

# Advances in Social Work



Indiana University  
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Advances in Social Work is committed to enhancing the linkage among social work practice, research, and education. Accordingly, the journal addresses current issues, challenges, and responses facing social work practice and education. The journal invites discussion and development of innovations in social work practice and their implications for social work research and education. Advances in Social Work seeks to publish empirical, conceptual, and theoretical articles that make substantial contributions to the field in all areas of social work including clinical practice, community organization, social administration, social policy, planning, and program evaluation.

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# Advances in Social Work

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## BUILDING AN INTERNATIONAL MILITARY SOCIAL WORK FOCUS:

### A CALL FOR ACTION

James G. Daley

Times are grim and volatile in the world today. Nations, informal groups, and individuals all share the spotlight of conflict. War is imminent or occurring in different arenas of interest. The military of many countries are building in capability and mission. Joint operations are increasingly occurring and missions are blending military, peacekeeping, and community building tasks. Often, the military force is overtaxed, stressed, and confused about their role and capability. Cross cultural communication and negotiation are increasing in importance. Soldiers seem to need both the ability to use deadly force and highly skilled cultural competence. Sometimes these abilities must switch in an instant as soldiers search a house for militants, walk a patrol down narrow alleys, or face children cursing them for unclear misdeeds. Language and local custom barriers add to the confusion. These scenarios face the soldiers of many countries including the United States, Britain, Canada, Israeli, Lebanon, China, and many more. Multi-national joint forces are mixing troops from different countries on centralized missions. These diverse activities raise an interesting question: who is preparing these troops for skills of cultural competence, cross-cultural communication, community building, and personal coping?

One source of training could be military social workers, both uniformed and civilian. Many countries have some military social workers, though the size and mission of the social workers varies greatly (Daley, 1999, 2000, in press). Military social workers have traditionally worked with the military members and their families around mental health or family violence issues. I served for 18 years as a uniformed military social worker within the United States Air Force. There is an interesting paradox. On one side, there have been excellent programs developed including family advocacy, suicide awareness, assistance for families with handicapped members. Military social workers are key, though not the only, providers of mental health, substance abuse, family support, and organizational consultation programs for the military (Daley & Tracey, 2006). Uniformed military social workers are deployed to combat zones and provide a variety of roles that help the troops cope (Martin & Campbell, 1999). They know the world of the military and how to navigate a very closed society to achieve success.

However, on the other side, military social workers function within a military that is a closed society communicating beyond its own service only when needed or after a mission is accomplished. This produces an inward communication style where the military branch (Army, Navy, etc.) coordinates well within itself but not well between its branches and rarely beyond its own country. Great accomplishments are little known outside the service. This makes multi-country collaboration harder be-

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cause the activity goes counter to the preferred style. This closed society has formed as a response to media frenzies or premature exposure of military plans. The style makes sense but makes it harder to expand out of a hometown mentality and into a collaborative international partnership.

The world crises of today have the potential to expand the view of the military from single country goals to effective partnerships that better prepare soldiers, offer more coordinated support services, and reduce the clashes of culture that are rampant in the current encounters between troops and local communities. The training needs have transformed from merely being proficient with a weapon to having an acute awareness of the context of confronting a person who might be terrorist or innocent bystander. Frankly, every botched interaction produces pain and anger in the person, their family, and the larger community. Pain, anger, and poverty are ripe conditions for future terrorist recruitment. The world's military must reduce not produce the terrorist networks if this crisis on the world stage is to calm down.

So how should the preparation and implementation of these multi-national forces occur? There should be a three-pronged approach: *develop, educate, and monitor*. First, there should be forums where social work experts in cultural competence and cross-cultural communication meet and develop specific recommended standards of preparation and training curriculum. These forums could be done at established social work national conferences (NASW, CSWE), at specialty conferences frequented by military social workers (e.g. San Diego Conference on the Child or PTSD conference), or at interdisciplinary specialty conferences (e.g. Inter-University Seminar on Armed Forces and Society or the International Congress on Military Medicine). Second, there needs to be a meeting, either connected to a national conference or independent, of current military social workers from different countries. This meeting should take the recommendations of the forums and discuss how to implement them and educate the social workers and the troops themselves within the military system. Further, this meeting should serve as a discussion of how to function effectively in multi-national missions. What is the role and responsibility of a military social worker from country X who is deployed with a force composed of countries XYZ? Is the responsibility only with country X or are there core skills that transcend country and are helpful to all military? Should there be established exchange programs between countries for military social workers? Finally, there needs to be a commitment to monitor by national organizations (e.g. NASW) and international organizations (United Nations, International Federation of Social Workers) of progress in this area. External oversight is a valuable tool to help expedite changes in the military.

Currently, military social workers and experts in cultural competence seem silent about the social work potential in this vital arena. This call for action is intended to stir up attention. Social Work as a profession needs to lead. The resources, expertise, and personnel are present. What is needed is an impetus. What is needed is our commitment.

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## THEORY DISCUSSION IN SOCIAL WORK JOURNALS: A PRELIMINARY STUDY

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**Abstract:** *Social workers are taught to strive to link theory with practice. A primary source for social workers to update theory and practice knowledge is the myriad of social work journals. However, how much discussion of theory occurs in social work journals? The authors developed criteria to evaluate the degree and quality of theory discussion and progression in social work journals. They used the criteria to evaluate 885 articles from 30 journals published in the year 2002. Great variability in theory discussion was found. The majority (71.7%) of articles contained no theory discussion (discussion that mentions a theory superficially but does not provide refinement of the theory). Few (9.5%) of the articles had theory progression (an article which is an empirical study or conceptual explanation that advances a theory in clarity, evidence base, or precision). Those articles that include theory provide a low quality of theory discussion or progression. Implications for practice and education are discussed.*

**Keywords:** *social work theory, empirical assessment of theory, theory progression*

### INTRODUCTION

Virtually every social work textbook, whether practice, policy, or human behavior in the social environment (HBSE), asserts the importance of theory as a tool to better understand or change a situation (Fischer, 1973; Payne, 1997; Turner, 1996). Theory is often given as a foundation for justifying a practice approach (Simon, 1994; Turner, 1996). The Council on Social Work Education has, for many years, required theory to be part of the curriculum at both the Bachelors (CSWE, 1994; section B6.0 on page 100) and Masters level (CSWE, 1994; section M5.7.1 on page 137). Likewise, the Group for the Advancement of Doctoral Education has recommended a discussion of theory be part of the doctoral curriculum (GADE, 1992). Brown (1999) described theory as the “coin of the realm” of academia (p. 359).

Despite these calls to ground social work knowledge in theory, the importance or

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credibility of theory has been challenged. Thyer (1994) has bluntly said "devoting time to the teaching of theory is largely a waste of time" (p. 148), partly because "we have abandoned any effort at discriminating empirically supported theories from those that are less well documented" (p. 149). Payne (1997) believes that theory is invaluable but, as theory is deeply intertwined with its social construction, there is "no agreement about what 'theory' or social work practice 'theory' is" (p. 26). Others have argued that theories are filtered through our value stance (Robbins, Charterjee, & Canda, 1999) and should be balanced with practice wisdom or reflection by practitioners (Klein & Bloom, 1995; Parton, 2000).

Regardless of the ongoing debate about whether to value theory or not, one could easily assert that theory is important to knowledge development. But how does one sift through a theory to determine its value or credibility? How does one decide what is an "empirically supported theory?" Are there alternatives to "empirical evidence" as the most important criteria (e.g., social justice) in rating the quality of a theory? If one seeks to assess how much theory progression has occurred within a year, what should be used as evaluative criteria? Our profession claims it is theory-based (Turner, 1996) so we should apply careful scholarship to the theories we use and determine if we are refining or creating theories useful to the profession.

A social work doctoral class began a project, called the *Theory Progression Project*, to explore how much theory discussion and progression has occurred in one year within a cross-section of social work journals. We began with a belief that a useful way to gauge the "pulsebeat" of theory in the field could be a critical review of a cross-section of social work journals. Further, as we discussed reviewing the literature, we sought to develop reasonable criteria to aid our review of the large volume of articles published in one year. We decided on a *two-step* process. The *first* step was to review journal articles and exclude the articles that had neither theory nor empirical findings. The *second* step was to then rate the remaining theory and/or empirical articles with more detailed criteria specifically focusing on the quality of the discussion about the theory. Thus, the objectives of the project were to: 1) quantify the proportion of social work journal articles in 2002 that contained theory discussion, 2) develop acceptable criteria for evaluating the quality of theory discussion, and 3) evaluate the theory-linked articles and place them on a continuum from theory discussion to theory progression.

Three terms are important to clarify: *theory*, *theory discussion*, and *theory progression*. Several authors have discussed the definition of theory. Queralt (1996) describes a theory as a "collection of related statements or propositions that attempt to describe, explain, or predict a particular aspect of experience" (p. 12). Mithaug (2000) describes "constructive theorizing" as "problem solving to understand why a circumstance is inconsistent with a belief about how things work, how to judge them, and what to do about them" (p. x). Turner (1996) states that theories "develop bodies of tested facts in a manner that helps us understand and predict some aspect of the reality with which we deal and so provide us with guidelines for effective action" (p. 3). Each author seems to be reinforcing our belief that theories aim to explain social phenomena in a clear and concise way.

Thus, a *theory* is a set of ideas that are cogently connected in operationally defined



components that seek to clearly explain a specified phenomenon. Often the phenomenon we seek to explain is a clinical issue, an understanding of human behavior, or a specific intervention for our clients. Theory can strive to explain micro, mezzo, or macro level issues. The hallmark of theory is the clarity and credibility of its explanatory power.

*Theory discussion* indicates a general description of a theory that does not provide refinement of the theory (i.e., components or empirical base of the theory are not clarified). The discussion may range from merely mentioning a theory to a description of the basic aspects of that theory.

*Theory progression* indicates the degree to which empirical studies or conceptual papers advance the theory in clarity, evidence base, or precision. We defined theory progression as articles that: 1) focus on an existing theory, 2) provide additional refinement or supporting data for that theory, and 3) discuss future directions for theory development. Even articles proposing new theories should clearly outline the components of the theory, offer data to demonstrate some evidence base for the theory, and explain the future developments suggested for the theory.

In sum, we would expect the social work journal literature to range from no theory discussion to theory progression. Ideally, the field of social work journals within a given year would be a fertile field from which to glean theory discussion and progression articles. Such a collection of articles would reflect a meaningful cross-section of theoretical discussion and could be invaluable to readers.

## DEVELOPING CRITERIA FOR ASSESSING THEORY QUALITY

A number of authors have sought to develop criteria for theory development (e.g., Fischer, 1973; Payne, 1997; Turner, 1996; Witkin & Gottschalk, 1988). For example, Payne (1997) describes five authors' frameworks but does not propose a synthesizing rating system as much as he critiques efforts to develop such frameworks. Other authors have created different frameworks for evaluating models of practice but were not specifically trying to evaluate theory (Berger, 1986; Gorey, Thyer, & Pawluck, 1998; Kettner, 1975; Rosen, 1988).

Fischer's (1973) framework incorporated 80 different issues with a four-point scale (1=clear criterion to 4=does not deal with criterion). The primary difficulty with the Fischer model is that each item is equally weighted (e.g., clarity, use of differential assessment, and focus on the present would all be weighted the same) and many items are contradictory (e.g., reductionism, comprehensiveness, use of disease model, use of psychological model). Therefore, scoring to attain a quality rating would be difficult. Fischer even admits that "a higher rating does not necessarily indicate that a given theory is 'better' on a specific dimension than a lower rating..." (p. 126). Fischer's framework is invaluable when considering a myriad of factors to think about in theory development but is too unrefined to use as a rating format.

Turner (1996) defined nine criteria for evaluating the quality of a theory and then recruited authors of 27 different theories to discuss their theory in relation to the criteria. These criteria worked well for the practice theories within Turner's book. However,

the criteria would not be useful in evaluating a macro-level theory or any theory that does not focus on the behavior change of individuals.

Witkin and Gottschalk (1988) describe a very different framework that emphasized the life experiences of clients. They challenge a theory to address social justice as a quality criteria. Unfortunately, there are no empirical components, no practice-focused items, and it is too vague as a framework.

In sum, none of the existing frameworks is developed enough to adequately use in evaluating theory progression. We did not find a framework that would allow us to systematically assess the quality of theory discussion in social work articles. Therefore, we developed a framework that built upon the components of the existing models while adding specificity to the rating of the quality of theory discussion. Further, we sought to develop an evaluation framework that would encompass macro, mezzo, or micro-focused theories. Table 1 shows our proposed framework for assessing the quality of theory discussion. We decided upon eight criteria that we thought built upon the strongest aspects of existing frameworks. The content areas of the criteria include a clear description of the theory including the variables within the theory, how each variable is operationalized, the goals or outcome of the theory, and what specific data has been produced that tests the theory. Further, we felt that the article should describe previous studies focusing on the theory and what next steps were recommended to improve the theory.

## METHOD

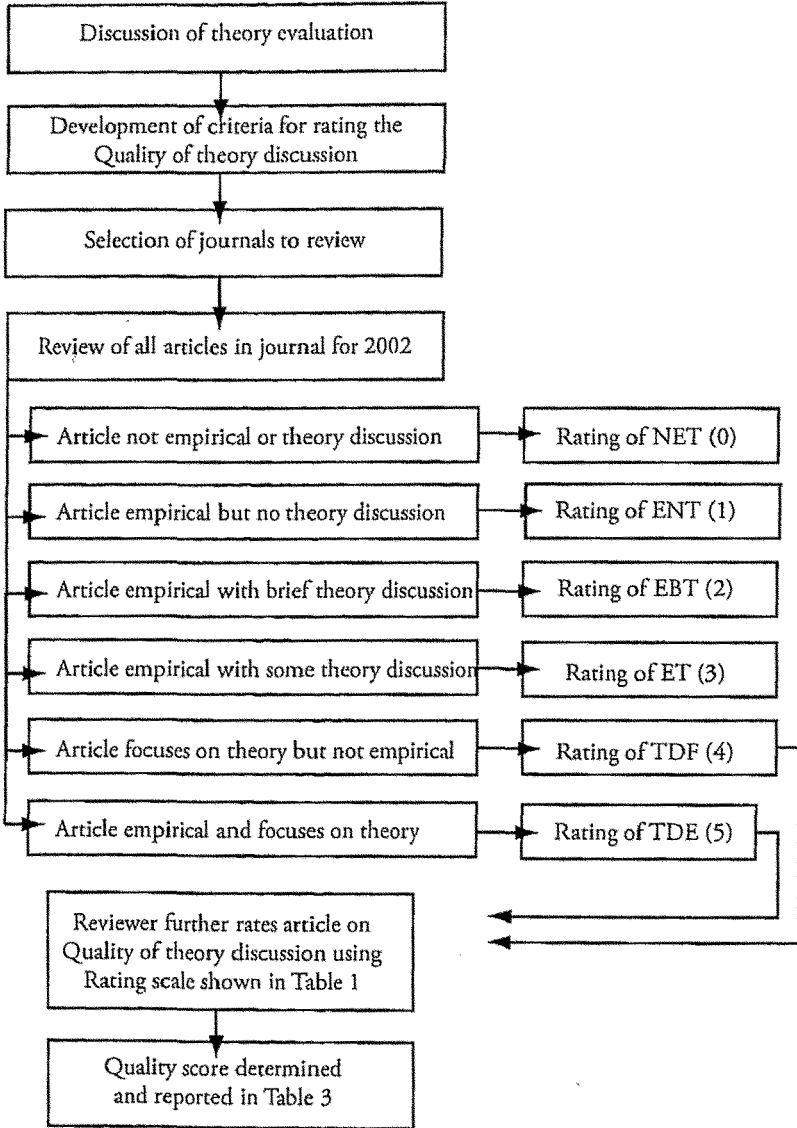
### Sample and Procedures

Thirty different social work journals were reviewed. This list of journals was from a colleague's syllabus who had taught a similar course. The students and faculty felt that the list was acceptable but it was not a comprehensive list such as the *Author's Guide to Social Work Journals* (Mendelsohn, 1997). Each journal was reviewed by a social work doctoral student or faculty member for all articles published in each journal during 2002. This review occurred after several class periods of discussion and critique of different models of theory evaluation (Berger, 1986; Brown, 1999; Fischer, 1973; Gorey, Thyer, Pawluck, 1998; Kettner, 1975; Klein & Bloom, 1995; Parton, 2000; Payne 1997; Robbins, Chatterjee, & Canda, 1999; Simon, 1994; Thyer, 1994; Turner, 1996; Witkin & Gottschalk, 1988). The class developed a list of criteria for evaluating the quality of theory discussion and divided the 30 journals so that one reviewer rated all articles in a journal. Each article within the journal was evaluated to determine if there was any discussion or focus on theory within the article. Articles were rated from 1-5 based on how much theory and empirical analysis was described in the article. An article was rated **5** if there was *Theory development with empirical base as the focus of article (TDE)*. A TDE article would have a clear focus on theory and some data reported in the findings. An article was rated **4** if there was *Theory development/explanation as focus of article (TDF)* but no empirical findings reported. An article was rated **3** if there was an *empirical study that has theory links (ET)*. We felt "theory link" reflected an article

that had some discussion of theory but theory was not the focus of the article. Further, the theory was discussed more extensively than just a scant reference to theory. An article was rated 2 if there was an *empirical study with brief theory links (EBT)*. Articles that were primarily empirical studies and only superficially had a reference to a theory would be rated as a "2". An article was rated 1 if there was an *empirical study with no theory links (ENT)*. Articles that were primarily empirical studies and had no theory discussion at all were given a "1" rating. Finally, an article was rated 0 if there was *no empirical or theory links (NET)*. An article that was conceptual or a practice discussion that had no theory or data were given a "0" rating. We felt that, from a theory progression standpoint, articles discussing theory with data to support the theory should be rated higher than either theory without data or data without theory. And, neither theory nor data should be rated lowest. Figure 1 shows the steps in the review process. The rating system allowed us to sort the articles to glean the theory articles for closer critique. Articles that were rated at 4 or 5 were further evaluated using the rating scale shown in Table 1. Scores of 4 or 5 (i.e., theory focused with or without data) were seen as the cutoff for further analysis. Scores below 4 were excluded as the articles just superficially mentioned a theory or did not mention theory at all.

This procedure allowed us to rank journals by the degree that theory was being discussed and the quality of that theory discussion when it was the focus of the article. We openly designed the evaluation process to weigh heaviest those articles that were seeking to empirically test the components of a theory. Our belief is that theory progression best occurs with cumulative testing of theory and modification according to the results of empirical testing (Fischer, 1973; Mithaug, 2000; Turner, 1996).

**Figure 1. Sequence of Article Rating Process**



**RESULTS**

Table 2 represents the 30 journals' scores based on the 5-point rating scale. We have purposefully hidden the names of the journals as this is a pilot study and thus any findings are tentative. The primary goal was to reflect how well or poorly social work journals reflected theory discussion overall. Regarding our results, we recognize that journals differ in their editorial policy or practice regarding the importance of theory discussion. Therefore, our results may be biased by journal policy as, within the field,

there is likely a continuum of prioritization of theory progression.

**Table 1: Proposed Model for Assessing Quality of Theory Discussion in Social Work Journal Articles**

CRITERIA	SCORE
1. Clearly describes components of theory with a tight, internally consistent framework	
2. Clearly describes each variable within the theory	
3. Clearly operationalizes the relationship between the variables within the theory	
4. Clearly describes goals or outcomes intended with theory	
5. Clearly describes the boundaries or limitations of the theory	
6. Clearly describes the empirical data that tests the premises of theory	
7. Clearly builds upon previous studies that demonstrate the efficacy of the theory	
8. Clearly concludes with specific next steps for theory progression	

SCORE (Total divided by 8)

**Scoring: 5= strongly agree 4= moderately agree 3= slightly agree 2= moderately disagree 1= strongly disagree**

Overall, the results indicate very little focus on theory in the social work literature. The largest category of articles (41%) were rated 1 indicating they were empirical studies with no theory link. The second biggest category were articles with no empirical or theory links (30.7%). Only 84 out of the 885 articles (9.5%) were rated 4 or 5 meaning they had theory development with empirical base as the focus (TDE) or theory development/explanation as the focus of the article (TDF). Six out of 30 journals had no theory development with empirical base (TDE) or theory development/explanation (TDF) as the focus of the article (see Table 2). Only five of the journals had 30% or more of their articles with TDE or TDF.

For those articles rated TDE or TDF, we further scrutinized for the quality of theory discussion using the eight criteria listed in Table 1. The "quality of theory discussion" criteria reflect factors blended from the models described previously. In other words, the first sort captured articles that were TDE or TDF (Table 2) and the next filter sifted by the quality of that theory discussion (e.g., a tight framework, operationalization of variables, or describing next steps for theory progression)(Table 1).

**Table 2: Journal Ratings by Degree of Theory Discussion**

JOURNAL	TDE	TDF	ET	EBT	ENT	NET	Total articles	% TDE or TDF
14	2	8	4	3	1	2	20	50.0
2	2	3	4	2	0	1	12	41.7
17	1	4	0	3	0	4	12	41.7
23	0	5	1	2	3	4	15	33.3
20	1	7	0	0	1	16	25	32.0
15	3	2	7	1	3	2	18	27.8
12	1	4	4	5	6	1	21	23.8
11	3	9	4	15	12	21	64	18.8
18	1	1	0	0	12	0	14	14.3
25	1	4	12	4	6	12	39	12.8
22	0	1	0	2	4	2	9	11.1
1	1	1	3	1	9	4	19	10.5
28	1	2	2	1	0	27	33	9.1
24	0	2	4	4	7	7	24	8.3
19	0	2	0	2	12	9	25	8.0
3	0	1	4	3	4	5	17	5.9
9	0	2	3	0	19	13	37	5.4
16	0	1	1	0	13	5	20	5.0
4	1	2	2	6	22	34	67	4.5
10	0	1	0	1	5	16	23	4.3
13	0	1	5	2	9	10	27	3.7
21	1	0	0	7	28	8	44	2.3
29	1	0	2	3	79	10	95	1.0
7	1	0	4	3	45	15	68	0.06
5	0	0	0	0	5	9	14	0.0
6	0	0	6	5	4	9	24	0.0
8	0	0	3	1	12	8	24	0.0
26	0	0	5	4	18	8	35	0.0
27	0	0	2	2	14	2	20	0.0
30	0	0	0	2	10	8	20	0.0
TOTAL	21	63	82	84	363	272	885	
% of total	2.4	7.1	9.3	9.5	41.0	30.7	100	

*TDE=Theory discussion with empirical base as focus of article, TDF=Theory discussion as focus of article, ET=Empirical study that has theory links, EBT=Empirical study with brief theory links, ENT=Empirical study with no theory links, NET=Studies with no empirical or theory links.*

**Table 3. Theories reported by Quality of Discussion Score**

<b>THEORY</b>	<b>Quality Score</b>	<b>Author</b>
Collaborative Model For Teaching	5.0	Anderson
Ecological Perspective/Systems Theory	5.0	Freund
Critical theory	5.0	Kondrat
Theory Of Power And Participation	4.89	Castelloe et al
Community Practice Methodology		
Resiliency theory	4.89	Greene
Conceptualizing Evidence-Based Groupwork	4.89	Polio
Cognitive Behavioral Theory	4.89	Yongseok
Feminism	4.78	Berwald & Houstra
Strengths Perspective/Brief Solution-Focused Therapy	4.78	Hall et al
Diffusion Theory	4.78	Herie & Martin
Theories Of Change/Family Center Model	4.78	Mulroy & Lauber
Systems Theory	4.78	Netting
Reitan's Interorganizational Relations Theory	4.67	Austin
Stakeholder Participatory Model	4.67	Balaswamy & Dabelko
Agency-Based Community Building Framework	4.67	Fabricant & Fisher
Service Learning Model-Human Functioning	4.67	Kropf & Tracey
Embodied Theoretical Framework	4.67	Tangenberg & Kemp
Symbolic Interactionism/Grounded Theory	4.56	Dupuis
Hunter's Epistemological Theory/Spiritual Strengths	4.56	Hodge
Tichy's Model For Ongoing Management Of Change	4.56	Poindexter
Critical Theory/Practice	4.44	Deweese
Model Of Successful Adaptation In Life In The Aftermath Of Traumatic Life Events	4.44	Fournier
Grounded Theory	4.44	Sanders & McFarland
Activity, Disengagement and Continuity theories	4.44	Utz et al
Experiential learning model	4.44	Koob & Funk

<b>THEORY</b>	<b>Quality Score</b>	<b>Author</b>
Theory Of Structural Cognitive Modifiability	4.33	Lifshitz
Cognitive Model Of Coping With Stress	4.22	McCleary
Social exchange theory	4.22	Hopkins
Episode Of Purposive Change	4.11	Daley
Domestic Violence Theory	4.11	Winstok et al
Self-efficacy theory	4.11	Williams, King, Koob
Ecological theory	3.89	Besthorn
Social Justice	3.89	Chatterjee & D'Aprix
Paradigm Of Pluralism	3.89	Irving & Young
Conspiracy Theories/Strengths-Based/ Empowerment	3.89	Moore
Poetry Therapy/Strengths Perspective	3.78	Furman
Heuristic Paradigm	3.78	Heineman-Pieper et al
Strengths Perspective	3.78	Itzhaky & Bustin
On-Line Therapy Framework	3.78	Menon et al
Social Justice	3.78	Morris
Critical Theory/Practice	3.78	Pearlmutter
Strengths theory?	3.78	VanWormer & Bednar
Mainstream Model Flexibility Of Conception	3.78	Wright
Power theory	3.78	Bar-on
General, Social relation, and Age-graded Integration theory	3.7	Benda
Ecosystems Theory	3.67	James & Meezan
Cognitive Behavioral Theory	3.67	Walsh
Liberal, radical and Socialist Feminism	3.56	Berg
Ecofeminism	3.56	Besthorn & McMillen
Spirituality	3.56	Hodge & Williams
Personal Safety Theory	3.56	Twemlow et al
Positivism	3.44	Bolland & Atherton
Social Justice	3.44	Caputo
Constructivism	3.44	Northcut & Heller
Ecological theory	3.44	Ungar
Critical Theory	3.33	Andrews & Reisch
Feminist theory	3.33	Walter & Peterson



<b>THEORY</b>	<b>Quality Score</b>	<b>Author</b>
Disability theory	3.22	Gilson & DePoy
Mental Health Recovery Paradigm	3.11	Carpenter
Attachment theory	3.11	Ornstein & Moses
Postmodernism	3.0	Atherton & Bolland
Trauma Theory	3.0	Basham & Miehl
Social learning Theory	3.0	Burton, Miller, & Shill
Political theory?	3.0	Myles & Quadagno
Family Reunification Theory	2.89	Mapps
Family Preservation	2.8	Staudt and Drake
Feminist theory	2.78	Gorey, et al.
Social Justice	2.78	Reisch
Eco-developmental theory	2.7	Scannapieco et al
Constructivism	2.67	Heller & Northcut
Dynamic theory	2.67	Montgomery
Family Preservation	2.6	Coleman, et al
Gender relations	2.56	Scourfield
Ecological theory	2.44	Besthorn & Canda
Critical Theory of Education	2.33	Perkinson
Knowledge ecology	2.33	Schoech et al
Postmodernism	2.22	Gross
Psychodynamic theory	2.00	Dean
Relational/cultural theory	2.00	Edwards & Richards
Relational theory	1.89	Ganzer, Ornstein
Social constructionism	1.78	olomon
Virtue theory	1.44	McBeath, Webb
Developmental theory	1.33	Ai
Critical theory, feminism, post-positivism	1.00	Calderwood
<b>MEAN SCORE</b>	<b>3.63</b>	

Table 3 shows the quality of theory discussion scores for those articles that rated a 4 or 5 (TDE or TDF). Each rater reviewed articles using the eight criteria for quality of theory discussion. Each article was rated on each of the eight criteria with ratings ranging from 1 (strongly disagree) to 5 (strongly agree). The rater then calculated the mean score for the article (total of ratings divided by eight). The mean score for the 84 articles was 3.63 with 3 articles scoring 5, 28 articles scoring 4, 33 articles scoring 3, and 20 articles scoring 2 or less. In sum, there were very few articles (3 out of 84, or

3.6%) that received the highest quality rating for theory discussion.

The majority of the articles only mentioned the theories as part of the review of literature or as a brief context for the main premise of the article. Rarely were the basic concepts of the theory explained or operationalized. Even rarer were articles that operationalize the components of a theory and then empirically test the theory in an effort to progress the theory in the literature. Thus, the lower quality scores reflect the inattention to theory building even in articles that focus on theories.

Some examples may help to illustrate our evaluation of the quality of theory discussion. Gross (2002) was rated 2.22 in quality of theory discussion. Gross' article clearly sought to describe how a "postmodern art project" called "ScienZart" strives to deconstruct "social work text" (p. 7). There is an attempt to describe how this project is based on postmodernism but there is no data collected and no description of the components of postmodernism, what the variables of the theory are or how they are operationalized, how they build on previous studies of postmodernism, or what may be the next steps for progression of postmodernism. Thus, the article was evaluated using criteria in Table 1 as it was theory focused (TDF) but received a low quality rating because it did not meet most of the criteria in Table 1. By contrast, DeWees' article (2002) had no empirical data but was focused on postmodern theory, specifically the construct of a critical theory that offers an "alternative practice construction" to DSM-IV (p. 73). The article reviews previous models of mental health practice and explains "the interdependent paradigm" and "critical dialogue" as key components of the model of practice (p. 82). This article was rated 4.44. Finally, Anderson (2002) was a very highly rated article for quality of theory discussion (5.0) as the article describes a model for teaching that clearly outlines the components of the model, provides initial data to indicate the model's utility, and discusses next steps in theory progression.

There are some positive findings. Table 3 shows the vast diversity of theory discussion occurring in social work literature. Micro, mezzo, and macro theory discussion abounds. Some theories (e.g., ecosystems theory, cognitive theory, constructivist theory) are discussed in multiple articles. There are numerous highly focused theories that seek to explain specific phenomena (e.g., coping with stress, mental health recovery).

There are some limitations to any assertions about theory progression based on our data. First, the ratings were done by one individual and were not confirmed by inter-rater scoring. Students selected the journals that they wanted to review and the faculty member reviewed the remaining journals not selected by a student. Another rater might have decided on an alternative score. Though the class had extensive discussions when developing and deciding on the criteria, there was no formal inter-rater reliability training and reliability level achieved. Second, our data only reports on the journals reviewed. There are other social work journals we did not evaluate. As this project originated as a class assignment, we accepted the limitations as it was a preliminary study. Third, journals typically have a 20 page manuscript limit and authors could have restricted their discussion of theory due to arbitrary journal page limits. Fourth, our data does not reflect books that might have a more comprehensive theory discussion that would fully meet our theory quality criteria. Fifth, the criteria shown in Tables 1 and 2 were developed by the authors and, though we sought to succinctly

summarize the thinking of previous authors, we obviously prioritized issues that we felt were important. For example, our class had extensive discussions on whether the need for empirical data and operationalization of variables was a positivist bias and pushed a scientific bias. Finally, it is likely that many social work theorists published theoretical articles in non-social work journals. Thus, our findings should be considered as an initial attempt to reflect theory discussion in juried social work literature rather than a definitive guide to rating the quality of theory discussion. We invite alternative or enhanced theory criteria development.

### LESSONS LEARNED: THE NEXT STEP

The Theory Progression Project was a fascinating effort to glean the degree of theory focus in juried social work journals. There were many lessons learned.

First, we need to tighten up our raters' scoring. Though we read numerous authors on theory development, discussed the development of our criteria, and agreed as a group to use the criteria, we still need to take the next step. We need to collate articles of varying degree of theory discussion, have potential raters score them independently, and have an acceptable reliability of rating achieved before beginning the review process. Further, we should have any article that is initially rated as 4 or higher on quality of theory discussion be rated by at least two individuals to confirm the rating. This tightened procedure would enhance the credibility of our scores. We found no previous empirical studies that applied a design such as our project. Therefore, we cannot contrast our findings with other studies.

Second, we recommend that our initial screening process be modified. After reviewing the 885 articles, we found it difficult to find the proper place for articles that were non-empirical but had theory links (e.g., an article that discussed a topic and had a section that linked a theory to that topic but was not empirical). We acknowledged that the rating had an empirical bias and should be modified to balance the issue better. An alternative rating might be: Articles rated as **6** (*Theory development with empirical base as focus of article*), **5** (*Theory development/explanation as focus of article*), **4** (*Empirical study that has theory links*), **3** (*Non-empirical article with theory link*), **2** (*Empirical study with brief theory links*), **1** (*Empirical study with no theory links*), or **0** (*Articles with no empirical or theory links*). The team would still only select those articles with scores of 5 or 6 for further analysis but the revised rating would be useful in comparing journals on degree of theory discussion.

Third, we are still discussing how to best summarize the theories reported in Table 3. We are considering an additional analysis that might show the progression of particular theories by combining the findings of different articles that focus on that theory (e.g., discussing how the several articles on ecological theory reflect the progression of that theory). Our biggest concern was preventing our biases from slanting the discussion or our interpretations being flawed as we try to combine different authors' view of the theory.

Finally, it would be an interesting next step to compare social work journals with other professions' journals to see if our profession has more or less theory discussion

than other professions. Another concurrent step would be to replicate this study and see if journals are consistent in their degree of theory focus from one year to the next.

### IMPLICATIONS FOR SOCIAL WORK PRACTICE AND EDUCATION

This study is an initial step to better understand what kind of theory discussion occurs in social work journals. Ideally, both practitioners and educators strive to have the best state-of-art understanding of theories that can be applied to clients' problems and goals. Of course, there are advocates that assert that theory is not necessary for effective practice or that "theory" is one view of many and should not be given priority in the literature. The authors of this article advocate that theory, when well-developed and data-verified, adds a very useful conceptual tool that can help social workers provide better service to our clients. Journals are a logical source for discussing theory and its progression. But are the journals doing a good job of providing that information? Our findings indicate that few articles have theory discussion.

Despite the limitations of this preliminary study, this article does highlight some of the theory development occurring in social work. We encourage readers to delve into theories that interest them and critique them using our criteria. Research could be conducted that compares theories discussed in journals with theories discussed in social work textbooks. Are the theories discussed in our classes the same as those being discussed in our journals? Are there refinements in theories published in the journals that are not included in textbooks? Are there new theories that should be included when updating textbooks?

Educators can use this model of theory critique as a launching point for discussion of the value of theory and of the criteria used to judge the quality of theory discussion. Students can be challenged to rate the theory discussion and compare their ratings with others' ratings. We advocate that, when an article includes theory discussion, the editors and reviewers should expect that the articles be more precise, comprehensive, and progressive in their discussion of theory. Further, given that our findings indicate little attention to theories, editors of journals could encourage more emphasis on theory building through special issues and invitations for articles that focus on the "state of the art" for different theories. Given the asserted value of theory in practice, we as a profession have much we can contribute to advancing theoretical understanding. Such efforts can be valuable in helping the social work profession advance the theoretical understanding that forms the basis of practice.

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## FINDING IDENTITY, SECURITY, AND MEANING IN A PRESSURED ENVIRONMENT: THE TORNADO MODEL

Angel Naivalu  
Elaine Walton

**Abstract.** *Using chaos theory, the authors introduce a model for addressing the environmental context of clients who feel pressure both from the dominant culture which surrounds them and from their families or culture of origin. The conflicting pressures and resulting chaos are compared to a tornado, and the authors explain how the "tornado model" is applied in therapy to help clients understand the impact of impinging forces in their lives and work toward recovery and personal growth through finding inner peace (the eye of the storm) and making use of surrounding energy through exploring personal identity, security, and meaning.*

**Key words:** *Chaos theory, complex systems theory, external stressors, identity, meaning, security.*

### INTRODUCTION

The person-in-environment perspective implies that social workers strive to understand the relationship of the individual to a variety of systems and have a mandate to intervene at the micro, mezzo, and macro levels as necessary. Consequently, as a conceptual framework, social work has embraced Bertalanffy's (1968) general systems theory, which was applied more specifically to social work by Bronfenbrenner's (1979) ecological systems theory and by family systems theory (see Ackerman, 1984; Mikessell, Lusterman, & McDaniel, 1995; Titelman, 1998).

In recent years, systems theory has been challenged. Hudson (2000) complained that, as a meta-theory, it is oversimplified. As an example, he cited the work of Drover and Schragge (1977) who asserted that "even in a simple situation with only 20 key systems, over a million possible relationships are created" (Hudson, 2000, p. 217). And he encouraged social workers to consider chaos theory (Bütz, 1997; Robertson & Combs, 1995) as a framework for understanding and treating complex adaptive systems (Hudson, 2000).

The major tenet of chaos theory is that the nature of systems' interaction does not fit a model of smooth, continuous, and predictable change. Scholars view chaos theory as a framework for understanding the way a system evolves and how it is influenced by various and startling conditions (Goerner, 1994). Defining chaos theory in psycho-

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logical terms, Bütz (1997) explained that “a system’s [or person’s] movement through chaos happens as a result of the tension or stress a system experiences in moving from one attractor toward another attractor” (p. 12). The development of a system is viewed as a continuum beginning with instability, which leads to a bifurcation—a series of splits in the road, or choices. Bifurcation leads to a state of change and disorganization—chaos. The system adapts to the chaos by opening boundaries to incorporate energy and by searching for new information.

Inherent in chaos theory is the possibility or probability that a small, seemingly insignificant event will expand across time and have a large effect on the evolution of the system. This is referred to as “the butterfly effect” and is compared to the scientific phenomenon that “a variable metaphorically as tiny as a butterfly flapping its wings in a weather system over San Francisco may cause a thunderstorm over Denver several days later” (Bütz, 1997, p. 7).

Chaos theory, also known as complex systems theory, shifted scientific focus from reductionism toward holistic diversity in describing the structures and mechanisms of system development and the processes of change. This theory provides a way of understanding systems that are both inherently stable and unstable (Bütz, 1997) and the way in which order is formed out of randomness (Duke, 1994). It allows for spontaneous change and self-organization (Kossmann & Bullrich, 1997) and for creativity in effective problem solving (Richards, 1996).

The purpose of this article is to apply chaos theory in introducing a metaphor for understanding and addressing the environmental context of clients who feel pressure both from the dominant culture which surrounds them and from their families or culture of origin.

### **APPLYING CHAOS THEORY: THE TORNADO MODEL**

The conflicting pressures and resulting chaos in clients’ environments are compared by the authors to a tornado. The tornado typifies conflicting, impinging forces with extreme energy. Metaphorically speaking, that pressure can be (a) lived with, coped with, and tolerated; (b) fought against, opposed, challenged; or (c) transcended. In order to appreciate the metaphor, one first must understand the fundamentals of tornado formation.

#### **What is a Tornado?**

In the formation of a tornado, a layer of cool, dry air called the cap stabilizes near the upper end of the storm cloud. Next, a rising layer of warm, moist air builds up just beneath the cap. Rising from beneath, a third layer of warm, dry air traps the moist layer of air creating a sandwich effect. Immense pressure builds as the warm layers of air continue to rise upward, pushing against the dense top layer of cool air. A tornado is formed when there is a disturbance that weakens the density of the cap. When this occurs, the weak spot in the cap may then give way to the pressures of the rising air from below (Allaby, 1997; Verkaik & Verkaik, 1997).

In response to the built up pressure, currents of warm air shoot upward toward the point of weakness and punch a hole in the cap. Once the cap is punctured, the warm air will continue to rise, spiraling upward as it ascends toward the breach. Due to the differences in density, the layers of cool and warm air remain unable to converge. Instead, they begin to spiral around each other in an upward draft, producing energy from the moisture condensing in the warm air. This energy fuels the currents of spiraling air, and the tornado gains additional power through its velocity, which is driven by different winds at different levels of the atmosphere. Once the tornado has formed, the winds rotate around an axis, also referred to as the vortex, or center of the tornado. It is within the vortex of the tornado, or eye of the storm, that a region of peaceful and still atmosphere occurs (Allaby, 1997; Verkaik & Verkaik, 1997). The tornado provides an apt metaphor for describing the condition of individuals who find themselves sandwiched between conflicting and potentially destructive forces.

### COMPARING A TORNADO TO HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT

In Table 1 the elements of a tornado are compared to human behavior in the social environment. The terms micro, mezzo, and macro are used to describe the person-in-environment situation. The micro system refers to the individual. The mezzo system refers to small groups, such as the family, that have direct influence on the individual. The macro system is larger organizations, institutions, communities, and cultures (Farley, Smith, & Boyle, 2000, p. 48). Typically these terms are used in a continuum, small to large. In this case, the micro system is conceptualized as sandwiched between the macro and mezzo systems.

*Phase I: Inversion.* The middle layer of warm, moist air is compared to the micro system. In this comparison, the micro system includes the individual client's biological, psychological, social, emotional, and spiritual components which include inherent strengths and abilities, weaknesses and limitations.

**Table 1: The Elements of a Tornado Compared to Human Behavior in the Social Environment**

<u>Elements of the Tornado</u>	<u>Human Behavior in the Social Environment</u>
<b>Phase I – Inversion</b>	
Cool, dry air (top layer)	External stressors and influential factors from macro level
Layer of warm, moist air (mid-layer)	Biological, psychological, emotional, social, and spiritual aspects of the individual; micro level
Warm, dry air (bottom layer)	External stressors and influential factors from the mezzo level
<b>Phase II – Disturbance to the Cap</b>	
Passing front of air, or commotion in the upper atmosphere, weakens the cap	New energy creates an upset to the equilibrium of the client’s system; increase in turbulence
Currents of warm air shoot upward toward the point of weakness	Client responding/reacting to turbulence; increased awareness and curiosity of systemic influences
Warm air punches a hole in the cap and continues to rise	Client reacting/investigating/transcending boundaries of macro/mezzo/micro forces
<b>Phase III – Tornado</b>	
Warm air increases in intensity and velocity as it spirals upward	Exposure to, and awareness of, influences of macro/mezzo/micro forces resulting in new motivations, goals, challenges, opportunities
Velocity is affected by many different winds at different levels	Energy from the macro, mezzo, and micro systems incite turbulence

The top layer of cool, dry air corresponds metaphorically to the macro system, or the influences of societal and cultural norms and values. It is a force generated by the dominant culture which, at times, can be in opposition to the mezzo system.

The lower layer of a tornado represents the power and presence of the mezzo system in an individual’s life. This layer may also produce oppressive and dominating elements, especially for individuals who come from families, cultures, and religious groups that are dogmatic in beliefs, traditions, and values. The mezzo system may prove to be a significant source of stress and pressure even without the conflicting pressure of the macro system.

Sandwiched in the middle layer, the micro system (client) feels pressure from both the macro and mezzo systems. That pressure is compounded by the inability of the two systems to converge because of clashing values and beliefs. In this situation the client

is likely not only to submit to the force of either or both of the competing systems even when they are inhibiting, demoralizing, and debilitating, but also to succumb to the damaging effects of the competition (the tornado).

Reactions to pressure vary from individual to individual. For some clients, the degree to which stress from the macro or mezzo systems impacts their state of equilibrium will be minimal. Also, the degree of conflict, as a result of life stressors and challenges, may dissipate without provoking much disturbance within the micro system. However, for other clients, the stress and pressure may breed situations and feelings of instability, disorganization, or chaos.

*Phase II: Disturbance to the cap.* The mounting pressures among systemic influences represent opportunities for either empowerment or confinement of the micro system. When there is a disturbance to the cap, energy among and between the macro, mezzo and micro systems can create enough movement to shift the elements—disrupting equilibrium and generating more turbulence among the systems. The increasing turbulence creates a state of crisis for the micro system. Borrowing from the Chinese translation, crisis presents both a danger and an opportunity (Gilliland & James, 1997).

In a crisis, when the individual is at a point of maximum pressure and stress, he or she has three choices: (a) give in and submit to the external forces—passive approach, (b) oppose the forces—confront the people and institutions, and (c) transcend the chaos—metaphorically utilize the energy or move to the center of the tornado. With the first option, the client conforms to the pressures and the storm dissipates. In the second option, the confrontation spawns a tornado and the damage is not contained. In the third option, the conflicting paradigms are challenged and the tornado has developed, but the client is able to use the energy of the competing systems to rise above the chaos and experience personal growth. The ability to rise above conflicting pressures is dependent upon a clear sense of one's personal identity, security and meaning, and a primary task in therapy is to discover and develop that awareness.

Confronting the external pressures is illustrated in our model as the micro system's punching a hole in the cap. This happens when one is seeking individual identity and feels secure enough in that identity to break away from traditional paradigms.

*Phase III: The tornado.* Once the micro system has exerted the energy to punch a hole in the cap—or in other words, investigated and challenged the influences of family, community, societal and cultural norms, the directed energy within the micro system increases. When the boundaries and influences of one system attempt to converge upon the space of another system, the intrusion is met with resistance, while at the same time the imposing energy fuels a change in position. Instead of succumbing to the effects of convergence, the micro system struggles to maintain its boundaries while experiencing the other systems from a new perspective. The values and norms of the macro and mezzo systems, formerly considered by the individual as fact, in this stage are experienced as flexible, questionable, and changeable. The client is able to explore options and alternatives of paradigms outside his or her environment. Through the process of transcending the pressures of the external systems, the individual is able

to develop the strength of a firm identity as new information enlarges the client's perspective.

In this phase, the individual challenges the systemic structures, but the uprising and determination of the micro system's energy influences the equilibrium of the macro and mezzo systems. The turbulence of change peaks as the energy of the micro system shoots through the cap, which symbolically represents the opening of individual opportunity, (new information, energy) and the macro and mezzo systems respond naturally, closing in an effort to trap or inhibit the evolution of the individual around the updraft and feeding the spiraling winds. Thus a full-blown "tornado" is formed.

In the midst of the "tornado," as the micro system challenges the boundaries, beliefs, and order of the macro and mezzo systems, disorganization is the inherent result. Although excited, optimistic, or simply curious about the new transition, at this point the individual is incessantly affected by the reactions of the macro and mezzo systems to his or her repositioning. Thus, for the individual, this new position may also result in feelings of discomfort, distress, and anxiety—the dangerous opportunity of crisis. Amidst the spiraling winds of the systemic tornado, it is natural for the individual to experience a lack of control or sense of chaos.

Punching a hole in the cap may not solely be the result of the individual's choice to challenge the systems. A person may be thrown into this spiraling whirlwind as a result of any crisis that causes him or her to question or doubt the beliefs formerly taken as truths from the mezzo and macro systems. For example, the death of a close relative may suddenly cause a person to contemplate life and death in a different way, question previous religious beliefs, or welcome new spiritual feelings. Losing a job might challenge one's beliefs that he or she is a valued employee with a secure position and, as a result, question the security of the systems around her. This process of inquiry is described by the metaphor as punching a hole in the cap.

*Phase IV—The Vortex.* The vortex, or eye of the storm, is the most captivating element of this model. The rationale in using the tornado as a healing metaphor is the belief that no matter what the situation, there is always potential for inner peace. For the micro system, inner peace comes as a result of transcending the confines and pressures of the external systems. It is through this process that the client develops a conscious awareness of her identity, security and meaning.

### **APPLYING THE TORNADO MODEL IN THERAPY: A CASE EXAMPLE**

Client L was a Native American female in her early 30's. At the time of her involvement in therapy, she was separated from her third husband with a divorce pending. She was the mother of five children. The oldest child (age 14) was recently sent to live out of state with L's sister; the second child (age 12) was adopted by a relative when he was a baby. L also had two younger boys (ages 9 and 7) and one girl (age 2) who were living with her.

As a result of the pending divorce, L was struggling financially to support herself and her children. She was receiving welfare assistance from several government agencies as well as her church. She was enrolled in a job skills training program to become a re-

ceptionist, but her career goal was to pursue a degree in business. She volunteered with a nonprofit organization where she was learning to apply her new skills. She aspired to open a tourist lodge one day on a section of land she inherited from her father.

L was raised on a Native American reservation. Her childhood was filled with experiences that made her feel devalued and destined to fail. She was used as a pawn by her alcoholic parents and made to feel responsible for their divorce. She was physically abused by various members of her family and sexually abused by a group of older teenage boys. A foster care experience exposed her to a healthier lifestyle but didn't salvage her self-esteem. As an adult she had been involved in several relationships, including three marriages, all of which she described as "abusive and unhappy." She sought counseling after separating from her third husband to help her gain insight into, and break free of, these abusive relationships.

### THE TORNADO AS AN EXPLANATORY METAPHOR IN THERAPY

Therapy sessions with Client L had a dual focus. First, the client was helped to gain insight into her situation. Using the tornado as a metaphor, she was able to identify the conflicting and oppressive forces in her life. She felt validated in her victimization and she also recognized that what she was attracted to in her family, culture, and society was more powerful than what she was opposing. Second, she was empowered to make use of the energy of the conflicting systems in her life and to find peace amid the chaos.

With a nonlinear approach to psychotherapy, Goldstein (1995) emphasized the importance of helping the client firm up weak individual system boundaries so that vital, growth-promoting exchanges with the environment can take place. Boundaries for Client L were strengthened during the therapeutic process by clarifying her personal sense of identity, security, and meaning. Personal identity was explored with questions such as: "Who were you before the tornado hit?" "What did you dream of becoming?" "What did you value, care about, treasure?" Security was identified with questions such as: "Where or with whom did you feel safe, loved, secure?" "Where did you fit in your family, friend group, school, community, church?" "Where, with whom, or with what group would you like to fit now?" Meaning was conceptualized with deeper questions: "What is the purpose of your existence?" "What do you have to offer others?" "Where or how can you make a difference in the life of someone else, or in the world?"

A photo of an actual tornado was used to assist the client in conjuring up images and descriptive phrases. Several diagrams were also introduced to illustrate the explanation of the preparatory stages of tornado development. Finally, illustrations matching the diagrams, yet unlabeled, were provided, and L was invited to use the illustrations to describe her own situation, comparing it to a forming tornado. She easily related to the metaphor and attributed her current state of depression and anxiety to being caught up in the winds of the "tornado" in her life.

The therapist began by labeling the three layers of the forming tornado as representative of the macro, micro, and mezzo systems, defining each in general terms.



Then she asked L to imagine herself as the layer in the mid section of the diagram—the layer that represents the biological, psychological, social, emotional, and spiritual aspects of the individual. The client was then asked to tell the therapist more about the person this layer of air represented and to address the various categories listed. L described herself as headstrong, a maverick in her family of origin because of her firm faith in God, and a maverick in her culture of origin because of her faith in her own potential. She said she loved her children and wanted to be a good mother. Also, she struggled with relationships and wanted to learn how to develop healthy ones. Following is a portion of the dialogue during that session.

*Therapist:* (Pointing to the diagram) “Imagine this top layer of air above you, beginning to press down on you. It influences almost everything you do, although you don’t always recognize its influence consciously. It represents the world around you—the perspectives of the larger society, your culture of origin, the predispositions of your gender, the norms, mores and values of the society you live in. Have you ever thought about the way in which some of these aspects have influenced you?”

*Client:* “Oh, most definitely! First of all, my heritage—Native American. I was raised on the reservation knowing, ‘this is not all there is,’ as my mother once told me, ‘there’s a whole world out there.’ However, she also insinuated that even if I were to leave the reservation, my heritage would go with me and that it wouldn’t be easy to ‘make it’ in the big world, because being Native American was not something to be proud of, at least not ‘out there.’...Also, I hated being a girl. I was always the victim—sexual abuse, neglect. I used to wonder what I had done wrong before I was born because it felt like being female was a punishment. No one seemed to respect women. There was one thing I always dreamed of though: freedom....My people are a very patriotic people and I always knew growing up that our country was special. Whenever we said the pledge of allegiance at school, I felt proud to be part of something good.”

*Therapist:* “Going back to this diagram, you are here (pointing to the mid section) and these influences you’ve described are here (the top layer). In this position, what does it feel like to be you?”

*Client:* “Pressure. I feel like so much is expected out of me, yet I’m destined to be nothing. There are so many forces that I cannot get away from—ever. They make it hard to breathe sometimes. It’s oppressive. I can’t get out from under it. And yet I still dream that it is possible—that somewhere freedom does exist.”

*Therapist:* “Now let’s look at this bottom layer of air, the one that is underneath you, pushing up on you. We will compare this layer to the immediate circles of influence around you on a daily basis—your family, your community on the reservation, your friends, peers, the influence of your school, your local government, and so on. These are all influential sources in your life. In what ways do you perceive they have influenced you?”

*Client:* “My family was a mess. My mother once said to me, when I was very young, ‘Chaos. That’s what this is. Chaos.’ She was right. There never seemed to be a moment of peace. Contention, infidelity, alcoholism, abuse—I never learned how to form healthy relationships. I’d never seen even one!...My community was a tight knit one,

very connected. In many ways I felt part of a larger family. We attended community functions and celebrations regularly. There was a sense of belonging, one that I've missed since I left home. The food, the music, the dancing—it went back generations.

“More recently, my marital relationships have been of significant influence. Each time I became involved with an abusive man, I was indoctrinated further and further into a helpless victim role. For a while I felt comfortable there. At other times I'd fight back, very aggressively.

“... You know, not all of this was bad. (Pointing to the mezzo layer) There is a lot about my past that has been my motivation, motivation to make something out of myself. And when I return home to the reservation for a function, such as a funeral, I always feel a pull, something pulling me back there. I hope to make something out of my life, and then go back and help.”

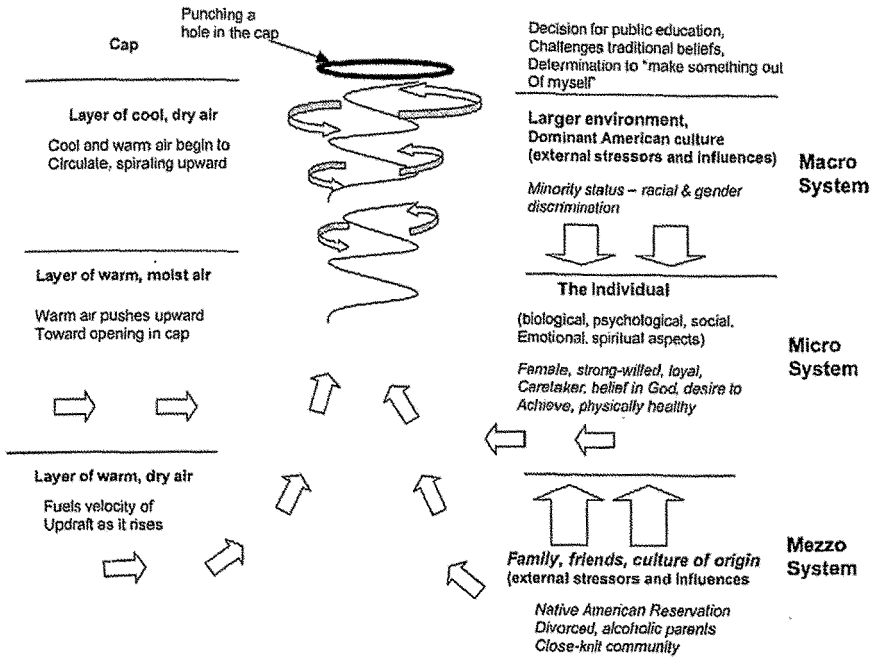
As the client made comments, she was asked to label the layers of the diagram accordingly, with the significant stressors or influences of the systems around her. The macro influences were marked along the top layer, the aspects of the mezzo system were written at the bottom layer, and the micro was included in the middle layer (see Figure 1).

*Therapist:* “With the background you've described, not ever having a ‘healthy relationship’ role model, being the victim of heinous forms of abuse, how have you managed to survive, to cope? What's given you the courage to leave three abusive relationships?”

*Client:* “Well, this pressure, here (pointing to the top and bottom layers of the diagram) there were times when it was almost too much to bear. At various times in my life I have felt like I was nothing. I have contemplated suicide often. The thought has crossed my mind. I even tried it once. However, even amid all of this darkness, there was always something inside of me telling me that everyone and everything was wrong.”

The illustration and metaphor of a tornado captured in the client's mind an image for conceptualizing the oppressive forces in her own life: the pressures of the dominant culture, the pressures of her own family and culture of origin, and the conflict between those two forces. Recognizing the power of those oppressive forces was a validating experience and helped her to appreciate the unique set of characteristics and strengths with which she either fought back or capitalized on the energy of the impinging forces in her life. Perhaps even more important was the process of remembering the inner voice that reinforced her self-worth despite the external pressures. A primary goal in therapy was to help her explore that identity and to help her attach meaning to her personal struggle.

**Figure 1. Elements of a Tornado Compared to Human Behavior in the Social Environment, using Client L as an example.**



**DISCUSSION OF THE TORNADO AS A MODEL FOR INTERVENTION**

From an early age, Client L felt the pressure of the systems of her family, culture, and dominant society. She was in the inversion (sandwich) stage for years and was aware of the pressure but unable to react. “Even if I did think or feel differently in terms of my own values, there was no point in challenging [these systems].” She saw herself as a victim and felt stuck in that role, so she tolerated her situation and coped as best she could.

As an adolescent, she became angry and was motivated to escape the oppression. She fought with siblings and accepted foster care placements to get away from her family. While in foster care she began attending public schools outside the reservation, a decision that was in direct opposition to her family of origin and the dominant culture—both of which were sending the message that it was futile for her to try to “make something out of [herself].” For her, this was punching a hole in the cap. She was determined to prove to the people back home that the way they lived was wrong and they were wrong about her value and potential. She was also determined to prove to the dominant (white) society that they were wrong about Native Americans and that she could be successful in their world.

The client’s energy to fight the stagnation state she experienced as a child spawned a “tornado” and fueled more chaos in her life. Like the layers of air in the tornado, L

was unable to converge with the macro and mezzo systems because she had acquired a different density, or different makeup, based on her values, beliefs, and goals. Yet she was still struggling to define herself. She did not have a solid grasp on an identity. Consequently, this was a time of depression, anxiety, and suicidal ideation.

Despite the debilitating effects of the "tornado" in her life, Client L had the strength to ultimately make decisions that resulted in opportunities in the "dangerous opportunity" of crisis. In the language of chaos theory, this strength could be attributed to a series of bifurcations and the butterfly effect. At crucial forks in the road of her life, L made small decisions that produced big differences. For example, she was not compelled to move into a foster home. It was a choice she made. In retrospect, that single change in her life circumstances as a young adolescent made it possible for her to recognize opportunities for choices later in life, such as the decision to leave an abusive husband and the decision to embrace religion.

Through therapy, L was able to gain insight into her experience of chaos and oppressive forces and she recognized the crucial bifurcations and personal decisions which had developed her sense of identity, security, and meaning. The resulting self-respect gave her even more power to not only fight, but to transcend the external systems in her life, bringing her to a state of inner peace even when being surrounded by chaos.

## DISCUSSION OF THE TORNADO MODEL AND CHAOS THEORY

Clients naturally desire order. They wish to predict future events and adapt to change in an orderly fashion. But in reality, the future is anything but predictable and change, even in the therapeutic setting, is anything but incremental or linear. Ironically, true equilibrium is the equivalent of entropy (Goerner, 1994). In the words of Carl Jung (1966), "When the opposites unite, all energy ceases" (p. 467). Jung also described chaos as a "wellspring of creativity" (Bürz, 1997, p. 128).

As an example of conflicting systems exerting extreme pressure in the chaotic generation of energy, the tornado provides a metaphor for chaos in the human condition. The elements of wind, moisture, and temperature brought together in an infinite number of variations result in unpredictable outcomes. Similarly, there is an infinite number of pressures brought to bear on an infinite number of variables associated with the individual system, and the possible outcomes are unlimited. Clients benefit from understanding that chaos is not only inevitable but essential to individual growth and development. The tornado metaphor provides validation of the damage experienced by clients, while chaos theory provides a context that gives meaning to the damage and helps clients make choices amid conflicting environmental pressures.

Finally, the definition of chaos as a state of confusion and disorganization does not imply complete lack of control. As manifested in the butterfly effect, even small stressors in the environment endlessly magnify through positive feedback loops to create major changes. Likewise, providing insight into the chaos, as well as strengthening personal boundaries through identity, security, and meaning, increases the likelihood that bifurcations will result in healthy, seemingly minor decisions that produce positive major changes.

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## FACULTY PERCEPTIONS OF CURRICULAR DEFICITS IN PREPARING STUDENTS FOR PRACTICE WITH LATINOS

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**Abstract-** *Qualitative responses to a survey of 314 social work faculty from nearly half of the graduate schools of social work (MSW programs) in the United States elucidated valuable information about culturally sensitive social work education. This article explores faculty perceptions of the deficits of MSW programs in preparing students for culturally sensitive social work practice with Latinos. While nearly 90% of social work MSW faculty agreed or strongly agreed that it is important to prepare students for work with this population, many perceive that their programs are not currently able to do so adequately. Faculty opinions concerning the nature of the deficits and ways of remedying said deficits are discussed.*

**Key words:** *social work education, Latinos, cultural sensitivity*

### INTRODUCTION

In a recent study, nearly 90% of graduate social work faculty agreed or strongly agreed that it was important to prepare students for culturally sensitive social work practice with Latinos (Furman, 2002). The same study reports that only 42% of MSW faculty agree or strongly agree that their programs are adequately preparing students for culturally sensitive social work practice with Latinos. It is important to understand the reasons why faculty perceived their programs as lacking in this area. This article explores what faculty perceive to be the deficits in their MSW programs in preparing students for this important area of practice. This article reports on data from the above cited study that examined the attitudes of social work education faculty about the breadth of content offered to MSW students to prepare them for culturally sensitive practice with Latinos. The overarching issue with which this study was concerned is the extent to which social workers are prepared for culturally sensitive practice with Latinos in a manner and scope responsive to the service needs of this population. Some of the most fascinating data from this study was obtained through the open ending questions where faculty discussed their impressions of their curriculum vis a vis culturally sensitive practice. Implications are drawn from these findings and tentative

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recommendations are made.

### **RATIONALE: THE IMPORTANCE OF PREPARING STUDENTS FOR PRACTICE WITH LATINOS**

Culturally sensitive practice holds a significant place within social work and social work education. However, in spite of the importance of culturally sensitive practice and the training of culturally sensitive practitioners, it remains one of the most neglected areas of research and pedagogy (García & Van Soest, 1997). It has been suggested that the issue is no longer "if" culturally sensitive social work practice should be taught, but how research can be promoted to ascertain the most effective strategies for engaging in and teaching cross cultural practice (Asamoah, 1996).

The Council on Social Work Education, in its accreditation guidelines for Masters of Social Work Programs, dedicates one of its eight evaluation standards to the problem of discrimination (CSWE, 1996). Moreover, the CSWE mandates that sensitivity to different cultures be infused throughout the curriculum.

The Code of Ethics of the National Association of Social Workers clearly places the needs of clients from different cultures as a central ethical mandate of the profession (NASW, 1996). The Code mandates that social workers promote respect for cultural diversity. This notion of respect is expanded into the responsibility of action through Section VI, Number 1, of the Code of Ethics (1996), which states:

Social workers should act to prevent and eliminate discrimination against any person on the basis of race, culture, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition, or status (p.7).

This study is relevant to social work education and practice in several ways. As Latinos become a larger proportion of the U.S. population, there is a greater need for social work education to provide culturally sensitive training to social work students (Iglehart & Becerra, 1995). Since the literature suggests that social work education programs currently may not adequately train students for multicultural practice, an empirical analysis of the adequacy of typical social work education is indicated (Greene, 1994).

Several interlocking suppositions demonstrate the study's relevance and provide a rationale for this research: 1) shifting demographics that will lead to an increasing representation of Latinos in the United States; 2) the social service needs of Latinos; 3) the need and mandate for culturally sensitive social work practice; 4) the current lack of clarity regarding culturally sensitive social work; and 5) the globalization of social and economic institutions. Each of these topics will be discussed briefly, and will be explored in greater depth later in this document.

Latinos are one of the fastest growing ethnic groups in the United States. In fact, it is estimated that Latinos will account for 24.5% of the U.S. population by the year 2050, increasing from the current 11.4% (U.S. Bureau of Census, 1998). Several geopolitical factors have led to this continuing growth. Economic crises within Mex-



ico have dramatically increased the Mexican population in the American Southwest and West. Unstable and oppressive political systems within the countries of Central America have led to an influx of Guatemalans, Hondurians, El Salvadorans and Nicaraguans. Latinos also have higher birth rates than whites or African Americans (Delgado, 1999; Iglhart & Becerra, 1995).

Second, Latinos are also one of the poorest and most needy minority groups (Goldenberg & Goldenberg, 2002), but traditionally underutilize many social and mental health services (Padilla, Ruiz, & Alvarez, 1989). Many refugees from Central America not only face the dilemmas of social and economic dislocation, but also must confront issues of trauma related to having witnessed or experienced intimidation, murder, and even genocide. Also, discrimination and prejudice characterize the struggles of Latinos in the United States.

As a result of low socioeconomic status, linguistic isolation, urbanization, and discrimination, the problems of substance abuse, HIV/AIDS, and mental illness greatly impact Latino communities (Carrasquillo, 1991; Colon, 1996). Many commentators have drawn connections between social forces and mental health and health needs (Fanon, 1963; Gil, 1973; Jenkins, Kleinman, & Good, 1991). Zuniga (1987) observes that the social/political realities of poverty and discrimination result in negative self-conceptions among Chicanos. In spite of these multiple stressors encountered by Latinos, as a group they typically underutilize mental health and social services due to the lack of culturally sensitive care by helping professionals (McGowan, 1988; Padilla, Ruiz, & Alvarez, 1989).

The Latino population is greatly underrepresented among students in social work education programs, accounting for approximately 3% of MSW students (CSWE, 1998a). While increasing ethnic diversity within the profession is a goal (CSWE, 1998b), nevertheless it is imperative that non-Latino social work students are trained to provide culturally competent services.

Social work is a rapidly internationalizing profession. Along with other social and economic institutions, social work and social welfare institutions are becoming increasingly globalized (Lusk & Stoesz, 1994; Sanders & Pedersen, 1984). The implementation of the North American Free Trade Act signifies a move toward greater socioeconomic integration in the Americas. This integration, along with the internationalization of many social welfare institutions, provides further support for cross-cultural and multicultural training (Estes, 1992).

The need for empirical research on culturally sensitive social work practice is widely recognized. As early as the late 1960's the profession, as represented by CSWE and NASW, recognized the need for infusing culturally relevant issues into professional training (Longres, 1991). Nevertheless, few empirical studies of ethnically sensitive education or practice have been undertaken (Beidler & Chalmers, 1978; Garcia & Van Soest, 1997).

Much debate exists as to what constitutes culturally sensitive social work practice, the degree to which relevant content is currently infused into curriculum, and the effectiveness of such methods (Hopps, 1988). Colon (1996) emphasizes the need for a

“generalized sensitivity” to cultural factors in working with Latinos. Such a sensitivity is developed by understanding the diversity within the Latino community, the nature of the Latino family, and the importance of folkways and community supports for health and mental health treatment.

Others emphasize the importance of understanding the role of power, oppression, and racism as the keys to culturally sensitive practice (Pinderhughes, 1979). For example, Williams (1988) views power and oppression as the “organizing mechanism” through which other issues pertaining to multicultural social work should be taught. Devore and Schlesinger (1991) take a more comprehensive approach that seeks to impart a combination of knowledge, insight, and skill.

As the Latino population continues to increase, many more social workers will be called upon to work with Latino clients. These demographic trends necessitate an understanding of the adequacy of culturally sensitive social work educational material for those entering social work practice. In addition, even if Latinos were not increasing as an overall proportion of the population, cultural and social factors unique to Latinos require social workers to be trained in appropriate culturally sensitive practice. By ascertaining the nature and breadth of culturally sensitive social work content and the attitudes of faculty regarding culturally sensitive social work education, the profession will have a base upon which to assess the adequacy of curriculum and the extent to which CSWE mandates are being met.

## METHODOLOGY

Data gathered in this report were collected by an instrument created to ascertain faculty perceptions about culturally sensitive social work education. The data presented in this study come from the qualitative section of this research instrument. The study population consisted of full-time faculty in graduate schools of social work. A probability sampling method was used to obtain 314 participants out of a random sample of 1,050 faculty member with 2,000 being the total U.S. population of MSW faculty. At the time of the study, there were nearly 2,000 full-time faculty in accredited MSW programs. Statistical analysis demonstrated that a representative sample of this population would be 325 participants.

While the unit of analysis in this sampling method is not schools of social work per se, but faculty, using individual schools of social work as the sampling frame has been successfully utilized previously (Birnbaum & Auerbach, 1994). All faculty within schools of social work were randomly selected and were asked to participate in the study, i.e., half of all MSW programs were selected randomly, and all faculty from each of these schools were surveyed. Lists of faculty who teach full-time in the selected schools were available through the World Wide Web pages of the schools of social work. If a school of social work did not have this information on the World Wide Web, it would have been obtained from a copy of the latest catalogue. It is interesting to note that this was not necessary. All of the schools that were randomly selected did have faculty information that was sufficient for this study. This should be of methodological importance to subsequent researchers who are considering utilizing this methodology. The convenience and accuracy of the using the World Wide Web as a sampling frame

seems to warrant its use in various research settings.

Data was analyzed using a five round system of thematic analysis that utilizes negative case analysis and checks by multiple researchers to insure rigor. Once themes and patterns were established and labeled, researchers began searching more data for the presence or variances of these themes. In consistently reevaluating, re-defining, and openly exploring the website material, researchers built theory by making comparisons (Neuman, 1997).

## FINDINGS

### Frequency of responses

The primary survey question that addresses the focus of this paper asks: How can your MSW program improve in preparing students for culturally sensitive social work practice with Latinos. Data will also be reported quantitatively as frequency counts. Narrative data will be presented in the next section.

Two hundred eleven (67%) of the faculty who responded to the questionnaire chose to answer this open-ended question. Answers ranged from one or two word responses to longer answers of four or five sentences.

The most frequent responses were from faculty who wrote that their programs could most improve by hiring more Latino faculty. Fifty-eight faculty indicated this answer in their response. Several of these faculty also mentioned the importance of retention of Latino faculty. The next most frequent response were faculty who noted that their MSW programs could most improve in preparing students for culturally sensitive social work practice with Latinos by adding more content. Forty-one faculty responded with this position. Seven faculty further specified that more audio and visual materials pertaining to Latinos were needed. Three faculty answered that more books and articles would improve their programs.

Forty faculty wrote responses pertaining to the recruitment of more Latino students. This was a popular response for faculty who also saw the need for more Latino faculty. One faculty wrote that her program could "be more accepting of differences. Put more time and energy into recruiting Latino faculty."

Increasing the number of field placements was written by 26 faculty. This was followed by 25 faculty who saw the need for Latinos as a group to be recognized as being important in their programs. Following in frequency were 15 faculty each who wrote that material pertaining to Latinos should be infused more successfully in the curriculum and an equal number who stated that faculty need training pertaining to Latino issues. Fourteen faculty stated that an additional course would be the best way to improve their program.

Nine faculty wrote that their program could improve if it had more involvement with the Latino community. Eight faculty wrote that increasing research and scholarship pertaining to Latino concerns would be a significant way to improve their program. Eight faculty also believed that their MSW programs overly focus on the needs

of African Americans at the exclusion of focusing on Latino and other minority populations.

Less frequent responses included the use of case studies about Latinos (four), focusing on skills related to practice with Latinos (four), changes in CSWE policy (three), improved integration of material (three), and increasing the globalization of social work curriculum, with a particular focus on Latin America (two).

### **Narratives of responses and contextualizing discussion**

In general, the findings seem to suggest that faculty perceive culturally sensitive social work with Latinos and Latino material as neglected areas of the social work curriculum. It is worthwhile to note that the degree to which faculty perceive this deficit contrasts strongly to the degree to which faculty believe that teaching this materials is important. Nearly 90% of faculty agreed or strongly agreed that it was important for MSW programs to prepare students for culturally sensitive practice with Latinos. This suggests that other factors besides faculty perceptions pertaining to the value of teaching this material are at work.

One possible reason for this discrepancy lies in MSW programs actual ability, or inability, to prepare students for practice with Latinos. Data suggest that while faculty in MSW programs recognize the importance of preparing students to work with Latinos, several factors pertaining to MSW programs themselves, as well as factors outside of the university, contribute to this phenomenon.

First, many faculty perceive the lack of Latino faculty as a significant problem for their programs. This is supported by CSWE statistics that show that Latino faculty are indeed underrepresented on social work faculty. Fifty-eight faculty remarked that their programs would do well to hire more Latino faculty. Several faculty commented on the need to hire more Latino faculty to lend more expertise: "Their program should add Hispanic faculty with a strong desire to teach this content and have an insider's knowledge base. All other faculty need to continually increase their knowledge base as well."

Other faculty brought up similar concerns. While it could be argued that it would be most important to have Latino faculty in areas of high Latino concentrations, it may be just as essential for schools of social work in areas with few, but growing, Latino populations to have Latino colleagues on staff. In areas with higher population concentrations of Latinos, non-Latino faculty and student have greater opportunity for cross-cultural experiences with Latinos than in areas with fewer Latinos.

Increasing Latino faculty throughout MSW programs would be important for other reasons. First, it will be increasingly difficult to attract and retain Latino students without faculty mentors who can help ease their transition to graduate school. Minority students may feel isolated when faculty of their same race or ethnicity are not represented. This is especially true given the low numbers of Latino students with whom to connect. Second, Latino faculty are needed to provide a perspective on various aspects of Latino culture. Latino faculty also would be more in tune with the sometimes

subtle, other times not so subtle, differences between different Latino cultures. Third, Latino faculty could provide more direction and leadership in helping schools of social work to connect with Latino clients and Latino-serving agencies. Non-Latino faculty may not be aware of the cultural variables that often make connecting to this community challenging. Further, non-Latino faculty will not have the same investment in establishing this contact with the Latino community. It is the belief of this author that increasing the number of Latino faculty in the United States would be one of the most significant means of improving services to Latinos in the long run.

Faculty also perceive the lack of Latino students as a major impediment to preparing students for culturally sensitive practice. Increasing the number of Latino students may be as important a means of improving culturally sensitive social work with Latinos as is increasing the number of faculty. Without Latino students to present their perspectives, few quality class discussions could occur for students and faculty with limited knowledge of this population. Even for students and faculty who have in-depth familiarity with or who have worked with Latinos, Latino students provide an insider's view that is otherwise not available. Many students learn best from less didactic, more interactive types of learning. Having diverse classrooms helps faculty to facilitate discussions among students with diverse values, beliefs, and world views.

Having more Latino students in social work programs would also help combat the potential of stereotyping that can accompany didactic learning pertaining to other cultures. Students will be able to understand that there exist as many intra-group differences as there are inter-group differences. Through interacting with more Latinos, students will begin to understand the role that individual, universal, and cultural factors have on the development of identity.

While faculty perceive preparing students to work with Latinos as important, faculty recognize that competing curricular demands and the need to teach content regarding other minority populations are also extremely important. Often, other ethnic minority groups received the majority of attention in the curriculum. One social work faculty discussed this dynamic: "Most work regarding culturally sensitive social work, diversity and justice focus on working with African Americans. The deep south has far to go in black-white relations. Although the Latino population is expanding, this issue takes a back seat."

Another remarked that: "We do not have enough specific content on Latinos and other groups. Students state that we over emphasize cultural sensitivity with African Americans and neglect other cultures."

Other faculty recognized and were concerned with MSW programs and social work in general ignore the changing demographics of the United States and their communities: "(We need to) Recognize that Latinos are a fast growing group in our state. This is a recent development but we cannot ignore it. Historically, we have emphasized African Americans as the only minority group and the only group to have experienced historical and current oppression."

Another related curricular deficit is reflected by the 14 faculty who remarked that faculty training and development pertaining to Latinos are needed. Faculty noted that

in-service training and faculty development were needed to help non-Latino faculty understand the complex issues of Latinos. One faculty observed that without training and guidance from Latino colleagues, social work faculty ran the risk of stereotyping Latinos.

Several factors external to MSW programs were also perceived to block schools of social work from preparing students for culturally sensitive social work with Latinos. The paucity of Latino MSW students was conceptualized as a problem that could be more adequately addressed by MSW programs, but with impinging social factors. Latino students currently account for only 3% of MSW students, while accounting for more than four times that percentage in the general population.

Thirty-five faculty remarked that the recruitment of Latino students was a key issue toward improving the ability of their program to prepare students for practice with Latinos. Many saw the Latino student, similar to the Latino faculty, as being needed to provide an insider's perspective about the Latino experience. The main outside factor seen as inhibiting MSW programs ability to recruit Latino students was the lack of students who applied to their programs. Several faculty commented on the low numbers of Latinos graduating with bachelors degrees. Many Latinos that do graduate with undergraduate degrees often have multiple opportunities for graduate training in areas that are more lucrative than social work.

Second, the need for more students who speak Spanish is seen as a difficult dilemma presented to MSW programs already struggling to meet CSWE requirements. Twenty-one faculty noted the need for more students who speak Spanish. While the numbers of MSW students that do speak Spanish are unknown, it is suspected that they are a relatively rare minority. In the experience of this author, many of those who do speak Spanish do so only on a level far too elementary to be able to perform social work functions.

With so few faculty who are Latino or who speak Spanish, there is a significant gap in social work faculty's ability to serve this population. Even though agencies typically pay more for workers who speak Spanish, such workers are difficult to find. Not being able to find enough social workers to meet the needs of Spanish-only speaking clients is one of the most common complaints of social welfare agencies in Northern Colorado, where this author is a faculty member in a MSW program.

Third, the lack of placements in agencies serving Latinos was seen as a significant problem. For students who do not speak Spanish, but have an inclination to work with Latinos, the lack of field placements may lead them to work with other populations. If students are not provided with opportunities to work with Latinos while in graduate school, especially those who do not have a command of the Spanish language, it is unlikely that they would feel comfortable, nor be competent, to serve this community. One faculty remarked that their program would be improved: "By having field agencies and more field instructors that are culturally competent (with Latinos). The field placement is where students have the opportunity to apply the things they have learned."

Another of the main areas that faculty perceived as lacking pertained to the actual

content within the curriculum. Several types of responses demonstrated this sentiment. Forty-one faculty directly stated that content was lacking in their MSW programs.

Additionally fifteen faculty noted that the material was not infused well enough into the curriculum. This reinforces the quantitative data, which suggest that many faculty perceive this material as being inadequately infused throughout the curriculum. As the infusion model of teaching culturally sensitive social work was by far the most common method of teaching this material in MSW programs, the degree to which it is infused is essential. One faculty eloquently expressed her concern about infusion: "We seem to pay lip service to this (infusion). We say that material of each ethnic group should be taught in each course, but I would say only one or two courses in the curriculum ever even mention Latinos."

### CONCLUSION

As social work expands and changes in the new millennium, it will need to address how we are preparing students for culturally sensitive social work practice with Latinos and other populations. Social work educational programs must contend with the interests of many constituencies that vie for a place in the curriculum. With greater and greater demands on curriculum committees to include material about outcome-based practice, specific information about various disabilities, as well as demands from other important cultural, ethnic and minority groups, preparing students for practice with Latinos will demand focus and dedication. This must also be balanced with the importance of preparing students for work with other culturally diverse populations. Social work educators must reexamine their curriculums to make certain students are prepared for culturally competent practice with all many populations.

As segments of the Latino community remain among the poorest populations in the United States, social work education must actively recruit Latino students to the profession through finding scholarships and financial aid for Latino students. Further, schools of social work must think of creative ways of marketing itself to this population. Other professions, such as education, have had a fairly successful history of getting African American students to pursue advanced degrees by offering incentives such as free masters degrees if one teaches in an at risk-area. School of social work would do well to develop partnerships with social service agencies to help create such solutions. As we increase the number of Latino MSWs, we can begin to recruit them into PhD programs and increase the numbers of Latino faculty. Increasing the numbers of Latino faculty should help increase the number of Latino students.

Social work programs can also provide extensive professional development activities for faculty in regard to culturally sensitive practice with Latinos. Faculty must be trained in teaching culturally sensitive social work for practice with Latinos. As it may take many years before the number of Latino faculty increase, faculty from other ethnic groups must be prepared to help student work with this often needy and misunderstood population. School of social work may also extend such training to community social workers, thus creating partnerships and exchanges of resources and ideas.

Social work programs must make decisions about infusing material related to Latinos throughout their curriculum or into specific courses. If schools adopt the infusion model, they must find structural ways of assuring that material truly is infused in each course. If not, the end result could be infusion only for purposes of accreditation. Also, curriculum should be developed that both challenges and validates the worldviews of students. Teaching culturally sensitive practice must not invalidate the valuable experiences of students from any cultural group. No one group should be privileged over another. Thus, integrative models that incorporate the commonalities of all people, as well as their differences, must be developed.

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## CORRELATES OF PERCEPTIONS OF ELDER'S SUFFERING FROM DEPRESSION

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**Abstract:** *This study investigated social work students' perceptions of elders as depressed and suffering (N= 156). Four predictor variables were identified from a standard regression analysis that account for 32% of the model's adjusted variance: (a) perceptions of elders as vulnerable, (b) perceptions about elders seeking professional help, (c) perceptions of social workers' advocacy for elders, and (d) perceptions of elders as oppressed. Overall, respondents perceived elders as being depressed, vulnerable, members of an oppressed group, abusive of substances, and only moderately resilient in response to mental health services. Implications are discussed for social work education.*

**Keywords:** *Elders, ageism, mental illness, depression*

### INTRODUCTION

There is more diversity among elders than any other group of human beings. Older adults may present as jogging at 90 years of age, disabled at 70 years of age, memory impaired at 65 years of age, sexually active at 80 years of age or cognitively intact at 101 years of age. With such diversity, health, mental health, and social service practitioners should make few assumptions about an older individual based solely on age. Yet ageist perceptions predominate in organizations and among professional providers (Barker, 1999; Laws, 1995).

Ageist attitudes have been found among physicians and medical students (Bowl- ing, 1999; Pettersen, 1995; Wilderom, Press, Perkins, Tebes, Nichols, Calkins, Cyrns, & Schimpfhauser., 1990), nurses and nursing students (Beall, Baumhover, Novak, Edwards, Plant, & Pieroni, 1992; Gomez, Young & Gomez, 1991), social workers and social work students (Carmel, Cwikel, & Galinsky, 1992; Kane, 1999a; 2004a; 2004b; 2004c; Kane, Hamlin, & Hawkins, 2004; Rohan, Berkman, Walker, & Hol- mes, 1994) and diverse groups of mental health practitioners (Ivey, Wieling & Harris, 2000; James & Hayley, 1995; Kane, 1999b). In general, professionals' and students' attitudes toward older adults are in the negative to neutral portions of the attitude continuum (Kane, 1999a).

While professionals may perceive older adults in many ageist ways, some of the most stigmatizing perceptions portray elders as incompetent, useless, inflexible, despondent,

frail, irritable, and lonely (Bowling, 1999; Cardinali & Gordon, 2002; Gatz & Pearson, 1988; Grant, 1996; Hummert, Garstka, Shaner, & Strahm, 1994; Kane, 1999a; 1999b; 2000; 2002, 2004b; Palmore, 2001; Ragan & Bowen, 2001). If these attributes were directed toward other groups, professionals might view lonely, despondent, and withdrawn individuals as persons displaying symptoms of depression.

While there is an abundance of literature investigating ageism, there is little research on perceptions of elders as depressed and the predictors of those perceptions. This study investigated social work students' perceptions of elders as depressed. It also investigated perceptions of elders as vulnerable, oppressed, in poverty, and abusive of substances.

### PERCEPTIONS OF ELDERS SUFFERING FROM MENTAL HEALTH PROBLEMS AND SUBSTANCE ABUSE

Some literature investigating ageism and mental health has focused on professionals' perceptions of the competence of elders (Becker, Schonfeld, & Stiles, 2002; Dunkelman & Dressel, 1994; Gatz & Pearson, 1988; Kane, 1998; 1999a, 2000; 2001; 2003b; Laws, 1995; Palmore, 2001; Ragan & Bowen, 2001). These perceptions portray elders as having dementia and being memory impaired. While Sadock and Sadock (2003) estimate that five percent of people over 65 years have severe dementia and 15% have mild dementia, most elders are not affected by competence issues. Yet many professionals and much of society believe most elders are suffering from dementia and incompetence. While erroneous, it is an ageist perception (Gatz & Pearson, 1988; Kane, 1999b, 2001; 2002, Sadock & Sadock, 2003). When professionals adopt the belief that all elders are memory impaired and incompetent, many conclude that intervention for elders is pointless as there is no cure for dementia (Kane, 2002; 2003a; 2003b; Kane & Houston-Vega, 2004). The belief that intervention is pointless for memory impaired people is referred to as therapeutic nihilism (Dunkelman & Dressel, 1994). While therapeutic nihilism has been associated with reluctance to provide services to elders with dementia, it may also be associated with reluctant attitudes to provide services to older persons with mental health needs. The principle guiding this reluctance may be related to professionals' perceptions of elders' resilience and elders' capacity for emotional and mental health.

Of the mental health concerns for older persons, mood disorders are of significant concern. The incidence of depression is high and affects many elders. Epidemiological estimates suggest that approximately 16% of women and 10% of men aged 65-69 reported depressive symptoms while 22% of women and 15% of men aged 85 and older reported depressive symptoms (Federal Interagency Forum on Aging Related Statistics, 2004). Typically, these symptoms remain undiagnosed and untreated (Bartels & Smyer, 2002; Butler, Lewis & Sunderland, 1998). Lack of professional recognition and intervention for depression may help to explain the fact that the highest rate of suicide is held by elderly males (Bartels & Smyer, 2002; Butler et al., 1998). Complicating and compounding this picture is the prevalence of depression among elders with recently diagnosed and early-stage dementia (Kane, 1999b; Sadock & Sadock, 2003; Yale, 1995).

Understanding professionals' reluctance to diagnose and treat depression among elders is complicated. Health care professionals may fail to recognize the symptoms of depression in older people (Kane, 1999b) or they may attempt to discount the symptoms of depression in elders because of the strong correlation between loss and old age. Other reasons may be more insidious and ageist. For example, physicians limit the number of older adults admitted to their practices (Cykert, Kissling, Layson, & Hanson, 1995; Damiano, Momany, Willard, & Jorgerst, 1997) because of their negative perceptions of working with elders (Cykert et al., 1995; Wilderom et al., 1990). Additionally, reimbursement for work with elders is not a reinforcing incentive because Medicare reimbursement is low (Adams, McIlvain, Lacy, Magsi, Crabtree, Yenny, & Sitorius, 2002). Among mental health practitioners, research indicates that they perceive elders as resistant to treatment and unsuitable for psychotherapy (Ivey, Wieling, & Harris, 2000; Reekie & Hanson, 1992). This research indicates that mental health practitioners believe that elders are not capable of psychosocial improvement and are non-compliant with therapy (Ivey et al., 2000; Reekie & Hanson, 1992). No matter the reasons for practitioners' reluctance to diagnose and treat depression and other mental disorders among elders, epidemiologists predict that by the year 2030 the greatest number of mental health needs will be found among elders (Bartels & Smyer, 2002).

In addition to mental health needs are the closely related needs surrounding the misuse of substances. Elders' misuse and abuse of alcohol and other substances is common and often ignored by professionals (Blow, Oslin & Barry, 2002; Sadock & Sadock, 2003). Prescription and over-the-counter medication misuse is significant (Sadock & Sadock, 2003). Estimates of alcohol abuse by elders range as high as 15% (Blow et al., 2002). Little is known about the usage of illicit street drugs by the current cohort of elders, but estimates remain low (Blow et al., 2002). As the baby-boomers age, however, the expectation is that illicit substance usage will increase. While baby boomers have experimented with various substances, concerns about the effects of these substances on aging bodies are great. Many baby boomers will have used substances in varying frequencies, combinations, and intensities over their lives. While there may be recognizable consequences to the life-long usage of some substances, some boomers will continue to use these substances as they age or experiment with substances previously untried. Since older adults have increased sensitivity to substances, their bodies may face challenges to process these substances (Blow et al., 2002; Sadock & Sadock, 2003). Professionals' knowledge of licit and illicit substance usage on the aging body will remain critically important.

### **BARRIERS TO AGING: ELDERS SUFFERING VULNERABILITY, POVERTY AND OPPRESSION**

A stable component of the American dream has been that after a life time of work, one is entitled to comfortably retire and live off accumulated savings, investments, pensions, and social security (Stanford & Usita, 2002). Contrary to this belief are the economic realities of fixed incomes, limited assets, and inconsistent work histories

over the life course. Increasingly Americans are aware that some elders live in poverty and because of economic necessity must remain in the work force (Stanford & Usita, 2002). It is estimated that 10% of elders live below the poverty threshold with poverty affecting older blacks (24%) and older Latinos (21%) at higher rates than non-Latino whites (8%) (Federal Interagency Forum on Aging Related Statistics, 2004). Older women (12%) are also more likely to be in poverty than older men (8%) (Federal Interagency Forum on Aging Related Statistics, 2004).

While women and people of color may have experienced oppression throughout their lives, advanced age may heap more financial challenges on these groups as a result of diminished capacities to work and to provide for essential life needs (Stanford & Usita, 2002). Other groups that have experienced oppression and marginalization over the lifespan, such as lesbian, gay and other sexual minorities may experience new forms of discrimination and new economic barriers. These inequities will result from unequal treatment under Social Security, pension plans, and federal law (Cahill & South, 2002).

Oppression impacts the lives of many older adults. For individuals who have faced oppression and discrimination during most of their lives, crisis-competence may have prepared these individuals for the unique stresses of aging (Cahill & South, 2002). These individuals may cope with aging as they have coped with other life challenges. Elders who cope less effectively with the stresses of aging may require other professional intervention.

In spite of the immense diversity among aging adults, old age may impact the physical, psychological and social functioning of a person. For some older adults, their choices and preferences for independent living are affected by physical and psychological needs. These challenges may result in physical, psychological, social or financial dependence. Frailty and vulnerability are critical considerations in the needs of some aging persons. Interestingly, frailty and vulnerability when attributed to elders indiscriminately may be viewed as an ageist reference (Kane 1999a; 2004b; 2004c).

Professionals' perceptions of the resilience of elders in the face of oppression and vulnerability may become critically important as their communicated belief in a client's ability may encourage or discourage clients as well as effect treatment outcome (Sadock & Sadock, 2003). Professionals' belief in clients' competence, strength, and resilience may empower elders to develop and maintain successful coping strategies for aging.

## **SOCIAL WORKERS AND ELDERS WITH MENTAL HEALTH NEEDS**

Social workers provide a vast array of services to elders, especially elders with mental health needs. They offer clinical services at individual, family, and group levels. Some social workers may advocate for elders and elders with mental health needs in larger systems. Other elders with mental health needs will require case management services, socialization, brokering, and advocacy. Some elders will require protection through reporting of abuse, neglect or exploitation. While all professions have preferred models for assessment and intervention, social workers typically do not rely on

bio-medical models of assessment and intervention which highlight deficits (Bartels & Smyer, 2002; Bartels, Haley & Dums, 2002; Bhana & Spencer, 2000). A service plan intended to mediate client deficits flows from an assessment which focuses on client deficits. Although social workers may observe deficits that accompany human aging, they are trained to assess and intervene with clients working from a client's strengths and capabilities. Viewing a client from a strengths perspective allows the practitioner to see past what the client is unable to do in order to implement intervention based on a client's abilities and successes.

Gerontological social workers will have specialized knowledge of interventions and the resources available to elders and elders with mental health needs. Knowledge of resources and supports available to elders will form a continuum ranging from community services to institutional care. Gerontological social workers will have knowledge of those services limited to elders who have the ability to private pay as well as the services that are available to elders on limited incomes. These social workers will be familiar with services that are fully or partially covered by Medicare, Medicaid or private insurance (Barusch, 1995). Gerontological social workers will advocate and perform specialized services in care of elders and elders with specific mental health needs. The need for these specializations will increase as the population ages (Kane, Hamlin & Hawkins, 2004). Social workers will need to take key positions in service delivery environments for older adults as well as in policy formation as they are uniquely qualified for these functions.

This study sought to investigate the perceptions of future social workers about older adults as depressed. Specifically, this study sought to investigate whether perceptions of vulnerability, oppression, substance abuse, and elder resilience influenced perceptions of elders suffering from depression. These perceptions may influence willingness of future social workers to provide services to older adults with mental health needs as well as the type of services they might consider appropriate to aging populations.

## METHODOLOGY

### Sampling and Data Collection

BSW and MSW student respondents participated in an anonymous, self-administered, in-class survey (N= 156). The sample reflected Florida's immense diversity. Specifically, the demographic variables included gender [female = 127 (81.4%), male = 29 (18.6%)], educational program [BSW = 71 (45.8%), MSW = 84 (54.2%)], ethno-cultural identification [European American = 85 (55.2%), African American = 23 (14.9%), Caribbean American = 17 (11.0%), Latino = 27 (17.5%), other = 2 (1.2%)], and age (Mean = 33.85, Min. = 19, Max. = 69). Data gathered specifically for this study was attached to an instrument which investigated social work students' perceptions regarding service of elders and perceptions associated with death.

## Instrumentation

Based on a literature review, multiple items were developed to consider respondents' perceptions about the emotional states of elders and their resilience. Face validity was determined by the researchers, social work educators and practitioners. A five point Likert-type scale (1 = strongly agree, 2 = agree, 3 = Not sure - Neither agree nor Disagree, 4 = Disagree, 5 = strongly disagree) was adopted to respond to each of the items. Each of the variables is described below.

***Perceptions of elders as suffering from depression:*** This variable, chosen as the dependent variable for this analysis, consisted of four items (elders suffer from depression, depression is untreated in elders, etc.). Scores ranged from a minimum of 4 to a maximum of 20, with lower scores indicating greater perceptions that elders are depressed. The mean score of 9.0 (SD = 2.7) suggests that respondents perceived elders to be depressed. A reliability coefficient was calculated at .7

***Perceptions of elders as vulnerable:*** Using five items (To grow old is to become vulnerable, being old means being vulnerable, older people are vulnerable, etc.), this independent variable was used to measure perceptions of elders as vulnerable members of society by virtue of their age. Scores ranged from a minimum of 5 to a maximum of 24 out of a possible 25. Lower scores suggest perceptions of greater vulnerability among elders. The mean score was 12.2 (SD = 3.5). Reliability was calculated at .7.

***Perceptions of elders negative actions to treat themselves:*** This independent variable consisted of four items that asked respondents about their perceptions of elders using street drugs, abusing alcohol and other substances, and of using substances to self-medicate feelings of sadness. Scores ranged from a minimum of 9 to a maximum of 20, with a mean value of 15.5 (SD = 2.2). This suggests that respondents perceived elders to be somewhat abusive of substances.

***Perceptions of the resilience of elders with mental illness or substance abuse:*** This variable was comprised of two items (elders with mental illness don't improve, substance abuse in old age is permanent). Reliability analysis was calculated at .7. Scores ranged from a minimum of 2 to a maximum of 10 with lower scores suggesting more negative perceptions of elders' resilience. In this study, a mean of 6.4 (SD = 1.6) was calculated.

***Perceptions about elders seeking professional help:*** This variable consisted of two items (elders seek psychotherapeutic services, elders are treatment compliant). With a minimum score of 3 and a maximum score of 10, the mean was calculated at 7.0 (SD = 1.4). Lower scores suggest positive perceptions of elders seeking psychotherapeutic services.

***Perceptions of social workers' advocacy for elders:*** This variable consisted of 5 items which investigated perceptions of social workers' advocacy for elders (Social workers perform valuable services to the elder community, solve problems, report elder abuse, etc.). With a reliability score calculated at .8, scores ranged from a minimum of 5 to a maximum of 25. The mean score of 8.3 suggests that respondents perceived social workers as effective advocates for elder clients.

*Perceptions of elders in poverty:* This variable consisted of 2 items (poor people need help, are minorities) with scores ranging from 2 to a maximum of 10 and a mean score of 4.8 (SD = 1.8). Lower scores suggest that respondents perceive the poor as needing assistance.

*Perceptions of elders as oppressed:* Two items referencing elders as oppressed people were used to measure perceptions of elders as an oppressed group. With scores ranging from a minimum of 2 to a maximum of 10, the mean score was 4.2 (SD = 1.6). A reliability coefficient was calculated at .7. Lower scores indicate agreement with the idea that elders are an oppressed population.

## RESULTS

Table 1 contains univariate statistics for all continuous variables. Bivariate correlations between the dependent variable and all independent variables were computed. Statistically significant associations were found between the dependent variable and the following independent variables: perceptions of elders as vulnerable ( $r = .384$ ,  $p = .000$ ), perceptions of elders' negative actions to treat themselves ( $r = -.182$ ,  $p = .024$ ), perceptions about elders seeking professional help ( $r = -.218$ ,  $p = .007$ ), perceptions of social workers' advocacy for elders ( $r = .362$ ,  $p = .000$ ), perceptions of elders in poverty ( $r = .261$ ,  $p = .002$ ), and perceptions of elders as oppressed ( $r = .479$ ,  $p = .000$ ). Table 2 contains detailed correlation information.

A standard regression analysis that incorporated all the independent variables significantly correlated with the dependent variable (perceptions of elders as suffering from depression) was performed. These variables included perceptions of elders as vulnerable, perceptions of elders' negative actions to treat themselves, perceptions about elders seeking professional help, perceptions of social workers' advocacy for elders, perceptions of elders in poverty, and perceptions of elders as oppressed. This model produced an initial solution with three significant predictor variables ( $R = .589$ , Adjusted  $R^2 = .315$ ,  $F = 10.995$ ,  $p = .000$ ).

In further exploration and to build an economic model, variables which did not approach significance were excluded from further analysis. The final model adopted for this study used four predictor variables which accounted for 32.0% of the adjusted variance. These predictor variables included: (a) perceptions of elders as vulnerable, (b) perceptions about elders seeking professional help, (c) perceptions of social workers' advocacy for elders, and (d) perceptions of elders as oppressed. The final model summary is found in Table 3.

## Discussion

Respondents perceived elders as suffering from depression, members of an oppressed group, vulnerable, moderately abusive of substances, and only somewhat resilient with the usage of mental health services. Respondents strongly perceived social workers as effective advocates for elders. These perceptions are generally in line with the ageism literature that suggests that elders are perceived in the neutral to negative end of the attitude continuum.



**Table 1. Univariate statistics for the dependent and predictor variables**

Perceptions of:	Mean	S.D.	Min	Max
elders as vulnerable	12.25	3.58	5	24
elders as suffering from depression	9.06	2.72	4	20
Elders negative actions to treat themselves	15.56	2.24	9	20
Resilience of elders with mental illness/substance abuse	6.50	1.66	2	10
Elders seeking professional help	7.09	1.41	3	10
Social workers' advocacy for elders	8.39	2.82	5	25
Elders in poverty	4.80	1.81	2	10
elders as oppressed	4.29	1.66	2	10

**Table 2. Bi-variate correlations of the independent to the dependent variable (perceptions of elders as suffering from depression)**

Perceptions of:	Correlation	p-value
elders as vulnerable		
elders as suffering from depression	.384	.000*
Elders negative actions to treat themselves	-.182	.024*
Resilience of elders with mental illness/substance abuse	-.076	.351
Elders seeking professional help	-.218	.007*
Social workers' advocacy for elders	.362	.000*
Elders in poverty	.261	.002*
elders as oppressed	.479	.000*
Gender	.088	.281
Educational Program	-.109	.182

**Table 3. Regression Summary Table: Final Model with the dependent variable (perceptions of elders as suffering from depression)**

Predictor Variables	B	Beta	T	Sig.
Perceptions of elders as vulnerable	.190	.250	3.544	.001*
Perceptions about elders seeking professional help	-.310	.131	-2.368	.019*
Perception of social workers' advocacy for elders	.124	.129	1.687	.094
Perception of elders as oppressed	.543	.334	4.343	.000*

Of note, however, is the finding that elders were perceived by respondents as depressed. While not all elders suffer from depression or its associated symptoms, this finding suggests that future social workers are cognizant of the prevalence of depression among elders and potentially may be more likely to recognize the symptoms of depression in older adults. The finding that respondents perceived elders as only moderately benefiting from mental health services was disappointing and supports other literature which investigated ageism among mental health providers (cf: Ivey et al., 2000; Reekie & Hanson, 1992). This remains an important area for continuing education in social work. Future and current social workers may benefit from understanding that elders are resilient and capable making and maintaining meaningful

psychotherapeutic gains.

Bivariate correlations revealed associations between the dependent variable of perceptions of elders as suffering from depression and (a) perceptions of elders as vulnerable, (b) perceptions of elders' negative actions to treat themselves, (c) perceptions of elders seeking professional help, (d) perceptions of social workers' advocacy for elders, (e) perceptions of elders in poverty, and (f) perceptions of elders as oppressed. It is interesting to note that the variable "perceptions of resilience of elders with mental illness or substance abuse" was not correlated with the dependent variable of perceptions of elders as suffering from depression. This may suggest that while respondents perceived elders as suffering from depression, they did not tie this perception to the perception of elder recovery from either mental illness or substance abuse concerns. These again would be important considerations for continuing education programs as they consider how best to change perceptions and to increase practitioners' abilities to assess elders and to develop service goals appropriately.

In the model building, three variables were significantly predictive. These included: (a) perceptions of elders as vulnerable, (b) perceptions about elders seeking professional help, (c) perceptions of elders as oppressed. A fourth variable approached significance (perceptions of social workers' advocacy for elders,  $p = .094$ ). In an effort to avoid a type II error, the variable was retained in the final model. Perceptions of elders as suffering from depression logically appears to be tied to perceptions of elders as vulnerable and perceptions of elders as oppressed. Social workers are trained to assess the impact of environmental factors on an individual's functioning and health. It is clear that respondents have made appropriate connections regarding the impact of oppression and vulnerability. It is interesting to see that the variable of perceptions of elders as suffering from depression was tied to the variable of perceptions about elders seeking professional help. While respondents perceived elders as suffering from depression, they perceived elders as only moderately resilient with the usage of mental health services. This is further explained in the negative bivariate correlation between this variable and the dependent variable. In other words, the perception about elders suffering from depression increases as the perception of elder's use of psychotherapeutic services decreases. In further consideration, the dependent variable was not significantly correlated in the bivariate analysis with perceptions of elders' resilience with mental illness or substance abuse. Items in this variable investigated perceptions about elder's capacity to recover from mental illness or substance abuse problems. The lack of correlation to the dependent variable may suggest that respondents believe that elders who suffer from depression may improve if they seek mental health services appropriately; without reference to the resilience possessed by elders who have mental health or substance problems.

Of equal interest are two variables that did not significantly predict perceptions of elders as suffering from depression: perceptions of elders in poverty and perceptions of elders' negative actions to treat themselves. While it may be logical to consider that perceptions of elders in poverty might be predictive of perceptions of elders as suffering from depression, it was not. This suggests that perhaps respondents disconnected this social stressor as a significant contributor to depression. It is difficult to consider

that the impact of poverty on the mental health of elders was overlooked by respondents when oppression and vulnerability contributed significantly to the model's variance. This finding is confusing and requires further investigation.

It is equally interesting to note that perceptions of elders' negative actions to treat themselves (self medicating behaviors, etc.) did not significantly contribute to the model building. Social work education generally includes material on substance abuse and mental illness. Most students are exposed to concepts such as dual diagnosis as well as the bio-psycho-social aspects of substance abuse in HBSE content and the practice sequence. While respondents perceived elders as somewhat abusive of substances, they did not make a connection between substance usage and depression. This may be problematic, as elder may use substances to self-medicate symptoms of depression following major losses as in late-onset substance abuse (Blow et al., 2002; Sadock & Sadock, 2003). This is distinct from situations in which elders have been abusing substances for their entire life. Intervention is predicated on this distinction. Current and future practitioners clearly need the knowledge and skills to adequately assess this area in their practice. Again, this area is an important consideration in developing continuing education agendas that stress the well-being of older adults.

These findings have implications for social work continuing education. Social work educators have always been attentive to stigmatizing social perceptions. Social work curricula seek to impart knowledge and skill from a value-based perspective. Practitioners are encouraged from micro, mezzo and macro levels to challenge discrimination and oppression. Additionally, practitioners are encouraged to develop advocacy skills for vulnerable and oppressed populations. While students in this study identified elders as depressed and as members of an oppressed group, they believed that elders are abusive of substances and only moderately resilient with mental health intervention. These perceptions suggest that these students have received the message that depression in older populations is largely untreated and that multiple factors may be connected to depression. While their perceptions of elders as abusive of substances clearly merits further investigation, it stands to reason that respondents and practitioners need to see a connection between substance usage and depression. What is particularly troublesome, however, is the perception that elders are only moderately resilient when provided mental health services. Consistent with other literature, this suggests a variant type of therapeutic nihilism (Dunkelman & Dressel, 1994), an insidiously harmful type of ageism that discredits intervention and service. Classroom and continuing educators will need to incorporate elders in their cases studies that use empowerment and strengths perspectives. Highlighting elders as capable and resilient will encourage a more balanced representation of aging.

### SUGGESTIONS FOR FUTURE RESEARCH/LIMITATIONS

This study used anonymous responses from a convenience sample of social work students. Florida has been viewed as a retirement haven for elders. Thus, respondents' perceptions may be predicated on common perceptions regarding the region as well as perceptions about the bio-psycho-social realities of aging. Thus, for greater generalizability, probability samples should be drawn from various geographic areas that may

better represent the perceptions of social work students.

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## GRADUATING BSW STUDENT ATTITUDES TOWARDS VULNERABLE POPULATIONS AND THEIR PREFERENCES TOWARDS INTERVENTIONS TO SERVE THEM

Tim G. Reutebuch

**Abstract:** *A one-time cross-sectional survey was administered to 78 fourth-year social work students at the University of Wisconsin-Whitewater campus during the 2000/2001 academic year to explore graduating seniors' attitudes towards poverty, delinquency and the elderly as well as students' preferred interventions towards these vulnerable populations in the United States. Additional survey items included student perceptions towards individually-oriented versus socially-oriented goals of the social work profession, preferences regarding age of client, client population preferred, preferences regarding place of employment, and types of services, interventions, and practices preferred. After calculating mean scores, ANOVA tests revealed statistically significant findings in student ideologies and practice preferences. The potential impact of these findings on social work education and practice will be discussed.*

**Key words:** *student attitudes, residual, institutional, social welfare*

### INTRODUCTION

An on-going ideological debate in the field of social work centers on the origins of client problems in living and the ensuing interventions intended to solve them. The seminal works of Wilensky and Lebeaux (1958) illustrate this ideological rift, with the origins of people's problems being polarized in either an individual responsibility (residualist) approach or a societal responsibility (institutional) approach. Various social scientists have reported on the connection between student attitudes and beliefs towards client populations and the resultant impact on service delivery (Applebaum, 2002; Manoleas, 1994; Stacey, Singer and Ritchie, 1989; Tan, Hawkins, and Ryan, 2001; Van Soest, 1996). Similarly, the connection between societal values, beliefs, and attitudes towards vulnerable populations and the resultant social welfare policies, programs and practices that flow from them has been elaborated on by numerous authors (Bankston, 2003; Braithwaite, 1986; Lasch, 1995, Specht and Courtney, 1994). This paper will explore social work student attitudes toward vulnerable populations and their preferences towards interventions intended to serve them.

### METHODOLOGY

A one-time cross-sectional survey was administered to 78 fourth-year BSW social work students at the University of Wisconsin-Whitewater campus during the 1999/2000

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academic year. Eighty-nine percent of the participants were women, 58% of whom were under the age of 28 years. Sixty-nine percent of the participating students were not married. The surveys were distributed in both the fall and spring semesters during the final year of studies, with voluntary student participation and complete confidentiality. The survey instrument utilized was developed as part of an international study of social work student attitudes, with this author collaborating on the chapter concerning U.S. social work student attitudes (Weiss, Gal, and Dixon, 2003).

## FINDINGS

### PROFESSIONAL IDEOLOGY

Student attitudes toward the causes of poverty and delinquency, the ways that society should deal with poverty and the goals of the social work profession were explored.

#### **Attitudes towards poverty**

The possible causes of poverty were examined from three different approaches: 1) psychological, 2) social, and 3) lack of motivation. A Likert-type scale of 17 items was utilized with possible responses ranging from a high of 5 (strongly agree) to a low of 1 (strongly disagree). The internal consistency of all three of the possible causes of poverty (factors) measured was high with a  $\alpha = .88$  for "social causes",  $\alpha = .78$  for "psychological causes", and  $\alpha = .86$  for "lack of motivation" causes. The mean score for the "social causes" of poverty factor was 3.47, for the "psychological causes" of poverty factor was 2.26, and for the "lack of motivation" poverty factor was 1.94. The greatest degree of support among United States social work students in explaining the causes of poverty was the "social causes of poverty" approach which places the origins of poverty within the social environment, versus the "lack of motivation" cause which places responsibility on the lack of personal effort to find work etc. The "psychological causes" of poverty, such as attributing poverty to emotional problems, had a moderate level of support among students. In an ANOVA test, these differences were found to be statistically significant,  $F(2,154)=110.20; p<.001$ . In the paired samples comparative t-tests, all three explanations for "causes of poverty" were found to have significant differences,  $p<.001$ .

#### **Attitudes towards delinquency**

Three possible causes of delinquency were also examined: 1) "psychological causes" 2) "social causes" and 3) "considerations of gains and losses". A Likert-type scale of 17 items was again utilized, with possible responses ranging from a high of 5 (strongly agree) to a low of 1 (strongly disagree). The internal consistency of all three of the possible causes of delinquency (factors) measured was again quite high with a  $\alpha = .84$  for "social causes",  $\alpha = .77$  for "psychological causes", and  $\alpha = .78$  for "gains and losses considerations". The mean score for the "social causes" of delinquency factor was 3.16, for the "psychological causes" of delinquency factor was 2.42, and for the "consideration of gains and losses" causes of delinquency factor was 3.10. The support among



United States social work students in explaining the causes of delinquency was nearly the same for both "social causes" and "consideration of gains and losses" causes. Less support was found for the "psychological causes" of delinquency factor.

In an ANOVA test, these differences were found to be statistically significant,  $F(2,154)=32.25;p<.001$ . In the paired samples comparative t-tests, significant differences were found between the social and psychological "causes of delinquency" as well as the psychological and considerations of gains and losses examinations,  $p<.001$ . However, no significant difference was found between the social and considerations of gains and losses "causes of delinquency",  $p<.05$ . Congruent with the Whitewater student's attitudes towards the social causes of poverty, the social causes of delinquency were perceived to be most influential, followed by psychological causes in both cases.

### **Preferred ways of dealing with poverty**

Three different approaches to dealing with poverty were examined: 1) extending state social welfare services, 2) psychotherapeutic treatment of the individual, and 3) reductions in state support or punitive policies. A Likert-type scale with 15 items was again utilized, with possible responses ranging from a high of 5 (strongly agree) to a low of 1 (strongly disagree). The internal consistency of all three of the possible ways of dealing with poverty were very high, with a  $\alpha = .83$  for "extending state social welfare programs",  $\alpha = .84$  for "psychotherapeutic treatment of individuals", and  $\alpha = .84$  for "minimizing state assistance". The mean score for the "extending state social welfare programs" approach was 3.79, the mean score for the "psychotherapeutic treatment of individuals" approach was 2.46, and the mean score for the "minimizing state assistance" approach for dealing with poverty was 1.98. Students clearly favored the "extending of state social welfare programs" approach to dealing with poverty, with the least support going towards the "minimizing of state assistance" approach. There was a moderate level of support for the "psychotherapeutic treatment of individuals" approach to dealing with poverty.

In an ANOVA test, these differences were found to be statistically significant,  $F(2,154)=140.72;p<.001$ . In the paired samples comparative t-tests, significant differences were found between all three approaches to dealing with poverty,  $p<.001$ .

### **The goals of the social work profession**

Two primary types of social work goals were explored in this survey:

1) individually oriented goals and 2) socially oriented goals. Six items focused on individual-oriented goals such as "dealing with the difficulties of the individual" and five items were socially oriented such as "furthering social policy that supports the principle of social justice". A Likert scale was again utilized for respondents to rank the degree of importance of each of the goals, with a score of 5 indicating "very great importance" to a score of 1 indicating "very little importance". The internal consistency was calculated with a  $\alpha = .81$  for "individual oriented goals" and a  $\alpha = .83$  for "society-oriented goals", indicating a high degree of internal consistency for both measures. The

mean score for socially oriented goals was 4.24 and the mean score for individually oriented goals was 4.38, with no significant difference found between the importance that the Whitewater students attributed to the two types of goals for the social work profession.

## PROFESSIONAL PREFERENCES

### Preferences regarding age groups

Student preference in terms of their readiness/preference to working with various age groups of clients was measured, once again utilizing a Likert scale, with a 5 indicating "a very large degree" of preference and a 1 indicating "a very little degree" of preference in working with each age group. The mean scores of the level of readiness/preference to working with different age groups were as follows: Children  $M = 4.03$ , Adolescents  $M = 3.96$ , Young Adults(18-21)  $M = 3.73$ , Adults  $M = 3.38$ , and Elderly (65+)  $M = 2.43$ . Interestingly, the degree of student preference declined steadily over the life span, but the sharpest decline in preference came with the elderly population. In an ANOVA test, these differences in student preference were found to be statistically significant,  $F(4,308)=24.05;p<.001$ . In the paired samples comparative t-tests, no significant differences were found between the first three age groups (children, adolescents, and young adults). However, significant differences were found between all three of these age groups and the last two age groups (adults and elderly),  $p < .05$ , with a significant difference also found between adults and elderly,  $p < .001$ .

### Preferences towards different population groups

Students were asked to indicate the degree to which they would prefer to work with each client population following graduation. A Likert scale was again utilized with a 5 = "to a very large degree" and a 1 = "to a very little degree". The mean score of each of the client groups is presented in Table 1 below:

**Table 1: Mean scores of student preferences towards different population groups**

Population	Mean	Population	Mean
single parent families	3.83	drug addicts	2.81
juvenile delinquents	3.78	mentally ill	2.78
adolescents in high school	3.75	HIV-positive victims	2.73
abused/neglected children	3.63	adults delinquents	2.68
victims of sexual abuse	3.40	unemployed	2.62
people w/ learning difficulty	3.24	Immigrant families	2.59
poor	3.24	chronically ill	2.40
married couples	3.16	chronically ill elderly	2.17
disabled	3.02		
homeless	3.00		

In an ANOVA test, these differences in student preferences regarding population

groups were found to be statistically significant,  $F(17,1241)=16.37; p<.001$ . In the paired samples comparative t-tests, no significant differences were found between the four population groups with the highest student preferences (single parent families, juvenile delinquents, adolescents in high school, and abused and/or neglected children),  $p<.01$ . Victims of sexual abuse were also a highly preferred client population, but significantly less than single parent families,  $p<.01$ . The client group least preferred by students was the chronically ill elderly, with significant differences found between this group and all the other client groups,  $p<.05$ . The chronically ill and immigrant families were also low in student's level of preference.

### Preferences in regard to places of employment

Students were asked to indicate the degree to which they would prefer to work in 16 different potential places for employment following graduation. A Likert scale was again utilized with a 5 = "to a very large degree" and a 1 = "to a very little degree". The mean score of each of the places of employment is presented in Table 2.

**Table 2: Mean scores in student preferences in regard to places of employment**

place of employment	mean	place of employment	mean
student counseling center	3.84	marriage counseling agency	2.95
an elementary school	3.54	a public assistance office	2.92
a juvenile probation service	3.44	a general hospital	2.88
an adoption agency	3.42	adult probation service	2.82
an infant health clinic	3.34	a prison	2.80
a shelter for battered women	3.21	a mental health hospital	2.71
a workplace	3.09	a day center for the elderly	2.26
Drug rehabilitation program	2.96	a nursing home	2.06

In an ANOVA test, these differences in student preferences regarding places of future employment were found to be statistically significant,  $F(15,1140)=12.25; p<.001$ . In the paired samples comparative t-tests, significant differences were found between the most preferred place of employment (student counseling center) and all other locations,  $p<.05$ . An elementary school, juvenile probation service, and adoption agency were also all preferred jobs by students. Significant differences were found between the two least preferred places of employment, a nursing home and a day center for the elderly, and all other locations,  $p<.05$ . However, there was a significant difference between the least preferred job (old age home) and the next least preferred job at a day center for the elderly,  $p<.01$ .

Students were requested to score their preferences with regard to future employment in four different service sectors after graduation. A Likert scale was again utilized with a 5 = "to a very large degree" and a 1 = "to a very little degree". The mean score of each of the types of service is presented in Table 3 below:

**Table 3: Mean scores in student preferences with regard to types of services**

type of service	mean
private practice	3.58
government	3.46
for profit	3.36
non profit	3.28

In an ANOVA test, these differences in student preferences regarding types of services were not found to be statistically significant,  $F(3,231)=.92;p>.05$ .

### **Preferences regarding types of intervention**

Students were asked to score their preferences regarding four different types of professional intervention strategies which social workers often employ in their work. A Likert scale was again utilized with a 5 = "to a very large degree" and a 1 = "to a very little degree". The mean score of each of the types professional intervention strategies is presented in Table 4 below:

**Table 4: Mean scores of student preferences regarding types of intervention**

type of intervention strategy	mean
psychotherapy	3.45
material assistance	3.42
forensic	3.32
policy practice	3.08

In an ANOVA test, these differences in student preferences regarding types of intervention strategies were found to be statistically significant,  $F(3,231)=3.69;p<.05$ . In the paired samples comparative t-tests, significant differences were found between the two most preferred types of intervention strategies, psychotherapy and material assistance, and the two least preferred interventions, forensic social work and policy practice,  $p<.01$ . There was not a statistical difference between the two most preferred intervention strategies or between the two least preferred strategies.

### **Preferences regarding types of practice**

Students were asked to score their preference regarding two general levels/types of social work practice: 1) macro level and 2) micro level. A Likert scale was again utilized with a 5 = "to a very large degree" and a 1 = "to a very little degree". The mean score of each of the types of social work practice is presented in Table 5 below:

**Table 5: Mean scores of student preferences regarding types of practice**

type of practice	mean
micro	3.76
macro	2.99

In an ANOVA test, this difference in student preferences regarding type of practice was found to be statistically significant,  $F(1,77)=36.40; p<.001$ , with Whitewater students clearly preferring micro-level practice over macro-level.

## DISCUSSION

As mentioned earlier, this study was conducted to illuminate the contemporary professional ideologies and preferences of graduating BSW social work students at the University of Wisconsin-Whitewater. This discussion will focus on the above findings and their relationship to historical and contemporary trends in social work education, practice, and the social welfare system in the United States. Based on this limited sample, it would appear that U.S. students do perceive the origins of poverty and delinquency as being within the social environment, not within the individual. However, while this more institutional (liberal) ideological perspective was apparent in students' perceptions concerning the origins of poverty, it was not consistent with their most preferred types of intervention strategies, psychotherapy and material assistance (a more conservative, residualist approach). Student preferences regarding type of practice, with students clearly preferring micro-level practice over macro-level, was also contradictory to their institutional view of the origins of poverty.

Concerning student attitudes towards the causes of poverty and delinquency in the United States today, the greatest degree of support in explaining both of these social problems was the "social causes of poverty and delinquency" approach which places the origins of poverty and delinquency within the social environment, versus the "lack of motivation" cause of poverty or "psychological" cause of delinquency factor, which places responsibility on the individual. However, students did perceive the causes of delinquency as nearly the same for both "social causes" and "consideration of gains and losses" causes. Congruent with this professional ideology, students clearly favored the "extending of state social welfare programs" approach to dealing with poverty (clearly a more institutional, liberal approach), with the least support going towards the "minimizing of state assistance" approach (a residualist, conservative approach). There was a moderate level of support for the "psychotherapeutic treatment of individuals" approach to dealing with poverty.

There were no significant differences found between the importance that the Whitewater students attributed to socially oriented versus individually oriented goals for the social work profession. This is reflected in the student ranking of "protecting groups at risk" goal as the most important goal of social work followed by "developing social services" and "increasing social acceptance of diverse social groups" respectively. Interestingly, students saw "providing consultation services to other professionals" as the least important goal of their profession. Thus, this finding provides no clear distinction between social work goals aimed at individual (residual) versus societal (institutional)

goals of social work from our students' perspective.

Next, student preferences concerning client age, population, place of employment, type of service, type of work, and professional strategies were examined. Interestingly, the degree of student preference declined steadily over the life span, but the sharpest decline in preference came with the elderly population. While no significant differences were found between the first three age groups (children, adolescents, and young adults), significant differences were found between all three of these age groups and the last two age groups (adults and elderly). This finding appears to reflect the youth-oriented nature of U.S. society (Kornblum and Julian, 2001), and, while not indicative of blatant ageism, it would indicate that student preferences have been impacted by this social norm concerning the status of the elderly in the United States today.

No significant differences were found between the four population groups with the highest student preferences (single parent families, juvenile delinquents, adolescents in high school, and abused and/or neglected children). Victims of sexual abuse were also a highly preferred client population, but significantly less than single parent families. The client group least preferred by students was the chronically ill elderly, with significant differences found between this group and all the other client groups. This finding is congruent with the above findings concerning student preferences favoring younger clients. The chronically ill and immigrant families were also low in student's level of preference.

Significant differences were found between the most preferred place of employment (student counseling center) and all other locations. An elementary school, juvenile probation service, and adoption agency were also all preferred jobs by students. Significant differences were found between the two least preferred places of employment, a nursing home and a day center for the elderly, and all other locations. Once again, student preferences favoring employment locations serving younger client populations over the elderly is clearly demonstrated.

The differences in student preferences regarding types of services were not found to be statistically significant. While ranked first, private practice was not significantly more preferred than work in a governmental agency, work in the non-profit sector, or work in the for-profit sector respectively.

Significant differences were found between the two most preferred types of intervention strategies, psychotherapy and material assistance, and the two least preferred interventions, forensic social work and policy practice. As mentioned earlier, this more conservative, residualist approach to social work practice is not congruent with students' more institutional (liberal) ideological perspective concerning the origins of poverty. This contradiction between student ideology and practice was also reflected in student preferences regarding type of practice, with students clearly preferring micro-level practice over macro-level practice.

## CONCLUSION

In closing, it would appear from this study that while students do conceptually and ideologically embrace a more liberal, institutional explanation for the origins of pov-

erty and delinquency in the United States, they clearly prefer intervention strategies that engage client populations at the individual/micro level, reflecting a more conservative, residualist approach to social work practice. This could largely be due to trends in social work education in the United States away from community organization/empowerment models of intervention towards a more individual, psychotherapeutic approach. Finally, in addition to this micro-level preference of intervention, we also see a student preference bias towards younger client populations. If indeed indicative of overall social work student attitudes in the United States today, this is potentially problematic given current population demographics in the U.S. and the rapid increase in retirement age and older Americans (U.S. Bureau of Census, 2000). How to bridge this gap between ideology and practice, integrating both micro and macro-level intervention models towards vulnerable populations, while instilling a sensitivity towards the growing needs of the elderly is a major challenge facing the social work profession in the United States today.

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## INTRINSIC SPIRITUALITY AMONG ALZHEIMER'S CAREGIVERS: A PATHWAY TO RESILIENCY

Scott E. Wilks

**Abstract:** *The purpose of the study was to understand the influence of intrinsic spirituality on perceived resiliency among Alzheimer's caregivers. A cross-sectional research design was employed, surveying a sample of Alzheimer's caregivers (N=304) who attended caregiver support groups in the southeastern United States. Questionnaire items empirically measured a number of constructs, including perceived burden; frequency of prayer; intrinsic spirituality; and perceived resiliency. Demographic characteristics of the sample were reported. Over three-fourths of the sample reported a high frequency of prayer, along with a moderately high level of intrinsic spirituality. Regression analyses evaluating the relationship between spirituality and resiliency, while controlling for demographic variables, indicated a strong association and positive, significant relationship between intrinsic spirituality and resiliency. Implications for social work practice and education are discussed.*

**Keywords:** *Alzheimer's disease, caregiver, resiliency, social work, spirituality*

### INTRODUCTION

The burden of caring for a loved one with Alzheimer's disease (AD) is well-documented (Gwyther, 1990; Patterson & Whitehouse, 1990): legal questions, financial strain, social and emotional burdens, and less personal time and privacy. Yet, despite the accumulation of aforementioned burden, caregivers have consistently adapted to and surmounted these challenges. As Gwyther (1990, p. 202) noted, the response to caregiving demands "requires adaptation but does not, ipso facto, lead to stress or family pathology...What is most remarkable in research literature is the evidence of strength and resourcefulness in responding to caregiving, often with little outside help."

The current study investigated such strength and resourcefulness among AD caregivers by examining a commonly reported source of strength, their sense of intrinsic spirituality. In doing so, this study proceeded beyond a perspective of spirituality as a coping strength, as revealed in contemporary research (e.g., Harris & Durkin, 2002; Stolley, Buckwalter, & Koenig, 1999), and examined its potential effect on an outcome variable of successful coping, resiliency. Guided by a conceptual model that emphasizes individual demand, resiliency factor(s), and an outcome of resiliency, the study assessed the following among a sample of AD caregivers: degree of burden, or demand; degree of intrinsic spirituality; perceived level of resiliency; and the relationship between intrinsic spirituality and the caregiver's perceived resiliency. The follow-

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ing section presents a review of literature that includes relevant information on the study's population of interest, as well as theoretical explication of the study's relevant concepts, particularly as they relate to AD caregivers.

## REVIEW OF LITERATURE

### Alzheimer's Caregivers

There are over four million Americans with AD (Hebert, Scherr, Bienias, Bennett, & Evans, 2003). In addition to the diagnosed individuals suffering with this illness, AD affects family members and friends who become caregivers. For the purpose of this discussion, *caregiving* is defined as follows (Alzheimer's Association/National Alliance for Caregiving [AA/NAC], 2004):

Providing unpaid care to a relative or friend who is aged 50 or over to help them take care of themselves...Caregiving may include help with personal needs or household chores. It might be taking care of a person's finances, arranging outside services, or visiting regularly to see how they are doing. This person need not live with (the caregiver). (p. 2)

In early stages of AD, caregiving includes helping determine who will manage the patient's financial and legal affairs when s/he is no longer able to, ensuring adequate funding for medical costs, and discussing with the patient and loved ones the appropriate kind of medical care (Cutler & Sramek, 1996). In later stages, proper caregiving involves developing a comfortable routine that includes meaningful and pleasant activities (Cutler & Sramek, 1996; Zgola, 1990). The most commonly reported activities of care are helping with dressing the care recipient and helping her/him get out of beds or chairs (AA/NAC, 2004).

Family members, especially spouses, are overwhelmingly the primary caregivers for relatives diagnosed with AD (Cutler & Sramek, 1996). Gwyther (1990, p. 194) noted that family caregiving offers a "commitment that includes a strong need to understand (their relatives), to make sense of their situations, and to garner professional validation for their heroic efforts." Seven out of ten AD care recipients live at home, and 90% of caregivers to these individuals are family members or close friends who are considered family (AA/NAC, 2004; U.S. Congress Office of Technology Assessment, 1987). Three-fourths of AD caregivers are women, and one in three has children or grandchildren under age 18 living at home (AA/NAC, 2004). A national study collaborated by the National Alliance for Caregiving and American Association of Retired Persons (NAC/AARP, 1997) surveyed over 1,500 English-speaking caregivers. Results revealed that the typical Alzheimer's caregiver is a 46 year old employed woman who spends 18 hours per week caring for her mother. Overall, more than eight in ten caregivers take care of a relative, while 15% take care of a friend and/or neighbor.

## Burden of Caregiving

Caregiving *burden* suggests the negative psychological, economic, and/or physical effects of caring for a person who is impaired (Fredman, Daly, & Lazur, 1995). Compared to non-caregivers of similar age, AD caregivers are twice as likely to report high levels of burden as a direct result of caregiving (AA/NAC, 2004). The impact of caregiving burden is well-documented in research (AA/NAC, 2004; NAC/AARP, 1997; Ory, Hoffman, Yee, Tennstedt, & Schulz, 1999). AD caregivers devote an average of almost 18 hours per week to giving care. AD caregivers are much more likely to have less time with family, hobbies, vacations, and other leisure activities compared to non-caregivers of similar age. Almost fifteen percent of caregivers experience a physical or mental health problem as result of caregiving. Women are slightly more likely than men to have experienced said health problems. Almost twice as many older caregivers, aged 50-64, are more likely to experience health problems as a result of caregiving than the younger cohorts. Financial strain is common among this population (AA/NAC, 2004; Coon, Ory, & Schulz, 2003; Ory et al., 1999; NAC/AARP, 1997). Seven out of ten caregivers are employed, and a majority of these employed caregivers report missing time from work, cutting back from full-time to part-time, choosing early retirement, turning down a promotion, or giving up work altogether. Caregivers are generally not wealthy people – one in five household incomes is below \$15,000 and only 11% have incomes over \$75,000. The average lifetime cost of care for an individual with Alzheimer's is \$174,000.

A few studies (e.g., Arai, Zarit, Sugiura, & Washio, 2002; Grunfeld, Coyle, Whelan, Clinch, Reyno, Earle, Willan, Viola, Coristine, Janz, & Glossop, 2004; Zarit, Reever, & Bach-Peterson, 1980) have used empirical measures, such as the Zarit Burden Interview, to assess overall levels of burden. Caregivers have consistently reported mild-to-moderate levels of burden, i.e., averaging between two and three on a 5-point scale.

## Coping with Caregiving Burden

Rolland (1994) contended that it is not only important to understand the burden of AD on the caregiver, but also just as important to understand how the caregiver and family meet and adapt to these increasing burdens. Caregivers often feel lonely and isolated; as care recipients' health deteriorate, the demands of caregiving increase, and the changes in lifestyle often result in few social contacts (Cutler & Sramek, 1996). Effective coping mechanisms for the caregiver promote a sense of autonomy and control in understanding the biological impact of dementia, in recognizing the strengths and limitations of the care recipient and the caregiver, and in successfully navigating the health care system (McDaniel, Hepworth, & Doherty, 1992). By definition, *coping* refers to cognitions and behaviors used by the individual in evaluating stressors and in initiating activities with the aim of decreasing or managing its impact (Lazarus & Folkman, 1984; Margalit, Raviv, & Ankonina, 1992).

The Alzheimer's Association (2004) recommends that caregivers use specific community resources to assist with coping, including caregiver support groups. Support

groups can be ideal settings for normalizing the burdens shared by many caregivers (Cutler & Sramek, 1996). As Martindale-Adams, Nichols, Burns, and Malone (2002, p. 181) stated, the support group for AD caregivers is "a common method of promoting supportive communication by bringing people together who are dealing with the same issue, (and to) discuss a common problem and establish nurturing bonds with one another." The Alzheimer's Association (2004) reports relaxation techniques as an effective method of coping, including meditating, singing, listening to music, or taking a bath. Results from the NAC/AARP survey of caregivers (1997) revealed that the most commonly reported method of coping is prayer. Stolley et al. (1999) documented that caregivers use spiritual coping frequently, that they perceive prayer and trusting in God as effective coping mechanisms, and that internal religious activities help them get through the caregiving situation. The following section presents a closer examination of spirituality as it relates to AD caregivers.

### **Spiritual Coping among Caregivers**

Though spirituality is often linked with religion, it is important to note distinctions between the two constructs (Hugen, 2001; Stuckey, 2002). *Religion* is a particular doctrinal framework that guides sacred beliefs and practices in ways that are sanctioned by a broader faith community or institution. *Spirituality* refers to experiences that connect persons with sacred and/or meaningful entities and emotions. These experiences may create and sustain a personal relationship with a higher source of power, defined according to her/his own beliefs; or may relate to the effort of finding purpose and meaning in life. The distinction between spirituality and religion is important, as a complete understanding of spirituality includes a wide diversity of religious and non-religious expressions; in other words, depending on the individual, spirituality may or may not be inclusive of religious expression.

Stuckey (2002, p. 152) noted that "it is vital that (caregivers) preserve connections to spiritual well-being by fostering and nurturing the spiritual care of those with AD and related dementias." Empirical research has shown evidence of spirituality as an effective coping mechanism among caregivers (Haley, Roth, Coleton, Ford, West, Collins, & Isobe, 1996; Mittelman, Roth, Coon, & Haley, 2004). Caregivers often spontaneously comment on the importance of their spiritual beliefs in helping them find meaning in the drudgery of caregiving activities, and specific items included in interviews and self-report measures that pertain to the role of spirituality are frequently endorsed (Gottlieb, Thompson, & Bourgeois, 2003). Harris and Durkin (2002, pp. 176-177) highlighted common themes from interviews with AD caregivers and care recipients, including coping through a sense of spirituality: "[T]heir spiritual beliefs were a source of comfort and support, especially on their bad days...(and) helped these individuals to meet the challenges of living with dementia by increasing their resilience in the face of the external and internal stresses of AD." For many caregivers, the overall, encompassing sense of spirituality facilitates coping appraisal; that is, "the process of determining the extent to which one is able to construct positive or negative meanings for any (caregiving) situation" (Gottlieb et al., 2003, p. 41). Thus, the caregiver's

*intrinsic spirituality*, which includes expression of spirituality as well as the overall, encompassing sense of spirituality, often appears to play a pivotal role in providing comfort and strength during hard times. Hodge (2003) provided a poignant depiction of intrinsic spirituality as the nature in which spirituality is salient in the individual's life as a motivating influence; the degree to which they find their ultimate purpose for life in their spirituality.

The above research highlights the understanding that the caregiver's sense of spirituality can often times be a source of strength, and thus, serves as a means of coping with burden. Recall that coping refers to cognitions and behaviors used to evaluate stress with the aim of decreasing its impact (Margalit et al., 1992). Thus, a logical question relevant to the current study arises: *If spirituality serves as a method of coping, does it work?* In other words, does the caregiver's spirituality influence her/his ability to overcome burden successfully? Such a question strikes at the nature of this study's other primary concept, resiliency.

### Resiliency

Prior to the past couple of decades, resiliency was researched in medical and social sciences in a risk vacuum, of sorts; resiliency, or lack thereof, was a product of risk indicators – environmental factors that have been shown more likely to render failure (West, 1982). A growing dissatisfaction emerged with this deficit model of resiliency and provided impetus for a new generation of researchers who emphasized the role of positive, protective factors or processes, rather than risks/weaknesses, in the individual's ability to overcome adversity. Rutter (1990, p. 181), deemed by many as the pioneer of modern resiliency research, defined resiliency as “. . . the positive pole of the ubiquitous phenomenon of individual difference in people's responses to stress and adversity.” Note the word *positive* in his theoretical definition of resiliency, a noticeable shift in perspective compared to the historical risk model.

Rutter viewed protective factors, or internal and environmental correlates to resiliency, not exclusively as inherent or constant, but rather, stemming also from the dynamic, active role of the individual. People negotiate their protective factors based on varying environmental circumstances, and the success of this negotiation – rather than the minimization of failure – identifies the individual's level of resiliency. Successful negotiation of environmental demands, in turn, may change the individual's perspective of those demands and enhance later success in similar circumstances. Rutter (1990) deemed a factor or process as *protective* if it moderates a risk (Rutter, 1990). Masten (1999; 2001; Masten, Best & Garmezy, 1990) added that in order to assess resiliency, adversity must be present and observed.

### Resiliency and Spirituality

Documented largely in recent literature (e.g., Cook, 2000; Larson & Dearmont, 2002), the role of spirituality as a resource, i.e., *spiritual capital*, in enhancing resiliency and unity has been noted in diverse families and communities across the American demo-

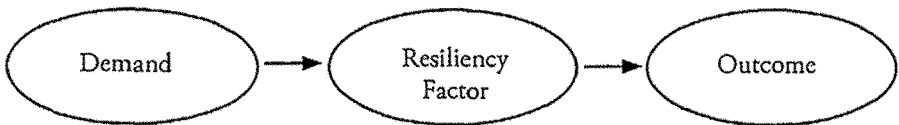
graphic spectrum, including rural farm communities; lower income, urban inner-city communities; cancer survivors; and survivors of major natural disasters. Spiritual and religious beliefs have been documented as a catalyst for renewed sense of purpose in life for parents caring for children with intellectual disabilities (Gardner & Harmon, 2002). Studies of civilian war survivors, particularly Hiroshima (Lifton, 1968) and the Holocaust (Greene, 2002), revealed that faith and spiritual rituals were key coping mechanisms for these individuals in such horrific circumstances.

In all of the aforementioned studies on resiliency and spirituality, it appears that the sense of or belief in spirituality acted as a protective factor, or encompassed various protective assets, for respondents in their respective samples. Recalling the population of interest in the current study, several studies (e.g., Ross, Holliman, & Dixon, 2003; Schulz, Mendelsohn, Haley, Mahoney, Allen, Zhang, Thompson, & Belle, 2003) have explored the role of caregivers' spirituality as a coping resource. There is a noteworthy distinction between *coping* studies, which emphasize management of stress (in this case, caregiving burden), and *resiliency* studies, which emphasize the ability to overcome burden successfully. While a number of studies have focused on coping, there is a scarce amount of published empirical studies focused on an explicit outcome of resiliency among the AD caregiver population. The dearth of such studies may be due, in part, to the novelty of resiliency as a research concept. The present study examines the influence of intrinsic spirituality on said explicit outcome of resiliency among AD caregivers. With this purpose in mind, the following framework was selected as the guide for the current study.

### CONCEPTUAL FRAMEWORK

McCubbin and McCubbin (1993; Tak & McCubbin, 2002) developed the *resiliency model of stress, adjustment and adaptation* (RMSAA) to study resiliency among families with immediate stress or crises. This model was developed to understand why some families are more resilient than others and are better able to adjust and adapt to stress, distress and crises. There are three main features in the RMSAA, as illustrated in the Figure 1 below:

**Figure 1. Resiliency model of stress, adjustment, and adaptation (RMSAA)**

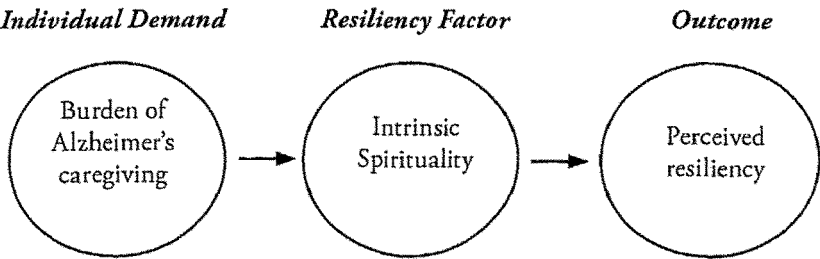


McCubbin and McCubbin's (1993) unit of analysis was the family, and thus, classified *demand* as a stimulus or condition that could threaten the family's integrity and well-being over time; it produces or calls for change in the family system. The researchers assumed a capability in families for managing the demand, depending on the resources available and utilization of such. The second feature in the model, *resiliency factor*, referred to those resources available to the individual or family, whose presence may explain why persons experience higher levels of life stresses and strains

but do not show high levels of distress (Tak and McCubbin, 2002). The model's final feature, *outcome*, referred to whatever is used to evaluate the system's capability to manage, reduce, or overcome its demands. McCubbin and McCubbin used family coping as its outcome.

For the present study, the RMSAA has been adapted to reflect the specific differences in unit of analysis, protective factor, and outcome. The model contains the same general features as the RMSAA. The model's three main features are amended and explained for the current study (see Figure 2)

**Figure 2. Caregiver model of resiliency adapted from the RMSAA**



Because the unit of analysis in the current investigation is the AD caregiver, the demand is appropriately identified as *individual demand*. As described earlier, demand is any or all of the following types: physical, psychological, emotional, and/or financial distress associated with caregiving burden. The characteristic of burden is relevant to the current study by its existence. As Masten (1999; 2001; Masten, Best & Garmezy, 1990) emphasized, in order to infer resiliency, adversity must be identified. *Intrinsic spirituality* is entered as the resiliency factor in the model. An empirically significant, positive relationship between burden and intrinsic spirituality, along with a positive relationship between spirituality and a resiliency outcome (described below), would lend credibility of the benefits of spirituality as a protective factor among the caregiver population. The outcome variable in the current investigation is AD caregivers' *perceived level of resiliency*. Again, the model examines whether intrinsic spirituality influences their resiliency given the existence of caregiving burden. The question is not whether resiliency exists among AD caregivers, or, for that matter, any population. As Masten (1999; 2001) noted, resiliency is an ordinary phenomenon that may result within any person from the operation of human adaptive resources. In this study, the question of resiliency among AD caregivers lies in their perceived level of such.

**HYPOTHESIS**

Guided by McCubbin and McCubbin's (1993) conceptual model, the current investigation proposes the following hypothesis: Based on statistically significant differences in scores on the measures of spirituality and resiliency, the greater the degree of intrinsic spirituality, the higher the level of perceived resiliency.

## METHODOLOGY

### Sampling

As the current study attempted to examine a phenomenon at one point in time, a correlational, or cross-sectional, research design was employed. In particular, a survey method in the form of self-administered questionnaires was used to collect data. Caregivers in support groups under the auspice of the *Alzheimer's Association*, with chapters located in a southeast region of the United States, who had the opportunity to complete the questionnaires, constituted the sampling frame.

Packets of questionnaires were distributed to program directors who oversee the AD caregivers support groups in their particular region. Self-addressed, postage-paid envelopes were included in the packets. The directors, in turn, disseminated the questionnaires and envelopes to the facilitators of their respective caregiver support groups. Subsequent to distributing and collecting the questionnaires from caregivers during the support group session, the facilitators mailed the completed questionnaires back to the researcher. No additional follow-up mailings occurred, in order to prevent duplication of responses by previous participants and to avoid intrusiveness upon the work conducted by support group members and facilitators. Similar methodology – cross-sectional surveys with anonymous participants in group settings – is prevalent in recent literature, such as studies with victims of domestic violence (Bradley, Smith, Long, & O'Dowd, 2002).

With input from program directors, the strategy was to increase the response rate by facilitators' encouragement during group sessions, rather than allowing participants to complete questionnaires outside of session. The strategy proved successful, with over three hundred caregivers completing the questionnaires (N=304). Group facilitators documented the total number of attendees per support group during the time of data collection, e.g., the sampling frame. There were 430 caregivers present in support groups during the time of data collection, yielding a response rate of approximately 70%.

### Measures

The two-page questionnaire was comprised of items pertaining to five general sections: demographic characteristics, burden, spirituality, prayer, and resiliency. Demographic items solicited information pertaining to gender, race, marital status (ms), age, and relationship to care recipient (rcr).

*Burden.* The Shortened Zarit Burden Interview (ZBI; Bedard, Malloy, Squire, Dubois, Lever, & O'Donnell, 2001) was included in the questionnaire to assess empirically the level of burden among AD caregivers. The scale assesses how participants feel about the stresses and strains of taking care of another person, based on a 5-point Likert-type response format ranging from *never* to *nearly always*. Examples of items included: "Do you feel strained when you are around your relative?" "Do you feel that you have lost control of your life since your relative's illness?" "Do you feel stressed



between caring for your relative and trying to meet other responsibilities?" Scores on the Shortened ZBI ranged from 0 – 48, with higher scores indicating a higher degree of burden. Past research (Zarit et al., 1980) showed estimates of the degree of burden for the original ZBI. Based on its range of scores from 0-88, the degree of burden were segregated into four range-comparable groups: (1) score of 0-20, little or no burden; (2) 21-40, mild to moderate burden; (3) 41-60, moderate to severe burden; and (4) 61-88, severe burden. No such degrees of burden were available for the Shortened ZBI. Based on the classification of degree of burden from the original ZBI, using four range-comparable groups, the degrees of burden for the Shortened ZBI are estimated as follows: (1) score of 0-12 = little or no burden; (2) 13-24 = mild to moderate burden; (3) 25-36 = moderate to severe burden; and (4) 37-48 = severe burden.

*Spirituality.* Hodge's (2003) Intrinsic Spirituality Scale (ISS) was included, a six-item instrument that evaluates the level to which individuals tap into their internalized, spiritual commitment (Burris, 1999; Hodge, 2003). ISS responses are on a continuum from zero, where spirituality answers no questions about life, to ten, where spirituality answers absolutely all questions about life. Higher total scores indicated a greater sense of intrinsic spirituality. Cronbach's alpha coefficient was measured at .96 for the ISS, indicating sound internal consistency. Concurrent validity of the ISS was obtained through correlations with scores on similar measures (see Allport & Ross, 1967; Miller, 1998), including intrinsic religion ( $r = .911, p < .001$ ); and with measures of theoretically contrasting constructs, such as alcohol use ( $r = -.489, p < .001$ ).

*Prayer.* To complement the spirituality data and for validity purposes with the ISS, frequency of private prayer was assessed, using a 4-point Likert response format adapted from Meisenhelder and Chandler's (2001) study, ranging from *never* to *daily*. Private prayer, rather than prayer among other individuals or groups, was assessed because the current study's unit of analysis was at the individual level, the AD caregiver.

*Resiliency.* The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) is a "new rating scale to assess resilience...comprised of 25 items, each rated on a 5-point scale" (p. 76). A 5-point Likert-type response format on the CD-RISC ranges from *not true at all* to *nearly true all of the time*. Total scores range from 0-100, with higher scores indicating a greater the level of perceived resiliency. The CD-RISC has demonstrated adequate psychometric findings (Connor & Davidson, 2003, pp. 78-80), including Cronbach's alpha previously measured at .89 for the full scale. Connor and Davidson (pp. 79-80) assessed scale's concurrent validity, measuring it with scores from the Kobasa hardiness measure (KHM; Kobasa, 1979), the Sheehan Social Support Scale (SSS; Sheehan, 1993), the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983), and the Sheehan Stress Vulnerability Scale (SVS; Sheehan, Raj, & Sheehan, 1990). CD-RISC scores showed significant positive correlation with the KHM (Pearson  $r = 0.83, p < .0001$ ) and the SSS (Spearman  $r = 0.36, p < .0001$ ), while scores were significantly negatively correlated with the PSS (Pearson  $r = -0.76, p < .001$ ) and the SVS (Spearman  $r = -0.32, p < .0001$ ).

## Statistical Analyses

Descriptive analysis was used to report the demographic characteristics of the sample; and scores on the empirical measures of burden, spirituality, prayer (frequency and coping), and resiliency. For cross-tabulation purposes with other measures in the study (e.g., level of burden), age was also converted into a dichotomous variable: *younger adults* below age 60, and *older adults* aged 60 and above. Although these groupings were subjective, a number of credible sources have identified adults as *older* or *younger* based on the aforementioned age groupings (e.g., Weinstein-Shr, 1995).

Linear and multiple regression analyses were used to examine intrinsic spirituality as a predictor from scores on the study's outcome variable, perceived level of resiliency, along with the inclusion of demographic variables to test for extraneous influence. Regression was the chosen method of analysis because it is generally considered a more appropriate method with interval/ratio (I/R) independent and dependent variables (see Babbie, Halley, & Zaino, 2000, pp. 263, 315).

## RESULTS

### Demographics

In total, 304 AD caregivers participated in the study. Female caregivers, 233 (76.6%), constituted over three-fourths of the sample. Among the 297 respondents who disclosed their age, the average was 62.7 ( $SD=13.53$ ), and ranged from ages 20 to 93. In terms of race, the majority respondents, 261 (85.9%), identified themselves as White. All but one respondent in the sample ( $n=303$ ) disclosed her/his marital status; as expected, most caregivers, 240 (79.2%), were married. Respondents were also asked to reveal the nature of their relationship to the care recipient. Not surprisingly, the highest number of caregivers, 131 (43.1%), were spouses of care recipients, followed by children of recipients, 118 (38.8%). Table 1 reveals the information on the demographic characteristics of the 304 caregivers.

### *Burden*

The level of caregiving burden was measured using scores from the *Shortened ZBI* scale (Bedard et al., 2001). All but one respondent in the sample ( $n=303$ ) disclosed her/his level of caregiving burden. Caregivers averaged a score of 19.1 ( $SD=7.84$ ), with scores ranging from 0 to 42. Based on previously mentioned estimates of degree of burden, the average burden score by the entire sample indicated a mild-to-moderate level of burden. Every group among the demographic factors averaged in this range, as well.

**Table 1. Demographic characteristics of the sample (n=304)**

Variable/Label	n	%
<i>Gender</i>		
Female	233	76.6
Male	71	23.4
<i>Age</i>		
Older adults (age 60+)	175	57.6
Younger adults (below age 60)	122	40.1
Missing	7	2.3
<i>Ethnicity</i>		
African American	40	13.2
Hispanic	2	0.7
White	261	85.9
Multi-ethnic	1	0.3
<i>Marital status</i>		
Single	14	4.6
Married	240	78.9
Divorced	31	10.2
Widowed	14	4.6
Single-cohabitating	4	1.3
Missing	1	0.3
<i>Relationship to care recipient</i>		
Spouse	131	43.1
Child	118	38.8
Friend	13	4.3
Other	42	13.8

*Prayer*

The entire sample of AD caregivers responded to the frequency of prayer item. An overwhelming majority, 236 respondents (77.6%), reported engaging in private prayer on a daily basis. Forty-seven (15.5%) pray on a weekly basis, and five respondents (1.6%) do so on a monthly basis. Sixteen participants (5.3%) reported that they never engage in private prayer.

*Spirituality*

Data from the ISS (Hodge, 2003) was used to assess the degree of intrinsic spirituality among the AD caregiver sample. Recall that scores ranged from 0-10, with higher scores indicating a greater extent of intrinsic spirituality. The mean score on the ISS was over seven ( $M=7.6$ ,  $SD=2.15$ ). Females indicated slightly higher ISS scores than males. African Americans reported higher scores of intrinsic spirituality than other ethnic groups (*multiethnic* group excluded, considering only one respondent identified as such on this measure). Table 2 illustrates scores on the ISS, categorized by demographics.

**Table 2. Means and standard deviations on ISS responses (n=298)**

Variable/Label	M	SD	n
<i>Gender</i>			
Female	7.8	2.08	227
Male	7.1	2.30	71
<i>Age</i>			
Older adults (age 60+)	7.5	2.16	172
Younger adults (below age 60)	7.8	2.13	119
<i>Ethnicity</i>			
African American	8.6	1.81	40
Hispanic	6.9	3.66	2
White	7.5	2.16	255
Multi-ethnic	9.7	0.00	1
<i>Marital status</i>			
Single	6.6	2.84	13
Married	7.6	2.17	236
Divorced	8.3	1.71	31
Widowed	7.4	1.28	13
Single-cohabitating	7.3	3.03	4
<i>Relationship to care recipient</i>			
Spouse	7.3	2.23	128
Child	7.9	1.91	116
Friend	8.0	1.80	13
Other	7.5	2.54	41

Because prior research (e.g., Pargament, Smith, Koenig, & Perez, 1998) have shown a relationship between spirituality and prayer frequency, additional concurrent validity of the ISS was considered via its correlation with the ordinal measure of prayer frequency: *Spearman*  $r=.570$ ,  $p<.0001$ .

### *Resiliency*

Scores from the *CD-RISC* (Connor & Davidson, 2003) were examined to assess perceived levels of resiliency among AD caregivers. The perceived resiliency among the sample was relatively high, averaging 73.4 ( $SD=13.35$ ) with scores ranging from 4 to 100. Table 3 shows scores on the *CD-RISC*, categorized by demographic groups.

Resiliency scores among gender groups were comparable, as well as those among groups of marital status, and relationship to care recipient. Younger adults reported higher resiliency ( $M=75.5$ ) than older adults ( $M=72$ ). Among ethnic groups, African Americans averaged the highest level of resiliency ( $M=76.4$ ), while Hispanic respondents reported the lowest resiliency scores ( $M=67.5$ ). Again, multiethnicity was excluded because of the lone respondent identified on this measure.

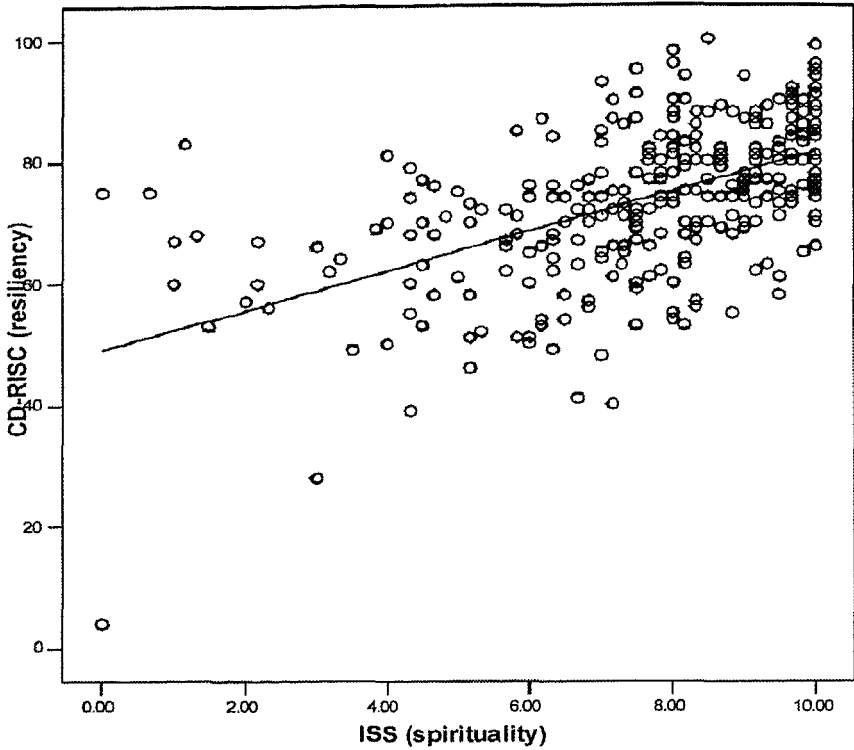
**Table 3. Means and standard deviations of resiliency responses (n=303)**

Variable/Label	M	SD	n
<i>Gender</i>			
Female	73.7	12.87	232
Male	72.5	14.92	71
<i>Age</i>			
Older adults (age 60+)	72.0	14.00	175
Younger adults (below age 60)	75.5	12.26	121
<i>Ethnicity</i>			
African American	76.4	13.45	40
Hispanic	67.5	9.19	2
White	72.9	13.34	260
Multi-ethnic	85.0	0.00	1
<i>Marital status</i>			
Single	68.0	16.11	14
Married	73.3	13.75	239
Divorced	75.2	10.11	31
Widowed	74.6	10.75	14
Single-cohabitating	77.3	9.29	4
<i>Relationship to care recipient</i>			
Spouse	71.6	12.9	131
Child	74.9	14.0	117
Friend	79.4	10.77	13
Other	73.0	13.21	42

### Hypothesis Testing

A linear regression analysis was conducted to evaluate the prediction of ISS scores from scores on the CD-RISC scale. The regression line on the scatterplot for the two variables, as shown in Figure 2 below, illustrates that they are linearly related such that as the caregivers' intrinsic spirituality scores increase, resiliency scores increase.

**Figure 2. Scatterplot of caregiver responses on the ISS and CD-RISC instruments**



The regression equation for predicting the overall resiliency score was *Predicted CD-RISC score = 3.25(ISS score) + 49.042*. The bivariate correlation was as follows: *Pearson  $r = .537$ ,  $F(1,296) = 119.885$ ,  $p < .0001$* . Approximately 29% ( $R^2 = .288$ ) of the variance in the resiliency scores was accounted for by its linear relationship to spirituality scores. Scores on the ISS were significantly related to perceived level of resiliency, indicating a positive relationship between extent of intrinsic spirituality and resiliency.

Multiple regression was later conducted to evaluate how well ISS scores predicted CD-RISC scores with the inclusion of the demographic factors: gender, age, ethnicity, ms, and rcr. The linear combination of the six predictor variables was significantly related to the CD-RISC scores,  $F(6,283) = 19.666$ ,  $p < .0001$ . The multiple correlation coefficient was .542, indicating that approximately 30% ( $R^2 = .294$ ) of the variance of the CD-RISC scores can be explained by the linear combination of the aforementioned six predictor variables. Table 4 presents the indices of the relative strength of the individual predictor variables.

**Table 4. Bivariate, partial correlations of the predictors of resiliency**

Predictor	Bivariate correlation	Partial correlation
ISS scores	.531 **	.525 **
Gender	-.063	.044
Ethnicity	-.070	.031
Marital Status	.058	.047
Age	-.127 *	-.116 *
Relation to care recipient	.058	-.018

\* $p < .05$ , \*\* $p < .001$

Considering the full model, the data indicated only two significant bivariate correlations with resiliency: ISS scores and age. As expected, the association between ISS scores and resiliency scores was moderate and significant ( $r = .531$ ,  $p < .001$ ), while the strength of association between age and resiliency was slight but still significant ( $r = -.127$ ,  $p < .05$ ). Similarly, controlling for all other predictor variables, the same relationships were significant: the partial correlations between ISS scores and resiliency ( $r = .525$ ,  $p < .001$ ) and between the age of caregivers and resiliency ( $r = -.116$ ,  $p < .05$ ). Incidentally, because spirituality and caregivers' age were both significant factors of resiliency, analyses of variance (ANOVA) were conducted to determine any significant relationship between the two aforementioned factors. Relationships between (a) the I/R variable of age and spirituality, and (b) the categorical variable of age (older vs. younger adults) and spirituality, were analyzed. Neither ANOVA indicated any significance: I/R age and spirituality,  $F(57,233) = 1.183$ ,  $p = .196$ ; categorical age and spirituality,  $F(1,289) = 1.446$ ,  $p = .230$ .

## DISCUSSION

The study examined a measure of intrinsic spirituality and its ability to predict perceived level of resiliency among AD caregivers. Among the 430 caregivers who had the opportunity to participate in the study, 304 (70%) completed the questionnaires. According to the data, the average caregiver in the sample was a 63-year-old White female, who was married to the care recipient. The sample's mild-to-moderate level of burden parallels the degree of burden among caregivers in previous studies (Arai et al., 2002; Grunfeld et al., 2004). Almost 95% of the sample (288 caregivers) reported that they engage in private prayer, while more than three-fourths prayed on a daily basis. Because of such high prayer frequency, it was not surprising that the sample reported a moderately high level of intrinsic spirituality. According to scores on the CD-RISC, caregivers demonstrated a fairly high degree of perceived resiliency. This prominent level of resiliency was somewhat anticipated, given its correspondence to earlier published results (Ross et al., 2003; Schulz et al., 2003).

Findings from the regression analyses indicated that the greater the degree of intrinsic spirituality, the more likely the caregiver perceived a greater sense of resiliency. The only demographic factor exerting extraneous influence on the caregiver's level of resiliency was age; the older caregiver (above age 60) in the sample was more likely to perceive less resiliency compared to the younger caregiver. This should signal the social

worker to the possibility that the caregiver/client of an older age may sense a decreasing level of resiliency influenced by issues of aging. However, there is little previous research to support the notion that, as caregivers age, their resourcefulness declines (Grant & Whitell, 2000). It can be argued that age as a variable is irrelevant in any case since the real interest lies in experiential variables, as well as neuro-maturational factors and their interplay. This may justify, at least in part, why the inclusion of age, along with other demographic factors in the study, had minimal impact on the variance in resiliency compared to the initial effect size.

### Implications for Social Work

The current study's analysis of literature and empirical results bear several implications among the social work professional community and its work with AD caregivers. The brief theoretical explication of coping versus resiliency bears reconsideration. Iterating from the literature review (Lazarus & Folkman, 1984; Margalit et al., 1992), coping denotes the evaluation of stressors and initiation of activities to manage its impact. By definition, coping is a *durational* strength; that is, the ability to alleviate or manage during burden. On the other hand, resiliency denotes phenomena characterized by positive outcomes despite serious threat to adaptation or development (Masten, 1999; 2001; Masten et al., 1990). By definition, resiliency is an *outcome* strength; that is, a characteristic of effect observed or perceived post-burden, usually resulting from successful coping. In the case of caregivers, post-burden does not necessarily mean beyond the totality of the burden, e.g., death of care recipient. Post-burden also represents the following of any periodic caregiving stressor, including a stage of AD, a particular financial difficulty, an episodic state of depression, etc. Clarification between coping and resiliency invites social workers to recognize the difference between the two concepts, including the consideration that coping and resiliency are not invariably linked. This distinction is vital in appreciating the findings of the current investigation as well as other related studies.

Realizing the potential strength of intrinsic spirituality is critical in the worker-client (in this case, client = caregiver) relationship. This is predicated on the client's voluntary admission of spirituality as some integral aspect of her/his caregiving. The social work practitioner should recognize spirituality as an important coping resource if indeed the client recognizes and discloses it as such. Accounting for about 30% of the variance in resiliency in the study, the positive effect of intrinsic spirituality on the caregiver's self-perception of resiliency, is noteworthy to the social service practice community. Using a strengths approach, it is central for the social worker to assess the caregiver's coping resources, in this case, intrinsic spirituality or expression of such, in order to reinforce it as a valuable management tool amid the duration of burden. Based on current findings, the worker can raise further awareness and underscore the caregiver's resiliency as consequently, positively associated with said coping strategy. This is a significant step beyond strengthening the caregiver's sense of spirituality as a resource of daily mediation during challenging times, and moves toward mutually identifying and appreciating how spirituality influences the caregiver's resiliency, the



hardiness stemming from having already activated successful negotiation of burden. This process may be therapeutic for the caregiver by heightening her/his sense of accomplishment both in retrospect and in future perspectives: the relief or gratification of overcoming past caregiving burdens, influenced in part by her/his spiritual commitment; and upon this appraisal of resiliency, the knowledge that past successes can be indicative of impending ones.

The effective integration of the caregiver's spirituality into the assessment and strengths-promoting processes of practice is contingent upon social workers developing a degree of competence in this area (Hodge, Cardenas, & Montoya, 2001). Past surveys suggests, however, that social workers may not have the necessary education and training to address spiritual dimensions in a spiritually sensitive manner (Derzozes, 1995; Sheridan, Bullis, Adcock, Berlin, & Miller, 1992). Implications from the current study buttress this concern. A solution is to address explicitly in social work curricula the spiritual nature and expression among AD caregivers, along with education in methods of spiritual assessment and its integration within a strengths perspective, e.g., the Interpretive Anthropological Framework (Hodge, 2001). AD caregivers are a rapidly growing population, with five million families currently providing care for an afflicted family member (NAC/AARP, 1997). The efficacy of social work practice among caregivers may be influenced, in substantial part, by the commitment to spiritual understanding set forth in the social work classroom and field.

### Limitations

Although support group facilitators were present during data collection, there was no guarantee of available assistance for every respondent. Bias to the results based on the participant's inability or partial inability to understand any particular questionnaire item poses a validity threat (Grinnell, 1997). Also, survey research can seldom deal with the *context* of social life (Rubin & Babbie, 2001, p. 381) and infrequently captures the total caregiving situation of the respondents that could be acquired through more qualitative, field observation.

The ISS is a recently created measure. Additional testing is desirable to assure internal consistency longitudinally. Further analysis of this measure is also needed to confirm validity, i.e., that it measures what it truly intends to measure. For example, a highest score indicating that spirituality answers absolutely all questions about life may be perceived by some (secular or otherwise) as fanaticism rather than an ultimate sense of intrinsic spirituality.

Another limitation to the study was the possibility of social desirability bias (Rubin & Babbie, 2001, p. 178). There was the potential for caregivers to respond in a manner that may reflect positively on themselves or care recipients. There was an additional threat of validity within the context of the support group setting, relating to its potential effect on the caregiver's emotional state at the time of data collection. The support group process may have skewed the results to reflect its positive effect on the caregiver (see AAFP, 2002; Cutler & Sramek, 1996; Zarit & Toseland, 1989), e.g., lower burden scores or higher level of resiliency.

The demographic composition of the sample suggests a lack of diversity. The sample was predominantly made up of White, female caregivers. Though the size of the sample is substantial, generalization of results to the larger caregiver population is somewhat limited due to the lack of gender and ethnic diversity in the sample. Also, no assessment was given to whether the care recipient was institutionalized or community-dwelling. The living arrangements of care recipients may have had some influence on responses to questionnaire items, though a previous study revealed that living arrangements had no significant influence on the caregivers' perceptions of burden or use of coping strategies (Pratt, Schmall, Wright, & Cleveland, 1985).

### **Future Research**

The unit of analysis in the current study was the individual caregiver. Changing the focus to the family, and thus changing the operational strategy to reflect family spirituality (see Murphy, Johnson, Lohan, & Tapper, 2002) and family resiliency (see de Haan, Hawley, & Deal, 2002), may consider a more complete picture of the intra-systemic effect of caregiving on the entire family.

The frequency of prayer measure is somewhat singular focused in religious or spiritual perspective. Though prayer frequency was assessed because of its reported prevalence among caregivers and to further validate the ISS, the study did not address other forms of spiritual practice. It would be insightful and more comprehensive for future research to examine other forms of spiritual expression among caregivers such as meditation and ritual.

Issues relating to religious affiliation were not addressed in the current study. Instead, examination of the caregiver's sense of spiritual commitment to daily functioning, regardless its nature as faith-based or existential, was the intent. Inclusion of faith affiliation as an intervening variable on the caregiver's level of resiliency may be more suited for theologically driven studies. Lastly, future studies should explore the possible interaction effect between spirituality and the caregiver support group, both observed as coping resources, on caregiver resiliency. Effective community intervention programs, such as caregiver support groups, may engender information about AD and community resources, offer emotional support, and increase caregivers' confidence in problem solving and their ability to redefine problems (Pratt et al., 1985). In doing so, these programs may provide significant effect on the caregiver's sense of spirituality and self-efficacy.

### **CONCLUSION**

Approaching the AD caregiving experience based on a risk paradigm often focuses on the "deficiencies" of the caregiver that result in negative outcomes. In contrast, and more appropriate to the strength-based focus of social work, addressing factors of resiliency is beneficial because they provide clues to the caregiver's strength and self-efficacy, even in times of burden (Hodge et al., 2001). The modern resiliency paradigm underscores the self-esteem and self-efficacy of the caregiver by converging on the different kinds of coping strengths, like personal knowledge and expertise of the illness;

support networks, e.g., caregiver support groups; and resources and coping strategies, such as spirituality and expressions of such.

In this article, the author has attempted to describe in some detail the Alzheimer's caregiver population, and the factors and behaviors that contribute to their perceived levels of resiliency. The model in the current study related that under the existence of burden, the coping resource of intrinsic spirituality influences the caregiver's self-perception of resiliency. It is hoped that information from this study will be of practical use to social workers who have contact with families and loved ones caring for persons living with Alzheimer's, and to educators who examine the complexities of caregiving with their students.

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## EXPLORING THE STATE OF RELIGIOUS DIVERSITY IN SOCIAL WORK EDUCATION

David R. Hodge

**Abstract:** *This study examines perceptions of religious discrimination in social work education among a religiously heterogeneous, national sample of professionally affiliated graduate students. The results indicate that theologically liberal and mainline Christians perceive low levels of discrimination to exist, on a par with those who report no faith affiliation. As posited, however, evangelical and theologically conservative Christians reported significantly higher levels of religious discrimination. Relationships between orthodox beliefs, spiritual motivation and perceptions of religious discrimination are also explored. The implications of these findings are discussed as they intersect the NASW Code of Ethics and the CSWE Educational Policy and Accreditation Standards.*

**Key words:** *Spirituality; Religion; Discrimination; Diversity; Social Work Education*

### INTRODUCTION

Social work has begun to make significant strides moving toward a more inclusive, religiously tolerant profession. This change has been engendered by many factors. Philosophically, postmodernism has effectively illustrated the limits of Enlightenment-based rationalism, which, in turn, has helped to legitimate a space for spirituality in public and academic discourse. A substantial body of research—numbering well over 1,600 studies—now testifies to a general association between religion and a wide array of salutary outcomes (Johnson, 2002; Koenig, McCullough & Larson, 2001). Interest in spirituality has increased among the general public (Gallup & Lindsay, 1999; Gallup & Jones, 2000) and surveys suggest that most clients desire to use their religious and spiritual strengths to help ameliorate problems (Bart, 1998; Larimore, Parker & Crowther, 2002; Mathai & North, 2003; Rose, Westefeld & Ansley, 2001).

In addition to the strengths innate in various faith traditions, growing acknowledgement exists that faith traditions foster distinct cultural worldviews (Koenig, 1998; Richards & Bergin, 2000; Van Hook, Hugen & Aguilar, 2001). In recognition of this reality, major accrediting organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 2001), which accredits most hospitals in the United States, now recommends the administration of spiritual assessments (Hodge, *in press*). In a similar vein, the recent NASW Standards for Cultural Competence in Social Work Practice (2001) highlight the importance of developing cultural competence to work effectively with people from various faith traditions.

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Interest in spirituality among social workers appears to be increasing and research indicates that most practitioners are currently addressing religious issues in practice settings (Canda & Furman, 1999; Heyman, Buchanan, Musgrave, & Menz, in press; Murdock, 2004; Sheridan & Amato-von Hemert, 1999). In response to interest in the topic, CSWE introduced a new symposium on spirituality at its Annual Program Meeting (APM) and a small but growing body of social work literature addresses the intersection between professional concerns and religion and spirituality (Canda, Nakashima, Burgess & Russel, 1999).

In addition to introducing a spirituality symposium at its APM, CSWE has also revised its Educational Policy and Accreditation Standards (2001) to incorporate religion into its understanding of human diversity (Miller, 2001). The CSWE (2001: IIIA.3) standards stipulate that a foundational educational goal is to foster practice that a) demonstrates respect for clients' religious narratives and b) is free of religious discrimination. In keeping with the NASW Code of Ethics (1999) standards that address religion, educational programs are enjoined to make specific and continuous efforts to provide a learning context that fosters respect for religious diversity.

While studies of existing practitioners have repeatedly found that most social workers have been exposed to little or no content on spirituality and religion during their graduate education (Canda & Furman, 1999; Derezotes, 1995; Furman, Benson, Grimwood & Canda, 2004; Murdock, 2004; Sheridan & Amato-von Hemert, 1999), the extant data suggests that educational programs are developing a more open stance toward spirituality and religion. Only a handful of programs offered elective courses on spirituality and religion in 1990. By 1995, the number had risen to 17 programs and in 2001, at least 50 programs offered courses on spirituality and religion (Miller, 2001). By 1999, over three-quarters of *US News* ranked social work programs were providing at least some content on spirituality and religion in their educational programs (Kilpatrick & Puchalski, 1999).

These developments can be seen as movement toward a more inclusive professional posture regarding religion. Observers have argued that the traditional exclusion of religious narratives is discriminatory in much the same way that the earlier exclusion of African American and feminists' narratives was oppressive, fostering individual and societal prejudice toward religious people and their narratives (Amato-von Hemert, 1994). Consequently, micro and macro level changes to include spiritual perspectives represent movement toward a more open, inclusive professional discourse. The changes help bring the profession more in line with its ethical standards (NASW Code of Ethics, 1999: 1.05a, b, c, 2.01b, 4.02, 6.04d) as well as fostering a profession that is more reflective of the broader society that it is charged with serving.

### A FULLY INCLUSIVE PROFESSION?

In conjunction with these progressive developments, another line of inquiry has appeared in the literature indicating that the perspective of some groups may be particularly at-risk for remaining voiceless in professional discourse. In other words, as the profession's discourse expands to include a number of new voices, some perspectives may continue to encounter bias.

Individuals who affirm traditional, mainstream tenets of various faith traditions, referred to by some as "people of faith" (French, 2002; McCarthy, 1996), tend to be significantly under-represented in the helping professions and other professional occupations (Woodberry & Smith, 1998). For instance, evangelical Christians, broadly defined, may be the largest religious minority in the United States, accounting for perhaps 25% of the population (Green, Guth, Smidt & Kellstedt, 1996; Hutchison, 1999). Yet, a study of full-time faculty ( $N = 280$ ) at 25 social work schools in 12 Southeastern states—an area where evangelical Christians are disproportionately located—found that only 3% of social work educators were evangelical Christians (Sheridan, Wilmer & Atcheson, 1994). Similar demographic under-representation has been documented in psychology (Bilgrave & Deluty, 1998; Shafranske, 2001) and many other culture shaping arenas, such as television, media, and academia (Hunter, 1991; Woodberry & Smith, 1998).

While various theoretical frameworks, based upon class, epistemology, and oppression theory, have been advanced to account for the under-representation, they all predict that mainstream, traditional believers and their narratives are at-risk for discrimination in forums in which people of faith are particularly under-represented (Gouldner, 1979; Hodge, 2003a; Hodge, 2003c; Hunter, 1991; Ressler & Hodge, 2000). When representatives of minority viewpoints are largely absent, then projects are often constructed in a biased manner. Had African Americans been sufficiently represented in medical settings, for example, it is doubtful that Black Americans would have been used as human guinea pigs in the Tuskegee syphilis experiment (Jones, 1993). Similarly, the lack of women in academic circles fostered the creation of moral development theories that were biased against women (Gilligan, 1993).

Consistent with this view, a number of content analyses have documented bias toward evangelical Christians and other people of faith in some media forums (Kerr, 2003; Lindsey & Heeren, 1992; Skill & Robinson, 1994; Skill, Robinson, Lyons & Larson, 1994) and various educational and professional texts (Bellitto, 1996; Glenn, 1997; Hillocks, 1978; Larson, Milano & Lu, 1998; Sewall, 1995; Vitz, 1985). Similarly, a number of vignette studies using experimental manipulation have documented discrimination among various samples of helping professionals (Gartner, Harmatz, Hohmann, Larson & Gartner, 1990; Neumann, Thompson & Woolley, 1991; Neumann, Harvill & Callahan, 1995; Neumann & Leppien, 1997a; Neumann & Leppien, 1997b), including psychologists ( $N = 356$ ) in charge of admissions to APA accredited graduate programs, who discriminated against evangelical Christians in their admission decisions (Gartner, 1986). As might be expected, Christians, just like women, teach at lower quality universities than their professional accomplishments would predict (Rothman, Lichter & Nevitte, 2005).

It is important to note that discrimination is not necessarily intentional. Most male academics, for example, did not deliberately set out to construct moral development theories that were biased against women, or deliberately discriminate against women in their hiring decisions. Rather, distinct presuppositional frameworks or, to use Kuhn's (1970) term "paradigms," form based upon the worldviews of dominant groups. These frameworks function to highlight data that is congruent with the dominant worldview

while discounting information that is incongruous with the dominant paradigm. Just as the under-representation of, for example, women in academic circles fostered the creation of moral development theories that were biased toward females (Gilligan, 1993), the under-representation of people of faith fosters the creation of moral development theories that are biased toward traditional theists (Richards & Davison, 1992). Unless conscious efforts are made to pursue minority perspectives, paradigms are inevitably constructed that discount the narratives of minority groups, particularly in areas where value conflicts occur (Wambach & Van Soest, 1997).

A few studies have explored religious discrimination in social work forums. Using a vignette methodology, one national study found that, in aggregate, Veteran Affairs social workers ( $N = 131$ ) discriminated in favor of liberal Christianity and against evangelical Christianity in their professional decisions (Neumann, Thompson & Woolley, 1992). Content analysis of some leading journals (Cnaan, Wineburg & Boddie, 1999; Hodge, 2002) and textbooks (Cnaan, et al., 1999; Hodge, Baughman & Cummings, in press) found that the perspective of evangelical Christians was either essentially omitted from discussion or depicted in a biased manner that was inconsistent with how evangelical Christians would tend to self-describe.

Noting that the NASW Code of Ethics (1999) requires social workers to eliminate and prevent discrimination based upon religion, another study examined perceptions of religious discrimination among social workers (Ressler & Hodge, 1999). This study found that respondents ( $N = 222$ ) who were theologically conservative were more likely to report experiencing religious discrimination in social work than were theological liberals. This study, however, was characterized by a non-random sampling procedure, a low response rate, and other limitations that raise questions about the veracity of the results.

Given the exploratory nature of much of the existing work, further research is needed to ascertain the extent of religious discrimination in social work circles (Belcher & Cascio, 2001; Bergin, Payne & Richards, 1996; Clark, 1994; Denton, 1990; Gilbert, 2000; Harris, 1998; Ressler & Hodge, 1999). As noted above, religious discrimination is an issue of ethical concern for all social workers (NASW Code of Ethics, 1999: 1.05a, b, c, 2.01b, 4.02, 6.04d). Further, the importance of the topic is underscored by the increasing attention devoted to religion and spirituality in professional forums.

Accordingly, this study builds upon Ressler and Hodge's (1999) earlier study of religious discrimination. Given the importance of social work education in terms of shaping the profession's discourse (Cnaan, et al., 1999), and Clark's (1994) implicit call for research on religious discrimination in social work education, this paper explores students' perceptions. More specifically, this study explores the extent to which students personally experience religious discrimination in their social work programs and the extent to which religious discrimination is perceived to be a problem in respondents' social work programs. Based upon the extant literature, it was hypothesized that students who self-identified as members of more traditional faith traditions, such as evangelical Christianity, would report higher levels of religious discrimination than students who self-identified as members of more liberal traditions, such as theologically liberal Christianity.

Also explored is the relationship between spiritual motivation, orthodoxy and the two dependent variables (i.e., personal experience of religious discrimination and the extent to which religious discrimination is perceived to be a problem in the respondent's social work educational program). However, because of the apparent lack of previous studies on these two constructs, no hypotheses were posited regarding the four relationships. The method used to conduct this study is discussed next, beginning with the operationalization of the three independent variables and the two dependent variables.

## METHODOLOGY

### **Operationalizing faith tradition, spiritual motivation and orthodoxy**

As implied above, the study incorporated three independent variables: faith tradition, spiritual motivation, and orthodoxy. To assess individuals' self-identified faith affiliation, two items were adapted from the General Social Surveys (Davis, Smith & Marsden, 1998). Individuals were asked, "Thinking about your religious faith, would you describe yourself as Protestant, Catholic, Jewish, some other type of faith, or no faith at all." If respondents self-identified as Protestants, they were asked if they self-identified as theologically liberal, mainline, evangelical, or "fundamental" Christians. These categories are widely regarded as reflecting relatively discrete faith traditions (Smith, 2000). Due to the pejorative connotations associated with the use of the term "fundamentalists" (McGrath, 2002), the term "theologically conservative" is used to describe these respondents, which serves as a counterpart to the term theologically liberal.

To operationalize the concept of orthodoxy, Fullerton and Hunsberger's (1982) six-item Christian orthodoxy scale was used. This scale is generally considered to exhibit good reliability and validity (Paloutzian, 1999). In this study, a Cronbach's Alpha coefficient of .80 was obtained with self-identified Christians. In keeping with Fullerton and Hunsberger's (1982) recommendations, respondents were coded as either affirming orthodox or non-orthodox beliefs.

Spiritual motivation was measured with Hoge and Carroll's (1978) six-item intrinsic scale. The intrinsic measure is one of the most widely used measures in the psychology of religion and is generally considered to be reliable and valid (Burriss, 1999). The intrinsic scale can be considered a measure of spiritual motivation for individuals who ascribe to a faith tradition (Hodge, 2003b). In this study, a Cronbach's Alpha coefficient of .91 was obtained. The theoretical range for the scale is 1 to 7, with higher values indicating higher levels of spiritual motivation.

### **Operationalizing religious discrimination at the personal and program levels**

In addition to demographic variables, the survey included two dependent variables to assess the degree of religious discrimination in social work education. To measure the extent to which individuals had personally experienced religious discrimination, individuals were asked the following dichotomous item, "Have you personally experi-

rienced discrimination due to your religious beliefs in your social work program?" To measure the extent to which religious discrimination was perceived to be a problem in social work education, individuals were presented with an 11-point scale on which 0 represented the complete absence of religious discrimination in the respondent's social work program while 10 represented a program in which religious discrimination permeated every aspect of the program (Hodge & Gillespie, 2005). Potential respondents were then asked, "To what extent, if any, is religious discrimination a problem in your social work program?"

### Sample procedures and characteristics

Consistent with other researchers seeking to obtain a religiously heterogeneous sample (Ressler & Hodge, 1999; Zinnbauer, Pargament, Cole, Rye, Butter, Belavich, et al., 1997), perceptions were solicited among two diverse professional organizations: National Association of Social Workers (NASW) and the North American Association of Christians in Social Work (NACSW). Random sampling, stratified by state to ensure geographic representation, was used to obtain the NASW sub-sample while systematic sampling was used with the NACSW sub-sample. Given the low response rate obtained in some previous studies using mailed surveys (Canda & Furman, 1999; Furman, et al., 2004; Ressler & Hodge, 1999), a telephone methodology was used since this approach tends to produce higher response rates (Babbie, 1998). Calls were placed in the spring semester to ensure as many students as possible had completed at least one semester of social work education and up to eight attempts were made to reach potential respondents. Among contacted individuals, a response rate of 86% ( $N = 303$ ) was obtained with the NASW sub-sample and a rate of 93% ( $N = 88$ ) was obtained with the NACSW sub-sample.

Analysis was conducted to explore possible demographic differences between the NASW and the NACSW sub-samples. No significant differences emerged. As expected, however, significant differences did occur regarding the three independent variables: faith tradition, orthodoxy, and spiritual motivation. Relative to the NACSW sub-sample, the NASW sub-sample was comprised of significantly less Protestants (35% vs. 92%;  $\chi^2 = 86.36$ ,  $df = 4$ ,  $p < .001$ ) and among self-identified Protestants, higher levels of theologically liberal (40% vs. 9%) and mainline Christians (36% vs. 22%) and lower levels of evangelical (20% vs. 60%) and theologically conservative Christians (4% vs. 9%;  $\chi^2 = 39.84$ ,  $df = 3$ ,  $p < .001$ ). Regarding orthodoxy, the NASW sub-sample was significantly less likely to report orthodox beliefs (50% vs. 96%;  $\chi^2 = 54.50$ ,  $df = 1$ ,  $p < .001$ ). Similarly, in terms spiritual motivation, the NASW sub-sample reported a significantly lower mean score compared to the NACSW sub-sample ( $M = 4.68$  vs.  $M = 6.61$ ;  $t = -18.38$ ,  $df = 389$ ,  $p < .001$ ).

Given the homogenous demographic nature of the two sub-samples, the two sub-samples were combined to create a single religiously heterogeneous sample. The demographic characteristics for the single sample are reported as follows. The mean age was 35.00 ( $SD = 10.30$ ) and 86% ( $N = 338$ ) were females. Most respondents were either married (46%,  $N = 181$ ) or single (37%,  $N = 146$ ), while the remaining individuals

opted for a number of additional categories (e.g., divorced, widowed, partnered). Approximately 76% ( $N = 298$ ) were white, 9% ( $N = 35$ ) African American, 5% ( $N = 19$ ) Hispanic, 4% ( $N = 16$ ) Asian, 1% ( $N = 5$ ) Native American, and 3% ( $N = 10$ ) selected "other" while the remaining respondents declined to answer the question. Of note is the fact that respondents had completed, on average, 4.07 ( $SD = 1.71$ ) semesters of social work education (counting their current semester as one) and 5.36 ( $SD = 5.80$ ) years in the profession. Particularly notable among these characteristics is the duration of the exposure to social work education, a finding that suggests that the sample is well situated, as a group, to answer questions pertaining to their educational programs.

### Data analysis

Given the relatively few missing values (i.e., generally  $< 2\%$  for all variables), missing data were not considered to be a problem (Kline, 1998). To retain sample size, the series mean was used with applicable variables. In instances where the independent or dependent variable was missing values, listwise deletion was used (Cohen & Cohen, 1983). For regression models, the studentized and standardized residuals were computed along with deviance,  $DF\beta$ , and Cook's Distance statistics, with examination of these statistics indicating that the data generally fit the models well based upon widely used criteria (i.e., 95% of studentized, standardized and deviance values between  $\pm 2$  and  $DF\beta$  and Cook's Distance  $< 1$ ), unless noted otherwise below (Field, 2000). Similarly, VIF values were examined to ensure that multicollinearity was not a problem (VIF  $< 10$ ) (Morrow-Howell, 1994). For models using Analysis of Covariance (ANCOVA), tests were conducted to ensure that the assumption of homogeneity of regression slopes was supported (Field, 2000).

Reported directly below are the results of the analysis. Relayed first are the findings between the three independent variables (faith tradition, orthodoxy, and spiritual motivation) and the first dependent variable, personal experience of religious discrimination. This is followed by a presentation of the results for the three independent variables and the second dependent variable, the extent to which religious discrimination is a problem in social work education. For each relationship, bivariate results are reported first followed by the multivariate findings.

## RESULTS

### Personally experienced discrimination

To test the first hypothesis—that individuals who self-identified as members of more traditional faith traditions would be more likely to personally experience religious discrimination than respondents who self-identified as members of more liberal traditions—a new, five category variable was created consisting of adherents of the four Protestant traditions and those who reported no faith affiliation. Responses were weighted so that the perspective of each Protestant affected the results equally. The no faith category served as a reference group, since those who report no religious faith might be expected to report low levels of experiencing discrimination due to their

religious beliefs.

Chi-square analysis confirmed the first hypothesis at the bivariate level ( $\chi^2 = 44.27$ ,  $df = 4$ ,  $p < .001$ ). As hypothesized, more traditional respondents were more likely to report personally experiencing discrimination due to their religious beliefs in social work education. The percentage in each category who reported personally experiencing religious discrimination was as follows: theologically conservative 61%, evangelical 51%, mainline 17%, theologically liberal 8%, and no faith 9%.

Logistic regression was used to test the first hypothesis at the multivariate level. Given the exploratory nature of the study, backwards and forwards methods were used, both of which produced the same model, which is depicted in Table 1 as model 1. The following information is reported for each variable in the model: the coefficient (B), direction of the relationship, Wald chi-square, level of significance, and the estimated odds ratio and confidence limit of experiencing discrimination based upon respondents' religious beliefs.

The results indicated that the first hypothesis was supported at the multivariate level ( $\chi^2 = 49.41$ ,  $df = 5$ ,  $p < .001$ ). Compared to the reference group, those with no faith affiliation, evangelical Christians were approximately nine times more likely to personally experience religious discrimination while theologically conservative Christians were roughly 15 times more likely to experience religious discrimination. No significant differences emerged between those with no faith and theologically liberal and mainline Christians. Gender was also significantly related to the dependent variable, with males being more likely to report encountering discrimination than the reference group, females.

Before testing the second hypothesis, relationships were explored between orthodoxy and spiritual motivation and the first dependent variable. Chi-square analysis indicated that orthodoxy was associated with personally experiencing discrimination at the bivariate level ( $\chi^2 = 12.19$ ,  $df = 1$ ,  $p < .001$ ). Orthodox believers were significantly more likely to report experiencing religious discrimination than were non-orthodox believers (37% vs. 9%).

**Table 1. Odds ratios of personally experiencing religious discrimination in social work education**

Model	Predictors	B	Wald $\chi^2$	Sig.	Odds Ratio (95% C.I.)
#1	Gender (Ref = Females)	1.019	4.867	.027	2.772 (1.121, 6.856)
	Faith Tradition (Ref = no faith)				
	Theological Liberal	-.118	.017	.896	.889 (.152, 5.185)
	Mainline	.570	.475	.491	1.768 (.350, 8.937)
	Evangelical	2.202	8.041	.005	9.043 (1.947, 41.459)
	Theological Conservative	2.695	8.409	.004	14.808(2.395, 91.549)
#2	Gender (Ref = Females)	.982	5.171	.023	2.670 (1.145, 6.226)
	Race (Ref = white)	.857	4.940	.026	2.356 (1.107, 5.015)
	Orthodox (Ref = non-orthodox)	1.770	10.468	.001	5.872 (2.009, 17.160)
#3	Gender (Ref = Females)	.850	3.857	.050	2.340 (1.002, 5.465)
	Spiritual motivation	.776	16.309	.000	2.173 (1.491, 3.166)

The results obtained at the bivariate level were supported at the multivariate level ( $\chi^2 = 23.77$ ,  $df = 3$ ,  $p < .001$ ). Compared to the non-orthodox reference group, orthodox believers were roughly six times more likely to report experiencing religious discrimination (see Table 1, model #2). Gender and race/ethnicity were also associated with the dependent variable. Males and people of color were approximately two and a half times more likely to report experiencing religious discrimination than the reference groups, females and whites, respectively.

An independent samples t-test indicated that respondents' level of spiritual motivation was significantly related to personally experiencing religious discrimination ( $t = 6.14$ ,  $df = 188$ ,  $p < .001$ ). Higher levels of spiritual motivation were associated with greater likelihood of personally experiencing religious discrimination in social work education ( $M = 6.46$  vs.  $M = 5.33$ ).

Spiritual motivation was also related to personally experiencing religious discrimination at the multivariate level ( $\chi^2 = 35.80$ ,  $df = 3$ ,  $p < .001$ ). As was the case with the above model, backward and forward methods of regression produced the same model, which included gender and spiritual motivation (see Table 1, model #3). Males were more likely to personally experience discrimination due to their religious beliefs in social work education as were those who were more spiritually motivated. Analysis of the residuals for this model, however, indicated the presence of an unduly influential case (e.g.,  $DFBeta > 1$ ). Eliminating this case resulted in gender becoming non-significant ( $p = .051$ ) and increased the relationship between spiritual motivation and personally experiencing religious discrimination (i.e., odds ratio increased from 2.173 to 2.747). Reported next are the results for the second dependent variable.



## Religious discrimination in educational programs

To test the second hypothesis—that individuals who self-identified as members of more traditional faith traditions would report religious discrimination to be a more pervasive problem in social work education than respondents who self-identified as members of more liberal traditions—a univariate Analysis of Variance (ANOVA) was conducted. The five category variable, consisting of the four Protestant traditions and those who self-identified as adherents of no faith, was used as the grouping variable. The no faith category served as the reference group for the planned comparisons.

Analysis revealed the second hypothesis was confirmed at the bivariate level ( $F = 14.16$ ,  $df = 4$ ,  $p < .001$ ). Tukey's post-hoc test revealed that theologically conservative ( $M = 5.73$ ) and evangelical Christians ( $M = 5.08$ ) reported that religious discrimination was a significantly more pervasive problem in social work educational programs than did those with no faith ( $M = 2.22$ ) and mainline ( $M = 2.73$ ) and theologically liberal Christians ( $M = 2.99$ ). An examination of the planned comparisons revealed no difference in perceptions between those with no faith and theologically liberal and mainline Christians. Conversely, the perceptions of both theologically conservative ( $p = .001$ ) and evangelical Christians ( $p < .001$ ) differed significantly from those held by individuals of no faith.

Analysis of Covariance (ANCOVA) was used to test the second hypothesis at the multivariate level. None of the independent variables meet the requirements for inclusion in the model, however, resulting in coefficients identical to those reported above.

An independent samples t-test indicated that orthodox status was associated with perceptions regarding the extent of religious discrimination as a problem in social work education ( $t = 3.89$ ,  $df = 92$ ,  $p < .001$ ). Orthodox believers reported that religious discrimination was a significantly more pervasive problem than did non-orthodox believers ( $M = 4.26$  vs.  $M = 2.79$ ). As was the case above, none of the independent variables meet the assumptions required for ANCOVA.

Finally, analysis was performed to explore the relationship between spiritual motivation and the extent to which religious discrimination is perceived to be a problem in social work education. Analysis revealed that a significant relationship existed between the two variables ( $r = .302$ ,  $p < .01$ ). The more spiritually motivated the respondent, the greater the degree to which religious discrimination was perceived to be a problem in the respondent's social work educational program. Conducting a partial correlation procedure to control for the effects of other variables resulted in essentially the same coefficients. The findings are summarized and discussed next.

## DISCUSSION

In light of the growing interest in religion and spirituality in educational and other professional spheres, this study explored the extent to which students personally experience religious discrimination in their social work programs and the extent to which religious discrimination is perceived to be a problem in social work education. Compared to respondents who self-identified as members of more liberal traditions, such

as theologically liberal Christianity, it was hypothesized that students who self-identified as members of more traditional faith traditions, such as evangelical Christianity, would report a) a greater likelihood of personally experiencing discrimination due to their religious beliefs and b) that religious discrimination is a more pervasive problem in their social work educational programs.

Both hypotheses were confirmed. Theologically conservative and evangelical Christians reported significantly higher levels of religious discrimination, both personally and in their programs, compared to theologically liberal and mainline Christians. Interestingly, no difference in perceptions emerged between those with no faith affiliation and theologically liberal and mainline Christians.

This study also explored the relationship between orthodoxy, spiritual motivation and perceptions of religious discrimination, although no hypotheses were made due to a paucity of prior research using these two independent variables. Analysis revealed that both variables were significantly associated with perceptions of religious discrimination. Orthodox beliefs and higher levels of spiritual motivation were associated with higher levels of perceived religious discrimination, both personally and at the educational program level.

### **Implications for social work education**

The results have important implications, perhaps particularly for social work education. As noted in the introduction, a foundational goal of educational programs is to foster practice that is devoid of religious discrimination and is respectful of clients' faith traditions (CSWE, 2001: IIIA.3). Educational programs are also required by CSWE to make specific and continuous efforts to provide a learning context that fosters respect for religious diversity.

The results suggest that programs may be doing an effective job of fostering an educational context that is characterized by respect for individuals who are theologically liberal and mainline Christians. Perceptions among adherents of these two faith traditions were not significantly different from those with no faith affiliation. This finding, in tandem with low absolute levels of perceived discrimination, suggest that educational programs may well be fostering an inclusive milieu for members of these two faith traditions. While further research is needed to assess whether or not students are being equipped with the necessary skills and knowledge to work effectively with clients from theologically liberal and mainline Christianity, the results raise the possibility that educational programs are fostering an inclusive, respectful environment for members of these two faith traditions.

Concurrently, the results also suggest that educational programs may have some difficulty meeting CSWE standards for traditions such as evangelical and theologically conservative Christianity. Adherents of these two traditions reported high levels of personally experiencing religious discrimination and perceived religious discrimination to be a relatively pervasive problem in social work education. These findings are consistent with other studies that have documented bias toward evangelical Christianity in social work forums (Cnaan, et al., 1999; Hodge, 2002; Hodge, et al., in press;

Neumann, et al., 1992; Ressler & Hodge, 1999; Ressler & Hodge, 2003). For example, a content analysis of 71 textbooks used at influential social work programs found that evangelical Christian narratives were rarely depicted in the surveyed texts and in cases where they did appear, the narratives were not depicted as evangelical Christians themselves would tend to self-articulate (Hodge, et al., in press). Rather, evangelical beliefs and values were depicted in a disparaging manner as seen through the lenses of the dominant culture. As Amato-von Hemert (1994) states, the exclusion and misrepresentation of religious narratives fuels discrimination and bias among social workers in much the same way that the previous exclusion of black and feminists' narratives fostered bias toward African Americans and women (Furman, Perry & Goldale, 1996; Pellebon, 2000).

To be in compliance with the CSWE educational standards, the above material implies that educational programs need to make specific and continuous efforts to foster a learning context that fosters respect for evangelical Christianity. Qualitative data suggests that many evangelical Christians do not feel free to be themselves in educational settings and must deny essential aspects of their being, a dynamic that may foster psychological harm (Ressler & Hodge, 1999; Ressler & Hodge, 2003).

Programs might consider ways to create "safe zones" for students who are evangelical Christians. For example, faculty members who are evangelical Christians might be encouraged to disclose and discuss spiritual narratives in classroom settings in the same manner that other members of other cultural groups are encouraged to discuss their perspectives (Cain, 1996). Sharing such perspectives helps to support evangelical Christian students and other people of faith by making faith-based concerns visible and by facilitating discussion of related issues, not to mention helping all students become more knowledgeable regarding the beliefs and values necessary to engage in culturally competent work with evangelical Christian clients.

To address the under-representation of evangelical Christians in social work education (Sheridan, et al., 1994), consideration should be given to hiring more faculty from this cultural group (Gartner, 1985; Haynes & White, 1999). As Van Soest and Garcia (2003) observe, a balanced and inclusive faculty sends the message that the program is committed to diversity and exposes others to a healthy diversity of voices and perspectives. The lack of literature acquainting social workers with evangelical Christian narratives underscores the need for more material representing this perspective. Attention should also be directed toward dismantling any systemic barriers that may prevent the publication of narratives or the hiring of faculty from this population (Neumann, et al., 1992; Ressler, 1998). The end goal should be a profession that a) reflects the diversity of society and b) equips its members to work with the diverse cultural groups that comprise the underlying society it is ethically mandated to serve.

### **Limitations**

The findings should be understood within the context of the study's limitations of which the most prominent may be generalizability. Although the study explored perceptions among a religiously heterogeneous sample comprised of two national samples

of graduate students, it is also important to emphasize that the findings cannot be generalized to all social workers or even all social work graduate students, particularly given that roughly 60% of graduate students in accredited social work programs are unaffiliated with either NASW or NACSW (T. Lennon, Director of Information Services, CSWE, personal email communication, February 4, 2004). It also bears reiterating that the study was based upon perceptions of discrimination rather than experimental manipulation or the observation of discrimination.

More research is needed to map the contours of religious discrimination among other populations. Theory suggests that traditional Catholics and Latter-Day Saints, for example, might also report elevated levels of religious discrimination (Hunter, 1991). More work is needed to assess the relationship between orthodox beliefs, spiritual motivation and religious discrimination. Studies are also needed to explore whether students are being equipped with the necessary knowledge and skills to conform with the profession's ethical and educational standards.

## CONCLUSION

As noted in the introduction, social work has made significant strides toward developing a more inclusive profession. It is important to emphasize that these changes represent an important professional advancement that enables the profession to better serve clients and achieve greater congruence with its ethical and educational standards. For some religious groups, the profession appears to have moved toward a more inclusive stance. Yet for others, the profession's stance remains largely exclusionary. The challenge is to build upon the advances that have been made to include those who are still experiencing discrimination.

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