able to enter a multifaceted world with seemingly unlimited opportunities of experience, in which one can create a completely virtual lifestyle, where one's activities are only limited by the creativity of one's inquiry. Here one can learn to easily navigate through an array of experiences often beyond the reach of one's real life means. Second Life is a place where a group can be composed of people who are sitting in their homes located half a world away from each other, where persons who have a

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real-life physical limitation can dance all night, where one can appear and disappear in an instant and one's place of origin cannot be traced by anyone around, where people can control who sees and talks to them and where one can even disengage entirely from the virtual world at will. Boellstorf (2008) states "Second Life is a chance to be someone beside yourself, which you can't really do in real life unless you want to lead a double life" (p. 208). This is the beginning of one's Second Life.

Second Life (SL) was created by Linden Labs in 2003 as an online 3D virtual world where people can create "avatars" to interact within the environment and with other avatars (or "avs" as they are frequently known), not only for gaming, but more often for social contact, education, romance, industry, and hundreds of other activities which users can themselves create within the SL metaverse. Second Life is unique in that residents can create and change the virtual landscape by building houses or structures, buying land and adapting their environment to suit their individual needs and desires (McIntosh, 2008). Individuals create avs as virtual representations of their real physical self, and though sometimes these are not accurate representations of their true appearance, the avs serve to navigate the virtual simulators ("SIMS") in place of their human creators. Unlike in real life (RL), SL avatars can transcend the physical boundaries of mere mortals and take the form of humans, animals, computers, mythical creatures, or even as "furries," which are identified as hybrids of any of these forms (Bell, Castranova, & Wagner, 2009).

Perhaps because there are no real social limits imposed upon the users of SL, it has become a hub of interaction for nearly 15 million users worldwide (Gottschalk, 2010). Of those users, there are hundreds of groups who participate in anything from gender-bending avatars, artist guilds, and university students to vampire cults and warring factions of mystical elves. In the presence of the ever-expanding world of virtual reality and computer mediated interaction, it seems as though there is a place for everyone. Even, perhaps, for social workers. However, it is important to remember that, as with all forms of technological advancement, there is a considerable learning curve. In the years since its inception, SL has seen numerous upgrades which have made it easier to use, but new users must still navigate sometimes unfamiliar, and impossibly vast, territory. Many SL groups include tutorials for new users on their SIMS and SL itself has an Island dedicated to an orientation of the virtual world.

Even these thorough classes are sometimes not enough, however, to help "newbies" become completely comfortable using the technology. At the most basic level this means understanding what a "teleport" is and how to use it, how to move between SIMS, join groups, and individualize the basic avatar given upon registering to use SL. As one becomes more immersed in SL, this means learning which groups one wants to join and which groups one would rather avoid, investing dollars for Lindens (SL currency) to purchase "land," and taking classes to begin building one's own Second home, along with other virtually endless activities. This can be an overwhelming process for new users, and sometimes this can even deter users from becoming permanent members of SL. This is one consideration that professionals, including social workers, who are looking to make an entrance into this new medium, must be aware of, for themselves and also for potential clients.

Social workers often face barriers to service which include distance from clients, time constraints, transportation, and access to services. The virtual world offers a potential solution to many of these barriers. However, the vast expanse of the “metaverse” (internet universe of virtual reality) is still in its infancy, and little research has been done that can conclusively determine the users’ expectations of involvement in the virtual world. One of the many questions that remain unanswered is that of the relationship between users’ virtual lives and their real lives. For instance, researchers in the field of virtual communications have questioned just how strong the influence of social mores, norms and laws are in internet-based virtual realities like Second Life, and what role accepted institutions such as education play in online interaction and learning (Boelstorff, 2008; Eastwick & Gardner, 2009; Parti, 2008). Understanding, or at least uncovering, the answers to these and other questions could help to determine the potential for using SL as an educational intervention tool and reveal just how the social work profession can exploit this venue for client-centered interventions.

A review of the literature leads to exploration of relations between the real lives of users and their lives “inworld” (being actively signed in to Second Life), which might suggest the presence of a significant influence of users’ real life on the way they conduct their lives inworld. Other questions we suggest concern the associations between what initially brings users to SL, what they do once they are there, and how or why this changes over time. With this information, research in the field of social work can further expand on relevant knowledge about virtual worlds. From there we can begin to explore and predict what role social work practice has in the virtual realm, and whether it could be executed as an effective form of intervention and service delivery. For example, many young adults struggle to come to terms with their sexuality in a society where homosexuality and transgender assimilation is viewed with derision and condemnation. Their real life experiences might prompt them to join SL where using a “gender-swapped” avatar is completely appropriate and accepted. In turn, these young adults can interact with other individuals with similar experiences and interests. This begs the question: could the inception of an inworld support group directed by a social worker be beneficial in creating a positive experience for this vulnerable population?

Other groups that meet in SL, and even those individuals who have not yet discovered this online resource, could benefit from similar support systems. This includes individuals without transportation to an agency or facility, individuals with disabilities, or those whose social interaction is limited due to personal illness or caregiver responsibilities. With Second Life, there is unlimited potential for these individuals to open the doors to a huge social network of support and assistance, just by accessing a computer. Using online virtual communication, social workers could reach a larger population of individuals and more diverse groups. And because online meetings can take place at anytime from anywhere, there is a better opportunity for social workers to contact clients and monitor progress. This medium also has the potential to change the face of education for social workers, whether in the classroom or in the field, which could enhance learning and practice skills.

TECHNOLOGY AND SOCIAL WORK

The potential for telecommunication as a method for medical, mental health, and social work practice and intervention has been a topic of research since before many of the modern RPG's were launched to the masses. McCarty and Clancy (2002) discuss the potential for "telehealth" technology in social work, asserting that care in mental health was the first telecommunication application used in social work. Internet-based teleconference and videoconference have been established methods of effective communication and treatment for patients of psychiatrists, mental health professionals, and social workers. The authors support the use of online counseling in social work for a number of reasons, including as a solution to barriers of distance and time, as a way of recording client-worker interactions electronically, and even in some cases as a way to enhance personal empowerment of the client, because the physical interaction has been removed, leaving only the verbal, and not face-to-face, communication. However, some disadvantages remain, including confidentiality, informed consent, and liability issues, as well as the lack of non-verbal communication which many practitioners believe to be an integral part of the client-worker relationship (McCarty & Clancy, 2002). Still, the benefits may outweigh the barriers as redesigning the mental health delivery system could mean better intervention results, agency cost reduction, improved documentation and even distance home visits and employee/intern supervision.

However, while telecommunication has been supported through research as a viable means of intervention and social work service, little has been done to determine whether online virtual reality realms are an equally effective tool. Therefore, it is important to consider other types of technology-based programs that have been used effectively in social work. A recent study by Smokowski and Hartung (2003) analyzed current research on computer simulation games and virtual reality interaction in school social work programs for adolescents and determined that there was a significant improvement in social, behavioral, and problem-solving skills among the participants. They conclude that computer simulation and virtual reality-based interventions, used as a supplement to interpersonal interaction in small groups of adolescents, was an effective tool for school social workers to help the students reach their goals, despite certain barriers, such as access to this technology. Further research in this area is necessary to determine how to implement these programs in schools and develop successful applications for age-specific, population-specific, and skill-specific interventions.

If virtual reality communication interfaces can be implemented and have a significant effect on the outcome of therapy in settings such as school social work, the potential for applications of social work using online metaverses like SL could be great. The challenge in determining the potential effectiveness of this new generation of service is in understanding the various contributing factors and how they might impact the practice of social work in SL. One such factor is the willingness of individuals to participate in online counseling or support groups directed or sponsored by a social worker or mental health professional. Tsan and Day (2007) attempted to determine whether or not variables such as personality and gender can function as predictors of who will seek out or use online counseling in chat rooms with no face-to-face interactions. The findings of the study suggest that females were more likely to accept online services as a means of

counseling and only the extroverted personality type was accepting of online counseling services, however even the statistical significance of this particular finding was not strong. Most respondents rated face-to-face services above those of online services (Tsan & Day, 2007). These findings must be considered for future research should social work interventions in virtual worlds become a viable option, though explosive technological advancements will certainly have an effect on clients' willingness to participate in online counseling and group sessions.

Using the Technology Acceptance Model (TAM) to test several hypotheses based on participants' performance expectancy, effort expectancy, and social influence on use of technology in virtual worlds, Fetscherin and Lattemann (2008) found that "the possibility to interact in a 3D environment in combination with Voice over IP plays a pivotal role in user acceptance and technology adoption of virtual worlds" (p. 240). The results reveal that perceived value of communication, or the benefit the users felt could be attained, was more important to participants than perceived usefulness, or how able the users felt they were to learn and use the communication medium. This implies that the visual nature of the avatars as well as the voice technology present in metaverses like Second Life could have a large impact on whether individuals are accepting of online counseling services and find them effective. The findings of the study also suggest that social norms, as well as socio-demographics and the individual's existing attitude toward technology, have an impact on user acceptance of technology (Fetscherin & Lattemann, 2008). Therefore, the potential influence of these technology characteristics in SL and similar virtual worlds may indeed play a role in determining the presence and usefulness of social work interventions for users in the future.

Real Life and Virtual World Influences

Much of the body of research emerging on this subject elicits excitement about the potential for SL as a new frontier for social workers to provide services to clients. Consequently, it is imperative that factors such as social influences in virtual worlds and the characteristics and behavior of SL users must be explored. Studies on the emerging world of RPGs and computer-mediated communication have centered on how real life (RL) social influences play a role in SL interactions, behaviors, and even the unique culture, language and etiquette rules present inworld. Eastwick and Gardner (2009) conducted a series of randomized controlled trials in Second Life in order to test an hypothesis that real-world social influence would be present inworld and that participants would display behaviors associated with racial prejudice. In order to test the presence of social influence inworld, researchers used a specific series of behaviors that induce a change in the action of an individual in real life, known as compliance techniques. Racial prejudice was targeted using both an African American avatar and a Caucasian avatar. The data gathered supported their hypotheses, revealing the social influence of the compliance techniques had an effect on the avatar-participants (presumed to be their human creators) and that they were more likely to respond with compliance to the Caucasian avatar than to the African American avatar. These findings suggest the importance of gathering exploratory data on users' RL and SL interactions so that any associations may be identified for use in further studies.

With the strong likelihood that real social influences are present within the virtual world of SL, social workers can begin to explore how RL influences the creation of the SL experience and how this may be related to the real lives of SL users. However, there is some evidence that other social influences are absent within the virtual walls of Second Life and RPGs like it, which could have an impact on the implementation and effectiveness of social work interventions executed inworld. Parti (2008) explores how the relative freedom of expression and creation inworld can both enhance and degrade real-world social mores. The author discusses the implications of social construction in virtual reality and how this relates to the legal system in the real physical world. Bell et al. (2009) comment that there is a complete lack of government jurisdiction over virtual worlds as they, like the internet, are not a part of any country on Earth and, therefore, do not fall under the typical auspices of the law.

Parti (2008) questions the integrity of the individual's real personality as she/he continues to become immersed in virtual reality, even perhaps eroding without the user's knowledge, as she/he places more attention, time, and energy into SL communications. Because virtual reality is a replica of reality, and one highly guided by imagination and illusion, it is difficult to know how strongly traditional social moral-ethical norms apply inworld. In her meta-analysis of several qualitative case studies done on users of RPGs and MUDs (Role Play Games and Multi-User Domains/Dungeons), Parti (2008) illuminates several examples of how the user dissociates from her/his avatar and considers the avatar to have a different personality, one that is enhanced, perfected, and capable of far more than the user her/himself. In doing so, belief in one's own ability to perform these activities and interpersonal interactions deteriorates, and she/he experiences a de-empowerment of self. Because the user does not identify with the avatar self, she/he does not necessarily feel satisfaction or a sense of success when the avatar succeeds, and she/he does not carry acquired social skills into RL interactions (Parti, 2008). Additional concerns include social learning and community mentality which can affect a moral attitude change and encourage negative deviant behavior such as computer hacking. This affects the population of children and adolescents most significantly, and teaches negative skills and behaviors that could carry into their real life future.

This information carries serious implications for social work practice in RPGs such as Second Life. The role of the social worker in SL will need to be diverse and flexible, with social workers acting as counselors as well as advocates, and adapting guidelines for confidentiality and legality without detracting from ethical service. Knowing the social and psychological barriers to service can help social workers to anticipate, and be prepared to address, the needs of their clients. Furthermore, understanding who is most likely to use SL and in what capacities they use it will help to define the methods through which these individuals can be reached and helped.

Real Life and Second Life Relationships

But what, if any, relationships exist between the individual in real life and the avatar in Second Life? Whether or not any associations can be made between the actions of the one and the same user-avatar can be determined with further research in this area. With this knowledge as a foundation, further predictions based on the user-avatar relationship

can be made and implications for social work interventions explored. In a related study, Belisle and Bodur (2010) attempted to determine if personality types of SL users could be perceived by observing their avatar. They conducted a study in which 103 SL users sent in a picture of their avatar and filled out a questionnaire about their participation, personality traits and socio-demographic information. Then, seven separate participants were asked to predict personality characteristics of the real person by looking at their avatar. These seven participants were selected on the basis of their high level of experience with SL and also filled out an online questionnaire. The findings of the study suggest that certain physical characteristics of avatars serve as cues to form impressions of the real personality of their creator, and that experienced users can form accurate impressions (Belisle & Bodur, 2010).

The study also revealed an inverse relationship between some avatar characteristics and the demographic information of the creator. Taking this information into account, it is conceivable that social workers could attempt counseling and group work with avatars as representations of clients. However, they would need to develop a high level of skill and experience with Second Life and develop an understanding of the real life circumstances of SL users.

Stalker (2007) predicted that in the real world social role diversity is determined by several factors that can affect the number of social roles of an individual, the strength of her/his social network, her/his adaptability to life circumstances, and her/his overall level of well-being. Additionally, characteristics affect an individual's opportunities as well as create barriers to reaching fulfilling interpersonal engagement. These barriers include social context, patterns of employment, and the amount of time spent engaging in pleasurable activities. Through time-diary collection of data, Stalker (2007) determined that role diversity was positively affected by marital status, the presence of children, employment, and gender. Subsequently, the level of interpersonal engagement and the strength of the social support network of the individual were positively affected by these factors. Ultimately, a less diverse social role resulted in a smaller social network, less time spent interacting and communicating with others, and weakened resiliency to varying life circumstances.

In light of these findings, the consideration of social work practice within virtual reality must include an understanding of the relationship of the RL user to her/his SL avatar. Research focusing on the relationship between the user's ability to manipulate the physical appearance of her/his avatar, or change demographic information, and the level of effective communication attained between client and social worker could begin to uncover ways in which to equip the social worker to make assumptions about the user/client. In coming to an understanding about the potential motivations that bring users to SL, and how this could relate to the user's real life, social workers can begin to formulate treatment options. For instance, an individual without a high degree of role diversity might be motivated to join SL to seek out interactions and a social network, and the reasons for limited role diversity could be an ongoing illness in the family or disability. This supports the need for a social work intervention that could potentially take place within Second Life itself. Further research in the form of qualitative data analysis could examine the existence of a relationship similar to the one in this situation and

provide an insight into the role of social work interventions in virtual reality-based communication.

The impact of certain demographic factors on interactions within virtual worlds was explored by Isabella (2007) in a study conducted to determine how ethnographic differences between players of MUDs (“multiple user domains”) might change their interactions and communication. The study was based on the assumption that online communities mirror to some extent their real-world counterparts. Through covert and participant observation in two MUDs that were relatively isolated to two precise regions, one in Italy and the other in Canada, Isabella (2007) first recorded group interactions before engaging players, and then proceeded to join a group of players and record interactions from within the group. Her results indicated that there were certain differences in the communication and community engagement styles of each region. In the Italian MUD, with little effort, the researcher was able to observe covertly before engaging in the groups. After disclosing her identity and real motivations, the players did not seem to change their impressions of, or interactions with, her. However, in the Canadian MUD, the researcher had difficulty joining a group after her initial observations, and it was only when she disclosed her purpose to the leader of a group, and the leader informed all of the players that she was a researcher and needed their participation, that she was able to collect any data.

These results indicate that the physical contexts of the users may have an influence on their attitude and the games that they play. Evidence supports that there are indeed differences in the culture and communication of users from different demographic backgrounds, although the full extent of these influences has not been explored. Additionally, the social context of the virtual world itself must be considered as its own entity and as a unique culture separate from that of the real-world culture.

In gathering data on Second Life through participant observation, Gottschalk (2010) discovered both a blurring of and a separation between the real lives of the users/avatars he interviewed and their life on SL. Gottschalk (2010) also illuminates that while users can have many avatars that look nothing like them, they communicate in essentially the same ways with all of their avatars. Based on the information gathered, Gottschalk (2010) focuses on further suggestions for research on particular aspects of Second Life. These include the progression of the “newborn” avatar and the changes they make as they develop over time, as well as the vast potential for educating students inworld. Finally, Gottschalk (2010) suggests that factors such as gender, age, race, residence and physical appearance do not matter in Second Life as much as they matter in real life, and postulates that the real information worth gathering is “how they enact their identity, what their motivations are for participating in Second Life, what they typically do there, what they discover about themselves, and how they negotiate the boundaries between real life and Second Life” (Gottschalk, 2010, p. 520). These themes will be discussed in light of their impact to research in the field of social work and social work practice.

One of the drawbacks of the previous research on virtual worlds referred to above is that these data were collected outside of the virtual world instead of while users were still immersed in it. Future research taking place *within* the context of SL could bridge this

gap in research design. Currently, most data collection methods employ the use of listservs that invite virtual world users to access a database or website outside of the context of Second Life in order to provide survey or other quantitative data. However, by collecting data from participants while they are still inworld, the integrity of the unique culture of Second Life is simultaneously maintained while the data is being gathered, providing the possibility that answers to research questions will be more accurate and representative. These include questions about what motivates people to join Second Life, what activities and interactions they participate in inworld, what the context of their real lives is, and whether or not an association exists between the two. Additionally, further examination of research results would relate these findings specifically to the field of social work in the future.

In a study which illustrates data collection within the context of virtual worlds, Bell and colleagues (2009) used a method of collecting data within Second Life called Virtual Assisted Self Interview (VASI) with a tool known as Virtual Data Collection Interface (VDCI). The study collected results of a survey measuring demographics and quality of life of users given on a large scale to users all over Second Life while they were present inworld. What researchers discovered suggests that Second Life users are quite possibly unique from users of other virtual worlds and establishes that the VDCI technology is an effective tool for gathering representative information from SL users inworld (Bell et al., 2009). There is an assumption that gathering data while users are still present in Second Life not only inspires users to take and complete a survey, but also preserves the environment and culture that users are being surveyed about. This is presumed to increase the likelihood that answers will reflect participants' mentality and perspective as a user of Second Life. Therefore, further research is needed to explore similar methods of data collection.

Based on the social constructionist perspective, in which individuals base their understanding of, and participation in, their reality upon socially constructed views, the presence of a significant association between the participants' real lives and their Second Life experience could play an important role in determining future research in this area. We suggest that among the variables being measured are included the users' participation in groups in RL and SL, their attitudes toward meeting their SL friends in RL, their demographics and activities both in RL and SL, their relationships in RL and SL, their motivations in RL and SL, the frequency of participation in SL, and their RL social interactions. By examining the associations between these variables, predictions can be made which allude to important characteristics of users and their experiences and lead to insights into the potential implementation and efficacy of social work interventions in the virtual world of Second Life.

DISCUSSION

Current research has developed a substantial base of understanding about many aspects of online virtual world use, including the cultural differences between Second Life and real life as well as the use of this technology for purposes such as marketing, anthropological research, and educational uses in online interactions (Bell et al., 2009; Eastwick & Gardner, 2009; McCarty & Clancy, 2002; Smokowski & Hartung, 2003).

However, there is a gap in the current research regarding what motivates users to join in the online melee and how the real world and the online world interact with each other. This is mainly in regards to interpersonal communication and how individuals function (Gottschalk, 2010). Current research methods used inworld are improving the quality of the data collected and future advances in data collection can provide a more accurate representation of information. Research in the field of social work is uniquely designed to examine how individuals and groups interact socially, and can be adapted to aid in the exploration of these interactions in Second Life and other similar online social venues. In order to advance and bridge barriers to social work practice through the utilization of modern technology, there must first be an understanding of the nature of online worlds such as Second Life and their potential as a tool for social work interventions in the future.

Implications for Research

Some limitations exist in data collection in online virtual worlds, including concerns about maintaining participant confidentiality in a venue where computer hacking is somewhat prevalent (Bell et al., 2009; McCarty & Clancy, 2002). Also, research in the field of social work must adhere to the code of ethics and remain cognizant of the unique context of online virtual reality use. Additional considerations should be made toward users with developmental and physical disabilities.

Further limitations continue to persist due to the current state of technological advancements and constraints. Computer-based research can only extend so far as modern technology allows it to, and there is a lack of established efficacy of online data collection within Second Life itself. This is evident in interactions with both SL users as well as the educational communities present within SL, especially in regards to the unique cultural aspects present inworld.

Additional considerations must also be made for the future of research protocols, and the policies and ethical requirements of the Internal Review Board currently do not take into account the quickly advancing technology of online virtual worlds. Given the unique technical potential of SL, this puts the responsibility on the researcher to take pains to be as ethical as possible when conducting research. Avatars may not be humans, but the person controlling, and more importantly experiencing, the avatar most certainly is, and therefore is susceptible to all of the vulnerabilities of more typical research subjects. The future of SW research also means a new future for IRB research protocols.

Should inworld data collection be successful, this opens the doors for further and more pertinent research which is capable of maintaining the integrity of the unique socio-cultural atmosphere of Second Life and similar virtual worlds. This may become a key strength of the research in this area.

Implications for Social Work Practice

Further research in the field of social work on the use of online virtual worlds like Second Life could illuminate the future of social work practice and interventions. Social workers may be able to use this tool to advance and broaden their scope of practice,

bringing technology and social work together and redefining how we reach individuals and groups through interactions, counseling, and advocacy. For instance, individuals with disabilities or their homebound caregivers could benefit exponentially from this service, connecting them to social interactions and social support networks without taxing them physically (Heron, Gentle, personal communication, April 29, 2011). This could reduce the impact of their disability or the disability of a loved one on their overall well-being.

Special consideration must be made for ethical demands of practice, including issues of safety, prevention, and mandatory reporting. Questions, such as what a social worker is responsible for if a client or group member expresses suicidal ideation while communicating via Second Life interactions, must be given the utmost consideration before beginning this potential venture. These questions are likely to produce opinions and concerns across the spectrum of professional social workers and will need to be defined ethically as well as legally.

However, other questions still remain unanswered and may remain so for some time into the future. One major question that these researchers ask is: Will online counseling and the use of upcoming technological advancements ultimately *enhance* real life interpersonal interactions and the development and use of social support networks and social skills in real life in the future? Are social workers now participating in a medium that will eventually encompass and promote *empowering* clients to access their real life resources in the real world? Only time will tell.

References

- Belisle, J. F., & Bodur, H. O. (2010). Avatars as information: Perception of consumers based on their avatars in virtual worlds. *Psychology and Marketing, 27*(8), 741-765. doi: 10.1002/mar.20354
- Bell, M. W., Castranova, E., & Wagner, G. G. (2009). Surveying the virtual world: A large scale survey in Second Life using the Virtual Data Collection Interface (VCMi). *Data Documentation, 44*, 1-61.
- Boellstorff, T. (2008). *Coming of age in Second Life: An anthropologist explores the virtual human*. Princeton: Princeton University Press.
- Eastwick, P. W., & Gardner, W. L. (2009). Is it a game? Evidence for social influence in the virtual world. *Social Influence, 4*(1), 18-32. doi: 10.1080/15534510802254087
- Fetscherin, M., & Lattemann, C. (2008). User Acceptance of virtual worlds. *Journal of Electronic Commerce Research, 9*(3), 231-242.
- Gottschalk, S. (2010). The presentation of avatars in second life: self and interaction in social virtual spaces. *Symbolic Interaction, 33*(4), 501-525. doi: 10.1525/si.2010.33.4.501
- Isabella, S. (2007). Ethnography of online role-playing games: the role of virtual and real contest in the construction of the field. *Forum: Qualitative Social Research, 8*(3), 1-16.

- McCarty, D., & Clancy, C. (2002). Telehealth: Implications for social work practice. *Social Work, 47*(2), 153-161.
- McIntosh, K. (2008). The social construction of virtual space. *Michigan Sociological Review, 22*(1), 196-214.
- Parti, K. (2008). Deviances in the virtual reality or the character-altering power of virtual communities. *European Journal of Crime, Criminal Law & Criminal Justice, 16*(3), 325-343. doi:10.1163/157181708X333373
- Smokowski, P. R., & Hartung, K. (2003). Computer simulation and virtual reality: enhancing the practice of school social work. *Journal of Technology in Human Services, 21*(1/2), 5-30.
- Stalker, G.J. (2007). Measuring diversity in daily social contact: The contribution of social context, work and leisure on the opportunity for engagement. *Springer Science+Buisness Media, 86*, 275-295. doi: 10.1007/s11205-007-9115-5
- Tsan, J. Y., & Day, S. X. (2007). Personality and gender as predictors of online counseling use. *Journal of Technology in Human Services, 25*(3), 39-55.
- Wood, D. (2009). Real life access to "Second Life" worlds: The potential, the problems and the possibilities for a barrier-free future. *The International Journal of Diversity in Organizations, Communities, and Nations, 8*(6), 139-148.

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The Dialectic Method: A Critical and Postmodern Alternative to the Scientific Method

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Abstract: *This paper introduces Hans-Georg Gadamer's dialectic method and elaborates upon its application to social work inquiry. Its strengths lie in its ability to uncover socially constructed truths, to explain human behavior in a non-deterministic manner that emphasizes personal agency and empowerment, and to foster a consciousness-raising process that leads to praxis. This makes it ideally suited for knowledge gathering by practitioners in the field who seek to apply postmodern practice approaches such as the strengths perspective, solution-building therapy, and narrative therapy. Examples are given of its application to both micro and macro practice concerns.*

Keywords: *Empowerment; hermeneutics; research methods; critical theory*

INTRODUCTION

When assisting individuals with their life issues or working with communities to promote development, social workers engage in a process of inquiry that informs interventions and actions. In order to have confidence in the knowledge acquired from an inquiry, one must follow a systematic method for gathering the knowledge relevant to one's concerns. In its drive towards professionalization in the early 1900s, social work embraced the scientific method as its model for inquiry (Leighninger, 2000; Trattner, 1999). Consequently, traditional social work practice has become an exercise in hypothesis testing as reflected in its early embrace of the medical model (Leighninger, 1987; Specht & Courtney, 1995) and its current evolution into a problem-solving model for practice (Blundo, 2006; De Jong & Berg, 2008; Turner & Jaco, 1996). Knowledge is gathered, an assessment is made, and then an intervention delivered based upon the assessment (Gambrill, 2006; Hepworth, Rooney, & Larsen, 2009; Johnson & Yanca, 2009).

Since Abraham's Flexner's infamous speech (1915) critiquing social work for lacking a unique body of knowledge, over the past 100 years social work academics have amassed an impressive quantity of scientific knowledge. Thus, one aspect of social work education involves fostering the ability of a student to consume this knowledge and apply it to practice. The role that scientific knowledge can and should play in social work practice is not the topic of this paper.¹ Social work education also seeks to educate students (through research methods courses) about a method of inquiry through which to gather knowledge and seek truth. Drawing from the field of psychology, our profession embraced the scientific method and, in the 1960s, began to elaborate a dream of the social worker as being a scientist-practitioner (Wakefield & Kirk, 1996; Witkin, 1996). In the 1970s, Fischer (1973; 1981) attempted to fuel this dream by offering single-system

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design as a means for practitioners to apply the scientific method as a form of inquiry. Popular current approaches are to teach program evaluation and evidence-based practice (Grinnell & Unrau, 2011; Royse, Thyer, & Padgett, 2009). Yet while the ideal of the scientist-practitioner remains strong in social work research textbooks, this dream has never reached fruition in the field. In a survey of 7,000 BSW and MSW social work practitioners (Teare & Sheafor 1995), respondents listed competencies in research inquiry as having minimal importance to their work.

Yet to look within mainstream textbooks, alternatives to the scientific method appear quite limited. For example, Rubin and Babbie (2005) list the following as ways of knowing that are alternatives to the scientific method: tradition, authority, common sense, and popular media. Most social work research textbooks (Drake & Jonson-Reid, 2007; Engel & Schutt, 2010; Grinnell & Unrau, 2011) advance the notion that when gathering knowledge and seeking truth, the scientific method is the only legitimate game in town. To do otherwise, one falls prey to ignorance. However, there in fact exist alternative systems of rigorous inquiry to the scientific method—one need only to look to the humanist traditions of history, philosophy, and literary studies as proof that systematic investigation can be accomplished without following the scientific method. When the term "research" is interpreted to mean "a systematic method of knowledge gathering for determining truth" as opposed to simply being interpreted as "the scientific method", other possible forms of inquiry arise. For example, when we reflect upon the type of knowledge gathering done by practitioners as they delve into clients' lives, it seems clear that practitioners might benefit from a thorough knowledge of the comparative method—the methodological inquiry that drives historical research and investigative journalism.

In this paper, the authors introduce another alternative: the dialectic method. In Western thought, the dialectic method itself originated during the time of Socrates around 400 BCE. It is the methodology that currently fuels critical theory, feminist epistemology, and various forms of postmodernist thought. Its ability to bring to light contradictions and drive a consciousness-raising process among its inquirers makes it ideally suited for postmodern and critical social work practice approaches. Besides the importance of embracing contradictions, social work scholars of dialectics have noted the importance of dialectical thought in contributing towards the social construction of identities and the interconnectedness relevant to social work practice (Leonard, 1997; Tsang, 2000). The authors begin with a discussion of the history of the evolution of the dialectic method as a way to elaborate its basic principles and how they guide inquiry. Next, Gadamer's (1960/1999) model for dialectic inquiry will be elaborated with attention given to its use as a model for social work inquiry. Lastly, examples will be given of these principles at work in guiding postmodern and critical micro and macro practice approaches.

HISTORY OF DIALECTIC METHOD²

Socrates

"I only know that I know nothing." This simple phrase uttered by Socrates encapsulates the core of his wisdom, and forms the roots from which the dialectic method has grown. Plato's writings on Socrates illustrating the dialectic method in this pure form

(known as the early dialogues) always ended with a non-answer. In one such dialogue, Socrates enters into a dialogue with Euthyphro concerning the meaning of piety. At the beginning of the conversation, Euthyphro is quite certain he knows what piety is; Socrates adopts the position that he does not know. By the end of the dialogue, Socrates is still not certain of one true definition for piety, yet also, he has moved Euthyphro to this same conclusion. This is an example of a successful use of the dialectic method because the purpose of Socrates' inquiry is to break through one's hubris that one "knows" and thus free the mind to critically examine alternate possibilities. As McAvoy (1999) notes, "It is the bite or sting that wakes us from our complacency, arouses us to excellence, to learn and discover and inquire" (p. 19).

In social work literature, Anderson and Goolishian (1992) are noted for first elaborating the merits of such a not-knowing approach when entering a dialogue with clients. The social worker takes on the role of Socrates as the not-knowing inquirer, while the client is in the role of Euthyphro. The "bite or sting" serves to awaken clients to question oppressive devaluations of their identity and thus consider more empowering identity conclusions. More will be elaborated upon this later in the application to social work section.

Hegel and Marx (the beginnings of critical theory)

Hegel's writings represent a modern reformulation of the Socratic dialectic method and the roots of the critical tradition. The centerpiece of Hegel's philosophy was human freedom, or agency, and specifically the unique ability of human consciousness to be aware of itself and reflect on its future (Blackburn, 1994). In contrast to the Newtonian project, dialectics arises from phenomenology's stance that "all 'things' are actually processes, that these processes are in constant motion, or development, and that this development is driven by the tension created by two interrelated opposites acting in contradiction with each other" (Au, 2007, p. 2). These processes are known as phenomena, and are conceived as comprising an existence plus an essence.

Hegel (1830/1991) postulated that logic and history follow a dialectical pattern, what Fichte (Kaufman, 1988) later called the "thesis-antithesis-synthesis."³ Hegel posited that this dialectic was fundamentally constituted in the realm of ideas or spirit. Marx's innovation was to "turn Hegel on his head" by arguing that the dialectic operated in the material realm, namely through production, i.e. economics. Philosophical materialism, as opposed to Hegel's philosophical idealism, means that our understanding of a phenomenon's essence stems from our interactions with the material world and not vice versa.⁴ For Marx, dialectics is not just an epistemological or ontological theory, but it necessarily involves praxis. Thus, for social work practice, dialectical inquiry is a not just a way to generate knowledge; it is also a key component of social work practice itself.

The Marxian dialectic—with its focus upon praxis and the analysis of power relations—provided the framework of inquiry from which critical theory was born. Beginning in the first half of the 20th century, critical theory represented the application of the Marxian dialectic by various German philosophers and social theorists, loosely known as the Frankfurt school, to critique existing social practices by shedding light on

the oppression arising from contradictions within the capitalist economy (Jay, 1973/1996). As elaborated by Horkheimer (1982), critical theory aims toward a specific purpose, “to liberate human beings from the circumstances that enslave them” (p. 244).⁵

Husserl and Heidegger (the beginnings of a postmodern dialectic)

Husserl (1913/1982) labeled both Hegel's and Marx's stance on phenomenology as the “natural standpoint”: the essence of the phenomenon lies within the phenomenon itself, and accurate perception is needed in order to reveal it. By contrast, Husserl (1913/1982) advanced the notion that the essence of the phenomenon lies within human consciousness.

Heidegger (1927/1962) advanced Husserl's standpoint even further by arguing that the essence of a phenomenon lies within language, and hence, culture. Thus under Heidegger's definition, the phenomenological understanding of reality becomes an endeavor aimed at accurate interpretation rather than accurate perception. Consequently, his approach gained the label of hermeneutic phenomenology. With its stance that reality arises from accurate interpretation, a Heideggerian phenomenological investigation opens the door for the recognition of the existence of multiple realities, thus putting it in alignment with social constructionism—a theory that holds much affinity with postmodern social work practices.

This latest evolution of phenomenological thought, represented by Heidegger, laid the foundation once again for a re-formulation of dialectical inquiry (elaborated by Gadamer below). This reformulation enabled postmodern theorists to embrace critical theory as an approach of its own, moving it off its narrow economic base of examining oppression arising from class relations to more broadly examining the oppression visited upon individuals from cultural societal narratives defining gendered relations, racial relations, and relations of various sexual orientations, to name but a few (Kaufman, 2003; Lindlof & Taylor, 2002).

Within critical theory based in postmodern thought, the area where this enslavement occurs is in the construction of identity that de-values the individual or community. So for example, social work scholars have spoken to the dynamic of how a diagnostic label comes to dominate the client's identity within the helping relationship (De Jong & Berg, 2008; Saleebey, 2006b). The consciousness-raising process that arises from a dialectical inquiry serves to liberate individuals through insights that empower them to reassert their own power in defining who they are and who they wish to be (via the recognition that many possible realities exist). Praxis (understanding that necessarily translates into action) occurs as individuals find that they can no longer act in ways that support the oppressive societal narratives. Furthermore, this same praxis causes them to confront material structures of oppression in society spawned by these dominant societal narratives.

Gadamer

Building upon the hermeneutic insights of Heidegger, Gadamer (1960/1999), in his seminal work *Truth and Method*, offers up a new formulation of the dialectic method:

thesis-antithesis-fusion of horizons. His dialectic approach has been labeled philosophical hermeneutics.⁶ Gadamer's project involves elaborating a dialectic method to be used for encountering historical and literary texts, but more broadly it speaks to a dialogue that leads to the understanding of reality. Gadamer's dialectic method has its application to social work inquiry via the stance of viewing humans' lived experiences as a behavioral text (White & Epston, 1990). Crucial to Gadamer's (1960/1999) elaboration are the following concepts: bias, world, horizon, and fusion of horizons.

Bias: When the process of capturing the reality of an object (as in science) or a phenomenon (as in phenomenology) is seen as requiring accurate perception, bias is seen as an obstacle to this process. However, with Heidegger's (1927/1962) move of viewing the essence of a phenomenon as something granted to it by language, bias represents this granting of essence, and thus contributes to the construction of reality. This is because when one encounters the existence of a phenomenon, one must use language when seeking to understand it. Within this formulation, bias has a neutral connotation as it is an integral component of reality; Gadamer (1960/1999) re-labels "bias" as "fore-understanding". This fore-understanding is a product of one's historical-social consciousness—one's unique encounter with the culture (societal, familial, work, etc.) of one's time.

World: Only human beings have a world (Gadamer, 1960/1999). All other living things have a habitat. Since human beings possess a consciousness, and thus by necessity seek to understand their habitat (via language) rather than simply interact with it, humans rise above their habitat and live within a world (a phenomenon comprised of existence plus essence). One's historical-cultural consciousness constructs one's world.

Thus, bias plays an active part in this construction as it is necessary for navigating one's world. Take for example an encounter with a stop sign. When one encounters a stop sign, one brings a fore-understanding of how to interpret the stop sign. If one had to interpret the stop sign anew each time one encountered it, along with everything else in one's world, one would not be able to function effectively.

Horizon: Gadamer (1960/1999) uses the term "horizon" to describe the outer boundaries of one's historical-cultural consciousness, the outer limits of one's understanding:

We started by saying that a hermeneutical situation is determined by prejudices that we bring with us. They constitute, then, the horizon of a particular present, for they represent that beyond which it is impossible to see (p. 272).

While fore-understanding allows one to easily function in one's world, it is also limiting in that it creates a horizon of understanding beyond which one is not able to conceive of alternative possibilities of being.

Fusion of horizons: Gadamer is quick to point out that one's present horizon of understanding is not a static condition. It is open to change, as is one's historical-cultural consciousness. In fact, a change in one's historical-cultural consciousness is the goal of a dialectical inquiry. This is why it can be described as a consciousness-raising experience. Gadamer (1960/1999) notes the following:

In fact the horizon of the present is being continually formed, in that we have continually to test all our prejudices. An important part of this testing is the encounter with the past and the understanding of the tradition from which we come.... Understanding, rather, is always the fusion of these horizons which we imagine to exist by themselves (p. 273).

In this passage, Gadamer is speaking about one's encounter with a past historical or literary text. One brings one's own world, one's own horizon of understanding, to the interpretation of the text. But also, one opens up a dialogue with a past world, the horizon of understanding that existed when the text was created. The resulting dialogue results in a fusion of horizons, a constructed reality born from both worlds; a new fore-understanding is created. As the final step in the dialectical process, this dynamic will be explored in more detail in the following section.

In terms of social work inquiry, people's lived experiences are looked upon as a behavioral text. One's present horizon of understanding constructs a reality for these experiences—a reality that speaks to one's identity. Social work inquiry turns its focus upon those constructed realities that exert an oppressive influence on individuals by undercutting their self worth. A second horizon of understanding is sought that is in opposition to the oppressive constructed reality of concern, and thus serves as a means to question its legitimacy. This opens up a dialogue from which arises the fusion of the two, a constructed reality that no longer operates in an oppressive manner, and thus no longer undercuts the client's self worth.

GADAMER'S DIALECTIC METHOD

An important feature that distinguishes Gadamer's (1960/1999) dialectic method from that established by Hegel (1830/1991) is that Gadamer returns dialectic inquiry to its Socratic roots by embracing dialogue as its driving force. Hegel places the dialectic inquiry within a monologue, the singular voice of reason drives the inquiry in its attempts to accurately perceive a single reality. Hegel's monologue of reason leads to the inquiry's formulation being that of thesis-antithesis-synthesis. Synthesis represents a single understanding, a single reality that arises from the opposites.

By contrast, Gadamer's (1960/1999) formulation is that of thesis-antithesis-fusion of horizons. This can be further elaborated as thesis (present familiar horizon of understanding)-antithesis (alien horizon of understanding)-fusion of horizons. The antithesis represents an alternative constructed reality, one which serves to question the legitimacy of the constructed reality of the thesis. Such a movement is what begins the consciousness-raising process. The fusion of horizons represents the dialogue that opens up between the thesis and the antithesis, wherein the biases of the thesis are tested and other possible constructed realities explored (for social work, this concerns other articulations of identity). The elaboration that follows will emphasize the affinity Gadamer's (1960/1999) formulation holds for understanding a behavioral text—the lived experiences of persons.

Thesis (present familiar horizon of understanding)

Within a social work dialectic inquiry, the social worker plays the role of Socrates. He or she adopts the stance of “not knowing” and invites the client (individual/family/community) into a dialogue about a topic of vital interest to the client. Thus the beginning of this dialogue will involve the client elaborating his or her understanding of the topic. This understanding is the thesis of the dialectical inquiry. Within various postmodern social work literature (Brubaker & Wright, 2006; White & Epston, 1990), this thesis is often described as a dominant or master narrative. When applied to micro practice, this thesis will arise from the presenting problem and focus upon how it acts in an oppressive manner concerning the client’s identity conclusions. When applied to macro practice, the thesis will also arise from the presenting problem with the focus this time being upon oppression operating at the structural level in society upon a marginalized group (and the resulting identity conclusion that arises).

The role of Socrates is important here as the client is placed in the position of having to explain this understanding to someone who is “ignorant” and thus does not know. Normally, one’s biases, one’s fore-understanding, operate at the intuitive level. The process of having to explain one’s fore-understanding to someone who is ignorant necessarily moves this fore-understanding from one’s intuitive level to one’s conscious level of understanding. Once these biases are exposed in one’s conscious level of understanding, they can be examined and tested.

Gadamer (1960/1999) views dialectic inquiry as a conversation that relies upon the art of questioning, “Dialectic, as the art of asking questions, proves itself only because the person who knows how to ask questions is able to persist in his [sic] questioning, which involves being able to preserve his orientation towards openness” (p. 330). This is where the expertise of the social worker comes into play. The social worker’s expertise is that of a critical consciousness; this allows her or him to step into the role of Socrates and artfully ask questions that preserve the openness of the conversation to other possibilities. In this first phase of the dialectic inquiry—elaborating the thesis—the social worker’s critical consciousness directs him or her to explore the various identity conclusions that arise from the client’s understanding of the thesis. Mindful of the theory of mimesis (Dybicz, 2010a; Ricoeur 1984-88), he or she knows that a change in client’s actions will arise from a change in identity conclusions.

Antithesis (alien horizon of understanding)

The expertise of the social worker is relied upon even more heavily in this phase of the inquiry. In this phase of the dialectical conversation, the client is called upon to elaborate an understanding that is alien, and contrary to the client’s understanding presented in the thesis. The knowledge of these other possibilities arises from the artful questioning by the social worker. Gadamer (1960/1999) notes the following:

... as soon as we accept the priority of the question over the answer, which is the basis of the concept of knowledge. Knowledge always means, precisely, looking at opposites. Its superiority over preconceived opinion consists in the fact that it is able to conceive of possibilities as possibilities (p. 328).

Gadamer (1960/1999) also notes that a dynamic important for this knowledge to arise is that both parties of the conversation genuinely seek the truth, and thus work together towards this goal:

To conduct a conversation requires first of all that partners to it do not talk at cross purposes.... It requires that one does not try to out-argue the other person, but that one really considers the weight of the other's opinion. Hence, it is an art of testing. But the art of testing is the art of questioning.... A person who possesses the 'art' of questioning is a person who is able to prevent the suppression of questions by the dominant opinion (p. 330).

The dominant opinion referred to above is the thesis, or master narrative. The social worker's expertise brings to the table a critical consciousness that frees him or her from the constraint that a dominant opinion would normally exert. Thus the social worker is free to consider other possibilities of interpreting the behavioral text, hence other possible constructed realities (and the resulting identity conclusions that arise from them).

The antithesis that arises does not come from fore-knowledge on the part of the social worker, as the social worker truly does not know what this will be for the client. The client must elaborate this antithesis, but the client is guided by the artful questioning of the social worker. As the thesis currently represents the client's reality, the artful questioning seeks to invoke the imagination of the client as the vehicle for elaborating the antithesis. For example, one illustration of this process can be seen in solution building therapy (Dejong & Berg, 2008) with the asking of the miracle question. The miracle question asks the client to imagine life absent the problem. Artful questioning on the part of the social worker encourages the client to slowly but surely elaborate such a picture (and the resulting identity conclusions that arise from it). The assets-based community development (ABCD) approach advocated for by Kretzmann and McKnight (1997) provides another example. The social worker uses an assets assessment as a tool to inspire artful questioning that leads the residents to elaborate a view of their community as an oasis of resources, thus taking ownership of their community's identity in a way that contradicts the previous problem-saturated narrative.

Fusion of Horizons

Once the thesis and antithesis are clearly elaborated, the dialogue continues between these opposite poles and from within which a new understanding (i.e., a new constructed reality) will arise from the fusion of the two. Each has something to contribute to this fusion. The thesis contributes the phenomenal objects (i.e., lived experiences comprising the behavioral text) that are of vital interest to the client. This vital interest is what initiated the inquiry process and thus serves to frame it. Some of these lived experiences are what Abbott (2002) describes as a constituent event (of a narrative or text). A constituent event is an event that is necessary to the narrative for it to maintain the integrity of its topic. For example, a pregnant teenager who is struggling over this issue cannot simply ignore the fact that she is pregnant: her pregnancy is a constituent event. In addition, Abbott (2002) states that narratives are also comprised of supplementary events. While not necessary to maintain the integrity of the topic, supplementary events

contribute towards the theme that arises from the narrative (i.e. identity conclusions from a behavioral text). As many of the identity conclusions from the thesis undercut the client's self worth, many of the thesis' supplementary events are discarded as inappropriate.

A well elaborated antithesis contributes the identity conclusions that are life-enhancing, and thus of vital interest to the client. While these identity conclusions arise from a horizon of understanding based within the client's imagination, they can be made applicable to the client's present behavioral text. This is done in two ways. First, they can act as a lens in which to discover heretofore ignored supplementary events in the client's behavioral text which support these life-enhancing identity conclusions. Second, in being clearly elaborated as a firm ideal to which to aspire, they serve to motivate future actions on the part of the client. It is human imagination which allows us to create hopes and dreams. These future actions will be new supplementary and constituent events added to the client's behavioral text. Again, these will be events that support these life-enhancing identity conclusions.

As the conversation unfolds, eventually a truth arises from the fusion of these horizons of understanding. As we are speaking to constructed realities, this will be a poetic truth, or what Bruner (1986) refers to as verisimilitude. Yet it will be a truth that demands recognition all the same. Gadamer (1960/1999) describes this in the following manner:

The unique and continuing relevance of the Platonic dialogues is due to this art of strengthening, for in the process what is said is continually transformed into the uttermost possibilities of its rightness and truth and overcomes all opposing argument which seeks to limit its validity.... Whoever wants to know something cannot just leave it a matter of mere opinion.... It is always the speaker who is challenged until the truth of what is under discussion finally emerges.... What emerges in its truth is the logos, which is neither mine nor yours and hence so far transcends the subjective opinions of the partners to the dialogue that even the person leading the conversation remains ignorant (p. 331).

The relativism inherent in postmodern thought allows for the acceptance of multiple realities (multiple valid interpretations of the behavioral text). Yet, once a dialectic inquiry is begun, a particular truth will arise from the context driving the inquiry that best serves the vital interests of the engaged parties.

APPLICATION TO SOCIAL WORK

Micro Practice

Through the therapeutic conversation, social work is able to take Gadamer's (1960/1999) notion of dialogue and give it life in its pure form: following the model of Socrates, two parties (social worker and client, where the client can be an individual or a family) engage in a dialogue as equals,⁷ collaborating together to find truth. In the postmodern context, this truth is one of "multiple realities", or in other words, the verisimilitude of a social construction. The strengths perspective (Saleebey, 2006a),

solution building therapy (Dejong & Berg, 2008), and narrative therapy (White, 2007) are three prominent postmodern approaches that embrace the notion that the client is the expert, that dialogue should arise from a collaboration of equals, and that social constructions speak to the client's identity. This makes each highly amenable to a knowledge gathering process driven by the dialectic method.

It should be noted that with the focus of this article being the elaboration of the dialectic method—a heady project in and of itself—for ease of understanding, a deliberate choice is made to keep the reference to narrative therapy, solution-building therapy, and the strengths perspective at this very broad and general level: they all spring from postmodern thought (e.g., all embrace social constructionism, collaboration, and a focus upon articulating identity). And hence, the argument is made that the dialectic method can be used effectively with each approach. We do not seek to favor one approach over another.

Upon first engagement with a client, each of these approaches privileges the client's understanding of the presenting life issue. By adopting a not-knowing stance, the social worker seeks to artfully ask questions that encourage the client to clearly and consciously "map the influence of the problem" (White & Epston, 1990, p. 42) and thus obtain "the client's frame of reference" (De Jong & Berg, 2008, p. 55). This description represents the *thesis*—the master narrative (i.e., bias) under which the client is currently operating. Furthermore, questions are posed that speak to the articulation of the client's identity arising from this thesis.

Next, the social worker poses questions that lead to the formulation of the antithesis: the client's image of life absent any hindrances from the problem. An appeal is made to the client's imagination to create such an image. The miracle question (De Jong & Berg, 2008), externalization of the problem (White & Epston, 1990), and a client's ultimate dream or goal (Rapp & Goscha, 2006) are all examples of how this appeal is made. These techniques are used to artfully guide questions that speak to a new, life-enhancing articulation of the client's identity. This alternative articulation of the client's identity marks the beginning of the consciousness-raising process.

Lastly, the social worker poses questions that seek some type of fusion between these two horizons of understanding (thesis and antithesis). Constituent events from the thesis are retained (i.e., events stemming from the presenting problem), while the antithesis' articulation of identity spawns questions that seek previously ignored strengths (Rapp & Goscha, 2006), exceptions (De Jong & Berg, 2008), and unique outcomes (White & Epston, 1990) to serve as supplementary events in the client's narrative—all of which emphasize the client's personal agency in creating the event. The understanding arising from this fusion (and the resulting articulation of the client's identity) leads to praxis: the client's actions begin to change so that they reflect this new articulation of identity and in the process create a pathway towards successful amelioration of the problem, oftentimes in dramatic fashion. Consciousness-raising allows clients to realize that there are many possible articulations of their identity, and that they have a strong voice in that articulation.

Macro Practice

For macro practice, the dialectic method offers a way to understand and confront the workings of power in society, power that leads to oppression. For this reason, employing a Marxian dialectic is still a vital and valid approach, as its materialism directly confronts material forms of oppression. Indeed, Saul Alinsky (1971), a classical icon of community organizing, advocated the use of dialogue to motivate other potential organizers as well as opponents. In *Rules for Radicals*, Alinsky (1971) offers an example of the Marxian dialectic at work through a conversation with an individual living in slum housing, the goal of which is to create what he terms “friction”. Just as important as the recognition of the contradiction—the material injustice—is the awareness of personal agency, group empowerment, and strategies for change. This is exemplified through the idea that if everyone in the building engaged in resistance, a successful outcome might be achieved.

A Gadamerian dialectic inquiry based within hermeneutics confronts the power exerted by societal narratives interpreting reality. Thus it recognizes that societal narratives are not created via a dialogue among equals, as in the Socratic model, but rather arise from unequal social, political, cultural, and gendered relations. Paulo Freire’s use of dialectical methods in his popular education and organizing efforts serves as an illustration of Gadamerian dialectics operating in macro practice settings (Au, 2007; Freire, 1970; Gadotti, 1994). Freire uses dialogical relationships facilitated through problematizing education by critiquing traditional banking education (where the teacher merely makes deposits in the minds of students). Banking education explains how those with little power in society internalize the master narratives of the oppressor (thesis). Freire worked with illiterate peasants in Brazil teaching them not only to read but using his popular education techniques as a strategy for “conscientization” (antithesis). Eventually, the students/peasants come to imagine how they might go about advocating for changes in their situation given their current constraints and new visions (fusion of horizons).

Both Saleebey’s (2006b) application of the strengths perspective to community development and Kretzmann and McKnight’s (1997) ABCD approach follow a Gadamerian dialectic mode of inquiry, similar to that illustrated by Freire (1970). When the social worker first enters a troubled community, the first step involves confronting residents’ beliefs that their community does not contain any assets or resources (thesis). Like an individual dominated by a diagnostic label, the identity of the community has been dominated by societal narratives that advance a pathologizing “needs-driven dead end” method of community development, diagnosing communities as a host of social problems (e.g., poverty, homelessness, criminal behavior, drug abuse). A strengths or assets assessment is conducted which seeks to identify the resources, assets, and capacities of the community, which, in turn, crafts a life-enhancing picture of the community’s identity (antithesis). This sparks the imagination of residents on how to confront community problems (fusion of horizons), by:

helping unleash the power, vision, capacities, and talents within a (*self-defined*) [my emphasis] community so that the community can strengthen its internal relationships ... strengthen its relationship to outside institutions, associations,

and organizations ... that allows the community to find its heart, solve its problems, and reach its goals (Saleebey, 2006b, p. 246).

A few other social work scholars have articulated postmodern and critical theories and applied them to issues in macro practice. Pyles' (2009) social work textbook on community organizing provides a framework that draws heavily from critical and postmodern traditions, including social constructionism, critical theory, feminist theory, and Freirian pedagogy. For example, in a section of the book focused on overcoming barriers to coalition building, Pyles notes that practitioners must de-construct societal narratives that tend to pit groups against each other, arguing that a critical-social constructionist framework can help practitioners overcome "the divide and conquer" narrative. Houston (2008) has advocated the use of critical and postmodern social theory for social workers to understand identity formation in a new way, specifically using the example of working with communities to transcend ethnoreligious identities in Northern Ireland.

CONCLUSION

A systematic method of investigation is necessary to provide rigor to one's inquiry. However, at the same time, the method circumscribes the type of questions that can be asked, and thus the truths that can be uncovered. While valuable scientific knowledge continues to be produced by social work academics and consumed by social work practitioners, when it comes to knowledge gathering methods (i.e. research), is it truly in the best interest of our profession to limit ourselves to only teaching the scientific method (whether qualitative or quantitative) in research courses? Do we wish to continue to propagate the myth of a false choice between science and ignorance (Drake & Jonson-Reid, 2007; Rubin & Babbie, 2005). One does not need to abandon science in order to embrace other legitimate methods of inquiry.⁸ It is time to expand our conception of "research" when teaching research courses and embrace the humanist base of our profession and the rich traditions in methods of inquiry that it has to offer. This article has described the basic principles of the dialectic method, and has briefly outlined its relevance as a method of inquiry to drive postmodern and critical practice approaches that embrace empowerment, personal agency, and the human spirit—uncovering truths in these areas that lie outside the grasp of scientific inquiry.

The scientific method's form of inquiry is bounded by the proposition of a subject-object dichotomy: subjects (i.e., observers) seek to accurately perceive objects (entities). Within this proposition, truth exists "out there" in the object of study and must be discovered by the subject. This is why such truth is labeled as objective truth. It lies within the object, independent of the subject. The goal of the subject (observer) is to remain as neutral as possible; any broach of this neutrality interferes with the observer's ability to accurately perceive the truth. As mentioned earlier, the comparative method is also capable of operating within this proposition, guiding historical research and investigative journalism.

The rise of postmodern thought and critical theory has given credence to the long disabused notion of subjective truth. Subjective truth arises when the subject contributes

to the creation of truth. When operating within the dichotomous subject-object proposition wherein the scientific paradigm lies, subjective truth is not the goal. Subjective truth is seen as objective truth that has been corrupted by bias, and hence, is more personal opinion than truth.

But as was elaborated earlier, Heidegger (1927/1962) advanced a new notion of phenomenology, an hermeneutic phenomenology. The phenomenon (existence plus essence) of investigation (e.g., in social work, the client and his/her life problem) operates hermeneutically. There is a fusion between subject-object rather than a dichotomy. The object (entity) contains the qualities of existence of the phenomenon. The inquiring subjects, via the process of dialogue, socially construct the essence of the phenomenon. Gadamer's (1960/1999) philosophically hermeneutic dialectic method offers a way to rigorously pursue these socially constructed subjective truths—truths that speak to the articulations of identity of the client.

It is hard for these authors to support the argument currently made in research classes—made over the last 50 years if not longer—that, when in the field, the knowledge gained from scientific inquiry is the only legitimate form of truth to guide practice, when it is clear that this is a losing argument to practitioners (Teare & Sheafor 1995). If armed with a variety of fundamental methods of inquiry, social workers in the field will be better served, greatly expanding the types of questions that they can ask—and thus the scope of truths that they are able to rigorously investigate.

References

- Abbott, H. P. (2002). *The Cambridge introduction to narrative*. Cambridge: Cambridge University Press.
- Alinsky, S. (1971). *Rules for radicals: A practical primer for realistic radicals*. New York: Random House.
- Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 25-39). London: Sage.
- Au, W. (2007). Epistemology of the oppressed: The dialectics of Paulo Freire's theory of knowledge. *Journal for Critical Education Policy Studies*, 5(2). Retrieved from: <http://www.jceps.com/index.php?pageID=article&articleID=100>
- Blackburn, S. (1994). "Hegel, Georg Wilhelm Friedrich," in *Oxford dictionary of philosophy* (pp. 168-169). Oxford: Oxford University Press.
- Blundo, R. (2006). Shifting our habits of mind: Learning to practice from a strengths perspective. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4th ed., pp. 25-45). Boston: Pearson/Allyn & Bacon.
- Brubaker, S. J., & Wright, C. (2006). Identity transformation and family caregiving: Narratives of African American teen mothers. *Journal of Marriage and Family*, 68, 1214-1228. doi: 10.1111/j.1741-3737.2006.00324

- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- De Jong, P., & Berg, I. K. (2008). *Interviewing for solutions* (3rd ed.). Belmont, CA: Thomson Brooks/Cole.
- Drake, B., & Jonson-Reid, M. (2007). *Social work research methods: From conceptualization to dissemination*. Boston: Allyn & Bacon.
- Dybicz, P. (2010a). Mimesis: Linking postmodern theory to human behavior. *Journal of Social Work Education*, 46(3), 341-355. DOI: 10.517S/JSWE.2010.200900072.
- Dybicz, P. (2010b). The role of science in postmodern practice. *Advances in Social Work*, 11, 95-116.
- Engel, R., & Schutt, R., (2010). *Fundamentals of social work research*. Thousand Oaks, CA: Sage Publications.
- Fischer, J. (1973). Is casework effective? A review. *Social Work*, 18(1) 5-20.
- Fischer, J. (1981). The social work revolution. *Social Work*, 26, 199-207.
- Flexner, A. (1915). Is social work a profession? *Proceedings of the National Conference on Charities and Correction* (pp. 576-590). Chicago: The Hildeman Company.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Seabury Press.
- Gadamer, H. G. (1999). *Truth and method* (2nd ed.). (J. Weinsheimer & D. G. Marshall Trans.). New York: The Continuum Publishing Company. (Original work published 1960).
- Gadotti, M. (1994). *Reading Paulo Freire: His life and work*. Albany, NY: State University of New York Press.
- Gambrill, E. (2006). *Social work practice: A critical thinker's guide* (2nd ed.). New York: Oxford University Press.
- Grinnell, R. M., & Unrau, Y. A. (2011). *Social work research and evaluation: Foundations of evidence-based practice*. New York: Oxford University Press.
- Hegel, G. W. F. (1991). *The encyclopedia logic*. (T. F. Geraets Trans). Indianapolis: Hackett Publishing. (Original work published 1830).
- Heidegger, M. (1962). *Being and time*. (J. Macquarrie and E. Robinson Trans.). New York: Harper and Row. (Original work published 1927).
- Hepworth, D., Rooney, R., & Larsen, J. A. (2009). *Direct social work practice: Theory and skills* (8th ed.). Pacific Grove, CA: Brooks/Cole.
- Horkheimer, M. (1982). *Critical theory*. New York: Seabury Press.
- Houston, S. (2008). Transcending ethnoreligious identities in Northern Ireland: Social work's role in the struggle for recognition. *Australian Social Work*, 61(1), 25-41. DOI: 10.1080/03124070701818716

- Husserl, E. G. A. (1982). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy—first book: General introduction to a pure phenomenology* (F. Kersten, Trans.). The Hague: Nijoff. (Original work published 1913).
- Jay, M. (1996). *The dialectical imagination: A history of the Frankfurt School and the Institute of Social Research, 1923-1950*. Berkley: University of California Press.
- Johnson, L., & Yanca, S. (2009). *Social work practice: A generalist approach* (10th ed.). Boston: Allyn & Bacon.
- Kaufman, W. (1988). *Hegel: A reinterpretation*. South Bend, IN: University of Notre Dame Press.
- Kaufman, C. (2003). *Ideas for action: Relevant theory for social change*. Cambridge, MA: South End Press.
- Kretzmann, J. P., & McKnight, J. L. (1997). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Skokie, IL: ACTA Publications.
- Leighninger, L. (1987). *Social work: Search for identity*. New York: Greenwood Press.
- Leighninger, L. (2000). *Creating a new profession: The beginnings of social work education in the United States*. Alexandria, VA: Council on Social Work Education.
- Leonard, P. (1997). *Postmodern welfare: Reconstructing an emancipatory project*. London: Sage.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Lindlof, T. R., & Taylor, B. C. (2002). *Qualitative communication research methods* (2nd ed.). Thousand Oaks, CA: Sage
- McAvoy, M. (1999). *The profession of ignorance: With constant reference to Socrates*. Lanham, NY: University Press of America.
- McTaggart, R. (1997). Guiding principles for Participatory Action Research. In R. McTaggart (Ed.), *Participatory Action Research: International contexts and consequences* (pp. 25-43). Albany, NY: State University of New York Press.
- Pyles, L. (2009). *Progressive community organizing: A critical approach for a globalizing world*. New York: Routledge.
- Rapp, C., & Goscha, R. (2006). *The strengths model: Case management with people with psychiatric disabilities* (2nd ed.). New York: Oxford University Press.
- Ricoeur, P., (1984-88). *Time and narrative* (vol. 1-3). Chicago: University of Chicago Press.
- Rodwell, M. (1998). *Social work constructivist research*. New York, NY: Garland.
- Royse, D., Thyer, B. A., & Padgett, D. (2009). *Program evaluation: An introduction* (5th ed.). Belmont, CA: Wadsworth.

- Rubin, A., & Babbie, E. (2005). *Research methods for social work* (5th ed.). Belmont, CA: Thomson.
- Saleebey, D. (Ed.) (2006a). *The strengths perspective in social work practice* (4th ed.). Boston: Pearson/Allyn & Bacon.
- Saleebey, D. (2006b). Community development, neighborhood empowerment, and individual resilience. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4th ed., pp. 241- 260). Boston: Pearson/Allyn & Bacon.
- Specht, H., & Courtney, M. E. (1995). *Unfaithful angels: How social work has abandoned its mission*. New York: Free Press.
- Teare, R., & Sheafor, B. (1995). *Practice-sensitive social work education: An empirical analysis of social work practice and practitioners*. Alexandria, VA: Council on Social Work Education.
- Trattner, W. I. (1999). *From poor law to welfare state: A history of social welfare in America* (6th ed.). New York: The Free Press.
- Tsang, N. M. (2000). Dialectics in social work. *International Social Work*, 43(4), 421-434. DOI:10.1177/002087280004300402
- Turner, J., & Jaco, R. M. (1996). Problem solving theory and social work treatment. In J. Turner (Ed.) *Social work treatment: Interlocking theoretical approaches* (4th ed., pp. 503-22). New York: The Free Press.
- Wakefield, J. C., & Kirk, S.A. (1996). Unscientific thinking about scientific practice: Evaluating the scientist-practitioner model. *Social Work Research*, 20(2), 83-96.
- White, M. (2007). *Maps of narrative practice*. New York: W. W. Norton & Co.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- Witkin, S. L. (1996). If empirical practice is the answer, then what is the question? *Social Work Research*, 20(2), 69-76.

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Endnotes

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- ¹ For an extended treatment on the role that science plays in postmodern practice see Dybicz (2010b).
- ² This represents a history of the dialectic method in Western philosophical traditions. Yet the dialectic method has also arisen in both Hindu and Buddhist philosophical traditions as well.
- ³ Hegel himself did not use the terms thesis-antithesis-synthesis to describe his approach, yet it is this formulation that is popularly used to describe his method (Kaufman, 1988). Hegel's dialectical pattern brings to fore contradictions and self-consciousness that are eventually resolved, though leading to and revealing new contradictions. Importantly, each progressive stage of the dialectic "sublates" the previous stage, which means for Hegel not only a moving on or overcoming of the previous stage, but a retaining of what was in the previous stage (Hegel, 1830/1991).
- ⁴ The point of Marx's materialist dialectics is to understand the interrelated processes transpiring in the material world and provide a space for intervention in those processes to improve the material world (Au, 2007). Marx believed that the dialectic played itself out historically through class conflict such as through the working class and ownership class, eventually resolving itself in a revolution of the working class through socialism and communism.
- ⁵ This definition distinguishes critical theory from modernist, normative theory which seeks to simply explain and predict human behavior. Critical theorists from the Frankfurt school argued that critical theory involves practical application in a moral or value-laden sense, as opposed to normative theory which seeks practical application in an instrumental sense (Horkheimer 1993).
- ⁶ So to summarize, Hegel's work represents dialectical inquiry as philosophical idealism. Marx's work represents dialectical inquiry as philosophical materialism. And Gadamer's work represents dialectical inquiry as philosophical hermeneutics.
- ⁷ While it is always important within the social worker-client relationship to maintain awareness of the power differential arising from the social worker's authority, postmodern practitioners emphasize that the dialogue driving the dialectical inquiry should be entered into in the spirit of equals (De Jong & Berg, 2008; Saleebey 2006b; White, 2007). They seek to capture this equality through emphasizing collaboration and adopting the stance that the client is the expert.
- ⁸ In recent years, naturalistic inquiry (Lincoln & Guba, 1985), constructivist research (Rodwell, 1998) and participatory action research (McTaggart, 1997) all represent attempts to incorporate postmodern insights into the development of new types of investigations. While certainly representing worthy endeavors, they generally consider themselves as types of scientific research. They seek to broaden the scope of the scientific method, not leave the scientific paradigm completely.

Using Internet-Based Videos as Pedagogical Tools in the Social Work Policy Classroom

Sarabeth Leukefeld

Abstract: *Students often feel disconnected from their introductory social welfare policy courses. Therefore, it is important that instructors employ engaging pedagogical methods in the classroom. A review of the literature reveals that a host of methods have been utilized to attempt to interest students in policy courses, but there is no mention of using internet-based videos in the social welfare policy classroom. This article describes how to select and use appropriate internet-based videos from websites such as YouTube and SnagFilms, to effectively engage students in social welfare policy courses. Four rules are offered for choosing videos based on emotional impact, brevity, and relevance to course topics. The selected videos should elicit students' passions and stimulate critical thinking when used in concert with instructor-generated discussion questions, writing assignments, and small group dialogue. Examples of the process of choosing videos, discussion questions, and student reactions to the use of videos are provided.*

Keywords: *Internet-based videos, pedagogical methods, social welfare policy*

Social work policy introduction courses are replete with facts about the founders of the profession, historical policy initiatives, and historical truths students have likely never heard before. More importantly, social work policy introduction courses may be the first time young students are asked to think critically about their own values and beliefs. However, policy courses are, at best, unpopular and are generally viewed by students as mandated torture (Anderson & Harris, 2005; Morris, 2000; Wolk, Pray, Weismiller, & Dempsey, 1996). Some students even view policy courses as irrelevant and outside the sphere of their practice interests (Gordon, 1994). It is because students perceive policy courses as unimportant and because the courses introduce so much new information to students that instructors must strive to ensure that the courses are palatable, and even interesting. This article briefly explores the literature pertaining to theories and methodologies that have been put forth for teaching social work policy courses. Additionally, literature that identifies the use of internet videos in the classroom is explored. Finally, a discussion of the use of easily-obtained internet videos is presented as an innovative pedagogical method that can help students become more involved in the social work policy classroom.

WHY IS SOCIAL WORK POLICY EDUCATION IMPORTANT?

Introductory social work policy courses are, in essence, history courses that require students to learn significant dates, biographies of important people, influential policies, major historical events, competing political ideologies, and new terminology. It is the instructor's job to tie those seemingly outdated pieces of information together and to

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make them relevant to today's social work students. It is those students who will soon be relied upon by the profession to utilize their critical thinking skills to advocate for social justice via socio-political change and new, more wide-reaching social welfare policies. For these reasons and others, social welfare policy courses are fundamentally important to professional social work education (Sundet & Kelly, 2002). If tomorrow's advocates for change are uninformed or are simply uninterested in historical and current policy, social work may again be relegated to an ineffective, under-informed, generic helping profession (Reamer, 1993). Further, by ensuring that social work students have an effective and thorough education in the history of social welfare policy, the social work profession has the potential to become as influential as it was during the late 1800s, the early 1900s, and the 1960s, due to its numerous radical members who were tireless in their advocacy efforts (Reamer, 1993). Thus, the effort to help students find current and relevant applications for their policy education continues (Sundet & Kelly, 2002).

Further underscoring the importance of student engagement in social welfare policy courses is the relatively recent Educational Policy and Accreditation Standards (EPAS) mandate put forth by the Council on Social Work Education (CSWE) (2008). With EPAS, the CSWE "introduces the notion of requisite student competencies comprised of interrelated practice behaviors" upon which subsequent course curricula must be based (Holloway, Black, Hoffman, & Pierce, 2009, p. 1). With ten core competencies, CSWE has standardized the areas in which students must demonstrate proficiency in their courses. Additionally, students can be evaluated based upon their mastery of the core competency areas relevant to each course including social welfare policy courses. Under the EPAS mandates, there is freedom to develop new teaching approaches that can help students demonstrate competence in the mandated areas.

LITERATURE REVIEW: SOCIAL WORK POLICY TEACHING METHODS AND INTERNET-BASED VIDEO TEACHING METHODS

Numerous methodologies and theories for effectively teaching social work policy courses have been described in the literature, whether the courses are introductory social welfare policy courses or more advanced policy analysis courses. A brief discussion of various teaching methodologies is offered here.

One theory is that social welfare policy should not be relegated to separate courses but should, instead, be infused in each course across the curriculum. In this "experience-based" method, students complete specifically outlined value-, theory-, skills-, policy-, and research-based assignments and synthesize those assignments with a series of practice tasks across the curriculum (Gibbons & Gray, 2005). A different method, explained by O'Connor and Netting (2008), involves teaching policy courses as though they are research courses. The authors point out that researchers utilize specific statistical analyses that are apropos to their projects, not one type of analysis for each project. They suggest that when students are seeking to complete a policy analysis, they should choose frameworks based on the specific policies they are analyzing, rather than relying upon a generic framework.

Wolfer and Gray (2007) offer another method for teaching social work policy courses called the "decision case method." Students are asked to thoroughly review and analyze actual cases, which build on their analytic, political, interactional, and value-clarifying skills. Social work policy has also been taught utilizing legislative policy briefs (Sundet & Kelly, 2002). In this method, course instructors meet with members of the state legislature before the semester begins to generate a list of impending policy initiatives that will be discussed by the legislature. The instructors then present the list of upcoming policy issues to their students who author thoroughly-researched policy briefs that are utilized by members of the legislature to make decisions on policy initiatives. Another method, the task force approach, takes into consideration that, just as social workers often form groups to solve problems, task forces are formed to "investigate problems, recommend solutions, and sometimes carry out immediate action" (Johnson, 1994, p. 336). Johnson (1994) notes that students who experience the task force policy teaching method may be able to more effectively and adeptly utilize those sorts of task force group experiences in different areas of their professional lives.

Service learning and policy-integrated practica are two policy teaching methods that have been utilized and compared by Anderson and Harris (2005). A service learning policy course immerses students in actual community issues and problems while policy-integrated practica help students understand "the ways in which policy informs practice and practice informs policy" (Anderson & Harris, 2005, p. 516). When these two teaching methods were compared, Anderson and Harris (2005) found that if students have experiential involvement with policy, whether through service learning or policy-infused practica, they are equally as likely to understand and correctly apply policy theories.

Classroom Assessment Techniques (CATs) are short, evaluative, non-graded, anonymous formative evaluations that students complete throughout the semester to help their instructors assess whether or not they understand and can apply the concepts that are being taught. Adams (2004) describes several CATs that can be utilized in the social work policy classroom to ensure that key concepts have been absorbed by students. For example, the Knowledge Probe CAT can be utilized to ask students whether or not they have ever heard of a particular person, legislative act, or program, as well as the extent to which the concepts are known to students. Additionally, according to Keller, Whittaker, and Burke (2001), debate is an effective teaching method that can be utilized in the social work policy classroom. For debate assignments, students are assigned controversial policy issues and are asked to use critical thinking skills in their research and reporting of both sides of the issue.

Most innovative approaches to teaching social welfare policy involve widely utilized pedagogical tools such as debate and small group work. One approach, however, stands out. Shdaimah (2009) utilizes multimedia, in the form of documentary films, to help students understand the viewpoints of real people who are coping with the effects of social policies. Shdaimah (2009) suggests that students become emotionally involved with the subjects of documentary films and states that that involvement promotes a deeper level of engagement in class discussions. Shdaimah (2009) contends that students may be able to enter the social work profession with a clearer understanding of social

policies if they have the benefit of being able to process the multifaceted complications of real peoples' lives presented in documentary films within the relative safety of the social work classroom.

Each of these original teaching methods seeks to engage students in social work policy courses. Many of the methods attempt to pique students' interest by engaging them in active learning exercises like policy brief preparation and community-based assignments. However, while videos and films are often used to teach students in other disciplines (for example, see Everhart, 2009 and Mullen & Wedwick, 2008), only one method could be found in the literature (Shdaimah, 2009) that described the use of films to teach a social policy course. Through films, students can experience powerful visual and audio stimuli in concert. These stimuli connect students to their emotions in a way that a single photograph or a lone sound byte cannot. Instead of merely viewing a photograph and reading the accompanying text or listening to a podcast, through films students are given the opportunity to connect with people who are living with and struggling through the policies they are studying. Thus, when instructors are seeking a way to involve students emotionally in social welfare policy, multimedia in the form of films, documentaries, and other videos can be effective and engaging.

Today's students have, by and large, become technologically savvy. *Google* has become a verb overheard frequently in student conversations, and everyone on campus knows what a *wiki* is. YouTube is a perennial favorite of students where video clips, movies, short films, documentaries, and almost any other form of video can be accessed. There is some discussion in the literature of YouTube and other web-based video sites (e.g., Google Video) being used to teach primary and secondary students (e.g., Everhart, 2009; Pace & Jones, 2009) however, web-based video sites have not been widely discussed as pedagogical tools in the college classroom.

There are multiple widely-used web sites such as YouTube, Google Video, Hulu, and SnagFilms, to name only a few, that allow users to easily search for video clips, short films, full-length films, documentaries, and other types of videos by subject, length, and age (among other criteria). These types of video sites have enabled teachers to engage twenty-first century students in a new way. Mullen and Wedwick (2008) discuss using YouTube in a middle-school classroom, reminding us that students have "grown up digital" (p. 66) and that, by utilizing technology in the classroom, instructors can "close the digital divide between teachers, educational systems, and students" (p. 66). They suggest that students benefit immensely from the content available on YouTube because it provides unlimited information in a distinctly different and engaging format.

Pace and Jones (2009) point out that using YouTube in primary and secondary science classrooms has great benefits for students. They identify that using web-based videos in the classroom helps students become critical thinkers and also helps them integrate newly learned information by catering to their different learning styles. Everhart (2009) also discusses the use of YouTube in the primary science classroom. In his classes, he assesses what students know about upcoming lesson topics and then fills in the knowledge blanks with videos from YouTube. He uses both professional and amateur videos to keep students interested and engaged. Everhart reminds us that it is the

instructor's discussion and questioning that connects the selected videos to the lesson's content, and that without the instructor's insight, the video clips cease to have meaning. Additionally, Trier (2007) points out that YouTube can be used to find video clips to help with literary interpretations in the graduate school classroom. YouTube has also been proposed as an effective teaching method for colleges of nursing and other healthcare professions (Skiba, 2007).

TEACHING AN INTRODUCTORY SOCIAL WORK POLICY COURSE WITH INTERNET-BASED VIDEOS

In order to make social work policy relevant to undergraduates in an introductory course, YouTube and other internet-based videos can be integrated into the course, especially because many of today's college students are, as suggested by Skiba (2007) "digital natives who grew up in a multimedia world and are most comfortable with technology" (p. 100). The history of social work policy is exciting and has, in large part, shaped the way the profession operates today. It is, therefore, imperative that social work students learn about our social welfare policy past and how policy is created along with their other, perhaps more appealing, social work practice courses. In order to expose these students, many of whom are "digital natives," to historical and contemporary aspects of the development of social welfare policies, relevant web-based videos can be incorporated effectively into an introductory social welfare policy course. The following rules and suggestions for integrating web-based videos into the social welfare policy classroom were developed through the author's experience teaching an introductory social welfare policy course.

Choosing Effective Internet-based Videos

To successfully discover appropriate web-based videos to integrate into social welfare policy courses, instructors should use their course syllabi, textbooks, and assigned readings to identify important areas of instruction and, accordingly, identify key terms to search for useful video websites. Sometimes, appropriate videos are easily located, but other times the correct videos may be elusive. It may take several hours of searching different websites and often dozens of videos have to be previewed in order to find the best one. There are, however, useful tools provided by websites such as Google (e.g., the Advanced Search option) and YouTube that provide succinct lists of videos in a much shorter amount of time.

Choosing the most effective internet-based video for each lesson is not as difficult as it may seem at first. Though it can be daunting when several thousand "hits" for a given search term appear, most video websites list search results in order of relevance to the search term. Often, refining the search term to be more precise can help when videos being previewed seem unrelated to the lesson. The first rule is that it is important for the instructor to keep in mind that appropriate key words that relate to the topic being taught must be used as search terms. Instructors should use fewer words as key search terms to begin a video search. For example, if the lesson calls for a video that will help students discover and understand the origins of the orphan trains of the 1800s, instead of using *Charles Loring Brace, orphan train program founder*, as the search term start simply

with *orphan trains*. Search terms can always be expanded by adding more words in order to narrow the search. The second rule is that videos should be short. As a rule of thumb, anything over twenty minutes is too long. Most students are used to short, highly-edited multimedia products, and showing clips over twenty minutes long may lead to students becoming distracted or bored. Instructors should keep in mind that the video is a means to helping students think critically and should not take up too much of the class time. If too much time is taken up viewing videos, students will have less time to demonstrate their mastery of the course's core competencies.

The third rule is that each video must be emotionally-charged. The more visceral the reaction the instructor has while previewing the video, the more emotionally engaged the students are likely to be when they view the video. Videos do not have to be cutting-edge or sleekly edited to qualify, but they must be poignant or controversial, or they must introduce topics new to the students and about which they have little information. The fourth rule is that students should know why they are watching the videos. Instructors should provide a brief introduction to each video and identify key ideas for students to keep in mind and/or questions that they must answer as they view the videos. Additionally, it is important for instructors to generate several discussion questions that require students to confront and question their values and to think critically about the topic presented in the video. For these reasons, the instructor should always keep in mind that the videos are a means to an end.

To illustrate how provocative, informative, and interesting internet-based videos have been found and utilized to promote critical thinking, discussion, and learning in the social work policy classroom, three examples of videos used in an introductory policy course taught by this author in the Fall 2010 semester at the University of Kentucky are described below.

Utilizing Internet-based Videos Effectively in the Social Work Policy Classroom

The death penalty. One of the topics typically discussed in the introductory social work policy course is the death penalty. To produce a listing of apropos videos, the term *death penalty* was entered in the YouTube site search engine, and a list of over 5,000 videos was generated. Over a dozen videos were previewed before the most relevant and emotion-producing one was located. In the video documentary, the warden of Central State Prison in Raleigh, North Carolina provides a tour of the prison's execution chamber and delivers an eerily emotionless explanation of a death row prisoner's last hours and of the execution procedure. This ten-minute documentary (Langley, 2007) introduced the death penalty to the class and generated an initial discussion about students' views. The video struck such an emotional chord with the students that it initiated the longest and most intense discussion the class had during the semester. To continue the discussion, a series of questions were developed by the instructor and were addressed in small groups on the heels of the class discussion. The questions asked students to clarify their thoughts and feelings, and each student was assigned one question as a homework writing assignment to help bolster critical thinking skills. Examples of questions students addressed are: 1) *What if the death penalty didn't exist?* 2) *Is it acceptable for social workers to be in favor of the death penalty? Why or why not?* 3) *What do you think about*

the cause of death on executed prisoners' death certificates being marked as "homicide"? Should they be?

Because of the video, students were drawn to the topic emotionally and were forced to confront ideas and feelings they had not considered before. After all, since their inception, documentary films have been designed to stimulate not only the intellect, but emotion as well (Rose, 1961). In fact, one student remarked that she had never thought about the death penalty before, much less about the inmates awaiting execution on death row. She came to the next class meeting armed with information about wrongful executions which she shared with the class.

Immigration. Immigration policy is another provocative subject that might be addressed in an introductory social welfare policy class. When asked, students in the class seemed generally uninformed and ambivalent about both the history of immigration in the U.S. and current policy debates about immigration. It seemed fitting, therefore, to prod the students into considering issues surrounding immigration and immigration policies during the late 19th and early 20th centuries and to compare them to contemporary immigration issues. In order to facilitate this process with videos, the term *immigration* was entered into the YouTube search engine. After multiple videos were previewed over approximately one hour, a determination was made that none of the videos on the first several pages of the YouTube search results met the learning objectives for the course. Next, the same search term (*immigration*) was entered into the Google Video search engine. A brief perusal of the first page of videos yielded a short (eight minute) and contentious *ABC News This Week* Roundtable discussion on the Arizona immigration law (Amanpour, 2010) featuring Rev. Al Sharpton, George Will, Matthew Dowd, Katrina vanden Heuvel, and Bill Maher. Both conservative and liberal viewpoints are expressed by members of the roundtable in the video clip which allows students to be exposed to both schools of thought.

Next, to meet the other learning objective of the lesson, (i.e., to compare historical and contemporary points of view on immigration), the search term *Ellis Island* was entered in the Google Video search engine. Multiple documentary-type videos and video clips were discovered, and about ninety minutes was spent previewing videos. Finally the decision was made to show students the first half of a show (13 minutes) called *Great Museums: Face of America: The Ellis Island Immigration Museum* (Doyle & Smith, 2002), retrieved from SnagFilms.com. Many times it is not necessary to show entire videos, clips, films, or shows. In the case of the Ellis Island museum video only the first half of the video, which discusses how immigrants came to the U.S., their passage through immigration at Ellis Island, and common immigration concerns of the late 19th and early 20th centuries, was apropos to the course.

During class, the immigration video clips were shown back-to-back, and a class discussion ensued. Several students volunteered stories about their visits to Ellis Island and about searching the database there for relatives who had passed through as well as other personal stories. Next, instructor-generated discussion questions were distributed to students in small groups, and they were asked to think about and discuss their answers. Examples of questions used to stimulate discussion are 1) *What are the liberal and*

conservative views presented in the Roundtable discussion? 2) Are the issues presented in the Roundtable discussion the same as the issues presented in the Ellis Island video that existed in the 1900s? 3) What are the similarities between the situations of Ellis Island immigrants and immigrants today? In small groups, students felt comfortable relating their own stories, viewpoints, and prejudices about immigrants and, with continued guidance from the instructor; they were able to use their developing critical thinking skills to imagine the immigration experience from others' points of view.

The Universal Declaration of Human Rights. An important internationally agreed-upon policy that is introduced in many introductory social work policy courses is the Universal Declaration of Human Rights (UDHR). Students in the class reported that they had heard of the UDHR, but they also said they could not remember what it contained. Thus, it became important to expose them to the UDHR in a new and exciting format. With social justice as one of the core components of the social work profession, it is imperative that students understand the basic human rights they and their future clients have. Therefore, instead of simply distributing copies of the UDHR to the class and having a discussion, a search of YouTube for attention-grabbing videos was undertaken with the search term *Universal Declaration of Human Rights history*. The second video yielded by the search, *The Story of Human Rights* (Youth for Human Rights, 2009) met the criteria perfectly. It is a sweeping yet succinct (10 minutes) video that is made for young adults and explains the history and substance of the UDHR. During the class discussion after watching the video, students connected the UDHR to other policies and topics that had been studied during the course of the semester. A debate ensued about whether the low-quality education provided to poor children (e.g., with outdated textbooks in sub-par facilities) still constitutes an education, and students also debated whether or not torture during war can ever be justifiable. Several weeks later, some of the students in the class cited the UDHR during a group assignment on healthcare and stated that they remembered the UDHR because of the video they watched in class.

DISCUSSION

A brief review of the literature revealed that a wide range of methods are used to teach social welfare policy courses. However, the pedagogical use of internet-based videos in the social work policy classroom has not been widely described. While the use of internet-based videos is not formally evaluated in this article, according to students' anecdotal reports, the method appears to have been beneficial. For example, students had been introduced to the UDHR prior to the course, but reported they could not remember the information until they had viewed the UDHR video retrieved from YouTube. Additionally, students displayed increased critical thinking skills as they engaged in discussion and debate subsequent to viewing internet-based videos on immigration and the death penalty.

The use of internet-based videos in the social work policy classroom could benefit from formal evaluation of its pedagogical utility. Students would be required to demonstrate their understanding of an assigned policy by finding an appropriate internet-based video highlighting that policy. They would also be expected to explicitly identify how their videos demonstrate an understanding of EPAS core competencies identified as

course objectives in their syllabi. Students would utilize internet-based video websites to search for and find an appropriate video that, in some way, whether straightforwardly or creatively, illustrated the importance of their assigned policies. Videos would have to follow the four rules described above. They would need to be engaging, emotionally-charged or controversial, short, and appropriate for classroom viewing. Students would also be required to generate several discussion questions to further highlight salient points about the video and the policy it represented. Students would then be evaluated based on how well the video they chose demonstrated the identified EPAS core competencies.

Social work policy courses seem to have acquired the reputation of being akin to a gulag. It is, therefore, incumbent upon instructors to engage students by utilizing innovative pedagogical tools to excite and inspire them. By bringing reality to the attention of students via films and videos, emotion is injected into the classroom. Film has been described as “one of [the] most intimate and effective tools for learning” in the college classroom (Sargent, 2006, p. 72). Argentinean filmmaker Fernando Solanas (Solanas & Volpi, 1969) has famously asserted that the key to a successful film is the passion it evokes in those who view it. The use of internet-based films and videos in the social policy classroom emotionally bonds “digital natives” to course content and helps them make significant connections to important information that they will build upon throughout their social work education and in their professional careers.

References

- Amanpour, C. (Producer). (2 May, 2010). *This Week with Christiane Amanpour: Roundtable: Immigration* [Motion picture]. United States: ABC News. Available from: <http://abcnews.go.com/ThisWeek/video/roundtable-immigration-debate-10533023>
- Adams, P. (2004). Classroom assessment and social welfare policy: Addressing challenges to teaching and learning. *Journal of Social Work Education, 40*(1), 121-142.
- Anderson, D. K., & Harris, B. M. (2005). Teaching social welfare policy: A comparison of two pedagogical approaches. *Journal of Social Work Education, 43*(3), 511-526.
- Council on Social Work Education. (2008). *Educational policy and accreditation standards*. Council on Social Work Education, Inc. Retrieved from: <http://www.cswe.org/File.aspx?id=13780>
- Doyle, M., & Smith, D. (Producers). (2002). *Great Museums: Face of America: The Ellis Island Immigration Museum*. American Public Television. Available from <http://www.snagfilms.com>
- Everhart, J. (2009). YouTube in the science classroom. *Science and Children, 46*(9), 32-35.
- Gibbons, J., & Gray, M. (2005). Teaching social work students about social policy. *Australian Social Work, 58*(1), 58-75.

- Gordon, E. B. (1994). Promoting the relevance of policy to practice: Using the ADA to teach social policy. *Journal of Teaching in Social Work, 10* (1/2), 165-176.
- Holloway, S., Black, P., Hoffman, K., & Pierce, D. (2009). *Some considerations of the import of the 2008 EPAS for curriculum design*. Council on Social Work Education. Retrieved from: <http://www.cswe.org/File.aspx?id=31578>
- Johnson, A. K. (1994). Teaching students the task force approach: A policy-practice course. *Journal of Social Work Education, 30*(3), 336-347.
- Keller, T. E., Whittaker, J. K., & Burke, T. K. (2001). Student debates in policy courses: Promoting policy practice skills and knowledge through active learning. *Journal of Social Work Education, 37*(2), 343-355.
- Langley, S. (2007). Death penalty documentary: Execution tour of North Carolina death row. Retrieved from: <http://www.youtube.com/watch?v=AJFtAjzljGg>
- Morris, J. A. (2000). Playing policy pinball: Making policy analysis palatable. *Administration and Policy in Mental Health, 28*(2), 131-137.
- Mullen, R., & Wedwick, L. (2008). Avoiding the digital abyss: Getting started in the classroom with YouTube, digital stories, and blogs. *Clearing House, 82*(2), 66-69.
- O'Connor, M. K., & Netting, F. E. (2008). Teaching policy analysis as research: Consideration and extension of options. *Journal of Social Work Education, 44*(3), 159-172.
- Pace, B. G., & Jones, L. C. (2009). Teaching with web-based videos: Helping students grasp the science in popular online resources. *The Science Teacher, 76*(1), 47-50.
- Reamer, F. G. (1993). Near-- and farsightedness in social work education. *Journal of Social Work Education, 29*(1), 3-5.
- Rose, E. D. (1961). What is a documentary? *Journal of the University Film Producers Association, 13*(2), 7-8.
- Sargent, D. (2006). Not how you are used to thinking: Reaching for poetry through film. *Interdisciplinary Humanities, 23*(1), 67-72.
- Shdaimah, C. (2009). The power of perspective: Teaching social policy with documentary film. *Journal of Teaching in Social Work, 29*(1), 85-100.
- Skiba, D. J. (2007). Nursing education 2.0: YouTube™. *Nursing Education Perspectives, 28*(2), 100-102.
- Solanas, F., & Volpi, G. (1969). Cinema as a gun: An interview with Fernando Solanas. *Cineaste, 3*(2), 18-26.
- Sundet, P. A., & Kelly, M. J. (2002). Legislative policy briefs. *Journal of Teaching in Social Work, 22*(1), 49-60.
- Trier, J. (2007). "Cool" engagements with YouTube: Part 1. *Journal of Adolescent & Adult Literacy, 50*(5), 408-412.

Wolfer, T. A., & Gray, K. A. (2007). Using the decision case method to teach legislative policy advocacy. *Journal of Teaching in Social Work, 27*(1/2), 37-59.

Wolk, J. L., Pray, J. E., Weismiller, T., & Dempsey, D. (1996). Political practica: Educating social work students for policymaking. *Journal of Social Work Education, 32*(1), 91-100.

Youth for Human Rights. (2009). *The Story of Human Rights* [Motion Picture]. United States: Youth for Human Rights. Available from:
<http://www.youtube.com/watch?v=oh3BbLk5UIQ>

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Exploring Empathy Embedded in Ethics Curricula: A Classroom Inquiry

Susan Gair

Abstract: *Empathy is considered to be a crucial ingredient in social work practice. Research on empathy is abundant although literature describing the teaching and learning of empathy, and in what contexts empathy might be taught best, is less common. The primary aim of this exploratory, classroom-based research undertaken in 2011 was to explore empathy with second year, social work students, thereby building on previous research, and linking it to education and practice. The findings suggest students may acquire a conceptual and definitional understanding of empathy by early in their course, but may need more proactive support to transform that learning into deeper empathy. A key speculation underpinning this exploratory inquiry, that cultivating empathy within an 'ethics' unit might prove more potent than within a 'skills' unit, was not supported. The need for further research into empathy, particularly cross-cultural empathy, is a recommendation of this research.*

Keywords: *Empathy, ethics, social work education, social work practice*

INTRODUCTION

As social workers, to be empathic is to experience the affect, process it, and then take appropriate, empathy-driven action (Gerdes & Segal, 2009, pp. 121-122).

Empathy is defined as vicariously perceiving or feeling the experiences and emotions of another person. Literature on promoting the importance of empathy is plentiful and empathy is considered to be an indispensable ingredient in helping (Alma & Smaling, 2006; Batson, Chang, Orr & Rowland, 2002; Duan & Hill, 1996; Eckermann et al., 2006; Figley, 2002). Yet comprehensive discussion about how to cultivate, teach, and learn empathy is not easily found in the social work literature. Specifically, exploring with social work students what are the issues or contexts that might trigger, or conversely inhibit their empathy and, from their perspectives why this might be the case, is uncommon in the literature. The aim of this article was to illuminate my efforts to further explore and cultivate empathy for improved classroom learning and advanced, empathy-driven social work practice.

Understanding Empathy- History and Definitions

Lipps is attributed with advancing the theory of 'Einfühlung', a German term used in the late 19th century meaning a person's spontaneous projection of feeling into other people and things. In 1909 Titchener coined the term 'empathy', deriving from another German term 'Verstehen' for empathic understanding, and the Greek 'empathia' meaning appreciation of another's pain (Alma & Smaling, 2006; Davis, Yeager & Foster, 2001; Duan & Hill, 1996; Wispe, 1987). For German philosopher Edith Stein (1917, translated in 1989), empathy involved objective tuning-in; deeper, subjective connection; and conveying the combined objective and subjective back to the client in a way that centralised our common humanity. Later, key psychoanalytic theorists such as Kohut (1977) saw important links between introspection (reflection)

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and empathy, and, like Rogers (1956/1992), Kohut thought that empathy was a cornerstone for psychological change.

Western concepts of 'empathy' and 'sympathy' often are considered in tandem in the literature. In social work literature Trevithick (2005) and Boulton (1987) define empathy as 'feeling with' the client, rather than 'feeling for' the client (sympathy). Some authors conceptualise empathy as 'getting into the skin of' another person (Schell & Kayser-Jones, 2007, p. 146), although conceptualizing empathy in this way may be offensive to some Indigenous groups (L. Muller, personal communication, August 27, 2009). Discussing Indigenous health care, Eckermann et al. (2006) stated that empathy and sympathy are closely related, usage in most cultures overlaps, and that empathy is often portrayed 'as walking a mile in another person's shoes' (p. 113).

While use of empathy is most often associated with positive therapeutic outcomes (Hojat, 2007), a common view is that too close an engagement with clients' lived experiences (over empathizing) leads to transference, burnout, or compassion fatigue (Figley, 2002). Other terms used in relation to empathy in the literature include compassion, caring, imagination, kindness, intuition, pity, and emotional intelligence (Davis, 2003; Howe, 2008; Hugman, 2005).

Research on Empathy

Key themes evident in past empathy research include cognitive understanding and motivation, affective capacity and perceptual taking, similarities and differences, and other contextual influences. However some researchers point to the co-existence and multidimensionality of these elements (Duan & Hill, 1996). Key empathy researchers such as Hoffman (1982) and Eisenberg (1982) were interested in the role of altruistic motivation, symbolic cues, a helper's past experiences, perspective taking, and in-group preferences and they noted evidence of children behaving more empathically towards other children of the same race or sex and adults responding more towards others perceived as similar. More recently, researchers focusing on mirror neurons and neural networks in the brain reported similar conclusions (De Vignemont & Singer, 2006; Gutsell & Inzlicht, 2010).

Although empathy in general is a well-researched topic, research is less common in relation to cultural, ethno-cultural, and cross-cultural factors (Rasoal, Eklund, & Hansen, 2011). Empathy research in an Australian cross-cultural context appears to be almost non-existent. Exceptions include Pedersen, Beven, Walker, and Griffiths (2004) and Pedersen and Barlow (2008) who examined prejudice, empathy, and collective guilt. They identified that interventions that induce empathy would likely produce reductions in racial prejudice (Pedersen & Barlow, 2008).

Critiques of Empathy

A review of the empathy literature reveals a number of critiques. Noddings (2003) argued that empathy, defined as 'projecting' oneself into another's shoes, reflects a western, masculine rationale, and Noddings prefers the term 'caring', and the idea of 'receiving' another person's experiences. Harris and Foreman-Peck (2004) argued that our empathy is informed by what people generally do and feel in such circumstances combined with our own personal life experiences. Therefore, empathy might not be elicited if the experiences seemed outside what the helper knows, can understand, or can imagine. However, Lather (2009) questioned whether that

commonly understood act of empathy was legitimate if the listener must be able to recall similar personal experiences, that is, centre themselves, before giving empathy. Furthermore, giving empathy may mirror dominant social and cultural norms and ideologies where only certain groups deserve our empathy (Bryant & Clark, 2006; Krulewitz, 1982, cited in Duan & Hill, 1996). A small number of authors speculate on an increasing erosion of empathy in modern society, driven by dominant market-driven ideologies, although not all authors agree (Bennett, 2001; White, Perlman, Fantone, & Kumagai, 2010).

Teaching and Learning Empathy

According to Pike, Bennett, and Chang (2004), before graduating as social workers, students need to acquire basic practice skills including empathy. While empathy is mentioned very frequently in the helping literature, how to teach and learn empathy is less readily articulated. Well-known psychologist Carl Rogers described empathy as a skill that can be taught alongside positive regard and a non-judgemental, client-centred approach (Rogers, 1956/1992). With specific regard to tertiary students learning empathy, Pedersen and Barlow (2008) identified that psychology students need a safe space to speak about prejudices and enhance empathy, Furman (2006) recommended poetry writing to cultivate social work students' empathy, and White et al. (2010) reported on a successful project with medical students designed to help learners incorporate the viewpoints of patients.

Empathy and Ethics

Dolgoff, Loewenberg, and Harrington (2009, p. 8) define professional 'ethics', from the Greek *ethos*, meaning custom or habit that helps guide practitioners to act ethically when working through value conflicts that can impact on helping relationships. Some authors note past separation of core *values*, such as moral reasoning, goodness, autonomy, and impartiality, from *emotions*, while Noddings and Tong speak of an 'ethic on caring' (Hugman, 2005; Maxwell & Racine, 2010; Noddings, 2003; Tong, 1997). Maxwell and Racine (2010) recommend a combined approach to teaching values, ethics and empathy to reduce the likelihood of students' acquiring a superficial notion of empathy, although they caution against over-generalizing about when empathy is absent. Hojat (2007) links empathy and ethics but cautions that empathic, helping relationships may increase the potential for unethical boundary crossings. Similarly, Van den Hoofdakker (cited in Alma & Smaling, 2006) suggests that empathy is not intrinsically good, and that accurately identifying vulnerabilities in others can make them more vulnerable to unethical practice.

As a social work educator it occurred to me that empathy had been given insufficient attention in my 'skills' unit in the past, and in 2009 I undertook a classroom inquiry exploring empathy (Gair, 2009; 2010). Most recently I pondered whether embedding empathy within a 'values and ethics' unit would better facilitate students' learning of empathy. In 2011 I undertook a second classroom empathy exploration, this time embedded within ethics curricula.

METHODOLOGY

This inquiry used a qualitative, postmodern, phenomenological approach (exploring deep, reflective ways that individuals create meaning and understanding)

to help students describe their definitions and understandings of empathy and allow me to ponder them (Davis, 2003; Fook, 1999; Schutz, 1972). The approach is underpinned by adult life long learning (Ramsden, 1992), and by critical thinking and narrative approaches to transformative learning (Garrison, 1991; Mezirow, 2003), through use of a method of vignettes and writing. Therefore this inquiry sought both research and reflective learning outcomes. The research question underpinning this inquiry was: Would exploring empathy within an 'ethics and values' unit help illuminate how empathy might be best taught in social work education? The specific aims of this classroom-based inquiry were: i) to explore and reflect on teaching and learning empathy embedded within an ethics and values curriculum, and ii) to use the findings to inform social work education. In particular, students' definitions of, conceptual understandings of and reasoning about their empathy as related to the presented vignettes were important points of exploration.

While a slightly larger number of students participated in the classroom-based workshop (22), a final sample of 19 self-selected into this research study. The students were all distance education (DE), second year, social work students enrolled at a regional Australian university who were attending on-campus block workshops. To protect their anonymity, no identifying information was requested from students. The class was predominantly a cohort of mature-age women (over 25 years old); most students were non-Indigenous Australians; there was a small number of male students (4) and a small number of younger female students who had enrolled in university studies in the year following completion of secondary school. This group profile reflects our larger social work student body and our graduate profile. The small amount of content on empathy that normally was taught in the interpersonal communication skills workshop remained there (scheduled prior to this workshop), while the focused, comprehensive content included in 2009 as a part of previous, classroom-based empathy research, was transferred from the skills workshop to the values and ethics workshop, amid content over three days of exercises, DVD's and group discussion on professional values and ethics.

Beginning the empathy workshop, all students were given consent forms and information sheets that explained that they could opt into the study at the completion of the class by handing in their work; otherwise it represented a scheduled values and ethics workshop for them (University Human Ethics approval was gained to conduct the study). First, students were asked to write a definition of empathy. Students then were presented with comprehensive information about empathy. The information presented in the workshop duplicated the literature review discussed above, and consisted of key points and arguments from the literature, historical research and philosophical writing about empathy, contrasting definitions from social work, health and medical literature, the 'skill' of empathy, critiques and theories from a multidisciplinary selection of empathy literature, and available literature on cross cultural empathy including definitions from Indigenous Australian health literature.

Finally, they were given four written vignettes. The four real life vignettes were: a narrative from an inter-country adoptee describing his grief, felt rejection, and perceived, inadequate adoptive parenting (Harris, 2006); two brief narratives about family violence, one depicting a victim's and one a perpetrator's story (Department of Aboriginal & Torres Strait Islander Policy and Development, 2000); and a narrative about a father's grief over his stillborn son (Phellps, 2011). These factual vignettes were chosen for their range of explicitness of emotion, the gender and cultural mix of

the characters for an Australian practice context, and their links to past and present biases, stigma and stereotypes within contemporary society. In a previous, aforementioned study in 2009, some social work students had identified a lack of empathy for an Aboriginal elder's narrative and an adoption-related (birth mother) vignette, and also identified perceived difficulties giving empathy to perpetrators of abuse (Gair, 2010). Therefore, I was interested to further explore these topics although not necessarily to duplicate that previous study. Vignettes are a common tool in education and research, although most often vignettes are constructed fiction, based on life-like circumstances, rather than factual vignettes as were used here. Hughes (1998) notes that vignettes are "stories... that make reference to perceptions, beliefs and attitudes" (p. 381), and Barter and Renold (1999) suggest that vignettes are useful in researching sensitive topics.

After writing and sharing their definitions and receiving comprehensive content about empathy, students were asked *to read and reflect on whether they felt empathy (Yes or No) for characters in the four vignettes* (students were asked two different questions about vignette one, pertaining to the adoptee and the adoptive parents); *and what was their meaning-making of their own responses*. Only students willing to participate in the research submitted their written work ($N = 19$).

FINDINGS

Defining Empathy

Empathy, as noted earlier, is often portrayed as 'walking a mile in another person's shoes' (Boulton, 1987; Eckermann et al, 2006), and although Noddings (2003) rejected this notion, many students made reference to that familiar adage. The quotes below exemplify the definitions written by most students:

Empathy is trying to walk a mile in another person's shoes- viewing the world, and situations from their perspective to fully appreciate, try to understand what the person's going through, feeling, experiencing (student 8).

Empathy is another person's or living being's pain, anguish, fear, or loss. Connecting on an emotional level that arouses feelings of compassion. Connecting on an experience level also impacts on empathy. Arouses very emotional feelings (student 16).

Empathy is looking at a situation from a different person's perspective, putting yourself in another person's shoes, trying to imagine how that person is feeling and what they are possibly thinking (student 4).

In contrast to the above definitions of empathy that feature feelings, relating and understanding, this student's definition suggested a more surface, or objective problem-based approach that was otherwise uncommon in students' empathy definitions:

Empathy in some cases, regarding with clients, is considering as our own (the) problems and thinking what we will do if we are in the same situation (student 5).

The notion of surface and deep empathy is revisited later in this paper.

Students Who Said They Could Empathize

Only 6 students empathized with characters in all the vignettes. Thirteen students ($N = 19$) identified that they could not empathize with at least one of the scenarios, although they could empathize with the other vignettes. Four (4) students could not empathize with multiple scenarios. In total there were 22 responses where 'No' was their answer. Ten students could not empathize with vignette one (adoptive parents), representing the highest number of 'No' responses, or stated differently, this was the character that attracted the least empathy. Vignette one (adoptive parents) attracted 2 'No' responses, vignette two (victim) attracted 2 'No' responses, vignette three (family violence perpetrator) attracted 5 'No' responses, and vignette four (stillbirth) received a total of 3 'No' responses.

Immediately below, students offer their meaning-making about when they nominated they could empathize with the characters in the vignettes:

Vignette one (adoptive parents):

I know that cultural differences need to be acknowledged. The child must have felt so very alone, being different and having no adequate support (student 8).

Vignette one (adoptive parents):

They tried to protect and do the right thing by the child. Easy to look back in hindsight and realize the wrong choice was made (student 12).

Vignette two (family violence victim):

Sounds like she has been brave to strive for another life after leaving DV. I feel distress to think that she has been placed in unsafe poor quality housing where she and her child still do not feel safe (student 1).

Vignette three (family violence perpetrator):

Yes- the person in the scenario was in a pickle about doing right and wrong. He gave in and did what he believed was expected of him in his culture but ended up getting into trouble and going to jail (student 15).

Vignette four (father of stillborn baby)

I do feel empathy because I know what it is like to lose a child (student 3).

Students Who Said They Could not Empathize

The students offered quite diverse explanations about why they answered 'No' to whether they felt empathy for the characters in the vignettes:

Vignette one (adoptee):

I think what I feel is more like sympathy. I feel sorry that she had that experience but without more information- cannot imagine...I wouldn't feel empathy if I didn't believe it. I need more discussion (student 18).

Vignette one (adoptive parents):

No I never felt empathy for the parents at all they should have never told the kid that he will be taken away if they loved him (student 2).

Vignette two (family violence victim):

I think (I) didn't feel empathy for her because she already got a house and she is not at all satisfied with it... a suffering person but she's got a baby with her and she starts to drink too much- is really not good for both of them (student 5).

Vignette three (family violence perpetrator):

Because we all have the freedom to make choices. And he chose to do something even though he knew it was bad (student 9).

Vignette four (father of stillborn baby)

No - I struggle to feel I can fully empathise as I have never had the experience (student 8).

Taking a Deeper Look

It occurred to me that the vast majority of students demonstrated that they could respond to a task requiring them to write a meaningful definition of empathy. However, their subsequent answers belied any deeper understanding or learning about empathy. With a more discerning lens applied to their responses, it seemed that some students seemed to forget or disconnect from their definitions of empathy almost immediately after writing them. There appear to be many instances in the data of this 'empathy gap' between students' defining and giving empathy. For example, one student defined empathy as follows:

Empathy is a skill that allows someone to be able to understand another person's experience ... an attempt to deeply understand how the other person must feel (student 17).

Yet that definition was immediately followed by a 'No' empathy response to vignette one with this explanation (adoptee):

No, I would listen to try to understand but I can't relate- I would only be able to give feeling to the words the story describes.

Another student offered an insightful definition:

Empathy involves feeling another person's or living being's pain, anguish, fear, or loss. Connecting on an emotional level that arouses feelings of compassion.... Arouses very emotional feelings (student 16);

followed by a 'No' response to vignette one (adoptive parents) with this explanation:

I do not hold a lot of empathy for the adoptive parents as they made a choice to adopt a child from a different cultural background. They have not been supportive or shown compassion for a child who clearly has mental health issues and cultural issues.

Here is a second example relating to the same vignette; first a definition:

For me empathy means looking out for someone else when they are doing something by putting yourself in that person's shoes (student 10).

This definition was followed by a 'No' response with this explanation:

Because they should have paid more attention to the child or maybe they were not good at communicating to the child or maybe they just want adoption money.

In the next example a detailed definition is followed by 'No' responses to two different vignettes (family violence victim and perpetrator narratives):

Empathy is showing an appreciation and concern for a client's circumstances. It involves being genuine about the feeling or expression you display to the client as the object is to gain their confidence and trust to enable change or the ability to assist effectively (student 14);

followed by a 'No' response to the victim vignette with this explanation:

No, when you reach the point when you could die or persons' lives become at risk then I think it is quite rational to assume that the right to life supersedes other ideas;

and this explanation to the family violence perpetrator vignette:

I would need to seek supervision or work in a different field. I have strong values about a man hurting a woman.

Finally, this definition:

Empathy is trying to walk a mile in another person's shoes- viewing the world, and situations from their perspective... try to understand what the person's going through, feeling, experiencing (student 8);

was followed by a 'No' response to vignette four (stillbirth) with this explanation:

I struggle to feel I can fully empathise as I have never experienced anything similar to this.

Harris and Foreman-Peck (2004) identified that empathy is informed by what the helper thinks people might do in such circumstances combined with their own life experiences, and that empathy might not be elicited if the experience seems outside what the helper knows or can imagine. In a range of responses, whether those responses represented a 'No' response (see the last example above, or a 'Yes' response (for example 'As a parent I know that raising children is a hard job and can only try to imagine ...'), students appeared to draw on, at least in part, their own past experiences to inform their answers. Clearly this concept of empathy has shortcomings when there are many contexts that social workers will not have personally experienced.

When comparing the above definitions to those definitions offered by students who gave ‘Yes’ responses ($n = 6$) to all vignettes, there appears to be very little discernable difference.

However, what may be evident, although admittedly this sub-group is very small ($n = 6$), is that some students appeared to theorize in a compassionate, reflective way that enacted their definitions, perhaps asking themselves what else might be happening, how else could it be understood, or what might be influencing their understanding. For example:

Maybe the parents were trying to protect the child ... and because it was a new and different situation ... (student 4);

I think it is easy to read this article and condemn but... (student 13);

As a consequence of the character’s racialisation process he has become involved in family violence, sounds like now he is beginning to see different perspectives that may enable him to make different choices (student 1).

DISCUSSION

Mezirow (2003) defined transformative learning as learning that transforms assumptions, meanings, reasoning, or perspectives to make them more inclusive, open, and reflective. Mezirow (2003) identified that it includes learning skills, sensitivities, and insights, having an open mind, and learning to listen empathically. In considering students’ comments above, it may be that while some students were familiar with how to define empathy, they subsequently appeared to forget to enact that empathy, and instead reverted to past experiences, understandings, or personal values to inform their empathy. According to Meyer and Land (2005), while “the deep learning of Otherness implies abilities of empathetic engagement and self reflexivity” (p. 383, citing Cousin, 2003 and Williamson, 1992), there are risks of ‘mimicry’ and ‘faking it’ without students full engagement with the personally transformative potential of empathy.

Of interest, some students’ responses may hint at rhetoric of deserving or undeserving, for example, regarding the adoptive parents in vignette one: ‘*they made a choice to adopt a child from a different cultural background*’, and they ‘*...should have paid more attention to the child*’. Admittedly, vignette one is told from an adoptee’s perspective. Nevertheless, this factor seems to be a somewhat inadequate explanation for students’ lack of empathy towards adoptive parents. Trotter (1998, as cited in Stitt & Gibbs, 2007) illuminated the existence of a deserving/undeserving discourse inhibiting empathy when he found non-abusing mothers of sexually-abused children were treated with a dismissive lack of empathy (mother blaming) by professionals. A different but related explanation is that students were aware that perceiving cross-cultural adoption as an acceptable social policy conflicted with a human rights stance in Australia of not removing children from their culture, although this was not a nominated explanation (Hollingsworth, 2003). Clearly these are complex issues. Kirton (1999), in seeking to explore perceived ‘political correctness’ influencing second year social work students’ support of ‘transracial’ adoptions, found a ‘great divergence’ of views, and recommended that more dialogue during social work education could ‘lessen the extremes’ (p. 794).

It is an unexpected finding that the family violence perpetrator narrative attracted the second lowest empathy response rather than the lowest, as was tentatively speculated. In a similar aforementioned 2009 study a majority of social work students identified that perpetrators of domestic violence or child abuse were groups with whom they would find it most difficult to empathize and the literature supports such findings. For example, according to Humphries (1999) and others, child protection workers do not work in effective, holistic ways with domestic and family violence, rather they swing in a polarized way between minimizing men's violence and women's experiences of violence, through to demonizing men (Dolgoff, Loewenberg, & Harrington, 2009; Milner, 2004). Naming and addressing domestic and family violence can be a controversial issue in Australia, and mainstream approaches that are useful in addressing non-Indigenous domestic violence have been identified as problematic for justice, healing, and reduction of violence against Aboriginal women (Bell & Nelson, 1989; Cripps, 2010). In the case of the family violence vignettes used here, it was evident that the victim and perpetrator characters were Indigenous, and this factor might have influenced students' perceptions. As conjectured by Kirton (1999), 'political correctness' can be an operating factor, and political correctness, or even misplaced cultural empathy, may have informed students' 'Yes' responses to the family violence perpetrator narrative. For example, one student responded:

Yes- the person in the scenario ... did what he believed was expected of him in his culture but ended up ... going to jail (student 15).

Future targeted research on teaching empathy, particularly in relation to cross-cultural adoptions, family violence, and more broadly, cross-cultural therapeutic engagement, seem warranted. Indeed, while acknowledging that empathy for all persons, by all persons, in all situations might not be possible (Tong, 1997), nevertheless the 'No' responses in this study are worthy of deeper reflection.

Pondering the 'empathy gap' identified in the findings above, between students' demonstrated objective learning of what is empathy, and a deeper, reflective, enacted empathy, Ramsden (1992) may offer some direction. Ramsden (1992) notes that learning is less about deep or surface learners and more about different ways adult learners are facilitated to learn specific content in a deep or surface way. A surface approach requires students to learn (memorize) words, concepts and tasks unreflectively as generalizable, external, objective learning. In contrast, deep learning requires students to try to *understand*, and engage in a reflective, internal process that models and reflects what is an "essential part of their work as professionals" (Ramsden, 1992, p. 50). It would seem self-evident that a deep approach to learning empathy would be preferable to a surface approach, in order to produce effective practitioners. Such positioning of empathy, as requiring a reflective, inner process, aligns with the work of Stein (1917, translated in 1989) who recommended objective listening, followed by deeper subjective connection through listening to the story told, and then conveying back these combined objective and subjective responses to the person in a way that centralized a common humanity rather than a common experience.

There appear to be identifiable similarities between the work of Stein on deep listening, the concept of transformative learning as discussed by Mezirow (2003), and deep and surface learning as identified by Ramsden (1992). Moreover, it is noted here that these concepts have much in common with the concept and process of

mindfulness. Such literature was not introduced to students at the time of this inquiry and admittedly the term ‘mindfulness’ in some ways “has been fraught with the same vagaries ... as empathy” (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007, p. 506). Nevertheless, it is concluded here, after reviewing such literature as a part of my own reflective learning, that deeper listening facilitated through mindfulness approaches, in a way that incorporated deep learning models, may prove successful in cultivating greater empathy (Wong, 2004). The work of Gerdes and Segal (2009), noted in the opening quote, reflects some of these aspects in a three level model of affective and cognitive responses informing our empathic concern.

Overall, it would seem detrimental to client groups if some students are forgetting, ‘feigning’ (Sherborne, 2011, p. 20), or ‘faking’ their empathy (Meyer & Land, 2005, p. 383) because educators have not facilitated a deeper, more transformative empathy. Highly desirable are graduates who can respond in flexible, open ways that involve a “deepening of the human empathic response” (Ridley & Lingle, cited in Rasool et al., 2011, p. 6). When considering the findings from this empathy project, together with findings reported from a 2009 study (Gair, 2009), teaching empathy within a skills unit may be the better context (Erera, 1997), although it seems relevant to consider ethics and empathy as interrelated. More research in this area may be useful. It is acknowledged here that limitations of this inquiry may include the small, exploratory sample, and as such its limited generalizability, and the limited data collected regarding the characteristics of the participants that may have limited the richness of the analysis.

My own critical reflection about how to advance students’ empathy is ongoing. Nevertheless, I recommend increased opportunities, including within assessment, for social work students to explore empathy through narratives, shared personal stories, and vignettes (Furman, 2006). Providing cognitive, experiential, and perspective-taking opportunities for students to explore how they might empathically, mindfully, and compassionately engage with diverse client groups in practice are recommendations from this research.

CONCLUSION

A review of the empathy literature, together with the findings from this explorative classroom-based research, suggests that teaching and learning empathy needs much more emphasis in social work education. While acknowledging the limitations of this inquiry, it may be that the notion of ‘walking a mile in another’s shoes’ may be unhelpful if students do not advance beyond that superficial adage before entering professional practice. In particular, educators may need to advance students’ learning beyond a surface understanding of empathy, in order that they gain deeper listening and empathic capacity. A comprehensive look at the empathy literature with students in the classroom, use of vignettes, and proactive use of deep, transformative learning approaches may be useful in this quest. Future research into many aspects of teaching and learning empathy, including empathy for cross-cultural understandings, seems justified.

References

- Alma, H., & Smaling, A. (2006). The meaning of empathy and imagination in health care and health studies. *International Journal of Qualitative Studies on Health and Wellbeing, 1*, 195-211. Retrieved from <http://www.ijqhw.net/index.php/qhw/article/view/4934>
- Barter, C., & Renold, E. (1999). The use of vignettes in qualitative research. *Social Research Update, 25*, Summer, University of Surrey. Retrieved from <http://sru.soc.surrey.ac.uk/SRU25.html>
- Batson, C. D., Chang, J., Orr, R., & Rowland, J. (2002). Empathy, attitudes and action: Can feeling for a member of a stigmatized group motivate one to help the group? *Personality and Social Psychology Bulletin, 28*, 1656-1666. doi:10.1177/014616702237647
- Bell, D., & Nelson, T. (1989). Speaking out about rape is everyone's business. *Women's Studies International Forum, 12*(4), 403-416. Retrieved from <http://www.sciencedirect.com.elibrary.jcu.edu.au/science/journal/02775395/12/4>
- Bennett, M. J. (2001). *The empathic healer: An endangered species?* New York: Academic Press.
- Block-Lerner, J., Adair, C., Plumb, J., Rhatigan, D. L., & Orsillo, S. M. (2007). The case for mindfulness-based approaches in the cultivation of empathy: Does non-judgmental, present-moment awareness increase capacity for perspective-taking and empathic concern. *Journal of Marital and Family Therapy, 33*(4), 501-516.
- Boulton, R. (1987). *People skills*. New South Wales: Simon and Schuster.
- Bryant, D., & Clark, P. (2006). Historical empathy and Canada: A people's history. *Canadian Journal of Education, 29*(4), 1039-1064. Retrieved from <http://www.jstor.org/stable/20054210>
- Cripps, K. (2010). Indigenous family violence: Pathways forward. In N. Purdie, P. Dudgeon, & R. Walker (eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp.145-154). Canberra, ACT: Commonwealth of Australia, Department of Ageing.
- Davis, C. (2003). Empathy as transcendence. *Topics in Geriatric Rehabilitation, 19*(4), 265-274. Retrieved from <http://journals.lww.com/topicsingeriatricrehabilitation/toc/2003/10000>
- Davis, O. L., Yeager, E. A., & Foster S. J. (2001). *Historical empathy and perspective taking in social studies*. Lanham, MD: Roman and Littlefield.
- Department of Aboriginal and Torres Strait Islander Policy and Development. (2000). *Aboriginal and Torres Strait Islander Women's Task Force on Violence*. Brisbane: Author.
- De Vignemont, F., & Singer, T. (2006). The empathic brain: How, when and why? *Trends in Cognitive Sciences, 10*(10), 435-441. doi:10.1016/j.tics.2006.08.008
- Dolgoft, R., Loewenberg, F., & Harrington, D. (2009). *Ethical decisions for social work practice*. Belmont, CA: Thomson.

- Duan, C., & Hill, C. (1996). The state of empathy research, *Journal of Counseling Psychology*, 43(3), 261-274. Retrieved from <http://psycnet.apa.org/journals/cou/43/3/>
- Eckermann, A., Dowd, T., Chong, E., Nixon, L., Gray, R., & Johnson, S. (2006). *Binan Goonj: Bridging cultures in Aboriginal health*. New South Wales: Elsevier Australia.
- Eisenberg, N. (1982). *The development of prosocial behavior*. New York: Academic Press.
- Erera, P. (1997). Empathy training for helping professions: Model and evaluation. *Journal of Social Work Education*, 33(2), 245-260. Retrieved from <http://proquest.umi.com.eLibrary.jcu.edu.au/pqdweb?RQT=318&pmid=20657&cf=c=1>
- Figley, C. R. (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.
- Fook, J. (1999). Critical reflectivity in education and practice. In B. Pease, & J. Fook, (Eds.), *Transforming social work practice* (pp. 195-208). St. Leonards, NSW: Allen and Unwin.
- Furman, R. (2006). Using poetry and written exercise to teach empathy. *The Journal of Poetry Therapy*, 18(2), 103-110. Retrieved from <http://dx.doi.org/10.1080/08893670500140549>
- Gair, S. (2009). More on empathy: Considering student responses and Edith Stein's framework for a fuller, transformative empathy. *Advances in Social Welfare Education*, 11(1), 51-69.
- Gair, S. (2010). Social work students' thoughts on their (in)ability to empathise with a birth mother's story: Pondering the need for a deeper focus on empathy. *Adoption and Fostering*, 34(4), 39-49.
- Garrison, D. R. (1991). Critical thinking and adult education: A conceptual model for developing critical thinking in adult learners. *International Journal of Lifelong Learning*, 10(4), 287-303.
- Gerdes, K., & Segal, E. (2009). A social work model of empathy. *Advances in Social Work Education*, 10(2), 114-127. Retrieved from <http://advancesinsocialwork.iupui.edu/index.php/advancesinsocialwork/article/view/235/215>
- Gutsell, J., & Inzlicht, M. (2010). Empathy constrained: Prejudice predicts reduced mental simulation of actions during observations of outgroups. *Journal of Experimental Social Psychology*, 46, 841-845. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0022103110000661>
- Harris, P. (2006). *In search of belonging*. London: British Association for Adoption.
- Harris, R., & Foreman-Peck, L. (2004). Stepping into other people's shoes: teaching and assessing empathy in the Secondary History Curriculum. *International Journal of Historical Learning, Teaching and Research*, 4(2), 1-14. Retrieved from <http://eprints.soton.ac.uk/14705/>

- Hoffman, M. (1982). Development of prosocial motivation: Empathy and guilt. In N. Eisenberg (Ed.), *The development of prosocial behavior* (pp. 281-311.). New York: Academic Press.
- Hojat, M. (2007). *Empathy in patient care*. New York: Springer.
- Hojat, M., Gonnella, J., Nasca, T., Mangione, S., Vergare, M. & Magee, M. (2002). Physician empathy: Definition, components and relationship to gender and specialty. *American Journal of Psychiatry*, 159, 1563-1569. Retrieved from <http://ajp.psychiatryonline.org/>
- Hollingsworth, L. D. (2003). International adoption among families in the United States: Considerations of social justice. *Social Work*, 48(2), 209-217. Retrieved from <http://www.ingentaconnect.com.elibrary.jcu.edu.au/content/nasw/sw>
- Howe, D. (2008). *The emotionally intelligent social worker*. Basingstoke, Hampshire: Palgrave Macmillan.
- Hughes, R. (1998). Considering the vignette technique and its application to a study of drug injecting and HIV risk. *Sociology of Health and Illness*, 20(3) 381- 400. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/shil.1998.20.issue-3/issuetoc>
- Hugman, R. (2005). *New approaches in ethics for the caring professions*. New York: Palgrave Macmillan.
- Humphries, C. (1999). Avoidance and confrontation: Social work practice in relation to domestic violence and child abuse. *Child and Family Social Work*, 4, 77-87. doi: 10.1046/j.1365-2206.1999.00106.x
- Kirton, D. (1999). Perspectives on 'race' and adoption: The view of student social workers. *British Journal of Social Work*, 29(5), 779-796. Retrieved from <http://bjsw.oxfordjournals.org.elibrary.jcu.edu.au/content/29/5.toc>
- Kohut, H. (1977). *The restoration of the self*. New York: National Universities Press.
- Lather, P. (2009). Against empathy, voice and authenticity. In A. Jackson, & L. Mazzei (Eds.), *Voice in qualitative inquiry* (pp. 17-26). London: Routledge.
- Maxwell, B., & Racine, E. (2010). Should empathic development be a priority in biomedical ethics teaching? A critical perspective. *Cambridge Quarterly of Healthcare Ethics*, 19, 435-445. doi: 10.1017/S0963180110000320
- Meyer, J., & Land, R. (2005). Threshold concepts and troublesome knowledge (2): Epistemological considerations and a conceptual framework for teaching and learning. *Higher Education*, 49, 373-388. DOI10.1007/s107.34-004-6779-5
- Mezirow, J. (2003). Transformative learning as discourse. *Journal of Transformative Education*, 1, 58-63. Retrieved from <http://jtd.sagepub.com/cgi/reprint/1/1/58>
- Milner, J. (2004). From 'disappearing' to 'demonised': The effects on men and women of professional interventions based on challenging men who are violent. *Critical Social Policy*, 24(1), 79-101. Retrieved from <http://csp.sagepub.com.elibrary.jcu.edu.au/content/24/1.toc>
- Noddings, N. (2003). *Caring: A feminine approach to ethics & moral education*. Berkeley, CA: University of California Press.

- Pedersen, A., & Barlow, F. (2008). Theory to social action: A university-based strategy targeting prejudice against Aboriginal Australians. *Australian Psychologist, 43*(3), 148-159. doi: 10.1080/00050060802318587
- Pedersen, A., Beven, J., Walker, I., & Griffiths B. (2004). Attitudes towards Indigenous Australians: The role of empathy and guilt. *Journal of Community and Applied Social Psychology, 14*, 233-249. doi: 10.1002/casp.771
- Phellps, J. (2011, March 17). Indiana's birth dries grieving dad's tears. *Townsville Bulletin*. Retrieved from http://www.townsvillebulletin.com.au/article/2011/03/17/215771_news.html
- Pike, C. K., Bennett, R., & Chang, V. (2004). Evaluation of two interviewing skills measures: An instrument validation study. *Advances in Social Work, 5*(1), 61-75. Retrieved from <http://advancesinsocialwork.iupui.edu/index.php/advancesinsocialwork/article/view/57/49>
- Ramsden, P. (1992). *Learning to teach in higher education*. London: Kogan Page.
- Rasoal, C., Eklund, J., & Hansen, E. (2011). Towards a conceptualization of ethnocultural empathy. *Journal of Social, Evolutionary and Cultural Psychology, 5*(1), 1-13. Retrieved from www.jsecjournal.com
- Rogers, C. (1956/1992). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting and Clinical Psychology, 60*(6), 827-832. doi:10.1037/0022-006X.60.6.827
- Schell, E., & Keyser-Jones, J. (2007). Getting into the skin: Empathy and role taking in certified nursing assistants' care of dying residents. *Applied Nursing Research, 20*, 146-151. doi:10.1016/j.apnr.2006.05.005
- Schutz, A. (1972). *The phenomenology of the social world*. (G. Walsh & F. Lehnert Trans.). London: Heinemann.
- Sherborne, C. (2011, May 21-22). A handful of thoughts before the dust. *Weekend Australian, Review*, p. 20.
- Stein, E. (1917, Trans. 1989). *On the problem of empathy*. Washington, DC: ICS Publications.
- Stitt, S., & Gibbs, D. (2007, May). Non-offending mothers of sexually abused children: The hidden victims. *Institute of Technology Blanchardstown (ITB) Journal, 15*, 13-37. Retrieved from <http://www.itb.ie/site/researchinnovation/itbjournal.htm>
- Tong, R. (1997). Feminist perspectives on empathy as an epistemic skill and caring as a moral virtue. *Journal of Medical Humanities, 18*(3), 154-168. Retrieved from <http://www.springerlink.com.elibrary.jcu.edu.au/content/1041-3545/?k=Rosemary+Tong+1997>
- Trevithick, P. (2005). *Social work skills: A practice handbook* (2nd ed.). New York: Open University Press.
- White, C., Perlman, R., Fantone, J., & Kumagai, A. (2010). The interpretive project: A creative educational approach to foster medical students' reflections and

advancing humanistic medicine. *Reflective Practice*, 11(4), 517-527.
doi:10.1080/14623943.2010.505718

Wispe, L. (1987). History of the concept of empathy. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 17-37). Cambridge, UK: Cambridge University Press.

Wong, R. Y-L. (2004). Knowing through discomfort: A mindfulness-based critical social work pedagogy. *Critical Social Work*, 5(1). Retrieved from <http://www.uwindsor.ca/criticalsocialwork/2004-volume-5-no-1>

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Survivorship and Inheritance Rights for Same-Gender Couples: Relevance to Social Workers

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Abstract: *Californians voted in November 2008 to ban the right to same-gender marriage in California. This paper summarizes data on changes in societal attitudes relative to homosexuals, same-gender couples, and their civil rights as reflected in Gallup and Princeton Survey Research Associates International poll data over the years through 2011. These findings report deeply entrenched and enduring divisions in American attitudes toward the rights and status of same-gender couples. Although historically a majority of Americans has consistently opposed same-gender marriage, Americans increasingly recognize the need to extend equality to same-gender couples in the form of employment rights, inheritance rights, Social Security, and health insurance benefits. This article explores existing and proposed policies regarding the rights of same-gender couples. In addition, it examines the implications and opportunities for advocacy by social workers who face the challenge of navigating the legal and personal obstacles that arise when their client's same-gender relationships are not sanctioned by law.*

Keywords: *Homosexuality, same-gender unions, same-gender marriages, domestic partnerships, marriage*

On November 4, 2008, Californians went to the polls in record numbers to strike down the right to same-gender marriage. The passage of Proposition 8 was a major setback not only for the gay and lesbian community, but indeed, some would argue for all Americans. This emotionally charged decision indicates the volatile nature of the attitudes towards gay and lesbian rights in America. The rate at which same-gender couples are forming and publicly declaring their relationships, as evidenced by Census data, is growing. In August 2011, the U.S. Census Bureau counted 646,464 same-gender households headed by same-gender couples—up from approximately 358,000 in 1990 (Yen, 2011).

More significant, however, is the increasing urgency in which gay men and lesbians are asserting their rights to the same partnership benefits that married heterosexual couples enjoy. There are over 1,100 federal benefits awarded to heterosexual couples when they marry that cannot be taken advantage of by same-gender couples, including social security survivor benefits, coverage under Family and Medical Leave Act, and the right to file joint tax returns (Robinson, 2011).

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While states like Vermont and New Jersey have begun granting same-gender couples domestic partnerships, many conservative Americans have fought back, even proposing a constitutional amendment that would specifically define marriage as a heterosexual institution and limit the ability of gay couples to receive benefits like Social Security, health insurance, employee benefits, and survivorship rights (Hunter, 2010). This push for a constitutional amendment has occurred at both state and federal levels. However, even some notable conservatives have supported the rights of same-gender couples to the institution of marriage (Barnes, 2010; Becker, 2009; Totenberg, 2010).

Although television shows such as *Will and Grace*, *Queer as Folk*, and *Modern Family* have brought gay issues and gay characters into more and more American homes, American attitudes toward homosexuality remain deeply divided. This is perhaps nowhere more clearly seen than in relationship to the question of whether gay partners should enjoy the same legal and economic protections of married heterosexual couples (Olson, 2010). This article examines the evolving opinions of the American public from 1977 to 2011 by asking a cross-section of Americans the following questions: (1) Do you think marriages between homosexuals should or should not be recognized by the law as valid, with the same rights as traditional marriages?; (2) Do you think homosexuals should or should not have equal rights in terms of job opportunities?; (3) Do you think there should or should not be... inheritance rights for gay spouses?; (4) Do you think there should or should not be... Social Security benefits for gay spouses?; and (5) Do you think there should or should not be... health insurance benefits for gay spouses? This study will advance our understanding of the attitudes towards the rights of same-gender couples and thereby provide empirically based ammunition for social workers as advocates of social change.

LITERATURE REVIEW

Gay Rights, Domestic Partnerships, and Equality

The promise of “equal protection of the law” is addressed in the U.S. Constitution, and echoed in numerous significant pieces of legislation including the Americans with Disabilities Act and the Civil Rights Act of 1991. These Acts serve to prohibit discrimination based on disability status, race, and gender. However, laws that would prohibit discrimination based on sexual orientation remain largely unaddressed, specifically concerning Social Security, health insurance, employee benefits, and survivorship rights. In the absence of such federal and state guidelines, gay men and lesbians are often vulnerable to discrimination and differential treatment.

In New York, with the passage of same-gender marriage, the ability to add a spouse to an employer’s plan may be one of the more significant financial benefits. Same-gender employees are taxed on the health benefits of their partner because their status is not recognized by the federal government. However, same-gender married couples no longer will have to pay state tax (Bernard, 2011c; 2011d). It is interesting to note that the issue of rights for same-gender couples is currently being determined at the state level, which further adds to divide in public opinion on this issue.

Great strides have been made towards encouraging more tolerant public attitudes towards gay and lesbian issues; however, more concise federal guidelines are needed in order to ensure that the writings of the U.S. Constitution shift from promises to guarantees. Closely monitoring the past and present trends of Americans' attitudes towards gay and lesbian issues allows social workers a close appraisal of the complexity of public sentiment and the political and social climate for future policy changes and advocacy for the equal rights of same sex couples. These data provide empirically based ammunition for social workers as advocates of social change.

Questions about equality for gay men and lesbians are nowhere more contested than in regard to the issue of same-gender marriage, civil unions, or same-gender partnerships. In 1999, the Vermont Supreme Court granted gay and lesbian couples benefits identical to those of heterosexual married couples, ushering in a wave of similar legislation in California, Connecticut, Massachusetts, Iowa, and New Jersey (Cole, 2009). These states' actions reignited a national debate on same-gender marriage and the rights of same-gender couples. While many conservatives objected to gay men and lesbians receiving what they considered special legal protection, gay activists criticized the unequal status of civil unions, which they felt denied them access to a social institution that symbolizes full membership in American society.

The literature suggests that Americans' attitudes toward homosexuality are distinct from their opinions about whether gay men and lesbians should be allowed civil rights like that of marriage or domestic partnership. While the majority of Americans are reluctant to identify homosexuality as "moral," most Americans are unwilling to restrict the civil liberties of gay men and lesbians (Badgett, 2009; Pan, Meng, & Zhou, 2010). A period of more tolerant public attitudes towards homosexuality emerged in the 1970s, but encountered a setback with the upswing of conservatism beginning in the 1980s through the 1990s. Since 2000, support for expanding gay men and lesbians' civil liberties has rapidly increased (Harms, 2011).

The Defense of Marriage Act and Homosexuality as an Acceptable Lifestyle

In 1996, then-President Clinton signed the Defense of Marriage Act into law. The Defense of Marriage Act (or DOMA) grants states the right to refuse recognition of marriages or unions between people of the same gender—even if those marriages or unions were legally performed in another state (Defense of Marriage Act, 1996). Further, DOMA prohibits the federal government from recognizing any state-performed same-gender marriage or union. Drafted in anticipation of states like Massachusetts, that eventually granted marriage rights to gay and lesbian couples, DOMA has been criticized as governing morality and overstepping constitutional rights like due process (Feigen, 2004). Some DOMA supporters, however, feel that DOMA does not go far enough and have proposed a constitutional amendment known as the Federal Marriage Amendment that would specifically define marriage in the United States as a heterosexual institution.

With the passage of laws such as the Defense of Marriage Act of 1996 and the fight to legalize gay marriages, the legal status of same-gender couples has become more salient. The most significant barrier to the American public's acceptance of same-gender

marriage or civil unions is institutionalized heterosexism or the “set of ideas, intuitions, and relationships that make the heterosexual family the societal norm while rendering homosexual/queer families ‘abnormal’ and ‘deviant’” (Lind, 2004, p. 23). Despite the cultural and legal entrenchment of institutionalized heterosexism, there have been some gains in rights for gays and lesbians—most significantly, the acknowledgment by a few states that gay men and lesbians have the right to their partners’ health and insurance benefits and the right to adopt. In addition, many private companies have voluntarily incorporated nondiscrimination clauses into their own practices and codes of ethics.

Same-Gender Partnerships and Marriage Rights for Gay and Lesbian Couples

In 2000, Vermont became the first state to legalize civil unions for same-gender couples. Civil unions in Vermont and other states grant same-gender couples benefits similar or even identical to those of marriage, but allow states to “reserve” the institution of marriage for heterosexual couples (Hunter, 2010). Although support for civil unions has increased throughout the years, public opinion (among both gay-rights activists and conservative religious groups) is still somewhat divided (Hertz & Duskow, 2011; Newton, 2010).

The institution of marriage is a social, legal, and religious construct that has evolved over centuries. Religious or orthodox conservatives who oppose allowing gay men and lesbians the right to marry cite Biblical justifications and believe that marriage is for the purpose of procreation. Advocates of same-gender marriage believe that all citizens have the right to marry and should not be discriminated against on the basis of their sexual orientation. Additionally, supporters of same-gender marriage point to how the institution of marriage in the United States has changed over time. For example, interracial marriage was only decriminalized in 1967, and many gay-rights activists liken discrimination against same-gender couples to that previously exercised against couples of different races (Frank & McEneaney, 1999).

Those who support same-gender marriage rights for gay men and lesbians want all couples—gay and straight—to share the status and rights associated with marriage (Greene, 2011). According to the U.S. General Accounting Office, marital status is a factor in more than 1,100 federal laws, and marriage imparts nearly 1,400 federal and state benefits including hospital visitation, adoption, and inheritance rights (Robinson, 2011). A key consideration in this debate is whether civil unions or same-gender marriage would be better suited as a path for gay men and lesbians to achieve social and economic parity with their heterosexual counterparts. Some critics believe that permitting civil unions and not marriage would be equivalent to classifying same-gender relationships as second class. Thus, this manuscript shall examine Americans’ attitudes toward the rights and benefits for same-gender couples over the past 3 decades.

METHODS

Design of the Sample for Personal Surveys

The findings of this study were based on published opinion polls from the Gallup Organization (2011a; 2011b; 2011c; 2011d) and Princeton Survey Research Associates (2004; 2008). The design of the sample for personal (face-to-face) surveys was that of a replicated area probability sample down to the block level in the case of urban areas and down to segments of townships in the case of rural areas. After stratifying the nation geographically and by size of community according to information derived from the most recent census, over 350 different sampling locations were selected on a mathematically random basis from within cities, towns, and counties that have, in turn, been selected on a mathematically random basis.

The procedures just described were designed to produce samples that approximate the adult civilian population (aged 18 and older) living in private households (that is, excluding those in prisons, hospitals, hotels, and religious and educational institutions, as well as those individuals living on reservations or military bases) and, in the case of telephone surveys, households with access to a telephone. Survey percentages may be applied to census estimates of the size of these populations to project percentages onto the numbers of people. Furthermore, the manner in which the sample was drawn also produces a sample that approximates the distribution of private households in the United States; therefore, survey results can also be projected onto the number of households.

Limitations of the Study

As in all survey research, there are questions of social desirability response bias, reliability, validity, and margin of error issues. Davis (1971) and others have indicated that reliability and validity issues are some of the most challenging concerns encountered in social research. The Gallup Organization has addressed these issues on a continuous basis since 1935. They are constantly improving their methodological techniques through testing question wording and sampling design to improve reliability and validity of their survey results. A complete methodological appendix outlining these efforts can be found in Gallup and Newport (2010).

RESULTS

Attitudes toward the Legal Validity of Same-Gender Marriage

The issue of whether marriage between same-gender couples should be recognized by law has had a history of controversy and divided opinion in America. From 1996 to 2011, a national cross section of Americans was asked the following question: "Do you think marriages between homosexuals should or should not be recognized by the law as valid, with the same rights as traditional marriages?" (see Table 1).

The results reveal support increasing dramatically from 1996 to 2011 for recognizing homosexual marriages by law as valid. In 1996, approximately 1 in 4 Americans supported same-gender marriages. Whereas, by 2011, a full majority (53%) reported that

these marriages should be recognized by law as being valid, with the same rights as traditional marriage.

Table 1: Attitudes toward the Legal Validity of Same-Gender Marriage, 1996-2011^a

Year	Should Be Valid	Should Not Be Valid	No Opinion
	%	%	%
1996	27	68	3
1999	35	62	3
2004	42	55	3
2005	37	59	4
2006	39	58	4
2006	42	56	2
2007	46	53	1
2008	40	56	4
2009	40	57	3
2010	44	53	3
2011	53	45	3

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

^a Data reported twice in one year indicate that the question was asked twice in that year.

Notes: Figures may not total 100% because of rounding. For each table, authors have reported all data which were collected by the Gallup Organization. However, it is important to note that these organizations did not conduct the same survey every single year, which explains the occasional gaps in the data reported year to year.

Source: Poll data compiled by the Gallup Organization (2011a).

Attitudes toward Equal Employment Rights for Gay Men and Lesbians

Americans have appeared to be historically fair-minded on the issue of equal rights in terms of job opportunities for gay men and lesbians. Between 1977 and 2008, a cross section of Americans was asked the following question: "Do you think homosexuals should or should not have equal rights in terms of job opportunities?" (see Table 2). The number of Americans who supported equal employment rights for gay men and lesbians ranged from a low of nearly 6 in 10 Americans in 1977 to a high of nearly 9 in 10 Americans when the question was last posed in 2008.

Table 2: Attitudes toward Equal Employment Rights for Gay Men and Lesbians, 1977–2008^a

Year	Yes, Should %	No, Should Not %
1977	56	33
1982	59	28
1989	71	18
1992	74	18
1993	80	14
1996	84	12
1999	83	13
2001	85	11
2002	86	11
2003	88	9
2003	88	10
2004	89	8
2005	87	11
2006	89	9
2007	89	8
2008	89	8

Question: “Do you think homosexuals should or should not have equal rights in terms of job opportunities?”

^a Data reported twice in one year indicate that the question was asked twice in that year.

Notes: Figures may not total 100% because of rounding. For each table, authors have reported all data which were collected by the Gallup Organization. However, it is important to note that these organizations did not conduct the same survey every single year, which explains the occasional gaps in the data reported year to year.

Source: Poll data compiled by the Gallup Organization (2011b).

Attitudes toward Inheritance Rights, Social Security, and Health Insurance Benefits for Gay and Lesbian Spouses

From the mid-1990s to the late-2000s, a cross section of the American public was asked the following three questions: (a) “Do you think there should or should not be inheritance rights for gay spouses, 1994-2009?” (see Table 3); (b) “Do you think there should or should not be... Social Security benefits for gay spouses, 1994-2008?” (see Table 4); and (c): “Do you think there should or should not be... health insurance and other employee benefits for gay spouses, 1997-2009?” (see Table 5).

Table 3: Attitudes toward Inheritance Rights for Gay and Lesbian Spouses, 1994-2009

Year	Should %	Should Not %	Don't Know %
1994	61	30	9
1996	61	29	10
1997	62	30	8
1998	59	33	8
2000	62	28	10
2004	60	30	10
2008	74	20	6
2009	73	24	4

Question: “Do you think there should or should not be... inheritance rights for gay spouses?”

Notes: Figures may not total 100% because of rounding. For each table, authors have reported all data which were collected by the Gallup Organization and Princeton Survey Research Associates International. However, it is important to note that these organizations did not conduct the same survey every single year, which explains the occasional gaps in the data reported year to year.

Source: Poll data compiled by Princeton Survey Research Associates International (2008) [Newsweek poll conducted by Princeton] and the Gallup Organization (2011c).

Table 4: Attitudes toward Social Security Rights for Gay and Lesbian Spouses, 1994-2008

Year	Should %	Should Not %	Don't Know %
1994	55	39	6
1996	48	43	9
1997	57	37	6
1998	52	41	7
2000	54	38	8
2004	55	36	9
2008	67	27	6

Question: "Do you think there should or should not be... Social Security benefits for gay spouses?"

Notes: Figures may not total 100% because of rounding. For each table, authors have reported all data which were collected by Princeton Survey Research Associates International. However, it is important to note that these organizations did not conduct the same survey every single year, which explains the occasional gaps in the data reported year to year.

Source: Poll data compiled by Princeton Survey Research Associates International (2004; 2008) [Newsweek poll conducted by Princeton].

The results reveal some striking trends and remarkable consistency. Over the decade in which these questions were posed, approximately 6 in 10 Americans, in the mid-1990s, consistently supported gay men and lesbians' rights to inheritance, Social Security, and employee benefits from their partners. This support increased modestly to nearly 7 in 10 Americans by the late 2000s.

Table 5: Attitudes toward Health Insurance Benefits for Gay and Lesbian Spouses, 1997-2009

Year	Should %	Should Not %	Don't Know %
1997	59	36	5
1998	58	37	5
2000	58	34	8
2004	60	33	7
2008	73	23	4
2009	67	30	2

Question: Do you think there should or should not be... health insurance and other employee benefits for gay spouses?

Notes: Figures may not total 100% because of rounding. For each table, authors have reported all data which were collected by the Gallup Organization and Princeton Survey Research Associates International. However, it is important to note that these organizations did not conduct the same survey every single year, which explains the occasional gaps in the data reported year to year.

Source: Poll data compiled by Princeton Survey Research Associates International (2004; 2008) [Newsweek poll conducted by Princeton] and the Gallup Organization (2011d).

DISCUSSION

Marriage is a private and public demonstration of commitment that affords couples a range of benefits and protections. When a state denies same-gender couples the right to a legal marriage, these couples are denied many of the same benefits (Gallagher, 2010). American attitudes toward homosexuality are sharply divided and, at times, even contradictory. These data reveal that a majority of Americans hold nondiscriminatory attitudes toward homosexuality. For example, half of Americans in 2011 think marriage between homosexuals should be recognized by the law as valid (Gallup Organization, 2011a). It is important to note that for the first time since this question was first posed in 1996, a full majority of Americans (53%) support same-gender marriage.

Historically, change has occurred due to a cultural watershed or ideological change. That is, as Americans' opinions about other marginalized groups, such as African Americans and women, became more accepting, these favorable opinions generalized to other marginalized groups, including gay men and lesbians (Schroeder, 2004). Other possible explanations for increased tolerance of homosexuality could be a greater

awareness of gay and lesbian issues in the media and larger numbers of Americans who say that they know at least one person who is gay (Brewer, 2007).

Although an individual's race, gender, and disability status are protected from discrimination by federal and state laws, gay men and lesbians remain vulnerable to differential treatment and discrimination. This legal reality does not appear to be in line with a majority of Americans' views on homosexuality. For example, as reported in Table 2 as recently as 2008, nearly 9 in 10 Americans supported equal employment rights for gay men and lesbians.

When it comes to inheritance rights, Americans appear willing to allow same-gender couples the same benefits married couples enjoy: the ability to leave property to a surviving spouse. For example, New York couples who choose to marry will be first in line to inherit their spouses' assets. This is true, even if there is no will (Bernard, 2011b). If there are children, the spouse receives \$50,000 and half of the estate. The children then split the remaining monetary assets. The surviving spouse also chooses what to do with the remains of the deceased. However, not all rights are granted. Couples still neither file federal joint income taxes nor inherit the retirement benefits of their partner (Greene, 2011).

With regard to Social Security and employee health benefits, Americans are more reluctant to extend these benefits to same-gender couples. Vives (2010) contends that the overall concern of benefits rights should be based more on economic equality than even marriage equality. Indeed, it is possible to argue that Americans are cautiously conservative with regard to same-gender rights, but are less willing to grant same-gender couples the right to legally marry (Winenke & Hill, 2009). However, it is interesting to note that nearly 6 in 10 (58%) Fortune 500 companies offer coverage to employees with same-gender partners. Similarly, McGough (2010), Bernard (2011a), Lutgens and Trast (2011), and National Conference of State Legislatures (2011) also report increasing benefits rights for same-gender partners.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

As social workers, we often think of same-gender marriage and related issues as fairly contemporary. However, current social work practice and policy is guided by the definition of *family* adopted over 3 decades ago in 1981 by the National Association of Social Workers (NASW): "A grouping that consists of two or more individuals who define themselves as a family and who over time assume those obligations to one another that are generally considered an essential component of family systems" (Bern-Klug, 2010, p. 188).

Most of the injustices that gay men and lesbians experience are not linked to high profile national events, and their stories do not usually make the evening news. However, every day, gay men and lesbians experience the impact of discrimination on the job due to the fact that they lack comparable employee health, welfare, and retirement benefits for their same-gender partners. Gay and lesbian couples' differential legal status in the United States means that social workers must understand both how discrimination affects

same-gender couples and their children as well as the urgency with which these couples need greater protection under the law.

Social workers have developed a variety of resources which provide best practice techniques that can be employed while working with same-gender couples. For example, Ambrosio, Heffernan, and Shuttlesworth (2011) developed a framework of general social work practice techniques dealing with same-gender marriage. Gardner (2010) examines the Council on Social Work Education's (CSWE) challenges regarding employment benefits for gay and lesbian partners. He further observes that same-gender couples face these challenges as they grow old, requiring social workers to create programs to meet their specific needs, to persuade for systematic change, and to make social workers aware of their own assumptions. Additionally, Hardina, Middleton, Montana, and Simpson (2007) have developed culturally sensitive practice models and theories that empower this specific population.

Social workers often draw from allied professions such as psychology. In this vein, the American Psychological Association (2011) has developed practice guidelines based on 21 principles for working with lesbian, gay, and bisexual clients. Self-determination is a core value for social workers. Towards this end, same-gender couples should make their own decisions after all options are made known to them.

In healthcare settings, several authors have discussed the role of social workers specializing in palliative care and end-of-life planning for same-gender couples. Altilio, Otis-Green, and Farrell (2011) note that despite the legality of same-gender marriage in a number of states, social workers need to assess the environment of their clients' healthcare setting. This is because even well-executed documents may not meet the requirements of specific state laws. Thus, we have seen that a variety of best practices have been developed for numerous social work settings that deal with same-gender couples; for example, end-of-life palliative facilities. Collins (2011), for example, reports on the mandatory recognition of gay couples by hospitals. Significantly, the presidential memorandum enacted on January 18, 2011 outlaws discrimination based on gender identity and requires more than 6,200 hospitals to inform patients of their rights to visitors of their choosing, with more than 35 million admissions yearly.

According to the National Resource Center for Permanency and Family Connections (2011), there are a variety of best practices available for meeting the needs of same-gender couples and the complexity of gay marriage issues. In addition, Mallon (2008) provides a series of best practice principles working with same-gender couples. NASW mandates that social workers have a critical role in assisting individuals and their families regarding their options in the face of legal barriers to marriage, civil unions, same-gender partnerships, inheritance and survivorship, and employees' benefits as they affect this population. On a regular basis, NASW offers a series of continuing education seminars on topics for social workers and family law for same-gender couples (NASW, 2011).

Drawing from the numerous best practice techniques presented above as well as those available from allied professions, schools of social work throughout the country are now in a better position to design a comprehensive curriculum that employs these direct practice techniques to work with same-gender couples.

Figueira-McDonough (1993) describes policy practice as the “neglected side of social work interventions” (p. 179). She articulates four approaches to policy practice—legislative advocacy, reform through litigation, social action, and social policy analysis—which we apply here in hopes of inspiring such work.

Legislative Advocacy

Given how deeply divided American opinion about gay rights is, an advocacy approach is particularly pertinent. Past inequities in American history—slavery, segregation, and women’s suffrage—all required some form of legislation to set right, even when corrective action was unpopular at the time.

Social workers, equipped with this knowledge, could serve their clients by working at local, state, and federal levels to secure some form of partnership rights for same-gender couples. Indeed, social workers familiar with the findings reported here may be in a unique position to advocate for legislative change by actively promoting the extension of inheritance rights and employee benefits to same-gender couples.

Reform through Litigation

When weighing the potential applicability of the reform-through-litigation approach, social workers should become familiar with the laws and the patience to see test cases through to their conclusion. Reform through litigation is nevertheless a viable option for social workers interested in advocating for their same-gender clients’ right to inheritance, Social Security, and employee health insurance benefits, as well as to receive many of the other benefits associated with legal marriage.

In Perry v. Schwarzenegger (2010), which challenged the federal constitutionality of Proposition 8, expert witnesses were utilized to provide critical perspectives on the similarity between heterosexual and same-gender relationships. Cott (as cited in Shih, 2010) argued that marriage has become more gender neutral, and that same-gender marriage is capable of fulfilling the purposes of marriage from an economic perspective. In her testimony, UCLA social work professor Peplau (as cited in National Center for Lesbian Rights, 2010) agreed that the quality and stability of same-gender relationships are similar to those of heterosexual relationships, noting that most couples marry to gain physical, psychological, and social benefits.

Social workers are in a unique position to collect data on the nature of relationships between same-gender couples and determine their similarity or distinctiveness from heterosexual relationships. This is how social workers can bolster their credibility through systematic empirical research to address these specific issues surrounding same-gender couples.

Social Action

Social workers could employ this community-based approach on a local level by establishing ongoing dialogue within their community about same-gender couples’ need for legal recognition and by mobilizing central community players for change.

Knowledge of public opinion data like those presented here could aid social workers in their work toward legal protection of same-gender relationships using the social action approach. Specific findings in this article—in particular, the data presented on equal employment rights and support for gay spouses' inheritance, Social Security, and health insurance rights—may be important “leverage points” social workers can use to advocate for expanding same-gender couples' rights. Knowing that a majority of Americans is sympathetic to the plight of same-gender spouses—who may be unable to inherit property when their partner dies or visit their ailing spouse in the hospital—could provide much needed common ground in a conversation or public forum on gay rights.

Social Policy Analysis

The fourth approach is a valuable tool because it provides social workers with the skills necessary to closely read and understand social policy. By applying analytical lenses like self-determination and equity, social workers are better equipped to understand pending legislation that directly affects their clients.

Social workers experience many ethical dilemmas related to same-gender couples, including how public opinion greatly influences this population. State and national policies continue to evolve, and the consequences of these policies have the potential to affect same-gender couples. This point may be relevant when working not only with gay and lesbian clients, but with family members of these clients whose feelings about homosexuality ultimately affect the entire family system.

The National Association of Social Workers (NASW) (2008) has established clear guidelines for social work with gay and lesbian clients: “Same-gender sexual orientation should be afforded the same respect and rights as other-gender orientation” (p. 5). In terms of advocacy, the NASW is “committed to working toward the elimination of prejudice and discrimination based on sexual orientation, both inside and outside the profession” and is “working to help enact antidiscrimination legislation at the national, state, and local levels as well” (p. 1).

All social workers have a responsibility to understand the unique circumstances of their clients. Knowledge, training, and awareness are crucial in order to serve each client effectively. Finally, social workers are uniquely trained to empower their clients who are dealing with profound questions regarding same-gender marriage.

References

- Altilio, T., Otis-Green, S., & Farrell, B. R. (2011). *Oxford textbook of palliative social work*. London: Oxford University Press.
- Ambrosio, R., Heffernan, J., & Shuttlesworth, G. (2011). *Social work and social welfare: An introduction*. Belmont, CA: Wadsworth Publishing.
- American Psychological Association. (2011). *Practice guidelines for LGB clients: Guidelines for psychological practice with lesbian, gay, and bisexual clients*. Washington, DC: Author. Retrieved from <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>

- Badgett, M. V. L. (2009). *When gay people get married: What happens when societies legalize same-sex marriage*. New York: New York University Press.
- Barnes, R. (2010, June 14). Olson surprises many conservatives by seeking to overturn gay-marriage ban. *Washington Post* [online]. Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2010/06/13/AR2010061305057.html>
- Becker, J. (2009, August 18). A conservative's road to same-sex marriage advocacy. *The New York Times* [online]. Retrieved from <http://www.nytimes.com/2009/08/19/us/19olson.html?pagewanted=all>
- Bern-Klug, M. E. (2010). *Transforming palliative care in the nursing home: The social work role*. New York: Columbia University Press.
- Bernard, T. S. (2011a, May 21). For gay employers, an equalizer. *The New York Times*, p. B1.
- Bernard, T. S. (2011b, June 27). How gay marriage will change couples' financial lives. *The New York Times* [Web log post]. Retrieved from <http://bucks.blogs.nytimes.com/2011/06/24/how-gay-marriage-will-change-couples-financial-lives/>
- Bernard, T. S. (2011c, July 5). Same-sex spouses in New York will get health insurance. *The New York Times* [Web log post]. Retrieved on <http://bucks.blogs.nytimes.com/2011/07/05/same-sex-spouses-in-new-york-will-get-health-insurance/>
- Bernard, T. S. (2011d, August 3). Tax changes for gay married New Yorkers. *The New York Times* [Web log post]. Retrieved from <http://bucks.blogs.nytimes.com/2011/08/03/tax-changes-for-gay-married-new-yorkers/>
- Brewer, P. R. (2007). *Value war: Public opinion and the politics of gay rights*. Lanham, MD: Rowman & Littlefield.
- Cole, D. (2009, July 2). The same-sex future. *Georgetown Law Faculty Publications and Other Works*. Paper 3.
- Collins, M. (2011, January 26). *Memorandum protects same-sex couples in hospitals* [newsletter]. New York: Diversity Best Practices. Retrieved from <http://www.diversitybestpractices.com/news-articles/memorandum-protects-same-sex-couples-hospitals>
- Davis, J. A. (1971). *Elementary survey analysis*. Englewood Cliffs, NJ: Prentice Hall.
- Defense of Marriage Act, Pub. L. No. 104-199, 110 Stat. 2419 (1996).
- Feigen, B. (2004). Same-sex marriage: An issue of constitutional rights not moral opinions. *Harvard Women's Law Journal*, 27, 345-355.

- Figueira-McDonough, J. (1993). Policy practice: The neglected side of social work intervention. *Social Work, 38*, 179-188.
- Frank, D. J., & McEneaney, E. H. (1999). The individualization of society and the liberalization of state policies on same-sex sexual relations, 1984-1995. *Social Forces, 77*, 911-943.
- Gallagher, M. (2010). Why accommodate? Reflections on the gay marriage culture wars. *Northwestern Journal of Law and Social Policy, 5*, 260-273.
- Gallup, A. M., & Newport, F. (2010). *The Gallup poll: Public opinion 2010*. Lanham, MD: Rowman & Littlefield.
- Gallup Organization. (2011a). Same-sex couples recognized by law. Retrieved from <http://www.gallup.com/poll/117328/Marriage.aspx>
- Gallup Organization. (2011b). Equal rights. Retrieved from <http://www.gallup.com/poll/1651/Gay-Lesbian-Rights.aspx>
- Gallup Organization. (2011c). Inheritance rights for gay and lesbian domestic partners. Retrieved from <http://www.gallup.com/poll/1651/Gay-Lesbian-Rights.aspx>
- Gallup Organization. (2011d). Health insurance and other employee benefits for gay and lesbian domestic partners. Retrieved from <http://www.gallup.com/poll/1651/Gay-Lesbian-Rights.aspx>
- Gardner, D. S. (2010, June). Practice with LGBT elders. *Aging Times* [e-newsletter]. Retrieved from <http://www.cswe.org/CentersInitiatives/GeroEdCenter/GECPublications/agingtimes/36510/41380/41382.aspx>
- Greene, K. (2011, July 9). Headaches for same-sex couples. *Wall Street Journal* [online]. Retrieved from <http://online.wsj.com/article/SB10001424052702303982504576428341158786506.html>
- Hardina, D., Middleton, J., Montana, S., & Simpson (2007). *An empowering approach to management social service organizations*. New York: Springer Publishing.
- Harms, W. (2011). Americans move dramatically toward acceptance of homosexuality, survey finds. *University of Chicago News* [online]. Retrieved <http://news.uchicago.edu/article/2011/09/28/americans-move-dramatically-toward-acceptance-homosexuality-survey-finds>
- Hertz, F., & Doskow, E. (2011). *Making it legal: A guide to same-sex marriage, domestic partnerships & civil unions* (2nd ed.). Berkeley, CA: Nolo.
- Hunter, S. (2010). *Effects of conservative religion on lesbian and gay clients and practitioners: Practice implications*. Washington, DC: NASW Press.
- Lind, A. (2004). Legislating the family: Heterosexist bias in social welfare policy frameworks. *Journal of Sociology and Social Welfare, 31*(4), 21-35.

- Lutgens, C., & Trast, C. R. (2011, July 13). Employee benefit considerations for marriage by same-sex couples in New York. *Kramer Levin Naftalis & Frankel Employee Benefits Alert* [Memorandum]. Retrieved from http://www.martindale.com/members/Article_Atachment.aspx?od=404239&id=1317918&filename=asr-1317922.Marriage.pdf
- Mallon, G. P. (Ed.). (2008). *Social work practice with lesbian, gay, bisexual, and transgender people*. New York: Routledge.
- McGough, M. (2010, April 14). Same-sex social security benefits? Not while DOMA lives. *Los Angeles Times* [online]. Retrieved from <http://opinion.latimes.com/opinionla/2010/04/samesex-social-security-benefits-not-while-doma-lives.html>
- National Association of Social Workers. (2008). *Code of ethics*. Washington, DC: Author. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- National Association of Social Workers. (2011). *Social workers and family law issues for same-sex couples*. Washington, DC: Author. Retrieved from <http://www.socialworkers.org/ce/online/lunchtime/lcourses/home.aspx>
- National Center for Lesbian Rights. (2010, January 10). *NCLR's legal director Shannon Minter on Perry v Schwarzenegger* proceedings, day 3 [Web log post]. Retrieved from <http://nclrights.wordpress.com/2010/01/13/nclrs-legal-director-shannon-minter-on-perry-v-schwarzenegger-proceedings-day-3/>
- National Conference of State Legislatures. (2011). States offering benefits for same-sex partners of state employees. Author. Retrieved from <http://www.ncsl.org/default.aspx?tabid=1631>
- National Resource Center for Permanency and Family Connections. (2011). *LGBTQ issues & child welfare*. New York: Author. Retrieved from http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/lgbtq-issues-and-child-welfare.html
- Newton, D. E. (2010). *Same-sex marriage: A reference handbook*. Santa Barbara, CA: ABC-CLIO.
- Olson, T. B. (2010, January 18). The conservative case for gay marriage: Why same-sex marriage is an American value. *Newsweek*, 48-54.
- Pan, P. L., Meng, J., & Zhou, S. (2010). Morality or equality? Ideological framing in news coverage of gay marriage legitimization. *The Social Science Journal*, 47(3), 630-645.
- Perry v Schwarzenegger*, Case No. C 09-2292 VRW (U.S. District Court for the Northern District of California, 4 August 2010).
- Princeton Survey Research Associates International. (2004). American jobs and foreign competition—Newsweek poll—Final topline results [Data file]. Princeton, NJ: Author.

- Princeton Survey Research Associates International. (2008). American jobs and foreign competition—Newsweek poll—Final topline results [Data file]. Princeton, NJ: Author.
- Robinson, B. A. (2011). Marriage: Same-sex and opposite-sex. Legal and economic benefits of marriage. Retrieved from http://www.religioustolerance.org/mar_bene.htm
- Schroeder, M. (2004). Changing social attitudes in the United States: Increasing acceptance of homosexuals. *University of Wisconsin—La Crosse Journal of Undergraduate Research*, 7. Retrieved from <http://www.uwlax.edu/urc/JUR-online/PDF/2004/schroeder.pdf>
- Shih, G. (2010, January 12). Same-sex marriage case, day 2: History lessons. *The New York Times* [Web log post]. Retrieved from <http://bayarea.blogs.nytimes.com/2010/01/12/same-sex-marriage-case-day-2-history-lessons/>
- Totenberg, N. (2010). Ted Olson, gay marriage's unlikely legal warrior. *National Public Radio*. Retrieved from <http://www.npr.org/2010/12/06/131792296/ted-olson-gay-marriage-s-unlikely-legal-warrior>
- Vives, R. (2010, April 12). Equal social security benefits for same-sex couples urged. *Los Angeles Times* [online]. Retrieved from <http://articles.latimes.com/2010/apr/12/local/la-me-social-security12-2010apr12>
- Winenke, C., & Hill, G. J. (2009). Does the 'marriage benefit' extend to partners in gay and lesbian relationships? *Journal of Family Issues*, 30(2), 259-289.
- Yen, H. (2011, September 27). Census: Many gay couples say they're married—even if they technically aren't. MSNBC [online] Retrieved from http://www.msnbc.msn.com/id/44690992/ns/us_news-life/?gt1=43001

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Social Workers' Role in the Disproportionality of African American Students in Special Education

Kristen Faye Bean

Abstract: *There is an overrepresentation of African American students in special education. Research on this phenomenon has primarily focused on educators within schools. School social workers are in unique positions to impact the disproportionality. Patricia Collins' Domains-of-Power Framework is used to demonstrate how school social workers can practice transformational resistance to eliminate the overrepresentation of African American students in special education. School social workers should: 1) attend IEP meetings and conduct home visits and biopsychosocial evaluations with students who are being assessed for special education services, 2) offer to evaluate and conduct home visits with students whom teachers deem to be "at-risk" to prevent inappropriate assessments for special education, 3) create a school culture of acceptance of difference, and 4) ask themselves how they individually foster racial domination or emancipation in their daily actions.*

Keywords: *Disproportionality, special education, Domains-of-Power Framework, Individuals with Disabilities Education Act, African American students*

There is an overrepresentation of African American students in special education classrooms (Artiles, Kozleski, Trent, Osher, & Ortiz, 2010; Blanchett, 2006; Harry & Anderson, 1994; Mills, 2003; Skiba, Poloni-Staudinger, Gallini, Simmons, & Feggins-Azziz, 2006; Skiba et al., 2008). African American students have been historically disadvantaged in public education and have suffered poorer outcomes in rates of school retention, employment, and poverty status than other people (Chemerinksy, 2002; U.S. Census Bureau, 2010). Although special education is designed to provide personalized support for students with disabilities, inclusion of students with disabilities in regular education settings is preferred. The preference for inclusion is due to research that demonstrates detrimental effects for students who are separated from regular education and their typical peers (Brown, Higgins, Pierce, Hong, & Thomas, 2003; Freeman & Alkin, 2000; Hanushek, Kain, & Rivkin, 2002; Harry & Anderson, 1994). For over two decades, previous research on the disproportionality of African American students in special education has primarily focused on teachers and schools as the target of intervention to decrease the disproportionality (Artiles et al., 2010). A new technique to impact disproportionality is necessary. School social workers need to take advantage of their unique role in students' lives that empowers them to impact the disproportionality. Patricia Collins' Domains-of-Power Framework will be used to demonstrate how school social workers can practice transformational resistance to eliminate the overrepresentation of African American students in special education.

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BACKGROUND OF THE DISPROPORTIONALITY OF AFRICAN AMERICAN STUDENTS IN SPECIAL EDUCATION

African American students are overrepresented in special education classrooms (Artiles et al., 2010; Skiba et al., 2006). While African American students represent only 17% of school-age children, they represent one-third of students identified as experiencing mental retardation (Skiba et al., 2008). The identification of a disability alone does not cause students to be placed in special education classrooms. The decision to place a student in a regular education, special education, or part-time resource classroom depends on the opinion of students, teachers, school principals, and students' families. African American students in Indiana who experienced an emotional disturbance, mild mental retardation, moderate mental retardation, learning, speech, or language disability were more likely to be placed in a restrictive setting, such as a special education classroom, than other students with similar disabilities (Skiba et al., 2008).

While statistics about the disproportionality exist, debates occur on whether or not disproportionality is a problem. Scholars who argue that disproportionality is a problem report the negative impact of inappropriately placing African American students in special education. For example, a study of 222 students in special education found that they were more likely than students in regular education to experience alienation in school, felt like their education would not contribute to their future and that breaking rules in school was fine (Brown et al., 2003). Another study showed that students in general education performed better on measures of academic achievement and social competence than students in restrictive classrooms (Freeman & Alkin, 2000). Longitudinal data shows that students with disabilities in special education are not improving their outcomes at the same rate as their peers in regular education (Artiles et al., 2010). Those who posit that disproportionality is not a problem argue that special education is a safety net for students who are falling behind in regular education classes. For example, Freeman and Alkin (2000) found that children with mental retardation in general education did not attain social acceptance ratings as high as their typically developing peers. The Individuals with Disabilities Education Improvement Act (IDEA, 2004) mandated that special education classrooms have low teacher-student ratios, individualized education, and high expenditures per pupil, which are desirable characteristics.

HISTORICAL DISADVANTAGE OF AFRICAN AMERICAN STUDENTS IN PUBLIC EDUCATION

While examining the exclusion of African American students in education, it is important to reflect on their history of segregation in public education. African American students in public education were legally segregated into different schools than white students prior to 1954, when the *Brown v. Board of Education* declared that it was unconstitutional for state laws to establish separate public schools for white and black students (Chemerinsky, 2002). A decade later, Title IV of the Civil Rights Act tied federal funds to the elimination of segregation. It mandated that students should be assigned to public schools regardless of race, color, religion, or national origin

(Chemerinsky, 2002). The integration of white and black students in the south rose to 32% in 1968 and to 91% by 1973 (Chemerinsky, 2002). Although the trend of desegregation showed potential, scholars have documented a resegregation that has occurred in public schools since the 1970s due to white flight to suburbs, disparities in school funding, and recent Supreme Court decisions (Chemerinsky, 2002). Historical disadvantage has impacted African Americans; they lag behind in rates of school retention, employment, and poverty (U.S. Census Bureau, 2010). The overrepresentation of African American students in special education may represent another form of segregation that has detrimental effects on student outcomes.

RESEARCH FOCUSED ON TEACHERS AND SCHOOLS

The majority of research on the overrepresentation of African American students in special education has focused on teachers and schools. The process of identifying a child with a disability and the decision of classroom placement occur primarily within the school environment. The identification of a disability is first initiated by a teacher. The teacher makes a referral to a school psychologist to assess the child (Harry & Anderson, 1994; Skiba et al., 2008). Ideally, the school psychologist objectively administers valid and reliable intelligence tests. If the tests determine that the student has a disability diagnosis, an Individualized Education Plan (IEP) meeting is scheduled with a special education teacher, regular education teacher, local educational agency representative, campus administrator, the student with a disability if he or she is at least 14 years old, and other people who are familiar with the student (Individuals with Disabilities Education Improvement Act, 2004). The IEP meeting is held to discuss the student's disability status and classroom placement. The IEP team decides if the student should be placed in a regular education classroom, special education classroom, and/or receives resource hours. Classroom placement and hours are negotiated during the meeting (Individuals with Disabilities Education Improvement Act, 2004). Because of the teacher's knowledge about the student's progress in his or her classroom, the teacher's opinion is given much weight during the negotiation of the student's classroom placement (Harry & Anderson, 1994).

SCHOOL SOCIAL WORKERS' ROLE IN THE DISPROPORTIONALITY

Most research has focused on how teachers can impact the disproportionality of African American students in special education, yet school social workers are not constrained within schools and are uniquely situated to understand students' environmental factors that impact their development and use the students' environment as a resource. Teachers and school administrators are primarily limited to supporting students within schools, which can lessen their access to and understanding of students' families and communities. Social workers' roles and responsibilities, ethical responsibility for social justice, and participation in child study teams enable them to make a difference in the disproportionality. Literature that has discussed social work and disproportionality presents structural, disciplinary, cultural, and interpersonal methods in which social workers can decrease the overrepresentation of African American students in special education.

The roles and responsibilities of school social workers span from micro interventions, such as direct prevention and intervention activities with students, to macro interventions, such as creating positive school climates. A study of 606 school social workers found that most reported the use of three-tiered interventions with students, including primary, secondary and tertiary interventions. Primary interventions included prevention efforts, such as coordinating services for students in the community. Secondary interventions were described as early identification of nonacademic barriers and targeted interventions to address the barriers. Tertiary interventions include direct counseling and mental health support after a student has an identified need (Bronstein, Ball, Mellin, Wade-Mdivanian, & Anderson-Butcher, 2011). Based on their training, social workers should view students in their social environment, including school climate. School social workers have the responsibility to use their knowledge of multi-systemic and ecological perspectives to create positive school climates, resulting in caring and responsive schools (Hopson & Lawson, 2011). Although social workers are trained in ecological and systemic influences on development, a majority of school social workers have focused on the child or micro level and report little communication with teachers (Kelly, Frey, & Anderson-Butcher, 2010).

In addition to social workers' education in the ecological perspective, social workers have an ethical responsibility for social justice. One of the ethical principles determined by the National Association of Social Workers' (NASW) Code of Ethics (National Association of Social Workers, approved 1996, revised 1999) is that social workers challenge social injustice. The NASW Code of Ethics reports, "Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people" (National Association of Social Workers, approved 1996, revised 1999). This section of the Code of Ethics illustrates the professional responsibility that social workers have to practice transformational resistance to the disproportionality of African American students in special education. Transformational resistance includes a critique of oppression and a desire for social justice (Solorzano & Bernal, 2001). Social workers must be aware of the oppression of African American students in special education and critique the oppressive conditions and structures that dominate African American students.

The few articles that have been published about social work's role in the disproportionality of African American students in special education have researched and discussed structural, disciplinary, cultural, and interpersonal means in which social workers can decrease the disproportionality. For example, social workers have a potentially strong voice in deciding the diagnosis and placement of students in special education due to their role in child study teams, yet structural issues limit their participation. The child study teams determine if a student is eligible and needs special education services (Individuals with Disabilities Education Improvement Act, 2004). School social workers are assigned to complete a social and developmental study to ensure that specific diagnostic criteria have been met (Ebersole & Kapp, 2007). The social and developmental study of students includes a home visit to gain an understanding of the child's context and environment. Although it is not mandatory, school social workers may be invited to attend an IEP meeting, where the child's

diagnosis is reviewed and classroom placement is determined. Social workers may be the only member of the team to have visited the student's home environment, met extended family members, and have knowledge of community resources that can support the student. Social workers can express their understanding of the student's home environment, which could reveal how the environment impacts the student's developmental and educational progress. This unique knowledge has the potential to decrease the overrepresentation of African American students in special education. As Joseph, Slovack, and Broussard (2010) reported in their conceptual article on social work's privilege and duty to confront the segregation of students by curriculum: "If not us, then who?" (p. 17). For example, if a student's parents are going through a divorce, the student may exhibit externalizing behaviors and be easily distracted. Even though the student may appear to have a learning disability, the social worker's knowledge of struggles in the student's home might determine that the student needs therapeutic support, rather than special education services.

Although social workers have the potential to make a difference in disproportionality by conducting social and developmental studies for child study teams, research has shown that child study teams do not always follow strict criteria and social workers are not mandated members on IEP teams. Ebersole & Kapp (2007) conducted an analysis of all students identified as mentally retarded in a large Midwestern city during May 2005 to assess if the child study teams adhered to district policy in certification of students served under the category of mental retardation. The guidelines to determine a student as mentally retarded included: 1) reported IQ of less than 70 and 2) at least two scores less than 70 on each of the Vineland Adaptive Behavior Scale (VABS) domains: communication, daily living skills, socialization, and motor skills, or 3) one set of the domain scores and/or the composite score on the VABS and an academic achievement score less than 70. The study found a significant difference between the rates of placement as mentally retarded using precise criteria between African American (24.1%) and White (52.3%) students (Ebersole & Kapp, 2007). In addition, they also found that only 16% of the child study teams that did not adhere to district policy received an evaluation of the certification from a supervisor. Ebersole & Kapp (2007) suggested that strict adherence standards must be followed in all child study teams.

The disciplinary and cultural aspects of social workers' role were discussed concurrently by scholars. Mills (2003) expressed that culture impacts the disciplinary aspect of social work services. Mills (2003) explained that social workers can help to "rule out" the impact of culture and other aspects of a student's social environment as explanations for a student's inability to be successful in a general education classroom. For example, a student's cultural norms may differ from a teacher's cultural norms, which could negatively result in the teacher's disciplinary action of the student. Social workers can help to "rule out" this cultural impact by learning about the student's culture and communicating with the teacher about cultural differences. Before students are identified as falling behind in the general education classroom, social workers should engage in preventative practices by responding to students' behaviors (Mills, 2003).

The interpersonal ways in which social workers can decrease the overrepresentation of African American students in special education is to recognize our own racial bias and

discriminatory acts. Discussions of racism are ubiquitous in the literature about social work and disproportionality in special education. As Joseph, Slovak, and Broussard (2010) explain, “‘race’ and ‘ability’ have a powerful hold over some in society” (p. 9). This includes social workers. In order for social workers to advocate for structural change and play a larger role in decreasing the disproportionality, they must be able to recognize their own racial bias and discriminatory acts, no matter how subtle the biases or acts may be.

DOMAINS-OF-POWER FRAMEWORK

Patricia Collins created the Domains-of-Power Framework in response to other theories that dichotomized racial inequality as caused by either institutional or personal factors. Collins’ framework posits that racial inequality is caused by both institutional and personal factors. Domains-of-Power Framework posits that racism is a system of power with four domains: structural, disciplinary, cultural, and interpersonal (Collins, 2009). According to the Framework, to impact the disproportionality of African American students in special education, the power within and across all four domains must be addressed.

The structural domain of power demonstrates how racial practices are organized by social institutions. Collins (2009) explains that “this is the structure of how racism as a system of power is set up, and how it is organized without anybody doing anything. This is the structure into which we are all born and we will leave behind when we die” (p. 53). The public school system is a structural domain of power that can manifest racist practices. One example of how the public school system manifests racial inequality is funding. School funding provided by property taxes is a structure that is set up in a way that impacts racial inequality. A school receives funding by taxes of property surrounding the school. Schools in lower socioeconomic neighborhoods receive less funding than schools in higher socioeconomic neighborhoods due to the lower property taxes in the area surrounding the schools. Minority students are more likely than white students to live in lower socioeconomic neighborhoods (Ladson-Billings, 2009).

The disciplinary domain of power includes rules and regulations organized by bureaucracies, but relies on people to practice surveillance of the system. To examine this domain of power, Collins (2009) suggests that we might ask the question, “How do implementation strategies reflect the racial and class composition of the classroom?” (p. 55). For example, assessments for special education are initiated by teachers, who are required by law to request evaluations of students who are unable to successfully accomplish school work at similar levels to their peers due to learning, emotional, or behavioral disabilities (Individuals with Disabilities Education Improvement Act, 2004). This policy may cause teachers to request evaluations for students even if they demonstrate a minor delay of understanding class material or present behavioral issues that distract from their learning in class. Parent participation is necessary during evaluations for special education services. Student classroom placement is determined during IEP meetings. As Blanchett (2006) explains, “Educators tend to see Whiteness as the norm and consequently the academic skills, behavior, and social skills of African American and other students of color are constantly compared with those of their White

peers” (p. 27). This can be intimidating and may impact the willingness of minority students’ parents to advocate for their child’s classroom placement during IEP meetings (Blanchett, 2006). The disciplinary domain of power implies the need for an assessment of how the implementation strategies for special education placement might be impacting the disproportionality.

The cultural domain of power explores how people’s ideas justify racial inequalities. Collins (2009) argues that popular media contain strong representations of the cultural domain of power. Racial stereotypes are represented in songs and music videos. The majority of media represent young women of color as “hos” and young men of color as “pimps” (Collins, 2009). Because adolescent students spend much of their time listening to music and watching television, they are highly influenced by the stereotypes of young men and women of color represented in the media. If minority students believe in the stereotypes, they may be less likely to try to succeed in school. Professionals within schools are also influenced by stereotypes of minority students portrayed in the media. The stereotypes may make people believe that the overrepresentation of minority students in special education is justified.

The interpersonal domain of power is where experiences shape race relations among one-on-one encounters between individuals in everyday life. People are given the opportunity to accept or resist racial inequality in their interactions with others (Collins, 2009). Regular education classes are more likely to be taught by female educators who may produce the norm of whiteness (Blanchett, 2006). This could have a negative impact on the understanding of the content taught among minority students and boys in the classroom. Female norms, such as being clean and quiet, may impact the behavioral success of boys, who are more likely to be rambunctious and louder than their female peers. White female teachers may be more likely to request a minority, male student to receive disciplinary actions and be assessed for disabilities than other teachers (Harry & Anderson, 1994).

CONCEPTUAL ASSUMPTIONS

The Domains-of-Power Framework provides spheres in which social workers can practice transformational resistance of the overrepresentation of African American students in special education. In order for social workers to be able to resist the disproportionality they must be knowledgeable of diversity and disability issues, believe in an ethical responsibility to advocate for social justice, and have a role in the diagnosis and placement of students in special education. Drawing on social work education and ethics and educational policy, I make three assumptions:

Assumption no. 1

Social work education provides social workers with education on diversity and disability content. As prescribed in the Council on Social Work Education (CSWE) Educational Policy Accreditation Standards (EPAS) social workers should learn how to engage in diversity and difference in practice. Dimensions of diversity taught in social work education should include the intersectionality of age, class, color, culture, disability,

ethnicity, gender, gender identity, immigration status, political ideology, race, religion, sex, and sexual orientation (Council on Social Work Education, 2008). It is assumed that social work students receive an education on diversity issues, such as culture, disability, ethnicity, and race, and continue to remember their education as they practice social work.

Assumption no. 2

Social workers are knowledgeable of and believe in the NASW Code of Ethics. The CSWE EPAS also requires that social work education include engagement in ethical decision-making using the NASW Code of Ethics (Council on Social Work Education, 2008). The NASW Code of Ethics states that social workers have an ethical responsibility to advocate for social justice (National Association of Social Workers, approved 1996, revised 1999). It is an assumption that all schools of social work teach courses using the NASW Code of Ethics and social workers believe in and plan to follow the NASW Code of Ethics.

Assumption no. 3

Social workers are members of the child study teams as prescribed in the IDEA. As demonstrated by Ebersole and Kapp (2007), child study teams have not always followed strict criteria established in the IDEA; therefore, it is an assumption that social workers are members of each child study team and conduct a social and developmental study for children.

DOMAINS-OF-POWER FRAMEWORK AND THE FUTURE ROLE OF SOCIAL WORKERS

School social workers can bring about transformational resistance and eliminate overrepresentation of African American students in special education by creating change within and across the structural, disciplinary, cultural, and interpersonal power domains.

Structural

The process of determining that a student has a disability is a structure that has manifested racial inequalities. Although social workers have been on child study teams, they have not been mandated members of IEP teams. The child study team decides whether or not a student fits the criteria for a disability diagnosis. The IEP team decides the student's classroom placement. The IDEA should mandate that school social workers are included in IEP team meetings. Social workers' unique position, which enables them to visit the student's home and community, is valuable in both child study and IEP team meetings.

Ensuring that school social workers are on the IEP teams is just the first step to change the structure of determining a disability diagnosis and classroom placement. School social workers must be required to conduct home visits and biopsychosocial evaluations prior to child study team meetings. During a biopsychosocial evaluation, social workers assess a person's biological, psychological, and social condition. This

would allow the social workers to learn about the student's home life, culture, and developmental achievement and provide the IEP team with more knowledge about how the student's family and environment may impact his or her development.

Disciplinary

School social workers should engage in preventative practices with students, teachers, and administrators in schools. As Mills (2003) suggests, the impact of culture and other aspects of a student's environment need to be "ruled out" before determining that a student has a disability. Not only do social workers need to rule out environmental impacts on students' academic achievement and provide preventative services, they need to assess the appropriateness of the disciplinary actions of teachers and administrators for students who are labeled as "at-risk". Minority students are often labeled as "at-risk", which causes educators to participate in disciplinary practices with minority students more often than with White students (O'Connor, Hill, & Robinson, 2009). The "at-risk" label can have detrimental effects on African American students. If educators believe all African American students are "at-risk" academically, any slight reason African American students demonstrate that they may need special education services could cause an educator to refer students to receive assessments. Social workers can request that teachers refer students to the school social worker if the teacher perceives the student is struggling academically. Collaborating with teachers may be new to school social workers, since a majority of them reported that they had little communication with teachers (Kelly, Frey, & Anderson-Butcher, 2010). Social workers can prevent inappropriate referrals to special education services by conducting home visits with students who are labeled "at-risk" to determine if student needs are not academically based. If the student's needs are due to non-academic reasons, such as socioeconomic, social workers may be able to provide resources to resolve the issue.

Cultural

School social workers can impact the cultural domain of power by becoming knowledgeable about culture and creating a culture of acceptance of difference. Social workers should seek out knowledge about how different cultures perceive the importance of formal education. This may occur through informal conversations with students' families and/or community representatives. Social workers can help to create a culture that prevents racial inequality through shaping ideas and ideologies. An example of a cultural idea is that minority students are "at-risk". This idea perpetuates inequality in schools (O'Connor et al., 2009). Social workers should prevent placing students in categories based on race. They can also create a culture of addressing each student's academic progress individually. Social workers can advocate for using individualized, rather than categorized language. An example of a cultural ideology is the belief in the medical model, which focuses on individual diagnosis. Alternatively, social workers can promote the humanistic perspective, which posits that differences are contributions to the richness of educational settings (Mills, 2003).

Interpersonal

As Collins (2009) elucidates, people are given the opportunity to accept or resist racial inequality in daily interactions. This is also true for social workers in their professional practice. Even though social workers are ethically responsible to advocate for social justice based on the Code of Ethics, they may not always conduct their work in ways that create social justice. To practice transformational resistance school social workers need to recognize how their daily action and interactions with others might reinforce the dominant culture. Collins (2009) explains that we need to ask ourselves how we individually foster racial domination or emancipation in our daily actions.

IMPLICATIONS

African American students have continued to be overrepresented in special education classrooms as strategies to eliminate the disproportionality have focused on teachers and schools as targets of intervention. It is critical to promote the inclusion of African American students with disabilities in classrooms with their typical peers, because the research has shown that students who are separated from regular education classrooms experience negative outcomes (Brown et al., 2003; Freeman & Alkin, 2000; Hanushek et al., 2002; Harry & Anderson, 1994). Although few scholars have discussed it, school social workers have a unique role in students' lives that empowers them to practice transformational resistance to the disproportionality of African American students in special education (Ebersole & Kapp, 2007; Furr, 1993; Joseph et al., 2010; Mills, 2003). School social workers should participate in transformational resistance to eliminate disproportionality by creating change within and across the structural, disciplinary, cultural, and interpersonal power domains in the following methods: 1) attending IEP meetings and conducting home visits and biopsychosocial evaluations with students who are being assessed for special education services, 2) offering to evaluate and conduct home visits with students whom teachers deem to be "at-risk" to prevent inappropriate assessments for special education, 3) creating a school culture of acceptance of difference, and 4) asking themselves how they individually foster racial domination or emancipation in their daily actions.

This call for school social workers to change their practices also indicates that policy change is needed to empower social workers to eliminate disproportionality. Because the IDEA only mandates social workers to be members of child study teams and not IEP teams, school social workers may not be invited to IEP meetings or knowledgeable of when IEP meetings are being held. The IDEA and/or local educational agencies need to mandate school social workers to be members of IEP teams and to conduct home visits and biopsychosocial evaluations. As demonstrated with previous policy changes that were intended to impact African American students in education, mandates as well as funding are needed to create change. IDEA and local educational agency policy changes must also be matched with funding to hire the appropriate number of school social workers needed in each district to attend student IEP meetings. This would make it easier for school social workers to create change. In the meantime school social workers need to work collaboratively with teachers to change the structure of student assessments for special education.

Though there are a few conceptual articles about social workers' role in the disproportionality of African American students in special education, this author found no empirical studies on social workers' participation in the diagnosis or classroom placement of African American students in special education. More research is needed to learn about school social workers' current role in special education diagnosis and placement and methods that social workers can improve their professional practices to eliminate the disproportionality. Collins (2009) provides a framework to understand how multiple domains of power impact racial inequalities. Structural, disciplinary, cultural, and interpersonal domains of power should be addressed in future research on how social workers can use transformational resistance to eliminate the disproportionality. This will help to illustrate how each domain is impacting the overrepresentation of African American students in special education and how social workers can support racial equality in education.

References

- Artiles, A. J., Kozleski, E. B., Trent, S. C., Osher, D., & Ortiz, A. (2010). Justifying and explaining disproportionality, 1968-2008: A critique of underlying views of culture. *Exceptional Children, 76*(3), 279-299.
- Blanchett, W. J. (2006). Disproportionate representation of African American students in special education: Acknowledging the role of white privilege and racism. *Educational Researcher, 35*(6), 24-28.
- Bronstein, L. R., Ball, A., Mellin, E. A., Wade-Mdivanian, R. & Anderson-Butcher, D. (2011). Advancing collaboration between agency-employed school-based social workers: a mixed methods comparison of competencies and preparedness. *Children & Schools, 33*(2), 83-95.
- Brown, M. R., Higgins, K., Pierce, T., Hong, E., & Thomas, C. (2003). Secondary students' perceptions of school life with regard to alienation: The effects of disability, gender and race. *Learning Disability Quarterly, 26*(4), 227-238.
- Chemerinsky, E. (2002). The segregation and resegregation of American public education: The courts' role. *North Carolina Law Review, 81*, 1597-1622.
- Collins, P. H. (2009). *Another kind of public education*. Boston, MA: Beacon Press.
- Council on Social Work Education (CSWE). (2008). *Educational policy and accreditation standards*. Washington, DC: Author.
- Ebersole, J. L., & Kapp, S. A. (2007). Stemming the tide of overrepresentation: Ensuring accurate certification of African American students in programs for the mentally retarded. *School Social Work Journal, 31*(2), 1-16.
- Freeman, S. F. N., & Alkin, M. C. (2000). *Academic and social attainments of children with mental retardation in general education and special education settings*. US: Hammill Institute on Disabilities. doi:10.1177/074193250002100102

- Furr, L. A. (1993). Curriculum tracking: A new arena for school social work. *Social Work in Education, 15*(1), 35-44.
- Hanushek, E. A., Kain, J. F., & Rivkin, S. G. (2002). Inferring program effects for special populations: Does special education raise achievement for students with disabilities? *The Review of Economics and Statistics, 84*(4), 584.
- Harry, B., & Anderson, M. (1994). The disproportionate placement of African American males in special education programs: A critique of the process. *The Journal of Negro Education, 63*(4), 602-619.
- Hopson, L., & Lawson, H. (2011). Social workers' leadership for positive school climates via data-informed planning and decision making. *Children & Schools, 33*(2), 106-118.
- Individuals with Disabilities Education Improvement Act, Pub. L 108-446, 20 U.S.C. 1400 et. seq., 118 Stat. 2647 (2004).
- Joseph, A. L., Jr., Slovak, K., & Broussard, C. A. (2010). School social workers and a renewed call to advocacy. *School Social Work Journal, 35*(1), 1-20.
- Kelly, M. S., Frey, A. J., & Anderson-Butcher, D. (2010). School social work practice: directions based on present conditions. *Children & Schools, 32*(4), 195-199.
- Ladson-Billings, G. (2009). Just what is critical race theory and what's it doing in a nice field like education? In E. Taylor, D. Gillborn & G. Ladson-Billings (Eds.), *Foundations of critical race theory in education* (pp. 17-36). New York, NY: Routledge.
- Mills, C. (2003). Reducing overrepresentation of African American males in special education: The role of school social workers. *Race, Gender & Class, 10*(2), 71-83.
- National Association of Social Workers. (approved 1996, revised 1999). *Code of ethics*. Washington, DC: Author.
- O'Connor, C., Hill, L. D., & Robinson, S. R. (2009). Who's at risk in school and what's race got to do with it? *Review of Research in Education, 33*, 1-34.
doi:10.3102/0091732X08327991
- Skiba, R. J., Poloni-Staudinger, L., Gallini, S., Simmons, A. B., & Feggins-Azziz, R. (2006). Disparate access: The disproportionality of African American students with disabilities across educational environments. *Exceptional Children, 72*(4), 411-424.
- Skiba, R. J., Simmons, A. B., Ritter, S., Gibb, A. C., Rausch, M. K., Cuadrado, J., & Chung, C. (2008). Achieving equity in special education: History, status, and current challenges. *Exceptional Children, 74*(3), 264-288.
- Solorzano, D. G., & Bernal, D. D. (2001). Examining transformational resistance through a critical race and LatCrit theory framework: Chicana and Chicano students in an urban context. *Urban Education, 36*, 308-342. doi:10.1177/0042085901363002

U.S. Census Bureau. (2010). Current Population Survey, Annual Social and Economic Supplement. Retrieved from
<http://www.census.gov/population/www/socdemo/race/pp1-ba10.html>

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