

EDITORIAL

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With the Fall 2012 issue, *Advances in Social Work* is pleased to bring you its *third* issue of the year (Volume 13, No. 3). When the editor (me) informed his staff (also me): “I would like you to prepare, copyedit, and release three issues in 2012,” his staff replied “Are you serious, boss?” Now this small and not very self-aware staff is relieved that the three issues have all been carefully produced, and more than grateful to the co-editors of the two previous special issues: Drs. James Daley and Anthony Hassan for the *Military Social Work* issue (Vol. 13, No. 1), and Drs. Khadija Khaja and Joseph Varga for the *Global Problems: Local Solutions* issue (Vol. 13, No. 2). If you have not yet already done so, I would urge you to visit those issues on our website. I will say, however, that in 2013 we only plan to produce the usual two issues, and intend to keep it that way for the foreseeable future!

I would also like to take this opportunity to express appreciation to our expanding roster of reviewers. With the three issues this year, and a generally increasing number of manuscript submissions, many reviewers have been asked to do multiple reviews, and most have responded in a thorough and timely fashion, only occasionally needing a gentle reminder. The results are apparent in the quality of articles published. Moreover, several authors, even including those whose manuscripts were rejected, have expressed appreciation for both the constructive nature of the reviewers’ feedback and the relatively quick timelines from submission to initial decision.

This Fall 2012 issue contains 9 articles on a range of topics. It begins with Michelle D. Garner’s “Advancing Discussion of Federal Faith-based Social Service Policies through Overview and Application of Established Health Services Research Models.” She perceives a lack in the literature of an appropriate analytic framework for critiquing the merits of federal policies regarding faith-based organizations’ (FBOs) provision of human services, and suggests applying the theoretically-based policy analysis model introduced by Aday and colleagues (2004) to that task. She concludes that their effectiveness, efficiency, and equity policy analysis framework is an appropriate lens through which to consider FBO policies.

The second article, “Re-imagining Citizenship, Re-imagining Social Work: U.S. Immigration Policies and Social Work Practice in the Era of AZ SB1070,” by Hye-Kyung Kang, is also policy-related. “Guided by poststructural and postcolonial theories, this paper uses a critical discourse analysis method (Fairclough, 1992, 1995) to illustrate how subject positions, such as ‘immigrants’ and ‘citizens,’ were produced and transformed through legal and policy discourses over time and illuminates binary oppositions that resulted in promoting citizenship as a system of exclusion” (Kang, 2012, p. 511). Kang’s historical analysis of U.S. immigration laws illuminates how the intersections of race/ethnicity-based restrictions and binary constructions such as native-

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born/foreign, deserving/undeserving, and safe/dangerous have produced an exclusionary and inequitable version of citizenship.

Continuing with the thread of critical analysis, Marcus Herz and Thomas Johansson, from Sweden, provide the next article: “‘Doing’ Social Work: Critical Considerations on Theory and Practice in Social Work.” They argue that the current emphasis on evidence-based practice reflects a form of social engineering that reproduces and strengthens dominant discourses and perspectives. They offer instead the idea of a more deconstructive and reflexive form of practice which they call “doing social work.” As they note: “While race, gender, age, sexuality, and class, for example, are often treated as stable categories, almost as parts of a personality, we suggest that these ‘categories’ are constantly evaluated, deconstructed, and put into motion. Doing social work would then be a demanding social practice, with critical and ongoing discussions about changes at the physical, social, and cultural levels as an important tool and practice” (Herz & Johansson, 2012, p. 535).

The next three articles contain sophisticated quantitative analyses to address measurement, theoretical, and intervention goals. Elizabeth A. Segal, M. Alex Wagaman, and Karen E. Gerdes present the next installment in an impressive program of research attempting to develop measures that adequately capture what is meant by the concept of empathy. In “Developing the Social Empathy Index: An Exploratory Factor Analysis,” their results help “to refine the conceptualization of social empathy as a construct with three components: 1) interpersonal empathy (as measured by the EAI); 2) contextual understanding of systemic barriers; and 3) macro self-other awareness and perspective-taking” (Segal, Wagaman, & Gerdes, 2012, p. 554).

Next, Jacky T. Thomas also explores empathy, using regression analyses to address the question posed in the title of the article “Does Personal Distress Mediate the Effect of Mindfulness on Professional Quality of Life?” She begins with the notion that upon observing another person who is suffering, some people exhibit an urge to help (presumably an indicator of empathy) while others experience an aversive reaction characterized by anxiety, withdrawal, or avoidance (personal distress). In addition, the literature suggests that mindfulness is associated with better professional quality of life indicators (lower levels of burnout and compassion fatigue, and higher levels of compassion satisfaction). Using a sample of 171 LCSWs, Thomas found some support for a potential mediating effect of personal distress on the relationship between mindfulness and the professional quality of life measures.

Mediation effects were also observed by Ann MacEachron and Nora Gustavsson in the article “Peer Support, Self-efficacy, and Combat-related Trauma Symptoms among Returning OIF/OEF Veterans.” Using a sample of 216 Veterans returning from the recent wars in Iraq and Afghanistan who attended weekend retreats sponsored by Vets4Vets, their study analyzed pre- and post- measures of perceived peer-support, self-efficacy, and PTSD symptoms. In addition to finding that increased peer support and self-efficacy were associated with reduced PTSD symptoms, they found support for both situation-specific and general theoretical models of self-efficacy serving to mediate the relationship between peer support and PTSD symptoms.

In “Perceptions of Administrative and Supervisory Support in Public Child Welfare,” Tonya M. Westbrook and Josie Crolley-Simic present the results from a portion of a survey of 1033 employees of a public child welfare agency. They compared the perceptions of administrative and supervisory support reported by child welfare employees with and without social work degree backgrounds. The results indicated that child welfare employees with social work degrees perceived less support from administrators and supervisors than did employees without social work degrees.

The final two articles focus on issues related to social work education. In “You Make Them Do What?": A National Survey on Field Seminar Assignments,” Bruce Dalton reports on the extent to which MSW programs use field seminars, how often such seminars meet, whether or not online components are used, and the extent to which required foundation and concentration year field assignments are seen as appropriate for inclusion in field seminars. Results show considerable variations in whether and how field seminars are used, leading to Dalton recommending that field seminars be required components of field education.

Similarly, Kristen Faye Bean and Taylor E. Krcek report results from a survey of the top-25 schools of social work regarding the extent to which disability content was included in their curricula in this issue’s concluding article, “The Integration of Disability Content into Social Work Education: An Examination of Infused and Dedicated Models.” Bean and Krcek conducted a content analysis of 1620 course titles and descriptions from these schools’ curricula. They found that 80% of the schools included disability content in course titles or descriptions. However, of the 1620 course titles and descriptions analyzed, only 7% included disability-related terms. Other findings of note included: “Twenty percent of the courses with disability content used the dedicated model, while the remaining courses infused disability content into courses with other main topics. Only one course description mentioned covering the ADA. Developmental and childhood disabilities were reported the most often in the course titles and descriptions” (Bean & Krcek, 2012, p. 643).

Thus ends the issue, and another year. For next year, we are eagerly anticipating the Spring 2013 special issue of *Advances in Social Work* focusing on *The Impact of Socio-Economic, Cultural, Political, and International Factors on Latinos/Latinas in the United States*, edited by Dr. Irene Queiro-Tajalli. The submission deadline for that issue has passed; we received nearly 30 manuscripts for review. Stay tuned for an announcement and call for papers next summer for a 2014 special issue on a topic yet to be determined. Of course, we will produce a “regular” issue with a range of topics in the Fall of 2013. So, there is still ample time to write and submit manuscripts for that issue, and I encourage you to do so!

Meanwhile, enjoy the current issue, tell your colleagues about *Advances in Social Work*, and urge them to register to submit articles and to join our cadre of reviewers.

Happy Holidays!

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Advancing Discussion of Federal Faith-based Social Service Policies through Overview and Application of Established Health Services Research Models

Michelle D. Garner

Abstract: *Since the 1990s, federal policies have allowed public funds to support social services provided through pervasively faith-based organizations (FBOs). Public and academic discourse on these policies tends to be marked by limited data, narrow scope, and the lack of an appropriate analytic framework to adequately consider and critique the merits of the policies, as social workers are compelled to do. The goals of this study are to identify, and preliminarily apply, an established policy analysis model appropriate for use with FBO policy in order to progress discussion. Health service researchers Aday, Begley, Lairson, and Balkrishnan (2004) provide a theoretically based policy analysis framework, which is appropriate for this task and for use by social workers. Their effectiveness, efficiency, and equity policy analysis model is presented along with data and analysis intended to help frame and progress productive discussions on FBO policies within and beyond the profession.*

Keywords: *Faith-based, Andersen behavioral model of health services use, social service policy, religious intervention*

INTRODUCTION

Faith communities have a long-standing, distinguished history of helping those in need. Due to a policy shift in the mid-1990s, federal law currently allows faith-based organizations (FBOs) to provide social services without requiring that they subjugate or alter their organizations' faith identities. Discussion and evaluation of FBO policies and programs have garnered public and academic attention, but are generally limited in scope and predicated on segmented research (Johnson, Tompkins, & Webb, 2008; Kramer, 2010) and political or religious ideology (Saperstein, 2003; Wineburg, 2007). These analyses are unreliable and problematic because they rely on and perpetuate isolated data and thinking; formal attempts to organize and analyze disparate streams of data relevant to FBO policies are rare and require resources, including the identification of an appropriate framework for such analysis. Yet, according to the Council on Social Work Education (CSWE, 2010), all social workers are obliged, as part of competent professional practice, to critically assess interventions (2.1.3) and use "research-informed practice and practice-informed research" (2.1.6, p. 5) to advocate for improvement of programs and policies (2.1.5; 2.1.8) that affect their clients and practices. The goals of this study are to identify, and preliminarily apply, an established policy analysis model appropriate for use with FBO policy in order to progress discussion within the profession and perhaps beyond.

Specifically, this study begins by recounting the history of FBOs and FBO policies and the limitations of the current literature. As explained below, current FBO policies are endemic to devolution of social and safety-net services. Social work, as a field, is

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centrally concerned with social justice (CSWE, 2010; NASW, 2008). Therefore, the field is responsible for assessing FBO policies through a lens both sensitive to social justice and compatible with the profession's dominant person-and-environment construction of human behavior (CSWE, 2010)—a construction that posits that human behavior is both influenced and constrained by contexts of the physical and social environment, while also reciprocally impacting the same (Hutchison, 2011). Because a model for such analysis of FBO policies is generally lacking in topical academic and public discussion, the study then contributes to the literature by introducing an established health service research model as an appropriate means for social workers to analyze FBO programs and policies. The model (Aday, Begley, Lairson, & Balkrishnan, 2004) includes three criteria—effectiveness, efficiency, and equity—each of which are discussed in turn. The discussion of each criterion includes preliminary, issue spotting application to the states of the science and administrative implementation of FBOs.

THE HISTORY OF FAITH-BASED ORGANIZATION POLICIES

Communities of faith have long functioned as refuges for those in need, maintaining informal and formal systems of aid. When formalized, such services are traditionally offered one of two ways. Faith communities may maintain auxiliary programs dependent upon membership-derived resources (financial or volunteerism; e.g., a Friday night supper service donated, prepared, and served by members). Faith communities may also give rise to chartered 501(c)(3) non-profit organizations focused upon providing social services, such as Catholic Community Services, the Salvation Army, Lutheran Community Services, and Jewish Family Services; such organizations are maintained at arm's-length distance from their religious roots, may receive government funding, and function subject to standard, prevailing laws.

Traditionally, national policy has sought to protect religious liberty by preventing public funds from flowing directly to religious organizations (such as churches). These “pervasively sectarian” entities, as they are referred to by the Supreme Court, receive tax benefits and engage in worship, proselytization, and religious education. Pervasively sectarian organizations may discriminate in hiring, but historically are barred from direct receipt of public funding based on the rationale that the government should not favor or endorse particular religious views or interests (Saperstein, 2003). However, policymakers have increasingly been swayed toward the competing view that religious organizations providing social services should not be excluded from public funding sources on the basis of faith. Thus, FBO policy began shifting in the 1990s, tracking two trends in national politics: 1) the devolution of social and safety net services downward toward local levels and outward toward private contractors (Hutchison, 2011) and 2) the politicalization of religion (Gelman, Park, Shor, & Cortina, 2010; McMillin, 2011).

Beginning with the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) and its extension through the Faith-Based and Charitable Choice Initiatives, federal policy has formally fostered the role of faith communities in the provision of government funded social services, including substance abuse treatment and Temporary Assistance for Needy Families. The significance of these policies is their marked turn in legal and philosophical stance: pervasively religious

organizations are now able and encouraged to pursue and administer government-funded social services without a requirement that they alter or subjugate their religious identity (De Vita & Wilson, 2001; Saperstein, 2003). Consistent with national political trends, the policies reflect a desire to enhance the role of FBOs in the provision of public services, a concern for the organizations' religious autonomy, and financial commitments in the form of technical trainings to entice FBOs into the role of service providers. The new FBO policies prohibit proselytizing and seek to ensure the right to religious liberty of service recipients. However, adherence to these protections is neither systematically measured nor enforced (GAO, 2006; Kramer, Finegold, De Vita, & Wherry, 2005b) and is recognized as problematic (GAO; Kramer et al., 2005b; President's Council, 2010).

In 2001, President George W. Bush pressed this FBO agenda through Executive Order, after Congress declined to legislate (Kramer, Finegold, De Vita, & Wherry, 2005a). For example, President Bush created The White House Office of Faith-Based and Community Initiatives within the Executive Office, with the goal of expanding the opportunities for religious groups to contribute to public purposes "such as curbing crime, conquering addiction, strengthening families and neighborhoods, and overcoming poverty" (Exec. Order No. 13199, 2001, Sec.1). Eliminating obstacles to FBOs fulfilling his envisioned role was a cornerstone in President Bush's domestic agenda (Kramer, et al., 2005a).

The FBO policy shift has been controversial. Critics have suggested that the Bush administration's policy changes were aimed principally at supporting an evangelical religious agenda (Wineburg, 2007). Most FBO funding goes to Christian-based groups (Green & Sherman, 2002; Kramer, 2010), which has led to concerns about religious diversity in policy implementation. The constitutionality of President Bush's approach to supporting FBO services has also been questioned (Mink, 2001; Saperstein, 2003), on the basis that these policies establish a government religion and infringe upon an individual's rights to free exercise of religion. Minimally, the collective shifts in FBO policies have been criticized as part of a troubling devolution of public and safety-net services to the private sector (Kennedy, 2003; Mink, 2001; Saperstein, 2003; Wineburg, Coleman, Boddie, & Cnaan, 2008).

The swing in political power in 2008 suggested some course correction (Pew, 2009). Early in his presidency, President Barack Obama amended Executive Order 13199, abolishing President Bush's Office of Faith-Based and Community Initiatives and replacing it with the President's Advisory Council on Faith-Based and Neighborhood Partnerships ("President's Council"), which advises the President on best practices and needed improvements in the provision of services to vulnerable populations, specifically those who are low-income or underserved (Exec. Order No. 13498, 2009). President Obama also recast the role of government from aggressively eliminating obstacles to FBO funding toward one of measured accountability. President Obama described a need to balance the ability of FBOs to deliver services with the preservation of constitutional commitments, including "guaranteeing the equal protection of the laws and free exercise of religion and forbidding the establishment of religion" (Exec. Order No. 13498, 2009, Sec.1).

In 2010 President Obama amended FBO policy implementation by enhancing protections to beneficiaries while mandating that “[f]ederal financial assistance for social service programs should be distributed in the most effective and efficient manner possible” (“Principles and Policymaking Criteria,” Exec. Order No. 13559, 2010, Sec.2.a). These policies impact the purveyance of social services and the formal role of religious institutions in addressing governmental safety-net services.

The Pew Research Center (2009) reports that Americans indicate having related concerns about: church and state separation (52%), FBOs failing to meet program standards (48%), and discriminatory hiring practices (74% believe FBOs receiving government funding should not be allowed to hire based on religious belief). However, only 25% of those polled oppose government support of social service programs through pervasively sectarian FBOs. Sixty-nine percent of the American public favors government funding for social services to religious organizations. They believe this enhances service options (78%) and that non-secular providers “would be more caring and compassionate” than other providers (68%; Pew, 2009, 7th paragraph).

In 2009, the majority (52%) of Americans thought religious organizations are best suited to feed the homeless. Thirty-seven percent of respondents generally believed religious organizations are best at helping the needy [compared to non-secular (28%) or government organizations (25%)]. This belief is both most prominent and rising among Republicans (56%, up 16%) and white evangelicals (60%, up 13%; Pew, 2008-2009 comparison). General support for FBO policies is strongest among African-Americans (85%) and Hispanics (80%). Whether one personally views changes that allow pervasively religious organizations to directly receive public funding as a needed correction or a deviation from core principles, it remains imperative that policies regarding the provision of social services be focused on the resulting welfare of the individuals and communities served. It is incumbent upon professional social workers touched by the issue to critically evaluate federal FBO policies systematically, through an appropriate theoretical framework as a requisite of competent practice (CSWE, 2010).

FAITH-BASED ORGANIZATIONS AND LIMITATIONS OF THE LITERATURE

Available FBO service research tends to be segmented. Program evaluations of specific field-based services are prominent in the literature, rather than the controlled experimental studies required for clearer results and causal inferences. It is impossible to determine, in most FBO services research, what part (if any) religious aspects of programs have played when positive participant outcomes are found; or for whom religious aspects detracted from or impeded positive outcomes (e.g., Kissane, 2008). Research illuminating the relationship of religion and health is conducted and discussed separately from FBO research. In sorting through the FBO research literature, it often is difficult to discern program and outcomes research provided through private funding from those provided through government funding.

Existing FBO research can seem contradictory. For example, data from the National Substance Abuse and Mental Health Services Administration (SAMHSA, 2010) suggest

FBO programs appear very similar based on reports of what is offered when compared to non-FBO programs (e.g., 87.6% of FBOs and 92.2% of non-FBOs offer discharge planning; and 76.3% and 82.6% offer aftercare/continuing care respectively). Yet more nuanced research such as Sung, Chu, Richter, & Shlosberg (2010) and Hodge and Pittman (2003) reveal potentially important differences between services provided by FBO and non-FBO addiction treatment programs.

Sung, Chu, Richter, and Shlosberg (2010) undertook a national, randomized study of program characteristics among faith-based Teen Challenge USA (TC; n=80) programs compared to secular programs (n=68) randomly drawn from the National Directory of Drug and Alcohol Abuse Treatment. TC programs are associated with the Pentecostal Protestant Assemblies of God faith tradition and do not use public funding, but annually offer an estimated 5,000 treatment beds and services worth \$54 million to \$66 million (Sung et al., 2010). These researchers found several notable, meaningful differences between program types, in their conceptual etiology of substance abuse, matrix of on-site interventions offered, and assumptions about human nature. Specifically, respondents in TC settings believed substance abuse is “a consequence of separation from God” and “caused by a lack of meaning and purpose in life,” whereas those in secular programs believed it “is a brain disease” and “people are genetically predisposed to drug use” (p. 393). TC and secular programs offered a different constellation of services: “Bible classes (100.0% vs. 35.3%), prayer meetings (100.0% vs. 29.4%),” (p. 349), “individual psychotherapy (0.0% vs. 41.2%), group psychotherapy (0.0% vs. 35.5%), psychiatric assessment (0.0% vs. 23.5%), [and] primary medical care (0.0% vs. 23.5%)” (p. 394). Eighty-three percent of TC respondents agreed that “Human nature is fundamentally perverse and corrupt” (p. 392). Only 16% of the secular providers similarly agreed.

Hodge and Pittman (2003) researched state-registered FBO programs in Texas (n=30 respondents of 55 possible) and also probed more deeply in their questions and analysis. Program participants in the FBOs received a prominently “salvation transformation” and scripture-based drug and alcohol treatment with no apparent reference to evidence-based intervention or best practices, which would include concerns such as appropriate stepped-up levels of care and relapse prevention counseling. Though more than half the providers of these treatments were trained chemical dependency professionals, the majority of FBOs studied had no eligibility requirements for treatment providers. Twenty-five of the FBOs reported having a “follow-up program” for those discharged; the follow-up programs were described as: knowledge of the client’s work and church upon discharge (n=15), scheduled phone calls or letters to clients (n=5), and continued participation with the program or church (n=3). These data suggest definitions of important constructs such as discharge planning may differ among FBO and non-FBO substance abuse program respondents in SAMHSA’s (2010) research.

SAMHSA’s data are from the National Survey of Substance Abuse Treatment Services. The survey items are count or binary derived from check-mark lists to indicate “yes,” (e.g., “Which of the following services are provided by this facility at this location . . . 14) discharge planning, 15) aftercare/continuing care;” SAMHSA, 2008, p. 3). There appears to be no knowledge base criteria for completing the form on behalf of the facility. If respondents desire clarification on terms used in the survey, the survey directions send

them to consult a series of WebPages. Thus, definitional differences among survey respondents in “discharge planning and after care” would appear possible and quite likely in light of others’ research (Hodge & Pittman, 2003, SAMHSA, 2010, Sung et al., 2010). This possibility calls into question true similarities across FBO and non-FBO addictions programs.

Such theoretical and substantive differences in services offered are not limited to addictions treatment services. Comparative research among services of a Houston-based community sample of FBO versus secular programs for the homeless also show stark differences (Ebaugh, Pipes, Chafetz, & Daniels, 2003). Researchers analyzed data from 89 organizations, a 52% response rate of non-governmental or community development corporations in the 2001 Homeless Services Directory pool. Ebaugh and colleagues determined three notable, germane characteristics of religious organizations. First, religious organizations use more volunteer workers, use religious affiliation in hiring, and view religiosity of staff and leadership as central to their mission. Second, they use religious sources along with secular resources in decision making. And, third, the religious organizations support religious activities with clients such as “praying with a client, promoting a particular religious viewpoint to a client, speaking about spiritual matters to clients, and discussing behavioral issues using religious principles” (p. 422).

FBO service programs are different from secular ones. The core religious nature is obviously different, but understanding and quantifying how this character manifests as content, background, assumptions, or focus of interventions and organizational procedures is complex and not at all obvious (e.g., Cnaan, Sinha, & McGrew, 2004; Ebaugh, et al., 2003; Jeavons, 2004; Netting, 2004; Sider & Unruh, 2004; Smith & Sosin, 2001; Unruh, 2004). Nuanced explanation of how faith is included in FBO programs is complicated and often inadequately addressed in available research literature. What is certain is that currently the Obama Administration intends to continue to promote use of taxpayer money to provide public services through FBOs (Obama, n.d.).

In sum, understanding the role of religion in FBOs and assessing the merits of individual programs and the federal policies promoting their use is challenging. The social work profession views human behavior in the social environment as a dynamic interaction of the person with his or her environment (CSWE, 2010). However, the person-and-environment construction alone is inadequate either to predict service utilization and outcomes or to assess policies affecting them (see Wakefield, 1996). What is needed is a comprehensive, empirically-based framework, congruent with social work values and person-and-environment assumptions.

HEALTH SERVICES RESEARCH

Health services research is a promising field from which to adopt a comprehensive empirically-based model. Much like social work, health services research is a multidisciplinary informed field aiming to facilitate the health and well-being of people through study and enhancement of health supporting policies and services (see AHRQ, 2009; UW Department of Health Services, 2011). Rather than focus on specific issues or populations, health services research looks at the processes of services; e.g., access and

entry, provision dynamics, provision mechanisms, content (interventions), site and environmental context, departure or continuance, and costs. The Behavioral Model of Health Service Use (BMHSU; Aday & Andersen, 1974; Andersen 1968, 1995, 2008; Phillips, Morrison, Andersen, & Aday, 1998) is highly compatible with the social work person-and-environment construct (CSWE, 2010). The BMHSU captures and operationalizes those interrelated personal and exogenous features, such as site and provider characteristics, that impact an individual's entry, continuance, consumer satisfaction, and future use choices regarding services (see Andersen, 1995, 2008). The BMHSU has provided the conceptual framework for extensive national and international predictions and assessments of health care costs and utilization, including use with and without adaptation in evaluation of specific populations such as homeless people, minorities, women, and the elderly (Ashton, 2008).

As a contributor to the BMHSU (e.g., Aday & Andersen, 1974; Phillips et al., 1998), Aday and colleagues have built upon and extended the BMHSU to include policy evaluation criteria. The model may be applied for individual-level or population-level policy analyses. Thus, they offer a robust, theoretically-based conceptual framework by which to evaluate health-related policies, including those that are principally social, institutional, or environmental (Aday et al., 2004; Aday et al., 1999). The World Health Organization (Boerma, Chopra, & Evans, 2009) asserts that a multi-factored framework—such as Aday and colleagues' (2004) effectiveness, efficiency, and equity policy analysis framework—is an important contribution amid efforts to solidify a means of defining and comparing the effectiveness and equity of health care systems. Aday and colleagues' effectiveness, efficiency, and equity policy analysis framework is an established, appropriate, and systematic way to consider FBO policies. It is also compatible with the social work profession's person-and-environment construct and values of social justice and enhancement of community well-being (CSWE, 2010).

THE EFFECTIVENESS, EFFICIENCY, AND EQUITY POLICY ANALYSIS FRAMEWORK

All social work practice shares the objective of understanding social problems and their potential solutions, but policy considerations introduce a second task: that of translating these understandings into government action (Aday et al., 2004, p. 6). Social workers must thus consider FBO policies on two levels: their scientific support and the pragmatics of implementing them. The sections below first describe each of Aday and colleagues' three policy analyses criteria: *effectiveness* (quality), *efficiency* (cost-effectiveness), and *equity* (access). Directly following each criterion description are preliminary literature review data and analyses that highlight issues within the states of science and implementation within that criterion. This initial issue spotting application is intended to demonstrate the utility of the model and to frame and spur, rather than exhaust, further discussion and research.

Effectiveness

Effectiveness is a measure of quality. Whereas efficacy reflects the best outcomes found to be possible in a controlled study, effectiveness is the degree to which these possible outcomes are actually attained in the context of practice. Measurements of effectiveness can be drawn from the structural levels of the community, system of care, institution, or patient. On the individual, *clinical level*, effectiveness is an evaluation of “interactions of patients and providers in the medical care system and institutions and the resulting clinical improvements or health benefits achieved by patients” (Aday et al., 2004, p. 60). Such improvements may be resulting changes in physical, behavioral, attitudinal (beliefs and satisfaction), or patient education measures. Effectiveness is dependent upon the content and dose of an intervention and the context and process of delivering it. Process aspects of care services include actions, dynamics, and individual characteristics of the site, provider, and the recipient(s) at play in the process of service delivery. On a *population level*, effectiveness is an epidemiology of health. It must therefore take into account both individuals seeking services and individuals eligible for or needing services who do not seek them. It must also evaluate the impact of services and the environment (physical, social, and economic) upon the population’s health. *Utilization rates* (realized access) are an effectiveness outcome from the population perspective that fits conceptually within service processes (Aday et al. 2004, p. 66).

Policy considerations of effectiveness in the *clinical-level perspective* (focused upon structures, processes, and outcomes) revolve around best practice guidelines and mechanisms for quality assurance or improvement of processes and outcomes, according to Aday and colleagues (2004). Whereas policy considerations from a *population-level perspective* (focused upon environment, biology, behavior, and medical care) revolve around research to understand and impact targeted issues, prevention efforts, and enhanced access through quantity and dispersion of care services. In practice, population-level policy analysis of effectiveness frequently focuses upon community needs assessments and comprehensiveness of an integrated continuum of available care (prevention through follow-up).

FBO service related research. Effectiveness is equivalent to traditional outcomes research (e.g., whether people better off for having the service). The goals of this criterion are to understand: “What services work for whom, under what conditions, when should they be offered, and by which providers?” (Lyons, Howard, O’Mahoney, & Lish, 1997, p. 1). As previously noted, existing FBO research is scant and problematic (DeHaven, Hunter, Wilder, Walton, & Berry, 2004; Dodson, Cabage, & Klenowski, 2011; Johnson, et al., 2008; Kramer, 2010). For instance, a Social Work Abstracts (Ovid) database key word advanced search of (faith, church, congregation, parish, or synagogue) with (program, social service, or social services) and (study or evaluation) conducted March 5, 2012 yielded 69 peer-reviewed articles. Similar, non-mutually exclusive, searches within Social Services Abstracts (ProQuest) and PsychINFO (Ebsco Host) produced 647 and 622 respectively. There are multiple studies suggestive of the merits of FBO programs (e.g., Bartkowski, Call, Heaton, & Forste, 2007; see Johnson, et al., 2008). However, when actually examining outcomes of a FBO intervention, such studies, as a group, suffer multiple methodological issues such as: poor variable measurement,

failure to account for intent to treat, lack of randomized control groups (lack of randomized non-faith-based comparison treatment group), failure to account for attrition, and lack of appropriate statistical analysis (e.g., a segmented and limited in scope research base). At present, both the efficacy and effectiveness of FBO programs are still unproven (Amirkhanyan, Kim, & Lambright, 2009; Cnaan & Boddie, 2002; Dodson et al., 2011; GAO, 2002, 2006; Kramer, 2010; Wineburg, 2007). There is a lot of work to be done in this area.

Empirically supported theory suggests that contextual, individual characteristics, processes of service delivery, satisfaction of actual or intended consumers, and measureable outcomes are all areas that impact service utilization, and, therefore, program effectiveness (Andersen, 1995, 2008; Aday et al., 2004). They merit research in the context of FBO service provision. Specifically, how elements of religion in service processes, provider contexts, and provider character impact and interact with recipients to affect outcomes and realized access of services remains understudied. How does static religiosity of setting or provider compare in outcomes to services in which religious and spiritual assessment of the client are used to tailor the intervention provided to the client—as is best practice for social services based on professional counseling or case management standards (Cohen, 2009; DHHS-OMH, 2005; Ehman, 2009; Hodge, 2006; Mattison, Jayaratne, & Croxton, 2000)?

Current FBO policy-related research is inconsistent or absent on multiple counts. Most problematic are service process issues: 1) defining and operationalizing content and dose of religious inclusion among the continuum of FBOs and their subprograms (as programs within organizations may vary in religious content and dose between each other and the organization as a whole); and 2) identifying and understanding the active “faith” mechanism that ostensibly makes these programs different from secular organizations and programs (see Kramer, 2010). Looking outside the FBO literature to the body of research exploring religiosity or spirituality and health outcomes quickly indicates that further research on the religion-health relationship is imperative and relevant to FBO policy considerations.

Most of the early and encouraging research that linked religion to positive health outcomes lacked specificity (Hill & Pargament, 2003). Nuanced research of the last decade works to understand dimensions of religiosity, which is generally now conceptualized as a separate construct that can overlap with spirituality, and how religious and spiritual dimensions relate to outcomes of interest. Contemporary work in this area suggests that religion can be helpful to people, but is far from a global panacea and may actually be deleterious in some cases. Negative religious coping (crises of faith, struggles about meanings or negative self-appraisals in light of theology) as well as interpersonal religious conflicts are linked with poorer, not better outcomes (see Hackney & Sanders, 2003; Hill & Pargament, 2003; Sternthal, Williams, Musick, & Buck, 2010; or Pargament et al., 1998). Religion/spirituality (r/s) research is also now suggesting that meaning or forgiveness, both of which may be derived through religion but neither of which are unique only to religion, may moderate positive effects of r/s upon outcomes (Lyons, Deane, & Kelly, 2010; Park, 2007; Sternthal et al., 2010). Mental health status may (Webb, Robinson, & Brower, 2011) or may not (Edlund et al., 2011) play a

mediating role in the forgiveness pathway relationship. Others' work suggests that positive benefits of r/s may stem from triggering of beneficial relaxation or meditation mechanisms (Seeman, Dubin, & Seeman, 2003; Seybold, 2007), which can be subsumed in r/s practice but are also not unique to r/s. Many think social support derived from shared religious practice is at least part of the active agent linking religiosity to outcomes (Powell, Shahabi, & Thoresen, 2003).

Religion is also not universally linked to pro-social behavior, but, in fact, can foster in-group/out-group dynamics detrimental to the greater community, such as greater prejudice and harsher treatment to out-group members (Hall, Matz, & Wood, 2010; McKay, Efferson, Whitehouse, & Fehr, 2010; Preston, Ritter, & Hernandez, 2010). Religion can also be detrimental to in-group members when their identity is in conflict with their communities' religious teaching, most obviously with lesbian, gay, bisexual, and transgendered community members (Blackwell & Dziegielewski, 2005; Levy & Reeves, 2011; Rowatt, LaBouff, Johnson, Froese, & Tsang, 2009; Sherry, Adelman, Whilde, & Quick, 2010; Whitley, 2009). It should be noted that all major allied health professional organizations oppose "reparative therapy" or "sexual orientation conversion therapy," even with youth (Just the Facts Coalition, 2008). Again, there is a pressing need for research to discern the mechanisms by which r/s affects health outcomes, and for whom, in what context, and in what dose their use is helpful or harmful.

There are additional processes of FBO service features that also specifically need research attention. The policy amendments enacted by the Obama Administration, Principles and Policymaking Criteria (Exec. Order No. 13559, 2010), seek, in part, to correct some of the processes-of-service related concerns discussed in the President's Council's report (2010); e.g., contention about religious icons in rooms used for government-supported programs, insufficiency of notice of non-religious alternatives to services, need for adequate separation in time and location between government-funded programs and the overtly religious programs of the organization, lack of proper training for providers around all identified issues, and lack of checks for policy adherence. Research will be required to discern the progress made on these fronts.

Work to explore FBO service provider contexts and individual consumer characteristics is further along. Conceptual work toward defining the widely varying sources and gradations of religiosity inherent in FBO services is progressing (Ebaugh, et al., 2003; Jeavons, 2004; Smith & Sosin, 2001). There are initial literatures about characteristics of service-providing FBO organizations (e.g., Chaves & Tsitsos, 2001; Cnaan, Sinha, & McGrew, 2004; Ebaugh et al., 2003; Hodge & Pittman, 2003; Sung et al., 2009; Tangenberg, 2005) and service recipients (Heslin, Andersen, & Gelberg, 2003; Sager & Stephens, 2005; Wuthnow, Hackett, & Hsu, 2004). It appears from empirical evaluation that those using FBO services have different characteristics or needs than those seeking services elsewhere (Heslin et al., 2003; Reingold, Pirog, & Brady, 2007; Wuthnow et al., 2004). In part, this may be due to FBO providers formally or functionally barring service access to some people based on their characteristics, such as criminal histories or lifestyle choices (e.g., Cnaan et al., 2004; Reingold et al., 2007). Even some of those who do use FBO services do not like the religious aspects (Kissane, 2008; Sager & Stephens, 2005). Limited access to, dissatisfaction with, or avoidance of

FBO services are all differences in realized access (utilization and customer satisfaction) across groups that also have equity implications.

It is also very likely that FBO program effectiveness may vary with the goals of services being provided. Dehaven and colleagues (2004) conclude from limited data that it appears FBO programs can be successful community partners in a patient education role (e.g., helping to increase knowledge of diseases, increase screening behavior, and decrease risk behaviors). Future research should consider if FBO providers may have different results delivering content that is less likely to be stigmatizing or have moralistic framing (e.g., the importance of breast cancer screening compared to addictions treatment). Again, there are multiple research agendas related to clarifying and establishing the evidentiary effectiveness of FBO social services. Research by O'Connor and Netting (2008) among diverse "exemplar" FBO programs underscores challenges to effectiveness research with FBOs, whose providers prioritize "the faith factor" (p. 354), flexibility, stewardship, and commitment to multiple stakeholders over protocols or evidence-based outcome measures.

FBO policy implementation considerations. From the above discussion, it would follow that policymakers and social workers should be contributing support and efforts for quality research on topics related to FBO service provision that will be required to determine effectiveness of FBO programs. Lack of current research about the difference between secular and religiously-based social services, and the effectiveness of FBO programs in particular, puts administrators in a difficult position. Administrators have Presidential mandates to distribute funds for social service programs in the most effective and efficient way possible, while also being non-discriminating on the basis of religiousness of applicant organizations (see Exec. Order No. 13559, 2010). Yet, they are without benefit of the knowledge needed to discern if and how these mandates can be simultaneously met. Also on a population level, administrators and policymakers should be considering local needs assessments and the strength and integration of needed services.

President Obama's recent amendment to Executive Order 13279 has called for better accountability in assuring that federally supported social service programs adhere to his revised fundamental principles for partnerships with FBOs and other neighborhood organizations (Exec. Order No. 13559, 2010), and for related guidance documents for use by supported programs. Thus, municipalities should look for best practices and quality assurance guidelines for administration of funds and services for publicly funded FBO programs. Such guidelines are aspects of individual-level effectiveness policy criteria (Aday et al., 2004), and indicate that policy implementation is effectively progressing, ahead of, and despite troubling gaps in, the evidentiary science.

Efficiency

Efficiency is achieved through proper *production* and *allocation* of health care services and goods within the constraints of limited resources (Aday et al., 2004). Thus, efficiency deals with the marginal cost for incremental health improvements and has a goal of maximum benefit of the population's health, relative to the costs to accomplish it.

Allocative inefficiency can occur when resources are put into the wrong, or wrong mix, of goods or services, such as ineffective programs or programs targeted at the wrong level (prevention, primary, tertiary). Discussions of need (when someone is both better off with the service and values it) and consumer demand (consumption of services at given costs to the recipient) enter these debates with the former usually driving regulatory allocations and the latter driving for-profit provider and market-based actions. Production inefficiency occurs when the cheapest means of acquiring goods or services are not used. According to Aday and colleagues (2004), factors that impact production efficiency include using the least sufficiently qualified persons to perform health care system roles, and optimizing economies of scale, service sites, and payment methods.

Determination of production efficiency is predicated upon determination of allocative efficiency, which is predicated upon determination of effectiveness. In other words, while a given actor may successfully buy goods and services as cheaply as possible, inefficiency occurs if the purchased goods and services are ineffective. Evaluative tools used in determining efficiency draw heavily from economic theory and methods and include analyses of cost-benefit, cost-utility, cost-effectiveness, and comparative systems.

Policy considerations within the area of efficiency include: 1) the overall health care target budget as proportion of state or nation's gross domestic product (allocative); 2) creating a "mix of services that maximizes a combination of positive health outcomes and consumer satisfaction for the available share of resources expended on health services" (Aday et al., p. 175; allocative); 3) "considerat[ion of] the health of individuals receiving care, their satisfaction with the method of service delivery, and any health consequences to others who may be indirectly affected by health programs" (Aday et al., p. 175; production); and 4) efforts to advance technology or organizational productivity (dynamic efficiency).

FBO service-related research. Without establishment of effectiveness, allocative efficiency, and therefore production efficiency, cannot truly be assessed or guaranteed. However, a literature related to production efficiencies (such as capacity, cost-savings of volunteer workers, etc.) is developing (e.g., Chaves, Konieczny, Beyerlein, & Barman, 1999; Chaves & Tsitsos, 2001; Cnaan, Sinha, & McGrew, 2004). Provided FBO service process issues such as intervention content, dose, and mechanism can be established and found to be effective, the emerging FBO production efficiency literature will be useful. It is worth noting, however, that empirically-based findings are showing less FBO capacity (production efficiency) than anticipated at the outset of the FBO initiatives (Kramer et al., 2005b). As a whole, FBO organizations have shown little desire to enter public-private service contracts and have struggled for the technical skills (e.g., grant writing, financial management, legal analysis, evaluation) required to do so (Kramer, 2010). National efforts are being made to address these technical gaps among FBOs (Exec. Order No. 13498, 2009; Kramer et al., 2005b). It will be important to evaluate how these efforts prospectively impact government contracting with FBOs. If and as empirical research addressing the effectiveness of FBO programs is available, efforts to entice FBOs to provide publicly funded social services, and the costs to develop their capacity to do so, can and should be assessed for allocative efficiency.

FBO policy implementation considerations. There are a number of potential challenges to the efficient use of publicly funded FBO service providers, aside from the lack of prerequisite effectiveness evaluations. Per policy, people seeking services must be notified of their rights and any potential service patron who “objects to the religious character of an organization that provides services under the program, that organization shall, within a reasonable time after the date of the objection, refer the beneficiary to an alternative provider” (Exec. Order No. 13559, 2010, Sec.2.h.i). Further, the referring organization must assure the service seeker’s actual connection with the alternative provider. Even the President’s Council acknowledges “that implementing this recommendation could result in significant costs for the government. Nonetheless, Council members believe the government must take these steps in order to provide adequate protection for the fundamental religious liberty rights of social service beneficiaries” (President’s Council, 2010, p. 141).

Aside from cost issues, the Principles and Policymaking Criteria policy (Exec. Order No. 13559, 2010) would seem implicitly to rely on the assumption that all communities are large enough to have: 1) duplication of equivalent services and 2) either at least one secular agency or such volume of FBO service programs that at least one organization’s religious character will not be objectionable to a given client. What happens in the many communities that do not meet these assumptions? In those that do, by what standard are alternative service providers deemed acceptably equivalent (program outcomes; accessibility of location, operation hours, out-of-pocket costs; comprehensiveness of services offered; monetary value of services; etc)? Research indicating that some potential patrons find religious aspects of religiously-based programs distasteful (poor consumer satisfaction, e.g., Kissane, 2008; Sager & Stephens, 2005) suggest that at least some people will request an alternative provider.

Policymakers, administrators, and social workers should be assessing their local municipalities to assess the best mix of services and providers in which they will invest to address local needs. All federal money allocated through the Partnerships with Faith-Based and Other Neighborhood Organizations Office, be they direct (e.g., grants) or indirect (e.g., vouchers) payments, have administrative criteria regarding limitations on spending, expectations for fiscal accountability, and service process-related consumer rights and protections. Municipalities should stay attuned to current model guidance and regulations to help shape their own implementation processes and related staffing needs. Adherence to the administration and oversight guidelines of Partnerships with Faith-Based and Other Neighborhood Organizations Office monies will require additional personnel time that must be accommodated. Lastly, organizations and municipalities accepting Partnerships with Faith-Based and Other Neighborhood Organizations Office funds might consider legal review of their obligations and duties.

Equity

Equity relates to fairness. Ultimately, *equity* is contingent upon assessing health disparities and assuaging them through effective and fair means. Effectiveness is an empirical criterion, but fair is a contested standard. Aday and colleagues (2004) distinguish between *procedural equity* and *substantive equity*. Procedural equity is

concerned with the fairness of distribution of services and is tied to distributive justice and liberal political traditions. Considerations within this criteria include health-related policies, the delivery system (organization, availability, and financing), population characteristics (need, enabling, and predisposing factors), and realized access (utilization and satisfaction of actual and potential consumers). Distributive justice proponents will focus on the individual as the unit of equity analysis and prioritize values of cost-effectiveness and freedom of choice. As such, it is associated with a more individual-focused, libertarian perspective. Distributive justice has guided much of our policy, and most of the health services research to date, but is criticized as failing to account for its inability to reduce health disparities in practice, the collective good of population health, and non-medical factors of health (Aday et al., 2004).

Substantive equity is concerned with the fairness of outcomes and relies upon social justice and communitarian principles. Whereas procedural equity is concerned with individual access and equal opportunity, substantive equity is concerned with community well-being and population-level outcomes. Accordingly, like social justice, substantive equity is concerned with fairness across population-level outcomes, with a focus on environmental factors (including social, physical, and economic) that foster or help reverse health disparities (Aday et al., 2004). Social justice proponents will prioritize the values of consideration of need across populations, the common good, and similar treatment outcomes.

Aday and colleagues (2004) conceptualize equity as derived through blending both of these traditions through deliberate discourse (reflecting deliberative democracy and justice principles wherein affected constituents use discourse to achieve mutual understanding and respect). Thus, the proposed concept of equity harmonizes procedural and substantive equity, yielding a model that provides both empirical and normative guidance for assessing FBOs. As Aday and colleagues summarize, "health policy making must take into account norms of distributive and social justice and that conflicts between affected stakeholders grounded in these contrasting norms must be resolved through deliberate discourse if the resultant policies are ultimately to contribute to improved health and minimizing health disparities. Both the effectiveness and equity criteria demand it" (p. 198). Aday and colleagues' (2004) blended concept of procedural equity (focused on individual access) and substantive equity (focused on population-level outcomes) provides a rigorous, comprehensive model for evaluating FBO policies, and, in particular, ensures that community-focused values are integral to the assessment.

Equity research may be descriptive (exploring dimensions), analytical, or evaluative. According to Aday and colleagues (2004), data for analyses may come from a number of sources. Service recipients may provide data through surveys, interviews, focus groups, or aggregated outcomes of official records. An institution's discrete service records such as walk-in clients, counts of particular services rendered, and financial accounting can provide data, as can personnel through surveys, interviews, focus groups, or employment records. Health care system records, such as funding or performance records, can provide data. Representative or purposeful survey sampling of community populations about health and health care utilization factors can produce data. Lastly, the community environment itself can provide invaluable data through physical measurements,

observations, or reports about sociodemographic and physical environment health and health care use-related factors in a geographic region.

Aday and colleagues (1999) state: “The ultimate test of the equity of a health policy is the extent to which disparities or inequities in health persist among subgroups of the population” (p. SP41). This reveals a clear and consistent assumption that procedural equity (focused on equal access rather than equal outcomes) alone is an inadequate test for equity. They offer an in-depth discussion of justice theories and principles, along with corollary equity criteria and policy foci, that underpin the promoted distributive, social, and deliberative justices blended approach to equity that is beyond the scope of this article (Aday et al., 2004). However, their six equity criteria and related empirical indicators across these constructions of justice that underpin the recommended approach can be summarized and discussed. Health risks and health relate to the criterion of *need*. Development and implementation of Health policies will have inherent indicators about the criterion of *participation* of stakeholders (intended recipients, providers, general public). Health care delivery systems relate to the *freedom of choice* criterion. Realized access to health care relates to the criterion of *cost-effectiveness*. Treatment across populations at risk relates to the *similar treatment* criterion. And assessing the social, built, and natural environment for indicators of wellness relates to the *common good* criterion.

FBO service related research. From a research and scholarship perspective, Aday and colleagues’ (2004) concept of equity advances the field in part by broadening the lens beyond traditional empirical social science methods. The framework draws upon philosophical theory and should include corollary methods, suggesting the need for cross-disciplinary training or multidisciplinary teams to address questions of equity. However, many of the empirical areas that Aday and colleagues suggest should inform equity discussions, track procedural equity concerns, and parallel or complement the kinds of data needed to answer questions of effectiveness and procedural efficiency (e.g., accounts of organizational characteristics or capacity, networks and systems of care, recipient characteristics, and satisfaction with services). Highlights of current FBO program research have been noted above. Observational population data analysis of the incidence of indicators of health, particularly those specifically targeted by the FBO initiatives (such as addiction, housing, and employment), can be used as indicators of social justice criteria when used to assess shifts in disparities among subgroups of the greater population.

On the scientific front, both the effectiveness and fairness components of FBO policies require attention. Field research and advancing research design or analytic methods will help progress the empirical outcomes component of the equity criterion. A second important agenda lays in efforts to use humanities methods to illuminate, explore, or advance the philosophical underpinnings of assumptions, methods, and conclusions of scientific evaluation of FBO programs and policies. This requires widening the lens for many, but is an important agenda if transparency and integrity of knowledge are the goals. Lastly, earnest and informed discussions among stakeholders are required for deliberative justice. Thus, dissemination of results of both these veins of research agendas will be important.

FBO policy implementation considerations. Policymakers, administrators, social workers, and advocates will benefit from better breadth and depth of research, when available. The Aday and colleagues (2004) framework suggests equity should be determined through an earnest discussion among stakeholders as balance is sought between individual-level equity and populations-level concerns. This requires taking account of, and reconciling to constituent satisfaction, policies that foster fair dispersion and access of services, customer satisfaction, and cost-effectiveness (individual-level outcomes) on the one hand, with policies that foster enhanced community welfare, equality among populations, and collective good on the other hand.

It is worth noting that President Obama's creation of the President's Council and response to its recommendations suggests commitment to accountability and quality improvement of the policies and applications of federal funding of social services through FBOs. Applying Aday and colleagues' (2004) criteria for equity indicators of policy leads to mixed and inconclusive results. Need, one of Aday and colleagues' suggested policy equity criteria, is a driving force in the faith-based initiatives. There are multiple ecopsychosocial needs among the nation's vulnerable populations that go unmet, some of which are now targets of the FBO policies initiatives (Exec. Order No. 13498, 2009). This criterion is clearly met.

While intended or actual program recipients may have participated in various points of the process, the inaugural President's Council is comprised of twenty-five non-government organization, religious, and academic leaders. Deliberative democracy principles would suggest direct participation, with equal standing, by those intended to benefit from the programs. It is not readily clear that the participation equity criterion is currently met in FBO policy implementation.

The principle of freedom of choice is well represented in current policy statements. Efforts to correct implementation failures and assure religious freedom of program participants are underway (Exec. Order No. 13559, 2010). However this libertarian value is also aggressively being applied to rights of providers. A provider "may use [its] facilities to provide social services supported with Federal financial assistance, without removing or altering religious art, icons, scriptures, or other symbols from these facilities. . .[and] may maintain religious terms in its name, select its board members on a religious basis, and include religious references in its organization's mission statements and other chartering or governing documents," (Exec. Order 13559, 2010, Sec.2.g). Thus, there are policies and measures being created to meet the equity criterion of freedom of choice—among both intended recipients and providers.

Aday and colleagues' (2004) equity consideration of cost-effectiveness is implicitly part of the current FBO policy and related regulatory effort. However, as noted above, this goal is currently problematic. Cost-efficiency falls within Aday and colleagues' (2004) conceptualization of efficiency and requires knowledge of effectiveness, which is not yet established. Further, policymakers will have to reconcile cost effectiveness goals against costs of policy services and implementation. Implementation costs might include those associated with: 1) technical training and recruitment of FBO partners; 2) assuring alternative providers are available for those service seekers who object to the religious

character of an FBO program; 3) potential inefficiencies of directly supporting a service program that fails at realized access for a sub-group population—though using secondary (e.g., voucher) rather than primary (grant) funding mechanisms will help assuage this issue as payments follow use; and 4) administering and oversight of adherence to regulated service standards.

The similar treatment equity criterion suggests that people should receive comparable treatment for comparable needs, regardless of personal characteristics (e.g., age, race, income, or insurance). A key concern within this criterion is how FBO policies do or do not effectively increase access to and use of needed services (realized access). Are those accessing FBO services individuals who would not otherwise be served (e.g., would they go to a secular service provider)? Alternatively, are FBO programs simply shifting the site of services among those already being served, thus failing to extend the reach of services and giving rise to the need to research how these consumers' outcomes compare between types of programs (an effectiveness issue)? The current policy effort seeks to meet the similar treatment equity criterion by dispersing services into organizations already embedded in communities, prohibiting providers from refusing clients based on a potential client's religious (or nonreligious) beliefs, and assuring an alternative provider will be made available to a potential client within a reasonable timeframe. These approaches are solid but may prove hard to effectively and efficiently implement and enforce.

A common good criterion perspective will be concerned with whether FBO policy improves social issue outcomes among the targeted vulnerable populations as compared to the general population. Common good is found in policies that increase “the social resources, or social capital, that may be available to individuals associated with the family structure, voluntary organizations, and social networks that both bind and support them” (Aday et al., 2004, p. 211). Within the frame of this equity criterion, perhaps FBO policy simply serves to enhance localized human capital and resources. If collective good is the policy equity criterion, then vitalizing communities of faith, irrespective of effectiveness or comparative effectiveness of their services upon individuals receiving them (so long as they are not doing harm), could satisfy this criterion. McMillin (2011) argues this is not what is happening, however. He raises concerns about contemporary churches abandoning communitarian values in favor of individualistic values and rhetoric. He argues churches are using these to advance their specific political and moral views through the leverage and platform of FBO social service program administration. Such behavior actually increases—rather than decreases—jeopardy of minority interests (McMillin, 2011). Irrespective, implementation challenges are likely as different segments of a given population compete for limited funds, effectively vying to be among those in the community most benefited by investments in the common good (De Vita & Wilson, 2001; McMillin, 2011; Saperstein, 2003).

DISCUSSION AND CONCLUSIONS

Good policy is of concern to us as citizens and professional social workers, charged with critically analyzing and advocating about issues and policies impacting our clients

and communities (CSWE, 2010). Federal policy changes have been shifting roles and responsibilities for social and safety net services downward and outward (Hutchison, 2011), including to FBOs, which may now maintain their religious identity as pervasively religious organizations while providing government-funded services.

Responsible assessment of the impact of the FBO policy is challenging. Most of the current literature consists of segmented research with limited scope, varied aims and standards for success (Johnson et al., 2008; Kramer, 2010; Kramer et al., 2005a), and conflation among types and funding sources of FBOs and their programs. Much of the public and professional discourse on the topic of FBO policies is narrow in focus, ideologically charged (Saperstein, 2003; Wineburg, 2007), familiar only to certain vested groups, and absent an appropriate conceptual framework. Moreover, the FBO policies are part of the devolution of public social and safety-net services (Kennedy, 2003; Mink, 2001; Wineburg et al., 2008) and reflect the new role religion has taken in politics (Gelman et al., 2010; McMillin, 2011). Setting aside the politics of this shift, it is clear that, consistent with its values and mission as a field, social work is responsible for evaluating FBO programs and policies through an analytic framework that includes the perspective of social justice and community well-being. Aday and colleagues' (2004) empirically supported, theoretically-based model, of the concepts of effectiveness, efficiency, and equity, provides such an analysis model.

A preliminary application of the model raises questions and concerns with current FBO policy. From the perspective of *effectiveness*, alongside administrators and policymakers, social workers should consider, for example, the need for nuanced population and dosing research among populations in order to determine how the added element of provider or setting's religiosity impacts social service outcomes. From the perspective of *efficiency*, alongside administrators and policymakers, social workers should consider, for example, whether the investment in services that requires additional expenditures (redundancy of alternative programs, and oversight management) is the best use of resources. From the perspective of *equity*, alongside administrators and policymakers, social workers should consider whether programs that emphasize and privilege a particular spiritual point of view provide better service, at the population level, than traditional secular programs that are responsive to the recipient's religious preferences. Aday and colleagues' (2004) equity concept demonstrates that there is a need for nuanced, community-specific research to identify where and for whom FBO programs may serve a population that cannot otherwise be successfully served, in order to assess where these programs may fit within a region's continuum of care.

Aday and colleagues' (2004) model is particularly helpful to, and compatible with, the field of social work, given its balanced concept of equity that incorporates both empirical and normative standards. Equity of outcome is empirical, but philosophies of equitable processes and values are contentious normative standards of central concern to social workers. Aday and colleagues (2004) offer an eloquent solution for issues of equity in health-related policies. They suggest that by balancing, through a deliberative discourse process (deliberative justice), the individual focus contained within the dominant distributive justice approach with the collective focus of the social justice approach (advanced in public health and social work), stakeholders can build effective

policies along with trust and understanding. The present study contributes to this effort by introducing and using an established, theoretical, policy analysis framework, that is congruent with the values and the conceptualization of human behavior held by social workers (CSWE, 2010; NASW, 2008), to illuminate concerns with and launch discussion of federal FBO policies.

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Re-imagining Citizenship, Re-imagining Social Work: U.S. Immigration Policies and Social Work Practice in the Era of AZ SB1070

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Abstract: *The literature on immigrant cultural citizenship (Ong, 1996; Rosaldo, 1997) has argued that traditional and normative definitions of citizenship ignore various forms of civic participation and belonging and fails to capture the experiences of immigrants in an increasingly globalized world (Getrich, 2008), calling for more nuanced and multiple meanings of citizenship. As agents of civil society, social workers have much power in constructing and maintaining (or resisting) normative discourses of citizenship, and how we participate in this process has material consequences for those we serve. Applying poststructural and postcolonial theories, this paper excavates discourses of exclusion and inequity that produce the idea of U.S. citizenship through a critical historical analysis of key U.S. immigration and naturalization-related policies and proposes immigrant cultural citizenship as a conceptual frame for re-imagining social work practice with immigrants.*

Keywords: *Cultural citizenship, immigration policies, postcolonial theories, social work practice with immigrants.*

INTRODUCTION: DISCOURSES OF CITIZENSHIP

Citizenship, as the Western legal and social framework for promoting individual autonomy and political democracy (Shafir, 1998), also plays a major part in distributing and restricting access to rights and resources in the U.S. For example, currently voting rights, visa restrictions, and access to work and public assistance are all tied to U.S. citizenship. However, while formal state definitions of citizenship rely on legal and policy discourses, the literature on social citizenship (e.g., Del Castillo, 2002; Marshall, 1964, 1998; Park, 2005) and cultural citizenship (e.g., Ong, 1996; Rosaldo, 1997) has argued that such definitions of citizenship ignore various forms of civic participation and belonging and fail to capture the experiences of immigrants and transnational people in an increasingly globalized world (Getrich, 2008).

Ong (1996) contends that the control of a populace of a modern society is accomplished not by a single dominant force (such as the state power) but by a complex web of relations that regulate how one is constituted as a citizen-subject and that immigrant cultural citizenship is produced through “a dual process of self-making and being-made within webs of power linked to the nation-state and civil society” (p. 738). In contrast, Rosaldo’s idea of Latino cultural citizenship involves both individual and group/community level processes and is concerned with the role of human agency in establishing and claiming human, social, and cultural space by marginalized groups (Flores & Benmayor, 1997; Rosaldo, 1997). This paper does not reconcile differences in these two models but considers the tenets of both, and immigrant cultural citizenship is understood here as encompassing “the process of negotiation and contestation through

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which the immigrant subject is produced within the constraints of the nation-state and civil society, *and* the practices through which immigrants create and claim their social, political, and cultural space in the society” (Kang, 2010, p. 26).

Through a critical historical analysis of key U.S. immigration and naturalization-related policies, this paper examines five interacting clusters of binaries (white/non-white; desirable/undesirable; native-born/foreigners; safe/dangerous; deserving/undeserving) that shaped U.S. immigration discourses to demonstrate how they ultimately construct U.S. citizenship as a discourse of exclusion and offers cultural citizenship as a more complex and inclusive conceptualization for understanding citizenship.

POSTSTRUCTURAL AND POSTCOLONIAL THEORIES

Poststructural and postcolonial theories provide the theoretical framework and inform the method of this paper. Poststructural theories maintain that social realities and subject positions (such as "citizens" and "race") are produced through discourses (Fairclough, 1992; Foucault, 1972, 1975, 1982) but that discourses are partial, privileging one version of social reality over others and promoting a version of social subjects (e.g., "undesirable immigrants")—one that both defines and establishes what is supposedly "true" at particular moments (Carabine, 2001). Furthermore, discourses are mutable and dynamic—as are the subject positions produced by them—and contingent upon their social, political and historical contexts (Fairclough, 1992; 1995).

In extending this discursive construction of subjects (Foucault, 1972, 1975, 1982), postcolonial theorists such as Hall (1996) and Bhabha (1994) propose that while subjects may not be able to escape the effects of the discourses that construct them (e.g., essentializing discourses), they still can resist and even alter them (Ashcroft, Griffiths, & Tiffin, 2000). One effective way in which postcolonial theories open up such opportunities is by calling into question the binary system (e.g., legal/illegal) in dominant social discourses (Ashcroft et al., 2000). They argue that the binary oppositions are not merely two opposing signs but entail “a violent hierarchy, in which one term of the opposition is always dominant,” and that “the binary opposition itself exists to confirm that dominance” (Ashcroft et al., 2000, p. 24). One unavoidable problem of the binary system is that the social reality must fit neatly into dual oppositions; the ambiguity inherent in an interstitial state threatens it by exposing its contradictions (Bhabha, 1994). By illuminating these contradictions (e.g., biracial in the white/non-white binary system of race), postcolonial theories expose how this system perpetuates relations of cultural, social, economic and political dominance and open up possibilities for hybridity (Bhabha, 1994) and change.

Guided by poststructural and postcolonial theories, this paper uses a critical discourse analysis method (Fairclough, 1992, 1995) to illustrate how subject positions, such as "immigrants" and "citizens," were produced and transformed through legal and policy discourses over time and illuminates binary oppositions that resulted in promoting citizenship as a system of exclusion.

DISCURSIVE CONSTRUCTION OF CITIZENSHIP

In the U.S., citizenship is a legal status that may be achieved in three ways. The first path qualifies those who are born on the U.S. soil. The second path is open to those who are born to parents who are U.S. citizens (e.g., children who were born overseas to a U.S. citizen parent). The third path is through naturalization. Currently, immigrants who have a legal resident status may apply to become naturalized citizens after 5 years (or 3 years for the spouses of U.S. citizens) of continuous residency. However, these paths to U.S. citizenship – and their attendant rights and access to resources – have been paved with racialization and inequities. In fact, a review¹ of key U.S. immigration and naturalization-related policies² illustrates how these constructed who was “American” and who would be worthy of becoming a citizen of this country, based on a set of interrelated binaries such as white/non-white; desirable/undesirable; native-born/foreigners; deserving/undeserving; safe/dangerous. Together and repeatedly, these discourses construct immigrants as the binary opposite “other” to the U.S. citizens “norm.”

Making of a Racialized (Non)Citizen: White/Non-white; Desirable/Undesirable

One example of “violent hierarchy” in colonial ideology (and its attendant contradictions) is the idea of race, which is based on the white/non-white binary opposition in the United States (Lowe, 1996; Mills, 1997). Historically, the construction of race as a white/non-white binary has never presented these two terms as equals nor resulted in equitable treatment (Hing, 2004; Lopez, 1996; Ngai, 2005). This construction of race consolidates great variances within ethnicities (both white and non-white) and cultural traditions while prohibiting racial mixing between whites and non-whites (e.g., anti-miscegenation laws). As detailed in a later section, the race prerequisite cases demonstrate that any experience or state that did not fit the white/non-white binary opposition was rendered suspicious and was repressed and silenced through legal and policy discourses. Because the white/non-white binary is not only significant in its role in shaping the nation’s racial landscape but also is implicated in— and complicates—all other binaries, this binary will be analyzed in more detail than others to illustrate the mechanism of discursive construction of citizenship through policies.

Before the 1790 Naturalization Act, the U.S. naturalization process was largely based on the Asylum Principle, which is famously echoed in Emma Lazarus’s 1883 poem, *The New Colossus*: “[...] Give me your tired, your poor./ Your huddled masses yearning to breathe free [...]” While magnanimous, this principle was not applied to everyone, nor did it bring those who were already in this land (Native Americans) through the “golden door” of U.S. citizenship. In fact, European migration to America resulted in near decimation of the indigenous population (Stannard, 1992; Takaki, 1993). Until 1790, it was assumed that immigrants to the U.S. would be granted U.S. citizenship, as there were no specific federal regulations regarding it. It is notable that before that, most immigrants had come from Western Europe; however, after that the Naturalization Act restricted U.S. citizenship to “free white persons.” This Act, the nation’s first policy regarding naturalization, was also the first national Act to limit naturalization rights based on the idea of race (white) and status (free). The designation “white” is especially important because the incipient idea of race, and specifically who was considered “white,” was

beginning to be constructed through both scientific and social discourses of that era (Lopez, 1996; Mills, 1997; Omi & Winant, 2007). By privileging one category (“white”) over others, and granting them the right to naturalize, this naturalization policy became part of a discourse that constructed binary and unequal meanings of race in the U.S. Furthermore, this Act began codifying the link between the idea of race and the idea of citizenship.

Racializing Naturalization

In this section, immigration and naturalization-related policies targeting Asian immigrants are used to illustrate the racialized discourse of citizenship based on the white/non-white binary. (The history of Latino immigrants also represents the similar point. However, for the sake of brevity, this paper uses the history of Asian immigrants as an illustrative focus.) Asian immigrants represent both the undesirable “other” and the exposed ambivalence in the white/non-white binary discourse of race. After the discovery of gold in California in 1849, Chinese laborers were actively recruited and brought to the U.S. in large numbers to work in the gold mines and on the transcontinental railroad construction. Once considered an essential labor force, Chinese workers laid an estimated 90% of the railroad tracks (Takaki, 1993). However, Chinese laborers quickly became a target of malicious exclusionary laws once white laborers started moving to the West and saw them as economic competitors (Takaki, 1993). National, state, and local laws during the Gold Rush era established Asian immigrants as undesirable foreigners, as the economic and labor needs of the nation shifted (Chin, 2001; Hing, 2004; Takaki, 1993). Also, Chinese immigration presented a threat to the white/non-white binary system as their racial position was somewhat ambiguous in the still-incipient system of the U.S. racial taxonomy. This threat would be silenced through a series of court cases.

One of the landmark cases that determined Chinese immigrants’ place within the white/non-white binary construction of race was the *People v. Hall* case. In 1854, the California Supreme Court ruled that Chinese could not give testimony against white people in Court. The ruling was an extension of California Criminal Procedure’s existing (1850) exclusion, “No black or mulatto person, or Indian, shall be allowed to give evidence in favor of, or against a white man” (Lopez, 1996, p. 51). The California Supreme Court declared:

We are of the opinion that the words “White,” “Negro,” “Mulatto,” “Indian,” and “Black person,” wherever they occur in our Constitution and laws, must be taken in their generic sense, and that, even admitting the Indian of this Continent is not of the Mongolian type, that the words “Black person,” in the 14th section must be taken as *contradistinguished from White, and necessarily excludes all races other than the Caucasian*. (California Supreme Court, 1854, italics added)

This case not only contributes to constructing Chinese (or the “Mongolian type”) as non-white but also defines the existing categories through an exclusionary binary logic. Furthermore, it is the idea of the “impassable difference” [of] “a distinct people, [...] a race of people whom nature has marked as inferior” (California Supreme Court, 1854) on

which the Court based its opinion to declare them undesirable to participate in society as citizens.

During the Civil War, the Emancipation Proclamation (1863) effected changes that resulted in the Naturalization Act of July 14, 1870, extending the right to naturalize to "aliens" of African nativity and to persons of African descent. This Act, however, did not dismantle the race-based exclusions of the 1790 Act or change the discourse of citizenship as based on the white/non-white binary. Instead, it upheld such exclusion by simply adding African Americans to the list of those who were eligible for naturalization. Asians and other people of color were still excluded from such rights. In fact, the proceedings from the Circuit Court case in 1878 regarding Ah Yup, a Chinese immigrant, reveals that the makers of this Act expressly sought to block from citizenship the Chinese (and by extension, all Asians, as the Chinese were being denied the naturalization rights on the grounds that they belonged to the "Asiatic" or "Mongolian" race, which, the Court argued, was distinct from the "Caucasian" race):

At that time of the amendment, in 1870, extending the naturalization laws to the African race, Mr. Sumner made repeated and strenuous efforts to strike the word "white" from the naturalization laws, or to accomplish the same object by other language. It was opposed on the sole ground that the effect would be to authorize the admission of Chinese to citizenship. Every senator, who spoke upon the subject, assumed that they were then excluded by the term "white person," and that the amendment would admit them, and the amendment was advocated on the one hand, and opposed on the other, upon that single idea. (Sawyer, 1878, in Lopez, 1996, p. 211)

In this case, the Circuit Court ruled that Chinese were not white, and thus were ineligible for citizenship, using two major discourses: congressional intent (explained above) and scientific. The scientific discourse was used to argue that the Chinese were considered to be of the "Mongolian race," and therefore could not be considered "white," according to the contemporary anthropological classifications (Lopez, 1996). This argument used these anthropological classification systems not necessarily to determine who was white but to disprove that Chinese, specifically, were white. The case of Ah Yup was the first of many racial prerequisite cases to continue this intertextual trend, thereby determining the meaning of race by disproving who may or may not be considered "white" and eligible or ineligible for naturalization. Lopez (1996) lists 52 such racial prerequisite cases from 1878 to 1944, revealing the complex and intimate connection between the construction of race and the construction of citizenship in the U.S. Two of the most influential of those cases, *Ozawa v. United States* and *United State v. Thind*, will be discussed later in this section.

Since Asians were considered to be non-white through the legal cases and in the eyes of the civil society, their immigration posed a potential threat to maintaining the racial composition of the country. Although African Americans were given the rights to naturalize, there was no sizable migration from Africa during the post-Civil War era. Thus, Asian immigration was one of the most important potential sources of non-white migration. The immigration laws following the Ah Yup case illustrate how Asians were

targeted as undesirable immigrants, in opposition to *and* reinforcing the construction of white Europeans as desirable immigrants. For example:

- The Chinese Exclusion Act (1882): The first immigration act to ban immigration and naturalization of a population based solely on nationality. Suspended immigration by all Chinese laborers for ten years and specifically barred the Chinese from naturalization.
- The U.S. Circuit Court in Massachusetts (1894): Declared that the Japanese were also ineligible for naturalization.
- The Act of March 3, 1887: Restricted real estate ownership to American citizens and barred Asians from owning land.
- The Scott Act (1888): Prohibited the re-entry of Chinese laborers who left the U.S. to visit families and homeland, effectively stranding them, and reducing the number of Chinese in the U.S.
- The Act of April 29, 1902: Extended Chinese Exclusion Act indefinitely.³
- The Act of February 5, 1917: Prohibited immigration from the “barred zone,” which designated most of eastern Asia and Pacific Islands. The first national Act to exclude whole populations based on their geographic locations and, presumably, race.

The 1920s brought highly specific race-based (white/non-white) and ethnicity-based (desirable/undesirable) restrictions on immigration, which solidified the linkage between race, ethnicity and citizenship. In 1921, the Quota Law was enacted, limiting admissions from each European country to 3% of each foreign-born nationality in the 1910 census and upholding Asia as a “barred zone.” Since the U.S. population in 1910 was predominantly Western and Northern European, the quota for Southern and Eastern Europeans was only about 45,000 out of 350,000 total immigrants per year (Hing, 2004), and there would be no growth through immigration in the number of Asians and Pacific Islanders. Three years later, the Johnson-Reed Act (the Immigration Act of May 26, 1924) extended this law and established the official national origins quota system, which based the immigration numbers on the ethnic makeup of the U.S. population as a whole in 1920, determining the future ethnic pattern of the nation.⁴

The quota system was lauded as a major accomplishment that halted “the tendency toward a change in the fundamental composition of the American stock” (Hing, 2004, p. 69). Judging from the 1920 census, what was meant by “the fundamental composition” seems plain: predominantly Western European (Hing, 2004). The Quota Law and the Johnson-Reed Act, as they assigned the number of allowable immigrants based on their nationality, betrays the stability of the white/non-white; desirable/undesirable pairing of the binaries. They assigned different degrees of desirability to different nationalities, implying that not all Europeans were equally desirable even if they were considered white. In fact, scholars such as Brodtkin (1998) and Ignatiev (1995) argued that only through the exclusion of people of color did more marginalized (i.e., the “less desirable,” such as Irish, Jewish, Italian) Europeans come to be constructed as “white.” Thus, this

law reveals not only the specific coupling of ethnicity and race with the citizenship but also the hierarchy (desirable/undesirable) therein.

Two of the most influential racial prerequisite cases in this era are *Ozawa v. United States* and *United State v. Thind*. In 1922, the U.S. Supreme Court ruled that Mr. Takao Ozawa, a Japanese immigrant, could not be naturalized because he was not white. In this case, the Court rejected Mr. Ozawa's argument of "white" skin pigmentation and of his cultural assimilation and allegiance to the U.S. Instead, the Court determined that persons of Japanese ancestry, regardless of their skin tone or their cultural practices, were not white because "only persons of what is popularly known as the Caucasians race" (Lopez, 1996, p. 79) were white. Therefore, in this case, the word "white" was equated with the modern anthropological category "Caucasian." Just three months later, in 1923, the Supreme Court rejected this equation in *U.S. v. Bhagat Singh Thind*. In this case, Mr. Thind, an immigrant from India, argued that he was white because anthropologists classified Asian Indians not as "Mongolians" but as "Caucasians" (Lopez, 1996). However, the Supreme Court determined that Mr. Thind could not be considered white (and therefore could not be naturalized), even though the anthropological classification system—the very basis on which Mr. Ozawa's case was rejected—would place him within the category, "Caucasian." The U.S. Supreme Court ruled that:

What we now hold is that the words 'free white persons' are words of common speech, to be interpreted in accordance with the understanding of the common man, synonymous with the word 'Caucasian' only as that word is popularly understood," [and that the words of the statute were] written in the words of common speech, for common understanding, by unscientific men. (Lopez, 1996, p. 90)

Thus, the Court abandoned the "scientific" argument for a "popular understanding" and "common speech" argument in this case. However, whether the Court used the scientific argument, the "popular understanding" argument, or the congressional intent argument (as in the *Ah Yup* case), what remains consistent throughout these cases is suppression of the ambivalence within the white/non-white hierarchical binary system of race. Also apparent is the insistent use of a binary discourse of white/non-white: desirable/undesirable as the rubric for exclusion.

Race- and ethnicity-based immigration restrictions started to ease after U.S. involvement in World War II. Needing to strengthen the U.S.-China relationship during the war, the Act of December 17, 1943 (the Magnuson Act) repealed the Chinese Exclusion Act, allowing Chinese to be eligible for naturalization. However, due to the Quota Law, the number of allowable immigrants from China was still miniscule. In addition, the Luce-Cellar Act of 1946 extended the right to become naturalized citizens to Filipinos and Asian Indians, but with a quota of just 100 persons per year. Finally, the Immigration and Naturalization Act of June 27, 1952 (the McCarran-Walter Act) made all races eligible for naturalization; however, it affirmed the national-quota system of 1924, limiting total annual immigration to 1/6 of 1% of the population of the continental U.S. in the 1920s. In the end, these post-war provisions did little to change the racial and

ethnic landscape of the U.S. citizenship or the discourse of exclusion, but rather were used as a token to assuage the U.S. relationship with its wartime allies.

It was not until the enactment of the Immigration and Nationality Act of 1965, reflecting the changing national discourse about race, rights, and democracy (e.g., the Vietnam War controversy, the civil rights movement, and the ensuing civil rights legislations), that the national origins quotas were finally eliminated. This Act gave immigration priority to family reunification instead of the numerical restrictions based on national origins. It had a profound impact on immigration since it finally allowed immigration from the countries that had been barred or underrepresented under the Johnson-Reed Act. In fact, data from the U.S. Immigration and Naturalization Services indicate that the majority of immigrants who entered the U.S. since the 1965 Act have been people of color (United States Department of Homeland Security, 2009), thus effecting changes in the overall population patterns of the nation. These shifts illustrate how changing discourses of race, equity, and politics (domestic and international) interact with changing discourses of citizenship.

Citizenship as Restriction: Native-born/Foreign; Safe/Unsafe; Deserving/Undeserving

While U.S. citizenship is celebrated as granting various rights (U.S. Citizen and Immigration Services), it has also been used to restrict those rights. This section illustrates how binary constructions such as native-born/foreign; deserving/undeserving; safe/dangerous in immigration and naturalization laws excluded immigrants from their rights as citizens of a society. When these binaries intersect with the white/non-white binary these laws produce a highly inequitable version of citizenship.

Restricting Immigrants' Access: Native-Born/Foreign; Deserving/Undeserving

The laws in this section illustrate how immigration policies constructed unequal citizenship through deserving/undeserving discourses. Often coupled with the native-born/foreign binary, these laws barred undesirable immigrants from entering the country, restricted their access to resources and resulted in a severely bifurcated system of citizenship.

The Immigration Act of August 3, 1882, which established a system of central control of immigration through State Boards under the Secretary of Treasury (thus implying immigration as an economic issue), also broadened the definition of "inadmissible aliens" by barring "persons likely to become a public charge." This law not only constructs immigrants as a potential drain to public resources (such as government- or private-funded charities) but also establishes the line between the deserving (native-born) and the undeserving (foreign).

The 1891 Immigration Act, the first comprehensive law for national control of immigration, added to the list of undesirables ineligible for immigration: "persons suffering from a loathsome or a dangerous contagious disease," and those convicted of "a misdemeanor involving moral turpitude." Targeting newer immigrants from Southern and Eastern Europe, who had started migrating in larger numbers, as well as immigrants from

Asia (Takaki, 1993), this law contributed to a long and enduring construction of ethnicized and racialized immigrants as morally inferior and as public health problems (Park & Kemp, 2006). Furthermore, this policy again stabilized the unequal discourse of citizenship based on the coupling of the native-born/foreign and deserving/undeserving binaries where immigrants faced exclusion from benefits even if they had the same conditions as did their citizen counterparts.

This discourse reverberates in contemporary policies as well. In 1994, California passed Proposition 187, which stipulated that public agencies should deny services to undocumented immigrants (“illegal immigrants”) and report them to the Immigration and Naturalization Services (INS). It also cut government benefits to noncitizens (regardless of their legal status). In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) established severe restrictions on the eligibility of legal immigrants for means-tested public assistance. Under this law, legal immigrants were barred from receiving public assistance that their taxes helped pay for. Given the fact that the majority of immigrants in the recent years have been people of color, this law also meant that the public benefits were barred from these immigrants of color where similar benefits were allowed for the immigrants of earlier eras, who were predominantly from Europe. Thus, this law illustrates the ways in which white/non-white, native-born/foreign, and deserving/undeserving binaries interact to produce harsh inequality. Together, these acts construct immigrants (especially immigrants of color) as undeserving subjects.

Restricting Immigrants’ Rights: Native-Born/Foreign; Safe/Dangerous

The laws in this section illustrate the ways in which the native-born/foreign binary interacts with the safe/dangerous binary to curb immigrants’ rights in the name of national security. The Alien and Sedition Act of 1798 provides the first example of coupling immigration with national security, constructing immigrants as a potential threat to the safety of the nation. This law authorized the president to deport any foreigner deemed to be dangerous and made it a crime to speak, write, or publish anything “of a false, scandalous and malicious nature” about the President or Congress. As a result, it reduced immigrants’ rights to free speech (which had been created by the Bill of Rights just nine years before), while their citizen counterparts were able to fully enjoy such rights, creating a bifurcated (native-born/foreign) construction of citizenship.

The Immigration Act of March 3, 1903, reiterated this construction. Following the assassination of President McKinley, it became the first measure to exclude aliens on the grounds of proscribed opinions (e.g., “anarchists”). The Alien Registration Act of June 28, 1940, further solidified the construction of immigrants as a potential danger to the national security as it required the registration of all aliens and fingerprinting of those over age 14 for the first time.

The national security argument to take away the rights of immigrants reached its peak in 1942 when Executive Order No. 9066 was enacted, forcing an internment of 120,000 Japanese immigrants and Japanese Americans (Takaki, 1993). The fact that the internment targeted Americans of Japanese ancestry but not Italian or German immigrants reveals the underlying discrimination based on race (white/non-white). This

policy illustrates how the national security discourse interacted with the race discourse to construct Japanese Americans (regardless of their place of birth or legal citizenship status) as perpetually foreign and therefore dangerous.

The Immigration Reform and Control Act of 1986, which was passed in order to control and deter illegal immigration to the U.S., echoed this construction. While this law was to increase enforcement at U.S. borders, most of the increase was geared toward the Mexican (signifying non-white) border, rather than the Canadian (signifying white) border (Ngai, 2005). By singling out the Mexican border as a risk to national security, this law again solidifies the non-white-foreign-dangerous link.

The national security discourse became intensified in the 2000s. After the 9/11 attacks, the Homeland Security Act (2002) made the INS part of the Homeland Security Department, formally subsuming immigration under national security. Thus, this law positions immigrants as potential national security problems (instead of as a source of labor or possible solution for the declining national population, for example). Detaining and/or expelling foreign-born individuals became easier under the Patriot Act (2001), and many suffered unjust deportation and/or detention. While it was not written in a race-specific language, this Act nevertheless became infamous for its racial-profiling consequences, as many immigrants of color were harassed and detained because they were presumed to be Middle Eastern (ACLU, 2004). These laws illustrate the ways in which binary discourses such as white/non-white, native-born/foreign, and safe/dangerous converge to construct immigrants as a risk to national security and also to restrict civil rights.

Current Implications: The Mutable and Enduring Legacy of the Inclusion/Exclusion Binary

In the 2000s, immigration increased, particularly from Asia and south of the U.S. border, triggering waves of nativism and derailing federal efforts to enact immigration reform. Between 2005 and 2007, fifty-five localities passed anti-housing, anti-employment, or English-only initiatives (J. Garcia, personal communication, 07/01/2008), particularly aimed at Latino immigrants. This wave of contemporary local anti-immigrant initiatives culminated in Arizona's Senate Bill (SB) 1070, which was signed into law (the Support Our Law Enforcement and Safe Neighborhoods Act) by Arizona Governor Jan Brewer, on April 23, 2010. This law, commonly referred to as AZ SB 1070, has many broad and controversial implications too numerous to fully summarize here (ACLU, 2010) and is currently being debated publically and contested legally in various courts. Two of the most divisive issues revolve around the following sections:

Sec. 2. B. For any lawful contact made by a law enforcement official or agency of this state or a county, city, town or other political subdivision of this state where reasonable suspicion exists that the person is an alien who is unlawfully present in the United States, a reasonable attempt shall be made, when practicable, to determine the immigration status of the person.

Sec. 3. A. In addition to any violation of federal law, a person is guilty of trespassing if the person is both: 1. Present on any public or private land in this state. 2. In violation of 8 United States code section 1304(e) or 1306(a).⁵

Section 2B not only gives local law enforcement officers and agencies the authority to enforce federal immigration laws but also uses such broad language as “reasonable suspicion,” raising concerns about potential racial/ethnic profiling. Section 3A essentially makes it a misdemeanor for immigrants to be in the State of Arizona without carrying their alien registration documents at all times, sparking a critique that it will result in civil rights violations and harassment of immigrants as well as citizens.

Fueled by anxiety over demographic changes, economic uncertainties and reports of increased drug trafficking and violence in Mexico (Archibold & Steinhaur, 2010), this law not only reprises the white/non-white, desirable/undesirable, native-born/foreign, deserving/undeserving, and safe/dangerous binaries that constructed many exclusionary policies of the past but also highlights the ambivalence within these narratives. For example, the Hispanic population in Arizona reached 30% in 2010 (up from 25% in 2000), and proponents of this law raised concerns about threats to the maintenance of an idealized Anglo-American culture (Huntington, 2004), echoing earlier sentiments behind the Nationalization Act of 1790, the Ah Yup case in 1878, the Johnson-Reed Act of 1924, and many other Acts based on white/non-white and desirable/undesirable binaries. While this law does not explicitly mention race, an Arizona police officer, Martin Escobar, argued in his lawsuit against the state that there were no race-neutral criteria to suspect someone was an “illegal immigrant” and that the only way to enforce this law was to interrogate people who visibly looked Hispanic (i.e., non-white) (Smith, 2010). Proponents also argued that undocumented immigrants weakened the economy and took away scarce resources, echoing deserving/undeserving narratives, such as the Immigration Act of August 3, 1882, and more recently the California Proposition 187 in 1994 and the Personal Responsibility and the Work Opportunity Reconciliation Act of 1996. Finally, fear of an increase in crime and violence was often cited as the main reason for this policy, reflecting the native-born/foreign and safe/dangerous binaries of the Alien and Sedition Act of 1798, and more recently the Immigration Reform and Control Act of 1986, the Homeland Security Act of 2002 and the Patriot Act of 2001. However, there has been no evidence that the crime rate has risen with an increased presence of immigrants (Archibold & Steinhaur, 2010); in fact, Sampson’s (2008) study indicates that immigration seems to reduce violent crime rates. By repackaging these binaries (white/non-white; desirable/undesirable; native-born/foreign; deserving/undeserving; safe/dangerous) into a legal/illegal binary framework, AZ SB 1070 consolidates contradictions within them.

This review of the major immigration and naturalization policies from 1790s to early 2000s illustrates how these policies constructed who was “American” and who was worthy of becoming a citizen. It also reveals that the binary frameworks are ultimately about exclusion/inclusion, which demands suppression of contradictions, tension and ambivalence within the very idea of citizenship. They obscure underlying racism, political exigencies, and competing economic interests that are deeply implicated in immigration and naturalization policy discourses.

DISCUSSION: IMPLICATIONS FOR SOCIAL WORK PRACTICE

Social workers contribute, wittingly and unwittingly, to the production, maintenance, and change of the discourse of citizenship through their work in all levels (micro, mezzo, macro) of practice. As such, they should use their power as agents of civil society mindfully and critically. Immigrant cultural citizenship as a conceptual frame may help social workers to critically evaluate the normative narratives of citizenship and help immigrants resist such discourses and claim their social and cultural space.

As illustrated in the previous section, U.S. immigration and naturalization policy discourses have constructed and maintained a binary version of citizenship that produced egregious and persistent inequities. The binary construction of realities is of a particular relevance for social workers. On the one hand, social workers are operating in a world of binary realities made up of agency policies, state eligibility guidelines, and diagnostic criteria with which they assess their clients. On the other hand, social workers function within the most complex and irreducible contexts that constitute people's lives. These coexisting realities demand that social workers become critical in their appraisal of normative realities and their consequences.

When social workers unquestioningly embrace a binary construction of reality, they risk perpetuating the "violent hierarchy" of the binary system that may result in colonizing and dominating people's experiences. As many postcolonial writers stress, while the military and the imperial governments conquered nations and enforced oppressive imperialist rules, the "benevolent missionaries, teachers, administrators, and social workers – educated persons united in their desire to help in various ways those defined as in need of assistance, guidance, and protection" (Rober & Seltzer, 2010, p. 124) colonized peoples' minds and subjugated their lifeworlds (Summerfield, 2004) by upholding hegemonic discourses around health, rights and citizenship that resulted in pathologizing differences and normalizing social injustice. Similarly, simply by accepting dominant policies and procedures, social workers can easily become agents of social surveillance and discipline. Certainly, more severe examples such as the involvement of U.S. social workers in the cultural displacement of the Native children through the Indian Adoption Project of the 1950s (Hair & O'Donohue, 2009) demonstrate the iatrogenic effects of accepting the truncated realities prescribed by government policies. Thus, unless social workers actively engage in a critical analysis of such inequitable discourses as citizenship and immigration, they continue to act as a disciplining force to uphold inequitable normative narratives and to reinforce injustice on immigrant subjects. In interrogating such narratives, social workers may uncover binary positioning of subjects that subjugate the experiences and lives of immigrants and restrict their access to equitable resources. For example, contesting the dominant discourse of the legal/illegal binary construction and changing the language from "illegal aliens" to "undocumented immigrants" radically shifts the positionality, discourses, and options for immigrants.

The historical analysis in the previous section also demonstrates that the idea of citizenship is far from monolithic or stable, and that immigration and naturalization policies reflect many changes experienced by the nation, both internally and internationally. These changes tell us that the idea of citizenship can be contested,

negotiated, and is, ultimately, changeable. In fact, immigrant individuals, groups, and communities are actively engaged in practices that contest, resist, and negotiate the very discourses that construct them as the "other" and place them in inequitable positions. For example, the racial prerequisite cases discussed in the previous section represent the ways in which immigrants of various ethnic backgrounds attempted to contest the unequal access to naturalization rights by calling into question the binary construction of race (white/non-white) on which such rights were based. The cases such as *Korematsu v. United States* [1944] and *Yick Wo V. Hopkins* [1886] demonstrate immigrants' demands for equal protection and legal rights, as national and local laws violated their civil and economic rights (Nakanish & Lai, 2003). Immigrant labor movements such as the Farmworkers Movement in California in the 1960s (Delloro, 2009), the Filipino Cannery Workers Movement in Alaska in the 1970s (Chin, 2001), the garment industry workers' labor organizing in Los Angeles in the 1990s (Lowe, 1996), and domestic workers' organizing in New York in the 2000s (Sen, 2010) further exemplify the ways in which immigrant groups organized themselves to contest the unequal narratives of labor rights and to negotiate space for themselves in the nation's economic landscape. Most recently, the Dream Act inspired a powerful movement by undocumented young people where they deconstructed the very discourse (immigration and naturalization laws) that had produced them as noncitizens by engaging in civil disobedience, political advocacy, organizing, and other rights of citizenship (Hing, 2010).

Learning from these examples, social workers who work with immigrants must actively generate interventions that embrace multiple narratives, resistance, and negotiations. By contemplating the process of discursive production, maintenance, and change, they may reach beyond the usual adjustment (i.e., adjustment of the immigrant "person" to the "environment" of the host society and its civic and governmental disciplinary forces) narrative of intervention and actively assist in and foster opportunities for all immigrants to claim their social, political, and cultural places in the society. Conceptualizing the process of immigrant cultural citizenship not only as an individual process but also as a collective process enables social workers to consider interventions that go beyond the usual individual acculturation-centered paradigm and offer opportunities for collective interventions that change the discourses.⁶

In today's turbulent and divisive immigration debates, social workers have an opportunity to make an important impact. The recent passage of AZ SB 1070 produces immigrant subjects as less than human by prohibiting humane treatment for undocumented immigrants. Thus, this policy attempts to force social workers to either submit to the disciplinary powers of the law (and deny services to those in need) or to stand with the disadvantaged, risking discipline under the law. However, such moral dilemmas ensue only if social workers accept these normative discourses as a stable authority. The concept of immigrant cultural citizenship reminds social workers that they can resist and contest such constructions that attempt to colonize not only the lives of immigrants but also their practice as social workers.⁷ Only when they begin to question the very discourses that produce them will they start the process of decolonizing and creating change.

¹ Since they are influenced by slightly different political reasons, refugee-related policies are not included in this review.

² Unless otherwise noted, all immigration and naturalization policies discussed here are based on Lemay & Barkin (1999).

³ However, an exception was made so that Chinese laborers would be able to enter Hawaii, which was forcibly annexed by the U.S. in 1898 and needed workers to work on its plantations that were owned by Americans. This exception exemplifies the ambivalence of the legal discourse as the nation deals with different political and economic exigencies. Although Hawaii was a territory of the U.S., it was not part of the mainland and did not have the full status and rights of a U.S. state. In addition, since there were few white laborers competing for jobs in Hawaii, the Chinese presence in this newly acquired territory did not pose a problem in terms of balancing the political and economic exigencies of the nation.

⁴ The quota system, however, did not apply to Asian immigration since this law denied entry to virtually all Asians, which meant that the Asian population could fall even below the rate of what it was in 1920. The same law also prevented Chinese women from rejoining their husbands in the U.S., thereby further curbing Chinese population growth.

⁵ This clause refers to the federal laws that require certain immigrants to register with the U.S. government and to have the documents in possession at all time.

⁶ For example, the Kang (2011) case study examines how applying postcolonial conceptual frames such as immigrant cultural citizenship helped immigrant clients to produce their own counter-narratives, which contested inequitable immigration and welfare policies and created alternative meanings of citizenship.

⁷ In fact, the National Association of Social Workers (NASW) demonstrated this resistance when it released a public statement to express its strong opposition to AZ SB1070 (NASW, 2010).

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**‘Doing’ Social Work:
Critical Considerations on Theory and Practice in Social Work**

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***Abstract:** Social work is a multi-dimensional and contradictory field of practice, which often leads to theoretical confusion. Another tendency within social work today is the development of an evidence-based practice. This kind of social engineering, together with the theoretical confusion, might lead to the reproduction and strengthening of dominant discourses and perspectives. Pointing out the need for critical theory to transgress and resist hegemonic practices, the article aims to present ideas on how to theoretically position social work practice within a framework of critical theory. The question is how to combine an ambition to develop suitable methods and to anchor social work in a sound social-scientific context with critical theories concerning, for instance, gender, ethnicity, and class. It is suggested that a movement towards a more deconstructive and reflexive mode of thinking and practicing social work, ‘doing social work’, would enable the field to become more ethical and reflexive.*

***Keywords:** Critical theory, doing gender, evidence, reflexivity*

INTRODUCTION

Feminists and postcolonial theorists have formulated a massive critique of social work, accusing it both of being gender blind and of neglecting critical perspectives on power, ethnicity, and the social situation of immigrants (Herz & Johansson, 2011). An increasing number of academic studies on these issues show that social work practices often are influenced by stereotypical views on gender and ethnicity (Burck & Gwyn, 1995; Dominelli, 2008; Sue, 2006).

Although a critical tradition in social work has a long history, often known as critical social work, it has often focused mainly on creating awareness among, and strengthening, clients (Fook, 2002) or sometimes on how to work directly with clients (Englar-Carlson & Shepard, 2005; White, 2004). In order to be able to meet the challenges stated above, our framework is directed toward producing change in the social worker’s thinking, and to seek a possible convergence between critical social work and evidence-based practice (EBP). What we are suggesting is a development towards a meta-reflexive way of thinking, where social workers examine their own work. This differs from other critical approaches which often seem to completely seek to reject and replace EBP (Fook & Gardner, 2007; Pease & Fook, 1999). Another reason for this need is the appearance of new emerging challenges.

One such emerging challenge is the strong tendency within social work to develop evidence-based and scientific methods, methodologies, and approaches to social problems. This kind of social engineering often leads to an ambition to promote certain methods and methodologies singled out as superior, and to discard ‘unscientific’ methods. While this may very well be a necessary way to proceed in a field of practice and research populated by a diversity of methods and approaches,

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there is also a risk that critical methods and alternative ways of working with social problems are thrown out with the bathwater. As we know, social engineering and critical theory are not compatible perspectives – rather the opposite (Marcuse, 1964). Whereas social engineering often leads to the reproduction and strengthening of dominant discourses and perspectives, the ambition of critical theory is to transgress and resist hegemonic practices and ideologies.

Social work is deeply embedded in hegemonic practices, *taken-for-grantedness*, and everyday-life commonsense views. Therefore, it is even more important to reflect upon and constantly scrutinize this professional practice. Social work is to a great extent a normalizing practice (Payne, 2005; Payne, Adams, & Dominelli, 2002). Social workers are not on a mission to change society and resist power structures; nevertheless they do have to confront and reflect upon these structures. Their profession is therefore stuck between upholding societal norms and practices and needing to confront and change some of these structures. Feminist and postcolonial critiques of social work have focused on the strong tendencies of essentialism and naturalism inherent in this clinical field of practice.

In this article we will investigate and explore the potential conflict between, on the one hand, social engineering and evidence-based social work, and on the other, critical social work. We will suggest an alternative way to approach and deal with social work practice and theory. Our ambition is not to criticize the ambition to base social work on more firm scientific grounds, but to present some thoughts and considerations on how to develop theoretical and scientific approaches to social work as a critical practice.

This article is mainly a theoretical work, and we will use examples and pertinent literature in order to develop our thoughts. The purpose is to present some ideas about how to theoretically position social work practice within a framework of critical theory. How can we combine the ambition to develop suitable methods and to anchor social work in a sound social-scientific context with critical theories of gender, ethnicity, and class? Our position is that it is important to use a constructivist, contextual and societal approach to enable these questions.

Often an evidence-based, social engineered social work and a critical stance are kept and described as separated because of their built-in differences. For instance the first approach often focuses on the individual and lacks knowledge about the context; it also addresses knowledge as something essential regarding how subjects “are”. A critical approach on the other hand focuses on society and is based on context-awareness. The subject and society are seen as social, historical and cultural constructions (Herz & Johansson, 2011). Our ambition is to get these different approaches to converge by contributing to a development of increased self-criticism and reflexivity in social work.

We will explore this in three sections. First we develop our critique of contemporary fallacies and problems in the theory and practice of social work, after which we present and discuss theories of ‘doing’ as used in relation to, for instance, gender, ethnicity, families, and class. Thereafter follows a section in which we explore the possibility of introducing the concept of doing into social work; and the final section is devoted to the conclusions to be drawn from this critical exploration and reflection.

FALLACIES IN SOCIAL WORK

A strong tendency in contemporary social work is the movement towards a social practice based upon scientific evidence of what actually works. This has led to an increase of so-called evidence-based methods, systems, and manuals in social work practice (Blom, 2009). This development could be seen, to varying degrees, in countries like Sweden, Australia, England, Canada and in the USA (Gray, Plath & Webb, 2009; Kufeldt, Vachon, Simard, Baker, & Andrews, 2000; Wise, 2003). Criticism of this movement often concentrates on problems in measuring what really works. But some criticism has also been directed towards the neo-liberal individualization of 'social problems' that seems to follow upon the implementation of evidence-based practice (EBP) (Webb, 2001). Although it is by no means clear or uncontroversial what EBP is or how to interpret it (Morago, 2006; Payne, 2005), the requirement to implement EBP has in part had some real consequences. One such primary consequence is what could be called the increase of a manual-based social work. These manuals and systems are based on specific theoretical assumptions regarding both the individual and society (Garrett, 1999a, 1999b, 2002; Herz & Johansson, 2011). The underlying theoretical assumptions are often barely mentioned and they are definitely not elaborated or visible in the different methods of measuring the effects of social work (Socialstyrelsen, 2006). In Britain the so-called Munro report, on behalf of the department for education, recently presented its final report. The report argues for a move away from these kinds of assessments often used as part of EBP. Instead it is a clear push towards the use of locally emerged knowledge and the social work expertise. Rather than using systems increasing rules, prescription, and bureaucratisation, Munro advocates social workers meeting with children and families, and the profession's own development of knowledge and skills (Munro, 2011). This critique and the upcoming work in Britain are interesting and might even lead towards a social work where parts of the problems we suggest here can be avoided. However, many systems, manuals, and methods are still in use, and the future social work implied in the report still needs to take these fallacies into account.

In social work, materials that are in use and are considered evidence-based often are based upon psychological or psychiatric knowledge. This tendency reflects a psychologization of society at large (Johansson, 2006, 2007, 2008; Rose, 1999). In itself this need not be a problem, but it does seem to shift the focus of social work more or less exclusively towards the level of the individual. 'Social problems' are seen as personal shortcomings and therefore as best addressed on an individual level. This eventually leads to other levels that affect different individuals' social lives, such as positional and structural levels, being diminished or even completely forgotten (Herz & Johansson, 2011).

Social work has been criticized for strengthening a static, 'traditional', and sometimes even repressive view on positional power-asymmetries, such as for instance gender, sexuality, and ethnicity (Burck & Gwyn, 1995; Dominelli, 2002, 2004, 2008; Sue, 2006). Others have criticized social work's lack of interest in the impact structural issues actually have on people's lives (Järvinen & Mik-Meyer, 2003; Mik-Meyer, 2004). The implementations of EBP in social work risk further reinforcing this development. Many of the manuals and systems that are being used lack a critical view of positional factors and tend to ignore structural impact. Instead, evidence-based methods are supposed to work more or less regardless of the impact

of structural circumstances (see Ward, 2000, on the supposed universality of the Looking After Children System, LACS, and the criticism by Garrett, 1999a, 1999b, 2002).

Social work is performing on the one hand moralizing work on the behalf of society, and on the other hand supportive work with individuals, groups, and on the societal level. Given this background it is hard or even impossible to ignore the demands for evidence-based social work, since one of its tasks is to present good results. But on the other hand, there is a risk that unwanted effects – such as strengthening gender-relations that do not mesh with gender-equal opportunity policies – will be reproduced. One such example is how gender is handled in the widely used system Looking After Children (LAC or sometimes LACS), in which it is stated that children need positive same-sex role-models to develop a positive identity (Horwath, 2000; Socialstyrelsen, 2006). This idea tends to strengthen rather static images of gender, and has been heavily criticized by feminist researchers (Hicks, 2006). It is important to remember that all knowledge is constructed in a political and historical context, and the systems, manuals, and tools used in social work are, of course, no exception (Nylund & Nylund, 2003). The systems and manuals therefore contain theoretical assumptions about, for instance, gender, ethnicity, and other positional power asymmetries. This means that it is important to retain a critical stance in social work.

There is clearly a rift between on the one side more psychologically influenced and evidence-based social work and on the other side structural and critical social work. While structural social work obviously integrates a structural level into practical social work, and critical social work further includes a positional level, these levels are often lacking in more psychologically influenced social work. Social work faces the challenge of integrating, for instance, EBP-models with a more critical approach to different levels of analysis.

The literature in the field of social work sometimes approaches this gap between individually-oriented social work and critical social work. However, it is seldom properly analysed (Payne, 2005). Often the various different approaches to social work are presented and the reader is left with a simple choice of which theory or method to use in different situations. One way to begin loosening this tension could be to introduce the concept of 'doing' within social work. In the next section we will turn our attention to theories on doing gender, ethnicity, class, and families before returning to how this concept could be put to use in social work practice.

DOING INSTEAD OF BEING

The phrase 'doing gender' was originally coined in an article by Candace West and Don Zimmerman in the 1980s (West & Zimmerman, 1987). Initially this term/concept was developed within the fields of symbolic interactionism and ethnomethodology. The term 'doing' conveyed the socially constructed nature of gender. Rather than viewing gender as something fixed, as *being*, gender and sexuality were seen as ongoing processes of doing. These authors, however, are still working within the paradigm of gender differences. There is a marked difference, for example, between West and Zimmerman's concept of doing and Judith Butler's concept of doing gender. In a recent article, West and Zimmerman (2009) comment upon the historical development of the concept. Although they celebrate its manifold

uses and elaborations within feminist theory, they also reaffirm that gender cannot be totally undone, with reference to Judith Butler's use of undoing gender, though it can be *redone*. The structures responsible for upholding a specific way of doing gender cannot be fully eradicated, but it is possible to develop less oppressive ways of doing gender (Connell, 2010). When Butler talks about undoing gender she talks about a re-articulation of gender as something new that includes groups of people previously excluded from normative assumptions of gender (Butler, 2004). The main difference between the two seems to lie in to which degree how we do gender could change.

Reading the literature on 'doing gender' is actually quite confusing. An entire issue of *Gender & Society* was recently devoted to the concept of 'doing' (Messerschmidt, 2009). In fact, many nuances and versions of the concept and its application are used in gender studies. Sometimes it is used to designate quite stable processes of 'doing' gender, and at other times we find it twisted to denote a more radical transformation, with both 'undoing' and 'redoing' of gender. In short, our take on 'doing' is that these kinds of tools and concepts make it possible to focus on processes and on the ongoing construction of gender. It is, of course, possible to similarly speak of 'doing family' or 'doing class', for instance. The charm of the concept mainly lies in its ability to capture movement, processes, and the flavour of transformations in everyday life. When using the concept of doing, we also get closer to the actual processes going on in families and the intimate sphere of everyday life.

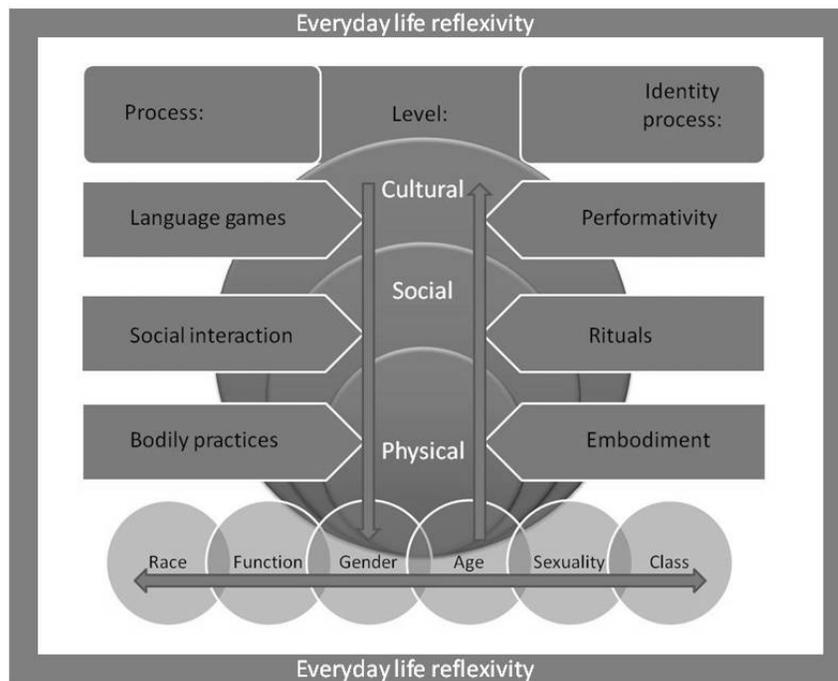
Before returning to the question of the connection between the concept of doing and social work, we will introduce a possible model and way of discussing and analysing processes of doing at different levels. We will use the concept in a much wider sense than is the case in gender theory. Doing will here be a part of different processes of constructing and doing gender, class, ethnicity, family, and so on. This makes it possible to understand doing as vertically differentiated; in other words, doing must be understood as something layered and comprising different analytical levels. Of course, these levels influence and affect each other. Moreover, doing also has to be understood as differentiated horizontally with different positions being made differently. Finally, doing takes place within a framework consisting of everyday reflexivity.

Some appraisals of the concept of 'doing', however, have viewed it as neglecting structural injustice. Fraser (2007) for instance, points out the importance of a 'two-dimensional approach to gender justice'. By that she means that one cannot merely focus on recognition (i.e. identity politics) without also theorizing distribution (i.e. differentiated status based on gender). We consider it important to take both dimensions into account simultaneously – to pay attention to structural injustice at the same time as you pay attention to the subject standing in front of you – but without needing to assume that either of these two levels is the determinant. Both structural as well as individual gender relations are still being made and are constantly a part of 'doing', though sometimes in different ways. They both have to be analysed like this in order not to risk strengthening and reproducing undesired power-relations and positions. Our model of 'doing' therefore takes both levels into account.

Vertically, the concept of doing is understood through different analytical levels (see Figure 1). At a cultural level, doing will be expressed in the form of *language games* (Wittgenstein, 1953/1973). The identity process will be constituted by these language games, and by the naming of different social and cultural phenomena.

Through language, and in a performative fashion, sexuality, gender, and identity are constructed. Bodies are not merely described – in language and by naming – they are also constituted and constructed (Butler, 1990, 2004). At a social level, doing is expressed as social interaction. When we meet people face-to-face, we also become part of a social game in which bodies, movements, and contact between different people lead to certain scenarios. At this level, identity takes the form of different rituals (Collins, 1997). These rituals are, of course, also constituted and developed in language games, but they are also social in the sense of being a rudimentary form of social exchange preceding the creation of groups, organizations, and institutional settings. Finally, we also have physical aspects of doing. Doing, to a great extent, is also a bodily phenomenon. Through movements in space, clashes between bodies, and the identity process of embodiment, practices are also very physical and concrete (Ahmed, 2004, 2007). These three different levels certainly interact and make up complex patterns of doing.

Figure 1: Different Levels of 'Doing'



However, different positions are being done differently. This means that apart from understanding the different levels of doing, we also have to understand and know about the different power-relations connected to positions, such as gender, class, ethnicity, race, or sexuality. The reason is that different positions are constructed, staged, and embodied differently. Gender, and more importantly differences based upon gender (such as femininity and masculinity), are in many ways connected to bodily differences, as might not be the case with sexuality, for instance. When walking through town, the act of doing difference based on gender

may more easily crystallize through practices and embodiments such as style, clothes, or hair. Doing differences based on sexuality could manifest itself in another way. A form to be filled out at the local social services office that is marked 'the man's signature' and 'the woman's signature' could instead point at sexuality, and not first and foremost at gender, although they are of course interrelated.

Differences and power-asymmetries based on race are also done differently than those based on class, for example (Mattsson, 2010). In addition, this means that we might need different theories to understand and be able to analyse different positions. To be able to understand gender we need to turn to feminist research and theories on 'doing gender'; to comprehend ethnicity and race, we might have to go to postcolonial research and its attendant theories. This should not be read as meaning that doing gender is completely separated from doing ethnicity, family, or sexuality. On the contrary, positions are intersectionally connected to each other, interrelate with each other, and could both strengthen certain patterns as well as eclipse each other (Crenshaw, 1989, 1991; Staunæs, 2003; Yuval-Davies, 2007). For instance, gender and race could reinforce certain power-relations and thereby, for example, affect black women's lives and opportunities in a specific way (Hill Collins, 1998), while in other situations one position could be given more importance than the other.

The reason for distinguishing between different levels of doing is first and foremost to put the concept in relation to different theories of the construction of identity and practices. In doing this, we will promote a multilayered understanding of doing social work. This will help us to discern and analyse different aspects of social practices and attempts to intervene in social life. The reason for bringing doing into social work practices is that this will lead to better and richer analyses of the complex work being done. Doing is a part of *everyday life reflexivity*, and thus instead of locking ourselves into a certain understanding of situations, people, and 'social problems', we will be able to set social reality and social practices in motion. By implementing this perspective on doing, we will also find better ways of dealing with 'social problems'. Social problems are not stable phenomena, but instead are defined, constructed, and named. What we are dealing with, briefly stated, are social processes of *doing social work*.

DOING SOCIAL WORK

Social worker 1: He's a boy, for starters.

Boss: mmm

Social worker 1: Everyone knows about the case, right? We don't have to say too much about their background. So, where should we start?

Social worker 2: Alright, risk-factors... on an individual level. Ok, he is a boy. Actually we don't know that much more about him.

Social worker 1: He's been a problem at school.

Social worker 2: Mmm. He has difficulties at school.

Social worker 1: That was improving, just before his mom passed away, but now... we don't know

Social worker 2: Is it that he's having difficulties learning, and such?

Social worker 1: Not that we... No, he hasn't had any problems relating to people and stuff like that

Boss: Easy relating to people, does that mean he is a nice boy?

Social worker 1: He is a bit of a tough kid. Well, he looks trendy and is most likely good-looking in the eyes of his girl peers. Or, well, you might say [...] It depends on who's looking at him, because an older person might think he's a brash, cool guy, you know, with a cap sidewise with some brand-name on it and a hoodie. So I don't know, you might.

This conversation took place at a social services office during a meeting about a young boy under consideration for an intervention by the social services.¹ The quote shows how different positions interrelate and are used by the social workers to make an assessment in the case. At this meeting, the social workers used two different but compatible evidence-based systems, BBIC ('Barns Behov i Centrum', the Swedish version of the British 'Looking After Children System', LACS) and Ester. Ester is a system for assessing young people's risk of developing antisocial behaviour (Andershed & Andershed, 2010). We will not dwell on the systems themselves, but rather point out some interesting statements and conceptions they are based on. After doing this we will suggest how the concept of 'doing social work' could be of help in avoiding some of the pitfalls an uncritical and unreflexive approach to positional power-asymmetries might entail.

First of all, gender is being highlighted. The fact that, biologically, the client is a young male is made important and is treated as synonymous with being at risk. When the social worker stresses that the client is a boy, this is noted on a whiteboard by the supervisor under the heading of 'risk'. One reason why the social workers put so much emphasis on this is that the assessment-system Ester states that boys are more likely to be exposed to and get involved with antisocial behaviour (Andershed & Andershed, 2010). Even if this may be statistically valid in general, on an individual level the social workers' assessments and decisions based on this assumption might lead to these constructions of masculinity being constantly reproduced. For example, boys in Sweden receive treatment and other interventions to a greater extent than girls (Brunnberg, 2002). An assumption of risk based solely on gender might cause this imbalance to continue or even grow.

Later in the conversation, another aspect of different power relations based on positions is brought up. First they say the boy is good looking in the eyes of female peers. This is a heteronormative assumption, based on the conception that attraction solely occurs between men and women (Butler, 2004). The boy is considered beautiful in the eyes of girls, not other boys. But then something further happens, when the social worker adds age as a factor. Now, the boy might not be seen as beautiful anymore, but instead as arrogant, cool, and maybe a bit cocky. Here the combination of different positions creates different assessments. One possible reason why appearance is given so much attention in the discussion could be because it is stressed as an important factor in both the Swedish BBIC and the British LACS, for instance regarding clients' awareness of how other people might perceive their looks (Department of Health, 2000).

The above example shows us how different positions, such as age and gender, might be used and interpreted differently. The manuals and systems used for the

assessments provide the social workers with statistical information and point them in certain directions regarding questions to ask and possible outcomes. By doing so, and by not going any further than this point they might lead to certain notions of, in this case, gender and age being reproduced. For instance, the belief that boys, because of their biological self, need more support to avoid developing anti-social behaviour might in itself lead to an increase in statistics on boys coming to the attention of the social services. Therefore, social work needs to develop a more dynamic view of gender, race, ethnicity, sexuality, and other positions.

When engaging in 'doing social work', these above-mentioned assumptions must therefore be put into context and analysed as being parts of constructions on different levels; and most importantly, as being precisely that: constructions. What on one level seems to be clear, could under the influence of another be understood as exactly the opposite, or rather, as something complex and fluid.

We will suggest that social work needs to turn towards a view of theory and practice as being part of everyday reflexivity. Instead of relying heavily on psychological conceptions and stable notions of personality/identity, we would like to see a movement in the direction of processes and reflexivity. By introducing the concept of doing social work, we aim to promote changes in how social workers approach, evaluate, and assess 'social problems'. Instead of taken-for-granted social appearances and behaviors, we propose that social workers use a process perspective, and focus on bodily practices, social interaction, and language games.

While race, gender, age, sexuality, and class, for example, are often treated as stable categories, almost as parts of a personality, we suggest that these 'categories' are constantly evaluated, deconstructed, and put into motion. Doing social work would then be a demanding social practice, with critical and ongoing discussions about changes at the physical, social, and cultural levels as an important tool and practice. Through questions such as: 'What does gender mean here?' 'What is a modern family?' and 'What does cultural difference mean?', we could set social work in motion.

This means that social work needs to develop a practice in which critical evaluations are a part of everyday social work. By raising reflexive questions on the meaning of positions such as gender, and actively relating to different notions of these positions, social work could avoid static assumptions that can lead to an unreflective reproduction of positions. When analysing and questioning different approaches to, for instance, 'doing family', and putting this into the context of the current client's life, it is possible to both acknowledge differences on a structural level and differences in people's approaches to these discourses.

By doing this it is also possible to avoid the trap pointed out by Fraser (2007) above: to either presume that people unreflectively live their lives in conformity with structural elements; or to do the opposite: to believe that people can live their lives free from the influence of the same elements. Instead, our concept of 'doing social work' makes possible a reflexive analysis of how the client, under the influence of different levels, does gender, for instance.

Doing social work means being in constant contact with everyday reflexivity, and being prepared to engage in critical discussions on processes. This would be a vital

and highly relevant alternative to the sometimes careless use of categories and the problems of reification that trouble the profession.

What we are suggesting is a development towards a meta-reflexive way of thinking, where social workers put their own practice under the microscope. Categories of differences and power-asymmetries have to be understood theoretically through different analytical levels, not as static notions. Gender could for instance be given different significance depending on which level; bodily, societal or cultural, and how it is being related to other categories. Through the use of a meta-reflexive approach, social work might be able to set static notions in motion, towards a social work more sensitive towards changes and differences.

CONCLUSIONS

Our ambition has been to identify, investigate, and explore some dubious developments within social work. We also had the purpose to suggest and develop a method to use for a reflexive approach to practice. Our center of attention has therefore been on the social workers themselves, suggesting the development of a meta-reflexive approach. This, of course, does not mean that our proposal in extension cannot get clients to benefit as well.

The critique thus serves as a starting point for the development of a reflexive mode of thinking about and relating to social work practice. In order to counteract tendencies towards individualization, fragmentation, and psychologization – however weak or strong these are in different settings – we have introduced the concept of doing social work. Instead of locking social workers into certain conceptual frameworks and notions of being a social worker, we suggest a movement towards a more deconstructive and reflexive mode of thinking and performing social work. Further we also suggest that this way of reflexive thinking and performing also could be employed by social workers who already make use of postmodern and critical approaches. This could somewhat be seen as a way of work compatible with the results from the British Munro-report, changing focus from “a compliance to a learning culture” (Munro, 2011, p. 129).

Contemporary social work faces a number of challenges, the first of which being the above-mentioned criticism that it strengthens specific hegemonic notions of positions, for instance gender. Another is the implementation of evidence-based social work, which presents new challenges like the requirement of measurability and the sometimes static positions that may be adopted to meet this requirement. These parallel developments increase the importance of developing a form of social work that does not rely on imaginative or common assumptions regarding people's identities and lives. Instead of locking people into static positions and closed identities, 'doing social work' makes it possible to develop a truly ethical and reflexive position and a new professional identity.

Another challenge for contemporary social work is to meet the demands of a more solid scientific practice. However, it is equally important that social work find ways of keeping an ongoing critical discussion alive, on what evidence is and what effects it can have. The question is how to combine the ambition to anchor social work in this sound scientific context with critical theories concerning, for instance, gender, ethnicity, and class. We suggest that a movement towards a more

deconstructive and reflexive mode of thinking and practising social work, 'doing social work', would enable the field to become more ethical and reflexive.

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ⁱ The quote is taken from one of the authors' ongoing PhD-thesis on how gender and ethnicity are made, used, and understood in social work. This specific quote was collected during an ethnographic study conducted in 2010 at a meeting with a group of social workers responsible for conducting investigations in a municipality in Sweden. The use of the BBIC-system (equivalent to the British LAC System) is common in Sweden, and the state supports the implementation (www.socialstyrelsen.se). The Ester-system, however, is relatively new, but the number of municipalities using it is steadily increasing (www.ester-bedomning.se).

Developing the Social Empathy Index: An Exploratory Factor Analysis

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Abstract: *Social empathy, the ability to understand people from different socioeconomic classes and racial/ethnic backgrounds, with insight into the context of institutionalized inequalities and disparities, can inspire positive societal change and promote social well-being. The value of teaching social empathy and creating interventions that promote social empathy is enhanced by the ability to measure and assess it. This article provides a validation of the Social Empathy Index, a tool that practitioners can easily use to assess individuals' levels of interpersonal and social empathy. An exploratory factor analysis was used to validate the instrument and confirm the conceptual model for social empathy.*

Keywords: *Social empathy, individual empathy, social change, instrument validation*

INTRODUCTION

In a community lecture in 2004, Robert Reich, the former Secretary of Labor, shared his insights regarding times when empathy and social caring transformed society, such as the civil rights movement in the 1960s. He viewed these points in time as few and far between. Reich called for an *enlightened self-interest* to create more of these times but he did not define what he meant nor did he explain to the crowd how enlightened self-interest could be cultivated. Similarly, in *The Audacity of Hope* (2006) President Obama wrote about the importance of empathy. Referring to his colleague Senator Paul Simon, Obama wrote, “That last aspect of Paul's character—a sense of empathy—is one that I find myself appreciating more and more as I get older. It is at the heart of my moral code, and it is how I understand the Golden Rule—not simply as a call to sympathy or charity, but as something more demanding, a call to stand in somebody else's shoes and see through their eyes” (p. 66). What would social policies look like if citizens demanded that they be created by policymakers who could see the world through the eyes of the people who would be most impacted? Reich and Obama were both describing a compassionate society with an intense, shared insight into the lives of others. The authors refer to the mechanism that enables such a society as social empathy.

Social empathy is the ability to genuinely understand people from different socioeconomic classes and racial/ethnic backgrounds within the context of institutionalized inequalities and disparities (Segal, 2011). Social empathy insights can inspire positive societal change and promote social well-being through the use of democratic processes, social tolerance, and civic engagement (Morrell, 2010). More than a decade ago, Hoffman (2000) recognized the broader social dimensions of empathy when he called for expanding the teaching of empathy to create a moral and just society

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by going beyond individual empathy. He wanted to teach children how to “extend empathy to other groups, so that children will be more aware of the impact of their actions on others who differ from them in obvious ways” (p. 294).

Social work, psychology, anthropology, evolutionary biology, social cognitive neuroscience, as well as many other disciplines, have all acknowledged the value of interpersonal empathy (de Waal, 2009; Decety, 2011; Gibbons, 2011). However, very little has been written about social empathy or how to measure it. This article articulates a conceptualization of social empathy and reports on the development of a social empathy index (SEI). In addition to measuring an individual’s level of social empathy, the SEI has the potential to aid social workers in cultivating and promoting social empathy.

The Value of Interpersonal Empathy

Empathy is the ability to understand what other people are feeling and thinking and it is an essential skill in facilitating social agreement and successfully navigating personal relationships (de Waal, 2009). It is critical to our survival because it requires the accurate perception, interpretation, and response to the emotional signals of others (Preston & de Waal, 2002). Therefore, empathy is a key building block for prosocial behavior, or the actions people take that benefit others and society (Eisenberg & Mussen, 1989). There is substantial research evidence that empathy is important in the development of healthy relationships (Toussaint & Webb, 2005); it supplies the affective and motivational foundation for moral development (Eisenberg & Eggums, 2009; Smetana & Killen, 2008); and promotes helping and prosocial behaviors particularly during adolescence (Batson, Chang, Orr, & Rowland, 2002; Batson, Håkansson Eklund, Chermok, Hoyt, & Ortiz, 2007; McMahon, Wernsman, & Parnes, 2006). For youth, higher levels of empathy are associated with increased conflict resolution (de Weid, Branje, & Meeus, 2007) and willingness to come to the defense of a bullied peer (Gini, Albiero, Benelli, & Altoe, 2007). Parental empathy has been cited as crucial for raising healthy children (Curtner-Smith et al., 2006) and partner empathy is cited as a key attribute in satisfying relationships (Busby & Gardner, 2008).

The absence of empathy can lead to destructive behaviors and adversely affect relationships. A lack of interpersonal empathy is associated with narcissism, bullying, violent crime, abusive parenting, spousal battering, and sexual offending (Covell, Huss, & Langhinrichsen-Rohling, 2007; Elsegood & Duff, 2010; Gini, Albieri, Benelli, & Altoe, 2008; Joliffe & Farrington, 2004; Ritter et al., 2011). In spite of so much compelling research on the value of empathy, definitions and conceptualizations vary greatly. The diversity of definitions and measurement devices makes comparisons between empathy studies challenging (Gerdes, 2011; Gerdes, Segal, & Lietz, 2010).

What is Missing? Understanding Empathy and the Impact on Society

How does empathy play a role in the larger societal realm? Is it a collection of individual levels of empathy, or is there a broader way to conceptualize the impact and influence of social empathy? A critical piece in understanding the macro impact of empathy is to consider context. For example, a great deal of research has been conducted

on the phenomenon of bullying, raising concerns about the social interactions of youth and the lack of empathy. Some researchers argue that school bullying is a social phenomenon that reflects power relations in certain contexts rather than just individuals with aggressive or “evil” behaviors (Horton, 2011). In this example, understanding the broader social context of schools as well as the barriers to child development can provide greater insight into why empathic behaviors may be absent in social settings. This can be particularly damaging on a societal level.

In a macro context, racism, sexism, and homophobia are behaviors that not only diminish the humanity of marginalized groups, but those committing such behaviors “lose sensitivity to those who are hurt; they become hard, cold, and unfeeling to the plight of the oppressed; and they turn off their compassion and empathy for others” (Sue, 2010, p. 130). This process has been part of history. Glick (2008) describes this phenomenon as “ideological scapegoating.” Complex and difficult social, economic, and political situations can lead to social constructions based in stereotyping to understand complex situations and deal with the fear of misunderstood social events. Fear is a trigger that can hijack the more complicated and involved cognitive processing of empathy (O’Connor, Berry, Weiss, & Gilbert, 2002). The extreme outcome of this phenomenon is that majority groups, lacking empathic accuracy and feeling fearful of changing social conditions, can become so unfeeling of those different than them that socially harmful behaviors such as slavery, apartheid, and genocide can become sanctioned and institutionalized (Glick, 2002, 2005, 2008).

In 1995, Robert D. Putnam published his article *Bowling Alone: America's Declining Social Capital* (with a best-selling book on the subject five years later) in which he famously bemoaned the decline in civil engagement and membership in social groups. This decline meant people were more out of touch with others, with negative social outcomes. Twenge (2006) captured public attention with her research on young people’s sense of entitlement and increased narcissism. Twenge and Campbell (2009) later codified the concept of a “narcissism epidemic.” The authors argue that the increase in narcissism is accompanied by a decline in warm and caring relationships and empathy. Recently, Konrath, O’Brien, and Hsing (2011) compared scores of college students on a common (although outdated) empathy measure and found a decline in scores over the past 30 years. Headlines from newspapers that picked up the research heralded that young people today are less empathic than young people of thirty years ago. Less pessimistic is Rifkin’s (2009) review of empathy throughout history. He argues that we are on the opposite track and empathy has increased over time, but he warns that we are at a critical juncture in the history of our civilization and could see a backsliding of empathic concern. These social phenomena and research findings suggest a need to better understand empathy in the context of social relations, as well as the need to measure and assess levels of social empathy. The current research study applied rigorous scientific testing informed by professional values and practice experience in an effort to develop the Social Empathy Index.

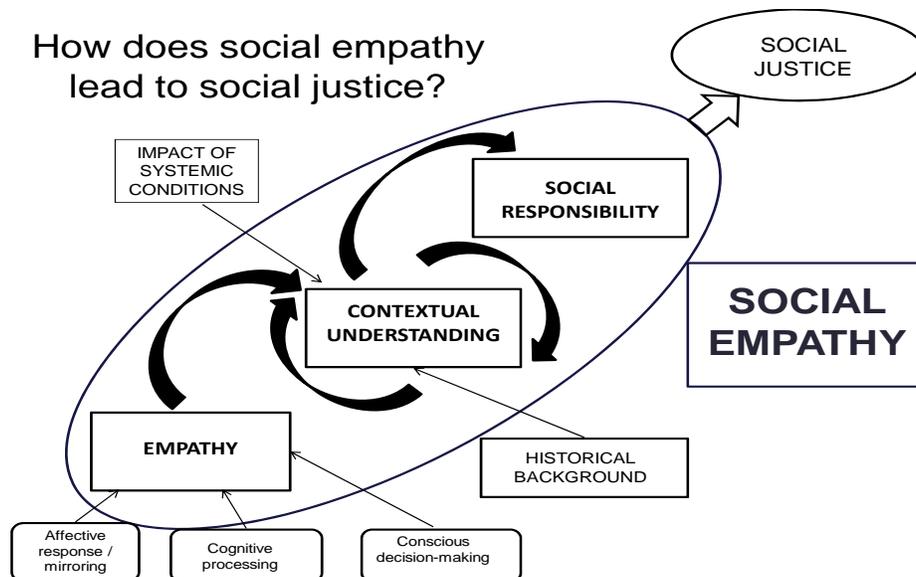
What is Social Empathy?

Social empathy is the “ability to understand people by perceiving or experiencing their life situations and as a result gain insight into structural inequalities and disparities” (Segal, 2011, pp. 266-7). The assumption upon which the concept of social empathy is built is that with socially empathic feelings and knowledge, people are more inclined to work to promote social and economic justice and social well-being (Segal, 2007, 2008). Engaging in social empathy requires people to see themselves in relation to the outside world, and may increase their sense of efficacy or impact on the outside world, and ultimately gain a sense of empowerment (Wagaman, 2011). It is hoped that the development of social empathy can increase social engagement while promoting an individual’s own empathic abilities. Greater social engagement helps a person develop as a member of the larger society and in turn creates community, cultivates democratic behaviors, and protects public interests (Putnam, 1993). Promoting social empathy has the potential to enhance social engagement, improve prosocial processes, and build better social policies and programs, all of which benefit both the individual and society.

DEVELOPMENT OF THE SOCIAL EMPATHY INDEX

The SEI was constructed using the model of social empathy outlined in Segal (2011). The model identifies three components—interpersonal empathy, contextual understanding, and social responsibility. The model also makes the assumption that if all three of these components are engaged, the result will be actions that promote social justice (see Figure 1). The conceptual framework posits that interpersonal or general empathy is the crucial underlying foundation upon which the larger perspective of social empathy can be built. For this reason the SEI includes the 20-item Empathy Assessment Index (Gerdes, Lietz, & Segal, 2011), a measure of interpersonal or general empathy.

Figure 1



Interpersonal Empathy

The Empathy Assessment Index (EAI) (Gerdes et al., 2011; Gerdes, Segal, & Lietz, 2010; Lietz et al., 2011) is a critical and foundational part of the Social Empathy Index. The 20-item EAI has four components based on the most recent social cognitive neuroscience conceptualization of empathy: 1) affective response, 2) self-other awareness, 3) perspective-taking, and 4) emotion regulation. (Decety & Moriguchi, 2007) The four components represent the four isolable neural networks that mediate empathy in the brain. These networks process incoming information on a millisecond timescale allowing individuals to feel what others feel, perceive what others see or understand, and possibly even recognize the intentions of others (Mar, 2011).

The affective response component represents the affective resonance the perceiver experiences when observing the target's affective state. Shared representations through the mechanisms of perception-action coupling (Preston & de Waal, 2002) and simulation (Goldman, 2006) mediate the experience of affective empathy. Affective empathy is often referred to as mirroring, and occurs on an unconscious level. As such, it requires some amount of self-other awareness and perspective-taking in order to distinguish the true experience of empathy from emotional contagion or simple mimicry (Walter, 2012). Self-other awareness and perspective-taking are cognitive processes that move us from physically sharing an affective response to viewing what that response might mean for the other person. Emotion regulation, the fourth component, supports and enables the process of empathizing with another person while preventing the affective response from turning into an experience of personal distress (Decety, 2011).

Contextual Understanding

Interpersonal empathy is often limited without an accurate assessment of context (Singer & Lamm, 2009). The degree to which people can empathize across cultures requires processing information contextually: "we need to identify and analyze more precisely and systematically the variety of cultural frameworks, social situations, and political-economic conditions that tend to either suppress and inhibit basic empathy or amplify it into a frequent and reliable means of knowing" (Hollan, 2012, p. 76). Thus, social empathy examines context and includes insight into the structural inequalities that may impact others' lives, different from our own.

A key skill that is part of contextual understanding is the ability to take the perspective of those who are in different life situations. Perspective-taking on the individual level is included in the EAI. But perspective-taking on a macro level is key to contextual understanding. Such macro-perspective-taking can improve social relations by decreasing prejudice and stereotyping as well improving social coordination (Galinsky, Ku, & Wang, 2005). The United States Army recognized the need for its military personnel to become skilled in perspective-taking because of the need to bridge cultural gaps between U.S. soldiers and populations in the regions of operations. Reflecting a macro viewpoint, the U.S. military focuses on "social perspective-taking." "Performed correctly, SPT allows the soldier to accurately consider the host-national's perspective without cultural bias and erroneous assumptions" (Roan et al., 2009, p. v). The report

goes on to cite that the value of SPT includes the development of social understanding, improved intergroup relations, greater cooperation, and can lead to trust, respect, and good relations. Therefore, the SEI incorporated items to measure macro-perspective-taking.

While macro-perspective-taking can increase people's perceptions of commonalities between their own identity group and other different groups, it may mask or reduce understanding of intergroup inequalities (Todd, Bodenhausen, Richeson, & Galinsky, 2011). Dovidio, Gartner, and Saguy (2009) found that increasing perspective-taking abilities can improve understanding of groups' commonalities and reduce prejudice, but inadvertently it may also lead to an underestimation of intergroup inequalities. This lack of understanding of inequalities between groups would be a deterrent to efforts for social change. Thus, macro-perspective-taking is important, but alone cannot enhance social empathy.

Macro-perspective-taking needs to be coupled with contextual understanding. "The role of context therefore is a significant component of perspective taking, since an individual will need to consider all the factors when hypothesizing about the perspective of another person," which is especially true when dealing with other cultures (Roan et al., 2009, p. 4). In order to fully understand the life circumstances of different groups, examination of historical events and the place of group membership in society at-large are critical. For example, when viewing the experiences of different racial groups, macro-perspective-taking involves the ability to imagine what life is like as a member of that racial group. In addition, historical events that have been brought to bear on that particular racial group must be understood. Finally, how other groups in society view membership in that particular racial group must be examined. Thus, the items developed to address contextual understanding included elements that would help to identify levels of macro-perspective-taking and macro-self-other awareness, that is, considering what the life experiences are of others from different social and economic backgrounds. When these skills are used, a better understanding of the societal context of inequality and the structural barriers that inhibit opportunity for some groups is achieved.

Social Responsibility

When accurate empathic insight into other people's lives is gained, it is often followed by a sense of social responsibility (Frank, 2001). Because the impetus behind social empathy is to gain insights into the lives of others in order to create policies that address social concerns, the model assumes that a commitment to social responsibility accompanies social empathy. Hoffman (2000) explains this relationship:

If one thinks about how society's resources should be distributed, one might focus on the implications of different distributive systems for oneself or for others. A self-serving perspective will lead one to prefer principles that coincide with one's own condition: A high producer would choose output, competence, or effort and a low producer would choose need or equality. An empathic perspective, on the other hand, would lead one to take the welfare of others into account...[and] that leads one to imagine the consequences of different systems

for society's least advantaged people or for people who work hard (Hoffman, 2000, pp. 230-231).

Using terms of the newer neuroscience, Hoffman is describing perspective-taking and self-other awareness on a societal level leading to a sense of social responsibility. For the SEI, measuring social responsibility was challenging. People may report a strong sense of responsibility, but whether they actually behave in that way is much more difficult to assess. In a self-report instrument, we decided that the best way to measure social responsibility was constructed through two types of questions, ones that identified beliefs related to social responsibility and ones that related to behaviors that correspond to social responsibility, which in the model are assumed to lead to social justice. The SEI was therefore constructed with items designed to assess interpersonal empathy (using the 20 item EAI), contextual understanding, social responsibility, and social justice.

METHODS

Item Generation

Given the development of the EAI (Empathy Assessment Index) and its validation in previous studies, the research team agreed that it fully captured general interpersonal empathy as conceptualized in the larger social empathy model, and assumed its inclusion in the final SEI. Therefore, the researchers worked only to develop an item pool for the remaining constructs. Item generation for contextual understanding and social responsibility was based on the conceptualizations described above.

Content validity was addressed by constructing items that logically or theoretically connected to our conceptualizations (Sartori & Pasini, 2007). For example, contextual understanding items included asking about whether there are barriers such as lack of opportunities or discrimination that prevent some groups from succeeding in the United States, why people are homeless, and the importance of taking into consideration the political perspectives of other people even if we don't agree with them. Social responsibility items reflected beliefs in government involvement in social welfare, community service, and voting. Social justice was constructed with items that asked about actions that people believed were important such as helping a person from a different race or ethnicity, helping people worse off, and taking action to help others (a full listing of all the items can be found in Appendix A).

Once a pool of items was generated, they were reviewed by team members for face validity and pre-tested with a group of graduate social work students who then discussed the items after the pre-test. On the basis of the feedback within the research team and from the pre-test, items were edited for wording and comprehension.

The result was a pool of thirty-eight items using the same 6-point Likert scale (1="never", 2="rarely", 3="sometimes", 4="frequently", 5="almost always", 6="always") as the EAI, grouped into the three general concepts discussed above. The contextual understanding component consisted of thirteen items, two of which were reverse-scored. The social responsibility subscale consisted of thirteen items. And the social justice subscale consisted of twelve items, one of which was reverse-scored.

Item Testing

The 38 SEI items were combined with the 20-item EAI creating a 58 item instrument. The EAI items were presented first, with the SEI items presented next in random order. As previously mentioned, all 58 items used the same 6-point Likert scale. Items were prefaced with the statement, "Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs." The 58 items were loaded into *Qualtrics*, an online survey software program.

Participants

Based on the 58 items in the SEI and the intended analysis plan, a sample of 300 participants was sought (Costello & Osborne, 2005). Participants were recruited for the study, as approved by the University's Institutional Review Board, from six BSW-level classes and one MSW-level class. Participation was voluntary and in some classes extra credit was offered. Participants were provided a hyperlink to the survey, which was referred to as a "human relations survey" to minimize social desirability, and were instructed to complete the self-report questionnaire within 72 hours. All responses were anonymous.

A total of 315 students started the survey process. Fourteen students had missing data and were excluded from the analysis (4.4%). The final sample size consisted of 301 respondents whose ages ranged from 18 to 59 ($M = 23.8$, $SD = 7.8$). Seventy-four percent of the sample was female ($n = 224$), 24% ($n = 71$) were male and 2% ($n = 6$) either reported other gender or did not report gender. Of those who reported their ethnicity, 53% were Caucasian ($n = 157$), 26.6% were Latino ($n = 79$), 5.4% were African Americans ($n = 16$), and 3% were American Indian ($n = 9$). Nearly 24% were freshman ($n = 70$), 20% were sophomores ($n = 59$), 27% were juniors ($n = 80$), 10.5% were seniors ($n = 31$), and 18.3% were first-year Master of Social Work students ($n = 54$). Just over 40% ($n = 120$) of the study participants described their families growing up as "poor" or "working class", with another 40% describing their family growing up as "middle class". Forty-four percent ($n = 131$) of the sample identified as social work majors followed by criminal justice at 27% ($n = 79$). Just over half of the sample (54.5%) reported being employed at the time of the survey.

Approach to Analysis

Descriptive statistics, zero-order correlations, subscale reliability analysis, and principal components analysis were used for item reduction. Once reduced, resulting items were analyzed using exploratory factor analysis. Although an a priori theoretical model existed at the time of data collection, a confirmatory factor analysis was not the most appropriate analysis for the data because of the high levels of collinearity between the self-other awareness and perspective-taking items of the EAI with SEI items. Given this, and the lack of available theoretical guidance in the literature for conceptualizing and measuring the components of social empathy, an exploratory factor analysis was conducted. Once a final model was obtained, estimates of subscale reliability were obtained using the newly theorized subscales. Finally, EAI component mean score and

SEI component mean score correlations were assessed for possible conceptual overlap or collinearity.

RESULTS

As indicated in Appendix A, all of the items had means above the mid-point of the response scale. Very few responses of “never” or “rarely” were found for any of the items, with only seven items (Q27, Q28, Q29, Q31, Q32, Q33, Q35) having more than 10% of responses falling within these two response categories. The overall negatively skewed mean scores may be due, in part, to both the self-report nature of the instrument and the sample selection, most of which were in human relations-based majors.

Item Reduction

First round of analysis. Item reduction activities based on a priori theory about social empathy began with subscale reliability analysis. Table 1 summarizes the reliability coefficients, and identifies items that would increase the subscale reliability if deleted. All three subscales, as originally theorized, had high reliability, and few items that significantly impacted the overall reliability. Further analysis that included examination of zero-order correlations between items, and correlations between items and their intended subscale mean scores provided further evidence supporting deletion of the four items identified in the reliability analysis, as well as others that appeared to be problematic.

The third and final step in the first round of item reduction included principal components analysis (not shown here). Principal components analysis (PCA) is often appropriate for data driven item reduction because it results in uncorrelated composites of the variance in the items rather than identification of latent variables “PCA is intended to simply summarize many variables into fewer components, and the latent constructs (i.e., factors) are not the focus of the analysis” (Henson & Roberts, 2006, p. 398). These analyses resulted in the elimination of 17 of the original 38 SEI items (see Appendix A).

Table 1: Subscale Reliability Analysis of Items as Originally Theorized

Subscale	Reliability Coefficient	<i>M</i>	<i>SD</i>	Items, if deleted, increase α
Contextual understanding (13 items)	0.794	53.74	8.14	item 27 (.818); item 31 (.819)
Social responsibility (13 items)	0.910	59.27	10.99	item 37 (.914)
Social justice (12 items)	0.857	55.58	8.52	item 35 (.878)

Factor analysis. Based on a priori theoretical understanding of social empathy, its components, and its relationship to empathy, the remaining items were hypothesized to be related to two, rather than three, underlying factors – contextual understanding of systemic barriers and macro level self-other awareness and perspective-taking. An exploratory factor analysis was conducted in SPSS on the remaining twenty-one items using principal axis factoring (PAF) with an oblique rotation (oblimin, $\delta = .4$) retaining two factors based on a priori theory. PAF was selected as the most appropriate

method based on the theoretical assumption that common variance among the items in each subscale can be accounted for by latent constructs, and that these constructs are correlated (Costello, & Osborne, 2005; Pett, Lackey, & Sullivan, 2003). With a sample size of 301, the subject-to-item ratio was just under 8:1.

Three additional items were subsequently eliminated based on low loadings and/or cross-loadings. Elimination of these items was affirmed through expert review by a leading scholar in the area of empathy. Theoretically, the items appeared to fit well with the original constructs (e.g., “I think paying taxes is part of being a good citizen.” as a measure of social responsibility) but no longer were theoretically appropriate within the newly theorized constructs of contextual understanding of systemic barriers and macro self-other awareness/perspective-taking.

A second exploratory factor analysis using PAF and an oblique rotation (oblimin, $\delta = .4$) was conducted on the remaining 18 items. Oblique rotation was selected based on an expectation that the factors would be correlated. Visual interpretation of the scree plot as well as a parallel analysis were conducted. Based on the scree plot and the 95th percentile eigenvalues from random data, two factors were retained. The two factors had eigenvalues of 8.13 and 1.29 which accounted for 52.34% of the explained variance. After rotation, nine items loaded on each of the two factors with loadings ranging from .5 to .9 (see Table 2). The two factors were correlated at .75. A subsequent reliability analysis on the SEI indicated excellent internal consistency for both the contextual understanding subscale (.88) and macro SOA/PT subscale (.87).

Relationship with EAI Items

As previously mentioned, initial analysis found significant collinearity between self-other awareness (SOA) and perspective-taking (PT) items in the EAI and items in the original SEI pool. Theoretically, the authors found that this made sense conceptually and reconfigured the components of the SEI to include a factor that measures macro SOA and PT. In order to ensure that the EAI subscales and the SEI subscales are not redundant either conceptually or statistically, correlations were run between all 6 subscales as well as between the overall EAI mean scores. The results can be found in Table 3. As is shown, moderate correlations indicate relationships between the subscales but suggest that each subscale is, in fact, capturing distinct concepts. The social empathy subscale mean scores for contextual understanding of systemic barriers and macro SOA/PT are correlated at .74 ($p < .05$).

Table 2: Exploratory Factor Analysis of 18-item Social Empathy Index (SEI): Factor Loadings from the Pattern Matrix after Oblique Rotation

<i>Item (see Appendix A)</i>	<i>Factor 1: Contextual Understanding of Systemic Barriers</i>	<i>Factor 2: Macro Self Other Awareness and Perspective Taking</i>
Q21	.47	.10
Q39	.61	.11
Q49	.54	.04
Q25	.64	.06
Q47	.54	.21
Q53	.75	-.14
Q52	.64	.12
Q54	.73	.05
Q55	.79	-.04
Q33	.19	.54
Q45	.17	.58
Q50	.05	.63
Q34	.15	.60
Q48	.03	.56
Q24	.24	.50
Q28	-.03	.60
Q40	-.08	.67
Q42	-.04	.71

Table 3: Correlations between EAI and SEI Components and Total EAI Scores

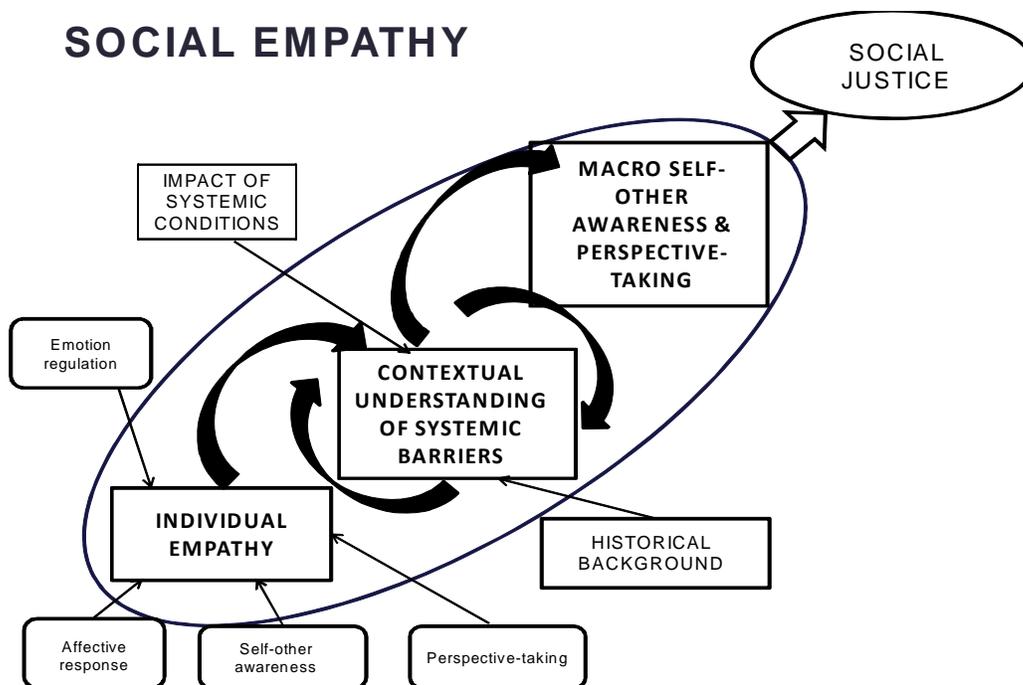
<i>Scale/Component</i>	<i>Emotion regulation</i>	<i>Affect sharing</i>	<i>Perspective taking</i>	<i>EAI</i>	<i>Contextual understanding</i>	<i>Macro SOA/PT</i>
Self-other awareness (EAI) – alpha = .64	.42**	.55**	.65**	.84**	.36**	.50**
Emotion regulation (EAI) – alpha = .68		.22**	.35**	.66**	.14*	.23**
Affect sharing (EAI) – alpha = .58			.56**	.74**	.26**	.38**
Perspective taking (EAI) – alpha = .74				.83**	.41**	.58**
Empathy Assessment Index (EAI)					.38**	.55**
Contextual understanding of systemic barriers (SEI) – alpha = .88						.74**

* = $p < .05$; ** = $p < .01$

DISCUSSION

The SEI measures two very important concepts for social work practice, general interpersonal empathy and social empathy. This research study is the first attempt to thoroughly explore the concept of social empathy. The results confirmed parts of Segal's (2011) original conceptualization of social empathy and allowed the researchers to fine-tune the components of the model (See Figure 2). Contextual understanding was supported as a key component of the model (See Table 4). The nine items focus on systemic barriers to social and economic equality with attention on beliefs regarding the marginalization of certain groups in society.

Figure 2



The social responsibility and social justice components were collapsed and the remaining nine items were re-conceptualized as macro aspects of self-other awareness (SOA) and perspective-taking (PT) (see Table 4). This finding makes sense considering PT and SOA are key components of interpersonal empathy as well. They appear to be equally important when applied at a macro level. Upon deeper analysis, it makes sense that social responsibility and social justice were not accurately conceptualized as part of the social empathy model. These two constructs are probably more precisely operationalized as action based outcomes. Table 4 lists the 18 remaining social empathy items. These 18 items as well as the 20 items from the EAI make up the 38-item SEI.

Table 4: Final Items for the SEI Components

CONTEXTUAL UNDERSTANDING OF SYSTEMIC BARRIERS

I believe there are barriers in the United States' educational system that prevent some groups of people from having economic success.

I believe that people who face discrimination have added stress that negatively impacts their lives.

I believe people born into poverty have more barriers to achieving economic well-being than people who were not born into poverty

I believe adults who are poor deserve social assistance.

I believe government should protect the rights of minorities.

I believe the role of government is to act as a referee, making decisions that promote the quality of life and well-being of the people.

I think it is the right of all citizens to have their basic needs met.

I believe that by working together, people can change society to be more just and fair for everyone.

I think the government needs to be a part of leveling the playing field for people from different racial groups

MACRO SOA/PT

I have an interest in understanding why people are poor.

I can best understand people who are different from me by learning from them directly.

I feel it is important to understand the political perspectives of people I don't agree with.

I believe it is necessary to participate in community service.

I believe that each of us should participate in political activities.

I believe my actions will affect future generations.

I confront discrimination when I see it.

I am comfortable helping a person of a different race or ethnicity than my own.

I take action to help others even if it does not personally benefit me.

The results of this study's analysis helped to refine the conceptualization of social empathy as a construct with three components: 1) interpersonal empathy (as measured by the EAI); 2) contextual understanding of systemic barriers; and 3) macro self-other awareness and perspective-taking (See Figure 2). The original SEI model was conceptually sound, but included some extraneous items and misidentified two components as social responsibility and social justice. In future research, a new data set will be used to perform a confirmatory factor analysis (CFA) using the new model. Such an analysis would allow for further exploration of the possibility that social empathy, as a higher-order latent construct, may explain the high correlation between the two factors in the current study. If the CFA results are acceptable, then researchers can test the hypothesis that social empathy predicts or is positively correlated with actions of social responsibility and social justice.

The current study is limited by the apparent homogeneity of the sample, which may be due to the sample having been drawn from social work education courses. While there were students from other academic majors in the courses, many of the students may have been influenced by a general "helping attitude" among those choosing the social work profession. To further test the psychometric properties of the SEI, a more heterogeneous sample should be sought in order to more fully reflect the range of perspectives and views on the social empathy constructs. This will also allow for further testing of the impact of social desirability given the self-report nature of the instrument.

In addition, future research is needed to explore how interpersonal empathy and social empathy are related and how interventions can effectively promote and build social empathy. With greater knowledge about social empathy and a tool to assess it, researchers will be able to determine whether social empathy leads to greater civic engagement and how it may be related to social responsibility. Such uses of the SEI can contribute to promoting the social justice goals of the social work profession.

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APPENDIX A

Summary Statistics and Subscale Assignment of Original Item Pool (38 items) of the Social Empathy Index (SEI)

<i>Item Content</i>	<i>M</i>	<i>SD</i>	<i>Subscale</i>	<i>Action as a result of analysis</i>
Q21) I believe there are barriers in the United States' educational system that prevent some groups of people from having economic success.	4.36	1.26	Contextual understanding	Retained
Q22) I believe government should be expected to help individuals.	4.35	1.21	Social responsibility	Eliminated in first round of item reduction
Q23) I seek to understand social problems.	4.46	1.24	Contextual understanding	Eliminated in first round of item reduction
Q24) I believe my actions will affect future generations.	4.63	1.20	Social justice	Retained
Q25) I believe adults who are poor deserve social assistance.	4.19	1.21	Social responsibility	Retained
Q26) As members of society, I believe we should help people who are worse off than ourselves.	4.67	1.19	Social justice	Eliminated in first round of item reduction
Q27) I believe people are rich because they worked hard. (reverse scored)	3.50	1.05	Contextual understanding	Eliminated in first round of item reduction
Q28) I confront discrimination when I see it.	3.79	1.17	Social justice	Retained
Q29) I believe success in life depends on where you were born.	3.05	1.12	Contextual understanding	Eliminated in first round of item reduction
Q30) I think society should help out adults in need.	4.23	1.24	Social responsibility	Eliminated in first round of item reduction
Q31) If a person is homeless, I believe it is the result of bad personal choices. (reverse scored)	4.03	0.92	Contextual understanding	Eliminated in first round of item reduction
Q32) When I hear a prejudiced joke or comment, it bothers me.	4.05	1.41	Social justice	Eliminated in first round of item reduction
Q33) I have an interest in understanding why people are poor.	4.00	1.36	Contextual understanding	Retained
Q34) I believe it is necessary to participate in community service.	4.71	1.20	Social responsibility	Retained
Q35) I struggle to speak up for someone or about an issue if what I say might make others angry or unhappy. (reverse scored)	4.16	1.09	Social justice	Eliminated in first round of item reduction
Q36) I believe people get opportunities because they know the right people.	3.69	0.94	Contextual understanding	Eliminated in first round of item reduction
Q37) I think paying taxes is part of being a good citizen.	4.29	1.27	Social responsibility	Eliminated after first EFA
Q38) I believe government should get involved in addressing social problems.	4.55	1.23	Social responsibility	Eliminated in first round of item reduction
Q39) I believe that people who face discrimination have added stress that negatively impacts their lives.	4.75	1.24	Contextual understanding	Retained
Q40) I am comfortable helping a person of a different race or ethnicity than my own.	5.46	0.96	Social justice	Retained

Q41) I believe people should vote in public elections.	5.17	1.17	Social responsibility	Eliminated after first EFA
Q42) I take action to help others even if it does not personally benefit me.	4.64	1.12	Social justice	Retained
Q43) I think society should help out families in need.	4.80	1.15	Social responsibility	Eliminated in first round of item reduction
Q44) I believe the rich get richer while the poor get poorer.	4.21	1.30	Contextual understanding	Eliminated in first round of item reduction
Q45) I can best understand people who are different from me by learning from them directly.	4.80	1.08	Contextual understanding	Retained
Q46) I think volunteerism is a duty for us as members of society.	4.65	1.24	Social responsibility	Eliminated in first round of item reduction
Q47) I believe government should protect the rights of minorities.	4.98	1.20	Social justice	Retained
Q48) I believe that each of us should participate in political activities.	4.19	1.28	Social responsibility	Retained
Q49) I believe people born into poverty have more barriers to achieving economic well-being than people who were not born into poverty.	4.82	1.14	Contextual understanding	Retained
Q50) I feel it is important to understand the political perspectives of people I don't agree with.	4.48	1.15	Contextual understanding	Retained
Q51) I believe it is important for me to contribute to my community and society.	4.91	1.20	Social responsibility	Eliminated in first round of item reduction
Q52) I think it is the right of all citizens to have their basic needs met.	5.05	1.12	Social justice	Retained
Q53) I believe the role of government is to act as a referee, making decisions that promote the quality of life and well-being of the people.	4.49	1.25	Social responsibility	Retained
Q54) I believe that by working together, people can change society to be more just and fair for everyone.	5.00	1.05	Social justice	Retained
Q55) I think the government needs to be a part of leveling the playing field for people from different racial groups.	4.49	1.28	Contextual understanding	Retained
Q56) I believe all people are entitled to the same civil rights and opportunities.	5.31	1.07	Social justice	Eliminated after first EFA
Q57) I believe that making society fair benefits everyone, not just people who are poor or discriminated against.	5.03	1.13	Social justice	Eliminated in first round of item reduction
Q58) I think it is my responsibility to help those who are in need.	4.73	1.24	Social responsibility	Eliminated in first round of item reduction

Does Personal Distress Mediate the Effect of Mindfulness on Professional Quality of Life?

Jacky T. Thomas

Abstract: *Personal distress is an aspect of the empathy construct which has been negatively associated with a range of psychological and behavioral problems. However, it is unclear whether mindfulness serves to buffer these negative relationships. This study examines direct effects and mediation effects of personal distress and mindfulness among three measures of professional quality of life: compassion fatigue, burnout, and compassion satisfaction. This model was tested using a sample of clinical social workers (n = 171). Results indicated that higher personal distress is significantly associated with higher compassion fatigue and burnout and lower compassion satisfaction, while mindfulness is significantly associated with lower compassion fatigue and burnout and higher compassion satisfaction. Mediation analyses showed significant indirect effects on all three measures of professional quality of life, with effect sizes in the small to moderate range. The indirect effects of mindfulness via the personal distress path accounted for 14-22% of the total effect of mindfulness on the three measures of professional quality of life. Implications for the education and training of social workers are discussed.*

Keywords: *Personal distress, mindfulness, empathy, compassion fatigue, burnout*

EMPATHY AND PERSONAL DISTRESS

Empathy

Social cognitive psychologist Daniel Batson, one of the most prominent and prolific researchers examining empathy, altruism and the determinants of the urge to help, wrote in 1987, “We psychologists are noted for using our terms loosely and with multiple definitions, but in our use of empathy we seem to have outdone ourselves” (Batson, Fultz, & Schoenrade, 1987, p. 19). Batson was referring to the divergent definitions of the term *empathy*, and the consequent difficulty in conducting, reporting, and comparing research. This difficulty with precise definition and labeling continues, and is not limited to the discipline of psychology (see discussion in Batson et al., 1987; Decety, 2011; Eisenberg & Eggum, 2009; Gerdes, 2011). However, despite significant semantic differences, broad conceptual agreement exists regarding important ideas about empathy. These basic ideas which emerged from social and developmental psychology have been elegantly explicated, reinforced, and enriched by a wealth of sophisticated research emerging from social neuroscience and the neuroimaging techniques currently available.

While it is not possible in this article to detail the full history of empathy research, or to adequately explain many of the important elements of the empathy construct (for excellent reviews see Decety, 2011; Decety & Meyer, 2008; Eisenberg & Eggum, 2009; Gerdes, 2011), two ideas are particularly relevant to the research study that will be

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reported in this article. The first idea is that empathy should be viewed as a *multidimensional process* involving both affective and cognitive components. As opposed to the typical lay understanding of the construct, empathy is not just a feeling, a state, or a product. The empathy process begins with an affective response born quite naturally from the biologically based/evolutionally adaptive tendency of one human being to respond to another (emotional resonance). When observing others' behavior, mirror neurons (sensorimotor neurons which respond to behavior that is observed) trigger similar autonomic responses in the observer associated with bodily and facial expressions of the person observed (Decety & Lamm, 2009). Some degree of affective resonance and emotional involvement is needed for the process of empathy to begin (Eisenberg & Eggum, 2009), but this initial affective component is then processed cognitively, using differentiated neural circuits and complex "computational processes" (Decety & Moriguchi, 2009, p. 35). The varied cognitive operations (which follow the initial affective response) optimally allow for a clear sense of self as separate from the person observed, flexible perspective taking, and regulation of emotional responses (Decety, 2011; Decety & Meyer, 2008; Decety & Moriguchi, 2009; Singer & Lamm, 2009). The empathy process is not linear, but occurs in dynamic, iterative, reciprocal feedback loops; the outcome of these processes is variable (Decety, 2011; Singer & Lamm, 2009).

Personal Distress

The second idea about which there is broad agreement is that the process of empathy does not always result in pro-social behavior. Among people with certain clinical diagnoses (e.g., persons with autism, or persons with antisocial personality disorder) there may be impaired affective perception or processing, or the use of empathic processes to manipulate or take advantage of others (Decety & Moriguchi, 2009). However, even among the non-clinical population, the process of empathy does not always result in helping behavior. In fact, some people, upon observing another person who is suffering, experience care and concern for the suffering other, and a consequent urge to help. Others experience personal distress, an aversive reaction to another's pain that is self-focused rather than other-directed and is associated with anxiety, withdrawal, or avoidance rather than an urge to help the suffering person. Unlike the response of care and concern (labeled as empathic concern in this paper), personal distress has been negatively related or unrelated to prosocial behavior (Batson & Shaw, 1991; Davis, 1983; Decety & Lamm, 2006; Eisenberg & Eggum, 2009).

Different researchers and theorists use a variety of names to describe the other-focused concern and urge to help, including *empathy* (Batson et al., 1987; Gerdes & Segal, 2011); *empathic concern* (Davis, 1983; Decety & Lamm, 2009); or *sympathy* (Eisenberg & Eggum, 2009; Eisenberg, Wentzel, & Harris, 1998). However, the term *personal distress* is fairly consistently used to describe the anxious, self-focused, aversive response experienced by some when witnessing others who are in pain or suffering.

What determines empathic concern or personal distress? A variety of personal, social, and contextual/situational factors may influence the likelihood of an observer experiencing personal distress rather than empathic concern when witnessing the suffering of another. These include the degree to which the observer identifies with the

suffering person, the meaning assigned to the suffering, the attribution of responsibility for the suffering, and so on (Decety, 2011; Decety & Lamm, 2009). However, Eisenberg and Eggum (2009) suggest that the strongest predictor of personal distress is high affective arousal and weak emotional regulation. Without adequate regulation of resonant emotional responses when witnessing another's pain or suffering, observers are likely to become over-aroused and experience personal distress, with the consequent urge to turn away or escape the situation. People who do have effective strategies for modulating their vicarious experience of another's distress may be able to stay empathically engaged without experiencing personal distress (Decety & Lamm, 2009; Eisenberg & Eggum, 2009).

It is important to emphasize that though the automatic, bottom-up perception of affective states and behavior in others activates similar neural circuits in the observer, this unconscious empathic responding can be influenced by intentional cognitive activity. According to Decety and Lamm (2009), the ability of the observer to use top-down strategies to down-regulate emotional responses is especially important when observed distress is intense or the situation is extreme (pp. 206-207). For social workers and other helping professionals, learning effective skills for preventing and/or managing empathic over-arousal (and the consequent experience of personal distress) may be critical for sustaining effective and satisfying careers in highly stressful human service contexts (e.g., child protection). And for professional training programs, developing strategies for helping students develop and strengthen such skills should be an important goal.

Consequences of personal distress. Empirical studies have shown relationships between personal distress and a host of social and psychological difficulties, including negative verbal and expressive parental behavior with children (Valiente et al., 2004), increased risk of child maltreatment (De Paul, Perez-Albeniz, Guibert, Asla, & Ormaechea, 2008; Perez-Albeniz & de Paul, 2003, 2004; Wiehe, 2003), symptoms of psychopathology in children and adults (Psychogiou, Daley, Thompson, & Sonuga-Barke, 2008), deficits in effortful control and self-regulation (Eisenberg et al., 1996; Guthrie et al., 1997; Valiente et al., 2004); delinquency and juvenile sex offending (Lindsey, Carlozzi, & Eells, 2001); lower self-esteem (Joireman, Parrott, & Hammersla, 2002) lower scores in care-based moral reasoning (Skoe, 2010), more negative perception of students by teachers (Barr, 2011), low emotional regulation and greater negative affect among elderly hospital volunteers (Eisenberg & Okum, 1996), and lower support among married couples (Devoldre, Davis, Verhofstadt, & Buysse, 2010).

Personal distress is associated with shame (Joireman, 2004), self-rumination (Joirman, 2004; Jorieman, Parrott, & Hammersla, 2002) and neuroticism (Mooradian, Davis, & Matzler, 2011). Higher personal distress scores are found among persons with post-traumatic stress disorder relative to non-traumatized control group participants (Nietlisbach, Maercker, Rossler, & Haker, 2010) and to depressed patients relative to healthy controls (Thoma et al., 2011). Frequency of clinical errors and speed of recognizing errors in practicing professionals is significantly associated with personal distress (Larson, Fair, Good, & Baldwin, 2010; West et al., 2006). Professionals higher in personal distress may have more difficulty relating well to clients (Riggio & Taylor,

2000). Finally, personal distress is associated with increased compassion fatigue and burnout, and lower compassion satisfaction (Thomas, 2012, in review).

These unhappy associations with personal distress are broad, and probably occur as a result of a combination of high emotional reactivity and deficits in cognitive skills such as flexibility of attention and perspective and capacities for self-regulation of affective responses. It makes sense that helping professional who experience higher personal distress might be more vulnerable to work-related stress reactions such as compassion fatigue and burnout. Understanding factors which contribute to improved flexibility and emotional regulation capacities and reduced personal distress may have important implications for professional quality of life.

Professional Quality of Life

Work-related stress reactions such as compassion fatigue and burnout negatively influence quality of life for social workers and other helping professionals. Clinical decision making and quality of care provided to clients and may be compromised when workers experience compassion fatigue and/or burnout (Conrad & Kellar-Guenther, 2006; Huggard, 2003; Killian, 2008; Radey & Figley, 2007; Valent, 2002). Worker satisfaction and retention in helping professions are also negatively affected (Bride, 2007; DePanfilis, 2006; Figley, 1995; Yankeelov, Barbee, Sullivan, & Antle 2009). Cunningham (2004) and Bell, Kulkami, and Dalton (2003) speak of the ethical responsibility of employers and educators to address these issues.

Figley (2002) and Stamm (2009) have suggested that the term “compassion fatigue” be used to describe secondary stress reactions among helping professionals who work with traumatized and suffering populations, as it may be a less stigmatizing term than “secondary traumatic stress disorder.” Burnout, another negative state often experienced by helping professionals, is generally related more to organizational or institutional factors and is “associated with feelings of hopelessness and difficulties in dealing with work or managing your job effectively” (Stamm, 2005, p. 5). Compassion satisfaction, also an important concept in understanding professional quality of life, refers to the positive feelings of meaning and fulfillment experienced by many practitioners when doing helping work effectively (Stamm, 2005).

Risks and protective factors. Reported rates of compassion fatigue/secondary traumatic stress among helping professionals have varied, with studies showing as many as half (and as few as 13%) of practitioners affected (Bride, 2007; Conrad & Kellar-Guenther, 2006; Sprang, Clark, & Whitt-Woosley, 2007), while reported rates of burnout are somewhat higher. For example, among mental health workers who provided treatment to the victims of the Oklahoma City bombing, over 41% were rated as being at high or extremely high risk for burnout (Wee & Myers, 2002). Siebert (2006) examined a probability sample of 1000 National Association of Social Work members, and found lifetime rates of burnout at 75%, and a current rate of 39%.

Risk and protective factors for compassion fatigue include level of exposure to traumatized clients, social support, supervisory support, and personal coping strategies such as a sense of humor (Bride, 2004); and female gender, caseload percentage of PTSD

clients, and rural location (Sprang et al., 2007). Regarding burnout, age is a significant predictor of risk; research regarding the effect of gender, however, showed mixed results (Maslach, Schaufeli, & Leiter, 2001). Though occupational variables traditionally assumed to be important (such as type of caseload and supervision) were significant predictors for burnout in Siebert's (2006) research, she contends that certain personal variables should be examined as well. These include feeling overly responsible for clients and having difficulty asking for help, which her study also showed to be significant predictors of burnout (Siebert, 2006). Sprang and colleagues (2007) found that specialized knowledge and training was associated with higher compassion satisfaction and lower compassion fatigue and burnout among practitioners. While empathy is commonly considered a primary path of vulnerability for the development of secondary stress disorders (Decety & Lamm, 2006; Figley, 2002; Rothschild, 2006), little empirical research has examined this relationship in light of the multi-dimensional nature of the empathy construct.

What might protect? Most of the studies examining work-stress related problems (secondary traumatic stress, compassion fatigue, and burnout) have examined demographic variables and organizational or institutional factors (such as caseload, training, and supervision, etc.). Fewer studies have looked at intrapersonal factors like empathy or mindfulness which may influence the worker's capacity to sustain an engaged therapeutic presence without falling victim to the negative effects of witnessing the suffering of others (Thomas & Otis, 2010).

Although epidemiological studies show high rates of professional distress, most helping professionals, even those who work in very high-stress settings, do *not* experience problematic levels of distress. It is likely that there are multiple factors influencing this differential response to stress, but an examination of the literature regarding resilience indicates that professional training programs should carefully consider their practices regarding clinical training in order to encourage positive coping. Is it possible to develop habits or capacities in students and workers that may have a protective effect on their experience of work-related strain? Are there ways to increase the odds that particular workers/students can remain empathically engaged with clients, but with increased resilience to the potential negative effects of witnessing their clients' pain, and with reduced vulnerability to the patterns of emotional numbing and experiential avoidance that accompany secondary trauma responses? And, is it possible to increase the likelihood that practitioners experience the kinds of work satisfaction associated with longevity in the profession (Yankeelov et al., 2009) and the concomitant accumulation of practice wisdom and experience that no technology can replace?

Mindfulness

Mindfulness has been defined as "focusing one's attention in a nonjudgmental or accepting way on the experience occurring in the present moment" (Baer, Smith, & Allen, 2004, p. 191). Secular mindfulness training is increasingly used in clinical settings and is associated with successful intervention with various client populations and problems (see reviews in Baer, 2003; Brown, Ryan & Creswell, 2007; Chambers, Gullone, & Allen, 2009; Chiesa & Serretti, 2009). An increasing number of empirically

validated clinical approaches include training in mindfulness as a central part of the treatment protocol. These include Dialectical Behavior Therapy (Linehan, 1993), Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (Segal, Williams, & Teasdale, 2002), and Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999).

Not surprisingly, research has emerged which suggests that mindfulness practice offers various benefits to practicing helping professionals, including improved metacognitive abilities and reduced cognitive errors (Epstein, Siegel, & Silberman, 2008; Ludwig & Kabot-Zinn 2008); improved affect regulation and stress management (Baer, 2007; Brown & Ryan, 2003, Creswell, Way, Eisenberger, & Lieberman, 2007); improved empathetic attunement with clients (Shapiro, Schwartz, & Bonner, 1998); improved cognitive flexibility (Moore & Malinowski, 2009); facilitation of positive re-appraisal, in which events are viewed as less negative (Garland, Gaylord, & Park, 2009); and reduced rumination (Jain et al., 2007). Most relevant to the research reported in this paper are several studies which have found decreases in aspects of burnout after mindfulness interventions with practicing physicians (Krasner et al., 2009) healthcare workers (Galantino, Vaime, Maguire, Szapary, & Farrar, 2005), and nurses and nursing assistants (Mackenzie, Poulin, & Steidman-Carlson, 2006). Thomas and Otis (2010) found mindfulness was associated with lower levels of compassion fatigue and burnout among clinical social workers, as well as higher levels of compassion satisfaction.

The qualities (and benefits) associated with mindfulness may be relevant to social workers and other human service providers who are regularly exposed to the suffering of others, often in intense and repeated doses, and who are vulnerable to experiencing personal distress in the absence of sufficient emotional self-regulation strategies

Research Question

This study examined the relationship between personal distress, mindfulness, and professional quality of life, including compassion fatigue, burnout, and compassion satisfaction, and explored whether personal distress may function as a mediator for the relationship between mindfulness and professional quality of life.

METHODS

Sample and Procedures

The study used data from a survey of 400 licensed clinical social workers (LCSWs) in one Midwestern state. The original survey was mailed to 400 LCSWs randomly selected from the list of all (approximately 1600) LCSWs obtained from the State Board of Social Work. In addition, recruitment letters, consent forms, and postage-paid return envelopes were included. One hundred thirty-two usable surveys were returned with the original mailing, and a second mailing resulted in another 39, for a total of 171, a 42% response rate. All data were collected between March 8, 2008 and May 29, 2008. The study was approved by the author's university affiliated institutional review board.

The final sample consisted of 171 Licensed Clinical Social Workers ranging from 31 to 80 years of age ($M = 50.34$, $SD = 10.85$). Eighty-one percent were female ($n = 139$), with an average of 21.26 years of social work experience ($SD = 10.12$, range = 5 - 53 years). Almost 85% ($n = 145$) of the sample reported that they had worked the longest in mental health/substance abuse counseling, with 39.8% ($n = 68$) currently working full- or part-time in private practice, 24% ($n = 41$) in community mental health, and 23% ($n = 40$) in hospital/medical settings. Approximately 43% ($n = 71$) indicated that they had experienced some type of trauma in adulthood, and 55% ($n = 91$) reported some childhood trauma history.

Measures

This study included three established scales measuring professional quality of life (*Professional Quality of Life R-IV*, Stamm, 2005); aspects of empathy (*Interpersonal Reactivity Index*, Davis, 1983); and mindfulness (*Five Facet Mindfulness Questionnaire*, Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). In addition, demographic information (age, gender, and years of social work practice experience) and two single item questions inquiring about child and adult trauma histories were included to be used as control variables. Alpha values, means, and standard deviations from the current study for the three scales and/or their relevant subscales are included in Table 1 below. It should be noted that both the Professional Quality of Life Scale (ProQOL) and the Interpersonal Reactivity Index (IRI) are composed of distinct subscales, and are not meant to be used cumulatively; consequently, subscale scores are reported and there is no total score for empathy or for professional quality of life. Finally, since this study only used the total scale on the Five Facet Mindfulness Questionnaire (FFMQ) and not the individual subscales, mindfulness subscale information is not included.

Table 1: Study ProQOL IV-R, IRI (Empathy Subscales), and FFMQ (Mindfulness) Alphas, Means, and Standard Deviations.

Scale	No. of items	Range of scores	Alpha	Mean	SD
Professional Quality of Life					
Compassion Fatigue	10	0–50	.86	11.67	7.10
Burnout	10	0–50	.78	18.80	6.56
Compassion Satisfaction	10	0–50	.91	39.46	6.69
Interpersonal Reactivity Index—Empathy					
Empathetic Concern	7	0–28	.67	20.13	3.76
Perspective Taking	7	0–28	.75	19.39	3.86
Fantasy	7	0–28	.77	12.87	5.20
Personal Distress	7	0–28	.75	7.44	4.30
Five Facet Mindfulness Questionnaire	39	39-195	.93	144.80	18.35

Professional quality of life: Compassion fatigue, burnout, and compassion satisfaction. The Professional Quality of Life scale (ProQOL IV-4) is a 30-item self-report measure with three, distinct 10-item scales measuring compassion fatigue (CF), compassion satisfaction (CS), and burnout (B). Stamm (2005) reported alpha coefficients for the compassion satisfaction, burnout, and compassion fatigue scales as, respectively, .87, .72, and .80. Reliability coefficients in this study were .91 for compassion satisfaction, .78 for burnout, and .86 for compassion fatigue. Musa and Hamid (2008) found similar reliability statistics when using the measure with a sample of international aid workers. The ProQOL has been translated to multiple languages and used in various countries and populations, and is one of the measures used by the National Child Traumatic Stress Network (NCTSN, 2011). Response options for each of the thirty items range from 0 (*never*) to 5 (*very often*).

Compassion fatigue refers to symptoms (such as intrusive thoughts and images, avoidance of reminders of the stressor, and fearfulness) related to work-related, secondary exposure to very stressful events. Items such as “As a result of my helping, I have intrusive, frightening thoughts” are used to measure the concept of compassion fatigue. Burnout is defined as those symptoms related to difficulties in dealing with work or managing one’s job effectively, such as hopelessness, discouragement, and exhaustion. Items such as “Because of my work as a helper, I feel exhausted” are included in the burnout scale. Finally, compassion satisfaction refers to the positive feelings experienced by many practitioners when doing helping work effectively (Stamm, 2005). Questions such as “I get satisfaction from being able to help people” and “I feel invigorated after working with those I help” (Stamm, 2005) explore this sense of accomplishment and positive affect. Possible scores for each of the three 10-item subscales range from 0-50.

Mindfulness. In this study, mindfulness was defined as “focusing one’s attention in a nonjudgmental or accepting way on the experience occurring in the present moment” (Baer et al., 2004, p. 191). Baer and colleagues (2006) reviewed the existing literature and completed a factorial analysis of a combined dataset consisting of all items from five existing mindfulness scales. This analysis differentiated five distinct factors of the mindfulness construct which the authors included in the 39-item *Five Facet Mindfulness Questionnaire*. These include observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. Baer and colleagues (2008) suggest that it is important that researchers be able to investigate particular facets of mindfulness in order to refine the understanding of how specific skills relate to psychological adjustment, but their analysis also supports using the total score to measure the combined, overarching construct of mindfulness. This total score was used in this study, with a possible range of 39-195. Baer and colleagues (2006, 2008) report reasonable construct validity, with an alpha coefficient for the total scale of .93. The alpha coefficient for the total scale in this study was also .93. Response options ran from 1 (*never or very rarely true*) to 5 (*very often or always true*).

Empathy subscales. Davis’s Interpersonal Reactivity Index (IRI) used in this study defines empathy multi-dimensionally as both cognitive and affective reactions of one individual to the experiences of another (Davis, 1983). The IRI consists of four, distinct, seven-item scales measuring different components of dispositional empathy, including

empathic concern (EC), perspective taking (PT), fantasy (F), and personal distress (PD). The scales are not intended to be used cumulatively (M. Davis, personal communication, April 2, 2010). Response options in the survey instrument range from 0 (*does not describe me well*) to 4 (*does describe me well*). The range of scores for each subscale is 0-28. Davis (1983) conducted validation studies which showed subscale correlations in expected directions with measures of cognitive or affective empathy and with conceptually related measures of social and emotional functioning. Internal consistency was acceptable for each of the four subscales. Davis found Cronbach's alphas which ranged from .71 to .77; reliability statistics were somewhat higher in some other studies (Cliffordson, 2002; Pulos, Elison, & Lennon, 2004). In this study, alpha coefficients were .67 for empathic concern, .75 for perspective taking, .77 for fantasy, and .75 for personal distress.

Davis defined empathic concern as "other oriented feelings of sympathy and concern for unfortunate others" (Davis, 1983, p. 114). This concept was explored with items such as "I am often quite touched by things that I see happen." Perspective taking, "the tendency to spontaneously adopt the psychological point of view of others" (p. 113) included items such as "I sometimes try to understand my friends better by imagining how things look from their perspective." Fantasy, "tendencies to transpose themselves imaginatively into the feelings and actions of fictitious characters in books, movies, and plays" (p. 114) consisted of statements such as "I day dream and fantasize with some regularity about things that might happen to me." Finally, the personal distress subscale, of primary interest in this study, measures, "self-oriented feelings of personal anxiety and unease in tense interpersonal settings" (p. 114) and included items such as "I sometimes feel helpless when I'm in the middle of a very emotional situation" and "I tend to lose control during emergencies."

Control variables. Age (in years), gender, years of practice experience, and self-reported history of trauma in childhood and in adulthood were all included as control variables in this study. The child and adult trauma variables were dummy coded (past history of trauma = 1).

Data Analysis

After examining zero-order correlations, simultaneous entry Ordinary Least Squares (OLS) regression was used to initially address the research questions and examine associations of control and predictor variables with each of the three outcome variables, compassion fatigue, burnout, and compassion satisfaction. Mindfulness and the four empathy subscales were included in each model. Each model was adjusted with the aforementioned control variables. Following the examination of main effects, hierarchical regression analyses were completed for each of the dependent variables in order to further explicate the relationships between variables. Additional regression analyses were used to explore indirect (mediation) effects, and Sobel tests were used to test for the significance of mediation effects. Data analysis was conducted using PASW Statistics for Windows, Version 18.0.

While mediation models are designed to be used to explain causal paths with experimental data, they are also commonly used with correlational data for the purposes of theory development (Rucker, Preacher, Tormala, & Petty, 2011), with the understanding that causality cannot be proved with correlational data. Results simply suggest theoretically coherent and statistically viable paths which then should be tested with experimental designs. Nonetheless, tests for mediation effects in correlational studies can offer important insight about relationships between variables, and provide direction for future research (Rucker et al., 2011). Consequently, the decision was made to use mediation analyses in this study in order to test whether the effect of mindfulness on the dependent variables (compassion fatigue, burnout, and compassion satisfaction) occurs partly through the effect that mindfulness has on personal distress. That is, does mindfulness influence personal distress in a way which then impacts professional quality of life?

RESULTS

Bivariate correlations. Zero-order correlations (Table 2) showed moderate correlations between mindfulness with all three measures of professional quality of life (compassion fatigue, burnout, and compassion satisfaction) with correlations between .43 and .55 (all at $p < .001$). The personal distress subscale of the empathy construct was significantly correlated with all three dependent variables (Pearson's r ranging from .36-.39). Personal Distress was correlated with mindfulness ($-.47$, $p < .001$). In addition, the perspective taking and fantasy (empathy) subscales showed weak but significant correlations with two of three dependent variables, and with mindfulness. Age and work experience were weakly but significantly associated with both burnout and compassion satisfaction.

Regression analyses. Simultaneous-entry OLS regression analyses were run by regressing each of the dependent variables (compassion fatigue, burnout, and compassion satisfaction) on the independent variables (mindfulness and the four empathy subscales) and the control variables (Table 3). In the regressions for compassion fatigue and burnout, personal distress was the only empathy subscale with significant associations, with higher personal distress predicting higher compassion fatigue and burnout. In the regression for compassion satisfaction, higher personal distress predicted lower levels of compassion satisfaction, and higher empathic concern was associated with higher compassion satisfaction. The only control variable significantly associated with any of the dependent variables was female gender, which was associated with higher levels of burnout. Higher mindfulness was moderately associated with lower compassion fatigue and burnout, and higher compassion satisfaction.

When variables are entered into a regression equation sequentially, it is possible to see what each variable or set of variables adds to the predictive power of the model over and above what the previously entered variables have shown (Tabachnick & Fidell, 2001). Therefore, in order to better understand the relationships between variables, hierarchical regression analyses (using the enter method) were run for each dependent variable (Table 4). The control variables (child and adult trauma histories, age, female gender, and years work experience) were entered first, followed by the four empathy

Table 2: Zero-Order Correlations for Study Variables

Variable	CF	B	CS	M	PT	F	EC	PD	A
(CF) Compassion Fatigue	-----								
(B) Burnout	.646**	-----							
(CS) Compassion Satisfaction	-.368**	-.725**	-----						
(M) Mindfulness	-.429**	-.551**	.490**	-----					
(PT) Perspective Taking	-.134	-.212*	.290**	.357*	-----				
(F) Fantasy	.211*	.160*	-.096	-.227*	-.067	-----			
(EC) Empathic Concern	.125	.006	.146	.004	.346**	.184*	-----		
(PD) Personal Distress	.364**	.392**	-.392**	-.471**	-.379**	.320**	.005	-----	
(A) Age	-.074	-.210*	.196*	.235*	.087	-.044	.010	-.075	-----
(WE) Work Experience	-.031	-.191*	.178*	.182*	.074	.015	-.031	-.107	.746**

* p < .05; ** p < .001

Table 3: Regression Analysis of Factors Associated with Compassion Fatigue, Burnout, and Compassion Satisfaction

	Compassion Fatigue			Burnout			Compassion Satisfaction		
	Unstand- ardized B	Std. Error	β	Unstand- ardized B	Std. Error	β	Unstand- ardized B	Std. Error	β
Child trauma	-.525	1.049	-.035	-.313	.969	-.024	-.109	1.034	-.008
Adult trauma	2.202	1.149	.153	-.167	.975	-.013	1.645	1.041	.122
Age	-.042	.072	-.063	-.007	.061	-.011	.006	.065	.010
Gender	.503	1.414	.026	2.652	1.199	.154*	-1.552	1.282	-.087
Yrs experience	.074	.077	.100	-.041	.066	-.060	.043	.071	.062
Persp. taking	.097	.159	.053	.088	.136	.053	.021	.145	.012
Fantasy	.036	.107	.026	.002	.090	.002	.032	.096	.025
Emp. concern	.235	.147	.113	-.029	.127	-.017	.282	.136	.160*
Pers. distress	.306	.145	.185*	.267	.123	.192*	-.350	.132	-.226**
Mindfulness	-.131	.034	-.334***	-.157	.029	-.447***	.133	.031	.365***
R^2 (Adj. R^2)	.265 (.214)***			.353 (.309)***			.308 (.261)***		

Table 4: Hierarchical Regression Analyses Showing Associations with Compassion Fatigue, Burnout, and Compassion Satisfaction

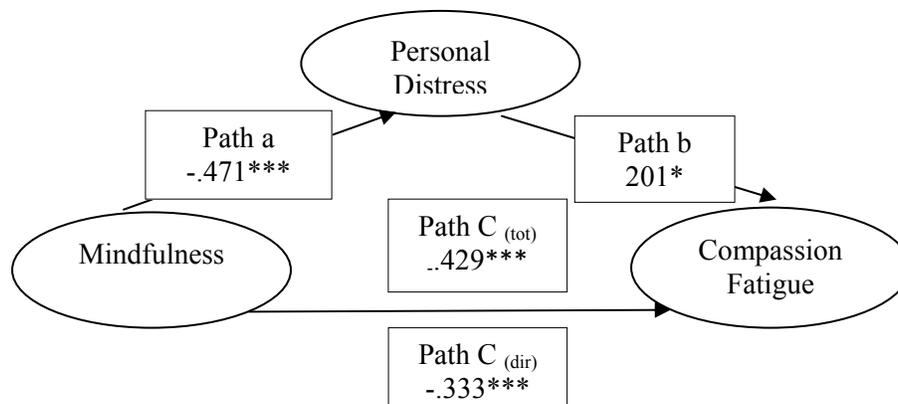
Models	Compassion Fatigue			Burnout			Compassion Satisfaction		
	β	β	β	β	β	β	β	β	β
Model 1: Controls									
Ch. Trauma	-.051	-.055	-.036	-.022	-.052	-.024	-.043	.015	-.008
Ad. Trauma	.244**	.191*	.153	.107	.038	-.013	.003	.081	.122
Age	-.128	-.123	-.063	-.120	-.099	-.011	.125	.082	.010
Gender	.043	.014	.026	.159	.138	.154*	-.083	-.074	-.087
Wk. Exp.	.080	.097	.100	-.070	-.064	-.060	.057	.065	.062
Model 2: Empathy									
Perspective Taking		-.032	.053		.027	.002		.004	.025
Fantasy		.052	.026		.027	.002		.004	.025
Empathic. Concern		.146	.125		.016	-.017		.133	.160*
Personal Distress		.301***	.185*		.348***	.192*		-.053***	-.226**
Model 3: Mindfulness									
Mindfulness			-.334***			-.447***			.365***
R^2	.062	.192	.265	.082	.220	.353	.045	.220	.308
$R^2 \Delta$.062	.130***	.073***	.082*	.138***	.132***	.045	.175***	.088***
Total Model									
F			5.332***			8.067***			6.624***
R^2 (Adj. R^2)			.265(.215)			.353 (.309)			.308 (.261)

subscales, and finally mindfulness. In each of the three hierarchical regressions, the addition of mindfulness to the equation resulted in a significant reduction in the strength of the relationship between personal distress and the dependent variables, suggesting a possible partial mediation effect.

Mediation. Variables are thought to function as mediators when they “account for the relation between the predictor and the criterion variables...and speak to how and why such effects occur” (Baron & Kenny, 1986, p. 1176). The hierarchical regression analyses showed that the effect of personal distress on compassion fatigue, burnout, and compassion satisfaction was smaller when mindfulness was included in the equations, supporting the proposed theoretical path from higher mindfulness to lower personal distress to improvements in the three measures of professional quality of life. That is, the results of the hierarchical regressions suggested the possibility that some of the effect that mindfulness has on the dependent variables may occur through its influence on personal distress.

There are four requirements for mediation to be established (Baron & Kenny, 1986; Preacher & Leonardelli, 2006): (1) the independent variable must be significantly related to the mediator; (2) the independent variable, without the mediator, must be significantly related to the dependent variable; (3) The mediator significantly affects the dependent variable; and (4) the influence of the independent variable on the dependent variable must be reduced when the mediator is added to the model (Baron & Kenny, 1986; Preacher & Leonardelli, 2006). A series of regression analyses were completed, indicating that all four of these requirements were met. Figures 1, 2, and 3 below show standardized beta coefficients (β) for the relevant paths, and indicate the difference in the relationship between mindfulness and the three dependent variables with and without controlling for personal distress (direct effect, or $C_{(dir)}$ and total effect or $C_{(tot)}$).

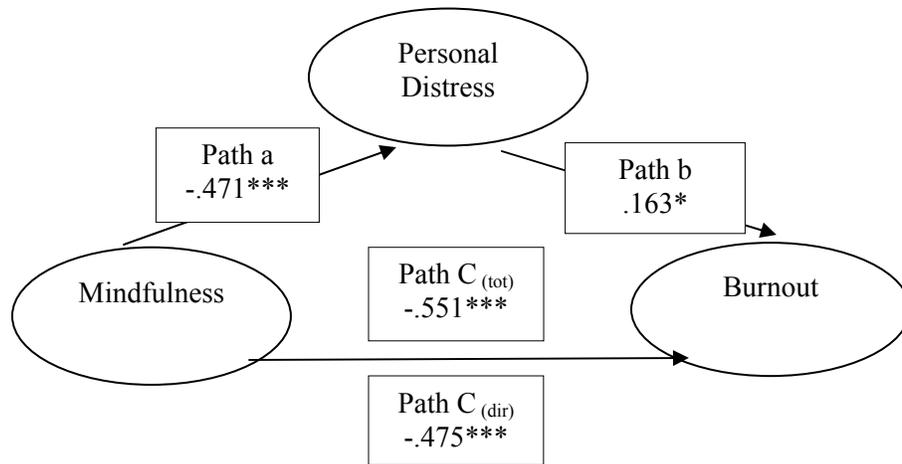
Figure 1: Compassion Fatigue: Standardized Beta Coefficients



The coefficient above the line from mindfulness to compassion fatigue is for the total path without controlling for personal distress, while the coefficient below the line is for the direct path when personal distress is controlled. The total path minus the direct path equals the indirect path

* $p > .05$; ** $p > .01$; *** $p > .001$

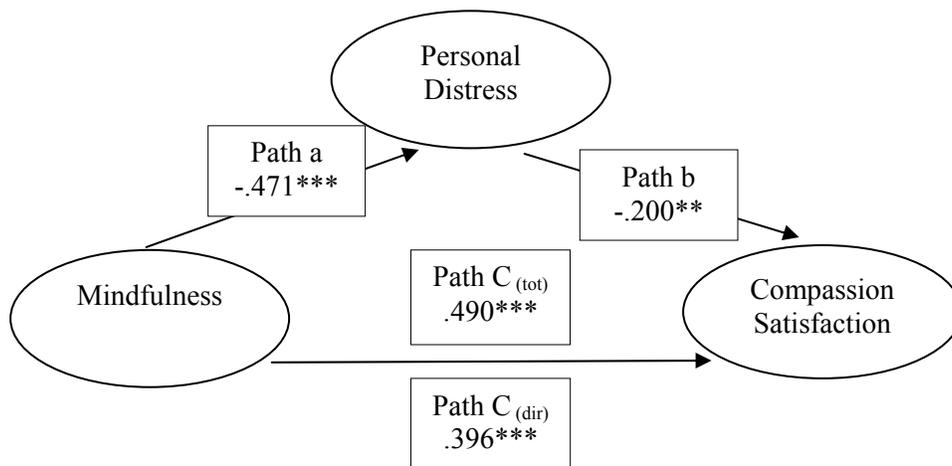
Figure 2: Burnout: Standardized Beta Coefficients



The coefficient above the line from mindfulness to burnout is for the total path without controlling for personal distress, while the coefficient below the line is for the direct path when personal distress is controlled. The total path minus the direct path equals the indirect path.

* $p > .05$; ** $p > .01$; *** $p > .001$

Figure 3: Compassion Satisfaction: Standardized Beta Coefficients



The coefficient above the line from mindfulness to compassion satisfaction is for the total path without controlling for personal distress, while the coefficient below the line is for the direct path when personal distress is controlled. The total path minus the direct path equals the indirect path.

* $p > .05$; ** $p > .01$; *** $p > .001$

An online Sobel test calculator was then used to assess the significance of the mediation effect (Preacher & Leonardelli, 2006). The calculator uses the unstandardized regression coefficients for the association between the independent variable and the mediator, (a); the unstandardized coefficient for the association between the mediator and the dependent variable (b), controlling for the independent variable; and finally the standard error of both of these coefficients. The calculator performs three versions of mediation tests, the Sobel, Aroian, and Goodman tests for significance of mediation. Results of the three tests are similar, and in this study the Sobel test statistics are reported as the Sobel test generally is considered to be a very conservative measure of mediation (Kenny, 2012). All of the Sobel tests were significant, indicating that personal distress partially mediates the relationship between mindfulness and all three dependent variables (see Table 5, below).

In each of the three figures above, path a is the standardized regression coefficient (β) for the path between mindfulness and personal distress; and path b is the standardized regression coefficient (β) for the path between personal distress and the relevant outcome variable (compassion fatigue, burnout, or compassion satisfaction) controlling for mindfulness. Path $C_{(tot)}$ shows the total effect of mindfulness on the outcome variables, (without controlling for the mediation path), while path $C_{(dir)}$ shows the direct effect of mindfulness on the outcome variable with the indirect path partialled out.

Table 5: Mediation of Relationship of Mindfulness with Compassion Fatigue, Burnout, and Compassion Satisfaction by Personal Distress

Dependent Variable	Mediator/ Independent Variable	a	SE a	b	SE b	Sobel (p)
Compassion Fatigue	Mindfulness/ Personal Distress	-.111	.016	-.328	.128	-2.404 ($p < .05$)
Burnout	Mindfulness/ Personal Distress	-.111	.016	-.245	.110	-2.121 ($p < .05$)
Compassion Satisfaction	Mindfulness/ Personal Distress	-.111	.016	-.310	.116	2.494 ($p < .05$)

a = unstandardized regression coefficient of IV & mediator; SE a = standard error of a ; b = unstandardized regression coefficient of mediator & DV, controlling for IV; SE b = standard error of b ; Sobel (p) = Sobel test statistic and p value

Kenny (2012) suggests two ways to measure mediation, the *total indirect effect* (the mediation path), and the *proportion of total effect mediated*. The total indirect effect is measured alternately as the difference between the total effect, $C_{(tot)}$, and the direct effect, $C_{(dir)}$, or as the product of paths a and b . The total indirect effect was .096 for compassion fatigue; .077 for burnout; and .094 for compassion satisfaction. While these are very small effects according to the usual Cohen (1988) standards, Kenny (2012) and Preacher and Kelley (2011) suggest that because this indirect effect is actually a product of two effects (path $a \times$ path b), Cohen's (1988) standards of .1 for small, .3 for medium and .5

for large effects should be squared, as they are in calculating effect sizes for r^2 , resulting in effect sizes of .01 for small effects, .09 for medium, and .25 for large. According to this measure, the effect sizes are in the small to medium range for the indirect effects.

The second commonly used effect size measure in mediation analysis is the proportion of the total effect, $C_{(tot)}$ that is mediated (Kenny, 2012; MacKinnon, Fairchild, & Fritz, 2007). This measure is usually expressed as a ratio of indirect effect over total effect (indirect effect divided by the total effect). According to this formula, the percentage of the total effect of mindfulness on compassion fatigue explained by the mediating effect of personal distress is 22%, for burnout, 14%; and for compassion satisfaction, 19%. That is, about a fifth of the total beneficial effect mindfulness has on compassion fatigue, burnout, and compassion satisfaction is due to the positive influence mindfulness has on personal distress.

DISCUSSION

In this study, higher levels of personal distress were associated with higher compassion fatigue and burnout, and lower compassion satisfaction, while higher mindfulness was associated with lower compassion fatigue and burnout, and higher compassion satisfaction. Mindfulness had an inverse relationship with personal distress. The negative influence of personal distress on compassion fatigue, burnout, and compassion satisfaction was significantly lower when mindfulness was included in the model. These results suggest that mindfulness may be an important construct in understanding ways to mitigate the negative effects of the naturally-occurring experience of personal distress on professional quality of life among social workers and other helpers.

A broad array of benefits seems to occur as a result of mindfulness practice. However, understanding the processes and mechanisms that result in these beneficial effects is important in order to focus research and target change strategies. Mediation analysis allows us to explore these processes and mechanisms and move from “merely descriptive to more functional understanding of the relationships among variables” (Preacher & Hayes, 2004, p. 720).

Empathy has been called a “double-edged sword” because of the potential for harm to the empathizer from frequent or intense empathic encounters (Decety, 2011; Figley, 2002). Results in this study, however, suggest that it is the aspect of empathy labeled as personal distress which may result in harmful effects for practitioners. Successfully negotiating the complex, multi-dimensional process of empathy with the outcome of empathic concern rather than personal distress requires several things, including a capacity to remain differentiated from the person observed, flexibility of attention and perspective, and the ability to intentionally regulate emotional reactivity (Decety & Lamm, 2009). Mindfulness may contribute to reduced personal distress and improved resilience and quality of life by influencing all of these processes. And, importantly, mindfulness is a skill which can be learned, with benefits that increase with practice (Baer et al., 2006).

Social workers and other helping professionals are regularly in situations where they are witness to the suffering of others. Their ability to stay empathically engaged is critical to effective practice, yet when the empathy process results in personal distress, practitioners are more likely to disengage or turn away (in one form or another) in order to protect themselves. The existing literature already makes a strong case for the potential benefits of mindfulness training for social workers and other helping professionals; this current study has specific implications regarding the potential for mindfulness to have a protective effect on professional quality of life for practitioners. It may be that mindfulness may assist practitioners to better manage their own reactivity to stressful work experiences and allow for increased intentional top-down management of bottom up emotional responses, resulting in lower personal distress and improved professional quality of life. Although correlational data cannot prove causality, these results suggest a theoretically coherent path by which the beneficial effects of mindfulness on professional quality of life may be partially explained. However, alternate methods to examine causal paths such as structural equation modeling which would better handle measurement error, allow for a clearer examination of the proposed mediation model, and allow for comparison with other possible explanatory models should be considered in future studies.

Limitations

This research has several limitations, including the limited sample and the 42% response rate on the original survey. It is also important to acknowledge as a limitation the lack of agreement among researchers regarding precise operational definitions of the constructs of empathy and mindfulness, and the sometimes inconsistent measurement of those constructs. Researchers also disagree regarding the best methods for determining and reporting effect sizes in mediation models (Hayes, 2009; MacKinnon et al., 2007; Preacher & Kelley, 2011), and criticisms of both the total indirect effect method (deHeuse, 2012) and the total effect mediated method (MacKinnon et al., 2007) exist. Finally, as mentioned above, mediation analyses on cross-sectional data can only point out possible causal paths, not prove them. The cross-sectional research design in this study precludes any determination of causality; it is possible that various other models could also result in statistically significant mediation effects. The ordering of variables in this model is based on theory and suggest possible causal paths, but must be verified with research using experimental designs. Future studies should consider using alternate analytical methods such as structural equation modeling which, as mentioned above, would better handle measurement error and allow for testing multiple models.

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Peer Support, Self-efficacy, and Combat-related Trauma Symptoms among Returning OIF/OEF Veterans

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Abstract: *The incidence of PTSD and other combat-related trauma symptoms among more than 2 million veterans returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan suggests that many will experience psychological challenges in adjusting to civilian life. However, the literature is sparse about this new group of veterans. This study examined the relationships between peer support, self-efficacy, and PTSD symptoms among 216 OIF/OEF veterans who had attended 1 of 17 Vets4Vets peer support weekend retreats. Vets4Vets is a national grassroots program whose mission is to improve the psychological well-being of returning OIF/OEF veterans. Analysis of posttest changes indicate the generalizability of previous research findings, based on other groups of trauma-affected groups, to OIF/OEF veterans. As predicted, increased perceived peer support and self-efficacy reduced PTSD symptoms. From a theoretical perspective, we found that both models of self-efficacy, situation-specific (Bandura, 1997; Benight & Bandura, 2004) and general self-efficacy (Schwarzer & Fuchs, 1996), mediated or explained the relationship between peer support and PTSD symptoms. Implications for social work are discussed.*

Keywords: *Veterans, peer support, PTSD, social support, self-help, self-efficacy, general self-efficacy*

INTRODUCTION

After more than a decade of war in Iraq (OIF, Operation Iraqi Freedom) and Afghanistan (OEF, Operation Enduring Freedom) and with more than 2.6 million troops deployed, a continuing challenge is taking care of veterans who have endured these wars. While it is known that veterans may experience multiple physical challenges, recognition is growing in regards to the psychological and social consequences of deployment, extended or multiple tours of duty, and combat (Burnam, Tanielian, & Jaycox, 2009; Eibner, 2008; Institute of Medicine, 2010). Reviews of the literature (Schell & Tanielian, 2011; Tanielian & Jaycox 2008) indicate that the prevalence of posttraumatic stress disorder (PTSD) ranges from about 5 to 15 percent for returning OIF/OEF veterans. Recurrent PTSD symptoms often interfere with, if not impair, functioning in personal, social, and work realms. Another recently publicized risk is the increasing prevalence of suicide among both soldiers and veterans. The Center for New American Security (2011) recently estimated that a veteran dies from suicide about every 80 minutes.

Peer support is increasingly recognized as an important component of mental health services for improving psychological well-being among veterans. Peer support is viewed as being congruent with veterans' common experience of military culture where a high value is placed on camaraderie and unit cohesion (Barber, Rosenheck, Armstrong, &

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Resnick, 2008; Center for New American Security, 2011; Poole, 2010; Schell & Tanielian, 2011; Seligman, 2011; Tanielian & Jaycox, 2008). From a social cognitive perspective of self-efficacy theory, the effectiveness of peer support may be explained in terms of an individual's improved self-efficacy due to peer learning about how to cope with and manage a stressful environment (Bandura, 1997; Benight & Bandura, 2004). The focus of our study is evaluating a national, grassroots peer support veterans program, called Vets4Vets. Founded in 2004, Vets4Vets is among the 50 outstanding nonprofits to receive an award through the 2006 Iraq-Afghanistan Deployment Impact Fund (NBC Nightly News Weekend Edition, 2009). The award was for using intensive peer support weekend retreats to help veterans "heal from the psychological injuries of war" (Vets4Vets, 2011). In this pretest-posttest study OIF/OEF veterans who participated in the weekend peer support program, the first research question focuses on the potential generalizability of previous research findings among trauma-affected groups to OIF/OEF veterans: Do PTSD symptoms of OIF/OEF veterans lessen with increased peer support and self-efficacy? From a conceptual perspective, the second research question examines self-efficacy as a mediating explanatory variable: Does self-efficacy explain the predicted relationship between peer support and PTSD symptoms.

Peer Support

Kurtz (1997) defined a self-help group as "a supportive, educational, usually change-oriented mutual-aid group that addresses a single life problem or condition shared by all members" (p. 4). The condition shared among peer support groups is often a traumatic experience. Mead, Hilton, and Curtis (2001) define peer support as "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful...It is about understanding another's situation emphatically through the shared experience of emotional and psychological pain" (p. 135). Brown and Lucksted (2010) suggest that there are multiple, overlapping dimensions to peer support. It is not just a common experience but also a healing and empowering process.

The experiential principle is key to peer support because it creates a relationship based on a shared life experience to foster understanding, trustworthiness, and safety in helping relationships (Hegelson & Gottlieb, 2000; Mead et al., 2001; Solomon, 2004). The peer group process offers the opportunity to learn from the coping competency of others. Peers not only model and demonstrate coping and adaptive skills but also offer contextual wisdom through personal stories of recovery or adaptive coping (Solomon, 2004).

Overall, peer support is a well-established pathway to reduce vulnerability to stress and depression by emphasizing strengths and coping resilience to overcome trauma and rebuild one's life (Bandura, 1997; Calhoun & Tedeschi, 2006; Saleebey, 2006; Schwarzer, 1992; Seligman, 2011). A meta-analysis by Brewin, Andrews, and Valentine (2000) showed a strong relationship between greater peer support and reduced PTSD symptoms among high-risk populations. A later meta-analysis of PTSD predictors by Ozer, Best, Lipsey, and Weiss (2003) found that this inverse relationship was strongest in studies of combat trauma among American veterans of the Vietnam War and the Persian Gulf War. More recently, a cross-sectional mail survey of OIF/OEF veterans (Pietrzak,

Goldstein, Malley, Rivers, & Southwick, 2010) reported that reduced social support was related to increased PTSD symptom severity. The Pietrzak et al. study is the only study to investigate and demonstrate this inverse hypothesis for OIF/OEF veterans. We also examine this inverse hypothesis among OIF/OEF veterans but from a change perspective. It is expected that participants who experienced increased peer support from the Vets4Vets weekend peer support program will report reduced perceived PTSD symptoms.

Self-efficacy

From a conceptual perspective of social cognition, peer support is effective because peers together demonstrate and learn how to be self-efficacious in coping. Peers “model coping attitudes and skills, provide incentives for engagement in beneficial activities, and motivate others by showing that difficulties are surmountable by perseverant effort” (Benight & Bandura, 2004, p. 1134). However, self-efficacy has been conceptualized in two distinct ways by Bandura (1997) and by Schwarzer and Jerusalem (1995).

From Bandura’s perspective, perceived self-efficacy in coping is the “core belief that one has the power to produce desired effects by one’s actions” and “plays a key role in stress reactions and quality of coping in threatening situations” (Benight & Bandura, 2004, p. 1131). Self-efficacy reduces the effect of a stressor by enabling individuals to use proactive coping strategies. Individuals with high self-efficacy see challenges as mastery tasks, focus on strengths, and recover more quickly from setbacks. Individuals with low self-efficacy see challenges as areas of personal failure, focus on their failings, and have low confidence in themselves. Self-efficacy is thus a key component of resilience to trauma (Bandura, 1994). Combat traumatization, as discussed by Benight and Bandura (2004), has received very limited attention in the research literature. Among the very few available studies, Benight and Bandura found that low perceived self-efficacy among Israeli soldiers was related to more trauma symptoms experienced. Our second hypothesis is that increased situation-specific self-efficacy reduces perceived PTSD symptoms among OIF/OEF veterans.

Self-efficacy as defined by Bandura (1997) is situation-specific, that is, depends on the particular context and activity. It focuses on an adaptive functioning relative to the surrounding circumstances, context, and goals. An alternative conceptualization is that of an omnibus or general self-efficacy. General self-efficacy is an optimistic “self-belief that one can perform ... difficult tasks or cope with adversity – in various domains of human functioning” (Schwarzer & Jerusalem, 1995, p. 1). It is a stable adaptive strategy if not trait based on an optimism regarding one’s coping ability (Schwarzer, 1992). Vernon, Dillon, and Steiner (2009), found general self-efficacy to be one of several proactive coping factors in reducing PTSD symptoms among undergraduate women with trauma backgrounds. This conceptualization suggests that people higher in general self-efficacy are more likely to have less intense trauma symptoms, set higher goals, persist towards their goals despite obstacles, and create opportunities for personal growth. However, there is no available literature in this regard in terms of combat traumatization. Our third hypothesis is that increased general self-efficacy reduces perceived PTSD symptoms among OIF/OEF veterans.

From a social cognitive perspective, individuals are proactive both in adapting to the multi-causality inherent to environmental challenges and risks and in developing competencies and regulating their actions (Bandura, 1997). Resilience to adversity is viewed as relying “more on personal enablement than on environmental protectiveness” or on proactivity rather than reactivity (Benight & Bandura, 2004, p. 1133). To the extent that peer support enables learning of adaptive knowledge and coping skills within a multi-causal context, it fosters what Bandura calls self-efficacy. Peer supporters provide a social learning context in which they model a variety of coping skills across multiple situations as well as encourage perseverance in achieving mastery over trauma-related symptoms or other goals. The explanatory link between support and reduced trauma-related symptoms is self-efficacy. Self-efficacy requires a proactive approach to find, maintain, and learn from peers. Benight and Bandura’s 2004 review of the literature discussed the important mediating role played by self-efficacy: “social support produces beneficial outcomes only to the extent that it raises perceived self-efficacy to manage environmental demands” (p. 1134).

As Benight and Bandura noted, much more research is needed to evaluate self-efficacy as a mediator especially in regards to explaining the relationship between social support and combat-related trauma. Our fourth hypothesis is that Bandura’s situation-specific self-efficacy will play a mediator role in explaining the relationship between peer support and perceived PTSD symptoms at posttest. Interestingly, no study has yet compared the explanatory power of situation-specific self-efficacy and general self-efficacy in terms of peer support and such trauma outcomes as combat traumatization. While Schwarzer and Fuchs (1996) do not highlight the distinction, Bandura (1997) believed that situation-specific self-efficacy would be a stronger predictor and mediator variable than would general self-efficacy. Our fifth hypothesis is that Schwarzer’s concept of general self-efficacy will also play a mediator role in explaining the relationship between peer support and perceived PTSD symptoms at posttest.

Vets4Vets Program

Since World War II, peer support and peer services have grown exponentially (Brown & Lucksted, 2010; Campbell, 2005; Clay, 2005; Davidson et al., 1999). This growth is especially evident in the mental health and addictions field with many Anonymous programs for alcohol, drugs, gambling, and other issues (Solomon, 2004). Since the 1970s, peer support has been a component of the Community Support System in mental health as well as other mental health services (Goldstrom et al., 2006; Solomon, 2004). Peer support in mental health services is also expanding in the Veteran’s Administration (Barber et al., 2008; Resnick & Rosenheck, 2008). There is substantial variation in the purpose, format, and setting for peer support, for example, one-on-one sessions, small to larger groups, face-to-face versus online, therapeutic or personal growth, and short-term intensive retreats versus ongoing sessions (Hirschhorn & Gilmore, 2004; Liteman, Cambell, & Liteman, 2006; Martone, 2010; Orloff, Armstrong, & Remke, 2009; Rains & Young, 2009).

Vets4Vets is a national grassroots organization that works with OIF/OEF veterans to develop local peer support groups and to coordinate these groups to become a national

network. One part of their peer support program is to hold regional intensive weekend retreats. The residential retreats start on Friday afternoon and end on Sunday noon. The leaders are also OIF/OEF veterans and ongoing members of local Vets4Vets peer support groups. They receive 40 hours of classroom training, co-facilitate several retreats before leading a retreat, and follow a manualized script for the scheduling and content of each retreat hour. Each retreat emphasizes peer support through engagement in multiple group sessions throughout the weekend. The groups encourage members to talk openly about and re-evaluate their military experiences, to use active listening skills, to re-experience camaraderie or social connectedness of peers, discuss challenges to reentry to civilian life, and recognize common issues for advocacy within their veteran communities.

METHODS

Sample

A total of 325 of 466 OIF/OEF (70%) veterans completed either a pretest or posttest while attending one of 17 Vets4Vets weekend retreats between January 2010 and January 2011. Most groups were led by the same leader but 5 of the 17 groups had two different leaders. However, there were no significant mean differences between groups in terms of perceived peer support or PTSD symptoms at the pretest or posttest as assessed by oneway analyses of variance.

Given veteran reluctance to share information about combat-related trauma (e.g., Schell & Tanielian, 2011), anonymous identifiers were chosen by participants to self-identify each test. Using these identifiers, a total of 216 participants (46% response rate) completed both the pretest and posttest.

To maintain the anonymity of participants, the only background information collected was for age, gender, and race/ethnicity. Participants were 37 years old on average ($sd = 11$). About 40% of participants were married and 60% were single. The majority were males (70%). Most participants were white (58%), and then Hispanic American (14%), African American (13%), Native American (3%), Asian American (less than 1%), or others who did not report their race or ethnicity (9%). There was no significant difference on background characteristics for participants who either completed both tests or just one test.

Research Design

Vets4Vets followed a pretest-posttest, one group design (Rubin & Babbie, 2010). A pretest was given to participants during the first evening (Friday) of the weekend retreat and a posttest the following Sunday at the end of the retreat. Vets4Vets staff designed the survey and collected the pretest-posttest data, but the authors coded the data. The university IRB reviewed and approved use of this secondary data for this study.

Measures

Peer support. A key theme of peer support is the feeling of social connectedness, a theme that we measured in this study by the Social Connectedness Scale (SC). SC is

based on Kohut's (1984) concept of belongingness or closeness with others in contrast to social isolation or "emotional distance between self and others" (Lee & Robbins, 1995, p. 236). The SC scale is the average of 8 items such as, "I have little sense of togetherness with my peers." Each item is assessed by reverse scoring of a 6-point scale ranging from 1= "Strongly Agree" to 6 = "Strongly Disagree." A higher score represents higher perceived social connectedness. Cronbach's alpha of reliability is .96 in the pretest and .95 in the posttest. These reliabilities are consistent with the high reliabilities of .91 reported in Lee and Robbins (1995) and .94 reported in Lee, Draper and Lee (2001).

General self-efficacy. The General Efficacy Scale (GSE) measures an individual's general sense of self-efficacy in coping with daily hassles and adapting to stress across domains of human functioning (Schwarzer & Fuchs, 1996; Schwarzer & Jerusalem, 1995). The GSE is the average of ten items such as "I can always manage to solve difficult problems if I try hard enough." Each item is rated on a 4-point scale ranging from 1= "Not at all true" to 4 = "Exactly true." A higher score represents a higher perceived general self-efficacy. Cronbach's alpha of reliability is .92 for both the pretest and posttest and is thus consistent with previously reported reliabilities in the high .80s (Schwarzer & Fuchs, 1996; Schwarzer & Jerusalem, 1995).

Situation-specific self-efficacy. The situation-specific self-efficacy (SE) measure is the average of four items developed by the Vets4Vets staff to tap coping with combat-related trauma. An example is: "I feel confident that I can manage any PTSD and related symptoms, or any effects of military service – such as sometimes feeling bad or guilty about my military service, getting angry easily, feeling isolated." Each item is measured on a 6-point scale ranging from 1 = "Strongly disagree" to 6 = "Strongly agree." A higher score represents higher perceived situation-specific self-efficacy. The Cronbach's alpha is .82 for the pretest and .84 for the posttest.

PTSD. Perceived PTSD is measured by the global screening instrument called SPRINT (Connor & Davidson, 2001; Davidson & Colket, 1997). SPRINT contains 8 items such as, "How much have you been bothered by unwanted memories, nightmares, or reminders of the event." Each item is measured on a 4-point scale ranging from 1 = "Not at all" to 4 = "Quite a bit." A higher average score represents a higher perceived risk of experiencing PTSD symptoms. The SPRINT has been reported as responsive to change over time and has high diagnostic accuracy and internal consistency. In this study, the Cronbach's alpha of reliability is .93 for the pretest and .94 for the posttest.

Control variables. Previous research has found that age, gender, and marital status may influence perceived PTSD symptoms (e.g., Carter-Visscher, et al., 2010; Worthen, 2011), self-efficacy (e.g., Bandura, 1997), and/or social support from peers (e.g., Brown & Lucksted, 2010). Thus, our analyses control for gender (0 = male, 1 = female), age, and marital status (0 = not married, 1 = married).

The measurement of change requires adjusting posttest scores for pretest differences. Dimitrov and Rumrill (2003) recommend using ANCOVA with a pretest-posttest design that regresses each posttest on its pretest covariate. Thus, in addition to the control variables of gender, age and marital status, we entered pretests scores as covariates in

regression analyses before evaluating posttest change for peer support, GSE, SE, and PTSD symptoms.

Statistical Analysis. *PASW Statistics 20* was used for all statistical analyses. For descriptive purposes, Pearson correlations evaluated the strength and significance of bivariate relationships between all measures, while paired t-tests evaluated pretest-posttest mean differences of each independent and dependent variable.

We used hierarchical regression to test our hypotheses. Model 1 of each hierarchical regression analysis is the posttest dependent variable regressed on the control variables (e.g., age, gender, marital status, and the covariate pretests for the dependent and independent variables). Model 2 is the posttest dependent variable regressed on the posttest independent variable. R^2 for each regression equation is the amount of variance explained in the adjusted posttest dependent variable. Change in R^2 (ΔR^2) between Model 1 and Model 2 is our measure of effect size, or the strength of association between the posttest independent and dependent variables when holding control and covariate variables constant.

There are multiple criteria to test for mediation of the relationship between an independent variable (peer support) and dependent variable (perceived PTSD symptoms) by mediator variables (SE and GSE) (Kenny, Kashy, & Bolger, 1998). To demonstrate partial mediation, a) the independent variable and dependent variable must be significantly related, b) the mediator variable and dependent variable must be significantly related, and c) the independent variable and mediator variable must be significantly related. To demonstrate complete mediation, an additional criterion is that after controlling for the mediator, the independent variable has no significant effect on the dependent variable.

RESULTS

The mean, standard deviation, and sample size for each measure and their bivariate inter-correlations are reported in Table 1. Descriptive bivariate statistics show that there are significant ($p < .001$) and strong, positive pretest-posttest correlations for peer support ($r = .73$), GSE ($r = .65$), SE ($r = .60$), and perceived PTSD symptoms ($r = .87$). The paired t-tests for each pretest-posttest mean difference are significant ($p < .001$) for peer support ($t = 5.15$), GSE ($t = 5.31$), SE ($t = 7.18$), and perceived PTSD symptoms ($t = -5.19$). Higher pretest scores for peer support, general self-efficacy, and situation-specific self-efficacy predict higher scores on their respective posttests, whereas for perceived PTSD symptoms, a higher pretest score predicts a lower posttest score. These findings offer support that change occurred in these measures over the course of weekend retreats.

Table 1. Means, Standard Deviations, Sample Sizes, and Pearson Inter-correlations

Variable	Mean	SD	N	1	2	3	4	5	6	7	8	9	10
Pretest (1)													
1. Support-1	3.6	1.4	211	---									
2. GES-1	3.1	.6	211	.51**	---								
3. SE-1	4.1	1.2	208	.55**	.52**	---							
4. PTSD-1	3.0	.8	182	-.60**	-.53**	-.68**	---						
Posttest (2)													
5. Support-2	4.0	1.3	212	.73**	.34**	.41**	-.48**	---					
6. GES-2	3.2	.5	211	.42**	.65**	.40**	-.37**	.51**	---				
7. SE-2	4.7	1.0	185	.45**	.54**	.60**	-.52**	.56**	.59**	---			
8. PTSD-2	2.7	.8	185	-.55**	-.44**	-.64**	.87**	-.51**	-.38**	-.56**	---		
Background													
9. Age	36.9	11.2	212	.08	.01	.11	.00	.04	-.03	.06	.02	---	
10. Gender ^a	.3	.5	212	.04	-.03	-.04	.03	.11*	.06	.08	-.02	.12*	---
11. Married ^b	.4	.5	208	.21*	.12*	.21**	-.12*	.16*	.11	.19**	-.14	.27**	-.25**

 * p < .05; *** p < .01

a. Male = 0, female = 1 where 70% were male and 30% were female

b. Single = 0, married = 1 where 60% were single and 40% were married

Table 2 shows the hierarchical regression analyses for evaluating the influence of peer support on perceived PTSD symptoms, SE, and GSE. Tables 3 and 4 show the hierarchical regression analyses for evaluating the influence of SE and GSE on PTSD symptoms. In Tables 2 through 4, Model 1 for each analysis regresses the dependent variable only on the control and covariate variables. Note that, unlike previous studies, the control variables of age, gender, and marital status are consistently insignificant in predicting PTSD symptoms, GSE, or SE. Model 2 for each analysis regresses the dependent variable on the independent variable in addition to the control and covariate variables.

Hypothesis 1 is that increased peer support reduces perceived PTSD symptoms. As shown in Table 2-Part A, the amount of change in variance explained is very small but significant ($\Delta R^2 = .01$, $p < .05$) in comparing Model 1 ($R_1^2 = .79$) and Model 2 ($R_2^2 = .80$) where posttest peer support is added to the regression equation with the control and covariate variables. The standardized coefficient ($Beta = -.15$, $p < .001$) shows that one standard deviation increase in posttest peer support is necessary to reduce posttest PTSD symptoms by only .15 standard deviations when holding control and covariate variables constant. These findings support the hypothesis.

Hypothesis 2 is that increased situation-specific self-efficacy reduces perceived PTSD. As shown in Table 3, the amount of change in variance explained is very small but significant ($\Delta R^2 = .01$, $p < .01$) in comparing Model 1 ($R_1^2 = .80$) with Model 2 ($R_2^2 = .81$) where SE is added to the regression equation with the control and covariate variables. The significant standardized coefficient ($Beta = -.14$, $p < .01$) indicates that a one standard deviation increase in posttest GSE reduces perceived posttest PTSD symptoms by only .14 standard deviations when holding other control and covariate variables constant. These findings support the hypothesis.

Hypothesis 3 is that increased general self-efficacy reduces perceived PTSD symptoms. As shown in Table 4, the amount of change in variance explained is very small but significant ($\Delta R^2 = .01$, $p < .01$) in comparing Model 1 ($R_1^2 = .78$) with Model 2 ($R_2^2 = .79$) where GSE is added to the regression equation with the control and covariate variables. The significant standardized coefficient ($Beta = -.12$, $p < .01$) indicates that a one standard deviation increase in posttest GSE reduces perceived posttest PTSD symptoms by only .12 standard deviations when holding other control and covariate variables constant. These findings support the hypothesis.

The last two hypotheses are that situation-specific self-efficacy (Hypothesis 4) and general self-efficacy (Hypothesis 5) will play a mediator role in explaining the relationship between peer support and perceived PTSD symptoms. Kenny, Kashner, & Bolger (1998) defined the criteria for demonstrating mediation. The first criterion is the same as the supported Hypothesis 1, namely that the independent variable of posttest peer support reduces perceived PTSD symptoms. The second criterion is the same as the supported Hypothesis 2 and Hypothesis 3, namely that the mediator variable of SE and GSE respectively reduces perceived PTSD symptoms. The third criterion is that the relationship is significant between the independent variable of posttest peer support and the mediator variables of SE and GSE respectively. As shown in Table 2-Part B and Part

Table 2. Hierarchical Regressions with Posttest Peer Support as the Independent Variable

Dependent Variable (DV)	Betas						R ² for Model 1 and Model 2 with change in R ² from Model 1 to 2			
	Pretest DV	Pretest Support	Age	Gender	Married	Posttest Support	R ₁ ²	R ₂ ²	ΔR ²	ΔF
A. Posttest PTSD										
Model 1: Controls	.86***	-.03	.01	-.02	-.07		.79***			125.26
Model 2: Add posttest support	.85**	.08	.01	.00	-.05	-.15**		.80***	.01*	7.31
B. Posttest self-efficacy										
Model 1: Controls	.50***	.14	-.03	.11	.03		.38***			19.19
Model 2: Add posttest support	.51***	-.20*	-.03	.04	.10	.47***		.48***	.10***	31.94
C. Posttest general self-efficacy										
Model 1: Controls	.59***	.12	-.07	.05	.06		.45***			32.36
Model 2: Add posttest support	.61***	-.23**	-.05	.00	.04	.48***		.55***	.10***	43.70

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

Table 3. Hierarchical Regressions with Posttest “Situation-specific” Self-efficacy as the Independent Variable

Dependent Variable (DV)	Betas						R ² for Model 1 and Model 2 with change in R ² from Model 1 to 2			
	Pretest DV	Pretest SE	Age	Gender	Married	Posttest SE	R ₁ ²	R ₂ ²	ΔR ²	ΔF
Posttest PTSD										
Model 1: Controls	.73***	-.20***	.04	-.03	-.04		.80***			109.46
Model 2: Add posttest self-efficacy	.72***	-.12*	.04	-.01	-.03	-.14**		.81***	.01**	7.45

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

Table 4. Hierarchical Regressions with Posttest General Self-efficacy (GSE) as the Independent Variable

Dependent Variable (DV)	Betas						R ² for Model 1 and Model 2 with change in R ² from Model 1 to 2			
	Pretest DV	Pretest GSE	Age	Gender	Married	Posttest GSE	R ₁ ²	R ₂ ²	ΔR ²	ΔF
Posttest PTSD										
Model 1: Controls	.86***	-.03	.01	-.02	-.07		.78***			125.18
Model 2: Add posttest GSE	.86***	.05	.01	-.02	-.06	-.12**		.79***	.01**	5.56

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

C, this criterion is supported by the strong significant relationship of peer support to both SE (Beta = .47, $p < .001$) and GSE (Beta = .48, $p < .001$). A one standard deviation increase in posttest peer support increases SE or GSE respectively by .47 or .48 standard deviations when holding other control and covariate variables constant. A fourth criterion is necessary to demonstrate full mediation, namely that the relationship between posttest peer support and perceived PTSD symptoms must be reduced to insignificance when controlling for posttest SE or GSE respectively. This criterion is satisfied when controlling for the control variables for posttest SE (Beta = -.07, $p > .05$) and posttest GSE (Beta = -.12, $p > .05$) respectively. The findings for all four criteria together support Hypotheses 4 and 5.

DISCUSSION

This study contributes to the limited empirical knowledge about the effectiveness of peer support for veterans who have returned to civilian life, especially in regards to OIF/OEF veterans (Ozer et al., 2003). Perceived increases in peer support foster a significant but small reduction of perceived PTSD symptoms, as do increases in situation-specific self-efficacy and general self-efficacy. From a conceptual perspective, as Benight and Bandura (2004) report, little is known about the role of self-efficacy as a mediator variable between combat-related trauma and peer support. The strong, significant relationship between peer support and self-efficacy here suggests that peer support as change-oriented process provides an enabling environment that promotes self-efficacy beliefs regarding proactive, adaptive coping with PTSD symptoms. This mediator role was played by both situation-specific self-efficacy and the more future-oriented, optimistic concept of general self-efficacy.

These findings must be balanced with a number of study limitations. Although all hypotheses are supported, the strength of relationship is small between reduced PTSD symptoms, peer support, and self-efficacy. This change in PTSD symptoms may have resulted for reasons other than increased peer support or self-efficacy. For example, it may be that an intense weekend retreat created a positive 'bounce' effect in self-evaluation that will shortly diminish. The literature does suggest, however, that the effect of peer support for veterans is cumulative over time (Ozer et al., 2003). Longitudinal, follow-up studies are needed to compare the initial and cumulative effects of different peer support formats. Another study limitation, perhaps best corrected by randomization to different groups when possible, is selection bias of participants in terms of attending a weekend retreat. Measurement could be improved by, for example, a) additional peer support measures to enhance understanding of the emotional, cognitive and social meanings of peer support, and b) increasing the range of outcomes to include more about the management of combat-related trauma and pain, social relationships, and instrumental needs such as use of veteran benefits, education, and employment to indicate how peer support is most helpful.

Implications for Social Work

Recognizing the behavioral health needs of veterans is an essential first step in the design of services. The recognition needs to be followed with referral for appropriate services. Social workers need to advocate on behalf of veterans to ensure they receive the benefits they and their families are entitled to. This requires assessing support systems and resources. Encouraging agencies to develop peer support programs that are sensitive to the needs of veterans can be a proactive strategy. Peer support plays a role in well-being and is consistent with the bio-psycho-social model and client-centered practice. This model assumes the client possesses strengths such as self-efficacy and resources that can be used to ameliorate current challenges in the fit between person and environment. Veterans face serious challenges as they integrate into civilian life after exposure to the multiple traumas associated with combat. Reliance on peer support, a core component of military culture and camaraderie, can play a critical role in re-integration. Using the resources they had in civilian life as well as the acquired coping skills such as self-efficacy that they developed during their military service, they can now go about the seemingly daunting task of returning to civilian life. The behavioral health needs of the increasing number of returning veterans may strain services at the community level. Engagement in the political process can ensure that the funding for these services is available. In addition, there is growing empirical evidence that peer support may be an important “extra-therapeutic” factor in psychotherapy outcomes generally (Roehrle & Strouse, 2008) and for veterans (Barber et al., 2008) including OIF/OEF veterans (Price et al., 2011). Augmenting professional services by using such cost-effective strategies as peer support groups that rely on the strengths of the veterans should be pursued.

From an ecological perspective, veterans are often not alone in coping with their PTSD symptoms. About 40% of participants in this study were married. As Sherman, Blevins, Kirchner, and Ridener (2008, p. 443) summarize, there are “often complicated, multi-layered family issues of people living with posttraumatic stress disorder.” For married veterans or veterans with partners, Vets4Vets might expand the social support network by including a family focus through psycho-education and concurrent peer support for family members. This may facilitate recognizing the potential impact of untreated behavioral health problems on all family members and information about available resources. From a broader community perspective, social workers in schools or other family-oriented settings may see family members who are trying to deal with hyper-vigilance or the emotional numbness of veterans without being aware these are PTSD symptoms. Here information and referral for veteran benefits and services would further assist families of veterans with their struggles.

Lastly, the weekend retreat potentially has much to offer the social service community. Weekend retreats allow for an intensive amount of bonding time in a short time frame, which is often how veterans experience camaraderie. Moreover, as time pressures of family, work, and other responsibilities increase, the weekend can be the time most easily available for intervention. This may be especially true if spouses and partners are included in the intervention. From an agency perspective, use of weekend retreats may be a way to efficiently extend services to a wider clientele such as veterans.

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Perceptions of Administrative and Supervisory Support in Public Child Welfare

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Abstract: *Using the Child Welfare Organizational Culture Inventory (CWOI) in a public child welfare agency, perceptions of administrative and supervisory support held by employees with social work degrees (BSW and MSW) were compared to perceptions of administrative and supervisory support held by employees without social work degrees. Child welfare employees with social work degrees reported lower administrative and supervisory support than employees without social work degrees. Implications for social work educators, public child welfare administrators and supervisors, and future research are presented.*

Keywords: *Child welfare workforce, administrative support, supervisory support, social work education*

America's public child welfare system investigated 3.7 million reports of child abuse and/or neglect in 2008, finding that 772,000 children were victims of abuse, neglect, or both (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2010). Employees of the public child welfare system are responsible for determining the validity of child abuse and neglect reports, determining the safety of potential victims of abuse and neglect, making decisions about removal of children from their homes and placements in foster care and other out-of-home settings, and providing abuse/neglect prevention services (Crosson-Tower, 2002; Knudsen, 1988; Samantrai, 2004). Researchers have found the public child welfare workforce has been inexperienced, undereducated, and inadequately trained and has been plagued with high turnover rates and low employee retention (Cyphers, 2001; Dickinson & Perry, 2002; Drake & Yadama, 1996; Ellett, Ellett, & Rugutt, 2003; General Accounting Office {GAO}, 2003). Turnover rates in public child welfare agencies have been estimated to be between 20% and 40% annually (American Public Human Services Association, 2005; Cyphers, 2001; GAO, 2003), with turnover rates over two-year periods as high as 90% (Drake & Yadama, 1996). These workforce problems have overwhelmed the child welfare system, ultimately diminishing the quality of services provided to children and their families (Cyphers, 2001; GAO, 2003).

Causes associated with high turnover in public child welfare include inadequate supervision, lack of supervisory support, and lack of training (Cyphers, 2001; Ewalt, 1991; GAO, 2003; Samantrai, 1992). A costly implication of high turnover has been the large number of caseworkers assigned to each supervisor. In turn, supervisors have not been able to provide adequate supervision. This deficit in supervision may be especially problematic for new workers who need adequate mentoring and support to learn to perform such a complex job. Another implication of high turnover is that workers are

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often promoted to supervisory positions within three years of beginning employment, providing child welfare agencies with a cadre of inexperienced supervisors (GAO, 2003).

One way the child welfare system has responded to high turnover is to reprofessionalize the field by increasing the number of employees with social work degrees with the purpose of hiring workers who would remain in the job longer and be better prepared for the job tasks than persons without social work degrees (Barbee et al., 2009a; Dickinson & Perry, 2002; Landsman, 2001). Research indicated that child welfare employees with social work degrees were more satisfied in their jobs (Barth, Lloyd, Christ, Chapman, & Dickinson, 2008), more effective in their jobs (Barbee et al., 2009a), and were more dedicated to the field of child welfare (Curry, McCarragher, & Dellman-Jenkins, 2005) than employees without social work degrees. To better understand employees in this overburdened system it is important to investigate employees' perceptions of administrative and supervisory support, with particular attention to possible differences in perceptions of employees with social work degrees and employees without social work degrees.

LITERATURE REVIEW

This section will discuss significant literature in the areas of administrative and supervisory support for child welfare workers. Also included was a review of differences between public child welfare employees with social work degrees and those without social work degrees in effectiveness, job satisfaction, and retention and turnover.

Administrative Support in Public Child Welfare Agencies

The role of child welfare administrators has been given much less attention by researchers than that of front line supervisors. Administrative support has been linked to child welfare employees' commitment to the job and correlated with workers' intentions to remain employed in the field (Ellett, 2000). Samantrai (1992) reported varying employee views of administrators, with some employees finding administrators to be "doing the best" they could while others viewed administrators as "nonsupportive and adversarial" (p. 455). Other studies have indicated that employees would like to have more input regarding policy decisions made by administrators (Lieberman, Hornby, & Russell, 1988) and that administrators focused more attention on policy implementation than on practice with families and children (Ellett, Ellis, Westbrook, & Dews, 2007; Westbrook, Ellis, & Ellett, 2006).

The characteristics of effective administrators were reported in a study using focus groups of child welfare employees who had been employed in the field for at least eight years (Westbrook et al., 2006). The most effective administrators were characterized as accessible, helpful, supportive, caring, flexible, knowledgeable, experienced, and understanding of the daily activities taking place in the agency. Good administrators were also described as those who worked to promote a positive public image of the agency; were quick to respond to agency vacancies, using creative resolutions when necessary; and served as a buffer between the local public child welfare staff and outside entities such as the community and state level administrators and leaders. Good administrators

were both trustworthy and trusting of their employees and the decisions their employees made; gave priority not only to clients, but also to agency employees as well; valued the professional development of employees; placed a greater emphasis on people than on agency policies; and promoted an atmosphere of teamwork in which employees developed a sense of responsibility for each other. Effective administrators were seen as an essential element of an organizational culture that generates long term employees (Westbrook et al., 2006).

Supervisory Support in Public Child Welfare Agencies

Supervisors tend to be more involved in employees' daily jobs than administrators; consequently, the supportive relationships with employees may be different than those of administrators and were critical to employee retention, morale, and job satisfaction (American Public Human Services Association, 2005; Cyphers, 2001; Dickinson & Perry, 2002; Ellett, Ellett, & DeWeaver, 2007; GAO, 2003; Rycraft, 1994; Samantrai, 1992). Public child welfare employees have reported that having a supportive supervisor was important in assisting them through poor working conditions. On the contrary, supervisors described as critical, unsupportive, and uncaring can make working conditions intolerable (Samantrai, 1992). A recent nationwide study (Barth et al., 2008) found the strongest predictor of job satisfaction among public child welfare employees to be quality of supervision. Interestingly, child welfare employees generally perceive their supervision as high in quality, with those holding social work degrees reporting more satisfaction with supervision than those with other types of degrees (Barth et al., 2008).

Supportive supervisors have been described in numerous studies (APHSA, 2005; Barth et al., 2008; Dickinson & Perry, 2002; Ellett et al., 2003; Rycraft, 1994; Samantrai, 1992). Supportive supervisors are considered to be those who are caring, helpful, sympathetic, available, good listeners, flexible, and respectful. Supportive supervisors also provide emotional and instrumental support. Quality in supervision includes understanding the responsibilities and demands placed on front line workers, providing fair and equitable distribution of workload, and being knowledgeable of the child welfare system and daily child welfare practice (Dickinson & Painter, 2009; Lee, Forster, & Rehner, 2011; Miseung, 2010; Scannapieco & Connell-Carrick, 2007). Good supervisors treat their employees like professionals; provide information to employees to help them improve their skills; set high, but realistic expectation for their employees; and offer praise to employees when it is deserved. It has been suggested that supervisors can also increase employee retention by offering clear incentives for high quality job performance; providing emotional support in addition to case guidance; encouraging continuing education; promoting efforts to increase staff morale; helping employees develop effective, constructive coping skills; and encouraging enthusiasm for the job (Dickinson & Painter, 2009; Lee et al., 2011; Miseung, 2010; Scannapieco & Connell-Carrick, 2007).

Child Welfare Employees With and Without Social Work Degrees

In the past, a social work degree, most often a MSW, was the preferred minimum qualification for caseworkers in child welfare; by 2000 a BSW was required in only four

states and a MSW was required of supervisors in only two states (Steib & Whiting Blome, 2003). Today most child welfare agencies require only a bachelor's degree in any field; only about one quarter of child welfare services are provided by caseworkers with a BSW or MSW (Steib & Whiting Blome, 2003). In 1987, 15% of child welfare employees held a BSW degree, 13% held a MSW degree, while 56% had a non-social work bachelor's degree and 13% had a non-social work graduate degree (Lieberman et al., 1988). The number of child welfare workers with social work degrees increased slightly by 2008 to 39.5%, lowering the number of public child welfare workers with non-social work bachelor's degrees to 48.8% (Barth et al., 2008).

Among professionals in public child welfare, it is widely believed that it is imperative that efforts be made to recruit and retain professionally educated employees with social work degrees for public child welfare systems (Barbee et al., 2009b; Dickinson & Perry, 2002; Risley-Curtiss, 2003). Over the last several years, many efforts have been made to increase the number of social work degreed employees and specifically social work degreed employees with education and training in public child welfare through the use of Title IV-E funded programs (Barbee et al., 2009b). Several studies have found relationships between the type of degree child welfare workers hold and various factors of importance to the field including effectiveness, job satisfaction, and retention.

Degree and effectiveness of work. Numerous studies have found that child welfare employees with a social work degree were more competent and effective in their jobs than employees with other degrees or no degree (Child Welfare League of America, 1998; Dhooper, Royse, & Wolfe, 1990; Scannapieco & Connell-Carrick, 2007). In a study comparing child welfare employees with Title IV-E training to other employees, Barbee et al. (2009a) found several differences in the two groups. For example, workers with IV-E training were more likely to accept a report as an investigation, were more aggressive in case interventions, were more likely to substantiate a report of child abuse and/or neglect, were more likely to accurately assess risk of harm, and were more likely to provide continuing services to families more often. Furthermore, IV-E trained workers were more cost efficient at their jobs and more likely to place foster children with relatives rather than in foster homes and residential facilities; IV-E workers made more adoptive home placements and used fewer emergency placements. These workers visited foster children on their caseloads more often, and more often established a permanency plan for foster children in their caseload than did workers without IV-E training. Foster children in caseloads of employees in this study without IV-E education had longer stays and more moves within the foster care system than foster children whose workers held a IV-E education (Barbee et al., 2009a).

Degree and job satisfaction. Studies have also found that public child welfare employees with social work degrees are more satisfied in their jobs than those without social work education (Barbee et al., 2009b; Barth et al., 2008). Barth and colleagues (2008) found that those with non-social work undergraduate degrees were less satisfied in the job than those with a BSW degree, a MSW degree, or any graduate degree. Of those public child welfare employees in this study with a bachelor's degree, those with a BSW

were more satisfied than those employees with a non-social work bachelors degree (Barth et al., 2008).

Degree and turnover/retention. Numerous studies have posited that the overall lack of social work degreed employees is a contributing factor in child welfare turnover and that improved employee retention is related to social work degree or Title IV-E supported social work education among child welfare staff (Dickinson & Perry, 2002; Ellett et al., 2003; Robin & Hollister, 2002; Rycraft, 1994; Scannapieco & Connell-Corrick, 2003). However, employee retention studies have found mixed results. In a recent study, Barbee and colleagues (2009b) evaluated Kentucky's Public Child Welfare Certification Program (PCWCP) and ten years of BSW graduates of the program. Those who completed the PCWPC child welfare social work education program reported feeling highly prepared for the job, had high levels of commitment to the field of public child welfare and had increased retention over a two-year period as compared to those who entered child welfare employment without PCWCP training. However, the study also found a drop in retention at the four-year mark for PCWCP graduates (Barbee et al., 2009b). Dickinson and Painter (2009) found employees with BSW and BA degrees were less likely to leave their jobs than employees with MSW degrees. Strolin-Goltzman, Auerbach, McGowan, and McCarthy (2008) found that employees having a social work degree and working in an urban area were more likely to leave than employees in urban areas without social work degrees. Auerbach, McGowan, and Heft LaPorte (2008) also found employees with MSW degrees were more likely to leave child welfare employment than those without a social work degree.

The above literature review demonstrates the importance of administrative and supervisory support in public child welfare. It examines many studies over the past several years that have found connections between supervisory and administrative support and employees' satisfaction, morale, and retention in public child welfare jobs. Moreover, the literature review examines research finding that employees with social work degrees provide more effective services to children and their families in public child welfare. This highlights the importance of hiring and retaining employees with social work degrees. These ideas provide the rationale for the current study: to examine differences in administrative and supervisory support as perceived by employees with and without social work degrees in an effort to determine if employees with social work degrees need additional support in order to raise job satisfaction and intentions to remain on the job so that those with the best education for the work are more likely to remain in the job.

Purpose of the Study

Given the importance of administrative and supervisory support, the purpose of this study was to examine differences in employees' perceptions of administrative and supervisory support in a southern state's public child welfare system as reported by employees with social work degrees compared to employees without social work degrees. This study was part of a larger research project involving examination of organizational culture and child welfare employees' intentions to remain in their jobs. The data set for the analyses completed for this study was the same as that used in prior research

(Westbrook, Ellett, & DeWeaver, 2009). Institutional Review Board Approval for the study was obtained (project approval number 2005-10756) before the following study procedures were initiated/completed.

METHODOLOGY

Sample

This study was part of a larger research project that examined organizational culture in a statewide public child welfare system. More detailed information about the study, the sample, and the survey can be found in Westbrook, Ellett, and DeWeaver (2009). The sample for the larger research project of which this study was a part was defined as all caseworkers, supervisors, and administrators employed in a southern state's one hundred fifty-nine county Department of Family and Childrens Services (DFCS) offices who provided services to maltreated and alleged maltreated children and their families. Due to vacant positions and ever changing staff allocation figures, the exact number of DFCS employees in the population for this study could not be determined. However, according to the most recent DFCS staffing allocation statistics available prior to this study, the agency was allocated to employ 3,227 individuals in child welfare caseworker, supervisor, and administrator positions across the state.

In general, most respondents were female (872 or 84.4%), with males accounting for only 12% (124) of the sample. Most respondents were Caucasian (617 or 59.7%) or African American (373 or 36.1%) with ages fairly evenly distributed (34.2% being 30 years old or younger; 34.6 being 41 years old or older, and 29.5% between the ages of 31 and 40). Most respondents in this study were frontline caseworkers/case managers (763 or 73.9%). Supervisors made up 16.6% (171) respondents and 6.8% (70) respondents were county office level administrators. A large portion of respondents reported possessing non-social work baccalaureate degrees (569 or 55.1%) and non-social work master's degrees (127 or 12.3%). Only 24.3% of respondents possessed a social work degree; 164 (15.9%) of those possessed a baccalaureate of social work degree and 87 (8.4%) possessed master's of social work degrees. Only 75 (7.3%) respondents reported no four-year college degree (44 or 4.3% with a high school education or GED only, and 31 or 3% with an associate or two year degree). Two respondents (0.2%) reported having non-social work doctoral degrees.

As previously reported in Westbrook, Ellett, and DeWeaver (2009), 3227 surveys were sent to child welfare workers; a total of 1,123 surveys were returned and subsequently scanned into a data file. Surveys from 90 respondents were excluded from the data analyses (23 from DFCS employees in positions other than child welfare services such as Adult Protective Services and the Office of Family Independence, and 67 with excessive missing data). Surveys were removed from analysis for missing data if nine or more item responses (10%) were missing on the Child Welfare Organizational Culture Inventory or if more than one item response was missing from the Intent to Remain Employed measure. Removal of surveys from data analysis that were missing 10 percent or more of responses allowed for analysis to be completed without using statistically generated answers for missing data. This procedure also did not severely impact the

return rate or number of surveys available for data analysis. These procedures resulted in a final return rate of 32% ($n = 1,033$ usable surveys). It should be noted that this return rate was not exact. The return rate percentage (32%) was calculated for 3,227 *potential* DFCS child welfare employees. The return rate was somewhat lower than desired. However it is important to note that the demographic results, with few exceptions, reasonably mirrored those of other recent, large sample, statewide workforce studies in the state (Ellett et al., 2003; Ellis, Ellett, & DeWeaver, 2007).

Study Measures

Participants of this study were asked to answer ten demographic questions (providing information regarding subjects' county of employment, position and work assignment, gender, age, ethnicity, education, number of years of child welfare work experience, caseload size, and number of persons for which supervisory and administrative participants provide supervision), complete the Child Welfare Organizational Culture Inventory (CWOCI), and complete the Intent to Remain Employed-Child Welfare scale (Ellett, 2000). This study was part of a larger study that included scales not relevant to the study reported here (Westbrook et al., 2009).

The CWOCI is an 84 item self-report measure of organizational culture in public child welfare agencies. Each item is responded to using a forced-choice four-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree). Principal Components Analysis procedures determined that the CWOCI consists of seven dimensions; this study focused on two dimensions, *Administrative Support* and *Supervisory Support*. The *Administrative Support* subscale consists of 10 items and has been found to have a Cronbach's alpha coefficient of internal validity of .94. The *Supervisory Support* subscale consists of 20 items with a Cronbach's alpha coefficient of .97 (Westbrook et al., 2009). The conceptual definitions of *Administrative Support* and *Supervisory Support* used in this study are explicated below.

Definition of administrative support. *Administrative Support* refers to the frequency and quality of professional child welfare staff's interactions and relationships with agency heads that frame, encourage, and reward persistence, commitment, and excellence in professional practice. *Administrative Support* is evidenced in the agency in several ways such as the quality of interpersonal relationships between administrators and subordinates; development, explication, and enforcement of rules and policies; administrative guidance and leadership; and the provision of resources. Examples of *Administrative Support* include administrators ensuring their staff have adequate resources (supplies and equipment) to complete their work and showing concern and sensitivity to staff needs and feelings (Westbrook et al., 2006).

Definition of supervisory support. *Supervisory Support* refers to the frequency and quality of professional child welfare staff's interactions and relationships with immediate superordinates that frame, encourage, and reward persistence, commitment, and excellence in professional practice. *Supervisory Support* is evidenced in the agency in several areas such as the quality of interpersonal relationships between supervisors and subordinates; internal and external advocacy on behalf of staff and clients; explanation of

and monitoring of compliance with rules and policies; work assignments and professional decision making; and personal and organizational professional development, learning, and guidance as seen in mentoring and job orientation. Examples of *Supervisory Support* are supervisors' recognition and rewards for workers' quality work, helping, advocating for, mentoring their workers when needed, and recognizing individual workers' strengths and needs (Westbrook et al., 2006).

Data Collection Procedures

Survey packets were created for all 3,227 potential participants (plus an additional 10% overage to cover miscalculations in staffing allocation, lost surveys, etc) and were mailed to county office directors with a request to distribute the packets to all child welfare employees. Each packet contained a demographic questionnaire, the Child Welfare Organizational Culture Inventory (Westbrook et al., 2009), and the Intent to Remain Employed – Child Welfare measure (Ellett, 2000) all in a scannable format. A follow-up reminder letter was sent three weeks after the surveys were mailed and a second reminder letter was mailed two weeks after that.

Data Analysis

Descriptive statistics (frequencies and percentages) were computed for the demographic characteristics of the sample. Means and standard deviations were calculated for the *Administrative Support* and *Supervisory Support* factored dimensions of the Child Welfare Organizational Culture Inventory as reported by those with social work degrees (BSW and MSW) and those without social work degrees. A two-tailed t test was computed to explore statistically significant differences between social work (BSW and MSW) and non-social work degree groups. All statistical analysis was performed using SPSS version 14.

RESULTS

Comparisons of Social Work Degree and Non-Social Work Degree Groups

Descriptive statistics (means and standard deviations) were computed for the two subscales of the CWOCI used in this study for respondents with and without social work degrees. *Administrative Support* was found to have a mean score of 26.38 (*SD* 6.65) for those with social work degrees and a mean score of 27.37 (*SD* 5.28) for those without social work degrees. *Supervisory Support* was found to have a mean score of 56.62 (*SD* 11.59) for those with social work degrees (BSW and MSW) and a mean score of 58.50 (*SD* 9.18) for those without social work degrees. The maximum possible scores for the two subscales were 40 and 80 respectively. The results of these comparisons are shown in Table 1.

Two tailed t tests were computed to explore statistically significant differences between social work (BSW and MSW) and non-social work (all other) degree groups on the *Administrative Support* and *Supervisory Support* factors of the CWOCI. Statistically

significant differences between the two degree groups were evident for both *Administrative Support* ($t(1022) = -2.409, p < .05$) and *Supervisory Support* ($t(1022) = -2.69, p < .05$). The mean difference between the two groups for *Administrative Support* was $-.99$ favoring the non-social work degree group. The mean difference between social work and non-social work degree groups for *Supervisory Support* was -1.88 favoring the non-social work degree group.

Table 1: Summary of t Test Comparisons Between Social Work (BSW and MSW) and Non-Social Work Degree Groups for Supervisory Support and Administrative Support Factored Dimensions of the Child Welfare Organizational Culture Inventory Factor

CWOI Factor	BSW/MSW		Non-Social Work Degree		Mean Difference ^a	t	p
	Mean	SD	Mean	SD			
<i>Supervisory Support</i> (20) ^b	56.62	11.59	58.50	9.18	-1.88	-2.692	.009
<i>Administrative Support</i> (10)	26.38	6.65	27.37	5.28	-0.99	-2.409	.016

^aMean difference score calculated by subtracting non-social work degree mean from BSW/MSW degree mean.
^bNumber of items in factored dimension

DISCUSSION AND IMPLICATIONS FOR SOCIAL WORK

This study examined administrative and supervisory support as reported by employees in a southern state's public child welfare system using two subscales of the CWOI. These subscales measured child welfare workers' perceptions of the administrative and supervisory support they received. Comparisons were made between the perceptions of child welfare employees with social work degrees and employees without social work degrees. The results indicated child welfare employees with social work degrees perceived less support from administrators and supervisors in the agency than employees without social work degrees perceived. This section will discuss this finding in relation to current research on administrative and supervisory support.

This is the first known study to examine differences in how public child welfare employees with social work degrees and employees without social work degrees perceive both administrative and supervisory support. Several prior studies have focused on examining and describing good supervisory (APHSA, 2005; Barth et al., 2008; Dickinson & Perry, 2002; Ellett et al., 2003) and administrative support (Ellett, 2000; Ellis et al., 2007; Lieberman et al., 1988; Samantrai, 1992). Other studies have found links between supervision and employee retention, morale, and job satisfaction (APHSA, 2005; Cyphers, 2001; Dickinson & Perry, 2002; Ellett et al., 2003). Also research studies suggest that child welfare employees with social work degrees are more effective in their

jobs (CWLA, 1998; Scannapieco & Connell-Carrick, 2007) and are more satisfied with their jobs (Barbee et al., 2009b; Barth et al., 2008). Numerous studies have examined the relationship between degree type (social work degree and non-social work degree) and retention or turnover. The results of these studies have been mixed with some finding social work degreed employees more likely to remain in their jobs (Dickinson & Perry, 2002; Ellett et al., 2003; Scannapieco & Connell-Carrick, 2003) and others finding that employees with social work degrees are more likely to leave their jobs (Auerbach et al., 2008; Strolin-Goltzman et al., 2008). In summary, supervisory and administrative support is important in retaining child welfare workers (Dickinson & Perry, 2002; Ellett et al., 2003; GAO, 2003) and the number of child welfare workers with social work degrees has risen over the years (Barth et al., 2008). The perception of supervisory and administrative support could very well be important in retaining these employees.

The results of this study should be understood within the context of some strengths and limitations. First, this survey was administered to a statewide public child welfare system with every employee in the statewide system having an opportunity to participate. Second, although the study was completely voluntary, it was supported by the director of the statewide public child welfare agency. A letter from the director, indicating her support and requesting that all employees complete and return the study, was included with the survey for all participants. Finally, the pen and paper style survey provided in a scannable format was found through a time and clarity study (Westbrook et al., 2009) prior to this administration to take only about twenty minutes to complete, making it fairly easy for all employees to be included. The study should be considered in the light of several limitations as well. First, participation was completely voluntary and responses to the surveys should be considered in that light. Thus, it is possible that those employees choosing not to participate in the study might be more dissatisfied (or satisfied) with the agency than those who did complete and return the survey. As well, employees who did not participate in the study might have had larger or more challenging and time-consuming caseloads that prevented them from having the time available to complete and return the survey than those with fewer job demands. Second, the response rate (32%) was somewhat lower than desired. However, the demographic characteristics of respondents were highly similar to other large-scale studies of child welfare professionals in the state with much higher to slightly higher response rates (e.g., Ellett et al., 2003; Ellis et al., 2007). Finally, surveys with excessive missing data were omitted from data analysis. Given the large sample size and the limited effect this had on results, the authors felt this was an appropriate strategy for handling those few surveys with more than 10% of answers missing.

Implications

This study has raised several implications for the profession of social work, specifically in the areas of education, practice, and research. First, social work educators could help address the issue of unmet supervisory needs by ensuring that students develop skills in identifying their supervisory needs and skills to advocate for those needs. Social work education could also focus more on teaching students about organizational culture in large agencies, particularly child welfare agencies. Studies of

professional organizational culture in public child welfare agencies (Ellett, 2000; Ellett et al., 2003) suggest that employees are more likely to remain employed in public child welfare if there is congruence between actual and preferred perceptions of administrative support. In order to better prepare students about the realities of large agencies and better prepare them for the workforce, social work education could include current research on organizational culture and child welfare.

Second, there are several practice implications. Child welfare agencies could focus efforts on improving administrative and supervisory support, particularly for employees with social work education. For instance, agencies could utilize existing research to inform training efforts for administrators and supervisors. Ideally, supervisors should be aware of the varying needs for support of their employees, and facilitate their educational and skill development (Scannapieco & Connell-Carrick, 2007), as well as attend to their emotional needs (Miseung, 2010). For instance, those without a social work degree may benefit more by supervisory support that focuses on training and education, and those with social work degrees may benefit from equal amounts of supervisory support that focuses on emotional support (Lieberman et al., 1988).

Several explanations could account for the reasons child welfare employees with social work degrees perceived less support from both administrators and supervisors than employees without social work degrees in this study. First, employees with social work degrees may have different expectations or needs from administrators and supervisors. Second, administrators and supervisors could be providing different types and/or amounts of support and supervision to employees with social work degrees than to those without social work degrees. Recommendations for future research that explore these hypotheses are explicated below.

Research has documented a connection between supervisory support, job satisfaction, and intent to leave (Barth et al., 2008; Ellett et al., 2007). In this study, employees with social work degrees perceived less administrative and supervisory support, which may indicate less satisfaction in their job and reduced intentions to remain in the job. Research has also clearly indicated that public child welfare employees with social work degrees have better job performance than those without social work degrees (Barbee et al., 2009a; Barbee et al., 2009b). Therefore, child welfare agencies may be at risk of losing their best performing employees. Future research exploring these possible connections could offer insights into how child welfare agencies might improve retention of employees and outcomes for families and children.

Because several explanations could account for the reasons child welfare employees with social work degrees perceived less support from both administrators and supervisors than employees without social work degrees in this study, future research should compare the supervisory needs of employees with social work degrees with those without social work degrees. Still other research could explore whether administrators and supervisors provide different amounts and types of support to employees with social work degrees and those without.

If employees with social work degrees have different needs and expectations of administrators and supervisors, an explanation could be that through their educational

training, social workers likely developed expectations of administrators and became familiar with their own supervisory needs. For instance, those with social work education likely enter the job with knowledge that receiving emotional support and support for self-care can be just as important in a job as receiving case consultation and instrumental support, whereas those without social work degrees would not have this understanding. This hypothesis could be explored in future research studies by exploring and comparing the supervisory and administrative needs of child welfare employees with and without social work degrees.

If social work educated employees have differing needs and expectations than those without social work degrees, it could be because those with social work degrees have identified as social workers through their choice of educational attainment giving them occupational commitment (Landsman, 2001). Therefore, the job and the position of “social worker” is a part of their identity. Whereas those without social work degrees likely see their work in public child welfare as simply a “job,” not as an integral part of their identity. Therefore, those with social work degrees might perceive greater need for administrators and supervisors to be involved in promoting a positive public image of the agency. If administrators are not working toward positive community relations and public image, those with social work degrees might feel more slighted by this because of their stronger identification with and commitment to the organization and profession (Ellett et al., 2007; Landsman, 2001; Strolin-Goltzman, McCarthy, & Caringi, 2007). Research of administrators’ efforts in improving public relations and employees’ needs and perceptions of those efforts could explore this hypothesis.

The second possible reason that child welfare workers with social work degrees perceived less supervisory support could be that administrators and supervisors provided less support to employees with social work degrees than to those without. Supervisors often believe the most important aspect of their job is teaching and training employees (Ellett, 2006). Employees with social work degrees are typically more competent and effective in their jobs (Barbee et al., 2009a; Scannapieco et al., 2007) and likely are seen as having the knowledge, skills, and abilities to perform the job well. To complicate matters further, those with social work degrees may even seek advice less than employees without social work degrees (Lieberman et al., 1988). Therefore, as bachelor and master level social workers enter positions in child welfare, supervisors and administrators may assume those employees require less time and attention in order to perform their job well. Research is needed to determine if supervisors and administrators provide differing amounts or types of support to employees based on perceived educational differences.

Finally, little research has examined the role of public child welfare administrators overall. Research studies could examine administrator roles, employees’ expectations of administrators, and satisfaction with administrative support.

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“You Make Them Do What?”: A National Survey on Field Seminar Assignments

Bruce Dalton

Abstract: *This national study of MSW field directors provides data on field seminars and assignments. Field directors at CSWE accredited or in-candidacy MSW programs were surveyed regarding program data, presence and nature of a field seminar, required assignments, and opinion questions about CSWE requirements. Findings from the 141 completed surveys (66.2% response rate) show assignments are similar between foundation and concentration years, and also similar to assignments required in the BSW curriculum. This raises questions of curriculum redundancy and how to properly sequence field assignments. Other findings about field education and field seminar are also presented.*

Keywords: *Field seminar, field education*

Field education has varied from the stepchild of the curriculum to the signature pedagogy. Field education programs vary from no field seminar to seminars of a variety of lengths and formats. Regarding traditional classroom courses, Shavelson states “instructors can introduce tremendous variation into seemingly standardized course formats” (1986, p. 52). The often unstructured nature of field seminars may allow for even greater variance in both quality and content. Field instructors also have varying degrees of training, experience, skill, and loyalty to the social work education program. Field seminars may be one place social work educators ensure that students in field placement are exposed to learning experiences seen as crucial by the program. However recent surveys show a significant minority of MSW programs (19%) do not have field seminars and among those that do have seminars, 28% report using all or mostly all adjuncts to lead them (Dalton, Stevens, & Maas Brady, 2011). This creates opportunities for ‘slippage’ between the intentions of the program and the actuality of the seminar. There is currently little known about how field seminars are implemented in MSW programs in the U.S. The purpose of this research is to fill that gap by exploring how the field seminar is implemented. This study will investigate the type of field seminar assignments reported by MSW field directors and other aspects of field seminar delivery, such as length, frequency, texts, and format.

LITERATURE REVIEW

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). Field instruction is now seen as the signature pedagogy of social work by the Council on Social Work Education (CSWE, 2008). Shulman (2005) says that a signature pedagogy should be consistently applied and

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if a profession has a signature pedagogy “we should be able to find it replicated in nearly all the institutions that educate in those domains” (p. 54).

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). The connection between theory and practice is widely reported in the literature (e.g. Boisen & Syers, 2004; Dalton, Stevens, & Maas Brady, 2009; Henry, 2004; Homonoff, 2008; Noble, 2001). Boisen and Syers state “social work education rests on the assumption that competent social work practice is grounded in the intentional use of theory” (2004, p. 205). 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 happens in the classroom.

Although this perspective has long been accepted in social work education, it has also long been seen as difficult to implement; “However highly valued this integration of theory with practice may be, it is nevertheless hard to define” (Basch, 1942, p. 32). Bogo and Power (1992) found that 31% of the 49 new field instructors surveyed believed teaching theory was unimportant. Reviewing five studies of student perception of field instruction, Bogo (2005) found that students do value reflective and conceptual learning activities that help to integrate theory and practice, yet only one of the five studies reviewed (Fortune, McCarthy, & Abramson, 2001, as cited in Bogo) investigated whether the reported use of learning activities by field instructors that help integrate theory and practice were correlated to performance. Fortune found that neither making connections to theory nor making connections to classroom work were significantly related to performance as rated by the field instructor in an end of placement evaluation. Munson (1987) suggested that the direction of integration needs to be considered. The common assumption is that curriculum theory emanates from the classroom and spreads to field, but Munson suggests a better model may be to teach in the classroom what the students are exposed to in the field. Munson gives as an example an advanced practice track based on emotions encountered in the practice arena, such as anger, depression, anxiety, grief, etc.

The field seminar is seen as the setting in which the connection between theory and practice is made clear for the students (Mary & Herse, 1992; Poe & Hunter, 2009). It is in the seminar that students have the opportunity, and often the mandate, to make a conscious connection between classroom knowledge and theory, and the experience they are gaining in placement. The seminar may do this through informal or guided discussion as well as through more formal oral and written assignments. For example, this author has asked seminar students to come the next week with a specific behavioral example of a theory being used to direct a client intervention. The ensuing class discussion makes clear the different abilities of students to understand how theory is used in practice. A

formal seminar assignment asking students to link theory and practice is congruent with the findings of Mary and Herse (1992), who found that student reports of theory/practice integration more often occurred in structured sessions than in unstructured ones.

The literature on assignments used in field seminars is shallow. Searching Social Work Abstracts on the terms “field seminar” (n=9), “field assignment(s)” (n=12), and “field placement” (n=190) revealed few articles describing assignments specifically given in field seminar. The author found it common for articles to discuss assignments for field with no specification of whether it was for the field instructor to use alone or in conjunction with a field seminar leader, such as the process recording assignment that may be used by a field instructor with or without coordination with a field seminar (e.g., Black & Feld, 2006; Canning & Mullin, 2008; Hendricks, Finch, & Franks, 2005; Knight, 2000). Fisher, Reed, Stough, and Matt (2007) describe a BSW senior field seminar that requires several two page mini-papers designed to integrate coursework with field experience. Potential topics include generalist opportunities in the agency and how the NASW Code of Ethics applies to field experiences. Noble (2001) reports on the use of a reflective workbook that students complete in a narrative form and then process in seminar or with field instructors with the purpose of linking theory and practice. Haslett (1997) reports on a two semester field assignment in which grant writing was taught in seminar and grants were then written by student groups to benefit a selected field placement. Poe and Hunter (2009) asked BSW field directors to identify which of 13 assignments were required as part of the field experience. The assignment most often required was a student-developed learning contract (94.7%), followed by reflective writing, oral case presentation, written micro case analysis, process recording, social history, written macro activity analysis, environmental study, policy study, literature review on field population/experience, portfolio, eco-mapping, and lastly a written group case analysis (29.7%). The top nine field assignments were required 50% or more of the time, and seven of those were written assignments. Poe and Hunter’s data do not distinguish whether those assignments are a field seminar requirement or for another course. If many of these assignments are required in the field seminar, then the format may become more like a traditional classroom and less like a process group where field issues and student concerns are discussed. Shulman believes this process focus is important, stating “there are elements added through the group process that can have powerful and important impacts on a staff member that may not be present in individual supervision” (2010, p. 272). Poe and Hunter found that 57.7% of seminar leaders report using content delivery often or very frequently, which may distract from the process focus of field seminar.

This present study will investigate the type of assignments from field seminars reported by MSW field directors and other aspects of field seminar delivery, such as length, frequency, textbooks, and format. This research is best characterized as exploratory and descriptive with the research question “What are the national patterns of MSW field seminar delivery?” The results will provide information about field seminar delivery that have not been previously reported. One hypothesis is suggested by the literature: in comparison to the BSW data collected by Poe and Hunter (2009), there will be a similar number and type of MSW field assignments. The new response categories in

this research will show if those assignments are required in seminar or other classes. The implications of these results for the field seminar will be discussed.

METHODOLOGY

Sample

The sample population was the 219 CSWE accredited or in-candidacy MSW programs in the fall of 2009. The sample frame consisted of the 213 field directors (or MSW program director when a field director could not be identified) at CSWE accredited or in candidacy MSW programs for whom email addresses could be acquired. The sample frame was constructed by visiting the webpage of each accredited or in-candidacy program. In February 2010, 213 emails were sent out announcing the survey and providing a link to the survey site. Two reminder emails were sent out over the next several weeks. One hundred and forty-one surveys were completed for a response rate of 66.2%.

Survey

The survey included program data, presence and nature of a field seminar, required field assignments, and opinion questions for the field director about CSWE requirements. The list of assignments was an amended list that Poe and Hunter (2009) used with BSW field directors. Three new items were added based on the literature and the author's experience and another item was added when one of Poe and Hunter's items was divided into two items (environmental study of the field agency and/or community became two separate items). The response categories were also changed to reflect whether the assignment was required in the seminar or elsewhere in the curriculum. Poe and Hunter had the response categories required, not required, and optional. This change was made because classes besides the field seminar may require assignments that are to be completed in the field. This is so common that Benjamin and Ward (2005) suggest students take all their course syllabi to their field instructor on the first day of field to begin coordination of course assignments required to be completed in field. This survey was piloted by sending it to ten field directors, six of whom completed it and provided feedback.

RESULTS

Of the 141 respondents, 130 were the field director, four were the MSW program director, two were field coordinators, 22 were seminar leaders, and 19 were liaisons. Several wrote in unique titles in addition to field related titles, such as clinical professor. Only two respondents provided no role. Most respondents were from public universities ($n=101$, 72.7%). Field is graded pass/fail 63.1% of the time, A-F 29.8% of the time, and other 3.5% of the time. Respondents were asked to mark on a continuum, from 1=rural to 7=urban, the setting of their program. The results are shown in Table 1. The mean was 5.1 showing most respondents considered their institution to be on the urban side of the continuum.

Table 1: Rural/Urban Program Setting

Rural/Urban	Frequency	Percent
1 Rural	9	6.4
2	8	5.7
3	15	10.7
4	25	17.9
5	16	11.4
6	16	11.4
7 Urban	51	36.4
Total	140	100

Respondents were asked how many MSW degrees were awarded by their program last year; the results are shown in Table 2. The median was in the 60-69 category (categories were collapsed for presentation in Table 2). The mean number of graduates each year was 106 (computed after the response categories were recoded to their midpoints and the 500+ category set to 500).

Table 2: Number of MSW Degrees Awarded By Program Last Year

Number of MSW Degrees	Frequency	Percent
0-49	52	37.7
50-99	33	23.9
100-149	20	14.5
150-299	25	18.1
300-499	7	5.1
500+	1	.7
Total	138	100

Chi-square was conducted to determine if programs were statistically more likely to require a field seminar in the foundation or concentration year. Though most programs report a field seminar at both levels, statistical significance was found, with more programs requiring field seminar in the foundation year (see Table 3).

Table 3: Required Foundation and Concentration Seminars

		Concentration Seminar Required?		Total (%)
		Yes	No	
Foundation Seminar Required?	Yes	79	26	105 (76)
	No	7	26	33 (24)
Total (%)		86 (62)	52 (38)	138 (100)

$X^2(1, N = 138) = 31.21, p = .000$

Statistical analysis revealed no significant relationship between either the rural/urban measure or whether the university was public or private and whether programs had either a foundation or concentration field seminar. There was a statistically significant relationship between the number of MSW degrees awarded each year and whether the program had a field seminar in either the foundation ($t=-3.23, df=136, sig=.001$) or concentration year ($t=-5.5, df=82, sig=.000$). Programs with a foundation seminar reported 90 MSW graduates per year and programs without a foundation seminar reported 152 MSW graduates per year. Programs with a concentration seminar reported 71 MSW graduates per year, and programs without a concentration seminar reported 162 MSW graduates per year.

Those with a field seminar report the seminar meets as shown in Table 4. At both the foundation and concentration levels, this variable was recoded to reflect the number of times the seminar meets in a 15 week semester and the 'other' category was replaced with a number when the respondent had entered a comment that provided that information. The length of the foundation seminars averaged 113 minutes and ranged from 45 minutes to three hours ($n=101$). The length of each foundation semester was multiplied by the number of times it met per semester to compute the length of time spent in seminar each semester. This revealed the total amount of time in foundation seminar per semester ranged from 240 minutes to 2700 minutes with a mean of 1081.7 minutes ($sd=543$) and a median of 840. The length of the concentration seminars averaged 117 minutes and ranged from 45 minutes to eight hours ($n=81$). The length of each concentration seminar was multiplied by the number of times it met per semester to compute the length of time spent in seminar each semester. This revealed the total amount of time spent in concentration seminar each semester ranged from 220 minutes to 2700 minutes with a mean of 988.2 minutes ($sd=560$) and a median of 840. The total amount of time spent in concentration seminar was statistically different from the total amount of time spent in foundation seminar ($t=2.08, df=70, sig=.031$). So not only do fewer programs have a concentration seminar, when they do they do not spend as much time in seminar over the course of a semester.

Table 4: Frequency of Foundation/Concentration Field Seminars

	Foundation n (%)	Concentration n (%)
Weekly	43 (41.3)	31 (37.3%)
Biweekly	32 (30.8)	26 (31.3)
Monthly	15 (14.4)	15 (18.1)
Other	14 (13.5)	11 (13.3)
Total	104	83

Seminar textbooks were reported as required at 41 (39.8%) of the 107 programs with a foundation field seminar. Thirty-one provided identifying information for their textbook(s). The most commonly used were *The Social Work Practicum: A Guide and Workbook for Students* (Garthwait, 2006) used by seven respondents, *The Practicum Companion for Social Work: Integrating Class and Field Work* (Birkenmaier & Berg-Weger, 2007) used by 5 respondents, and *The Successful Internship: Personal, Professional, and Civic Development* (Sweitzer & King, 2008) used by three respondents. Seminar textbooks were reported as required at 23 of the 86 programs (27.4%) with a concentration field seminar. Fourteen provided identifying information for their textbook(s). Only one was used by two respondents, *The Evidence-Based Internship: A Field Manual* (Thomlison & Corcoran, 2008).

Respondents identified whether all, some, or none of their field seminar was conducted online and what those components were (see Table 5). Significantly more of the concentration field seminars were in whole or part conducted online (Kendall's tau = .701, sig.<.001).

Table 5. Use of Online Medium for Field Seminar

	Foundation	Concentration
Is any of your field seminar conducted online?		
All	0	2 (2.4%)
Some	25 (23.8%)	28 (33.3%)
None	80 (76.2%)	54 (64.3%)
Total	105	84
Which components are at least in part completed online?		
Discussion	21	25
Submitting assignments	20	23
Accessing readings	11	14
Viewing videos	5	4
Other	7	5

Field directors were asked which assignments were required in the field or elsewhere in the curriculum; the results are presented in Tables 6 and 7. For the foundation year the response pattern was overall very similar to the BSW responses reported in Poe and Hunter (2009). The three most common items were the same in both. The next two items in the foundation data were new, but the next two (process recording and written micro case analysis/study) were fifth and fourth in Poe and Hunter's data. A visual examination of the data also reveals similarity between the foundation and concentration years with only a few in different rank order (in Table 7 the items are listed in the same order as in Table 6 for ease of comparison).

Table 6: Assignments Required in Foundation Year

Foundation Year Assignment	In Foundation Seminar n (%)	Elsewhere in Foundation Curriculum n (%)
Student developed learning contract	88 (82.2)*	16 (15.0)
Reflective writing on the field experience	85 (79.4)	12 (11.2)
Oral case presentation	67 (62.6)	27 (25.2)
Oral presentation of the placement agency	67 (62.6)	17 (15.9)
Required readings	53 (49.5)	---
Process recording	47 (43.9)	20 (18.7)
Written micro case analysis/study	45 (42.1)	39 (36.4)
Environmental study of the field agency	42 (39.3)	24 (22.4)
Written macro activity analysis/study	33 (30.8)	44 (41.1)
Social history	22 (20.6)	42 (39.3)
Eco-mapping	19 (17.8)	40 (37.4)
Written group case analysis/study	19 (17.8)	34 (31.8)
Policy study from field experience	18 (16.8)	44 (41.1)
Portfolio	16 (15.0)	15 (14.0)
Environmental study of the community	14 (13.1)	39 (36.4)
Literature review on the field placement setting	11 (10.3)	20 (18.7)
Literature review on the field placement population	10 (9.3)	24 (22.4)

* Percentages are of the 107 with a foundation field seminar.

What can also be seen from both tables is that some assignments are seen as more appropriate for field seminar and some are seen as more appropriate for elsewhere in the curriculum. When comparing the percentage of assignments required in seminar in the foundation and concentration years, the greatest difference was 10.5% (literature review on the field placement population). When comparing the percentage of these assignments required elsewhere in the foundation and concentration years, the greatest difference was

8.3% (eco-mapping). Most differences were much lower. This visual inspection of the data reveals the pattern of assignments given to both foundation and concentration years in the field seminar and elsewhere in the curriculum was remarkably similar.

Table 7: Assignments Required in Concentration Year

Concentration Year Assignment	In Concentration Seminar n (%)	Elsewhere in Concentration Curriculum n (%)
Student developed learning contract	76 (88.4)*	8 (09.3)
Reflective writing on the field experience	64 (74.4)	10 (11.6)
Oral case presentation	58 (67.4)	17 (19.8)
Oral presentation of the placement agency	49 (57.0)	15 (17.4)
Required readings	41 (47.7)	---
Process recording	37 (43.0)	14 (16.3)
Written micro case analysis/study	41 (47.7)	25 (29.1)
Environmental study of the field agency	25 (29.1)	19 (22.1)
Written macro activity analysis/study	27 (31.4)	34 (39.5)
Social history	18 (20.9)	30 (34.9)
Eco-mapping	13 (15.1)	25 (29.1)
Written group case analysis/study	18 (20.9)	29 (33.7)
Policy study from field experience	22 (25.6)	30 (34.9)
Portfolio	21 (24.4)	13 (15.1)
Environmental study of the community	13 (15.1)	27 (31.4)
Literature review on the field placement setting	11 (12.8)	18 (20.9)
Literature review on the field placement population	17 (19.8)	21 (24.4)

* Percentages are of the 86 with a concentration field seminar.

Respondents were asked what other assignments are required for their foundation or concentration seminars that were not on the list to choose from. Twenty six respondents added 27 foundation assignments and 17 respondents added 18 concentration assignments. Of these only one assignment was mentioned as many as three times, a capstone assignment. This indicates there were no significant omissions in the list of assignments on the survey.

As discussed above nearly all responding programs require written assignments in both field seminars, and most require multiple written seminar assignments. This may cause the seminar to take on a didactic nature as students require information to complete written assignments. Even if the information necessary to complete the assignment is largely presented in another course, the seminar leader may be called upon to explain the assignment. Respondents were asked to rate their seminar on a continuum from 1 to 7,

with one being a process format and seven being a lecture format. The results in Table 8 show that most fall on the process end of the continuum with no significant difference between foundation and concentration year.

Table 8. Foundation/Concentration Seminars Rated on Process/Lecture Continuum.

	Foundation Seminar	Concentration Seminar
1 Process	28 (26.9%)	17 (21%)
2	35 (33.7)	35 (43.2)
3	23 (22.1)	13 (16)
4	16 (15.4)	16 (19.8)
5	1 (1)	0
6	1 (1)	0
7 Lecture	0	0
Total	104	81

(t=-.117, df=183, sig=.907)

Respondents were asked if seminar should be required by CSWE. For the foundation year 78.4% replied yes and for the concentration year 62.5% replied yes, a significant difference ($X^2 = 38.363$, $df=1$, $p<.001$). In the foundation year 12 respondents who did not have a field seminar believed it should be required, while 9 respondents who did have a field seminar believed it should not be required. In the concentration year the numbers were 14 and 13, respectively.

Respondents were asked if there were certain field seminar assignments that should be required of all CSWE accredited programs. For the foundation year 64 (48.1%) replied yes and for the concentration year 52 (39.4%) replied yes, a significant difference ($X^2 = 62.303$, $df=1$, $p<.001$). Respondents were asked what field seminar assignments they believed should be required. Fifty-five respondents mentioned 32 foundation field seminar assignments, and 47 respondents mentioned 39 concentration field seminar assignments. The most commonly noted were also those that were ranked high on Tables One and Two as being currently assigned. For the foundation year those were Process Recordings ($n=20$), Reflection Assignments (16), Case Presentations (15), and Learning Contracts (15). For the concentration year those were Case Presentations (16), Process Recordings (16), Reflection Assignments (11), and Learning Contracts (10).

Respondents were asked if there was anything else that they could tell us to help us understand the field seminar at their program; comments were provided by 65 respondents. Using the method described by Kerlinger (1986) a content analysis was conducted to identify themes in the comments. The most mentioned theme was the importance of the seminar function of integrating theory and practice ($n=10$). Six respondents without seminars reported that discussion of field issues was expected in one or more practice classes, though two expressed dissatisfaction with this arrangement. One

respondent said their program was adding field seminar and another said they were dropping it. Respondents were also asked if there was anything else they could tell us to better understand field issues in general and comments were provided by 37 respondents. No common themes emerged from these comments. Some comments were suggestions, some were about their own programs, some were emotive, and some were questions. One respondent wrote “We are attempting to become less of a step child to course curriculum. Any suggestions?” Sorry, no.

Limitations

This study was limited by several factors. Respondents were mostly field directors who may not know all the details of the overall curriculum and whether assignments from other courses are linked to field, though over time they would likely become familiar with most or all of them. To more accurately measure field assignments required by other courses would require reviewing all course syllabi or surveying all faculty, a much bigger task than surveying field directors.

Another limitation of the study is its use of assignment titles and not the full assignment description. Completing many of the assignments listed in Tables 6 and 7 may allow or require discussion of the connection of theory and practice, but it is also possible the assignment instructions for a particular course or seminar could be written in such a way that it could be completed without explicitly connecting theory and practice.

DISCUSSION

The purpose of this research was to explore currently unknown aspects of field seminar with an emphasis on required assignments. That purpose has been met as a picture was drawn of field seminar characteristics that is informative to field directors as they implement their field component, as well as faculty who teach classroom courses that support field.

Fewer respondents reported a field seminar in the concentration year than the foundation year. Further, when programs have concentration year seminar they meet 93 minutes less over the course of a semester than foundation seminar. The author is aware of no literature claiming seminar is more helpful in one or the other year. When the percentage of MSW programs with a field seminar was previously reported, no distinction was made between foundation and concentration years, so this is a new finding. One variable that was found to impact whether a program had a seminar either year was the number of MSW graduates, with larger programs less likely to have a seminar. It may be that larger programs have fewer financial resources per student and can't afford a seminar, that larger programs are more research-oriented and take less time for student contact through a field seminar, find it hard to coordinate a large number of seminars, or some other reason. Future research could examine the cause of this difference.

The textbooks and assignments required may indicate a difference in purpose between foundation and concentration seminars. More foundation seminars than concentration seminars require textbooks. Requiring a textbook suggests foundation

seminar is seen as more basic and informational and implies a more traditional educational process. However the data in Table 8 shows respondents more likely to claim a process than a lecture method for both seminar levels. Shulman (2010) states the dynamic and process focused group is a valuable educational opportunity that may contribute to skill as a future group worker and social worker. If textbooks and assignments do create a traditional classroom environment in seminar then this educational opportunity will be missed.

A visual examination of the assignments required of foundation and concentration students reveal them to be very similar. Further, a visual examination shows that the assignments required of foundation and concentration students are similar to those required of BSW students in the Poe and Hunter study (2009). It is possible that some different use is being made of the assignments in the different levels, but these data cannot determine that. Foundation students should be focused on skill development and the generalist model, while concentration year students should be making use of theory-based interventions and making conceptual connections between theory and practice (Boisen & Syers, 2004). However the patterns found in this data suggest that there is little deliberate use of assignments for different curriculum levels such as those proposed by Fisher and colleagues (2007) or Noble (2001). Unfortunately concentration seminar assignments may often be a case of more of the same. Curriculum redundancy has previously been identified as a problem elsewhere in the social work curriculum (Dalton & Wright, 2003, 2004), so it would not be surprising if it were also the case in field.

Most respondents believe seminar should be required by CSWE, especially for foundation year. This position is in accord with Shulman (2005) that a signature pedagogy should be consistently applied. It is difficult to imagine that field is consistently applied when programs can choose whether to have a seminar. This author has taught in programs with and without a seminar, and has seen learning take place in seminar that was not possible in any other setting because of the seminar's process focus and focus on field.

Some assignments required by courses other than the field seminar are expected to be completed in field or draw upon field experience. This requires coordination between field and other courses. If assignments from seminar or any class are expected to be completed in field, then the field instructor needs to know this as early as possible so that planning for those activities can take place. In the author's seminar students are required to have their field instructor sign the assignment page of all their syllabi and put copies in their field portfolio by the third week of class. This ensures students and their field instructors have discussed required assignments early in the semester as suggested by Benjamin and Ward (2005).

CONCLUSION

This study has indicated that the field placement and seminar is unevenly implemented by CSWE accredited MSW programs. However EPAS (CSWE, 2008) indicates there are different ways to get to the same end point, so if a field program achieves the goal of teaching students theory guided practice, then the specifics of their

field program can be left up to them. CSWE does have certain requirements for field (e.g., minimum number of field hours, field instructor training), suggesting that some things are seen as necessary to meet professional educational competencies. It is unclear why some requirements exist while other aspects of field education, such as a seminar, do not. Requiring a field seminar would address the recommendations of Wayne, Bogo, and Raskin (2010) that field education have more student-to-student accountability and greater student visibility of their field education performance, thus continuing our movement away from the one-to-one supervisory model associated with psychodynamic theory. A required field seminar would also replicate our signature pedagogy across the field as recommended by Shulman (2005). In the absence of a field seminar it becomes incumbent on the program to demonstrate it is otherwise meeting the primary goal of field seminar, that of integrating theory and practice. A future study could investigate how MSW programs with and without seminar integrate theory and practice in their field component.

Most of the assignments required in field seminar (Tables 6 and 7) seem to lend themselves to the measurement of many EPAS competencies and practice behaviors. It would be tempting for any program to measure student attainment of competencies with these assignments in a field seminar, and the author's program and surely many others do so. There is however little guidance in the literature for choosing field assignments and less that empirically tests their effectiveness in meeting or measuring specific competencies. There is no research on why specific field assignments are chosen, though it is likely they are chosen based on each program or educator's teaching experience and tradition. A next step would be to empirically link specific field assignments to specific competencies at the foundation and concentration levels. This would raise social work education to the level of evidence-based practice and model this process for our students.

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The Integration of Disability Content into Social Work Education: An Examination of Infused and Dedicated Models

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***Abstract:** Disability content has been slowly integrated into social work curricula despite the large proportion of social workers supporting people with disabilities and its requirement in social work education by the Council on Social Work Education Educational Policy and Accreditation Standards. Schools of social work offer disability content to their students in three ways: infused, dedicated (specialization), or a combination of both. A content analysis of 1620 course titles and descriptions from the top schools of social work was conducted to assess the integration of disability content into social work curricula. Eighty percent of the schools included disability content in their curriculum. Disability content was more likely to be integrated using the infused rather than the dedicated model.*

***Keywords:** Disability, disabilities, infused, curriculum, diversity*

Disability content is important to social work education because social workers often serve people with disabilities and are required to advocate for vulnerable populations (National Association of Social Workers, 2006). Families of individuals with disabilities are often stressed, and are overrepresented in poverty statistics (DeNavas-Walt, Proctor, & Smith, 2011; Neely-Barnes & Dia, 2008). The oppression of this vulnerable population and the intersection of individual ability and social constraints surrounding disability issues justify social work's role in disability issues and service provision. The Council on Social Work Education (CSWE) 2008 Educational Policy and Accreditation Standards (EPAS) mandate that social work programs teach disability issues, which are included under mandates for education on diversity. In addition, the Council on Social Work Education requires disability content in social work education for accreditation (2008).

Social work researchers have assessed educational content in social work by conducting content analyses of course descriptions and syllabi (Julia & Kondrat, 2000; Lacasse & Gomory, 2003; Laws et al., 2010; Steen & Mathiesen, 2005). These studies have each included a selection of a sample of courses and/or syllabi to analyze based on the identified research question in the study and the authors identified search terms or topics for the courses and/or syllabi. Findings from these studies have revealed whether information is included in social work courses and the number of times a subject is covered in social work courses. Findings from these studies have led to improvement in social work education by elucidating areas of social work education which were not covered adequately.

Previous research has found that only 27%-37% of schools of social work included disability content in their curriculum (Laws, Parish, Scheyett, & Egan, 2010; Quinn, 1995). It is not only important to assess if disability content is included in social work education, but how it is included. The way in which disability content is included in curricula may impact its effectiveness in preparing social work students to

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work with people with disabilities. There are benefits and challenges to including disability content in dedicated or infused models throughout the social work curriculum. The current study conducted a content analysis of social work course titles and descriptions ($n = 1620$) of 25 schools of social work to assess the prevalence of disability content and use of the infused and dedicated models of integrating disability content into social work education.

LITERATURE REVIEW

Importance of Disability in Social Work Education

Disability is a familiar social problem in the United States. Census Bureau statistics indicate that 29% of U.S. families have one or more members with a disability (2005). Social workers provide many services to people with disabilities and their families. Worldwide, social workers are engaged in service, policy, and research endeavors which are aimed at garnering rights for individuals with disabilities (DeWeaver, 1995). The National Association of Social Workers (NASW) reports that social workers provide community-based housing, employment and training, education, medical, and psychological services for people with disabilities. The NASW concurrently found that a high proportion of social workers reported working with people with chronic medical (88%), neurological (80%), physical (79%), and developmental (75%) disabilities (National Association of Social Workers, 2006). Because of the high proportion of social workers who report working with individuals with disabilities, disability content is an exceptionally important component of social work education. This importance was emphasized in 2002 when the Council on Social Work Education (CSWE) published a curriculum resource spurred by the acknowledgement of the lack of familiarity by social work educators on resources and models to guide disability education in social work (Gilson, DePoy, MacDuffie, & Meyershon, 2002).

Disability Content in Social Work Curricula

Although the CSWE EPAS did not mandate disability content in social work education until 2001, the Americans with Disabilities Act (ADA), enacted in 1990, brought attention to disability issues in social work. The ADA (1990) expanded the protection of people with disabilities from discrimination in employment and access in public areas. Quinn (1995) recognized the importance of social workers in providing services and advocating for people with disabilities after the enactment of the ADA. Quinn (1995) conducted a study of 93 schools of social work by reviewing their course titles and descriptions related to disability content and mailing a survey to the deans and directors of schools of social work inquiring about their number of students and faculty, faculty interest in disability and rehabilitation, and courses covering disability content. Of the 42 schools that responded to the survey, 81% reported that they included specific content on disability in their curriculum, while the review of the course titles and descriptions found that 27% of schools of social work included disability content in their curriculum. A review of course titles and descriptions found that the majority of disability content was covered in practice courses (29%), policy courses (18%) and human behavior in the social environment courses (11%). Quinn (1995) found that the only courses dedicated solely to disability content were policy courses.

Since the CSWE EPAS in 2001 and 2008 mandated disability content in social work curricula, there has been one study that assessed curricula for content on developmental disabilities. Laws and colleagues (2010) conducted an internet-based review of the curricula of top-50 schools of social work based on the U.S. News and World Report rankings. Course information was analyzed to see if courses covered broad discussion of disability or developmental disability issues, specific interventions for people with developmental disabilities, or policies associated with people with developmental disabilities. Faculty expertise or interest in disability issues was also analyzed.

Laws and colleagues (2010) found that 37% of the reviewed schools included at least one course that covered a broad discussion of disability content. Twelve of the schools (24%) offered courses that concentrated on disability related issues. Fifty-eight percent of the reviewed schools had at least one tenure-line faculty member with a research background in developmental disability studies or services. Although these findings contribute to the understanding of disability content in social work curricula, the authors' primary focus on developmental disabilities is a limitation. More information is needed on social work curricula and the spectrum of disabilities.

Contrasting Infused and Dedicated Models of Disability Education

Schools of social work offer disability content to their students in three ways: infused, dedicated (specialization), or a combination of both (Gourdine & Sanders, 2003). The dedicated model of education includes a purposeful course designated to teach a topic, such as disability. An infused model spreads disability content across the courses within a curriculum (Knopf, 1996). Several studies have demonstrated the benefits of infused and dedicated education on disability content in preparing social work students to work with people with disabilities (Abrams & Gibson, 2007; Begab, 1970; Cummings, Cassie, Galambos, & Williams, 2006; Dyeson, 2004; Lee & Waites, 2006; Mama, 2001; Nagda, et. al., 1999).

Some have proposed that the dedicated model is the preferred method of integrating diversity topics into social work curriculum (Begab, 1970; Mama, 2001; Nagda et. al., 1999). For example, a course utilizing the dedicated model might be an Advanced Field Practice course for BSW students, which purposefully addresses diversity issues in each class within the course (Mama, 2001). There are several benefits to this approach. The professor of a dedicated course often has expertise in the specific area being taught. Additionally, the professor of a dedicated course gains expertise in how to manage discussing diversity topics and has time to build the rapport with students needed to discuss these issues comfortably. Moore (2004) described the use of a course project on disability that was conducted throughout a course on generalist practice. Moore (2004) reported that students liked applying theories and course concepts to a project that would impact people with disabilities.

Others have proposed the use of the infused model (Abrams & Gibson, 2007; Cummings et al., 2006; Dyeson, 2004; Lee & Waites, 2006). Dyeson (2004) reported that, because education on diversity issues is infused throughout social work curricula, social workers gain an extensive education on these issues. In Gezinski's (2009) curriculum framework for LGBTQ content in social work, she argues for an infused model, positing that a holistic approach that examines the macro/micro and theoretical/practical is necessary for the integration of topics relating to oppressed

groups. Within the infused model, diversity content permeates the CSWE's Educational Policy and Accreditation Standard's (EPAS) eight foundation curriculum content areas: values and ethics, diversity, economic justice, social work practice, policy, research, field education, and human behavior and social environment (HBSE) (Bergel, 2006). A benefit of the infused model is that most students taking courses in different concentration areas, such as direct practice or policy, will be exposed to diversity content in their classes.

METHODS

Sample

Course titles and descriptions ($n = 1620$) from the top-25 schools of social work (as ranked by the U.S. News and World Report in 2008) were collected in February 2010. Data were collected from both BSW and MSW programs. All schools had MSW programs, while only 13 had BSW programs. Data were also collected on both foundation/core and concentration/elective curricula, which were defined based on each school's classification. Course titles and descriptions were accessed through each institution's website. Schools were contacted via email if course titles and/or descriptions of the school's BSW and/or MSW curriculum were not available online. Four schools of social work had only course titles available. The course titles and any available course descriptions from these schools were used.

Content Analysis

Since 1952, when content analysis emigrated from mass communications research (Berelson, 1952), it has continued to be a methodology of choice for researchers not only within social work, but also psychology, history, anthropology, and other related fields, who are interested in making valid inferences from text. Content analysis can be defined as "a research technique for making replicable and valid inferences from data to their context" (Krippendorff, 2004, pp. 21).

This content analysis included unitizing, or distinguishing, segments of text that were of interest in the analysis (Krippendorff, 2004). Courses were coded by the first author. The second author coded a random sample of 10% of the courses separately to ensure inter-rater reliability. A Kappa of .87 ($p < .000$) indicated almost perfect agreement among coders. Kappa is the most widely used measure of agreement (Orme & Gillespie, 1986; Viera & Garrett, 2005). Some studies which use Kappa to measure agreement experience a high percentage of agreement with corresponding low kappa values, which is known as the kappa paradox (Kuppens, Holden, Barker, & Rosenberg, 2011). The current study did not experience this issue.

Courses were coded by level of education (BSW or MSW) and course type (Core/Foundation or Concentration/Elective). Other variables included "course title includes disability" and "course description includes disability". The unitizing of course titles and descriptions was guided by the following search terms: ability, ableism, developmental abnormalities, disabilities, disability, disabled, special needs, the exceptional child, special education, special needs, and handicapped. These terms, in either the course title or description, were used as indicators of disability content. The courses that included these terms were reviewed to be sure that the terms represented disability content. Four courses found in the search were not included in

the study because they focused on “special needs” populations, such as elderly, rather than disability populations. Fifty-nine courses that included the term “ability” did not refer to clients’ abilities. The majority of these courses referred to students’ abilities. These courses were not included.

The main topic of the courses with disability content was assessed by whether or not the course included disability content in the title or not. If the course included disability content in the course title, then disability was the main topic of the course. If the course did not include disability content in the course title, then the course had a different main topic. Cross-tabulations were conducted between level of course (BSW or MSW) and the variables of “course title includes disability” and “course description includes disability content”. Cross-tabulations were also conducted with course type and inclusion of disability content in either the course title or description. The course titles and descriptions with disability content were examined to assess the course type and disability type addressed in each course.

RESULTS

Twenty of the schools of social work (80%) included disability content in course titles or descriptions in their curricula. Table 1 lists the 20 schools that included disability content in courses and the number of courses with disability content that each school offered. Among a total of 1620 courses from the top-25 schools of social work, 109 (7%) courses had disability related terms within the course title and/or course description. There were 22 BSW and MSW courses (1%) with disability related terms in the course title. There were 87 courses (5%) that included disability content within the course description. Only one out of 176 BSW courses had disability related terms within the course title and two (1%) BSW course descriptions included disability content, indicating very low coverage of disability content in BSW programs. Out of 1444 MSW courses, 21 (1%) had disability related terms within the course title and 85 (6%) MSW course descriptions included disability content.

Eighty-seven (79.8%) of the courses that included disability content reflected an infused approach. Of the 109 courses with disability content, there were 14 (12.8%) foundation/core course descriptions with disability content, and none of the course titles of the foundation/core courses included disability content. Twenty-two (23.1%) elective/concentration course titles included disability related terms, and seventy-three (76.8%) elective/concentration course descriptions included disability content.

Twenty-two (20.1%) of the 109 courses’ main topic was disability, which indicated the use of the dedicated education model. The descriptions of the courses with a main topic of disability differed based on approach to teaching. Table 2 displays the course titles and descriptions with a main topic of disability.

Table 1: The Number of Courses with Disability Content in Schools of Social Work

Schools of Social Work	<i>n</i>
University of Michigan-Ann Arbor	26
Columbia University	8
Case Western Reserve University	8
University of Washington	8
Smith College	8
Boston College	6
University of Chicago	6
University of Texas-Austin	5
SUNY-Albany	5
University of Wisconsin-Madison	4
University of California-Berkeley	4
New York University	4
Washington State	4
Virginia Commonwealth University	3
University of California-Los Angeles	2
University of Maryland-Baltimore	2
University of Pennsylvania	2
University of Pittsburgh	2
University of North Carolina	1
University of Illinois at Chicago	1

Table 2: Dedicated Courses with Disability Content

Course Title	Course Description
Intervention Approaches for Families with Children Who Have Developmental Disabilities	Provides the knowledge and skills needed for social work practice with families with children who have developmental disabilities. Focuses on the application of theoretical models and practice concepts for intervening with family systems, siblings, and parents. Provides an understanding of the impact of disability on the family unit, family coping skills, and current practice approaches to family support, empowerment, and self-advocacy. Emphasizes the development of assessment and intervention skills relevant to working with this specialty population.
Social Work, Education, and the Exceptional Child	Focuses on understanding the characteristics and the family and social context of the exceptional child, with an emphasis on educational settings. Discusses practice approaches for working with exceptional children and their families. Includes an overview of legislation and policies pertaining to exceptional children. Emphasizes assessing children, working with them and their families to maximize social and educational potential, and supporting individual children in the school setting.
Topics in Disability Studies	An Interdisciplinary approach to disability studies, including focus on the arts and humanities, natural and social sciences, and professional schools. Some topics include history and cultural representation of disability, advocacy, health, rehabilitation, built environment, independent living, public policy. Team taught with visiting speakers. Accessible classroom with realtime captioning.
Disability Issues: Obstacles and Solution in Today's World	This course will examine the topic of disability from various perspectives, including the historical development of civil rights, the legal framework, the medical model, and how disability is viewed across various cultures. It will examine different types of disabilities, how people with disabilities are treated and denied equal access to programs and employment, and what political/legal recourse is available to address these inequities. The course will also review progress that has been made in the United States regarding the integration of people with disabilities by removing attitudinal and architectural, barriers that they face in daily life. The course will also address how to interact with individuals who have disabilities, the differences between visible and non-visible disabilities, and how disability can affect individuals depending on whether they are children, teenagers or adults. Issues pertaining to dimensions of diversity (e.g., ability, age, class, color, culture, ethnicity, family structure, gender [including gender identity and gender expression], marital status, national origin, race, religion or spirituality, sex, and sexual orientation) will be given special attention, particularly in areas of policy development and service delivery for people with disabilities.

The Exceptional Child	This course focuses on categories of exceptional children as defined by federal and state legislation, including the Individuals with disability Education Act (P.L. 94-142), the Rehabilitation Act (Section 504), and policies and programs for children who have disabilities. The prevalence and description of childhood disabilities and chronic illnesses are discussed. The role of the social worker in providing appropriate services to children and their parents in a school setting is emphasized. Methods of evaluating children as well as current research in the field are considered.
Disability: Medical, Ethical, and Psychosocial Issues	This course examines a broad range of topics relating to disability and society. We will study traditional medical models of illness as well as social and minority paradigm models that arose from the disability rights movement. We will examine the impact of disability throughout the lifespan, review theories of adaptation, and discuss clinical practice concerns/interventions. Participants will have opportunities to study specific disabilities that interest them within the framework of the course. Social policy, disability-related entitlements, and recent legislation also will be covered, along with controversial disability ethics concerns such as physician-assisted suicide and health care rationing.
Health, Mental Health, and Disabilities: Issues, Policies, Research, and Programs	This course takes a problem-identification and problem-solving approach to the delivery of social work services in health, mental health, and disabilities, with content about the social policies and organization structures that characterize our current health-care system.
Empowerment Practice with Persons with Disabilities	This course is designed to provide students with a background in theories and models of support involving people with developmental disabilities and their families, across the lifespan and across practice settings. Emphasis is given to understanding disability as a characteristic that is experienced on a spectrum as a natural part of the human condition and as a socially constructed category through which people experience discrimination and oppression. Emphasis is also given to promoting personal empowerment in service planning and upon exploring how the disability civil rights movement has influenced current social work best practice.
Social Work and Disabilities	This course will consider disability policy, laws, history, and major current issues. We will consider theoretical models for considering disability from both individual and societal frameworks. Practice models will include the development of competence at each stage of the social work processes, and will focus especially on communication, access and barriers, resources, and current programs. Disability identity theory will offer a framework for understanding the wide variations among clients with disabilities in relation to their disability. We will study various broad types of disabilities, such as sensory impairments, cognitive impairments, developmental disabilities, mental illness, mobility impairments, and others as students interests suggest. We will consider the effect of disability at different periods of an individual's life - from disabilities which are inherited or manifested in infancy or early childhood through disabilities which occur in the later years.

Social Work and Developmental Disabilities	Definition, incidence, etiology, and prevention of mental retardation and other developmental disabilities. Examines the life-cycle needs of this population, as well as social-welfare issues, social services available, and the social worker's role. P: Jr st, soc work/welfare major.
Health, Aging, and Disability Policy and Services	Provides knowledge about the contemporary organization of health care, as well as policies and services for older adults and people with disabilities.
Developmental Disabilities	This course enhances the students' ability to practice social work with and on behalf of people with developmental disabilities and their families. The course provides a base of knowledge about developmental disabilities and differences, their causes and characteristics. Students learn how disabilities and learning differences impact personal, familial, educational, social, and economic dimensions for the individual, family and society, with attention to the person's special life cycle needs and characteristics. The course also emphasizes legislative, programmatic, political, economic, and theoretical formulations fundamental to service delivery.
Comparative Perspectives on Disability and Disability Policy	This course introduces students to social work with persons with disabilities and their families. We will consider the history, social construction, cultural perspectives, and demographics of physical, emotional, sensory, and cognitive disability. Major national disability policies and programs are studied and critiqued, along with individual and collective strategies that foster empowerment and social justice. Individual experiences of people with various types of disabilities and families are explored, followed by a discussion of issues of discrimination, equal access, universal design, and social integration. After gaining a sense of the personal experiences and social status of people with disabilities, implications for social work practice are addressed.

Thirty-four (31.2%) of the courses with disability related content specified a disability type that would be covered in the course. The courses described that they covered the following disabilities: 11 psychiatric (32.3%), 10 childhood (29.4%), 9 developmental (26.4%), 5 physical (14.7%), and 1 learning disabilities (3%). Examples of courses that included developmental disability content referred to developmental delay or mental retardation in course descriptions. Reference to the "exceptional child", which is a reference to elementary school or middle school students with disabilities, is an example of childhood disability in a course. Psychiatric disability refers to courses that specified experiencing a disabling condition due to a mental illness. Courses with physical disability content usually mentioned "physical disability or handicap" within the course description. An example of a learning disability is a course that referred to "learning handicaps." Only one course description reported content on the ADA, while one other course reported content on the Individuals with Disabilities Education Act and the Rehabilitation Act, which are policies enacted prior to the ADA that affect people with disabilities.

LIMITATIONS

The sample in this study, the top 25 schools of social work, potentially represents model institutions for other schools of social work, which limits the generalizability of the findings. Green, Baskind, Fassler, and Jordan (2006) found that the U.S. News and World Report rankings were consistent with objective indicators of program success and representative of the perspective of deans and faculty members. Kirk's (1995) constructive critique of the U.S. News and World Report schools rankings showed that schools were ranked based on productivity, publications by professors at the school, and reputation, based on productivity and opinions of academics about the school. This indicates that the rankings may not be subjective, but that the top ranked schools are representative of schools that have good reputations from social work academics. Although this sample is not representative of the overall population of schools of social work, it does document how the top-ranking schools have integrated disability into curriculum. Since the sample is from the top-ranking schools, the results may represent schools with more disability content than the larger population of all schools of social work.

This study gathered information about curricula based on course titles and descriptions. Although previous studies assessing the impact of disability content in social work education have used similar methods, a review of syllabi, interviews with social work professors, or observations of social work courses would provide more information about social work curricula. This study can only conclude that the course titles and descriptions reported or did not report disability content. The results of this study provide information about the prevalence of disability content in social work curricula. This information is essential to have in order to ensure competency in disability service provision among social workers, which the NASW Code of Ethics mandates (2008). This data will also inform future research endeavors of disability content in social work education.

DISCUSSION

Eighty percent of the top-25 schools of social work included disability-related terms in their course titles and descriptions. Based on a review of course titles and descriptions, Quinn (1995) found that 27% of schools of social work included

disability content in their curriculum prior to CSWE-EPAS mandate for social work schools to include disability content. Also, based on a review of course titles and descriptions, Laws et al. (2010) found that 37% of the top-50 schools of social work included developmental disability related content in curriculum. However, Laws and colleagues (2010) defined developmental disability-related content as “broad survey or discussion of intellectual and/or DD and disability issues” (p. 325). The present study shows a 53% increase in schools showing any disability content in course titles and descriptions since the CSWE-EPAS mandate to include disability content in social work curricula.

As measured by course descriptions available online, 80% of the top 25 schools of social work included disability content in their curriculum and disability content were present in elective courses more than foundation/core courses. Twenty percent of the courses with disability content used the dedicated model, while the remaining courses infused disability content into courses with other main topics. Only one course description mentioned covering the ADA. Developmental and childhood disabilities were reported the most often in the course titles and descriptions.

The majority of social work programs in this study infused disability content throughout many courses as indicated by course titles that did not include disability-related terms. For example, a few of the infused course titles with disability content were: “Ethnicity and Social Welfare”, “Social Work Practice in Health Care Settings”, and “Clinical Practice in Schools”. The heterogeneity of the titles of courses that include disability content indicates that schools of social work believe that different kinds of social workers, such as clinical and policy, should have knowledge of people with disabilities. Although social work has not yet defined a best practice of integrating disability content into curriculum, it appears that a large majority of schools believe that the infused approach is most appropriate for including disability content in curriculum.

While the overall inclusion of disability in social work curricula appears to have increased, it is especially important to analyze the content of the curriculum. Similar to Quinn (1995) who found only one course covering the ADA, this study also found only one course that included ADA in a course description and another course that included previously important policies that impact people with disabilities in a course description. In order for social workers to competently provide services for people with disabilities, it is critical that they understand the policy and law that affect many aspects of their lives, including housing, employment, and transportation.

This study examined the BSW and MSW programs at the top 25 schools of social work. Other studies have chosen to assess only MSW programs’ integration of disability content (Begab, 1970; Quinn, 1995). While the sample of schools with BSW programs in this study was small ($n = 13$), it revealed that only a total of three courses within the BSW programs had disability content. BSW programs have been perceived as gatekeeping programs. Gatekeeping is used to assess a student’s suitability for the social work profession. BSW programs use gatekeeping strategies, such as mandating a formal application into the BSW major before a student’s junior year in college. The belief in social justice and knowledge of diversity issues are critical issues in assessing the suitability of BSW students to become professional social workers (Reynolds, 2004; Urwin, Van Soest, & Kretzschmar, 2006). If disability content is not integrated into BSW curricula, then students may not have an

opportunity become proficient in disability issues. A lack of inclusion of diversity issues, such as disability, in the social work curriculum could affect gatekeeping decisions.

IMPLICATIONS FOR PRACTICE AND RESEARCH

Almost one-third of U.S. families experience disabilities and issues related to those disabilities, including stress and poverty (DeNavas-Walt, Proctor & Smith, 2011; Neely-Barnes & Dia, 2008; U.S. Census Bureau, 2005). Not only are social workers mandated to receive education on disability content, people with disabilities and their families need social workers to be educated on issues impacting them, and, thus, provide appropriate services to meet their needs (Council on Social Work Education, 2008). While this study demonstrates an increase in disability content in social work curricula, it also shows that some schools of social work may not include any disability content in their curricula. This is concerning since social workers may graduate without basic knowledge of disability issues and may provide inadequate services for people with disabilities. For example, our study found that only one course description mentioned the ADA. While this policy protects people with disabilities from discrimination, it is dependent on self advocacy skills among people with disabilities (ADA, 1990). Many people with disabilities struggle with self advocacy; therefore, they need service providers to help them to understand and stand up for their rights (Downing, Earles-Vollrath, & Schreiner, 2007; Gerber & Price, 2003). If social workers themselves are not knowledgeable of the ADA, then they will not be able to help people with disabilities to advocate for their rights that are protected under the ADA.

This study's findings advance knowledge of disability content in social work education. It found that disability content was more likely to be infused in curricula rather than contained in dedicated courses; however, as mentioned previously, it is unknown whether infused or dedicated models of education are more effective. Future research should explore the effectiveness of integrating disability content using infused and dedicated models. Though the sample was small, this study was also the first to assess for disability content within BSW curricula. It found that very few BSW courses included disability content in their titles or descriptions. Because this is a first look at disability content in BSW programs, more research is needed that examines the amount and extent of disability and other diversity content within BSW curricula.

While this study assessed only course titles and descriptions for disability content, it was the only study that has assessed for content regarding all types of disabilities within social work curriculum since the enactment of the ADA (Quinn, 1995). The most recent assessment of disability content conducted by Laws and colleagues (2010) focused on developmental disability issues. Their study also analyzed course data that was present on the internet with similar methodology to this study. More information using a broader methodological approach, such as analysis of course syllabi, is still needed to fully assess the integration of disability content in social work education.

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