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1. Suicidal Clients: Assessment and Professional Competency for Human Services Professionals

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Abstract

Human services professionals are in the unique position of being one of the first professional interactions that a client experiencing suicidality may have in a clinical setting. With suicide currently the 10th leading cause of death in the United States of America, there is an urgent need for helping professionals to be familiar and competent with suicide risk and prevention. Clients experiencing suicidality present with varied and complex risk factors, which can be difficult to assess. This paper describes relevant professional standards, information on suicide risk and protective factors, professional competency, cultural competency, assessment tools, confidentiality, and documentation. As rates of deaths by suicide continue to rise, it is imperative that human services professionals continue to increase knowledge and competency when working with clients who are experience suicidality.

Introduction

The National Institute of Mental Health (NIMH, 2017) lists suicide as the 10th leading cause of death in the United States, with an overall suicide rate of 13 per 100,000 deaths. Although professional standards and guidelines for suicide prevention and assessment competency for human services professionals and other helping professions exists, training may be occurring inconsistently (Barrio Minton & Pease-Carter, 2011; Bongar, & Harmatz, 1989; House, 2003). Individuals who attempt or die by suicide often have exhibited some form of help-seeking behaviors (Barnes, Ikeda, & Kresnow, 2011; Meyer, Teylan, & Schwartz, 2014). Human services professionals are in a unique position, possibly being one of the first professional interactions for a client experiencing suicidality. This paper will outline relevant professional standards for human services professionals, risk factors and protective factors for those experiencing suicidality, professional competency, therapeutic factors, cultural competency, confidentiality, and documentation.

Professional Standards

Human services professionals have ethical standards that address client harm. Specifically, the Ethical Standards for Human Services Professionals (2015) and the American Association of Suicidality (AAS) Suicide Prevention Resource Center's Core Competencies for the Assessment and Management of Individuals at Risk for Suicide (2006) are two documents that serve as a guide for practice with clients experiencing suicidality. With these standards of practice, human services professionals better understand their ethical duty, and specifically address competency areas.

Ethical Standards for Human Services Professionals

The Ethical Standards for Human Services Professionals (National Organization of Human Services, 2015) include four standards that relate to working with individuals who may be experiencing suicidality:

- **Standard 3:** specifically states that it is the duty of human services professionals to “protect the client’s right to privacy and confidentiality except when such confidentiality would cause serious harm to the client or others...” (p. 2). In this standard, human services professionals have a duty to inform their client of these limits of confidentiality at the beginning of the counseling relationship.
- **Standard 4:** addresses the need for protection of the client themselves, stating, “if it is suspected that danger or harm may occur to the client or to others as a result of a client’s behavior, the human service professional acts in an appropriate and professional manner to protect those individuals” (p. 2). This protection can include many different approaches, including consultation or breaking confidentiality.
- **Standard 8:** covers client records, and the duty of the human services professional to utilize “integrity, safety, and security” when keeping client records (p. 3).
- **Standard 27:** addresses boundaries of competence, stating that “human service professionals know the limit and scope of their professional knowledge and offer services only within their knowledge, skill, base, and scope of practice” (National Organization of Human Services, p. 6).

Reviewing the ethical standards listed above, it becomes apparent that human services professionals prepare themselves to work with clients who may be experiencing suicidality.

Core Competencies for the Assessment and Management of Individuals at Risk for Suicide

A second practice guide that is helpful for human services professionals is the Suicide Prevention Resource Center Taskforce’s Core Competencies for the Assessment and Management of Individuals at Risk for Suicide (2006). Included in this document are the following 24 competencies within eight core domains of practice:

- **Working with Individuals at Risk for Suicide:** Attitudes and Approach (a) manage one’s own reactions to suicide. (c) reconcile the difference and potential conflict between the clinician’s goal to prevent suicide and the client’s goal to eliminate psychological pain via suicidal behavior, (d) maintain a collaborative, non-adversarial stance, (e) make a realistic assessment of one’s ability and time to assess and care for a suicidal client.
- **Understanding Suicide:** (a) define basic terms related to suicidality (b) be familiar with suicide-related statistics, (c) describe the phenomenology of suicide, and (d) demonstrate understanding of risk and protective factors.
- **Collecting Accurate Assessment Information:** (a) integrate a risk assessment for suicidality early in a clinical interview and continue to collect assessment information on an ongoing basis, (b) elicit risk and protective factors, (c) elicit suicide ideation, behavior,

and plans, (d) elicit warning signs of imminent risk of suicide, and (e) obtain records and information from collateral sources as appropriate.

- **Formulating Risk:** (a) make a clinical judgment of the risk that a client will attempt or complete suicide in the short and long term, and (b) write the judgment and the rationale in the client's record.
- **Developing a Treatment and Services Plan:** (a) collaboratively develop an emergency plan that assures safety and conveys the message that the client's safety is not negotiable, (b) develop a written treatment and services plan that addresses the client's immediate acute and continuing suicide ideation and risk for suicide behavior, and (c) coordinate and work collaboratively with other treatment and service providers.
- **Managing Care:** (a) develop policies and procedures for following clients closely, and (b) follow principles of crisis management.
- **Documenting:** (a) document items related to suicidality.
- **Understanding Legal and Regulatory Issues Related to Suicidality:** (a) understand state laws pertaining to suicide, (b) understand that poor or incomplete documentation makes it difficult to defend against legal challenges, (c) protect client records and rights to privacy and confidentiality (Suicide Prevention Resource Center, 2006, p. 1).

Both the ethical standards and core competencies provide extensive information for Human services professionals. The Suicide Prevention Resource Center (2006) document is a call to action for helping professions, specifically outlining practical steps that can be taken by the human services professional when developing competency in this area. Over the remaining sections of this paper, specific information and strategies will be provided that relate to these competency areas.

Risk Factors

Suicide risk factors are varied and complex, with presentation looking different across the client spectrum (Mcintosh & Drapeau, 2014; NIMH, 2017). Having a thorough understanding of the potential suicide risk to a client will help determine the steps that a human services professional should take in a given situation. In 2014, the World Health Organization (WHO) released a comprehensive report on suicide prevention. WHO identified risk factors through a systemic lens and included: (a) individual, (b) relationships, (c) community, (d) society, and (e) health systems. Within each of these groupings, specific factors are included:

- **Individual level:** Previous suicide attempt, mental health diagnosis, harmful alcohol use, job or financial stress, hopelessness, chronic pain, family history of suicide, and genetic/biological factors
- **Relationships:** Sense of isolation, lack of social support, relationship struggles
- **Community:** Disaster, war, stressors of acculturation and dislocation, discrimination, and trauma or abuse
- **Society:** Access to means, inappropriate media reporting, and stigma associated with help-seeking behavior
- **Health Systems:** Barriers to accessing healthcare (WHO, 2014, p. 31)

Each of these can be a significant risk factor, but could vary in presentation (McIntosh & Drapeau, 2014). Human services professionals interact with clients across many situations and professional settings and could encounter suicide risk as any of these levels. These factors can also have an increased risk based on cultural characteristics of the client. Age, gender, race/ethnicity, and sexual orientation all have had an impact on rates of those who died by suicide (Curtin, Warner, & Hedegaard, 2016).

Delving further into a specific risk factor, career stress can impact a client's wellbeing in numerous ways (Fowler et al., 2018). Those within the working age population in the United States of America, ages 16-64 years, experience suicide at a rate of 17.3 per 100,000 people (Peterson, et al., 2018). Within this population, certain clusters have had a history of higher rates of those who died by suicide. In 2015, Peterson et al. (2018) reported that the top three highest rates of suicide by gender within occupational career clusters. For men, the three highest career clusters were: (1) construction and extraction; (2) unpaid, and (3) transportation and material moving. For women, the three highest career clusters were: (1) unpaid, (2) office and administrative support, and (3) healthcare practitioners and technical occupations (Peterson et al., 2018). These findings by Peterson et al. (2018) do not take into account other factors that may confound this data, but instead highlight one potential area of risk with clients and potential areas for prevention work for human services professionals.

Career stress can have an impact on a multitude of factors in a client's life (Fowler et al., 2018; Peterson, et al., 2018). In a report by the Center for Disease Control (CDC), connections between career stress and suicide risk factors were examined (Fowler et al., 2018). Specifically, relationship problems, problematic substance use, financial problems, physical health issues, crisis within a two-week period, loss of housing, or legal issues, were identified connections. While career stress is just one type of risk factor, it illuminates the complexity of each risk factor a client may be presenting with suicidal ideation.

Protective Factors

When human services professionals are working with clients that may be experiencing suicidality, it is important to identify the client's protective factors, or characteristics that are a preventative factor in the client attempting suicide. The CDC (n.d.) notes that there has been less research on protective factors. Protective factors can be varied depending on the client, but general protective factors can include strong interpersonal relationships (e.g., connectedness, positive relationships), wellness practices, problem-solving skills, and contact from healthcare providers can all be important to consider when working with clients (Fleischmann et al., 2008; Motto & Bostrom, 2001, WHO, 2014). Training companies that specifically work with helping professionals wanting to increase their competence in suicide prevention and assessment have specific tools that aide in identifying specific protective factors. For example, the QPR Institute (n.d.) has a handout called *The Wall of Resistance* that is an image of a brick wall with a protective factor (e.g. difficult access to means, counselor or therapist, medication compliance) listed on each brick. A human services professional may use this handout, or a similar handout, to better communicate protective factors to a client.

Delving into a specific protective factor further, Myers and Sweeney (2004) created an evidence-based model of wellness, called *The Indivisible Self*. Within the model, there are five second order factors that comprise the indivisible self: Essential Self, Social Self, Creative Self, Physical Self, and Coping self. Each of these factors are further divided into sub-components:

- *Essential Self*: Spirituality, self-care, gender identity, and cultural identity
- *Social Self*: Friendship and love
- *Creative Self*: Thinking, emotions, control, positive humor, and work
- *Physical Self*: Exercise and nutrition
- *Coping Self*: Realistic beliefs, stress management, self-worth, and leisure (Myers & Sweeney, 2004)

Examining each of these second order factors, many protective factors listed juxtapose the risk factors listed in the risk factors section. For example, the components of the Social Self can be seen as connectedness, which can be a protective factor if relationships are strong, or a risk factor if the client does not have secure friendships or romantic relationships. Understanding protective factors as well as risk factors is an essential component of competence when working with a client experiencing suicidality.

Multicultural Considerations

When working with clients, human services professionals should seek to understand the client's culture. Chu, Golblum, Floyd, and Bongar (2010) proposed the *Cultural Model of Suicide*, which sought to better understand suicide through the lens of racial/ethnic and LGBTQ minority groups. The authors proposed a four-factor model that sought to better understand risk factors: cultural sanctions, idioms of distress, minority stress, and social discord. Further, Chu et al. (2010) proposed that culture has an effect on the stressors that impact suicide risk, cultural meanings affect the development of suicidal tendencies, and culture affects how suicidal ideation is presented. These findings indicate that suicide risk does not present the same across all populations. When working with a client, good questions to ask as a human services professional, "Is this screening tool appropriate for use with my client?" and "Does this contain culturally relevant strategies?" and "Am I conceptualizing suicide risk appropriately with this client?" If a human services professional is unsure, it is best to consult with a relevant professional, and to look and increasing their own professional competency for future work.

Professional Competency

Helping professionals are encouraged to continue their suicide prevention and assessment training after completing their university training (Barrio Minton & Pease-Carter, 2011; Bongar, & Harmatz, 1989). These may be on-the-job training, continuing education, personal study, conference sessions, or other training opportunities. For the purposes of this paper, professional competencies discussed will be: therapeutic factors, assessment tools, documentation, and confidentiality.

Therapeutic Factors

Remley and Herlihy (2010) identified universal therapeutic factors that have been used with success while working with clients experiencing suicidality: (1) affirming and validating relationship with client as a means of reconnecting with others, (2) working within the intense emotions the client is experiencing surround the suicidal ideation, and (3) confronting and discarding negative patterns and working to establish healthy behaviors. In addition to skills-based factors, it is important to understand the administrative components of professional competency.

Assessment Tools

Human services professionals are often tasked with on-the-spot assessment in many areas that they are employed. Before a client experiencing suicidality is referred to a mental health professional that can treat the suicidality long-term, it is often the duty of the human services professional to assess immediate risk. One way to assess is through use of mnemonics that help a human services professional assess suicide risk using generalized risk factors. The tools that described are specifically used in determining suicide risk through assessment by specifically targeting common risk factors of suicide. These common risk factor approaches have been supported by previous research and include gathering information in a clinical interview including risk factors (e.g. depression, drug use, hopelessness, impulsivity) and using previous information gathered from the client to utilize an action-based intervention (Rosenberg, 1999).

One such mnemonic “IS PATH WARM?” was created by Juhnke, Granello, and Lebron-Striker (2007) as a means to assess suicide. “IS PATH WARM?” stands for the following:

- Suicidal Ideation,
- Substance Abuse,
- Purposelessness,
- Anger,
- Trapped,
- Hopelessness,
- Withdrawing,
- Anxiety,
- Recklessness, and
- Mood Change

Developed for use as an immediate assessment and in conjunction with the AAS, clinicians should assess for occurrences of the client's symptoms over the previous three months (Juhnke et al., 2007).

A similar mnemonic developed as a suicide assessment tool is “PLAID PALS,” which involves the following risk factors in an assessment tool:

- Plan,
- Lethality,
- Availability,
- Illness,
- Depression,
- Previous Atttempts,
- Alone
- Loss, and
- Substance Abuse.

Assessing more behavioral factors, “PLAID PALS” is recommended by San Francisco Suicide Prevention (2014).

Another assessment often referenced in suicide assessment literature, but with little, if any, empirical support on its validity is the suggested assessment of **Intent/Plan/Mean**s (Hoff, Hallisey, & Hoff, 2009; Miller, 2012). The overarching purpose of this assessment is to question the client in the following three areas: (a) Thoughts of suicide, (b) Plans related to suicide and (c) Means to complete suicide. Although this is often a suggested and cited assessment, it lacks assessment of the additional risk factors of suicide. The mnemonics listed in this section are meant to be used as an initial screening tool for human services professionals, and not as the only suicide assessment used with a client.

Confidentiality

Confidentiality is a central component to the relationship between a human services professional and their client. As discussed in the *Professional Standards* section of this paper, there are few exceptions to confidentiality. In the Ethical Standards for Human Services Professionals (2015), Standard three addresses confidentiality, stating that breaking confidentiality occurs, “when such confidentiality would cause serious harm to the client or others...” (p. 2). Human services professionals have a duty to break confidentiality when it is deemed that breaking confidentiality prevents more harm than it causes keeping it. When a human services professional needs to break confidentiality to protect their client’s safety, here are some important elements to consider: (a) Disclose only essential information, (b) understand the steps that are being taken before and after breaking confidentiality, and (c) understand the policies of company or organization that the human services professional works for. When disclosing information, make sure it is only the essential information needed to protect the client (Remley & Herlihy, 2010). It is essential that consultation and supervision is occurring throughout this process. If possible, it is always a benefit to the client and the human services professional to have supervisor support throughout this process, including what to disclose and who to disclose to.

Documentation

Documentation is an essential component when working with clients experiencing suicidality. Human services professionals must make sure that they are documenting the steps taken throughout interactions. Human service organizations may have specific guidelines detailing policies and procedures for helping at-risk clients. Remley and Herlihy (2010) noted that understanding the helping professional's employer policies and documentation process is imperative when working in the field. Multiple suicide prevention and assessment training programs offer program specific training on documenting properly. Pisani, Cross, and Gould (2011) identified 12 evidence-based suicide risk and assessment prevention training workshops available for helping professionals, with many specifically addressing documentation and the importance of accuracy and specificity. Remley and Herlihy (2010) recommended documenting what first precipitated practitioner concern, steps during assessment, supervision, and any other pertinent information. If in doubt, consult with a supervisor on what to include in documentation. Proper documentation is not only important for the human services professional but is the correct legal and ethical action.

Conclusion

Human services professionals are in the unique position of being one of the first interactions that a client may have in a clinical setting. This paper sought to give a brief overview of relevant professional standards, information on suicide risk and protective factors, professional competency, cultural competency, assessment tools, confidentiality, and documentation. As recommended throughout the paper itself, further training for human services professionals throughout their careers is recommended. As rates of deaths by suicide continue to rise, it is imperative that human services professionals continue to increase competency to work with clients experiencing suicidality.

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2. Cultural Competency: The Journey

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Abstract

Human service practitioners and educators across the nation have historically recognized the importance of becoming culturally competent. The purpose of this conference presentation was to engage participants in the process of examining how our human service education and practice has evolved over the years in our attempts to “meet people where they are” by working from a culturally competent or culturally proficient standpoint. Looking towards the future, participants shared information about the work their organization/program is doing, were asked to give initial feedback on the new cultural competency standard recently adopted by the CSHSE, and engaged in a dialogue focusing on “where do we go from here?”

Cultural Competency: The Journey

Human service scholars, educators, students, and practitioners have long understood that those who choose to work in this field must have an ever-evolving command of the knowledge, skills, and attributes necessary to work with a wide variety of people whose intersecting socially constructed identities reflect the magnitude of diverse human experiences. We are aware that “meeting people where they are” is an important component of interacting with individuals, families, and communities in ways that are socially just and equitable. The purpose of our presentation at the 2018 National Organization for Human Services (NOHS) conference was to engage participants in the process of examining how our human service education and practice has evolved over the years in our attempts to “meet people where they are” by working from a culturally competent or culturally proficient standpoint. Participants were provided with some of NOHS’s history as we have evolved over the years, and they were provided updated information that included an introduction to the new standard focusing on cultural competency adopted by the Council for Standards in Human Service Education (CSHSE). Finally, participants were given a substantial amount of time to engage in dialogue about ways in which educators and practitioners can improve in the area of cultural competence.

Educators and practitioners who are engaged in the process of becoming culturally proficient understand that the values and attitudes they carry provide just one way of viewing the world. Relatively recently, several human services scholars have pointed to the importance of culturally competent human services practitioners (Brinson & Denby, 2008; Crowe & Villalba, 2012; Neukrug & Milliken, 2008). Additionally, both NOHS and CSHSE recently updated their standards, and they make it clear that becoming a culturally competent human service

professional is a life-long process (*Ethical Standards for Human Service Professionals*, 2015; *Council for Standards in Human Service Education*, 2018).

NOHS has a strong commitment to culturally competent practitioners. According to Wark (2016), “the new ethical code increased the number of standards related to diversity and cultural competence from two to five” (p. 33). It is clear that the standards related to diversity are not just window dressing when they include such things as Standard 32, which advises researchers that research needs “to be examined for cultural bias” and Standard 16, which calls on educators and practitioners to “advocate for social justice and eliminate oppression” (pp. 33-34). Both of these examples require that human service practitioners and educators actively engage in social justice work.

More recently, the CSHSE updated their standards for programs seeking to be accredited. As of July 1, 2018, programs seeking or updating their accreditation must demonstrate that they are graduating culturally competent human service professionals. CSHSE standard 8 states that “the program shall foster the development of culturally competent professionals through program characteristics, curriculum, and fieldwork” (CSHSE, 2018, p. 5). According to this new standard, programs will demonstrate this by including “cultural competence in program policies, procedures, and practice,” by providing training for faculty and staff, and by designing a curriculum that infuses cultural competency throughout to ensure that their graduates are self-aware and have the knowledge, skills, and attributes that will allow them to work with a wide variety of individuals, families, and communities in their professional career.

According to Harold Gates, a CSHSE Board member since 2012, the Board engaged in lengthy discussions that focused on the possibility of infusing cultural competency throughout all of the standards. There was also a healthy amount of dialogue around using the phrase “culturally proficient” rather than “culturally competent.” The final decisions made by the Council were to develop a “stand-alone” standard that focuses on this and to use the phrase “culturally competent” rather than “culturally proficient.”

A brief exploration of the difference between these two concepts seems important, as this discussion will emerge again. A generally accepted definition for cultural competency is having “awareness of one’s cultural assumptions as biases, an understanding of the worldview of culturally diverse clients, and an ability to assume roles such as advocate or social change agent that might be more appropriate for a culturally diverse client” (Crowe & Villalba, 2012, p. 41). Greene and Watkins (1998) add a few nuances to this definition by suggesting that “practitioners must have sufficient knowledge that encompasses demographic, historical, and socioeconomic information about a diverse group; and skills that comprise interactions, the gathering of information, the development of relationships, and the construction of effective interventions” (as cited by Brenson & Denby, 2008, p. 49). Much of the literature focusing on cultural proficiency comes from the field of education. According to *The Tools of Cultural Proficiency* (n.d.), “cultural proficiency is a set of values and behaviors in an individual, or the set of policies and practices in an organization, that create the appropriate mindset and approach to effectively respond to the issues caused by diversity” (p. 2). Landa (2011), who conducted an extensive review of the literature stated,

Lindsey, Robins, and Terrell (2003) define three conditions of cultural competence: (1) “recognizing the difference among students and families from different cultural groups,” (2) “responding to those difference positively,” and (3) “being able to interact effectively in a range of cultural environments.” (p. 12)

Landa (2011) goes on to explain the distinction between being culturally competent and culturally proficient by stating that cultural competence involves interacting “with other cultural groups in ways that recognize and value their differences, and is motivated by differences to assess one’s own skills and expand one’s knowledge and resources, and ultimately, to adapt one’s behavior” whereas cultural proficiency “honors differences among cultures, views diversity as a benefit, and interacts knowledgeable and respectfully among a variety of cultural groups” (p. 13). The main emphasis in the distinction seem to be the attribute of actively valuing the differences.

Engaging in dialogue about the meaning of phrases, such as those discussed above, produces far more than we often appreciate. Dialogues such as these establish a norm in one’s work environment which suggests that these types of conversations occur frequently. It also provides an opportunity for everyone to continue to evolve as a culturally competent professional and we all know that this is a journey, not a destination.

Dialogue and storytelling are the two tools we used to create this presentation. As mentioned earlier, we provided participants with some relatively recent history on how the NOHS has engaged with the concept of culturally competent human service professionals. We gathered data by asking some key players who engaged in the work during the early 2000s to tell stories about the work they did together. Storytelling not only helps us to make meaning of experience we have had, it also “contribute[s] to personal and political transformation, democracy and social justice” (*Transformative Storytelling for Social Change*, n.d., para. 3). We also felt that hearing the voices of these key players would add an important dimension to this work, so we obtained permission to audio record these stories and played them at different points during the presentation.

Briefly, the piece of history we covered started with three NOHS members getting together during one of the national conferences to talk about the need to strengthen the organization’s commitment to culturally competent human service practitioners. Harold Gates, Mark Homan, faculty, Pima Community College, retired; and Dale Russell, Department Chair, Social Work Program, California State University, Sacramento began this discussion and, in 2003 at the NOHS conference in Nashville, Tennessee, led a round table discussion with conference participants guided by the following prompts: “Why are standards important?”; “How to define cultural competence;” “What is already in place that we can build on?”; “Developing personal and organizational cultural competence”; and “Where do we go from here?” Following the roundtable discussion, the CSHSE endorsed the development of these standards. Harold, Mark, and Dale invited the 2003 conference participants to join a workgroup to explore the development of these standards. Two of the many people involved in this work group were also asked to provide stories about this work for the purpose of our 2018 presentation. They were

Jean Batson-Turner, Human Services Program Coordinator, Illinois Valley Community College and Diane Potts, Associate Professor of Human Services, Tulsa Community College.

The group's work included two articles in the CSHSE Bulletin. In the 2004 *CSHSE Bulletin* Russell, Gates, and Homan provide some initial recommendations for CSHSE and NOHS for these standards. One included the need for human service practitioners to be able to work in a culturally competent manner on all scales: individual, organizational, community, and national. Other recommendations were to assure that educators and practitioners were aware of their own biases and to be open to learning the cultures of those we work with/for. There was also a strong recommendation to "affirm our belief in self-determination for ourselves and those we work for/with" (p. 6). In the 2005 publication, Russell, Gates, and Homan recommended that both NOHS and CSHSE "think about cultural competence as a continuum that ranges from cultural destructiveness on one end to cultural proficiency at the other. This is a long process and is ultimately a *spiritual* process for human service practitioner/educators" (p. 7).

Following this brief presentation about some of our history, we engaged participants in a process that allowed them to share information about the work their organization/program is doing, to give some initial feedback on the new cultural competency standard recently adopted by the CSHSE, and to discuss "where to go from here." Participants were divided into groups of 4-7 and engaged in a 20-minute discussion, and then each group was asked to report out on two or three items discussed.

As the groups reported out, we took notes on the feedback participants gave on the cultural competency adopted by the CSHSE. Several groups talked about the "definition of terms." Groups recommended that the CSHSE Board be sure that programs being reviewed have a common understanding of the different phrases and terms used in relation to cultural competence, social justice, and equity. Some recommended that the Council should provide a list of definitions, and others thought it might be useful for programs to engage in discussion around definitions and create their shared understanding of what these terms mean.

Additional recommendations made by participants were to encourage programs seeking accreditation to partner with local organizations that focus on social justice in their communities. We decided to pair this with the recommendation made by several participants to encourage using service learning as a prelogical tool. According to Ozias and Pasque (2019), service learning "integrates community action, academic instruction, and reflection to achieve personal and academic goals for students as well as larger civic engagement and social justice goals for communities" (p. 87). They strongly recommend, however, using the "critical service-learning" approach as it "works from a social change perspective to redistribute power among all participants and develop authentic relationships" (p. 88).

Finally, participants posed several questions which CSHSE Board members needed to take seriously. Two interrelated questions were "How will CSHSE assess this standard?" and 'How will CSHSE ensure that programs are not just paying lip service?' One of the main issues that was faced when attempting to assess a standard like this is that many programs/organizations have learned how to present themselves in ways that give the appearance of cultural competence.

What are some indicators that can be used to probe beyond these outward appearances? One possible way to assess this might come from answering the third question posed by participants: “In what ways will CSHSE help programs to continue to evolve in the area of cultural competence?” As we all know, developing one’s cultural competence as an educator or practitioner is a life-long process. This is also true for programs, departments, and colleges. CSHSE is in the unique position of tracking evolution of human services programs in the area of cultural competence as they go through the accreditation and the reaccreditation processes. By asking programs to discuss their vision of how they will evolve over the years CSHSE will be sending a clear signal that cultural competence is a journey, not a destination.

This presentation was designed to allow participants to explore a bit of history as it relates to human service educators’ and practitioners’ journey towards cultural competence. We also had an opportunity to envision what the future may hold for us as we, as a profession, continue our life-long journey towards cultural competency.

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3. Human Service Considerations for LGBT+ Clients Living with HIV

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Abstract

Lesbian, gay, bisexual, and transgender-plus (LGBT+) individuals have unique human service concerns of their own. However, an added layer of a human immunodeficiency virus (HIV) diagnosis may evoke even more implications for human service provision. Barriers to human service utilization for the populations include stigma, fears of harassment and discrimination, and reduced access to benefits and services. Belonging to two marginalized groups, however, tends to increase concerns and barriers. The purpose of this article is to provide human service practitioners and educators with specific information, practical considerations, and resources to effectively and affirmatively work with LGBT+ clients who are living with HIV in human service settings, with a focus on fostering positive environments and increasing competency in service provision. A review of practical implications with regard to the population, along with recommendations for practice and suggestions for future research directions, are also provided.

While there is a common belief that about ten percent of people identify as gay or lesbian (Voeller, 1990), some studies indicate that the percentage of lesbian, gay, bisexual, and transgender-plus (LGBT+) persons is actually much lower. The most recent Gallup Poll findings, for example, indicate that they constitute about 4.5% of the U.S. population (Newport, 2018). These statistics may fluctuate based on several factors such as varying definitions of identity and people's willingness to make their affectional/sexual orientations and gender identities known. Regardless, the LGBT+ community constitutes a significant percentage of the U.S. population.

The triumphs and challenges surrounding the community have been more visible in recent years, and although there have been many advancements in visibility, civil rights, and acceptance in U.S. society, the community continues to be marginalized and therefore experiences societal, psychosocial, and human service provision issues (Hays & Erford, 2018). Concerns related to human services use for the population continue to be under-addressed, including several barriers to service use such as reduced access to medical and other benefits, stress related to the coming out process, and potential fears of harassment and discrimination (Currin et al., 2018; Whitehead, Shaver, & Stephenson, 2016).

Another marginalized group that constitutes a percentage of the U.S. population is people living with human immunodeficiency virus (HIV), a disease that attacks the immune system and makes the person more likely to get other infections or infection-related cancers (U.S. Department of Health and Human Services [USDHHS], 2018a). Over 1.1 million people live with HIV (PLWH) in the U.S. (USDHHS, 2018b), and, thanks to medical advancements, HIV has shifted from a fatal disease to a manageable chronic illness. However, stigma related to HIV, its

potential for disability, and common misperceptions of the disease and those who have it remain significant in society (Chiu, Boomer, & Conyers, 2018).

Despite medical improvements, benefit and program advancement, and social visibility, PLWH continue to experience societal, psychosocial, and health stressors. They also tend to have an increased need for health and human services, including medical and case management, vocational rehabilitation, mental health counseling, and substance abuse counseling (Chiu et al., 2018). However, continued and increased focus on issues related to PLWH is needed from human service practitioners, educators, and researchers. Some of the barriers to human service use for PLWH are similar to those for the LGBT+ community and include HIV-related stigma, disclosure issues, and reduced access to services (Geter, Suttan, & Hubbard-McCree, 2018; Johnson, Polansky, Matosky, & Teti, 2010).

Although early myths of HIV being a “gay disease” have been, for the most part, disavowed (Human Rights Campaign [HRC], 2017a), HIV continues to significantly affect the LGBT+ community. Gay and bisexual men, for example, remain the population most affected by the disease in the U.S., accounting for over two-thirds (67%) of new HIV diagnoses (Centers for Disease Control and Prevention [CDC], 2018a). Transgender women represent another group that has been increasingly affected by the disease, with about one quarter of the population living with HIV (CDC, 2018b). While lesbian and bisexual women and transgender men tend to be less affected, HIV remains prevalent in the LGBT+ community, putting those at risk in a position of belonging to both marginalized groups. Therefore, individuals who are LGBT+PLWH often experience psychosexual and health barriers more so than the general or either population alone, and may often call on human service practitioners for assistance.

As a result of belonging to two highly stigmatized populations, however, barriers to the actual provision of a variety of human services can multiply. Furthermore, in the current political arena, there have been several initiatives that directly relate to the population, many of which raise more barriers to human service use. Therefore, human service practitioners must better understand the implications for practice and the supports needed by this multiple minority group. While many practitioners may be proficient in their practices, further understanding and competence related to both populations - particularly when they intersect - is necessary to ensure the provision of the best possible outcomes.

This article is designed to provide human service practitioners and educators with specific information about LGBT+PLWH, to address barriers to human service utilization, and to provide practical considerations and resources to effectively and affirmatively work with this population in a variety of settings. The author focuses on addressing the individual and group needs of the population, strategies for increasing competency for human service providers, recommendations for best practices, and future research to better serve the community.

The Lived Experiences of LGBT+PLWH

LGBT+ persons

LGBT+ persons experience the joys, challenges, celebrations, and sorrows of life as all people do. They live, love, work, play, and have unique individualized experiences. They are celebrated within their own and other communities, and have enjoyed a steady increase in acceptance and understanding by the wider population for the past several years. For example, a recent study indicated that support for marriage equality increased from 37% in 2007 to 62% in 2017, with approval increases across all generations, races, political affiliations, and religious identifications studied (Pew Research Center, 2018). Furthermore, according to recent research by the Williams Institute at UCLA, acceptance of LGBT+ individuals and their rights has increased globally over the past forty years (Dowd, 2018).

With all of the positives experienced by the community, however, several challenges continue to exist. Many experience significant judgement, prejudice, and discrimination by loved ones, friends, co-workers, neighbors, strangers, the media, and politics (Dessel & Rodenborg, 2017; Harper & Schneider, 2003). These can be aggressive, such as exclusionary laws, threats of (or actual) violence, or rejection or disinheritance from a family. They can also be more subtle, such as being rejected for employment, being excluded from social events, or via unconscious or even well-meaning actions from loved ones. For example, a family member of an LGBT+ person, even with perceived good intentions, may say, “I love you just the way you are, but let’s not tell the rest of the family.” The underlying message to the LGBT+ person in this situation may be “as you are, you are not okay.” These messages of lesser acceptance may set the stage for low self-esteem, suicidal ideation, depression, and other problematic issues (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Overall, studies suggest that LGBT+ individuals experience increased depression and anxiety rates, increased rates of drug and alcohol abuse, significantly higher suicidal behavior rates (especially among youth), and higher rates of sexually transmitted diseases (STDs) and HIV (Ginicola, Smith, & Filmore, 2017; Nadal, 2013).

Moreover, societal stigma and prejudice can lead to discrimination and inequities, including in law, general community interactions, religious attitudes and affiliations, personal and professional relationships, and service provision (Bogart, Revenson, Whitfield, & France, 2014). These and other situations may lead to internalized homophobia (or bi- or transphobia) which is indicative of the personal belief and acceptance of negative stereotypes and social attitudes (Cramer, Burks, Stroud, Bryson, & Graham, 2015). This can affect identity development and the coming out process, as well as lead to self-hatred, victimization, feelings of shame and guilt, poor mental and physical health, and suicidal tendencies (Cramer et al., 2015).

People with HIV

Similar to LGBT+ persons, several PLWH in many ways have enjoyed an increase in quality of life in recent years. From a medical standpoint, with the introduction of highly active antiretroviral therapy (HAART) in the late 1990s, PLWH have been living healthier and longer

lives (Conyers & Datti, 2008). Its fairly recent status change to a manageable chronic illness removed some of the fear and stigma surrounding the disease, and with recent governmental initiatives (e.g., the U.S. National HIV/AIDS Strategy, the CDC's HIV Care Continuum model), there has been an increase in programs to help PLWH to continue this trend (Conyers, Richardson, Datti, Koch, & Misrok, 2017).

As helpful as these advancements have been, several issues continue to be encountered by the population. For example, a high level of stigma about the disease still exists in broader society (Chiu et al., 2018). HIV stigma has a considerable impact on mental and emotional well-being, causing increased levels of anxiety, loneliness, depressive symptoms, suicidal ideation, and engagement in avoidant strategies such as social withdrawal (Chiu et al., 2018). Stigma may also interfere with health behavior adaptation and medical regimen adherence (Chiu et al., 2018). HIV remains stigmatizing for a variety of reasons, including because it is contagious and incurable, can cause disability, and some modes of its transmission are viewed as immoral or disgraceful by many (e.g., same-gender sexual relations, intravenous drug use, sex work; Avert, 2018).

Furthermore, PLWH experience considerable unemployment and employment loss, may need accommodations at work or other places (and fear asking for them), have increased health concerns (including effects of episodic disability), have a stronger need for stable income and medical benefits, and may have significant concerns about disclosure (Datti, Conyers, & Boomer, 2013; Datti & Jacob, 2015). In addition, the many potential physical symptoms of HIV and side effects of its treatment can also have a negative psychological and emotional impact on their lives (Pence, 2009).

Intersections: LGBT+PLWH

Membership in more than one marginalized population can increase the psychosocial impact of each identity on its own (Hays & Erford, 2018). PLWH may be socially stigmatized for having the disease as well as being members of the LGBT+ community and vice versa. The increased stigma can have deep impact and put LGBT+PLWH at even greater risk for depression, anxiety, loneliness, isolation, and suicidal ideation. Furthermore, there is the possibility for rejection by one or both of the identities by members of one or the other identity. For example, LGBT+ individuals who are not HIV-positive may reject LGBT+PLWH due to prejudicial feelings about the disease, fear of contracting it, or moral judgements they may impose (Avert, 2018).

In addition, the daily management of both identities can cause great psychological stress. It is not uncommon for LGBT+PLWH to have concerns about disclosure with regard to both aspects of their identity on a consistent basis. There is potential for fear of being found out, to have guilt for being deceptive (should that be their approach to avoid disclosure), and to have difficulty traversing “double lives.” If they are “out,” they may be accepted and supported by some or many, but at the same time can experience rejection and discrimination on a consistent basis by loved ones, coworkers, and a good portion of society in general. Each of these and several other potential concerns can greatly increase psychosocial issues, mental and physical health, and the overall well-being of persons who belong to both groups.

Another factor affecting many LGBT+PLWH is minority stress, which involves negative effects caused by social conditions experienced by individuals of marginalized social groups that can exacerbate dissonance between a person's identity and social expectations (Craig, Austin, & McInroy, 2014). As members of two marginalized groups, these effects can be compounded and even more problematic for them. As opposed to marginalized racial, ethnic, or religious groups, who may be more apt to have social support from family and friends who are also part of their group, LGBT+PLWH have the unique issue of invisible marginalized identities. Therefore, if they are not "out" to many (or any) people, or are rejected by them, they may not have the supports and coping assistance from those close to them. This may put them at even more disproportionate risk for emotional and behavioral problems (Craig et al., 2014).

Barriers to Human Service Utilization

As compared to the general population, LGBT+PLWH may have a higher need for human services for various reasons. These are often related to the many potential psychosocial and mental and physical health issues that tend to affect them, such as depression, anxiety, drug and alcohol abuse, sexually transmitted diseases (STDs), and suicidal behavior (Ginicola et al., 2017; Nadal, 2013). The population, particularly given an HIV diagnosis, also tends to need services to assist with housing, medical management, and finances (Chiu et al., 2018). While these needs exist, many barriers come into play concerning access to services for the population. Stigma, fear of disclosure, prejudice, harassment, and discrimination can greatly increase concerns with one's safety and privacy, which can deter LGBT+PLWH from accessing or appropriately using human services (Mirza & Rooney, 2018).

There are also social, legal, and political barriers that can greatly affect use of human services. While there are many states and jurisdictions that have protections for LGBT+ persons, there is no national law that protects these individuals from discrimination in public accommodations, housing, and employment, among other things (HRC, 2017b). Moreover, recent Religious Freedom laws represent another potential barrier that can directly affect human service provision in certain areas as well. For example, it is legal in some states and jurisdictions for a professional counselor or social worker to refuse services to an LGBT+ person solely based on the practitioner's religious beliefs, and to refer that person to another practitioner (Human Rights Watch [HRW], 2018). Although this practice is in direct opposition to the ethical guidelines of the American Association of Social Workers (AASW, 2017), the American Counseling Association (ACA, 2014), and the National Organization for Human Services (NOHS, 2015), the laws remain, and the potential for harm exists. Given this situation, the underlying message to clientele may be, "I don't accept or work with people like you." This is the same potential message sent to prospective LGBT+ parents who are refused adoption or foster care services based on Religious Freedom and other laws and policies in several states, jurisdictions, and agencies as well (HRW, 2018).

Furthermore, for the past several years, many individuals have benefitted from the Affordable Care Act, which demands that insurance companies not discriminate against those with pre-existing conditions, including HIV (U.S. Centers for Medicare and Medicaid Services, n.d.). The

law has been in question of late, and, should it be repealed or changed in a way that negatively affects them, it may represent yet another barrier to health and other services for several LGBT+PLWH and other health conditions. While advocacy is a part of human service professionals' ethical standards (NOHS, 2015), there may be only so much that can be done in the social and political arenas. Therefore, it is incumbent upon practitioners and educators to not only advocate for better services and for breaking down these barriers on societal levels when they are able, but to do so in individual practice, education, and research venues so that client issues can be addressed at both the micro and macro levels.

Practical Considerations

Since LGBT+PLWH remain vulnerable individuals who tend to need and use human services, it is imperative that practitioners are aware, knowledgeable, and accepting of them in order to set the stage for effective service provision. In addition to being aware of the issues they may face and "meeting them where they are at," many practitioners also need to increase skill levels and competence for working with this group. Being open, sensitive, knowledgeable, and understanding can put practitioners in a better position to foster positive environments and provide competent services to this and other clientele (Crisp & McCave, 2007).

If human service practitioners are not familiar with the LGBT+PLWH community and how they may approach/perceive service provision (including potential barriers), they may not provide appropriate and competent services. A particular issue that can affect direct human service provision is attribution bias, or the assumption that persons' problems or issues are directly related to their LGBT+ and/or PLWH identity (Hays & Erford, 2018), when, in fact, much of the time, these individuals seek services that have nothing directly to do with their identities. Human service practitioners are not immune to this bias, and when it emanates, consciously or unconsciously, it can affect interventions and potentially pathologize the person's identity (Birman, 2013).

There are several other ways in which it may be problematic if human service practitioners do not have the awareness, knowledge, and skills needed to effectively work with LGBT+PLWH. For example, a human service practitioner may be working with a (perceived) LGBT+PLWH person who has not come out to the practitioner. The practitioner's own bias may present another layer of complication for the client. Biased thinking, such as, "if the person would just come out, then the helping relationship, and the person's life in general would be more authentic and productive." This can result in the client being forced to make a choice of either revealing their affectional/sexual orientation or staying deceptive. It may also embarrass the client, particularly if the practitioner addresses the subject matter needlessly or in an inappropriate way. It would better serve clients to meet them where they are at, to respect their privacy, and to encourage them to come out only when they are ready to so and in the ways in which they choose.

Alternatively, a human service practitioner may be working with an LGBT+PLWH who, based upon the diagnosis of HIV, may be eligible for several services; however, the individual may be uncomfortable or unwilling to disclose his/her/their HIV status to other practitioners in order to

receive the services. If the human service practitioner inappropriately encourages the individual to apply for, or receive, services when the person is not ready or does not want to do so, it may be counterproductive or cause harm (e.g., the client may have increased anxiety about disclosure or may be discriminated against in the other service provision settings). The client may be better served if the practitioner helps the client to strategize about which services can be coordinated with or without disclosure, rather than insisting or encouraging disclosure when the client is not ready.

Furthermore, human service practitioners who do not address their own misconceptions and biases regarding LGBT+PLWH may treat these individuals less effectively or may cause harm, whether intentionally or unintentionally. Practitioners may also overlook inclusivity or even offend some clients in several ways. For example, a practitioner may make an assumption about gender identification based on physical characteristics or clothing; assume that the client's partner is not the same gender as the client; or assume that a person does not have an HIV diagnosis based on apparent good physical health. Messages sent by using inappropriate terminology (e.g., heterosexist or cisgender-oriented language) or presenting attitudes (being judgmental or dismissive toward identity) may make clientele feel less important, misunderstood, and unwanted. These are situations that many LGBT+PLWH experience daily. Therefore, when faced with professionals who are less than accepting, understanding, or who are unable to offer sensitive assistance, individuals who are seeking solace may end up experiencing rejection.

In addition, if practitioners are uncomfortable talking about sexual practices or sexual history with LGBT+PLWH clients, they may also be sending the message that these are taboo subjects, are not important, or will make them uncomfortable. Again, this has potential for sending negative messages that common behaviors associated with their identity may be troublesome or unpleasant. It is also important to consider the invisible minority status of the population, as well as the intersectionality that identity may have with other cultural variables (e.g., race, ethnicity, religion, etc.). If human service practitioners do not consider the nuances of the intersections of LGBT+PLWH identity and other identity variables, the chances of providing culturally competent services can be greatly reduced. Furthermore, it is imperative to understand that affectional/sexual orientation, gender identity, and chronic illness management often affect perceptions of everyday happenings. If practitioners do not consider that aspects of LGBT+PLWH identity are often part of daily decision making, behaviors, and thought processes, and are often variables in personal and social relationships for the population, they may be at risk of overlooking potential consistent stressors for the community.

Recommendations for Practice

Training in human services educational programs is indeed a key beginning issue with regard to appropriate service provision to this population. Often in these programs, at both the undergraduate and graduate levels, one specific multicultural/diversity course is typically required for trainees. These courses often provide for learning outcomes that are related to LGBT+ individuals, however, the coverage may be minimal and may not translate to any significant competence with the population (Bidell, 2014). If the Council for Standards of

Human Service Education (CSHSE) accredits the program, there is increased likelihood that there will be more related coursework in the curriculum, as CSHSE requires coursework that covers affectional/sexual orientation and gender identity in both their Human Systems and Client-Related Values and Attitudes Standards (CSHSE, 2018). Given the potential for limited training, however, it is important that human services educational programs consider the development and incorporation of more LGBT+ specific coursework and trainings.

It is even less likely that trainees will receive coursework on the specific population of PLWH. While the CSHSE (2018) Standards do not directly address this group, there are requirements for education about people with disabilities, in which this group sometimes falls. However, it is a real possibility that the community may not be addressed much or at all in curriculums. Given this, it is even more imperative to address the potential knowledge gap that many human service practitioners may have concerning LGBT+PLWH. Beyond incorporating more training in human service educational programs, it is recommended that practitioners seek out further professional development opportunities (conferences, meetings, and other continuing education activities) that respond to the community in efforts to address this potential for limited information and proficiency.

In addition to knowledge, experience with the population is another key issue. Given the potential for limited training, not only is there possibility for practitioners to have limited knowledge of the population, many may not have encountered or interacted with individuals who identify as LGBT+PLWH (or be aware that they have, given the invisibility of the identifications). While there is much potential for human service practitioners to work with the population on some level no matter what the setting, unless they work in a place that is specifically geared toward serving the LGBT+ and/or PLWH communities, there is potential for limited experience. Therefore, seeking out deliberate opportunities to work with the population or interacting with them on volunteer or personal levels can help to increase awareness, knowledge, and even competence (Matthews, 2007).

Even if practitioners are affirming and competent with the population, their clients may not be aware. It is recommended that practitioners communicate to clients their understanding, acceptance, and competence with the LGBT+PLWH community (provided they are indeed understanding, accepting, and competent). One way agencies or private practice offices can leverage this is to advertise in accessible LGBT+ and HIV publications and websites, or, if the entities have profiles on a service site (e.g., Psychology Today's Find A Therapist), that they consider adding affirming status and specialization to profiles. In addition, ensuring that the agencies or practitioners' websites clearly advertise such information is recommended. People in this population often review such information closely when they are seeking out safe and competent services. Other more subtle ways are to have some LGBT+ specific publications and HIV-related materials visible in practice settings and having a "Safe Zone" sign readily visible as well, as these may relay important messages and information whether the clients are "out" or not (Datti, 2009).

Another thing that often goes unaddressed is the appropriate use of inclusive language. It can be very problematic for the LGBT+PLWH community if practitioners (and others) intentionally or

unintentionally misidentify (e.g., assume that they are straight and/or cisgender), or misgender them (e.g., use incorrect pronouns, assume a binary gender identity) (Crisp & McCave, 2007). It is recommended that affectional/sexual orientation-neutral language (e.g., using “partner” instead of “boyfriend,” “girlfriend,” “husband,” or “wife”) and gender-neutral language (e.g., using the person’s preferred first name as opposed to “Mr.” or “Ms.”) be used at all times, as this can increase inclusivity (Clements, 2018; Crisp & McCave, 2007). Along these lines, it is recommended that practitioners never assume pronouns and always be sure to use correct terminology. Asking what the client’s pronouns are on an intake form or in person is recommended. Overall, gender binary and heterosexist rhetoric, whether spoken or in print, should be addressed and kept as minimal as possible.

Overall, a review of the agency or practice as a whole (décor, documents, group themes, programs offered, restroom policies, signage, etc.) is recommended to ensure everything is appropriate and inclusive for LGBT+PLWH individuals. Intake and other materials can be especially problematic, and issues with them often go unnoticed. All documents and forms should be reviewed carefully for non-inclusive and alienating language. For example, if the intake form has options for “male” or “female” only, it is not inclusive and can alienate individuals who do not identify as either (e.g., transgender, gender non-binary, agender persons). Furthermore, if intake and other documents do not ask about or address affectional/sexual orientation, they are not inclusive and can alienate many individuals regardless of their affectional/sexual orientation. It also implies that it is a given that people are heterosexual and negates opportunities to gather often imperative information. Having inclusive language and choices on documents relays to individuals that practitioners recognize them and may better understand their care needs (National LGBT Health Education Center [NLHEC], 2017).

Another proactive way to include the population is to advocate for specific services inside agencies, practices, and within communities (e.g., free HIV testing, creation of LGBT+PLWH support or therapy groups). It is also helpful to create a resource list for members of the population. An excellent source to find LGBT+PLWH-specific resources is the LGBT National Help Center (www.glnh.org), which assists individuals of all ages with peer counseling, information, and local resources. Their website also has a “GLBT Near Me” search option that identifies as many LGBT+ and HIV-related resources within a given radius of the entered zip code. In addition, the NLHEC (2017) has several helpful recommendations for inclusivity on forms and in offices, as well as potential solutions to foster inclusivity in situations where it may be difficult (e.g., if the person’s current name and gender identity do not match their insurance or medical information, driver’s license, etc.). Utilizing these and other LGBT+PLWH-friendly and affirming practices can foster positive environments and competent services to this clientele.

Recommendations for Research

In order to provide a deeper understanding of constructs that encourage and/or discourage use of human services as well as those that may affect the quality of the services, there is a need for more comprehensive quantitative and qualitative studies geared toward access and use processes of human services by LGBT+PLWH. For example, in-depth interviews or focus groups could be conducted among LGBT+PLWH to investigate themes that emerge in relation to human service

use, including which services the specific population feels most comfortable and confident accessing, as well as those that are believed to provide competent services or that may need improvement.

Furthermore, the human services profession would benefit from investigating the effects of having LGBT+PLWH-friendly environments and if it impacts the clients' use of services. For example, surveys can be conducted with practitioners who promote such environments as opposed to those who do not in an effort to compare service use frequency and outcomes for LGBT+PLWH. There is also a need for studies to include those who say they have not used human services in order to address the broader questions of knowledge and accessibility of the services for the population.

Another important area to consider further research is intersectionality of LGBT+PLWH identity and other cultural variables such as race, ethnicity, and religion/spirituality. Although some of the available literature may be quite helpful to enhance service provision to the population in general, having a deeper understanding of what the identity means and how it is approached or accepted among different racial and ethnic groups can be helpful for even more culturally competent service provision. Religion and spirituality, in particular, can often come into play with LGBT+PLWH identity, as many mainstream religious practices overtly or covertly conflict with the identity (Fuist, 2016); therefore, a better understanding of this intersection, which is often important to many, would be helpful.

In light of the significant number of LGBT+PLWH in the United States, it is essential for researchers to address these gaps in the professional literature, to remain current with social and political changes in the population, and increase the frequency of studies regarding LGBT+PLWH. This can not only assist with addressing areas that may need improvement, but can provide for a more proactive, as opposed to a reactive, approach for understanding the population and their unique human service issues and needs.

Conclusion

LGBT+PLWH constitute a portion of the U.S. population who often need and use human services, yet these individuals have potential to be underserved by the profession. More deliberate consideration of the issues encountered by the population and targeting it for improved service frequency and effectiveness can aid the human services profession with increased understanding and provision of better services. Granted, this is no easy task given the realities of stigma, prejudice, discrimination, invisibility status, and the multitude of nuances and differences among those in the population. From the standpoint of the profession, however, many things can be done to increase sensitivity, accessibility, and competence. Expanding on and creating more culture-specific training regarding LGBT+PLWH, creating intentional safe environments and providing competent services to them, and implementing more specific studies geared toward a clearer understanding of them and their human service use patterns are a few examples. These practices, in turn, can facilitate more positive interactions with the human services and ultimately influence personal growth for many LGBT+PLWH.

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4. Reexamining the Human Service Fieldwork Experience through a Trauma-Informed Approach

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Abstract

The transfer of academic knowledge learned in the classroom, in preparation for careers in the human services, relies on the completion of a fieldwork practicum, as set forth by the Council on Standards in Human Service Education (CSHSE). For many students, the time commitment for completion of fieldwork hours creates stress brought on by environmental challenges that many students bring with them in pursuit of careers in the human services. Studies have shown that many students have been former clients, lived under, and or witnessed the impacts that social factors such as poverty, socioeconomic status, community and family violence and minority status have on people lives. These factors form the basis of traumatic experiences that some students bring with them on their academic journeys. Balancing life's responsibilities with the fieldwork requirement can create conflicts between commitments to other social roles and responsibilities. These conflicts form the basis for understanding student sociocultural context and the impacts that it has on academic achievement and success. This paper offers, "Reexamining the Human Service Fieldwork Experience" as an example of a trauma informed approach applied within higher education.

Introduction

Across the United States, the numbers of college students that report increased levels of stress continue to rise. Many studies suggest prolonged exposure to adverse social experiences is one of the leading causes of stress among college students. In the Bronx County of New York, one of the most impoverished communities in the United States, many students enter the doors of Bronx Community College seeking a pathway towards upward social mobility and economic stability. For many who start on this journey, stress and unexpected challenges brought on by the sociocultural and environmental context of their lives; often create barriers to academic success and achievement.

For students enrolled in the Human Service Degree Program, the added responsibility for completing the 250-hour fieldwork requirement, while balancing other life responsibilities, adds additional levels of stress. These increased levels of stress often create unexpected disruptions towards attainment of academic goals. For many students, the time to completion of the fieldwork hours has emerged as a significant factor along these lines. Considering the context of student lives and building upon the interface with online teaching technology, a hybrid online course for the fieldwork seminar was developed. The development of the course considered time to completion of fieldwork hours as a significant variable to promote student success. The course design does not eliminate the seminar classroom experience. It allows greater

opportunities to complete the fieldwork requirements and course assignments, in addition to offering enhanced opportunities for academic advisement and support processes.

The application of a trauma-informed approach serves as an umbrella theory that interacts with ecological systems theory, associated with the person-in-environment framework. It is implemented utilizing aspects of a strength-based social work assessment, consistent with the resources component of the Resources, Opportunities, Possibilities, Exceptions and Solutions (ROPES) Model (Graybeal, 2001). These frameworks interact to form the basis for understanding student sociocultural context. This supports the development of trauma-informed pedagogy and service delivery strategies that support enhanced student engagement, assignment development and the processes for entering the fieldwork component of the degree program. These activities serve as examples of operationalized trauma-informed responses designed to minimize the effect that stressful social factors have on student achievement and preparedness for careers in the human services.

Integrating Trauma Informed Approaches

In the development and implementation of a trauma-informed approach, the Substance Abuse and Mental Health Services Administration (SAMSHA) recommends “adherence to six key principles rather than a set of practices and procedures” (SAMSHA, 2012). SAMSHA emphasizes that these principles may be “generalized across multiple types of settings although terminology and application may be setting, or sector specific” (SAMSHA, 2012). The principles recommended by SAMSHA are (1) safety, (2) trustworthiness and transparency, (3) peer support, (4) collaboration and mutuality, (5) empowerment, voice and choice, (6) culture, historical, and gender issues (SAMSHA, 2012). When conceptualized within the context of higher education, these principles form the foundation for helping processes that shape pedagogy and advisement strategies at all levels of the service delivery system. This is consistent with the thoughts of Egan (2007), who stressed the importance for seeing education as a helping profession. From this perspective, the sociocultural and environmental context of student lives become an important factor for faculty and staff to consider in creating learning environments developed around a trauma-informed framework. This supports the rationale for making ecological assessments within higher education, especially as it relates to understanding environment and cultural factors that hinder students’ ability to grow, develop, and change, as these are essential qualities for individuals preparing for careers in the human services. It also creates learning opportunities that empower students to engage in strength-based self-assessments designed to recognize stressors and help identify, develop, and utilize social supports to achieve academic goals.

Within this framework, the distinction between the terms “trauma-specific interventions” and a “trauma-informed approach” is made. Trauma-specific intervention is a “treatment response to address the consequences of trauma and facilitate healing” (SAMSHA, 2012). It is important to note that trained licensed professionals in a clinical setting are the ones that facilitate trauma-specific interventions. The term trauma-informed approach “realizes the widespread impact of trauma and understands potential paths for recovery” (SAMSHA 2012). Guided by the definition of a trauma-informed approach, a human service professional at any level of the

service delivery systems has the ability to make trauma-informed assessments by recognizing the sociocultural factors affecting an individual's ability to function within their strengths. Conceptualized for application within higher education, faculty and staff are therefore in a position to apply a trauma-informed approach in the assessment of student academic and service needs. This is accomplished by realizing the effects that long-term exposure to adverse social factors has on academic performance. This is supported by a recent study that examined the impact of adverse childhood experiences, stress, and mental health in college students. The study cited that "stress was the top impediment to academic performance in a survey of over 80,000 students in the United States" (Karatekin, 2016). Findings like these support the rationale for integrating a trauma-informed approach into higher education to serve as pedagogical and service delivery interventions that reduce stress and improve academic achievement and success.

Student Sociocultural Context

Studies have shown that social factors such as poverty, socioeconomic status, community and family violence, and minority status have significant impacts on academic success. These factors form the basis for understanding the sociocultural context of students and support the implementation of a trauma-informed approach within higher education. To support the development of a trauma-informed framework, consideration to aspects of ecological systems theory used in the human services become applicable. In this regard, a trauma-informed approach serves as an umbrella theory that supports the person-in-environment framework that "encourages helping professionals to see individuals within the context of their environments, on both a micro and macro level" (Martin, 2014). Also interacting with a trauma-informed approach is the resources aspect of the ROPES Model proposed under a strength-based social work assessment (Graybeal, 2001). The resource aspect of the ROPES Model identifies personal, family, social environment, organizational, and community as strength-based factors to consider empowering individuals to overcome challenging social circumstances. The common thread shared between these theories focuses on understanding social factors and the identification of strength-based resources as integrative ways to support the operationalization of the principles that underlie a trauma-informed approach.

The relationship between these theories provides an assessment method for understanding student responses to academic stress brought on by the effects of social factors. In many cases, these reactions are reflective of the flight, fright, and fight responses that manifest as forms of "traumatic reenactment," the term used to describe the lingering behavioral enactment and automatic repetition of past (Bloom, 2010). In the flight response, we see the student that demonstrates strong academic abilities, doing well at the start of the semester then drop out without communicating. In the fright response, we see the student that is hard to engage, the one who attends class, never asks a question and is in jeopardy of failing. For some students the fright response extends beyond the classroom; they function in isolation, afraid to ask for help. In the fight response, we observe the student that questions everything, is combative against structure of the classroom, and views service delivery services as unfair. They feel victimized and fight against everything, sometimes to the level of getting expelled, failing, or dropping out. These behavioral responses influence the psychological characteristics and social contexts that students bring with them on their academic journeys, consistent with the application of the

ecological model in work with individuals that seek help from Human Service Organizations (Summer, 2012). Therefore, assessing student responses through the lens of traumatic reenactment provides a method for developing trauma-informed interventions that supports professional growth and development towards preparedness for careers in the human services.

Reexamining the Fieldwork Experience

The human service fieldwork experience at Bronx Community College is re-conceptualized using a trauma-informed approach. This includes the intersectionality with the person-in-environment framework and a focus on the application of strength-based initiatives. Thinking within the sociocultural context and behavioral responses of students, both stated and unstated, the manifest expectation for the course outcomes is designed to support time to completion of the fieldwork requirement. A self-assessment process is built into pre and post advisement that allows for enhanced opportunities for students to develop social support resources important to the attainment of academic goals.

In its implementation, some latent concerns arose related to student responses to their fieldwork - experiences that a trauma-informed approach helped in addressing. Many students struggled to effectively articulate the transfer of knowledge from the classroom to their fieldwork experiences. These struggles were often rooted in conflicts between personal values and influenced by the perceptions of their sociocultural context and the ethical expectations and behaviors of a human service professional. Also present was a high level of fright behavioral responses, as previously defined under the concept of traumatic reenactment. Trauma-informed approaches were developed in response to this assessment of student need. They are operationalized under the principles recommended by SAMSHA for the implementation of a trauma-informed approach and are reflected in the following table:

Integration of Trauma-Informed Approaches, Methods and Principles

Approaches	Method	Principle
Student Engagement	Involves targeted timing of assignment submission, using strength-based approaches to encourage student articulation of learning through classroom feedback and in response to fright Responses in students	<ul style="list-style-type: none"> • Safety • Transparency • Empowerment • Peer Support
Advisement and Counseling	Involves the application of strength-based self-assessments that promote awareness and development of social supports and resources	<ul style="list-style-type: none"> • Peer Support • Empowerment • Voice and choice • Collaboration

Personal Development	Critical thinking assignments and classroom activities that offer opportunities for reflections of self-awareness and self-understanding, explored through the lens of student sociocultural context	<ul style="list-style-type: none"> • Safety • Peer support • Trustworthiness • Culture • Historical • Gender
Professional Development	Critical thinking assignments and activities focused on the development of ethical competence through the lens of student sociocultural context and fieldwork experiences	<ul style="list-style-type: none"> • Safety • Peer Support • Trustworthiness • Culture • Historical • Gender

Conclusion

The conceptualization of a trauma-informed approach within higher education provides pathways that realize the sociocultural context that students bring with them on their academic journeys. This is particularly important to understanding the impact that adverse social factors and traumatic experiences have on academic achievement and success. Under this framework, the principles recommended by SAMSHA for the implementation of a trauma-informed approach interact well with the person-in-environment framework and strength-based assessments. They form the basis for the development of operationalized trauma-informed approaches that promote the development of pedagogical and services delivery methods that support the professional and personal growth of students pursuing careers in the human services.

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5. Mindfulness at Work: The Intentional Interventionist

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Abstract

Many human services practitioners have at least passing familiarity with mindfulness techniques as an intervention or in their personal practices. This paper describes applications of mindfulness activities that may be useful in human services work settings, with specific suggestions on responding to challenging workplace stressors.

Mindfulness at Work: The Intentional Interventionist

An increasing body of literature supports the general use of mindfulness practices as a behavioral intervention that decreases negative effects, such as stress and anxiety, while increasing self-regulation and acceptance (e.g., Kabat-Zinn, 2013; Shapiro & Carlson, 2017). Mindfulness and meditation practices have been linked to measurable physical and neurological phenomena associated with calm attention and improved cognitive and emotional performance (Austin, 1999; Hanson & Mendius, 2009).

Recent studies support the use of mindfulness interventions in the workplace, whether self-administered or with a leader (e.g., Hulsheger et al., 2013). The use of these techniques by human services workers (e.g., Shapiro, Brown, & Biegel, 2007) has the potential to improve outcomes for the practitioner and their clients, including reducing stress and other problematic workplace factors such as negative affect, distorted cognitions, burnout, and impaired physical functioning. In addition, human services workers utilizing these practices on their own behalf would increase their familiarity with some techniques appropriate for client-directed intervention.

The human services practitioner's use of self-directed mindfulness techniques heightens their awareness of self and context in the helping relationship. This awareness increases the interventionist's ability to focus on the client and the client's concerns in an accepting and non-judgmental way, decreasing distorted thoughts or countertransference that might otherwise be unexamined in the practitioner's interactions with the client.

Ethical Caveats

Providing client-directed instruction or guidance in mindfulness or meditation techniques should always be evaluated to determine that it is role-appropriate, within the human services worker's scope of training and practice, and does not create untenable or exploitative multiple role relationships (NOHS, 2015, STANDARDS 5, 12, 17, 27). STANDARDS 7 and 11 require that practitioners be scrupulous about distinguishing between meditation and mindfulness techniques derived from Buddhist philosophy and practice as compared to Buddhist religious activities.

Engaging in workplace mindfulness practices may assist the human services worker in meeting proactive ethical standards associated with seeking out new interventions (STANDARD 31), self-care and “healthy personal growth” (STANDARD 35), and “a commitment to lifelong learning” (STANDARD 36). These practices may also contribute to decreasing and resolving conflicts with colleagues more effectively (STANDARD 20), and improving the workplace in order to foster services (STANDARD 24).

Mindfulness in the Workplace

Workplace mindfulness has been an area of specific focus for some Buddhist writers over the last two decades (e.g., Carroll, 2004; Richmond, 2000; Wegela; 1999). This focus may acknowledge the tension between two dissonant cultural beliefs about work, which may be characterized as the discrepancy between the statements *Do what you love/you can be whatever you want to be*; and *Work is hell/work is a daily grind*. The activities below provide examples of ways to mindfully shift from a negative to a positive and less-extreme reaction to work’s inevitable frustrations.

Activities to Enhance Mindfulness at Work

Awake at Work

Carroll (2004) notes that “work *by its very nature* is unruly and at times unfair.... Yet, oddly, we keep treating such difficulties as bothersome detours and unwelcome intrusions” (p. 5). Commenting that “resisting work’s difficulties and hoping for smooth sailing is pointless” (p. 5), he instead suggests that the snags and problems we encounter at work are not obstacles, but rather, that they *are* our work. Carroll also remarks that obstacles slow us down and therefore are a reminder to engage in mindful attention.

An activity from *Awake at Work*.

Carroll (2004) comments, “Typically, when we feel oppressed by tyrants, we struggle.... The more we ponder the tyrant, the more disturbing he (*sic*) becomes.... In the Buddhist tradition, coming upon such irritating and oppressive people is highly valued” (p. 101-102).

Carroll suggests *welcoming the tyrant*: “At the next meeting, just for a moment, let go of all your fixed ideas about your boss and just be there in the room. Be curious and notice what’s going on. Welcome the situation.” He proposes that noticing without anxiety decreases the power one has ascribed to the coworker whom one has experienced as oppressive.

Work as a Spiritual Practice

Richmond (2000) describes how “in the service sector it is tempting to just keep moving faster and faster, in the false hope that more will be done.... [E]ven in the most frenetic job, we can learn to cultivate and maintain an awareness of the body and breathing and establish small rituals of care in our movements—while walking down the hall, picking up the phone, or talking in a meeting” (p. 34-35). Richmond uses stories about people at their jobs to illustrate his

suggestions.

An activity from *Work as a Spiritual Practice*.

Practices for Anger

When you are angry, let the Voice of Truth say: “Now I am angry.”

Practice the Half Smile. Let your brow relax and feel the corners of your lips rise, almost invisibly, just enough for you to feel it.

Breathe! Let your tight breath relax into your abdomen. Breathe slowly.

Visualize your adversary performing an unexpected act of kindness.

Raise the Question: “What is the source of this anger?” Allow various answers to pass through you.

Raise the Question: “What can I do? How can I stand firm?”

If your anger still suggests ‘strong countermeasures’—personal, administrative, or legal action—then try to take those actions from a place of confidence and strength (Richmond, 2000, p. 73-74).

How to Be a Help Instead of a Nuisance

Wegela’s (1996) book provides a bridge between the helping professional engaging in mindfulness activities on their own behalf and the provision of mindfulness-informed services to clients. She suggests that cultivating the ability simply to be present with others is often an effective intervention. Much of the book is devoted to *maitri* (unconditional lovingkindness).

Discussing working with emotions, Wegela explains, “Having let ourselves feel the texture and grit of our experience, we are more available to what is happening. We can then decide what to do next. The situation has become open. We might decide to say something, perhaps quietly, perhaps forcefully.... We might decide that we don’t need to say anything at all” (p. 58).

An activity from *How to Be a Help Instead of a Nuisance*.

Think of someone you know well and with whom you have had some difficult times. First list all of the things that you find difficult about this person.... Let yourself really get into all the things about this person that cause you any difficulty. When you have finished, notice how you are feeling. How do you feel toward this person now? Many people report feeling something negative....

Now, list all of the things about this person that you appreciate. Put as much

effort into this part as you did for the first part.... What do you feel after you have finished this part of the exercise? You might have more positive feelings toward the person... (Wegela, 1999, p. 38).

Additional Mindfulness Activities

In addition to the examples given, Carroll, Richmond, and Wegela all provide instruction in basic meditation and mindfulness techniques, as does Kabat-Zinn (2013). Any activity that increases mindful attention is likely to be helpful in reducing or reframing work-related stress and challenges. Additionally, since human services professions rely heavily on the practitioner's relationship with the client and ability to remain client-centered, these techniques hold promise for improving our professional practices.

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6. The Impact Relationship Factors Have on Single Mothers' Fear of Being Single and Dependency

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Abstract

This quantitative nonexperimental research explored how single mothers' relationship dynamics correlated with their fear of being single (FOBS) and dependence on the partner (DOP) to understand the problem of how relationship satisfaction, commitment, and duration related to the FOBS and the DOP for single mothers receiving social services. The use of purposive sampling and online-survey panels generated a sample ($N = 91$ single mothers receiving social services in the United States). The use of multiple regression determined the correlations between relationship satisfaction, commitment, and duration and the FOBS and the DOP for single mothers receiving social services. The result was that when the predictors operated as a collective group the outcome predicted (both) the FOBS and the DOP in a positive direction. The individual results varied when relationship satisfaction, commitment, and duration were performing separately. When performing independently, relationship satisfaction did not predict the FOBS or the DOP. When operating independently, relationship commitment did not predict the FOBS, but relationship commitment predicted the DOP and was in a negative direction. When performing independently, relationship duration predicted FOBS and DOP in a positive direction.

Introduction

Research suggested that single-mother-headed families faced many challenges related to abandonment, involuntary separation, intimate partner violence (IPV), domestic and child abuse, and financial hardships. The following scholars included those that supported the challenges shared above (e.g., Geller & Franklin, 2014; Geller, Garfinkel, & Western, 2011; Godbout et al., 2017; Turney, Schnittker, & Wildeman, 2012). However, single women gained attention regarding their fear of being single (FOBS) (Spielmann et al., 2013) and their dependence on the partner (DOP) (Lemay & Dudley, 2009a). That said, single mothers receiving social services were not identified as a unique population. This research aimed to determine how the relationship dynamics of single mothers receiving social services impacted their relationships, themselves, and their families.

The research identified that the FOBS and the DOP were critical constructs to understand the relationship dynamics of single mothers receiving social services (Lemay & Dudley, 2009a; Spielmann et al., 2013; Taylor & Conger, 2017). Only recently, social scientists started to investigate the characteristics of romantic relationships as they related to single mothers and the direct impact on the family system. Families that relied on social services support were particularly vulnerable to relationship decisions made by single mothers, and the increase in research showed that these decisions could add distress and disruption to family stability (Taylor & Conger, 2017). The purpose of this research was to study the correlations between relationship satisfaction, commitment, and duration, and the FOBS and DOP among the single mothers receiving social services.

A greater understanding of the relationship dynamics of single mothers receiving social services could help the field of human services to understand ways to reduce the negative impacts faced by single mothers and their minor children.. Human services professionals (HSPs) would also benefit from strategies aimed at reducing the effect of the relationship choices single mothers might make by offering more insightful intervention on how single mothers receiving social services make dating choices.

Background of the Problem

Single mothers receiving social services face diverse issues. The research pointed out that the consequences for the mother could be physical, emotional, and financial (Elliott, Powell, & Brenton, 2015; Taylor & Conger, 2017). The goal of the research was to determine if the level of satisfaction impacted the constructs of the FOBS and the DOP related to the commitment and the duration of their relationships. An evaluation of these relationship factors could identify how the FOBS and the DOP might impact the relationship dynamics of the single mothers receiving social services.

The number of single-mother families doubled over the past fifty years (Livingston, 2018). According to the United States Census, in 2013, the population of single women living in poverty was 30% female-headed households (DeNavas-Walt & Proctor, 2014). The number of single-mother-headed households was 81% in 2017 with 36% of that number classified as qualified to receive social services (Lee, 2018). Further, the census reported an approximate 5% increase in families that qualified for social services from 2013 to 2017 (Lee, 2018). Research continues to highlight constraints and challenges that single mothers face including low-income status, care of minor children living in the home, and shortages of income to meet the monthly bills (e.g., Elliott et al., 2015; Taylor & Conger, 2017). These constraints suggested that single-mother-headed families faced challenges that impacted an array of choices single mothers made, which, in turn, affected the stability of their family (Taylor & Conger, 2017). This all suggests that it is important for practitioners to understand more about how single mothers navigate intimate relationship dynamics.

Current Trends in the Research

Previous research identified that single women's need for relationship satisfaction, commitment, and the duration of the relationship resulted in their acceptance of less fulfilling mates or no mate because of their FOBS (Spielmann et al., 2013). These relationship factors could also apply to the single mothers receiving social services. Dependence on Partner was another essential consideration when looking at the post-relationship choices single mothers receiving social services made when selecting their dating partners. Lemay and Dudley (2009a) identified that single women accepted less qualified partners based on their DOP. Spielmann et al. (2013) and Vennum and Fincham (2011) explored the DOP as a moderator for single women selecting less qualified mates. Single women who accepted less qualified mates who were sliding in and out of cohabitation in the relationship represented a risk to the duration and stability of the bond (Vennum, Hardy, & Sibley, 2015). Spielmann et al.'s (2013) and Vennum and Fincham's (2011) studies sampled single women who were in college as well as the general population of females. However, the interest in understanding the impacts of the FOBS (Spielmann et al., 2013) and the DOP (Lemay & Dudley, 2009a) was particularly relevant regarding the choices that single mothers receiving services made concerning romantic partner selections. Of concern, the single mothers receiving social services could find themselves in a unique status group for these constructs (FOBS and DOP) because their marriage alternatives could decrease as a result of their dependency on social services.

The problem with the single mother's mate selection did not stop with the implications for her safety and welfare; rather the challenges increased risks for the well-being of her children. Consistent throughout the research was the need to understand more about the romantic relationships of single women (e.g., Garrett-Peters & Burton, 2015; Johnson, 2017; Krems, Neel, Neuberg, Puts, & Kenrick, 2016; Stanley, Rhoades, & Markman, 2006). The research identified that women were more likely to enter into "sliding" relationships (e.g., Stanley, et al., 2006; Vennum & Fincham, 2011; Zito & De Coster, 2016). Sliding is the movement from a non-cohabiting relationship into a cohabiting relationship without forethought (e.g., Manning & Smock, 2005; Stanley, Witton, & Markman, 2004; Vennum & Fincham, 2011).

The literature also suggested that instability that arose from sliding relationships, exposed the family to family to increased risks emotionally, physically, and perhaps the potential loss of social services (e.g., Hall, Lee, & Witherspoon 2014; Jacobsson & Wilson, 2014). Spielmann et al. (2013) added to this position by stating that single women accepted a partner that was less fulfilling because of their FOBS. Research conducted by Vennum and Fincham (2011) associated the lack of commitment with sliding. As the study progressed, the impact of the single mother's experiences based on their dating choices became more apparent along with the importance of their need for satisfaction, commitment, and duration related to their FOBS and DOP.

Relationship Dynamics

The rationale for selecting the relationship factors (relationship satisfaction, relationship commitment, and relationship duration) was that these factors were essential cornerstones to stabilizing relationships (Spielmann et al., 2013). Multiple scholars identified these factors as necessary to healthy relationships and as factors affecting the FOBS and the DOP (e.g., Adamczyk, 2017; Lemay & Dudley, 2009a; Spielmann et al., 2013). Previous studies conducted by Spielmann et al. (2013) and Lemay and Dudley (2009a) also identified the significance of these relationship factors related to single women's acceptance of less fulfilling dating partners. Therefore, these particular relationship factors used as predictors of the FOBS that Spielmann et al.'s (2013) and the DOP that Lemay and Dudley's (2009a) studies were applied to single mothers receiving social services.

Previous researchers have underscored the importance of relationship satisfaction to healthy and harmonious relationships (e.g., Hendrick, 1988; Murray, Holmes, & Griffin, 2000; Spielmann et al., 2013; Stolarski, Wojtkowska, & Kwiecinska, 2016). The importance of relationship commitment to healthy and harmonious relationships was verified through research (e.g., Markman, Stanley, & Whitton, 2004; Pope, 2013; Stanley et al., 2004). According to Markman et al. (2004) "dedication...refers to the individual's desire for the relationship to be long term, to have an identity as a couple, and to make the relationship a high priority" (p. 498). The commitment or dedication in the relationship dynamics of single mothers receiving social services has a close connection with the relationship satisfaction and the relationship duration factors. The contribution of relationship duration to healthy harmonious relationships was suggested by research conducted by Lemay and Dudley (2009a), Spielmann et al. (2013), and Stolarski et al. (2016). Relationship duration is the length of the relationship, correlation length as time spent in the relationship, or the time invested in the relationship as a slightly meaningful optimistic forecaster of relationship dependence (Spielmann et al., 2013). The duration of the relationship dynamics of single mothers receiving social services also could have a close connection with the relationship satisfaction and commitment factors. To further extend research on the relationship dynamics, the next opportunity was to understand the relevance of the FOBS regarding the dating relationships of single mothers receiving social services.

The Fear of Being Single (FOBS)

The FOBS was a factor to consider in the pre-relationships that single mothers' receiving social services might have practiced when selecting dating partners. According to Adamczyk (2017) and Spielmann et al. (2013), the FOBS is the apprehension and discomfort concerning ending up alone without a loved one in the present, future, or ending up in a relationship that is unreciprocated. Day's (2016) research suggested that there was a consensus that individuals defended the committed relationship as opposed to supporting the non-committed relationship. The research study used relationship satisfaction, relationship commitment, and relationship duration as predictor variables of the FOBS.

The single mothers could also be beset with labeling and biased opinions when compared with coupled relationships. DePaulo and Morris' (2006) research found that the bonds were not

committed to the full-duration in satisfaction required for the well-being of the mates in (both) dating and marital relationships and were considered similar. In contrast, the single mother's relationship dynamics might suffer if she were concerned that being single might cause others to view her in light of common stereotypes (DePaulo & Morris, 2006). By interpreting the research, it appears that the use of triangulation of theories was beneficial to examine the FOBS. To further extend research on the relationship dynamics, the researchers sought to understand the relevance of the DOP regarding the dating relationships of single mothers receiving social services.

The Dependence on the Partner (DOP)

The DOP was another factor that might influence single mothers receiving social services. According to Lemay and Dudley (2009a), the DOP is "perceiving the self as more dependent on the partner than the partner is on the self" (p. 1678). Unequal dependence was a behavior where an individual was not dependent on self-esteem for protection and forethought for themselves as opposed to being reliant on their partner for similar needs (Lemay & Dudley, 2009a). The study used the DOP as an outcome variable that might be impacted by relationship satisfaction, commitment, and duration for single mothers receiving social services.

The current research study examined relationship the role of duration as a predictor of the DOP. Sharabi, Delaney, and Knobloch (2016) assumed that when the single mother became highly dependent on the partner, the partner had to dedicate new effort toward providing assurances. Extra effort was required to maintain the relationship as well as take care of the dependent mate's emotional and material needs (Sharabi et al., 2016). The opposite of high dependence was healthy dependence, characterized by flexibility, mindful support, and encouragement to build the relationship rather than destabilize it (Denckla, Bornstein, Mancini, & Bonanno, 2015). Based on the research of Lemay and Dudley (2009a), the researchers understood that the DOP played a role in the relationships of single women. The following discussion introduces the theoretical perspectives that are significant for the current research study.

Theoretical Perspectives

The researchers selected three theoretical lenses to investigate FOBS: adult romantic attachment theory (ARAT), social exchange theory (SET), and social cognitive theory (SCT). Understanding the impact that the FOBS had on single women, it was essential to further the understanding of how to protect the *well-being* of the families of single mothers who received social services. Hadden, Smith, and Webster (2014) developed a model to address the adult romantic attachment. The relationship the FOBS had with ARAT and SET confirmed challenges that the single mothers faced with intimate connections (Spielmann et al., 2013).

A review of ARAT, SET, and SCT revealed a relationship among the theories. However, looking at each argument in isolation does not comprehensively capture the dynamic nature of the relationship. Triangulation of the approaches allowed for a more comprehensive understanding of the relationships and how they functioned. SET, a derivative of attachment theory, confirmed a direct connection between the two concepts (e.g., Bandura, 2001). The social

cognitive theory (SCT) expanded on the ARAT and SET; these theories provided an actionable outcome as a spinoff of the social learning theory (e.g., Bandura, 2001; Emerson, 1976; Waller, 2013). Attachment theory provided a foundational perspective that was more developed and tested than newer approaches (e.g., the SET and SCT) (e.g., Bandura, 2001; Emerson, 1976; Homans, 1958; Waller, 2013). Later models (i.e., SET and SCT) benefited from the association with the romantic attachment theoretical perspective (Bandura, 2001; Emerson, 1976). The criticality of triangulation examined the relationship dynamics of the single mothers receiving social services and captured relevant aspects of each theory as the assumptions applied to the complexity of the relationships in the current study.

The Current Study

Previous studies found relational dynamics, such as relationship satisfaction, commitment, and duration, stabilized relationship outcomes for single women previously examined (e.g., Lemay & Dudley, 2009a; Murray, Holmes, MacDonald, & Ellsworth, 1998; Sharabi et al., 2016; Spielmann et al., 2013; Stanley et al., 2004). The FOBS and the DOP impacted the choices that single women made in romantic relationships (Spielmann et al., 2013). As a result, the relationship choices and the consequences of relationships choices impacted the stability of the family system (Taylor & Conger, 2017; Zito & De Coster, 2016).

Single-mother-headed households were found fragile and vulnerable and often experienced challenges such as emotional abandonment, abuse, or the threat of the loss of social services support (e.g., Dush, Kotila, & Schoppe-Sullivan, 2011; Elliott et al., 2015; Taylor & Conger, 2017; Wickrama & O'Neal, 2016). Many factors related to the challenges above, but the gap we identified was the role that relationship dynamics played in the single mother receiving social services' mate selections relative to their FOBS (Spielmann et al., 2013) and DOP (Lemay & Dudley, 2009a). The research aimed to evolve the understanding of how the relationship dynamics of single women hypothesized by Spielmann et al. (2013) and DOP by Lemay and Dudley (2009a) can be applied to single mothers receiving social services. Investigating this gap provided an opportunity to gain information that could potentially aid HSPs with more significant intervention strategies for single mothers receiving social services.

Purpose of the Inquiry

The purpose of this nonexperimental quantitative study was to examine the correlations between relationship satisfaction, commitment, and duration and the FOBS and DOP among single mothers who utilized social services support. Much research on relationship dynamics and the outcomes focused on single college-aged women and the general population (Lemay & Dudley, 2009a; Spielmann, et al., 2013). A salient, but unexplored, demographic was single mothers receiving social services. The topic of the single mother's romantic relationships is significant to the field of human services because it could raise the attention of HSPs about the problem of relationship dynamics of single mothers receiving social services. The HSPs might consider strategies to put more effort to provide early intervention strategies that focused on single mothers receiving social services.

Theoretical Triangulation Argument and Its Bases

The focus of the theoretical review was to use triangulation of theories to understand how the ARAT, SET, and SCT aligned as a single lens to evaluate the relationship of the single mother and the impact to her family. Denzin first formulated the concept of triangulations in 1970 (Senior, 2014). Triangulation is defined as the universal use of various and different methods to achieve a broader understanding of a result (Ma & Norwich, 2007). According to Waller (2013), no concept defends all things, but theories can justify some things. For this research study, the application of theoretical triangulation of ARAT, SET, and SCT used for this research analysis was to test the statistical results.

The use of triangulation was also to gain more understanding about the single mother's relationship dynamics. Each of the three theories combined as a single lens could enhance the process in the research to test the validity of the research findings on a cross-sectional basis. The understanding of the triangulation of theories is similar to understanding a Venn diagram that allowed each theory to reflect common associations. The examination of the ARAT, SET, and the SCT examined separately, the associations between the earlier foundations such as the attachment and social learning theories could be missed. Use of the triangulation of the three theories as a single lens provided a stronger combination of the theoretical lenses used to increase the effectiveness of the outcome.

Adult Romantic Attachment Theory (ARAT)

ARAT aligned with relationship satisfaction. Pereira et al. (2014) found that relationship satisfaction could be more acceptable based on the associations related to anxious romantic attachment and aloneness and cheating and aloneness. This finding meant that the single mothers surveyed might be leaning more toward an anxious romantic attachment and less toward secure or anxious/ambivalent romantic attachment. According to Benjamin et al. (2014), anxious attachment style was one reason that the single women engaged in destructive behaviors that allowed them to overlook the mate's adverse responses to preserve the romantic connection. Avoidant attachment connected with a reduction in the satisfaction in intimate relationships (Feeney & Noller, 1990). Further research might address the relevance of ARAT, SET, and SCT theories in the relationship dynamics of single mothers receiving social services.

Social Exchange Theory (SET)

SET provided a basis for why single mothers receiving social services would accept less fulfilling mates. Berg and McQuinn (1986) advised that the exchange of love or services led to a higher level of closeness as opposed to exchanges in stuff (e.g., cash, or intellect). According to SET, emotional exchanges were relevant when the exchanges could expose the family to risks. Individuals who maintained relationships reported an improvement in value, pleasure, financial reserves, assurance, and a reduction in enticements from outside the relationship (Berg & McQuinn, 1986).

Social Cognitive Theory (SCT)

SCT aligned with the FOBS and DOP as a lens to view the romantic relationship dynamics of single mothers receiving social services and suggest actions useful to HSPs. There could be a shift in outcomes for single mothers receiving social services when HSPs recognized the significance of the emotional exchanges made to maintain stability in the relationship. SCT was used to examine the suppositions of the FOBS and the DOP. SCT, developed by Bandura (2001), is defined as the capacity for an individual to assume power over their lives and is the substance of being human via a model of evolving collaborative action.

When the single mother was confronted with selecting a mate, the choice of fulfilling her needs for relationship satisfaction, commitment, or duration could be in tension with her FOBS and DOP. To have an accurate, all-inclusive understanding of what mate selection meant and the relationship dynamic that impacted the single mothers and their families required examining their FOBS and their DOP. It also required knowing how the theories and the cognitive structures created by the exchanges were intermingled.

The social exchanges made to gain satisfaction, commitment, or duration in the relationship aligned with the single mother's forethought, reactivity, and romantic attachment to consider the research questions under examination. The impact of relationship satisfaction, commitment, and duration on FOBS and DOP among single mothers receiving social services might improve if single mothers acted as their own agents. The application of each theory and the three lenses that focused on the single mother's selection of dating partners could be improved by the use of triangulation to create a single lens.

It was helpful to examine the single mothers' relationship using triangulation of the three theories mentioned above to understand the relationships among satisfaction, commitment, and duration on the FOBS and DOP. According to Foshee et al. (2015), many women dating uncommitted mates experienced risks connected with dating. Uncommitted mates might also expose the family to risks, such as emotional abandonment, abuse, or threat to monetary and non-monetary support.

Knowledge about the interrelationship between these factors could aid the single mothers receiving social service with becoming more deliberate in their mate selection process. More important is the potential reduction of IPV and further separations of these fragile families through involvements with the child protective services, the juvenile justice system, and the foster care system. This research study also expands upon the previous research on the FOBS and the DOP through the use of triangulation of theories to examine the complexities of the relationship dynamics from multiple theoretical perspectives.

Methods

The purpose of this nonexperimental, quantitative study was to examine the correlations between relationship satisfaction, commitment, and duration and the FOBS and DOP among single mothers who utilized social services support. Much previous research on relationship dynamics and the outcomes focused on single college-aged women and the general population (Lemay & Dudley, 2009a; Spielmann, et al., 2013). It was also logical to assume that when the family systems were stable, a reversal of the adverse effects of emotional abandonment, abuse, and the threat to the well-being of the family occurred (e.g., Geller & Franklin, 2014; Geller et al., 2011; Godbout et al., 2017; Turney et al., 2012). HSPs are challenged to understand how the relationship dynamics of single mothers receiving social services impact the single-parent-family system.

Instruments

The instruments selected to measure the variables included the *Relationship Assessment Scale* (RAS) (Hendrick, Dicke, & Hendrick, n.d.), the *Relationship Dedication Subscale* (RDS) (Stanley & Markman, 1992), and the *Intensity and Duration of Emotional Distress Index* (IDEDI) (Simpson, 1987b). The instrument chosen to assess the constructs included the *Fear of Being Single Scale* (FOBSS) (Spielmann et al., 2013) related to the FOBS, and the *Dependence on Partner Measure* (DOPM) (Lemay & Dudley, 2009b) to address the DOP.

Description of the Sample

The sample consisted of 91 single mothers who received social services was inclusive of single mothers 18 and 60-years of age who lived with minor children in the home. Qualtrics, a third-party service, was contracted to collect the sample via a survey-panels project. Approximately $N = 1,000$ invitations were estimated to obtain a sample size of $N = 80$ to $N = 100$. The single mothers who participated ranged between the ages of 18 to 60 and were grouped by age. The largest age group (50.5%, $n = 46$) was single mothers between 29 to 39 years of age. The next two groups of single mothers 18 to 28 (22%, $n = 20$) and 40 to 50 years of age (22%, $n = 20$) were equal. Eighty-nine percent ($n = 81$) were heterosexual and 11% ($n = 10$) were not heterosexual. Most single mothers 85.7% ($n = 78$) had 1 or 2 children living in the home; 11% ($n = 10$) had 3 or 4; and 3.3% ($n = 3$) had 5 or 6 children living in the home.

Data Collection

Data collection occurred from August 2, 2017 to August 6, 2017. After the completion of the data collection, scores were entered into SPSS-23 software for analysis

Data Analysis & Hypothesis Testing

The Individual Outcomes for Fear of Being Single (FOBS)

RQ1: How do relationship satisfaction, relationship commitment, and relationship duration as

measured by the *RAS*, *RDS*, and the *IDEDI* instruments relate to the FOBS for single mothers receiving social services as measured by the FOBS?

Hypothesis H₀1: There is no significant correlation between relationship satisfaction, relationship commitment, relationship duration and FOBS for single mothers receiving social services.

Hypothesis H_a1: There is a significant correlation between relationship satisfaction, relationship commitment, relationship duration and FOBS for single mothers receiving social services.

The analysis began with descriptive statistics for the variables of interest (e.g., relationship commitment, satisfaction, duration, and the construct FOBS).

Descriptive Statistics for Research Question 1. The variable, relationship commitment, was computed by calculating the average responses on the RDS. Likert-like items for RDS ranged from 1(*strongly disagree*) to 5(*strongly agree*). A higher score reflected a higher degree of relationship commitment. Scores ranged from 1 to 5 ($M = 2.62$, $SD = 0.98$). A value of 2.62 indicated a low degree of relationship dedication. The measurement of relationship satisfaction was achieved by computing the mean responses on RAS. The RAS included 7-items rated on a 5-point response scale ranging from 1 (*low satisfaction*) to 5 (*high satisfaction*). Scores ranged from 1.14 to 5.00 ($M = 3.34$, $SD = 0.98$). A Mean score of 3.34 represents a moderate degree of relationship satisfaction. Relationship duration was calculated by summing the values on the IDEDI. The IDEDI scores ranged from 6 to 45. Higher scores indicated more intense and prolonged distress. Therefore, the median value was 25.5. Scores ranged from 6 to 42 ($M = 23.67$, $SD = 11.74$). A mean value of 23.67 was slightly lower than the median 25.5, which indicated a decreased relationship duration. The variable, FOBS, was computed by calculating the average responses on the FOBS (Spielmann et al., 2013). A high score represented a high degree of FOBS. Scales ranged from 1(*not at all true*) to 5(*very true*). Scores varied from 1.00 to 5.00 ($M = 2.87$, $SD = 1.20$). A mean value of 2.87 indicated a low degree of fear of being single.

The data screening was used to test the data for distribution normality. The assumption of normality was used. If the data were not normal, there were a variety of things to consider, and the action taken was somewhat subjective. Skewness refers to a departure from symmetry and kurtosis refers to the height of the distribution. Taking the definition of skewness and kurtosis into account, three of four histograms were non-normal. As a continuation, the screening of the data used histograms and the Shapiro-Wilk Test of Normality. A significant p-value indicated a significant departure from normality. The assumption resulted in three out of four distributions that were non-normal. Specifically, distributions were non-normal based on the relationship commitment ($p = .035$), relationship satisfaction ($p = .012$), relationship duration ($p < .001$), and the FOBS ($p = .002$).

Summary of hypotheses outcomes for RQ1. RQ1/H₀1 stated that: There was no significant correlation between relationship satisfaction, relationship commitment, relationship duration and FOBS for single mothers receiving social services. The multiple correlation = .38; $p = .003$ was significant. However, individually, relationship satisfaction ($\beta = -0.27$, $t = -1.74$), $p = .084$ and

relationship commitment did not contribute significantly to the model ($\beta = -0.11$, $t = -0.71$), $p = .48$. Relationship duration was significantly and positively related to the FOBS ($\beta = 0.30$, $t = 2.97$), $p = .004$.

Post-hoc Testing. Triangulation of theories is the universal use of various and different methods to achieve a broader understanding of a result (Ma & Norwich, 2007). Triangulation used theoretical lenses to validate the findings, and it was essential to examine the relationship to understand the associations between relationship satisfaction, commitment, duration and FOBS and DOP for single mothers who received social services. Triangulation was selected to test the finding early in the process because no theory endorses all things, but theories can validate some things (Waller, 2013). The justification for selecting triangulations of theories was because of the acceptance in the field as a valid method to test results. The triangulation was similar to using a Venn diagram that allowed each of the theories (ARAT, SET, and SCT) to reflect the common associations with the findings.

RQ2: Dependence on Partner (DOP)s

RQ2: How do relationship satisfaction, relationship commitment, and relationship duration, as measured by RAS, RDS, and the IDEDI instruments, relate to the DOP for single mothers receiving social services as measured by the DOPM?

Hypothesis H₀2: There is no significant correlation between relationship satisfaction, relationship commitment, relationship duration and the DOP for single mothers receiving social services.

Hypothesis H_a2: There is a significant correlation between relationship satisfaction, relationship commitment, relationship duration and the DOP for single mothers receiving social services.

The following discussion summarizes the descriptive statistics for the variables of interest. (Note: There were similarities regarding the analyses of the predictors since the sample and predictors were the same for both outcome variables).

Descriptive statistics for research question 2. The variable, relationship commitment, was computed by calculating the average responses on the RDS. Likert-like items ranged from 1(*strongly disagree*) to 5(*strongly agree*). A higher score reflects a higher degree of relationship commitment. Scores can range from 1 to 5 and the scores ranged from 1 to 5 ($M = 2.62$, $SD = 0.98$). The mean value of 2.62 indicated a low degree of relationship dedication. The calculation of relationship satisfaction was by computing the mean responses on the RAS. The RAS includes 7-items rated on a 5-point response scale ranging from 1(*low satisfaction*) to 5(*high satisfaction*). Scores ranged from 1.14 to 5.00 ($M = 3.34$, $SD = 0.98$). A mean score of 3.34 represents a moderate degree of relationship satisfaction. Relationship duration was calculated by summing the values on the IDEDI. Scores could range from 6 to 45. Higher scores indicate more intense and prolonged distress. Therefore, the median value is 25.5. Scores ranged from 6 to 42 ($M = 23.67$, $SD = 11.74$). A mean value of 23.67 is slightly lower than the median, which indicates low relationship duration. The calculation of the DOP was by computing the mean responses on the DOPM (Lemay & Dudley, 2009b). According to Lemay and Dudley (2009b), the

“participants assessed their dependence on their partner for care and support using 9-point response scales (1 = *strongly disagree* , 9 = *strongly agree*)” [sic] (p. 2). A high score represented a greater degree of partner dependence. Scores ranged from 1.00 to 9.00 ($M = 6.03$, $SD = 1.77$). A mean score of 6.03 represents a high degree of partner dependence because it was higher than the median value of 4.5.

Data screening was used to test the data for distribution normality. The assumption of normality is a general assumption of all parametric statistics. If the data were not normal, there were a variety of things to consider, and the action taken was somewhat subjective. Skewness refers to a departure from symmetry and kurtosis refers to the height of the distribution. Taking the definition of skewness and kurtosis into account three of four histograms were non-normal.

As a continuation, the screening of the data used histograms and the Shapiro-Wilk Test of Normality. In summary, three out of four were determined to be non-normal. For the non-normal distributions, visual examinations of the histograms did reveal extreme departures, and they were statistically significant according to the Shapiro-Wilk Test of Normality. Therefore, no attempts were to remediate the non-normality. Moreover, with large sample sizes (greater than 40) the violation of the normality assumption should not be problematic (Ghasemi & Zahediasl, 2012). Therefore, the research questions and hypothesis testing proceeded.

According to the regression statistics, RQ2/H₀2 stated that there was no significant correlation between relationship satisfaction, relationship commitment, relationship duration and DOP for single mothers utilizing social services. When the predictors operated as a group, the multiple correlation = .60; $p < .001$ was significant. However, when the predictors operated independently, relationship satisfaction ($\beta = 0.04$, $t = 0.27$, $p = .788$) did not contribute significantly to the model. Relationship commitment was significantly and negatively related to dependence on partner ($\beta = -0.46$, $t = 3.43$), $p = .001$. Relationship duration was significantly and positively related to dependence on partner ($\beta = 0.34$, $t = 3.92$), $p < .001$. Therefore, the null hypothesis was rejected.

H₀2 stated: There was no significant correlation between relationship satisfaction, relationship commitment, relationship duration and DOP for single mothers receiving social services. The multiple correlation = .60; $p < .001$. However, relationship satisfaction ($\beta = 0.04$, $t = 0.27$, $p = .788$) did not contribute significantly to the model. Relationship commitment was significantly and negatively related to DOP ($\beta = -0.46$, $t = 3.43$), $p = .001$. Relationship duration was significantly and positively related to DOP ($\beta = 0.34$, $t = 3.92$), $p < .001$. The null hypothesis for H₀1 and H₀2 were rejected.

Discussion

Existing research pointed out conclusions that could be important for consideration by HSP. Increasingly, families are formed outside of marriage (McHale, Waller, & Pearson, 2012). Recent studies suggested that FOBS was a factor when single women settled for less fulfilling partners in their relationships (Adamczyk, 2017; Spielmann et al. 2013). Additionally, studies by Keneski, Schoenfeld, and Loving, (2014), Lemay and Dudley (2009a), and Overall,

Hammond, McNulty, and Finkel, (2016) found that DOP drove single women to remain in high-risk relationships. The current research study also considered if the reasons single mothers receiving social services entered relationships was related to their FOBS and whether they remained in the relationships because of their DOP. The growth of single-parent families motivated this research to understand the impacts on the relationships of single mothers receiving social services, themselves, and their families.

The alignment of the triangulation lens with the findings helped provide meaning when applied to the single mother's psychological perspective of the relationship dynamics. The goal was to provide a more robust understanding of the relationship factors and how they worked together to impact the decisions of these single mothers receiving social services. Looking at **ARAT, SET, and SCT** allowed for an investigation of the underlying meaning of the decisions that the single mothers made regarding entering and maintaining their romantic relationships.

Combining the effects of the predictors operating as a group along with examining the independent predictors provided a powerful example of the complex dynamics that was revealed by the current research. When the single mothers surveyed reported that given a choice between being in a committed relationship, extending the time in the relationship, or not being in a relationship, the majority chose **duration** regarding (both) FOBS and DOP. When looking at the collective results, the single mothers surveyed reported that they felt threatened by their FOBS regarding entering a dating relationship and were threatened by their DOP not to leave after they were in the relationship. This conclusion was based on the duration as a strong predictor of (both) FOBS and DOP when looked at independently.

The research study also connected via the **descriptive demographic** statistics. Of the single mothers surveyed 62% reported that they were never married. Another 27% were divorced, and the majority were between the ages of 18-years-old and 39-years-old and were mothers still in the childbearing age group. The descriptive demographic statistics revealed that the majority (58%) of single mothers surveyed were dating only one partner, and the average time in the relationship for the single mothers surveyed was four-years-and-five-months. The descriptive statistics allowed the researchers to conclude that the single mothers surveyed appeared more interested in extending the relationship in exchange for diminished relationship satisfaction and commitment for FOBS and DOP when examining the independent predictors.

The research study raised questions regarding the relationship dynamics of the single mothers receiving social services. The **first research question**: How do relationship satisfaction, commitment, and duration relate to the FOBS for single mothers who utilize social services. The answer was that when the factors (relationship satisfaction, commitment, and duration) performed together as a group, FOBS correlated in a positive direction. When the factors performed individually, relationship satisfaction and commitment were not correlated, and relationship duration correlated in a positive direction.

The second research question: How do relationship satisfaction, commitment, and duration relate to the DOP for single mothers who utilize social services. The answer was that when the factors (relationship satisfaction, commitment, and duration) performed together as a group, DOP correlated in a positive direction. When the factors performed individually, relationship satisfaction was not correlated. Relationship commitment correlated in a negative direction. Relationship duration correlated in a positive direction.

A new question surfaced as a result of the findings: What is the interaction between FOBS and DOP to extend or shorten intimate relationships for single mothers receiving social services? Further research regarding the independent performance of the constructs (FOBS and DOP) and the predictors (relationship satisfaction, commitment, and duration) would be beneficial for human services.

The triangulation lens identified the effects of FOBS at the beginning of the relationship allowed the research study to find relevance in the role of FOBS played before entering and throughout the relationship. The triangulation lens placed on the effects of DOP during the relationship and at the break-up allowed the research study to find relevance in the role DOP played in conjunction with FOBS during the relationship and the break-up. **A second new question** was: If the FOBS and the DOP interacted during the relationship of single mothers receiving social services. So, another question was did the FOBS and the DOP interact during the break-up of the relationship for single mothers receiving social services.

Conclusions & Implications of the Argument

According to Spielmann et al. (2013), FOBS is distress and anxiety based on the experience of not having a committed intimate relationship. The earliest mention of the term, FOBS, was first introduced by Linn and Linn, (1978). According to Stolarski et al. (2016), relationship duration is the purpose related to time-perception dimensions that may develop within the time invested in the relationship. The findings identified that relationship duration significantly impacted the DOP. The results for relationship duration operating on an individual basis agreed with the group finding for the FOBS and DOP. The indication was that more research on the connection between **relationship duration and FOBS and DOP** would be beneficial to gain more understanding of the influence of duration had on the other relationship factors (e.g., relationship satisfaction and commitment).

Results suggested that relationship satisfaction, commitment, and duration predicted FOBS and DOP when operating collectively. The results differed when the relationship satisfaction, commitment, and duration performed on an individual basis (both) for FOBS and DOP. This finding suggested the **destabilization of the relationship** made it more beneficial for single mothers to hold out for higher quality and more stable connections or to leave less fulfilling partners. Bandura (2001) reported that dating might represent a predominant component of destabilization for families. Insufficient knowledge of, or attention paid to, the warning signs in

non-functional relationships created a severe risk, potentially resulting in higher percentages of conflict that had the potential of inviting intimate partner violence (Vennum & Fincham, 2011).

Evidence of the attention given to the importance of the problem of family stability was confirmed by the existence of Office of Planning, Research & Evaluation (OPRE) that exist within *Health and Human Services* and are devoted to strengthening families (OPRE, n.d.). Under this agency, it might be possible to examine *single* mothers receiving social services and their relationship dynamics that could create more satisfaction and stability for the children. The following discussion provides the implications for practice for HSPs regarding the FOBS.

Implications for Practice - Fear of Being Single (FOBS)

HSPs could also consider providing workshops to educate single mothers on the use of forethought, self-reactiveness, self-reflectiveness, and the social exchange cost/benefit model applies in the mate selections. The first conclusion from the analysis of FOBS based on the single mothers surveyed was when the predictors performed as a group, the outcome correlated for FOBS in a positive direction. What this finding means is that the single mother's need for relationship satisfaction, commitment, and duration was influencing her FOBS. When the predictors perform independently, the outcomes varied, and the predictors' influence in the relationship varied.

Based on the finding, **FOBS (is) predicted by the collective group of IVs** (relationship satisfaction, commitment, and duration) and is in a positive direction. The following recommendations for HSPs to consider are:

1. Undergo sensitivity training to understand the single mother's relationship dynamics including relationship satisfaction, commitment, and duration in connection with their FOBS. As an add-on, the recommendation is that the HSP training includes instruction on how to engage positively with the single mothers regarding their relationship needs when it could impact the stability of the family. The practice could also connect the HSPs with more strategic involvement that might affect the security of single-mother-headed households.
2. Focus on addressing the single mother's relationship dynamics based on her psychological and physiological needs to develop healthy connections that support the family system.
3. Create more open-invitation forums to build trust between program providers and the single mothers receiving social services that could open the conversation regarding the single mother's relationship dynamics.
4. Engage in outreach to the broader community of innovators to develop tools that could aid single mothers receiving social services with their relationship dynamics.

5. The **second conclusion of the FOBS was that when the predictors operate individually, the results varied for FOBS**. Results for relationship satisfaction and commitment were not significant for FOBS. This result meant that when each DV was separately measured, the results differed from the collective performance of the IVs. The finding for relationship satisfaction and commitment did not predict FOBS. This finding suggested that the single mothers' need for relationship satisfaction and relationship commitment did not influence their entering a relationship because of their FOBS. However, the single mothers might still experience the FOBS if predicted by another relationship factor. The relationship dynamics also significantly affected the single mother's FOBS suggesting further need to assess its impact on the relationship of single mothers receiving social services. A recommendation is that HSPs begin to develop interventions to address any adverse impacts (e.g., emotional abandonment, abuse, and financial instability) to prevent the single mother's extending the relationship with less fulfilling dating partners that could impact the family's stability.

Implications for Practice - Dependence on Partner (DOP)

HSPs could also consider providing workshops to educate single mothers on the use of forethought, self-reactiveness, self-reflectiveness, and the SET's cost/benefit model to use in mate selection. The results regarding the DOP based on the single mothers surveyed were that when the predictors performed as a group, the outcome of DOP correlated. What this finding meant was that the single mother's **need for relationship satisfaction, commitment, and duration collectively might allow her to remain in a relationship with a less fulfilling partner**. Based on these results, the following recommendations for HSPs are to:

1. Engage in sensitivity training for HSPs based on the single mother's relationship needs that include relationship satisfaction, commitment, and duration in connection with their DOP. The training could also include assessing how the single mothers receiving social services view relationship commitment related to their DOP.
2. Open communications that focuses on the development of healthy connection to maintain the family system by identifying constraints that the single mother faces based on financial, psychological, and physiological needs that could stabilize or destabilize the family system.
3. Create more involvement in forums to build trust between program providers and the single mothers receiving social services.

It is imperative that HSPs recognize that single mothers receiving social services have relationship needs that remain unaddressed, but could be developed in order to help stabilize the

family unit. The current research identified that the **choices single mothers receiving social services made about dating partners were essential and could affect the family's stability.**

The second conclusion was that when the predictors operated individually, the results varied for DOP. This result meant that **all IVs were not equally predicting the DOP.** The finding for relationship commitment performing independently, relationship commitment significantly predicted DOP and was in the negative direction. What this meant was that the single mothers surveyed had an adverse need for relationship commitment, and they resisted allowing relationship commitment to influence their DOP.

The previous research on relationship commitment determined that commitment by each mate usually resulted in relationship structure and expectation from the mate through participating in joint growth (Knopp, Rhoades, Stanley, and Markman, 2015). Bandura (2001) advised that DOP required the ability of the individual to make determinations about the relationship by using self-reflectiveness to determine a choice of action to take regarding any potential negative relationship choices. Therefore, a recommendation is that HSPs begin to assess how relationship commitment is perceived based on the viewpoint of single mothers receiving social services.

Lastly, when the relationship duration performed independently, it significantly predicted DOP and was in a positive direction. What this meant was that single mothers surveyed could allow their need to extend the relationship to enable constraints (emotional abandonment, abuse, and a threat to financial stability). The **duration of the relationship also significantly influenced the single mother's FOBS** suggesting a further reason to assess its impact on the relationships of single mothers receiving social services. Based on Stolarski et al.'s (2016) finding, it could be hypothesized that relationship duration also provided stability to the family. In contrast, Zito and De Coster (2016) stated that the information on these dating behaviors were significant primarily for adolescents exposed to the consequences of their mother's or father's dating choices. Coulter and Mercado-Crespo (2015) specified that the reason that many single mothers remain in abusive relationships was because of the fear that their children will be taken away by the authorities. Therefore, the following recommendations would be relevant for HSPs:

1. Assess the ability of single mothers to decide on behalf of themselves as agents to engage the execution of choice regarding approaches that allow for sustaining relationship duration.
2. Introduce new policies that reflect the needs of single mothers who received social services that acknowledge the single mother's relationships that could stabilize the family.
3. Conduct workshops to educate single mothers regarding relationship dynamics that help these mothers with alternatives to dependence on high-risk dating partners.

Recommendations for Further Research

The impacts on the relationships of the single mothers who received social services were a first of the themes identified by the research study. A review of the research study conducted provided several opportunities for future research. A significant problem recognized was regarding mate selection for single mothers who received social services when the choice increased the risk to the stability of their families.

The Fear of Being Single (FOBS)

The conclusion regarding FOBS based on the single mothers surveyed was that when the predictors performed as a group, the outcome of FOBS was correlated. When the predictors performed independently, the outcomes varied. The following discussion addresses the collective and individual results regarding the implications for practice.

Our research supported that FOBS plays a prominent role in the single mother's decision to accept a less satisfying dating relationship that might potentially impact the destabilization of the family system. The research found support with scholars (e.g., Swisher & Walker, 2008; Turney & Haskins, 2014; Turney et al., 2012; Wakefield, 2007; Walker, 2011; Wildeman, 2008).

It is a recommendation to conduct more research regarding the collective performances of the IVs (relationship satisfaction, commitment, and duration related to FOBS) on different populations including urban populations, same-sex populations, and older caregivers responsible for minor children by:

1. Collecting data using a different population (e.g., urban single mothers, same-sex-single-parents, culturally-diverse-single parents) regarding FOBS.
2. Conducting additional research on each IVs (relationship satisfaction, commitment, and duration) using collective and individual approaches to see if the results are comparable to FOBS research.
3. Using a different method for collecting the data sample (e.g., focus groups, cluster sampling, stratified random sampling, or quota sampling).
4. Sampling male and female dating partners for single mothers receiving social services to examine the unique viewpoints of relationship satisfaction, commitment, and duration based on the FOBS.
5. Using qualitative methods to explore the reasons why single mothers receiving social services select less satisfying dating partners associated with FOBS and DOP.

The second conclusion of the FOBS was that when the predictors operated individually, the results varied for FOBS. Based on the finding that FOBS predicts differently from the collective group and has different outcomes for the predictors (relationship satisfaction, commitment, and duration), the following recommendations are for consideration in future research:

1. Conduct additional research on each IV (relationship satisfaction, commitment, and duration) using collective and individual approaches to assess if the results are comparable to the current study.
2. Use a different method for collecting the data sample (e.g., focus groups, cluster sampling, stratified random sampling, or quota sampling).
3. Sample male and female dating partners associated with single mothers receiving social services to examine the unique viewpoints of relationship satisfaction, commitment, and duration based on the FOBS.
4. Conduct research on the interaction between FOBS to extend or shorten intimate relationships for single mothers receiving social services.

The Dependence on Partner (DOP)

The first conclusion regarding the DOP based on the single mothers surveyed was that when the predictors perform as a group, the outcome of DOP correlated. When the predictors performed independently, the outcomes for DOP was varied. The following discussion addresses the collective and individual results regarding the recommendations for future research. The recommendations are to:

1. Collect data using a diverse population (e.g., urban single mothers, same-sex-single-parents, culturally-diverse-single parents) that relate to their DOP.
2. Conduct additional research on each predictor including relationship satisfaction, commitment, and duration using a collective approach to see if the results are comparable to the current study on DOP.
3. Use other methods for collecting the data sample (e.g., focus groups, cluster sampling, stratified random sampling, or quota sampling).
4. Sample male and female dating partners for single mothers receiving social services to examine the unique viewpoints of relationship satisfaction, commitment, and duration based on the DOP.
5. Consider using a longitudinal approach to sampling to capture break-ups related to relationship duration and DOP for single mothers receiving social services.

The second conclusion was that the predictors operated individually for DOP; the results were varied. Therefore, the influence of the collective outcome was that there might be one variable that was stronger than other variables. The recommendations are to:

1. Conduct additional research on each IV (relationship satisfaction, commitment, and duration) using individual regressions to see if the result is comparable to the current study.
2. Use a different method for collecting the data sample (e.g., cluster sampling, stratified random sampling, or quota sampling).
3. Sample the male and female dating partners for single mothers receiving social services to examine their unique viewpoints on the DOP.

Other Recommendations

According to Taylor and Conger (2017), most research conducted on single mothers focused on low-income or impoverished families, but it should not be overlooked that single-mother-headed families experience challenges and economic pressure. The current study might address broader concerns for single women's relationship dynamics. An associated problem for socioeconomically-disadvantaged-single mothers was the missing research on the **influence low-socioeconomic status** on the single mother's FOBS and DOP. The demographic descriptive statistic for the single mothers sampled confirmed that the single mothers examined, the majority were primarily in the income range from below \$10K to below \$40k annual income. Family sizes ranged from one to two children to three to four children living in the home. A few reported having five to six children. This finding meant that a quarter of the single mothers examined were dependent entirely on the social services income. Just under a quarter of the single mothers that responded to the survey reported a combined income that included employment, welfare, Social Security, or other social services, and 26% were below the poverty line. Recommendations for future research are to:

1. Assess if social policies and single-parent families are in alignment with the current direction of the changing structure of families.
2. Investigate the behavioral differences among the single mothers receiving social services and single mothers who do not receive social services decision processes regarding mate selections.
3. Determine how HSPs view relationship dynamics of single mothers who received social services to understand where gaps exist between the HSPs, social services policy, and single mothers receiving social services regarding their FOBS and DOP.

The other finding included the use of online survey panels administered via a third-party service. The participation was **limited to individuals who had online access**. Therefore, the sample had a high percentage of European American participation as well as other unidentified ethnicities. Additional research focused on the demographics from an **ethnic** perspective could validate any skewness based on the generally reported ratios on low socioeconomic population primarily consists of African Americans and Latin Americans as the primary recipients of social services. The recommendation to control the ethnic group participation in the study to determine if there are unique differences in the responses could improve future research based on the importance of examining a more substantial number of participants from multiple ethnicities closeness as opposed to exchanges in stuff (e.g., cash or intellect). A consideration is recommended to use triangulation of theories to examine the single mother's reliance on social services.

Conclusion

The need for further investigation to understand the implication of the single mother's mate selections identified how HSPs could be informed and engaged. Practical implications for HSPs included a recommendation for training on the importance of the single mother's relationship needs and the potential impacts of her mate choice to the family system. Another alternative included the development of communication forums to build trust between program providers and the single mothers who received social services to allows more openness regarding the potential problems within the single mothers' mate selections that can improve the stability within the family system. Finally, the recommendations included the provision for training for HSPs on sensitivity concerning the single mothers who receive social services and the intervention strategies required to reduce the costs associated with family separation based on the relationships that impact the stability of the family system.

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7. Person-Centered Care in Direct Service Work

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Abstract

Person-centered care is a treatment model derived from Carl Roger's person-centered therapy. It values the client as an equal to the human services professional in the helping relationship. By allowing the client to help drive their services, person-centered therapy allows them to regain control of their life for a more successful outcome. A classic study resulted in eight tenets of person-centered care to guide the human services practitioner and client in goal collaboration (Cleary et al., 1991). Person-centered care has expanded beyond therapeutic settings to all settings in the human services field. Person-centered care may have the advantage over other treatment modalities by having the client more engaged in the process, thus allowing for a more successful outcome.

Introduction

"To be with another in this [empathic] way means that for the time being, you lay aside your own views and values in order to enter another's world without prejudice. In some sense it means that you lay aside yourself; this can only be done by persons who are secure enough in themselves that they know they will not get lost in what may turn out to be the strange or bizarre world of the other, and that they can comfortably return to their own world when they wish. Perhaps this description makes clear that being empathic is a complex, demanding, and strong - yet subtle and gentle - way of being."

— Carl R. Rogers, *A Way of Being* (1980)

This article summarizes a poster presentation at the National Organization for Human Services annual conference, October 2018 in Philadelphia, Pennsylvania. There were four learning objectives. First, identifying the definition of person-centered care. Second, identifying and being able to implement the eight tenets of person-centered care. Third, discussing the benefits of person-centered care. Lastly, person-centered care extends beyond psychotherapy. It has application to all direct service work provided by human service professionals across settings. Human services practitioners working in a variety of settings can use person-centered care. Examples include hospitals, outpatient clinics, non-profit organizations, community outreach organizations, advocacy groups, and case management. The person-centered approach is a valuable contribution across the variety of human services experiences.

Significance

Human services professionals are in high demand by those seeking help and treatment. In addition, medical hospitalizations, mental health, substance abuse, and poverty are four major social and health issues facing society today. Each year hospitals admit 36.5 million individuals in the United States (American Hospital Association, 2016). Seven million Americans suffer from a substance abuse disorder (Substance Abuse and Mental Health Services Administration, 2014). Fifty million people in the US live in poverty (Oxfam.org). Approximately 44 million

adults in the U.S. experience mental illness in a given year (National Alliance for Mental Illness, 2018). Given these significant human needs, human services professionals remain challenged to find the most effective interventions for social problems. Human service workers have many choices in treatment modalities. Person-centered care is a valuable treatment modality because of its broad application to many human services settings. Below, I explore the definition of person-centered care, its eight tenets, benefits of the approach, and the potential for broad application in human services.

What is Person-Centered Care?

Person-centered care is a treatment model that allows the client to direct the service they are receiving. The client identifies and takes the necessary steps to achieve their outcomes based on their perceived wants and needs. The human services practitioner provides support, guidance, and structure so the client can find individualized solutions inside themselves. Person-centered care derives from Carl Roger's person-centered therapy which takes a nondirective, empathic approach to empower and motivate the client in the therapeutic process (Rogers, 1980). This approach is still relevant today because the human services profession emphasizes the importance of acceptance and kindness for the people it serves.

Eight Tenets and Application

Efforts to improve medical care led to studies focused on patient experiences in the 1980s and 1990s. Specifically, the Patient-Centered Care Program was a series of groundbreaking research funded by Picker-Commonwealth investigating comprehensive aspects of patient experience (Beatrice, Thomas, & Biles, 1998). One legacy from this funding was the classic study by the Picker Institute, the Commonwealth Fund, and researchers at Harvard Medical School (Cleary et al., 1991). Researchers gathered information from reviewing relevant literature and conducting focus groups. The focus groups consisted of recently discharged patients from a hospital setting, their family members, physicians, and human services professions employed by hospitals. As a result, eight tenants of person-centered care were developed (Cleary et al., 1991). These tenets are now widely adopted as standards of care. The eight tenets are as follows:

1. Respect for Client Wishes

The first tenet is respect for client wishes. This acknowledges that each client is unique. The client deserves to be treated with respect, worthiness, and independence. The client should be provided with pertinent information to make decisions about their services. They should be involved in the decision making process and their preferences should always be taken into account. The human services professional's educational and clinical background works in conjunction with the client's point of view.

2. Organization and Incorporation of Care

The second tenet is organization and incorporation of care. This includes coordination of clinical care, coordination of supplementary and support services, and coordination of front-line care. Human services professions must collaborate in the best interest of the client. They must consider all the various components of their care that should work in unison. Coordination of care helps alleviate feelings of vulnerability and powerless in clients.

3. Information and Education

The third tenet is information and education. Three kinds of communication are helpful to clients. These are communication regarding information on their diagnosis, progress, outcomes, and information to facilitate independence, self-care, and health promotion. Clients want to know what their diagnosis is and what it entails. They want to know what strides they can make to improve their situation. They want to know if their condition is acute or chronic. They also want to know what they can do to make their quality of life better. Knowledge is power and putting knowledge into practice results in positive outcomes.

4. Physical Comfort

The fourth tenet is physical comfort. Three areas are particularly important to clients: 1) pain management 2) assistance with activities and daily living needs and 3) surroundings and environment. Clients experiencing physical pain want to feel relief. Medication or alternative therapies, such as acupuncture, can help. Clients may have physical limitations, thus requiring assistance with activities and daily living needs. Human service practitioners should be able to provide assistance with activities done on a daily basis, including, but not limited to, hygiene, meal preparation, giving medications, and dressing. If the human services practitioner is not able to provide these services due to their job description or other regulations, then they should connect their client to an agency that does. Surroundings and the environment are essential for physical well-being. If patient needs occur outside of their home, then their environment should be tailored to what makes them happy and comfortable.

5. Emotional Support and Alleviation of Fear and Anxiety

The fifth tenet is emotional support and alleviation of fear and anxiety. For the client, this includes four components. The components are anxiety over their physical status, the impact of their needed service on the individual and family, the financial impact of services, and the treatment of their outcome (The Eight Principles, 2019). Services provided to the client are all encompassing. Therefore, their physical, mental, and emotional well-being must be treated.

6. Involvement of Family and Friends

The sixth tenet is involvement of family and friends in the process. This tenet provides accommodations for family and friends and involves them in the decision making process. Family members need to be supported as caregivers and their needs recognized. While the individual is receiving the treatment, they are just one piece of the puzzle. How the individual fits into the macrosystem is also important. Individuals should not go through life alone. They should have a support system they rely on that walks alongside them during their journey.

7. Continuity and Transition

The seventh tenet is continuity and transition. The human services practitioner coordinates and plans ongoing treatment after their clients' services end. Transitioning from one service ending to a new service starting should be as easy as possible. The client should be prepared for what is to be expected. The human services practitioner is responsible for explaining things clearly and ensuring they are understood.

8. Access to Care

The eighth and final tenet is access to care. Clients need to know they can access care when necessary. Clients must be able to have access to the location of hospitals and human service providers' offices in order to receive services. For clients who do not drive, or do not have reliable transportation, various transportation options must be available to them. It should be easy to schedule appointments, both recurring and as needed.

What are the Benefits of Person-Centered Care over Other Treatment Models?

There are benefits of using the person-centered care model in direct service work over other treatment modalities. Person-centered care provides individualized, high quality care. The person-centered care model empowers clients and ensures their needs are fulfilled. It provides the need for control that clients want (Yarbough, Yarbough, Janoff, & Green, 2015). It recognizes the client as the expert as they know themselves best and know what is right for them. It allows them to feel in control and that they are "being met where they are at."

A clinical trial found that there is a strong correlation between successful outcomes two years after services end if the human services practitioner and the client had a positive working relationship (Miller & Moyers, 2017). Simply put, the client is more likely to engage in this process and have a more successful outcome if they have a good working relationship with the human services practitioner. Empathy is established over time and serves as the foundation of a good working relationship (Pederson & Pope, 2010). Therefore, the client and human services professional collaborate with each other to help achieve the client's goals. In order to do so, the human service professional develops rapport and demonstrates compassion and understanding as necessary to bring about positive change.

Broadening Person-Centered Care

The concept of person-centered care may broaden beyond psychotherapy. It applies to all direct service work provided by human service professionals across settings. Some examples include case management, community outreach, and advocacy.

Case management involves the human services professional meeting with individuals and helping connect them to needed services. Getting to know the person and developing a treatment plan is required. Therefore, the human services professional has to take a person-centered approach in order to develop rapport with the client. In addition, the treatment plan is person-centered as it developed specifically for that client.

Community outreach involves human services professionals getting out into their community and implementing a service that the specific geographic area needs. This requires the human services professional to develop a relationship with a variety of different individuals. With every individual being different, program implementation needs to take a person-centered approach so it appeals to a wide base while adhering to program standards.

Advocacy involves human services professionals supporting a cause. Since human services is an interdisciplinary field, it encompasses psychology, social work, education, criminal justice, and the medical fields. The psychologist, social worker, and criminal justice professional need to

advocate for their clients. The educator needs to advocate for their students. Medical professionals need to advocate for their patients. In order to advocate effectively and ensure the person's voice is heard, the human services professional needs to take a person-centered approach in developing rapport and following the eight tenets of person-centered care to meet their goals.

Conclusion

Person-centered care is a therapeutic intervention in psychotherapy developed by Carl Rogers. Over the years, it has expanded to the other fields of the human services profession. Human services professionals are seeing clients as having an equal voice in their treatment and providing guidance and support along the way. The development of eight tenets of person-centered care may guide human services professionals in their varied work settings. Research has shown person-centered care more effective than many other therapeutic models. By implementing person-centered care in their careers, human services professionals will grow professionally but also see invaluable growth and success in their clients.

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8. Self-Reported Human Service Student Satisfaction and Success as a Function of Course Delivery Modality and Student Demographics

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Abstract

As the demand for flexible higher education opportunities increases, human service educators must consider the experiences of students in various educational modalities to most effectively meet the diverse academic needs of their students. Further, human service educators must ensure comparable course content in these different modalities. This presentation examined the self-reports of human service students regarding satisfaction and academic performance as a function of course type (land based or online) and student demographics. Faculty trained in both modalities provided the entirety of the course content throughout the program under examination to ensure continuity between modalities. Student retention rates were also examined. Suggestions for student centered programming as a result of student feedback and retention will be discussed at length.

Introduction

“Meeting people where they are” is a central tenet of the field of human services and perhaps this should be no more true than in the educational opportunities that we afford aspiring practitioners. As the demand for non-traditional educational opportunities continues to increase (Garrett & Fredricksen, 2019), human service educators must consider the lived experiences of human service students as we develop program models intended to meet these needs. This study examined data collected over a three-year period regarding student experiences in a new, online, human services program as compared to an existing land based program at the same institution. The authors examined the self-reports of undergraduate human service students with regard to their experiences in land based and online courses as a function of course type (land based or online) and student demographics (gender, age, race/ethnicity, etc.). Students in both the land based and online program are largely nontraditional and first-generation college students. These students tend to be older than the traditional undergraduate student, possess more life and professional experience, and are frequently balancing educational, professional and family commitments. Both the land based and online human services programs lend themselves easily to nontraditional students. Online programming allows students to complete their studies at their convenience whereas the land based program explicitly targets professional students. This means that land based courses are offered in several flexible formats, including evenings, weekends and hybrid formats. The authors expect that students in both modalities will experience comparable time constraints and will prioritize their studies in similar manners.

A central tenet of the program under examination includes faculty being trained in both land based and online course delivery methods and teaching courses in both modalities. The intent of this approach is to ensure continuity between land based and online programming. The authors expect that continuity between delivery methods will allow for the most accurate measure of student satisfaction between modalities. This study also makes suggestions based upon student feedback for future programming models and innovations designed to foster student success and improve student preparedness for the field of human services.

Literature Review

While online education is gaining momentum, the issue of course quality and delivery continues to be of utmost importance for colleges. Concerns regarding the validity of online education have been raised by accreditation agencies, hiring employers, and the faculty at large at many schools; online education continues to be seen as somehow ‘less than’ a traditional education. This is in spite of a large body of evidence showing there is no significant difference between online and traditional land based classes. Russell (1999) first established the idea of the ‘no significant difference phenomenon’ in his seminal review of more than 300 studies examining face to face versus technology mediated instruction (including online course delivery). In the decades since, researchers have continued to find no or only slight differences between landbased and online classes (Helm, 2014). Collaboration between faculty and instructional designers and the use of quality guidelines help to improve online course quality (Chao, Saj, & Hamilton, 2010).

Similar to the research on course quality, Cavanaugh and Jacquemin (2015) found, in a large scale study of student grades in online and land based courses, no significant differences in student performance. Other researchers, such as Helm (2014) and Johnson and Palmer (2015), have found that students tend to perform slightly better in the traditional, land based classroom than they do in online classes as typically determined by course grades.

Faculty presence and interaction within the course (specifically in discussion boards) is one of the best predictors of both student performance and satisfaction with online courses (Garrison & Cleveland-Innes, 2005). Students experienced higher satisfaction with online courses when instructors were present and provided instruction and a sense of themselves as a person (Hoey, 2017). Student perception of online courses does differ from face to face courses, based in part on the perceived usefulness, design of the course, and ease of use (Jović, Stanković, & Nešković, 2017). When students were slightly less satisfied with online courses, lack of interaction (with instructor as well as other students) was the main reason for dissatisfaction. On the other hand, convenience was ranked highest as reason for satisfaction, though course structure and learning style were also cited as reasons for dissatisfaction (Cole, Shelley, & Swartz 2014).

What has not been examined thoroughly is the concept of having the same faculty teaching land based and online courses in an effort to maintain quality and consistency. The courses examined in this study are the same in content, pacing and goals; they differ only in delivery method (land based versus online course delivery). In addition, this study examines courses spanning eight

terms over three academic years providing a much more in depth examination of student success and satisfaction by course delivery.

Methodology

This was an exploratory archival study of student performance and satisfaction with online and land based courses taught by the same faculty members. This study examined course data for 83 sections of 12 courses over three academic years; this represents all of the sections of courses that were taught in both land based and online delivery formats. For the purpose of this study, the authors reviewed three years of course performance (measured by student grades) and course satisfaction (measured by student course evaluations) in the human services programs. These course evaluations represented all evaluations completed for courses that are offered in both the land based and online formats since the inception of the online program. The authors examined all data obtained in these anonymous evaluations including student demographics, grades and numerous areas of course content. Because evaluations are anonymous, the authors expected candid student responses. Data collected includes both qualitative and quantitative information. Data regarding student reaction to course effectiveness included the following:

- Critical thinking
- Discussions/interaction
- Receptiveness to varying viewpoints
- Instructor presence/availability
- Course pace
- Course requirements
- Instructor in general
- Course in general

Any identifying information was removed from data collected for the purpose of this study prior to analysis; the unit of analysis for the purposes of this study was the course section. The authors utilized SPSS to analyze quantitative data and also analyzed qualitative student comments to look for patterns in responses. Due to skewed data, differences between land based and online courses were assessed using the Mann-Whitney U-test.

Findings

As shown in Table 1 and Table 2 below, there was a significantly higher percentage of women in online courses ($p=.000$) but no significant difference in race or ethnicity between land-based and online courses (p values ranged from .068 to .662). The course averages for each course delivery method are provided in the tables.

Table 1: Gender

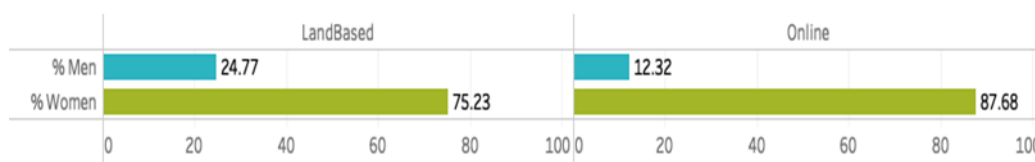
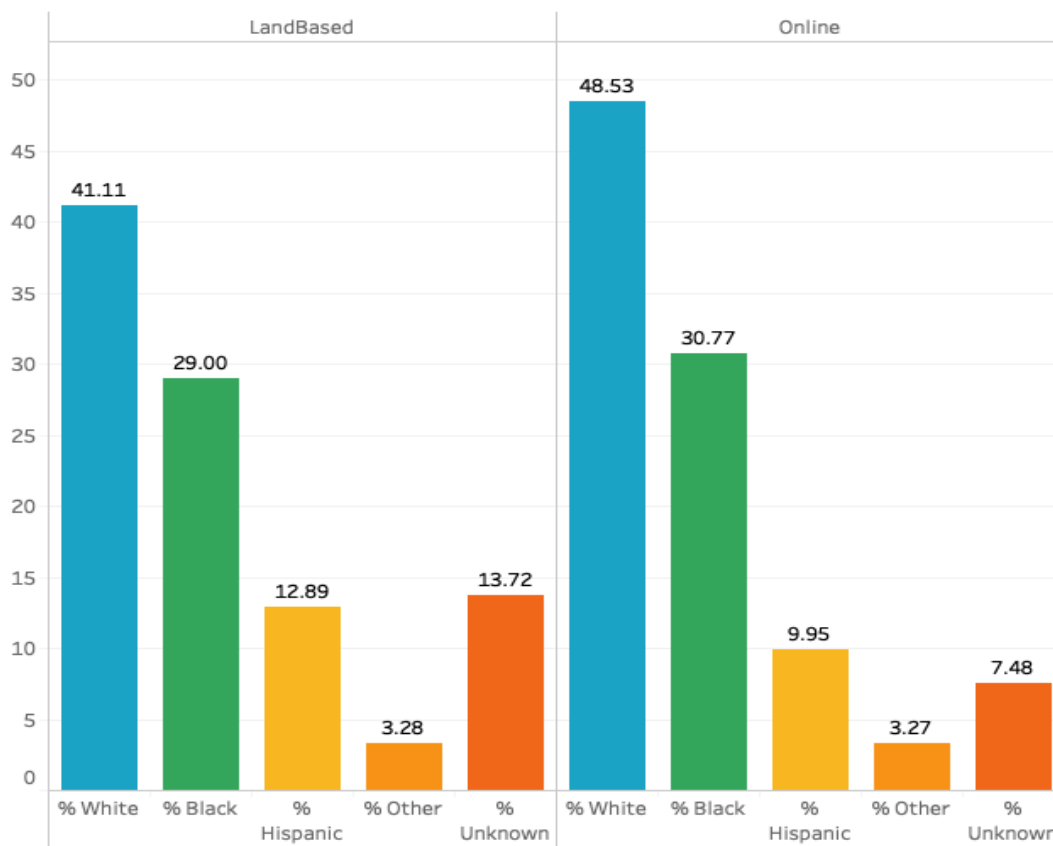


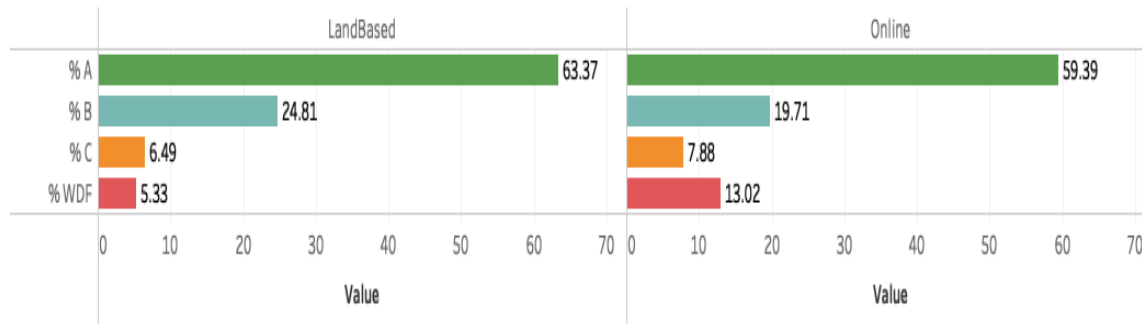
Table 2: Race & Ethnicity



The authors used grades earned as a measure of success in both land based and online classes and found there were no significant differences between modalities with regard to passing grades. The authors did note that there was a significantly higher percentage of students who did not successfully complete the course ($p=.002$). Also notable was the fact that approximately five

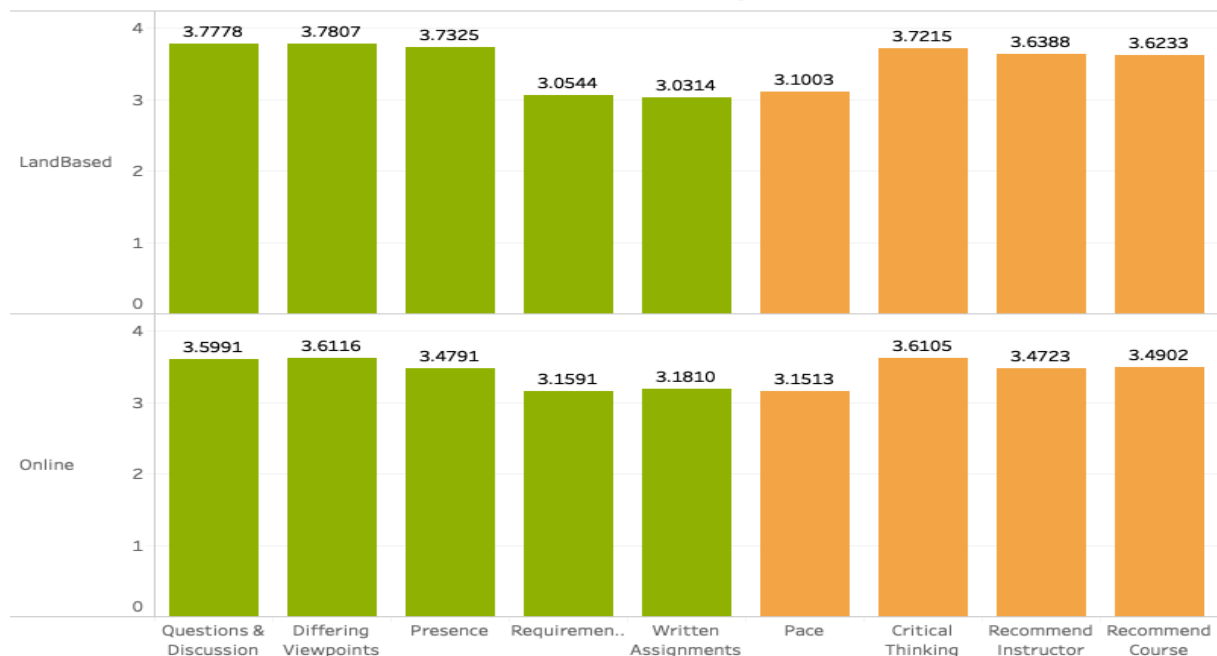
percent of students in land-based courses withdrew or earned D's or F's (indicated by WDF in Table 3 below) whereas over 13 percent of students in online courses did the same.

Table 3: Grade Distribution



With regard to student satisfaction, the authors observed similarities between course delivery modalities (indicated in orange in Table 4). As indicated in the chart below, overall student satisfaction (indicated by the willingness to recommend the instructor and course to others) was similar between land based and online courses. Regarding the quality of the courses, there were no significant differences in the pace and critical thinking required in land based and online classes. Students in online classes indicated less interaction and quality of interaction when compared to land based classes; they reported instructors were less open to questions and discussions (discussion; $p=.003$), less open to differing viewpoints (viewpoints; $p=.006$), and less present in the course (presence; $p=.002$). On the other hand, online students reported the requirements of the course were more numerous and more difficult than their land based counterparts (requirements; $p=.005$ and written assignments; $p=.002$).

Table 4: Course Ratings



A cursory review of student comments in the course evaluations indicated the following categories of feedback:

- Expertise/engagement/availability of the instructor
- Class exercises/interaction
- Course materials/assignments being clear
- Pace of the course
- Textbooks

Excluding the emphasis on textbooks among online students, the comments were not fundamentally different between land based and online student. Of particular note to the authors, students in both land based and online courses frequently commented on instructor availability, engagement and interaction with other students as important factors, demonstrating that engagement - while different in each format – remained an important indicator of student satisfaction.

Implications & Future Directions

The findings of this study are encouraging for the future success of the programs under study, as well as for other institutions seeking to implement similar land based and online instructional modalities. Several findings are of particular importance with regard to future programming priorities and faculty development.

Student reports of similar levels of satisfaction in most measures seems to indicate that nontraditional students can succeed and experience equal levels of satisfaction to their land based counterparts. Despite not necessarily being of a generation that utilized technology throughout their early education, the nontraditional students in these programs have adapted well to the online learning platform.

Similar levels of student satisfaction seem to indicate that the college's model of utilizing the same faculty for both land based and online programming is largely effective. In addition to ensuring that course content remains consistent between modalities, student experiences in the two modalities seems to support the value of developing faculty in both modalities. Future efforts in this program should focus on further developing the online teaching skill set of land based faculty.

Students clearly place a significant emphasis on faculty input and engagement, regardless of learning platform. Future faculty development efforts should focus on expanding the ways that faculty can engage their students in both platforms, but specific attention should be given to encouraging interaction with students in the online format.

In light of the significant difference in the failure rate in online classes in this study, future research should expand upon the impact of student retention in the online format. Specifically, are there mechanisms that have proven to increase online student retention such as linking to appropriate student support services? Previous studies have shown that while retention is sometimes lower for online courses, it can often be explained by other factors; these studies have

determined, therefore, there is no significant difference in retention (James, Swan, Daston, 2016). Similarly, program completion as measured by graduation in a graduate program was more likely affected by placement on academic probation, leave of absence (leading students to be less likely to complete) but not connected to online course delivery. Instead, the researchers suggest connecting students to services to help with completion (Newhouse & Cerniak, 2016).

In addition to further examining student retention, the authors intend to implement the recommendations contained within this paper and further expand the online teaching skill set of our Human Services faculty. Further, we expect to expand this analysis to include other disciplines, and potentially include programs that focus on more traditional age students to determine if these results can be generalized to other programs and student populations.

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9. Photographic Data as Content for Analysis in Qualitative Research

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Abstract

While qualitative studies have been conducted in a number of areas of research in Human Services, most studies are limited to content analysis of oral or written data. Photographs are a valuable data source for identifying visual elements that assist in assessing the environment. This study used researcher generated photographs of family prison visiting centers to identify key elements of family-friendly environments that may serve as a model for prison planning. The use of photography as a data source for analysis invites the reader to become a partner in the research analysis.

Introduction

While qualitative studies have been conducted in a number of Human Services inquiries, most studies are restricted to content analysis of oral or written data. The value of content analysis is that the researcher can identify themes and important concepts. However, the reader is dependent on the researcher's interpretation, thus, making the reader a secondary party to the process (Byrne, Daykin & Code, 2016). The purpose of this current study was to conduct a multiple case study to illuminate the environments of family-based prison visiting centers in the UK and to advance an understanding of how families, including children, might experience them.

Background

Approximately 70 % of inmates receive visits from family members including spouses, significant partners, and others (Hopkins & Brunton-Smith, 2014). Previous studies concluded that family continuity through contact during periods of incarceration is important for post-incarceration reintegration (Arditti & Jyotl, 2015; Brutus, 2011; Chochran, Mears, Bales & Stewart, 2013). Moran (2013) found that enhancing the interior décor of the prison with light and color can reduce visitor stress, especially for visiting children.

The study incorporated family and ecological systems theory to conceptualize prison visiting centers as multi-dimensional environments and a sample of purposefully selected United Kingdom prisons served as locations for collecting data. Both photographic and narrative data were collected and analyzed with the goal of identifying the elements of the centers that were family-friendly, and potentially modeling preferred components.

What was apparent to those who viewed the photos is the immediate opportunity for comparison of the photos depicting the various centers and the visual messages available, reducing the role of the researcher to some extent and allowing the viewers to share the researchers' experience as observer and analyst.

Photo analysis, because it is a visual experience, involves three dimensions: the content, the context, and the emotional response (Murray & Nash, 2017). The contents are the elements that are visible in the photos; in this study the walls, the chairs, the doors, the decorations are all physical elements that make up the content. They are easily identifiable as common components of rooms that might be found anywhere. Here is where context becomes significant, because the context of these elements combined together in their various sequences found in the family visiting centers in prisons makes the components either special or of interest on their own and in combination. Colors, shapes, the flexibility of the seating, the brightness, natural light, greenery, toys, and sink, all must be fit into this context. The emotional response is engaged in the comparison of the images in the photos with expectations and pre-existing information, that may include biases. In the photos in this study particularly, the content does not betray the context, resulting in a stronger emotional response when observers integrate the three dimensions.

In the United States, the tradition is for prisons to be monochrome, drab and austere with furniture that is bolted and restrictive of movement (Moran & Disney, 2018). The image in the photo is initially unrecognizable for its context, although the content elements in the photo of bright light colors, windows, and decals suggest a child-friendly venue.

The analysis of the photo led to a bifurcated vision of the context of prison visiting centers; this a prison/this is not a prison setting. Contrast the photo in Figure 2, with the choice of exterior shot; dark, isolated, and somewhat intimidating:



Figure 1: Photo of family visiting center.



Figure 2: Photo of prison exterior.

While some of the visiting centers pictured below were adjacent to and not within the confines of the prison itself, which may be a design restriction, the overall impression is interpreted as family friendly, and accommodating the comfort needs of visitors, and in particular young children.



Figure 3: Prison visiting center play area.



Figure 4: Prison visiting center family seating.

Elements of Family-Friendly Visiting Centers

Analysis of the photos together highlight the common elements or themes that can be summarized to be a construct of a family-friendly prison visiting center. These elements included: the use of bright and varied colors on the walls, the inclusion of some form of wall art or decoration, multiple seating arrangements with movable furniture or sofa seating, access to refreshments, toys and games for children under the age of 12, books for children of all ages, floor covering that allowed small children to be set down, and outdoor play space. The photos allow the viewer to identify these elements and participate in the analysis.



Figure 5: Prison visiting center clothing exchange

Summary

The use of photography as a strategy for data collection and analysis has been undervalued in a time when photographs are easily and readily taken with common hand-held devices. As photos and videos enter into our daily experience of understanding what is occurring, there are opportunities to expand their use in research. It is worth noting that there are additional risks as in any data collection; trustworthiness, and credibility of the data must be accounted for by the researcher. In addition, photos are works of art and are the property of the artist, not the researcher. Found photos must be properly identified and ownership credited, while protecting participants' rights to both ethical standards of practice and legal ownership. This study was not meant to be Photovoice (Strong et.al, 2016). The difference being the photographs were not meant to be used or reviewed by participants for assessing change of their own environment. The photos in this study were journalistic in nature, taken as illustrations of elements for analysis. Further research into crossing photovoice with participative action research for the purpose of social change would benefit the field and move the status of photo research forward.

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10. Human Sex Trafficking: Interventions Based on an Ecological Systems Model

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Abstract

Sex traffickers enslave their victims and force them to work in the illicit sex world. Sex trafficking is driven by a strong demand from consumers. This criminal industry originates through ecological push-pull factors. Human service professionals are being called upon to prevent, identify, and stop sex trafficking. Child sex trafficking victims in the United States is the scope focus of the article. Governmental laws and policies are summarized within the article. The authors provide information on the chronological process of sex trafficking and the roles of the victim, the recruiter, the trafficker, and the consumer. Bronfenbrenner's Ecological Systems Theory is used as a base for human service professionals to understand the prominent elements that can serve to address the problem. At the end of the article the authors provide a detailed resource list for human service professionals to utilize.

Introduction

Sex trafficking occurs in every major city in the United States and in many small towns. The United States government has passed numerous laws and policies to combat the problem. Documentaries, broadcast journalism, and social media have brought this crisis to the forefront of our collective attention. Media has informed citizens of the risks to children; they can be kidnapped while walking to school, they can be enticed by boyfriends, they can be coerced by friends' families, and they can be lured into the dangers of sex trafficking through the internet. Curricula have been designed to educate children and communities about the risk, and resiliency programs have been developed, yet sex trafficking continues to grow. It is a terrifying industry fueled by customers who will pay to perform illicit sexual acts with children. Orme and Ross-Sheriff (2015) stated that, globally, a child or woman is exploited through sex trafficking every minute. Trafficking is the fastest-growing criminal industry in the world, generating more than 150 billion United States dollars every year (A21.org, 2018, para. 3).

Human service professionals have a powerful role within anti-trafficking efforts. They can intervene at numerous key points to assist victims, provide education for community members, and initiate programs for sex traffickers and customers in order to reduce the high demand for trafficked children. It is vital for human service workers to understand the process traffickers use to attract their victims into the sex trafficking world. Effort is needed to educate and build resilience in those who are vulnerable. It is helpful to recognize and understand the signs and symptoms of a sex trafficking victim and how to work within their framework. Educational outreach programs and therapeutic services can assist in changing attitudes and social structures.

Multi-disciplinary teams and coordinated case management are needed to collaborate care and to ensure follow-through. Equally important is advocacy to change the social structures that justify sex trafficking and the objectification of women and children.

The Ecological Systems Model (EST) will be used as a framework for defining the sex trafficking world and to explain what interventions are the most useful and pragmatic throughout the trafficking process. This model examines the relationship between the client and the environment in which they live and how this has influenced their journey. Barner, Okech, and Camp (2018) stated the ecological model is person-centered and focuses on where the client is currently at emotionally. This model provides the human service worker with an environmental systems lens to use when determining the best practice to aid those involved in sex trafficking. Following is an overview of the definition and scope of sex trafficking in the United States, details on the laws and policies adopted over the last 19 years, and the chronological process of sex trafficking. Additionally, signs of sex trafficking and a chronicle of how human services professionals can intervene based on Bronfenbrenner's Ecological Systems Model are provided.

Definition and Scope of Sex Trafficking

The United States' Trafficking Victims Protection Act defined sex trafficking as "The recruitment, harboring, transportation, provision, or obtaining of a person under the age of 18 for the purpose of a commercial sex act where such an act is induced by force, fraud, or coercion" (Gibbs, Hardison-Walters, Lutnick, Miller, Kluckman., 2015, p. 3). If a child is involved, there is no need to prove force, fraud, or coercion (Busch-Armendariz, Nsowu, & Heffron, 2014). Sex trafficking of children is also referred to by several acronyms: domestic minor sex trafficking (DMST), commercial sexual exploitation of children (CSEC) (Busch-Armendariz et al., 2014), and child sexual exploitation (CSE) (Hartinger-Saunders, Trouteaud, & Johnson, 2016).

Sex trafficking is often viewed as a crime that is prominent in other countries but not in the United States; statistics prove this is not the case. In the United States, the National Human Trafficking Hotline provides support and services to sex trafficking victims and survivors (National Human Trafficking Hotline, 2019). It also provides detailed statistics on sex trafficking. In the first six months of 2018, the hotline reported 14,117 calls and 5,147 reported trafficking cases in the United States. The website also ranked the 100 cities where trafficking is the most prevalent; Houston, Texas has the most cases. For more information on this website, please see the Resource section at the end of this manuscript. As of 2018, it is estimated there are over 200,000 youths at risk of being trafficked in the United States (polarisproject.org, 2018). The International Labour Organization reported 99% of sex trafficking victims are women and young girls. Fish (2017) affirmed 75% of traffickers operate only at their local city level (p. 536). Small towns in the Midwest are the fastest growing area for sex trafficking in the United States (polarisproject.org, 2018). Along with understanding the scope of this epidemic, it is also critical to understand the laws that are currently in place regarding sex trafficking.

Laws

Congress passed the **Victims of Trafficking and Violence Protection Act (TVPA)** in 2000. This law was significant in the three goals it outlined: protection for victims, prosecution of

adults involved, and prevention of trafficking. These goals came to be known as the three P's (Roby & Vincent, 2017). Two federal agencies were created as a result of the TVPA: The International Task Force to Monitor and Combat Trafficking and the Office to Monitor and Combat Trafficking in Persons (Orme & Ross-Sheriff, 2015, p. 290). In 2003, Congress reauthorized the TVPA and allowed sex trafficking victims more power by providing avenues for them to sue their traffickers in federal court (Tomes, 2013). The TVPA was amended again in 2005 and in 2008. Each time it was modified, it provided more services for the victims, including providing a Guardian Ad Litem for child victims. However, Tomes (2013) stated each time the TVPA was ratified, it failed to address the responsibility of the consumer (or "John") in the process of sex trafficking.

The **Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today Act (PROTECT Act)** was created in 2003. This act removed the statute of limitations for child abduction and child abuse, increased incarceration times for sex traffickers, and began to address the misuse of the internet to lure victims into sex trafficking (Tomes, 2013). In addition, the PROTECT Act increased the penalties that could be brought against the individuals who were responsible for sex trafficking (Orme & Ross-Sheriff, 2015). The government continued to make strides in addressing the needs of the victims of sex trafficking by not allowing them to be prosecuted for prostitution. However, underage victims were still held in juvenile institutions and not given access to counseling or trauma informed case management (Tomes, 2013).

The **Violence Against Women Reauthorization Act (VAWRA)** of 2013 provided grants to states that implemented multidisciplinary teams to prevent domestic sex trafficking and who prosecuted the adults involved in the process of sex trafficking (Roby & Vincent, 2017). The VAWRA provided a model for states to follow, which was called **The Safe Harbor Act**. The act stated that minors did not need to cooperate with law enforcement in order to receive needed services (Roby & Vincent, 2017, p. 203). Furthermore, Safe Harbor Laws provide trauma-informed services for juvenile victims of sex trafficking (Hartinger-Saunders, et al., 2016). As of 2016, fewer than half of the states had passed Safe Harbor Laws, which also give juvenile sex trafficked victims criminal immunity of the crimes they were forced to commit while a slave of sex trafficking (Hartinger-Saunders et al., 2016). Important to human service professionals was the additional provision that added a broadened definition of child abuse to include the sexual exploitation of children. States now needed to reexamine their 'duty to report' laws to include suspicion of sex trafficking. Child Protective Services were required to offer additional training to their workers on juvenile sex trafficking. In addition, the VAWRA provided funding through grants for local and state government-funded agencies through September of 2019. The grants focus on rescue and rehabilitation services for agencies that work cooperatively with law enforcement and emergency responders (Roby & Vincent, 2017, p. 204).

In September of 2014, The **Preventing Sex Trafficking and Strengthening Families Act** was authorized. This act required states to establish policies and programs to identify and serve at-risk children (Orme & Ross-Sheriff, 2015). Gibbs, Hardison-Walters, Lutnick, Miller, and Kluckman (2015) confirmed 85% of girls who are involved in sex trafficking came from environments where they were involved with the child welfare system. The Preventing Sex Trafficking and Strengthening Families Act specifically directed states to develop programs to

serve foster care children due to their high risk of becoming victims of sex trafficking (Orme & Ross-Sheriff, 2015). Furthermore, states were required to report instances of sex trafficking victims who were under the jurisdiction of the state (Hartinger-Saunders, et al., 2016).

The **Stop Advertising Victims of Exploitation Act (SAVE Act)** of 2015 held website operators legally responsible if someone on their site advertised child sex trafficking (Cardenas, 2017, p. 505). Even with enforcement of such acts, fighting online sex trafficking is difficult. Most consumers (“Johns”) use a form of electronic currency called Bitcoin to purchase sex slaves. Bitcoin is anonymous and almost impossible to track (Cardenas, 2017). Furthermore, Cardenas (2017) reported there are informative discussion forums for Johns; one of the most popular is “The Erotic Review” (p. 510). These online forums provide consumers tips and information on sex trafficking. Cardenas (2017) shared a possible update to the SAVE Act that could track missing and exploited children (p. 525). The free program was created by Microsoft and is called PhotoDNA (Cardenas, 2017). It is a face recognition software that can recognize pictures of children even if they have been altered or distorted (Cardenas, 2017, p. 525). Microsoft donated the technology for this program to the National Center for Missing and Exploited Children; it is currently being used by organizations all over the world to decrease child exploitation. For more information on PhotoDNA, please see the Resource section at the end of this paper.

Strides have been made legally to prevent and intervene in the sex trafficking of children in the United States. However, Greenbaum, Yun, and Todres (2018) asserted the need for additional laws, policies, and funding to prevent sex trafficking. Greenbaum et al. (2018) maintained that an emphasis must be on serving children who are at the highest risk of being trafficked; this includes children who are runaways, homeless, refugees, abused, neglected, and thrown away (forced to leave their homes by parents or guardians). Orme and Ross-Sheriff (2015) added that lesbian, gay, bisexual, and transgender youth are also at high risk for becoming a victim of sex trafficking due to societal and family alienation (p. 291).

In January of 2018, **Title 22, U.S. Code Chapter 78 – Trafficking Victims Protection**, went into effect. This law contains 15 sections, each providing information on a different aspect of domestic sex trafficking. This document is pertinent to human service professionals, who need to be well versed on DMST. Included information details: prevention of DMST, assistance for victims, how to increase effectiveness of anti-trafficking programs, and investigation of trafficking persons.

The Chronological Process of Sex Trafficking

The Victims of Trafficking and Violence Protection Act (2000) outlined the need to develop prevention strategies, increase the prosecution of traffickers and consumers, and create programs to serve the victims and survivors of sex trafficking. In order for human service professionals to abide by these guidelines they must understand the chronological process of sex trafficking and what roles individuals play within the process. In the simplest form, there is a potential victim who comes in contact with a recruiter; sometimes referred to as a spotter. The recruiter grooms and or coerces them and connects them with a trafficker, also known as a pimp. The trafficker then connects the victim with a consumer (“John”).

The Victim

All children can be at risk of becoming a sex trafficked victim. However, certain factors set some children at higher risk. These factors include experiencing abuse or neglect, having been part of the foster-care system, running away from home, homelessness, low academic performance, and exposure to domestic violence or illegal drug usage (Hartinger-Saunders, et al., 2016). Children who have been involved in the juvenile justice system, been a member of a gang, or live in high-crime areas are also at higher risk (Roby & Vincent, 2017). Researchers Orme and Ross-Sheriff (2015) explained that lesbian, gay, bisexual, and transgender youth are high risk due to being alienated and discriminated against (p. 291). Fish (2017) stressed that being male does not make a child immune to the risks of sex trafficking. Litam (2017) expanded the view of children at risk by explaining that children who have low self-efficacy tend to use social media more and their increased photo usage on social media increases their risk of sexual predators. The majority of domestic victims of sex trafficking are from the United States (Litam, 2017), and there has been a steady increase of victims from small towns, especially in the Midwest. A wide age-range of victims of DMST are prevalent, depending on what individual customers request. The crisis of sex trafficking is fueled by consumer demand. The majority of DMST victims will not report due to threats from their trafficker. Others may have formed a trauma bond (also known as the Stockholm Syndrome) with their trafficker. Trauma bonds are formed when the victim is romantically involved with the trafficker and feels a need to be protective of the situation (Roby & Vincent, 2017).

The Recruitment

The recruitment process is dependent on the situation the victim is in. Some recruiters are romantically involved with the victim and are initially charming and complimentary to the victim (Gibbs, et al., 2015). Sometimes parents are the recruiters and they offer their children to a recruiter to assist the family financially or to bring in money to support an addiction. Other victims of sex trafficking are coerced into the sex trade in exchange for food and housing (Gibbs, et al., 2015). Busch-Armendariz et al., (2014) explained that recruiters may be acquaintances of the victim and this acquaintance may offer to set up a special date for them. The recruiter may be the parent or relative of a close friend of the victim, someone with whom the victim has a relationship with and trusts.

Recruiters know where children are and what routes they frequent. They can make contact anywhere a child or adolescent may be: walking to a friend's home, at the mall, walking home from school, at a fast food restaurant, home alone, or in the waiting area of a probation office (Litam, 2017). Trafficking is the fastest growing criminal industry in the world, generating more than 150 billion United States dollars every year (A21.org, 2018, para. 3); it can and does happen everywhere.

The Trafficker

Traffickers, or pimps, are the individuals that set up the sex act. Roby and Vincent (2017) reported that trafficking is a lucrative business with annual estimated earnings from sex trafficking ranging “from \$290 million in Atlanta to \$39.9 million in Denver” (p. 202).

Traffickers are able to control their captives by a number of tactics. Some use threats or violence and may also threaten the victim’s family. Yet at times, victims describe their traffickers as surrogate families who take care of them and keep them safe in exchange for sex acts. Some traffickers are skillful in forming a trauma bond (Stockholm syndrome) with their captive; the victim feels a sense of gratitude intermingled with a sense of fear toward their captor (Litam, 2017, p. 47). Cardenas (2017) reported many traffickers now use the Internet for three primary reasons: it is not as easy to be tracked by law enforcement, it increases their geographical boundaries thus increasing the demand for trafficking victims, and it ultimately increases their profits (p. 509).

The Consumer

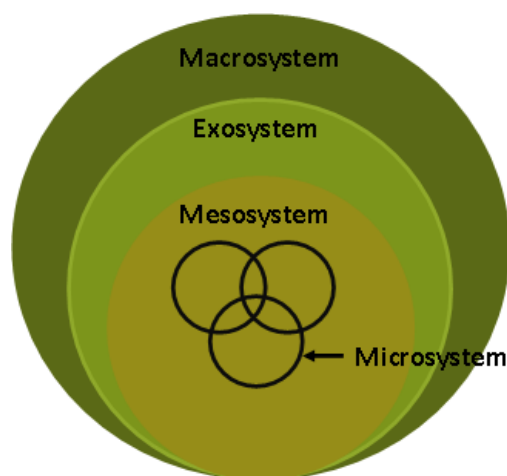
Consumers (“Johns”) are accountable for the demand that stimulates the sex trafficking industry by purchasing sex acts (Yen, 2008). Who are the consumers? According to Tomes (2013) their average age is thirty, they are usually married and have a full-time job; they turn to sex trafficking because of a desire for a sex act they cannot experience in their everyday life (Tomes, 2013). With the use of online sites and the electronic currency Bitcoin, it is easier for consumers to remain anonymous; these factors have increased sex trafficking (Cardenas, 2017).

Signs of Sex Trafficking

Litam (2017) avowed workers in the field need to be aware of the process of sex trafficking as well as the signs of victims and who is at risk (p.45). The signs of a sex trafficked victim are numerous, may conflict with each other, and may also represent symptoms of other disorders. Keen observation and a thorough assessment by trained human service professionals can assist in the identification of a victim. Litam (2017) differentiates signs that may be observed in a mental health setting, an educational setting, and those that may be apparent in medical settings. When arriving at a mental health setting, the victim may arrive with a controlling older boyfriend who is hesitant to leave the victim’s side. Other symptoms may include: tension or anxiety, avoidant eye contact, dissociation with reality, suicidal ideations, self-harm, fearfulness, and depression (Litam, 2017, p. 51). In schools, counselors and educators may notice a sex trafficking victim having a high absentee rate, not dressing appropriately for the weather, and being unclean (Litam, 2017). In a medical facility, a victim may present with multiple sexually transmitted diseases, pregnancy, complications from unsafe abortions, malnutrition, substance use disorders, exhaustion (Litam, 2017, p. 51), and poor dental care. It is common for a DMST victim or survivor to be protective of their captor (due to a trauma bond), to have a poor memory, and to give conflicting answers. Additionally, workers may notice the victim is suspicious of anyone who attempts to provide help, and they may be hesitant to answer questions.

Interventions Based on Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory (EST) was used as a framework for defining necessary interventions for those involved in sex trafficking. Sanchez and Pacquiao (2018) discussed the complexity of sex trafficking and that it is rooted in the interaction of numerous factors within the environment (p. 101). Sex trafficking involved the dysfunctional interplay between the different levels of the environment as outlined in the ecological systems model. "Children may become vulnerable to trafficking through a wide variety of factors at the individual, family, [microsystem] community and societal levels" (Greenbaum, Yun, & Todres, 2018, p.160). Orme and Ross-Sheriff (2015) affirmed the use of EST to assist practitioner's with intervention at various levels of the sex trafficking victim's environment. Barner, Okech, and Camp (2018) stated this model examines the relationship between the client and the environment in which they live and how this has influenced their journey. Neal and Neal (2013) indicated the ecological model is one of the most extensively used frameworks for studying social problems and discovering how the environment affects them. This model provided the human service worker with an environmental systems lens to use when determining what the best practice is in aiding those involved in sex trafficking.



Bronfenbrenner's Ecological Systems Model

The Ecological Systems Theory has four main levels. Within each level are push-pull factors that push the victim out of their current environment and pulls them into the world of sex trafficking. Traffickers use this push-pull dynamic to entice their victims with promises of a better life (Jones, Engstrom, Hilliard, & Diaz, 2007). It is essential human service workers understand each level, the push-pull factors within each level, and how to intervene on multiple levels. Sex trafficking involves the dysfunctional interplay between these systems.

It is vital to develop an understanding of sex trafficking from an ecological perspective in order to focus on the prominent elements that can serve to address the problem of sex trafficking. This comprehension helps to provide a holistic framework that informs human service workers and

emphasizes important prevention and intervention strategies. Societal and relationship elements contribute to the issue of trafficking; for example, the promise of a better life may lure low-income victims into sex trafficking. Interventions can better accommodate victims of sex trafficking when they are specific to that individual's needs within the different levels of their environment.

The Microsystem

- 1) The microsystem encompasses the victim of sex trafficking as well as their family, peers, school, and immediate neighborhood (Neal & Neal, 2013).
- 2) The push-pull factors: Push factors include poverty, lack of a supportive environment, legal problems, hunger, and low self-esteem. Pull factors include a strong desire for family, affection, belonging, and the dream of more economic opportunities.
- 3) Interventions: It is important to start with the problem the client has presented with; this is their comfort area. Rapport building is a key component of trauma informed care. It is helpful if the victim feels in control of the situation and is able to make choices throughout the intake. The victim may have memory lapses and report conflicting information due to severe trauma. Victims may also have developed a trauma bond to their captor and become protective of them and their situation. It is important to assess the victim's micro, eco, and macro-systems. This can be done through a conversational style interview and by creating eco-maps. It is also important to develop safety plans, assist with emergency housing, clothing, food, medical care, and trauma-informed counseling services. If it is appropriate, reunification of the victim with their family may be helpful as well. Sanchez and Pacquiao (2018) stressed the importance of incorporating the Trafficking Victim Identification Tool during assessments. In addition, it is essential for the human service professional to have cultural competence and to be versed in the culture of sex trafficking (Busch-Armendariz, Nsonwu, & Heffron, 2014, p.15).

The Mesosystem

- 1) The mesosystem involves the interaction between the victim and their family, siblings, peers, school and the relationships with their immediate environment. Many times, these interactions are unsupportive and unsafe. Family members may be involved in sex work and peers may be involved in risky online behavior. These unsupportive and dangerous interactions may amplify problems the individual experienced at their microsystem level (Orem & Ross-sheriff, 2015).
- 2) The push-pull factors: The push factors may be peer norms, pressure from boyfriends, and pressure to help with family expenses. Another push factor may be pressure from an

acquaintance to become involved in sex trafficking. Pull factors are promises of romance, friends, and a strong economic environment.

- 3) Interventions: Adopting anti-sex trafficking curriculums in schools, faith-based institutions, and social service agencies, (See the resource section at the end of this article). Human service professionals can provide educational materials on sex trafficking to parents, clinics, and schools. It can be helpful to have all children pass an internet safety program before they are allowed to access the internet in schools, libraries, and social service agencies. Safe boundaries in preschools and early elementary schools also need to be taught.

The Exosystem

- 1) The exosystem is an environmental level that does not directly involve the victim. However, it does involve systems that affect what happens to the victim and how society reacts to their needs. Main indicators at this level are a lack of awareness of trafficking and a lack of local policies to address this issue. Lack of local multidisciplinary teams to address sex trafficking is a difficulty in many exosystems. Misidentification of victims as criminals or prostitutes is a common occurrence in the area. Lack of training on sex trafficking with educators, health care providers, human service workers, and law enforcement creates obstructions in identifying and providing care for victims.
- 2) The push-pull factors: The individual is affected by the exosystem but does not directly relate to it. Thus, there are no personal push-pull factors listed for this level.
- 3) Interventions: Sex trafficking is a crime that is fueled by the demand for illicit sex by consumers. At the exosystem level, there can be state-mandated prosecution and therapeutic services for consumers; the most direct way to decrease sex trafficking is to decrease the demand. Other ways to intervene at this level are to add anti-sex trafficking curriculums to schools and to educate existing human service workers on the prevention, identification, and support services needed. Human service professionals can also develop multi-disciplinary teams within communities and train other service professionals. These multi-disciplinary teams then need to develop professional protocols for combatting sex trafficking in their area. Single point-of- contact case managers are recommended for trauma-centered care with sex trafficking victims (Busch-Armendariz et al., 2014). Hartinger-Saunders, Trouteaud and Johnson (2016) concluded less than 10% of mandated reporters had sex-trafficking training to assist them in the identification and response to DMST victims (p. 201). New federal laws dictate that child welfare agencies must investigate possible sex trafficking cases although many do not have training or protocols to provide this service (Hartinger-Saunders et al., 2016). Multi-disciplinary teams need to push for passages of Safe Harbor laws to prevent the prosecution of victims.

The Macrosystem

- 1) The macrosystem involves attitudes and ideologies of a culture. These beliefs can have long- ranging consequences for the victim (Neal & Neal, 2013). Components of this level include: the culture of beliefs among predators, a high demand for trafficking, and the sexualization of women and girls. Other factors include: lack of laws to support the victim, lack of enforceable laws against internet sex trafficking sites, a fear of testifying by victims, lack of local awareness of sex trafficking, and a low risk of prosecution for traffickers and consumers.
- 2) The push-pull factors: There are no personal push-pull factors at this level.
- 3) Interventions: Human service professionals should create awareness about sex trafficking and its culture. Collaboration efforts are helpful between professionals within local school officials to include school curriculums on preventing sex trafficking. By doing this, the beliefs and culture of sex trafficking can begin to change. There is no simple solution to change beliefs and cultures. It must be a multi-disciplinary approach that includes human service workers, law enforcement, healthcare professionals, schools, and religious institutions. It is also important to conduct system-level research to inform communities about sex trafficking and the best practices to combat it (Rothman et al., 2017).

Resources for Human Service Professionals

The following list, summaries, and navigation tips have been provided by the authors. Included are statistics, funding information, research, publications, professional contacts in each state, curricula to be used in elementary and high schools, and training curriculums for college students. Also included are videos, resources, sections for students (and faculty) who are writing papers, maps to show the most concentrated areas of sex trafficking, lists of guest speakers (also for Skype presentations), summaries of laws and policies, and grades for each state on the effectiveness of their trafficking laws.

Abolishing Slavery Forever: Reach, Rescue, And Restore

<https://www.a21.org/index.php?site=true>

The A21.org website has a great deal of information for human service professionals. There are educational videos to watch and free high school curriculums. Human service workers can obtain information on reducing vulnerability in children, identify victims, and empowering survivors. This site is educational and easy to navigate; the videos would be informative for human service students.

The American Bar Association

https://www.americanbar.org/groups/child_law/resources/child_law_practiceonline/child_law_practice/vol-34/august-2015/what-you-should-know-about-the--justice-for-victims-of-trafficki/

This website explains the Justice for Victims of Trafficking Act of 2015. It also provides information on grants that are available to local and state agencies that are fighting against sex trafficking. These grants are available through September of 2019.

Frederick Douglass Family Initiatives Human Trafficking Prevention Curriculum

<http://www.fdfi.org/human-trafficking-education-curriculum.html>

The Frederick Douglass Family Initiatives began in 2007. This site has excellent student curriculums that human service workers can utilize in a variety of settings. Their introductory video stresses the importance of teaching children about becoming resilient and “unfit to be enslaved”. Human service workers may also request guest speakers to attend events or to present by way of Skype.

Human Trafficking Laws & Regulations

<https://www.dhs.gov/human-trafficking-laws-regulations#>

The website is sponsored by Homeland Security. New users may find it a bit difficult to navigate. Following are some tips. 1) Once the site is up, click on [U.S. Code, Title 22, Chapter 78 - Trafficking Victims Protection](#). 2) Then click on: <http://uscode.house.gov>. 3) On the next page, click on [Title 22—Foreign Relations and Intercourse](#). 4) Then scroll down and again click on [Title 22—Foreign Relations and Intercourse](#). 5) Lastly, click on [CHAPTER 78—TRAFFICKING VICTIMS PROTECTION](#) (sections 7101 to 7114). This may seem cumbersome, but the 14 sections provide invaluable information for agencies and faculty.

Microsoft PhotoDNA

<https://www.microsoft.com/en-us/photodna>

In 2009, Microsoft and Dartmouth College worked together and developed PhotoDNA. It can detect missing children from posted pictures on illicit websites. The technology works even if the photos have been altered. This technology has been adopted by organizations all over the world. It has assisted in the “detection, disruption, and reporting of millions of child exploitation images” ([microsoft.com/en-us/photodna](https://www.microsoft.com/en-us/photodna), 2018, para 2).

The Polaris Project

<https://polarisproject.org/>

The Polaris Project is the leading anti-trafficking non-government organization in the United States. Their website has a wide variety of resources for professionals and resources designed for educating adolescents and teenagers. They also have a number of webinars and online training tools. The Polaris Project has a list of available movies and documentaries. Because of the violence associated with human trafficking, not all of these films are appropriate to show in

schools. The website has a National Human Trafficking Referral Directory. Additionally, individuals may type in their zip code and services in their area will come up on a map and with a detailed directory.

Shared Hope International

<https://sharedhope.org/resources>

Shared Hope's mission is to prevent, restore, and bring justice. They offer a wide variety of training materials to assist in preventing sex trafficking. They restore through various programs and they share survivors' stories on their website. They bring justice through their Center for Justice and Advocacy. This center has a legal team which grades each state's laws on their strength. Individuals with the center also support research and they assist in advocating for stronger laws. They have launched a campaign against child sex trafficking online. A human service professional can spend hours exploring all of the resources and educational tools Shared Hope International has on their website.

U.S. Department of Justice

<https://www.ojjdp.gov/programs/human-trafficking-services.html>

This is an exceptionally detailed website with numerous services, research, statistics, programs, state contacts, e-newsletters, and events, (webinars, conferences, trainings). The site also includes tools with funding information and a complete section on students who are writing papers (this is a great resource for human service students and faculty).

U.S. Department of State: Trafficking in Persons Report 2018

<https://www.state.gov/j/tip/rls/tiprpt/2018/>

This government-based website is comprehensive, up to date, and has lists of special interest topics relevant for human service workers. After clicking on the site, scroll down to HTML format. Under this heading, look for Topics of Special Interest. This area includes numerous topics including: trauma-informed care, building resilience in survivors of sex trafficking, child institutionalization and trafficking, and many more. Each of these areas include pages of valuable information for the field of human services.

U.S.'s National Human Trafficking Hotline (1-888-373-7888)

<https://humantraffickinghotline.org/>

This website offers national and state statistics. If a human service worker is writing a grant it would be a good source to document the need for anti-trafficking programs. The Resources and Safety Planning tabs have copious information under them.

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11. Non-Reciprocal Language Use and Its Influence in Mother-Child Relationships

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Abstract

Acculturation research has gained recent interest due to the increasing levels of immigration to the United States. The population of interest for this study was the Latino immigrant population in the United States, as they represent the largest and fastest growing minority in the country. One part of the complex dynamics immigrants can face during the acculturation process is a phenomenon described as non-reciprocal language. This phenomenon is present when first generation parents speak in their native language of Spanish, and their children, who are second generation immigrants, speak in the host culture language of English. The purpose of this study was to focus on the role of non-reciprocal language in the mother-child relationship between first generation Latino immigrant mothers and their second-generation children. The central research question for this study investigated first generation Latino immigrant mothers and their second generation children in Charlotte, North Carolina. A qualitative ethnographic study was used. Findings from this study include the following: the mothers' and children's experiences with non-reciprocal language and their acculturation categories, recommendations related to the investment in new strategies for ESL education, and the need to develop programs to help parents raise bilingual children. This information can benefit advocates, policymakers, and other stakeholders involved in programs that focus on helping children be more proficient in their parents' language, or helping parents become more proficient in English.

Background

International migration rates are at an all-time high in the United States and around the globe (Allen et al., 2017; Kuo, 2014; Newman, 2013). Continued mobility and resettlement at regional, national and continental level is, for some, part of their everyday life (Kuo, 2014). Consequently, in 2013 an estimated 214 million people were considered international immigrants (Kuo, 2014). Thus, understanding migrants' adaptation and their acculturation experience in a new culture is essential and appropriate (Kuo, 2014). Even though acculturation was previously studied as a topic in anthropology, over the last five decades studies have increased within cross-cultural and multicultural psychology fields (Ward & Geeraert, 2016), making acculturation a key focus of scientific investigation (Kuo, 2014).

The diverse process immigrants undergo when they try to adapt to the cultural characteristics of their new environment is referred to as acculturation (Archuleta, 2012; Keskin, 2013; Lawton &

Gerder, 2014). The population of interest for this study was the immigrant Latino population in the United States. The Latino population is considered to be the largest and fastest growing minority group in the United States (U.S. Census Bureau, 2017). Among all of the complex dynamics present during the acculturation process, language is particularly salient. The particular phenomenon investigated is non-reciprocal language, where first generation parents speak in their native language of Spanish, and their children, who are second generation, speak in the host culture language of English.

The goal of this study was to further understand non-reciprocal language as an acculturation phenomenon, and its influence in mother-child relationships among first generation Latino immigrant mothers and their second generation children. Previous research on this topic focused on different populations, age groups, or parent child relationships (Haye, Heer, Wilkinson, & Koehly, 2014; Leiser, Heffelfinger, & Kaugars, 2017; Tseng & Fuligni, 2000). Thus, research from a Latino culture perspective was needed in the acculturation field, which will allow further knowledge and understanding of the fastest growing minority in the United States. Furthermore, the current anti-immigration sentiment that is being experienced in the United States is another reason to prompt social change towards tolerance for immigrants from other nations through further understanding of the acculturation process (Bacallao & Smokowski, 2013).

Problem Statement

Acculturation has become an important area of study, due to the increased levels of immigration to the United States and around the world (Kuo, 2014). Within acculturation research challenges remain concerning operational definitions and the relationship of acculturation with psychosocial and health outcomes (Newman, 2013). Acculturation research includes the concept of acculturative stress, defined as a stress consequence, resulting from life events that compose the acculturation experience (Arbona et al., 2010; Hernandez, 2009; Sirin, Ryce, Gupta, & Rogers-Siring, 2013). Part of these acculturation stressors involves the use of language in the family system. Some families choose to speak in their native language, others in the host country language, and a third group experiences the phenomenon of non-reciprocal language (Ribot & Hoff, 2014; Schofield et al., 2017; Tseng & Fuligni, 2000). In the case of Latino immigrants, non-reciprocal language occurs when parents speak in their native language, or Spanish, and their children speak in the host culture language, or English.

Past studies identified the negative effects acculturative stress on Latino immigrants in the United States, such as its strong association with parent-child conflicts (Smokowski & Bacallao, 2009), negative health, and delinquent behaviors (Bacallao & Smokowski, 2013). Moreover, a recent study related to non-reciprocal language use among Latino immigrants identified a relationship among increased self-control and decreased aggression, and positive discipline and warm parenting, but only among mother and adolescent who were proficient in a common language (Schofield, Conger, Robins, Coltrane, & Parke, 2016). Furthermore, researchers in a separate study found that consistent discipline and monitoring decreased substance use among Latino adolescents, but only among parent-adolescents who preferred to use a common language (Schofield et al., 2017). Thus, the proposed study is an extension of current research to

understand how language used in the Latino immigrant family, specifically nonreciprocal language, has influenced parent-child relationships in the United States Latino immigrant population.

Purpose Statement

The purpose of this qualitative study was to understand the role of non-reciprocal language use in the mother-child relationship between first generation Latino immigrant mothers and their second generation children. Recent studies have investigated non-reciprocal language in the Latino community further (Schofield, Conger, Robins, Coltrane, & Parke, 2016; Schofield et al., 2017), but not as it relates to the mother-child relationship specifically. The approach used in this study was ethnographic, where the researcher attempted to learn about a culture-sharing behavior (Descartes, 2007). In this case, the culture-sharing behavior was the use of nonreciprocal language between parent-adolescent Latino families in the United States. Interviews were used to obtain a greater understanding about this phenomenon.

Nature of the Study

To address non-reciprocal language in the context on mother-child relationships in the Latino immigrant community, the researcher used an ethnographic research approach so that cultural factors could be explored in depth (Hallett & Barber, 2014). There were several reasons why this approach was selected. Ethnographic research offered an opportunity to generate very detailed and inclusive accounts of social phenomenon (Reeves, Peller, Goldman & Kitto, 2013). These concepts were vital to the exploration of nonreciprocal language used in the Latino population as the researcher gave an opportunity to have firsthand exploration of the research setting where parent-child relationships are experienced (Mannay & Morgan, 2015). Furthermore, ethnography has been defined as a methodology used by researchers who have an interest in the ordinary family dynamics that people experience in their everyday life (Descartes, 2007). Thus, ethnographic approach assumes that humans in a group who interact together will develop a culture. Moreover, ethnographers enter study participants' space and obtain a considerable understanding about their perceived experiences (Hallett & Barber, 2014).

The study focused on the use of nonreciprocal language within mother-child Latino families in Charlotte, North Carolina. This area was chosen as it has been identified as having a large and fast influx of Latino immigrants (U.S. Census Bureau, 2015) with a 168 percent growth between 2000 to 2013 (Brown & Lopez, 2013).

Research Question

RQ- How did non-reciprocal language use influence mother-child relationships among first generation Latino immigrant mothers and their second generation children in Charlotte, North Carolina?

Operational Definitions

Acculturation: is defined as the cultural pattern changes, such as values and practices, that result from having direct contact with other cultures that affect individuals' functioning and well-being (Ward & Geeraert, 2016). This multidimensional construct explains the changes that groups of individuals undergo when exposed to cultures outside their own (Scarborough et al., 2011).

Acculturative stress: is related to the stress individuals experience as a result of undergoing the acculturation process and facing acculturation stressors such as discrimination and language barriers (Bacallao & Smokowski, 2013). Studies have linked acculturation stress with risk behaviors in immigrants such as drug use and violence (Bacallao & Smokowski, 2013).

Assimilation: refers to the one-dimensional process where an individual loses his or her culture of origin in order to take the behaviors, beliefs, and values of the gaining culture (Bacallao & Smokowski, 2013). In the assimilation process, the gaining or dominant culture is perceived as more suitable, and the culture of origin is seen as less desirable for the individual (Bacallao & Smokowski, 2013).

Culture: refers to “shared meanings, understandings, or referents held by a group of people” (Schwartz et al., 2010, p. 5). Furthermore, culture is often times the determining factor in how much acculturation is needed from individuals (Schwartz et al., 2010, p. 5).

Integration: is present when the individual has an interest to maintain the integrity of his or her culture or origin, while having a desire to participate and form part of the gaining culture (Berry, 1997). Adopting the receiving culture and maintaining the heritage culture are perceived as equally important (Schwartz et al., 2010).

Marginalization: has been defined as the lack of interest in culture of origin maintenance, often related with cultural loss enforcement and the absence of a desire to have relationships with those in the main culture, usually due to discrimination (Berry, 1997). Rejecting both culture of origin and main culture is not considered to be very common (Schwartz et al., 2010).

Separation: refers to the desire to hold on to one's culture of origin, and wishing to avoid contact with those who are part of the gaining culture (Berry, 1997). Rejecting the receiving culture and retaining the culture of origin can be common among those who arrive to the receiving culture at a later age (Schwartz et al., 2010).

Conceptual Framework

The conceptual framework for this study was Berry's seminal theory of acculturation. Berry's theory allows for a different acculturation process experienced by those who come in contact with cultures other than their own (Berry 1997; Kuo, 2014; Schwartz et al., 2010; Stephens, 2016; Yoon, Langrehr, Ong, 2011). His bi-dimensional theory allowed the field to evolve from

the unidimensional model that the field of acculturation took from its beginnings (Berry 1997; Kuo, 2014; Schwartz et al., 2010; Stephens, 2016; Yoon, Langrehr, Ong, 2011).

Berry's seminal theory of acculturation is considered one of the most influential works in the acculturation field (Kuo, 2014). Berry (1997) started his article with the assertion that research literature about migrant people, which includes refugees and immigrants, focused on adaptation to Australia, North America, and Europe. Furthermore, he pointed out the lack of studies about South American, Asian, and African settings, even though these are the areas of the world where most acculturation has occurred (Berry, 1997; Kuo, 2014).

Berry's desire to move from the unidimensional model of acculturation, which used acculturation and assimilation interchangeably, resulted in a model that addressed two issues people encounter in the acculturation process: cultural maintenance, and contact and participation (Berry, 1997; Kuo, 2014). When these two factors are considered at the same time, his conceptual framework comes to life and generates four different strategies for acculturation (Berry, 1997; Kuo, 2014). From the point of view of non-dominant groups, or minorities, one strategy is created by those people who do not wish to maintain characteristics of their heritage culture and desire to have interactions with other cultures; this strategy is also referred to as assimilation (Berry, 1997; Kuo, 2014). Opposite to assimilation is the strategy used by those individuals who place great value on holding on to their heritage culture and do not wish to interact with those from other cultures; separation is the name for this strategy (Berry, 1997; Kuo, 2014). Moreover, the third strategy is characterized by individuals who have an interest of maintaining the integrity of their heritage culture, and they also have an interest of actively participating in the large social network of their new culture; this strategy is named integration. The last strategy is present when individuals express little to no desire of maintaining the heritage culture, and there is not much interest of having relationships with individuals from other cultures, for reasons that include discrimination or exclusion, then it is believed that individuals fall under the Marginalization strategy (Berry, 1997; Kuo, 2014).

Acculturation

Acculturation is accepted as an important area of study in different professional fields such as anthropology, psychology, and sociology (Kuo, 2014; Lawton & Gerdes, 2014; Schwartz et al., 2010; Ward & Geeraert, 2016). Most acculturation researchers have concluded that the unidimensional conceptualization of acculturation is not capable of addressing the immense number of changes immigrants encounter, as well as the relationship between adaptation and their acculturation experience (Lawton & Gerdes, 2014; Schwartz et al., 2010; Ward & Geeraert, 2016). In its place, the immigrant's position on both the culture of origin and host culture needs to be considered (Ward & Geeraert, 2016).

This bidimensional perspective recognizes that the acculturation process is composed by separate continuous in a multidirectional process that addresses the losing and gaining cultures (Archuleta, 2012; Guo, Suarez-Morales, Schwartz, & Szapocznik, 2009; Lawton & Gerdes, 2014; Schwartz et al., 2010). Under this perspective, acculturation is perceived as more than just

the time and generational status in a new country, but the navigation individuals encounter in a variety of ways (Berry, 1997; Schwartz, Pantin, Sullivan, Prado, & Szapocznik, 2006).

A key point of the bidimensional perspective is that it allows for biculturalism, or integration, which allows for the study of immigrants who have integrated characteristics of both the culture of origin and the receiving culture (Berry, 1997; Guo, Suarez-Morales, Schwartz, & Szapocznik, 2009; Santiesteban et al., 2012; Schwartz et al., 2010). Biculturalism can manifest in different ways of behaviors, beliefs, and values that can involve mixing and integrating different aspects of both cultures in a unique way (Schwartz et al., 2010).

Acculturative Stress

During the acculturation process there are a number of potential challenges that immigrants might face when they try to balance the differences between their culture of origin and their host culture (Berry, 1997; Sirin, Ryce, Gupta, & Rogers-Siring, 2013; Ward & Geeraert, 2016). These challenges can result in acculturative stress, which has been defined as “a stress reaction in response to life events that are rooted in the experiences of acculturation, the psychological difficulties in adapting to a new culture, or psychological stressors resulting from unfamiliarity with new customs and social norms” (Hernandez, 2009, p. 716). For individuals undergoing acculturation, acculturative stress indicates their need to cope with the presented challenges, and serves them as preparation to learn and adapt to their new environment (Ward & Geeraert, 2016).

Acculturative researchers suggest that negative emotional responses can be constantly experienced by individuals who are undergoing the acculturation process (Ward & Geeraert, 2016). However, recent researchers propose that patterns of stress vary among individuals. As a result, individuals can perceive different experiences less or more stressful depending on their unique characteristics (Ward & Geeraert, 2016).

Specific challenges that immigrants can face upon entering a new culture include aspects of the acculturation process such as language difficulties, learning new expectations and cultural norms, coping with experiences of discrimination and prejudice from individuals in the host culture, and the conflict that comes from negotiating aspects of the old culture with the new one (Bacallao & Smokowski, 2013; Berry, 1997; Sirin, Ryce, Gupta, & Rogers-Siring, 2013). Specifically, Latino immigrants in the United States could face stressors such as loss of immigration status and economic challenges such as poverty (Kuo, 2014).

Over the past decade, immigrants in the United States have faced an increase in anti-immigrant sentiment, and, as a result, their everyday activities can be challenged by prejudice, which can add to their acculturative stress (Sirin, Ryce, Gupta, & Rogers-Siring, 2013). Related, research studies on adult immigrants suggest acculturative stress can lead to anxiety, depression, low self-esteem, and higher somatic complaints (Lawton & Gerdes, 2014; Scarborough et al., 2011; Sirin et al., 2013). Other researchers have found that acculturative stress is related with higher levels of suicidality, especially for first and second generation adult immigrants (Sirin et al., 2013).

Language Usage in Latino Immigrants

As mentioned prior, language challenges are one of the stressors Latino immigrants might encounter when entering a host culture (Bacallao & Smokowski, 2013; Berry, 1997; Sirin et al., 2013). Having a shared language forms part of the idea of national identity, and those who do not speak the language of the host culture are considered a threat to national unity (Schwartz et al., 2010). Language is particularly important for Latino immigrants in the United States, as most come from Spanish speaking countries and must acculturate more than an English-speaking immigrant from Canada (Schwartz et al., 2010).

First generation immigrants and their United States born children usually have different preferences on the language they speak, and they are not competent in a common language (Schofield et al., 2017; Schofield, Conger, Robins, Coltrane, & Parke, 2016). Often, first generation Latino immigrant children master the host culture language at a faster pace than their parents (Schofield et al., 2017; Schofield et al., 2016). Thus, children of immigrants seldom become fluent in their heritage language, which is understood as limited bilingualism (Schofield et al., 2017; Schofield et al., 2016).

A study of 674 families from Mexico found that, when mothers and adolescents were proficient in a common language, positive discipline and effective parenting decreased aggressive behaviors, and increased self-control (Schofield et al., 2016). On the other hand, strict parenting practices predicted increased aggression and decreased self-control, but only among parents and adolescents who were not proficient in a common language (Schofield et al., 2016). A conceptual replication with a second sample of 167 adolescents of Mexican origin found similar results (Schofield et al., 2016).

Schofield et al. (2017) extended the previous study and hypothesized a link between the parent and adolescent sharing a common language, and adolescent substance use. Specifically, the researchers suggested that effective parenting strategies, ones that usually predict a decrease in substance abuse, were not successful at doing so among families whose parents and adolescents did not use the same common language (Schofield et al., 2017). Both studies agreed with the assertion that for Latino immigrant parents and their children, preference in a common language facilitated effective communication which had an influence on the adolescent's behavior (Schofield et al., 2017; Schofield et al., 2016).

In relation to the specific interest of this study where non-reciprocal language is used among immigrant families as parents use their native language of Spanish and children use the host culture language of English, recent research interest has emerged. Specifically, researchers are interested in conversational code-switching and its unique characteristics (Ribot & Hoff, 2014). Latino immigrant parents are often confused by their children's choice to respond only in one language in their everyday interaction, even though they understand two languages (De Houwer, 2007; Hurtado & Vega, 2004; Ribot & Hoff, 2014).

Researchers have offered different explanations for conversational code-switching. One of these explanations is that code-switching is a reflection of expressive language skills dominance (Ribot & Hoff, 2014). For example, when children have only receptive language abilities in a particular language, they will respond in the language that they have more expressive skills (Ribot & Hoff, 2014). Researchers in the field argue that understanding words requires only word meaning representation, while the process of producing words is done through a motoric representation (Ribot & Hoff, 2014). Furthermore, motoric representation requires more experience in hearing and using the language (Ribot & Hoff, 2014).

In a study with 115 toddlers who were bilingual in Spanish and English, researchers found that conversational code-switching was present more often when children were spoken to in Spanish rather than in English (Ribot & Hoff, 2014). These results are similar to other similar studies that found children code-switch more to English than to Spanish (Green & Abutalebi, 2013; Gutierrez-Clellen, Cereijido, & Leone, 2009). This study is one of the first to document receptive and expressive skills dual language learners have (Ribot & Hoff, 2014). The results of this study suggest that children can have similar levels of receptive skills in two languages, but have stronger expressive skills in only one language which is the only one they prefer to speak (Ribot & Hoff, 2014).

Latino immigrant parents' reaction to their children's conversational code-switching can vary, as they are also trying to adjust to their new life in the United States. Specifically, a study about the assimilation process of Latino immigrants in the United States asked parents about their thoughts of their children's preference to speak English (Bacallao & Smokowski, 2013). This qualitative study included interviews with 10 Mexican families who migrated to North Carolina (Bacallao & Smokowski, 2013). When parents were asked about monolingualism as a mechanism for assimilation, a father answered, "Without English, you cannot get ahead here [in the United States]. If you speak English well, you will get a better job than we were able to get. Speaking English is very hard for us because of our age. We can't learn it as well, but they [adolescents] can. They learn very fast" (Bacallao & Smokowski, 2013, p. 7).

Furthermore, all parents and adolescents who were part of this study reported feeling challenged by monolingualism, the pressure of only speaking English, and the discrimination they experienced as a result of their struggle with the language acquisition (Bacallao & Smokowski, 2013). These acculturative stressors related with language are suggested to be associated with poor school performance in adolescents, and feelings of isolation and depression (Bacallao & Smokowski, 2013).

Parent Child-Relationships in the Latino Population

A variety of cultural influences can affect the behavior and decisions by Latino individuals. One of these influences is the concept of familism. This term has been used widely in research to address the significance family has in the Latino culture (Perez & Cruess, 2014). Familism has been defined as the strong commitment and connection Latinos have towards their relatives (Perez & Cruess, 2014). Specifically, researchers in the field understand that for most Latinos,

family not only consists of their immediate and extended family members but also can include respected friends, neighbors, and religious community members who form part of important rituals such as baptism and marriage (Perez & Cruess, 2014). Thus, the concept of fictive kin in African American families has an analog for many Latino families, regardless of country of origin (Estrada-Martinez, Padilla, Caldwell, & Schulz, 2011).

Related to the concept of familism, different studies have suggested that parent-child communication is associated with the development of children's mental health and social development (McNaughton, Cowell, & Fogg, 2015). In a study concerning the Latino population, researchers assessed the efficacy of a communication intervention with Latino immigrant mothers and their fourth to sixth grade children (McNaughton et al., 2015). The study had 106 participants, with 53 mother-child pairs who were divided in two groups, 25 pairs for the intervention group and 28 for the control group (McNaughton et al., 2015).

Research Design and Rationale

The main objective of this study was to explore non-reciprocal language as a phenomenon that can occur in the acculturation process of immigrants, and how this phenomenon influenced mother-child relationships. In a general sense, qualitative research contributes to the literature by promoting an understanding of experiences and perspectives, and characteristics of the environment when these experiences take place (O'Brien, Harris Beckman, Reed, & Cook, 2014). Moreover, qualitative researchers study the processes that take place and which end in a desired or undesired outcome (O'Brien et al., 2014).

Qualitative researchers also address what, how, and why questions that are associated with phenomena or social problems (Yilmaz, 2013). Answering such questions provides the opportunity to explore or create theories that attempt to understand new or understood events or situations (O'Brien et al., 2014). Furthermore, qualitative research proposes that every case, event, situation, and individual's behavior is distinctive, dependent on their context and, as a result, non-generalizable (Yilmaz, 2013). Thus, what is needed is to understand such events, situations, and behaviors are thick descriptions of small samples (Yilmaz, 2013). As a result, and due to the nature of the proposed study, qualitative research is the most appropriate design to answer the research question.

Research Question

The following research question served as a guide for this study:
How does non-reciprocal language use influence mother-child relationships among first generation Latino immigrants and their second generation children in Charlotte, North Carolina?

Methodology

Participant Selection

Along with selecting a research topic and a suitable research design, developing an adequate sample has been described as a fundamental step in generating credible research (Marshall, Cardon, Doddar, & Fontenot, 2013). Purposeful sampling is commonly used in qualitative research to identify and select participants who can provide specific information and knowledge, or experiences related to the phenomenon of interest (Palinkas et al., 2015). Even though researchers have refrained from setting a minimum and maximum number of participants included in a synthesis (Suri, 2011), Dworkin (2012) and Guetterman (2015) suggest interviewing a range from 5 to 40 participants until saturation is accomplished.

Thus, this study sought at least four pairs, or eight participants, which included four adult Latino immigrant mothers and at least one child each who used non-reciprocal language in their everyday interactions, where the mother spoke in Spanish and the children responded in English. Children who participated in this study ranged in age from 7 to 12 years old. Data ceased to be collected once data saturation had occurred (Marshall, Cardon, Doddar, & Fontenot, 2013). In the case where data saturation was not reached with 8 participants the researcher would have included additional families in the study until no new data is heard. This purposeful sampling strategy is important as it aligns with the research question and the purpose of the study. The selection criteria for the adult study participants was as follows:

- a) first generation Latino immigrant mother, born in any Latino country;
- b) Spanish speaker and non-English speaker;
- c) have at least one second generation child who is English speaker but non-Spanish speaker;
- d) reside in Charlotte, North Carolina area;
- e) have the ability and willingness to provide informed consent.

The selection criteria for the child study participants was as follows:

- a) second generation Latino immigrant, born in the United States to
- b) a Latino mother;
- c) English speaker, non-Spanish speaker;
- d) reside with the biological mother in Charlotte, North Carolina area;
- e) aged 7 to 12 years old;
- f) provide consent and Parental Consent to Participate.

Data Analysis

The researcher used ethnographic interviews and field observations for data collection. Open ended interview questions allowed for detailed discussion about participants' experiences and

opinions related to the research question of the study. The transcripts were read and reviewed several times to allow me to make sense of the data collected and to answer the research question.

Content analysis was used to organize the data and develop themes. Content analysis involved the review of the transcripts several times in order to identify codes in the text. Specifically, descriptive coding was used, involving data subdivision and category assignment, which derives from a word or a short phrase from the data about the topic of the study. The subdivision and categorization of the data was initially done manually using color coding as a strategy to identify data more efficiently. Several codes were identified and later integrated into categories.

Furthermore, for the process of coding, categorizing, and the development of themes, I used the qualitative data analysis Atlas.ti with the intent of making the analytical process more transparent. I uploaded the transcripts to the program, and initially identified codes from the text. I assigned these codes to different categories, and this process allowed me to identify the themes that emerged from the data.

Thematic analysis was possible after a thorough review of the data, the generation of codes which then became categories, and the development of themes from these categories that attempt to explain the phenomenon in the research question of nonreciprocal language and its influence on the mother and child relationship in Latino immigrants. The four themes that emerged are: culture significance, communication components, mother-child relationships, and family's resiliency.

Results

The data collection process consisted of in-depth one on one interviews with 10 participants, five mothers, and one child from each mother. The focus of this study was the influence of non-reciprocal language on the mother and child relationship in Latino families. I asked each participant to respond to semi-structured open ended questions. Interviews were conducted by the researcher in Spanish with the mothers, and in English with their children to accommodate their preferred language. Study participants shared their experiences related with the interview questions. The interviews with participants were translated to English, transcribed, and reviewed multiple times with the intent of becoming familiar with the data and by becoming aware of patterns that emerged. The software Atlas.ti was used to support the identifying, coding, categorizing, and helping with the emerging of themes. Table 3 is a summary of the emerged themes, categories, and frequencies of times a word or similar word was present.

Table 3

Emerged themes, categories, and frequencies

Culture significance (250)	Communication components (142)	Mother-child relationship (313)	Family's resiliency (76)
Family dynamics (59)	Obstacles (78)	Feelings (100)	Support (25)
Values (38)	Life situations (62)	Disconnection (76)	Coping Strategies (51)
Language use (92)	Improvements (2)	Obstacles (64)	
Latino Heritage (49)		Desire for connection (73)	
American Culture (12)			

Mother's Experiences with Learning English

Based on the analysis of the ethnographic in-depth interviews with Latino immigrant mothers who are not fluent in English, mothers in this study expressed a desire to learn English but mentioned different difficulties that they encounter. Mother participants in this study expressed learning English as a difficult experience for a number of reasons. Specifically, three mothers expressed that their long hours of work in low paying jobs, necessary to sustain their families, left them with little time to invest in learning the language. Another mother mentioned her frustration regarding learning the language due to her ex-husband not allowing her to attend classes to learn English. She mentioned he repeatedly denied her permission to leave the house to attend classes with the argument that she did not need to learn the language since her role was to be at home to take care of their family. This mother shared a number of experiences to include doctors' appointments and school situations where not knowing the language was problematic and a source of stress. Lastly, one mother expressed her frustration with learning English as a matter of her inability, regardless of trying for many years. This mother started her attempt to learn English in her country of origin, Colombia, before she had children, and she continued her attempts to learn after she became a mother. However, she finds it close to impossible to speak and to retain the information she learns even after trying and practicing continuously. Moreover, all mothers expressed their frustration with their lack of language ability despite being in the United States for longer than a decade.

Children's Experiences with Learning Spanish

All children who participated in the study expressed their difficulties or lack of desire to learn Spanish. One participant expressed his concern with learning the language because according to him he is a slow learner, which he states a teacher told him in the past. He compared learning Spanish with learning how to read a chapter book. This experience had a great impact on him because he believes learning new things takes too much time and effort, and he does not learn fast. Two other child participants expressed lack of interest on learning Spanish due to their belief that it was not necessary because they were in the United States. One participant specifically mentioned "I am not Mexican" during the interview process as a reason for his lack of interest in Spanish. The other participant expressed a desire for her mother to learn English due to the fact that all the other family members, her sister and father, spoke English. She mentioned her desire for everyone in the house to speak English. The remaining two participants mentioned a lack of motivation as a reason for not knowing Spanish. One of them specifically mentioned "I am just lazy" when it comes to learning Spanish, and it is too much work. Overall participants reasoning for their lack of Spanish speaking abilities range from believed lack of ability, to believing it was possible but thinking it was too much work.

Emotional and Painful Experiences

When describing non-reciprocal language and its influence on the mother-child relationship during the study, three of the five mothers who participated in the study became emotional while discussing details about their experiences as Spanish speaking mothers with children who communicate mostly in English. The mothers' pain was evident, as well as their sense of helplessness when they described not knowing what to do or where to go for support. Even though the other two mothers did not become emotional, they expressed in detail their feelings of frustration and hopelessness when it came to everyday interactions with their children. All mothers expressed frustration and pain when attempting to be emotionally available for their children when they experience difficulties but being unable to due to the language barrier.

Similarly, two of the five children became emotional when describing their relationship with their mother, and the other three also expressed the obstacles they face when attempting to communicate with their mothers. One child in particular expressed her frustration when describing living away from her mother, her belief that their lack of communication is the reason why they are not close, and that this is the reason she is now living with her grandmother. Another child expressed how they felt like their mother is not part of the family, "like she is in heaven."

Mothers and their children in different acculturation categories

According to Berry's bi-dimensional acculturation theory, which provided a framework for this study (Berry, 1997; Kuo, 2014; Schwartz et al., 2010), the mothers and children who participated in this study are in different acculturation categories, which does not only explain their choice of language, but also the way they respond to different aspects of their cultures such as values and family dynamics.

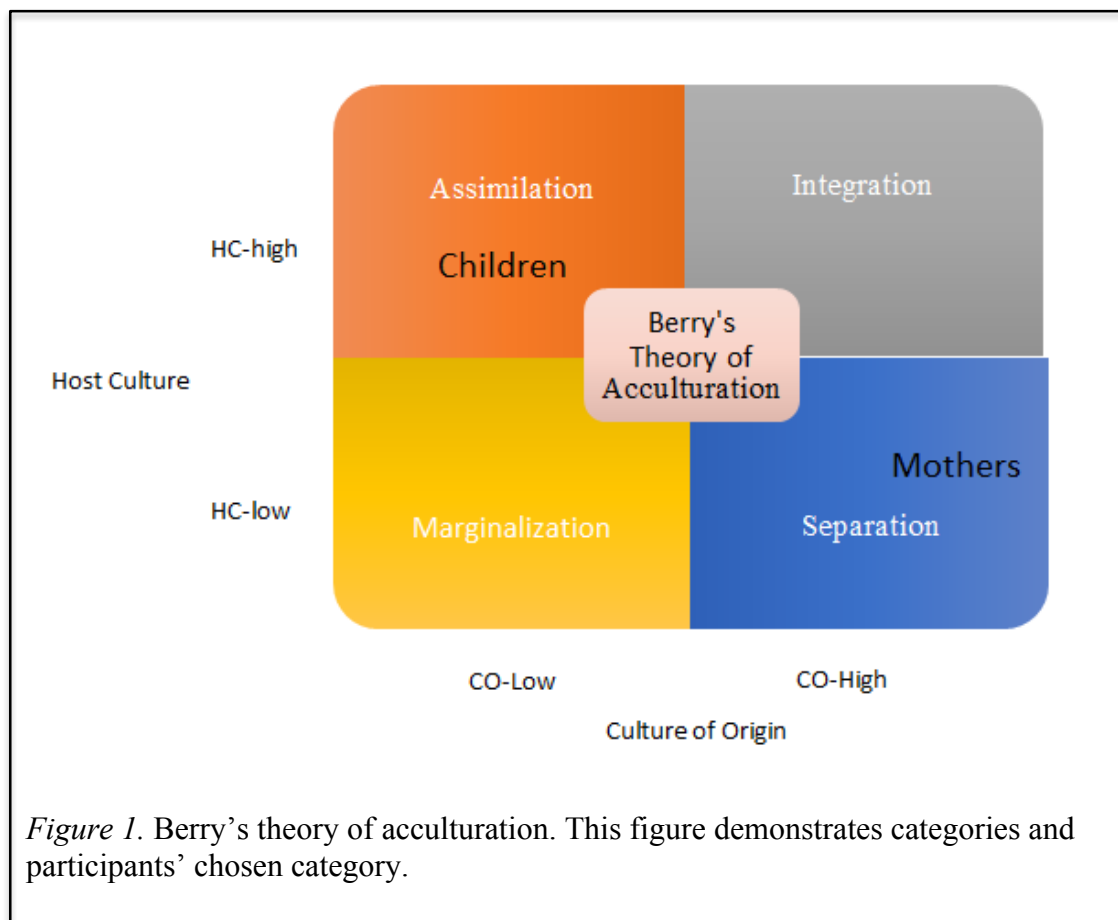


Figure 1. Berry's theory of acculturation. This figure demonstrates categories and participants' chosen category.

Figure 1 provides a visual interpretation of Berry's theory of acculturation which includes all four categories. The first category of assimilation was described previously as the one-dimensional process where an individual loses his or her culture of origin in order to take the behaviors, beliefs, and values of the gaining culture (Bacallao & Smokowski, 2013). In the assimilation process, the gaining of dominant culture is perceived as more suitable, and the culture of origin is seen as less desirable for the individual (Bacallao & Smokowski, 2013). This particular category is where the children in this study can be placed due to their disconnect from their mother's culture. This was evident by their desire to speak the host culture language, as well as their lack of desire to be identified with their mother's culture. One particular child in the study mentioned "I do not need to speak Spanish; I am not Mexican." While another child mentioned that "I only need to speak English; that is what people speak in America."

On the other hand, the mothers in this study can be placed in the separation category from Berry's theory of acculturation, which was previously described as the desire to hold on to one's culture of origin and wishing to avoid contact with those who are part of the gaining culture (Berry, 1997). Rejecting the receiving culture and retaining the culture of origin can be common among those who arrive to the receiving culture at a later age (Schwartz et al., 2010). Mothers in the study expressed their desire to retain their culture of origin, "I have tried to pass on my cultural practices, so they know where they came from." While also expressing their difficulty

when adjusting to the host culture, “I feel stupid, because it is possible that I cannot learn English.” Another mother mentioned, “I tried learning English, but it was so difficult for me. My kids made fun of me instead of helping me, so I stopped trying.”

Implications for Social Change

The findings of this study have the potential to help Latino families who use non-reciprocal language. This study contributes to the existing literature regarding the acculturation process and the unique circumstances and obstacles Latino families encounter in the United States. The knowledge that comes from this study can inform local, state, and federal policy towards developing more comprehensive programs from Latino immigrants and their family that supports effective communication among parents and their children. Currently, Latino immigrants like the ones in this study are struggling with ways to learn the host culture language, or English, and to teach and motivate their children to learn their native language. By raising awareness to this particular phenomenon, Latino community leaders and advocates can develop specific strategies, like the ones proposed previously, to support Latino families and provide them with the tools they need to overcome communication barriers.

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12. Individualized Learning by Self-Reflection and The Verification of Standards Portfolio Model

Patricia A. Eber, Ph.D.

Abstract

The Council for Standards in Human Service Education directs academic human service programs to evaluate how students learn in association with the curriculum standards. Evaluating how students learn the standards can be an arduous endeavor and much more difficult than explaining how faculty teach the standards. Every instructor of higher education understands students have individualized learning styles. Even though a student grasps a concept, it may be difficult to assess their learning because assignments are focused on “the correct answer.” Traditional forms of assessment may skew students’ comprehension of the standards. The Verification of Standards Portfolio Model was developed to allow students to learn in an individualized method and to document their learning through self-reflection. The model is based on Mezirow’s Theory of Transformative Learning. This theory focuses on students’ field experiences, their self-reflections, and their subsequent actions. Samples of how to use the model in a field experience course are presented.

Introduction

Human service educators understand the importance of integrating the Council for Standards in Human Service Education’s (CSHSE) curriculum standards into their programs and their classrooms. However, it is difficult to ascertain if students are grasping the competence-based learning associated with the curriculum standards. This paper will present The Verification of Standards Portfolio Model. The portfolio was created to prevent passive learning and to incorporate individualized learning through documentation and reflection. This tool is designed for use in field experiences and is based on Mezirow’s theory of transformative learning.

Significance of the Council for Standards in Human Service Education

The Council for Standards in Human Service Education outlines standards that should be followed in academic programs. They are guidelines for professional qualifications in the field of human services (Kincaid & Andresen, 2016). Programs are responsible for documenting curriculum coverage of each standard; this is done through curriculum mapping, listing corresponding standards on syllabi, and within individual assignments. This approach is instructor-facilitated and demonstrates when faculty cover and teach the standards. However, the second half of the directive from CSHSE is student-focused. It states departments are to evaluate how students learn in relationship to the standards (Council for Standards in Human Services Education [CSHSE], 2018). It is recommended that students are made aware of the significance of the CSHSE Standards to their program because the standards are crucial to successful completion of academic and field work. (Kincaid & Andersen, 2016, p.13).

It can be difficult to ascertain if students are grasping the competence-based learning associated with the standards. Will students gain a better understanding of how to apply the national standards covered in the human services curriculum if they document and reflect their individual progress for each standard? This question has led to the development of a tool for students to utilize that supports self-directed ownership of the learning process. This paper will introduce pedagogy based on self-reflection of the CSHSE Standards. The Verification of Standards Portfolio Model has been implemented for four years in a bachelor level human service program. Feedback on the model was provided by students, faculty teaching the courses, and a university-based center for learning and teaching. After the feedback was analyzed, appropriate modifications were made and the model was integrated into the curriculum.

Transformative Learning

Transformative learning focuses on the importance of experience, reflection, and action (Stansberry & Kymes, 2007). For human service students, field experiences offer new experiences. These are often inconsistent with students' previous perceptions of life (Stansberry & Kymes, 2007). As students reflect on these experiences, their belief systems begin to change, which ultimately is a catalyst for changes in behavior; this is transformative learning. This type of pedagogy is difficult to evaluate with traditional academic forms of assessment (Patterson, Munoz, Abrams, & Bass, 2015) because there is no right or wrong answer. Student portfolios are flexible enough to capture the process of transformative learning (Patterson, et al., 2015).

Portfolios

Traditional forms of assessment document what students have not learned (Swigonski, Ward, Mama, Rodgers, & Belicose, 2006). Portfolios, on the other hand, document what students have learned. They are traditionally a compilation of student papers and presentations (Chen, Chavez, Ong, & Gunderson, 2017). Objectives of portfolios include the progression of student learning, ownership for the responsibility of learning, and an avenue to show career readiness (Swigonski, et al., 2006). The Verification of Standards Portfolio Model was designed to develop a pedagogy of competence-based learning through self-reflection and documentation.

Instructor-Based Justifications for Portfolios

Competency-based models for portfolios provide data for instructors to use for assessment of their programs, curricula, learning outcomes, and students. The portfolios assist faculty in documenting strengths and limitations of the curriculum and ultimately identifying where improvement is needed (Alvarez & Moxley, 2004). Student documentation and self-reflection provide insights for instructors to understand the process students go through while learning (Alvarez & Moxley, 2004).

Student-Based Justifications for Portfolios

Portfolios discourage passive learning and stimulate active engagement of students in their learning process. In addition, portfolios encourage students to utilize self-reflection in their educational experiences (Wakimoto & Lewis, 2014). The Verification of Standards Portfolio Model illustrates diverse methods in which human service students ascertain the national curriculum standards (Alvarez & Moxley, 2004), and it provides a method for the assessment of individualized student learning styles. Another advantage of competency-based portfolios is that it allows students to provide evidence of their skill mastery (Alvarez & Moxley, 2004, p. 93). This is important because employers are inquiring about verification of competencies during interviews (US Department of Education, 2015).

Importance of Self-Reflection

Self-reflection allows students the time to draw connections between their field experiences and their own thoughts. It is important to note that field experience in itself does not create learning. There *must* be a mindful awareness of the experience before it can become a source of learning (Boydston, 1986). Various researchers have supported the use of self-reflection to enhance the learning process. Mulder and Dull stated that self-reflection supports intrapersonal learning and an understanding of the diversity of the learning experience (2014, p. 1017). They also maintained that greater ownership of the learning process is achieved by self-reflection (Mulder & Dull, 2014, p.1019). Self-reflection helps to engage students in active learning processes by using their academic resources more effectively (Chen, et al., 2017). Student self-reflection promotes effective change in behavior for practice-based learning (Burr, Blyth, Sutcliffe & King, 2016).

Creation of The Verification of Standards Portfolio Model

Formation of The Verification of Standards Portfolio Model was based on previous researchers' findings of learning in a social service setting. Burr et al., (2016) avowed that emerging leaders' professional development is enhanced by self-reflection. Mulder and Dull (2014) stated that individualized learning techniques and reflection assist students in their classroom learning. Burr et al., (2016) confirmed that it could be difficult to document complex experiences of learning but focusing on concrete examples aids in this process. Due to this research, students are directed to reflect and document concrete examples of how they learned and applied the standards. Following is an excerpt of the portfolio. The complete model can be found in the appendix. The standards and the specifications listed in the sample below and in the appendix, are suggestions of those that may relate to field work experience.

Verification of Standards Portfolio Model for Field Work

Examples below		
Curriculum Standards	Possible Application of the Standards	Students' Documentation and Self-Reflection
Human Systems		Key
<p>Standard 12: The curriculum shall include knowledge and theory of the interaction of human systems including: individual, interpersonal, group, family, organizational, community, and societal.</p>		
d. An introduction to the organizational structures of communities.	1) Actively participate in discussion on Hidden Rules. 2) Successfully complete an agency eco-map demonstrating all organizations connected with the agency.	<i>1) I thought my family was in the middle class, but I guess most of our "hidden rules" are in poverty. This is confusing. 2) I did not realize so many worked together. I thought they just competed against each other.</i>
e. An understanding of the capacities, limitations, and resiliency of human systems. f. Emphasis on context and the role of diversity (including, but not limited to ethnicity, culture, gender, sexual orientation, learning styles, ability, and socio-economic status) in determining and meeting human needs.	1) Actively participate in Ruby Payne, The Role of Language and Story. 2) In class discussion, analyze and reflect on the role of diversity at your site. 3) Provide examples of the role that diversity played in meeting your client's needs. Be reflective of your thoughts and actions.	<i>1) My family goes to the movies or a game. We don't entertain each other with stories like Ruby Payne wrote about. I thought my client was just really talkative but this may be her way of being friendly, entertaining me with her stories. 2) In class, I completed the Mental Model for Poverty exercise and then discussed what businesses are in the areas our field work is in. I discussed on the roles of those businesses and my comfort in shopping at them. 3) Diversity awareness became turned around for me. My client (an adolescent from Burma)</i>

Curriculum Standards	Possible Application of the Standards	Students' Documentation and Self-Reflection
		<p><i>told me I was very different from her and she questioned our Christmas celebration. I had to examine my own beliefs that she should be adjusting to our culture and I should not need to defend my beliefs. It was uncomfortable.</i></p>
<p>g. Processes to effect social change through advocacy work at all levels of society including community development, community and grassroots organizing, and local and global activism.</p>	<p>1) Actively participate in the class discussion on advocacy. 2) Explain how you have advocated for your client(s). Reflect on your thoughts and actions during this process. 3) Participate in the discussion on Community Sustainability Grid (Bridges Out of Poverty). Reflect on how this pertains to your field work.</p>	<p><i>I & 2) I participated in the class discussion on advocacy. I gave an example how I advocated for my client with her Medicaid worker. I was nervous but my supervisor helped me get ready for the meeting. She also helped organize the documentation with me and my client. The best thing is it worked. The Medicaid worker let her turn in her new documents.</i> <i>3) This section in Ruby Payne was interesting to me. I wondered why our city keeps putting money into the south-central area of town. Now I get it. The park and the new sidewalks are to help sustain this area for those who live there. It's their community.</i></p>

Assessment of The Verification of Standards Portfolio Model

Pre and post-tests were given over an eight-semester span. (N = 361 surveys over the eight semesters). Below is the average of those surveys.

Please answer questions 1 to 5 with 5 being strongly agree.

	Average of pre-tests	Average of post-tests
1) I have thoroughly read the standards pertinent to this course.	2.1	4.7
2) I have a strong comprehension of the standards pertaining to this course.	2.0	4.6
3) I understand how the standards coordinate with the course material.	2.2	4.6
4) I understand how to apply the standards to my learning process.	2.3	4.4

Conclusion

This article demonstrated portfolios integrated throughout human service curricula. Instructors incorporate portfolios to prevent passive learning and to integrate individualized learning through documentation and reflection. Portfolios can also be used as documentation for instructors to assess what they need to modify within their courses. The Verification of Standards Portfolio Model was created to document student learning of the Council for Standards in Human Service Education's curriculum standards. Pre and post-tests on this instrument showed a definite increase in students' comprehension of the standards after employing the portfolio. Although one portfolio model cannot assure students learn the curriculum standards, it can be a useful tool. It will be important for human service educators to continue to explore and share pedagogies to assist in documentation of student learning of the national curriculum standards.

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Appendix

Verification of Standards Portfolio Model for Field Work

- This assignment spans over the period of two semesters.

Curriculum Standards	Possible Applications of the Standards	Students' Documentation and Self-Reflection
Human Systems		Key
Standard 12: The curriculum shall include knowledge and theory of the interaction of human systems including: individual, interpersonal, group, family, organizational, community, and societal.		Orange = Fall semester Green = Spring semester No color = either semester
d. An introduction to the organizational structures of communities.	d. 1) Actively participate in discussion on Hidden Rules. 2) Successfully complete an agency eco-map demonstrating all organizations connected with the agency.	
e. An understanding of the capacities, limitations, and resiliency of human systems. f. Emphasis on context and the role of diversity (including, but not limited to ethnicity, culture, gender, sexual orientation, learning styles, ability, and socio-economic status) in determining and meeting human needs.	e & f. 1) Actively participate in Ruby Payne, The Role of Language and Story. 2) In class discussion, analyze and reflect on the role of diversity at your site. 3) Provide examples of the role that diversity played in meeting your client's needs. Be reflective of your thoughts and actions.	
g. Processes to effect social change through advocacy work at all levels of society including community development, community and grassroots organizing, and local and global activism.	g. 1) Actively participate in the class discussion on advocacy. 2) Explain how you have advocated for your client(s). Reflect on your thoughts and actions during this process. 3) Participate in the discussion on Community Sustainability	

Curriculum Standards	Possible Applications of the Standards	Students' Documentation and Self-Reflection
	Grid. (Bridges Out of Poverty). Reflect on how this pertains to your field work.	
Human Service Delivery Systems		
Standard 13: The curriculum shall address the scope of conditions that promote or inhibit human functioning.		
a. The range and characteristics of human services delivery systems and organizations.	a. Complete an eco-map on all services the agency provides. Be sure to designate which program is being illustrated and reflect on how you have engaged yourself with these programs.	
b. The range of populations served and needs addressed by human services professionals.	b. Illustrate an eco-map on all populations being served. If the agency is a multi-program agency, you may focus on one program. As a student, where do you fit in this eco-map?	
d. Economic and social class systems including systemic causes of poverty.	d. Read the materials on Ruby Payne. Actively participate in the discussion of Ruby Payne. Participate in the class activity: Mental Model of Poverty. Reflect on how you feel about the different components of this exercise.	
e. Political and ideological aspects of human services.	e. Report on and reflect how politics and laws affect the agency you are placed at.	
Information Management		
Standard 14: The curriculum shall provide knowledge and skills in information management.		

Curriculum Standards	Possible Applications of the Standards	Students' Documentation and Self-Reflection
<p>a. Obtaining information through interviewing, active listening, consultation with others, library or other research, and the observation of clients and systems.</p> <p>b. Recording, organizing, and assessing the relevance, adequacy, accuracy, and validity of information provided by others.</p> <p>c. Compiling, synthesizing, and categorizing information.</p> <p>d. Disseminating routine and critical information to clients, colleagues, or other members of the related services system that is:</p> <ol style="list-style-type: none"> 1. Provided in written or oral form, and 2. Provided in a timely manner. 	<p>a, b, c, d, e, f, g, h, i, & j)</p> <p>Determine what data the agency collects and what the data is used for; this is part of your final agency report. Actively participating in the discussion on data management. What activities have you participated in at your site that demonstrate application of these standards? Reflect on your thoughts and actions.</p> <p>a, b, c, & d) Demonstrating competence when obtaining information and recording the information through client contact by practicing agency policies. How has this affected you? Document and reflect.</p>	
<p>e. Applying maintenance of client confidentiality and appropriate use of client data.</p>	<p>e.</p> <p>1) Complete the HIPAA training through Purdue. Document and reflect how you have handled client confidentiality.</p> <p>2) Identify the agency's interoffice means of communication for staffing purposes, and the agency's policy on technology, such as email, social media, etc. What are your thoughts on this?</p>	
<p>f. Using technology for word processing, sending email, and locating and evaluating information.</p>	<p>f.</p> <p>1) All assignments given require word processing. The department's approved form of communication is by e-mail.</p> <p>2) Students must locate and evaluate information in their logic model. Document this.</p>	

Curriculum Standards	Possible Applications of the Standards	Students' Documentation and Self-Reflection
g. Performing an elementary community-needs assessment.	g) 1) Read and actively participate in class discussion on Knowing the Environment. 2) Did your agency complete an elementary community needs assessment? How can you incorporate this information into your field experience?	
h. Conducting a basic program evaluation.	h) Read and reflect on your site's most recent program evaluation. h & i) Read and actively participate in the discussion on Planning and Program Design	
i. Utilizing research findings and other information for community education and public relations.	i. Complete a logic model on your Capstone. Document and reflect on this process.	
j. Using technology to create and manage spreadsheets and databases.	j. 1) Read and actively participate in the discussion on Leading and Changing Human Services Organizations 2) Using Excel spreadsheets for budgets is covered in class.	
Planning and Evaluation		
Standard 15: The curriculum shall provide knowledge and skill development in systematic analysis of service's needs; planning appropriate strategies, services, and implementation; and evaluation of outcomes.		
a. Analysis and assessment of the needs of clients or client groups. b. Development of goals, design, and implementation of a plan of action. c. Evaluation of the outcomes of the plan and the impact on the client or client group.	a, b, & c) 1) Complete the capstone project. The capstone will answer the following questions: Who should be involved in planning? What are the needs, problems, or issues being addressed?	

Curriculum Standards	Possible Applications of the Standards	Students' Documentation and Self-Reflection
	<p>What outcomes are desired? What resources are available to reach their goals? What restraints should be taken into account? What alternative methods could be used to meet the objective? What are the best methods for meeting program objectives? What steps need to be carried out to meet objectives? How will this project be evaluated?</p> <p>2) Complete a logic model for your capstone.</p>	
Interpersonal Communication		
Standard 17: Learning experiences shall be provided for the student to develop his or her interpersonal skills.		
a. Clarifying expectations.	a. Fall internship paper: write one to two paragraphs on your agency's policies regarding client interactions. What are your thoughts on this?	
b. Dealing effectively with conflict.	b. 1) Actively participate in class discussion on conflict with clients. 2) Actively participate in the role play on "conflict with clients." Reflect on any conflict you have experienced at your site.	
c. Establishing rapport with clients.	c. Participate in the class discussion on "review of micro-skills." Reflect on how you have built rapport with your client(s).	

Curriculum Standards	Possible Applications of the Standards	Students' Documentation and Self-Reflection
d. Developing and sustaining behaviors that are congruent with the values and ethics of the profession.	d. 1) Participate in the class discussion on HSRV model for ethics. 2) Complete ethics model assignment on the spring internship paper. Reflect on ethical issues you have encountered while at your site.	
Administration		
Standard 18: The curriculum shall provide knowledge, theory, and skills in the administrative aspects of the services delivery system.		
a. Managing organizations through leadership and strategic planning.	a. Actively participate in discussion on chapter 3/Planning & Program Design.	
b. Supervision and human resource management.	b. Participate in vignettes and role play for chapter 6/Developing & Managing Human Resources and chapter 7/Building Supervisory Relationships. Reflect on your relationship with your site supervisor.	
c. Planning and evaluating programs, services, and operational functions.	c. 1) Complete logic model for your Capstone. 2) Participate in discussion on chapter 3/Planning & Program Design and chapter 10/Evaluating HSRV Programs. Document and reflect on what you have done at your site with this standard.	
d. Developing budgets and monitoring expenditures.	d. 1) Actively participate in discussion on chapter 8/Managing Finances to Meet Program Goals. 2) Complete logic model for Capstone.	

Curriculum Standards	Possible Applications of the Standards	Students' Documentation and Self-Reflection
	3) Complete a Power Point for capstone. 4) Participate in "Budget Planner" activity in class.	
e. Grant and contract negotiation.	e. 1) Actively participate in discussion on grants/chapter 8/Managing Finances to meet program goals. 2) Participate in "Master Grant Application Outline" activity in class.	
f. Legal and regulatory issues and risk management.	f. Complete one to two paragraphs in the Spring Internship report on two to three ways you incorporated risk management skills during your internship.	
g. Managing professional development of staff.	g. Participate in vignettes and role plays for chapter 6/Developing & Managing Human Resources & chapter 7/Building Supervisory Relationships.	
h. Recruiting and managing volunteers.	h. 1) Participate in discussion on chapter 6/Encouraging Volunteer Participation. 2) Participate in brainstorming activity on "How to Recruit Volunteers" & "How to Retain Volunteers." Document and reflect on this with your field experience.	
i. Constituency building and other advocacy techniques such as lobbying, grassroots movements, and community development and organizing.	i. 1) Participate in the discussion on chapter 2/ Knowing the Environment. 2) Participate in discussion on chapter 11/Planned	

Curriculum Standards	Possible Applications of the Standards	Students' Documentation and Self-Reflection
	Organizational Change.	
Client Related Values & Attitudes		
Standard 19: The curriculum shall incorporate human services values and attitudes and promote understanding of human services ethics and their application in practice.		
c. Confidentiality of information.	c. Complete Purdue's HIPAA training and pass the HIPAA quiz.	
e. Belief that individuals, services systems, and society can change.	e. 1) Participate in the discussion on hidden rules. 2) Complete a logic model on your capstone. 3) Complete a character resource analysis on The Glass Castle.	
f. Interdisciplinary team approaches to problem solving.	f. Write one to two paragraphs on a team approach to problem solving that is utilized at your site. Examples would be: case planning, staffing committees, or board of directors.	
g. Appropriate professional boundaries.	g. In your Spring Internship report, include one to two paragraphs on professional boundaries. Specifically, explain at least one situation that required you to set professional boundaries.	

Curriculum Standards	Possible Applications of the Standards	Students' Documentation and Self-Reflection
h. Integration of the ethical standards outlined by the National Organization for Human Services/Council for Standards in Human Service Education (available on NOHS website).	h. 1) Participate in discussions regarding placements. Look thru an "Ethical Lens" during these discussions. 2) In your Fall & Spring Internship paper, give a detailed example of how you utilized the "HSRV model for Decision Making."	
Self-Development		
Standard 20: The program shall provide experiences and support to enable students to develop awareness of their own values, personalities, reaction patterns, interpersonal styles, and limitations.		
a. Conscious use of self. b. Clarification of personal and professional values. c. Awareness of diversity. d. Strategies for self-care. e. Reflection on professional self (e.g., journaling, development of a portfolio, or project demonstrating competency).	A, b, c, d, & e) For the last section of Spring Internship paper, answer the following questions: 1) In what way did your personal and professional values affect your internship? 2) Did you have any preconceived notions regarding the population you have worked with this semester? Reflect on your answer. 3) In one or two paragraphs, explain what self-care strategies you used during your internship. Reflect on this.	

13. Understanding the Bio-Psychosocial Needs of Puerto Rican Women Infected with HIV Who Also Experienced Intimate Partner Violence

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Abstract

Women of color living in the United States encounter a myriad of problems due to their HIV status and their experiences with intimate partner violence. While research on the intersection of HIV status and various psychosocial experiences exist, women of color have historically been underrepresented in research. This is particularly true for Puerto Rican women living both within the Caribbean and abroad. This study shares results from a phenomenological study of Puerto Rican women infected with HIV and who experienced intimate partner violence (IPV). The central themes that emerged were empowerment, social justice, coping, stigma, health equity, and oppression. These premises represent overarching themes such as trust issues, traumatic experiences, and feelings about the abuser. Findings are situated within a larger theoretical context and implications for human services discussed.

Background

Knowledge of HIV/AIDS is increasing. Extensive research examining the relationships of prevention, transmission, socioeconomic status, ethnicity, and geographic locations has allowed for an understanding of the spread of HIV/AIDS (Centers for Disease Control and Prevention (CDC), 2011; Gonzalez et al., 2009; Hosek et al., 2012; Wagner et al, 2010;). Awareness and education campaigns have increased the knowledge base of many people regarding prevention and transmission and they are critical in helping to reduce the rate of HIV transmission (Lewis & Gerus-Dardison, 2014).

Women & HIV/AIDS

Historically, during the identification and discovery of HIV/AIDS women were rarely viewed as a group at risk of being exposed to the virus (Kaiser Family Foundation, 2014). The acknowledgment of women becoming infected with HIV/AIDS occurred in the late 1980s (Gomez, 2011). Also, women were not included in clinical trials until 1993 with the implementation of the first federally funded study known as the Women's Interagency HIV Study (Yin et al., 2010). Females accounted for a total of 10,512 diagnosed with HIV in 2011, where 86% were a direct result of the heterosexual contact (CDC, 2011). Of the 10,512 HIV-infected women, 63% were of Black/African-American ethnicity, 17% Hispanic/Latino and White women accounted for 17% (CDC, 2011).

Women & Violence

The World Health Organization (WHO) (2014) described violence against women as a major public health problem that violates the human rights of women. O'Doherty, Taft, Hegarty, Ramsay, Davidson, and Feder (2014) estimated about 35 % of all women to have experienced IPV or non-partner violence in their respective lifetime. Some risk factors of being a victim of IPV and sexual violence include lack of education, witnessing violence between parents, exposure to abuse during childhood, and attitudes accepting violence and gender inequality (Abramsky et al., 2011). The WHO conducted its first Multi-Country Study on Women's Health and Domestic Violence in 2005, and in 2008, the number of intimate partner violence prevalence has increased from 80 to more than 300 (Garcia-Moreno & Watts, 2011). Although research exists about IPV and Nigerian HIV-positive pregnant women (Ezechi et al., 2009) or violence after HIV status disclosure (Shamu et al., 2014), further research coupling Puerto Rican HIV positive women and IPV is essential in understanding this phenomenon.

Although the research regarding IPV among Spanish-speaking women in the United States and the HIV status of women illuminates important findings, I have found no research that has examined how IPV affects HIV positive Puerto Rican women. Given such, further research is warranted (Gonzalez-Guarda et al., 2011; Morales-Aleman et al., 2014; Moreno et al., 2011).

Purpose

This qualitative phenomenological study sought to understand the lived experiences of IPV among HIV-positive women. This allowed the voices of these women to be heard about the violence inflicted on them by their intimate partners. Coupled with the stressors associated with the Puerto Rican culture, the women's HIV-positive status complicated their lives. The overall intent of this research was to gain insight on the women's experiences and perspectives of their HIV status and IPV. It helped bridge the gap between intimate partner violence data and data about HIV-positive Puerto Rican women, and also raised the need for culturally sensitive programs for Puerto Rican women.

Significance

This research study increases the knowledge of intimate partner violence for practitioners, medical field staff, mental health professionals, and researchers offering quality information and understanding of IPV and informs culturally sensitive services to Puerto Rican women. Also, this study contributes to understanding phenomenon that are specific to the population's culture. More importantly, building awareness and educating society of IPV, women, Puerto Rican culture, and HIV/AIDS are critical areas in addressing these social problems. The findings of the research also contribute to the experiences of HIV positive women and their lived experiences with IPV. The Puerto Rican culture has century-old behaviors, attitudes, and beliefs that continue in the 21st Century influencing lived experiences.

This research study offers an understanding of the aspects of the culture. Machismo, hembrismo, marianismo, and familismo are essential cultural factors within Puerto Rican families sometimes

viewed negatively (Friedman et al., 2011). **Machismo** is the unspoken belief that men are dominant, work outside the home to support the family, and possess the decision-making power (Moreno et al., 2011). **Hembrismo** is the female version of the machismo (Friedman et al., 2011), which is frowned upon. **Marianismo** is the role the female takes in the Puerto Rican culture where she behaves submissively, takes care of the family, engages in the household chores, and raises the children (Moreno et al., 2011). **Familismo** is the concept in which family loyalty and solidarity is of the upmost importance, and it is sacred. Finally, this research aids in the development and implementation of culturally sensitive programs catering to the needs of Puerto Rican women.

Central Premise

The central premises of this qualitative research study are increasing knowledge of empowerment, social justice, coping, stigma, health equity, and oppression. These premises were represented in emergent overarching themes such as the participants not being aware of differences between domestic violence and intimate partner violence (IPV), lack of awareness regarding psychological abuse, and HIV risk in association with IPV. These findings directly intersect the prevention efforts needed by medical personnel, mental health providers, social workers, domestic violence specialists, healthcare providers, law enforcement personnel, public advocates, faith-based organizations, and government agencies.

The results of this research revealed the common goal of being together by both the participant and their intimate partner. The initial expectation of the participants with their intimate partners was that they loved each other and wanted to have a family together. The intimate relationship each participant described in her story began positively and then turned negative when the participant experienced violence by her intimate partner. The participants expressed not wanting anyone to go through what they experienced with violence. They discussed social isolation during their violent relationships, and they shared many experiences including IPV, cultural influences, feelings about the abuse and the abuser, trust issues, experiences of abuse by their intimate partners, and positive life changes to answer the research question. Participants provided details of the events that took place when leaving the abusive relationship and seeking help, although it was not an easy task.

The knowledge acquired of the challenges the participants faced regarding their experiences with IPV helps in promoting the development and implementation of appropriate programs for this population. The results of this research aim to help reduce the rate of IPV among Puerto Rican women. Also, the study may inform linguistically and culturally adequate service programs aimed at preventing future victimization. Lastly, Puerto Rican women will have the resources necessary to protect themselves in an IPV relationship.

The findings of this research have the potential to affect society on various levels. Although each participant met the criteria to be included in this research, there were many differences among participants' experiences and their coping styles. The topic of IPV is sensitive to discuss, yet the participants chose to share their stories. Differences between the participants' stories ranged from their traumatic events, coping mechanisms prompting to leave the relationship, cultural influences, becoming infected with HIV, HIV disclosure, and IPV disclosure. There

were some important similarities in the results of the research detailed by the six participants. Cultural influences, passive behaviors, and feelings of fear and isolation were some of the common factors.

Brief Literature Review

After completing data analysis and member checking, I consulted the literature to confirm the findings of cultural influences, reaction to abuse, trust issues, traumatic experiences, feelings about the abuser, feelings about abuse, experiences of abuse by intimate partner, and positive life changes. The current research bridges the gap in the literature by highlighting the lived experiences of IPV among Puerto Rican women who are also HIV positive. There is insufficient literature regarding Puerto Rican women exposed to IPV and HIV. The findings of this research align with the literature review and feminist intersectionality in viewing the participants' world and the ways it intersects on the micro level, reflecting multiple interlocking systems.

The various systems explored in this research were the participants' culture, religion, gender role expectations, and support systems during their experiences with IPV and exposure to HIV. The literature review revealed the gap in research for Puerto Rican women regarding IPV and HIV. Furthermore, the findings confirmed the feminist intersectionality framework was suitable for understanding the lived experiences of the participants to understand how multiple social identities such as gender and ethnicity intersect with the participants' experience with macro systems such as sexism. A crucial factor derived from the findings was the challenges the participants endured in search of a better quality of life.

Puerto Rican culture affects the daily decisions made within a household, which may make women susceptible to IPV and HIV (Gonzalez-Guarda et al., 2011). Machismo refers to a set of beliefs within the Latino culture about how males should act. The positive characteristics of machismo include pride, responsibility, and courage, whereas the negative characteristics are sexual prowess, aggressiveness, and ingesting illegal substances (Moreno et al., 2011). The expectation of the female gender in a Puerto Rican family is to care for the children, ensure the household chores are taken care of and display a passive role. In addition to the gender role expectations, the women are to exhibit self-sacrificing behaviors (Cianelli & Villegas, 2016), whereas the men can carry out behaviors that are not acceptable in the Catholic Church. This double standard creates a clash between the two genders and the culture, which increases the risk of IPV for Latina women, especially when living in a geographic location other than Puerto Rico.

In addition to IPV, HIV also negatively affects the lives of Latinas due to cultural context. Regarding cultural influences, Latinas are to show behaviors of faithfulness, abstinence, and monogamy to their husbands (Cianelli & Villegas, 2016). HIV disproportionately affects Latinas (CDC, 2014). Latinas are to follow their religious teachings, whether Catholicism or another Christian religion, where the purpose of sex is solely for procreation (Hernandez et al., 2012). The Latina cultural and religious beliefs enable the lack of communication about sex and related topics resulting in the increase rate of HIV transmission among this population (Peragallo, Gonzalez-Guarda, McCabe, & Cianelli, 2012). The effect that cultural influences have on the Latino population highlight the need for bicultural informational sessions about IPV and HIV.

Dynamics in acculturation have a link to IPV among Latino families; thus, the less acculturated the Latino family is, the less likely Latinas are to report IPV (Mogro-Wilson et al., 2013). Puerto Rican culture has an enormous effect on the daily decisions made within a household. Decisions come from the patriarch of the family because it is a male-dominated culture outlined by machismo and marianismo cultural scripts, and females are to represent the same values as the Virgin Mary (Cianelli et al. 2013).

Nature of the Study

This is a qualitative, phenomenological research study. A total of six participants participated in this research. The purposive sampling strategy used was criterion sampling. A phenomenological qualitative research design is the most appropriate for the proposed study. Phenomenological research assesses the arrangement of life experience to build awareness (Aspers, 2009). This approach allows a deep understanding of the lived experiences that the participants of the research study had based on an issue (Creswell, 2013; Petty et al., 2012). Phenomenology helps in offering a detailed description due to the participant's comprehension of the nature of the problem (Allen-Collinson, 2009). The phenomenological approach assists in capturing the true meaning of the experiences lived by individuals through reflecting and clarifying those unique situations (Crain & Koehn, 2012).

Participants

The participants had to be women who self-identified as being infected with HIV, and they experienced intimate partner violence. They had to be 18 years old or older and of Puerto Rican descent. In order to recruit participants, I distributed the research flyer at various transportation hubs including train stations and bus stops. I also received permission from various agencies to drop off the research flyer. The agencies were strategically selected because they offered services to Spanish speaking women and individuals with HIV. The participants were selected on a first come, first selected process for inclusion into the research. A screening questionnaire was used during the initial telephone contact made by each caller to ensure that they met the criteria for the research. Data collection was achieved through face-to-face, semi-structured interviews with each participant.

Framework

This research study involved using a feminist intersectionality lens to examine the lived experiences of the participants, including being able to determine the effect of their gender, culture, geographic residence, experience with IPV, exposure to HIV infections, and all the nontangible factors that influence the participants, such as psychological, emotional, and mental experiences. The participants discussed their feelings of loneliness, abandonment, depression, shame, and embarrassment. Victims who experience IPV experience poorer physical and mental health when compared to their non-victim counterparts (Bauer, Rodriguez, & Perez-Stable, 2000; Coker et al., 2002). Feminist intersectionality supports acknowledging the interaction between numerous oppressive identities connected with inequality within the family, community, and

societal structures (Winker & Degele, 2011). Therefore, this conceptual framework supported the idea that all factors affecting a participant's life help the participant to have a better understanding of her lived experiences.

Feminist intersectionality is the recognition of oppressed individuals and groups who live at the margin of society with inequitable access to resources resulting in societal inequalities and social injustice (Kelly, 2009). The individual or groups of people experiencing oppression also experience adverse effects on health that continues to multiply and are unique to the group (Kelly et al., 2011). Feminist intersectionality allows researchers to assess the impact of various factors such as ethnicity, gender, race, socioeconomic status, and language barriers (Adams & Campbell, 2012). The lives of women are not singular and they are formulated by numerous systems of oppression that interconnect (Carastathis, 2014).

The intersection approach to studying intimate partner violence in Latina women allows for the identification of discriminatory aspects of gender, race, and ethnicity (Kelly, 2009). Intersectionality theory is the study of intersections between systems of oppression or discrimination such as Latina women may experience (McCall, 2005). Therefore, to be able to understand Latina women and the many factors associated with them, one cannot solely see her just as a woman or a Latina as independent entities; one must include all the various segments that make up the Latina woman including gender, ethnicity, familial role, socioeconomic status, religious affiliations, etc.

The feminist intersectionality framework ensured I considered the various systems involved with each participant. The participants for this research were not limited to discussing the trauma they endured from IPV or how they contracted HIV. The interview questions allowed the participants to express themselves without judgment or prejudices. Feminist intersectionality allowed the participants to talk about being in therapy and the coping strategies they used to survive their intimate partners. Furthermore, they spoke of the lack of social support from families. A person will never know what the outcome would be if strong social support were present.

Research Question

What are the lived experiences of HIV-positive Puerto Rican women residing in New Jersey who are victims of intimate partner violence?

Themes

I identified the overarching theme of this research as follows: Puerto Rican women's experiences of culture clash and their reluctance to discuss their experiences with others paved the way for the negative impacts of IPV and HIV. The themes that emerged were (1) experiences of abuse by intimate partner, (2) feelings about abuse, (3) feelings about the abuser, (4) traumatic experiences, (5) reaction to abuse, (6) trust issues, (7) cultural influences, and (8) positive life changes.

Theme 1: Experiences of Abuse by Intimate Partner

Regarding the experiences of abuse by an intimate partner, Latina women's passive behaviors guide the way for physical, sexual, and emotional abuse by an intimate partner (Perilla, Serrata, Weinberg, & Lippy, 2012). The patriarchal social system supports gender disparities linked to domestic violence (Perilla et al., 2012). Latinas who experience abuse by intimate partners face negative consequences due to limited choices available (Perilla et al., 2012). The male partners' dominance and abuse is supported by all male family members including the Latina's father.

Theme 2: Feelings About Abuse

Feelings about the abuse endured by the participants was explored and fear that the abuse would happen again emerged. While some women minimized the abuse or did not see it as a problem, one participant tried to block the memories. The participants verbalized feelings of shock and confusion. The Latinas had mixed feelings about the abuse and cultural pressures resulting in a difficult decision to leave their partner (Gonzalez-Guarda et al., 2011).

Theme 3: Feelings About the Abuser

The participants spoke about their intimate partners and the abuse they experienced leading to discussing their feelings about the abuser. Two participants discussed substance abuse by the significant other at the time the violence occurred. Experiencing IPV increases the abuse of substances (i.e., alcohol and drugs) tenfold (Hein & Ruglass, 2009). Women also were less likely to report the abuse due to emotional commitment and financial dependency on their intimate partners (Hein & Ruglass, 2009).

Theme 4: Traumatic Experiences

Regarding traumatic experiences, the experiences of IPV does not limit Latinas to social, psychological, physical, or emotional consequences (Sabina, Cuevas, & Zadnik, 2015). Exposure to IPV is profound and complex experiences affect women's mental functioning, health status, the risk of sexually transmitted diseases including HIV, and substance abuse (Kim et al., 2017). The residual effects of traumatic experiences are long term and affect every aspect of daily living of Latina women.

Theme 5: Reaction to Abuse

The participants shared their experiences with their intimate partner, and their reactions to the abuse. Latina women are reluctant to report the abuse due to negative consequences. Latinas are more likely to experience "physical and psychological effects of abuse including homicide" (McCabe, Gonzalez-Guarda, Peragallo, & Mitrani 2016). A connection exists between barriers to culturally appropriate services for victims of IPV and the limitation of Latinas reporting the abuse (McCabe et al., 2016). In addition to a lack of resources, Latinas who experience IPV are susceptible to mental health problems, including posttraumatic stress disorder, depression, and

anxiety. According to Chang et al. (2011), women who experience these problems are twice as likely to report IPV when compared to individuals who do not experience any disorder.

Theme 6: Trust Issues

Latinas have trust issues outside the family unit because of the emphasis within the culture of respect for the family. During focus groups regarding HIV risks, Latinas identified trust issues as a challenge they experience with their intimate male partners (Ibañez et al., 2016). Lack of trust for outside agencies and toward the police becomes a barrier for Latina women experiencing IPV (Messing, Vega, & Durfee, 2017). Also, the intimate partners in whom the Latina women tend to believe continuously verbalize myths and misconceptions about law enforcement (Messing et al., 2017). Trusting other people, whether professional or not, means that the Latina has gone outside the family dynamics thus is not following the familismo cultural script.

Theme 7: Cultural Influences

The cultural scripts embedded in the Puerto Rican culture and in other Latino cultures are machismo and marianismo. To illustrate, Latino men may resort to abusive tactics to rebuild the sense of masculinity and honor in the family if a wife decides to flirt with another man (Dietrich & Schuett, 2013). Two participants discussed their intimate partners were hitting them for no reason, but their intimate partners believed there was a reason to hit them, including suspicion of infidelity. Puerto Rican women are less likely to recognize abuse due to the patriarchal driven culture (Reina et al., 2014). In addition, cultural expectations prevent women from seeking help.

Theme 8: Positive Life Changes

The positive life changes highlighted the different strategies they use to survive their experiences of IPV and HIV. Abused women make changes in their lifestyle to keep themselves safe (Rossiter, 2011). Light (2007) noted, "Empowerment services need to be able to support women's empowerment in a comprehensive, long-term sense, enabling them to make fundamental changes that will allow them to make an independent life for themselves" (p. 16). Cultural and linguistic barriers create challenges for Latinas to improve their quality of life (Kaiser Family Foundation, 2014). The changes made by the participants have allowed them to survive their abusers.

Trustworthiness

To ensure trustworthiness, Creswell (2009) suggested using a minimum of two measures to achieve this goal. As the researcher, I employed various procedures to support trustworthiness: (a) bracketing, (b) rich and descriptive details of the phenomenon (discussed below in "Transferability"), (c) member checking, and (d) reflexive journaling.

Member Checking

Member checking occurred after transcribing face-to-face interviews to ensure truthfulness in acquiring the participants' essence and meaning. In addressing member checking, I summarized the transcribed interviews, identified trends, and shared them with each participant for validation. Within 2 weeks after each face-to-face interview, I engaged the participant in a discussion of the identified themes to ensure the themes were parallel to their experiences. The participants agreed with the results of the codes and themes. To prevent the participants from reliving their traumatic experiences, I did not ask them to review the verbatim transcriptions.

Reflexive Journal & Bracketing

I used the reflexive journal throughout the entire process of this research. I began using it during the phone calls made to me by potential participants. I also used the reflexive journal before, during, and after each face-to-face interview and during the data analysis. It helped me suspend any preconceived thoughts and identify any biases that I had. Although challenging, bracketing allowed me to embrace my feelings and become transparent using the reflexive journal. It is critical to rid oneself of what is known and begin with a blank slate to focus on what appears in its purest form. Most important, I wanted to ensure the voice of the participants was heard. There were several moments where I had to separate myself from the research to be able to use the reflexive journal for bracketing purposes. As the sole person responsible for the research, including the participants, the reflexive journal allowed me to suspend my preconceptions, biases, and assumptions to produce valuable research findings.

This research process was a unique experience. The data that resulted from this research was both expected and surprising. The traumatic lived experiences the participants described were enlightening. The participants offered valuable information highlighting the need for further social services to Latinas.

Reflecting on the essence of the lived experiences of Puerto Rican women who experience IPV and are HIV positive pointed to implications across all levels of society. The findings revealed clear evidence that the participants experienced a lack of social support, limited availability of supportive health programs, and limited or non-existing policies focused on meeting the bio-psychosocial needs of Puerto Rican women who experience IPV and who are HIV positive. The findings and the identification of the overarching theme of this research support the lack of resources having a negative effect on Latinas across different systems.

Credibility

Credibility relates to the findings of the researcher's ability to capture what is happening and confidence in the truth of the findings (Holloway & Wheeler, 2013). Two strategies used to institute rigor in this research were the use of member checking and the reflexive journal. I established rapport between the participants and me, which permitted me to clarify what they intended to say when I did not understand during the interview. The scheduled interview session took place via a telephone conversation when the participant contacted me regarding the

research. I received 11 phone calls inquiring about the research and completed six face-to-face interviews. Focusing on the truth of the findings of this study was the result of the credibility of the study. The data analysis demonstrated the credibility where there is a relationship in the themes. Ensuring the trustworthiness of this study was highly significant throughout the research process, thus establishing that it supported the results of the research and making it valuable.

Transferability

In transferability, researchers can use the results of the qualitative research of other researchers as their own (Tobin & Begley, 2004). The strategy used to establish rigor for trustworthiness is "thick, rich descriptions" (Bitsch, 2005, p. 85) and the use of "purposive sampling" (Bitsch, 2005, p. 85). Transferability of this research study to other settings is possible with the purposive sampling of HIV-positive Puerto Rican women who experienced IPV. The onus of transferability is on the reader in being able to compare and contrast "to determine the degree of similarity between the study site and receiving context" (Mertens, 2015, p. 271). The semi-structured face-to-face interviews generated individual descriptions (Creswell, 2009; Moustakas, 1994) about IPV and HIV among Puerto Rican women analyzed from words and phrases to form shared experiences.

Dependability

Dependability consists of the "stability of the findings over time" (Bitsch, 2005, p. 86). The in-depth data and detailed research procedures established dependability in this qualitative research. The detailed outline of this research extends for repetition of the investigation and generating findings with similar samples (Shenton, 2004). There was no change in the location of the face-to-face interviews throughout the research. Thus, there were no changes that influenced the research approach of the study. Using a consistent interview protocol of screening questions for each participant, asking the same demographic questions, asking the same interview questions, and using the reflexive journal supported dependability in the study. The audio recordings and the reflexive journal promoted verbatim transcription, which decreased the possibility of bias.

Confirmability

In qualitative research, confirmability refers to the practice of confirming the findings of the research. In confirmability, the data and findings of the research directly related to the data collection (Tobin & Begley, 2004). Establishing confirmability consisted of guaranteeing that the findings of this research were the product of the lived experiences of the participants and not my biases and prejudices. Thus, the reflexive journal aided me in identifying and revealing my issues and biases that I brought to the study. To establish confirmability, I incorporated the reflexivity strategy via journaling. Creswell (2013) described the concept of reflexivity as the process in which the interviewer is conscious of biases, values, and experiences brought to the study.

During the research, I used journaling before the interviews, during the interviews, after the interviews, during the interview transcriptions, and during the coding process to reflect the

process was permitting the data to reveal the lived experiences of each participant without any assumptions or biases. I also followed the IRB's ethical standards throughout the research process. After I identified the participants, they received a list of resources. The participants' privacy remained secure with the use of pseudonyms and interview numbers. I informed the participants of the confidentiality of the data that represented them and that I would be the only person to access the data.

Recommendations

These findings establish a better understanding of exposure to IPV and HIV among Puerto Rican women. Current literature on IPV and HIV does not include a focus on the ethnic and cultural factors of Puerto Rican women. This study involved describing the essence of a small group of women who experienced IPV and were HIV positive. The participants reported not knowing about services for IPV. They also lacked the linguistic skills to be able to communicate effectively with professionals. They described not being able to communicate with professionals about their experiences. Professionals could better serve this population by conducting thorough interviews. Professionals also may need successful interview strategies. The participants expressed feelings of loneliness, anxiety, and depression. Further research on Puerto Rican women and the effect of loneliness, anxiety, and depression due to a traumatic experience could be beneficial.

This research highlights the gap in the literature on IPV among Puerto Rican women and the need for culturally driven services. Researchers cannot study the Latino population as a homogenous group because it leads to inaccurate results (Firestone, Lambert, & Vega, 1999; Krishnan, Hilbert, VanLeeuwen, & Kolia, 1997; Vasconcellos, 2005). The many subgroups identified as Latinos offer various contributions specifically for the ethnic cultures they represent that are not necessarily applicable to the entire Latino population.

Implications for Social Change

The findings of this research supported the gap in the literature regarding Puerto Rican women exposed to HIV and who experienced IPV. The participants shared their personal experiences about their exposure to violence by an intimate partner. The findings also highlighted the psychosocial challenges the participants experienced due to their cultural influences, language barriers, dependency on intimate partners, and lack of resources. The research and findings led to the consideration of specific implications for social change.

The purpose of this research was to gain an in-depth understanding of the lived experiences of Puerto Rican women infected with HIV and who experienced IPV. The factors of gender, culture, HIV, and IPV complicated the lives of the participants, including decision-making processes, daily. Areas that need highlighting include educating the community about IPV and raising awareness of IPV and HIV in ways that are culturally appropriate. The implications for social change extend far beyond understanding the complexities of the participants' experiences.

Individual

On the individual level, this research highlighted the lived experiences of Puerto Rican women who experienced IPV and were HIV positive. To understand this phenomenon, it is important to understand the experiences of these women. In the Puerto Rican culture, it is not customary to go outside the family home when faced with a problem, and the female's role is to follow the patriarch of the family (i.e., her husband). To break the cycle of IPV among Puerto Rican women, I captured the essence of their experiences. Although I was able to attain the lived experiences of the six Puerto Rican women over 4 months, the true rate of IPV among this population remains unknown. The need to identify IPV as a social problem in New Jersey and across the United States is an area that needs attention and additional research. Through this research, I have informed professionals of the difficulties these women face. Possible ways to address this issue include IPV as a topic in health fairs, adult education centers, and school workshops for parents.

Family

An imbalance of power between men and women exists in Latin cultures where machismo and marianismo concepts are cultural factors that influence decisions (Amerson et al., 2014; Beauchamp et al., 2012). Machismo is the male-gendered cultural script that serves to encourage males to assert their power, possessive characteristics, and portrayal of their hyper-masculinity traits, whereas marianismo is the female gender cultural script within the Latin culture in which females should be submissive and passive toward their husband and take on the role of nurturer (Cianelli et al., 2013; Estrada et al., 2011; Gonzalez-Guarda, Cummings, et al., 2013; Gonzalez-Guarda, Florom-Smith, et al., 2011; Kupper & Zick, 2011; Liang et al., 2011; Taylor, 2011). A culture clash is evident between traditional expectations, values, and traditions of Puerto Rican families and others in the United States.

In Latino families, the patriarch of the family leads the family unit and makes the ultimate decision on everything from grocery shopping to gatherings and relationships. Many Spanish families follow the machismo family structure. According to Villatoro, Morales, and Mays (2014), Latino family support increases the success of recovery in mental health and the willingness for individuals to seek help from professionals. It is critical to educate family members about IPV and its consequences in the United States. Families need to understand the law and legal differences between the United States and Puerto Rico.

The participants of this research followed cultural expectations. The participants also went against the cultural expectations when they decided to leave their significant other due to IPV. The decision to leave their intimate partners allowed them to become independent and assertive and gave them physical and emotional strength to want a better quality of life.

Society/Policy

Researchers for the National Association of Social Workers described ethical responsibilities to support and advocate for marginalized groups (Workers, 2008). Puerto Rican women who

experienced IPV and are HIV positive need advocacy and support due to their lived experiences, language barriers, and cultural competency. The Latino population has increased in the United States by 43% in the last decade (Humes et al., 2011), and Puerto Ricans comprise 27% of the Latino population (U.S. Census, 2014). Moreover, New Jersey has a diverse population and has the third largest population of Puerto Ricans (U.S. Census Bureau, 2014). The changes in the makeup of the population are critical to the delivery of services that result in a continuous cycle of needs assessment and service development and implementation.

The various agencies Latina women associate themselves with depend on translation services if they do not have someone who speaks Spanish. Also, Puerto Rican women who do not speak English may need to bring someone with them to translate. The language barrier makes them not want to seek services or to be at the mercy of someone else for translation (with the result of someone else having full information about their personal life). On a societal level, consideration to social practices for IPV and HIV among Puerto Rican women is necessary. This research included evidentiary data that highlighted the lived experiences of Puerto Rican women. Acknowledging that a problem exists takes place before developing and implementing services to close the gap. Community providers are a target group included in the macro level when developing policies and implementing organizational procedures and programs.

Organizational

Puerto Rican women are part of a larger Latino group at an organizational level. The Hispanic population has increased in the United States along with the entire United States population (Humes, Jones, & Ramirez, 2011). There is a need to educate medical staff and individuals in the helping professions about the Puerto Rican population and cultural influences. For example, the influx of Puerto Rican families to New Jersey communities has resulted in program changes within community public schools and organizations.

Social change in the lives of Puerto Rican women must begin between the women experiencing IPV and the social agencies that provide services to them, including policymakers, educators, health care professionals, executives, directors, and mental health providers. Government and law enforcement agencies need to inform Latino communities of the process of IPV and offer language-appropriate and culturally appropriate information (Bonilla-Santiago, 1996). Developing and implementing resources and projects aimed at targeting Puerto Rican women who experience IPV is necessary for social change. Researchers who provide information help facilitate change and stakeholders may have the power to create and implement policies to address the gap in services that result in social change.

Many families are unable to communicate with professional workers due to a language barrier that leads to a lack of linguistic-appropriate applications and other documents. These challenges prevent Puerto Rican women from attaining social mobility and empowerment. Academic researchers and academic professors need to explore IPV, HIV, and Puerto Rican women and become creative in ways to expose their students to the phenomenon, especially in the human and social sciences majors. The psychosocial and legal aspects many Puerto Rican women face

due to IPV are unique circumstances that professionals in the counseling field need to be aware of to service these clients properly.

Educational institutions and organizations that offer services to Puerto Rican women should meet the specific cultural and language needs of individuals. Also, the development of programming can address the needs of the Puerto Rican population highlighted in this research. This research has shed light on the needs of this population. Thus, program developers may use the findings as evidence that services are necessary to enhance the quality of life. Most important, language-abled individuals who can effectively communicate and comprehend the culture of Puerto Rican women are essential in the development of programs in both organizations and educational institutions.

This research led to an insider's view of the lives of the participants regarding IPV and HIV, thus identifying the need for additional research influenced by cultural and social factors. Pierotti (2013) discussed how acts of violence against women emphasize gender inequality. It also highlighted the needs of Puerto Rican women infected with HIV and who experienced IPV. In addition to establishing a deeper understanding of the lived experiences of the participants about IPV and HIV, researchers can further enhance the knowledge of HIV and IPV among Latinas.

Conclusion

It was important to be able to shift the power-differential to position participants as experts of their lived experiences. The six participants revealed extremely sensitive and private information about their personal experiences with HIV and IPV. These personal experiences have placed a spotlight on the social problems that exist today with Puerto Rican women. This research has allowed the opportunity to create opportunities that enhance the bio-psychosocial, spiritual recovery, resilience, and capacity building of the intersection of HIV and IPV. The results of this research offer evidence to sustainable eco-systemic interventions, training of human services students in their field placements and during course offerings. This research helps infuse applicable findings across social work curricula: policy, research, practice, and academia. Finally, researchers, medical personnel, academics, and policy makers must combine efforts to hear these narratives and develop bio-psychosocial, culturally adequate, linguistically appropriate interventions to service this marginalized population.

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14. Working with Clients Who Have Breast Cancer: Interventions in the Human Services Scope of Practice

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Abstract

About 1 in 8 women and 1 in 1000 men in the United States will be diagnosed with breast cancer during their lifetimes. Human services professionals are likely to encounter clients with active breast cancer or a breast cancer history, even if this is not the professional's area of specialty. This paper provides an introduction to this issue, including general information and resources, guidance around client care, and ethical considerations. It also identifies memoirs that may help professionals become more familiar with experiences of breast cancer diagnosis, treatment, and survivorship.

Introduction

Breast cancer occurs in both women and men. This common cancer is well-represented not just in medical settings, but in all arenas of human services provision. However, many human services practitioners are unfamiliar with or frightened by breast cancer, which decreases their effectiveness and utility for clients with this disease.

The lifetime prevalence of invasive breast cancer in the U.S. is about 1 in 8 women and 1 in 1000 men (Breastcancer.org, 2018a). This statistic demonstrates that even in a generalist human services role, practitioners are very likely to work with clients or family members affected by this disease. Worldwide, breast cancer is the most common cancer in women. About 1.7 million new cases were diagnosed in 2012 (Breast Cancer Research Foundation, n.d.).

There are many opportunities for human services professionals to support and intervene with people who have breast cancer. This paper provides basic information about breast cancer and more in-depth resources, which will allow human services professionals to provide client-specific services.

Attention to roles and scope of practice considerations ensures that human services professionals provide ethical and legal services. In addition, attention to each professional's own emotional responses and experiences with breast cancer increases their ability to respond to the client's needs and preferences rather than withdrawing from or failing to meet the client. A short list of memoirs is also provided. Memoirs can be a useful source of first-person information about the range of breast cancer experiences, though professionals should use these primarily as a way to improve their own learning, not as a resource for clients.

Basic Breast Cancer Information

It is useful to learn some basic information about breast cancer. The bullet points below identify some key population information and point to URLs for more informational depth.

Diverse Populations

- Male breast cancer is frequently diagnosed at a more advanced stage, since men are not routinely screened for breast cancer and generally do not know that they could have it (Breastcancer.org, 2018a).
- African-American women are more likely to die of breast cancer (Breastcancer.org, 2018a).
- Women with Ashkenazi Jewish heritage may carry mutations that increase their risk of breast and other cancers (Breastcancer.org, 2018a).
- Lesbians have higher rates of breast cancer (SAMHSA, 2012).
- However, the cause of most breast cancers is not genetic and in many cases, unknown.
- Being female and growing older are the major risk factors (Breastcancer.org, 2018a).

Breast Cancer Basics

- There are many types of breast cancer, which may co-occur, as well as many stages.
- Treatment depends on the person's particular tumor characteristics, as well as their financial and community resources.
- To learn more about tumor characteristics, see "What Is Breast Cancer?" (Breastcancer.org, 2018b).

Systems Concerns and Resources

- To learn more about financial concerns related to breast cancer, see "Treatment for Cancer's Twin Ailment: Financial Toxicity" and related articles at *CURE Today* (CURE: Cancer Updates, Research & Education, n.d.).
- To locate breast cancer-related resources in a community, Google "breast cancer [community name]" for local treatment centers and organizations, then search their sites for resources and referrals

Useful Websites, Mailing Lists, and Online Publications

These resources may be useful for clients and practitioners. They are listed here with URLs and do not appear in the reference list.

- Army of Women: Dr. Susan Love Research Foundation: <https://www.armyofwomen.org>
- ASCO (American Society of Clinical Oncology): <https://www.asco.org> (includes practice guidelines for medical treatment)
- Breastcancer.org [main site]: <https://www.breastcancer.org>

- Breastcancer.org [boards]: <https://community.breastcancer.org>
- Breast Cancer Research Foundation [BCRF]: <https://www.bcrf.org>
- Centers for Disease Control (CDC): “Breast Cancer Awareness,” <https://www.cdc.gov/cancer/dcpc/resources/features/breastcancerawareness/index.htm>
- CURE (Cancer Updates, Research & Education): <https://www.curetoday.com>
- The Male Breast Cancer Coalition: <https://malebreastcancercoalition.org>
- METAvivor Metastatic Breast Cancer Awareness, Research and Support: <https://www.metavivor.org>

Meeting General Client Needs

The human services scope of practice includes many helpful interventions for clients with breast cancer or a breast cancer history. The bullets below include general recommendations and specific comments from a group of people who have had breast cancer. These responses were solicited on Breastcancer.org’s forum and Facebook.

During the Diagnostic Process

- Use basic listening skills, motivational interviewing, narrative, solution-focused, and other active listening and interviewing techniques—don’t be a “blank slate.”
- Mirror your client’s terminology as to “survivor,” but use “breast” (not “boob,” “tit,” etc.).
- Be familiar with and make available relevant apps, handouts, local resources, and referrals.
- Help your client manage feelings and thoughts about the diagnosis, as well as the uncertainty of the diagnostic process.
- Survivors want you to know:
 - “We need real, concrete step by step solutions.”
 - “The majority of us experience traumatic stress in this process. Help us manage this!”
 - “Don’t tell me I have ‘the good kind’ of cancer. It’s not helpful.”

During the Treatment Process

- Help your client assemble a multi-disciplinary treatment team and obtain Release/Exchange of Information permission where useful.
- Educate yourself about the basics of your client’s tumor characteristics, but refer medical questions to their medical team.
- Educate yourself about the basics of your client’s treatment plan, but refer medical questions to their medical providers.
- Help clients express and advocate for themselves with their team.
- If relevant and feasible, provide cognitive and behavioral stress reduction interventions, as well as tools for tracking medical visits, medications, diet and exercise, and similar.

- Survivors want you to know:
 - “Sometimes I’m going to freak out. Sit with me.”
 - “I need to talk to someone about sexuality, attractiveness, and what’s going to be right for me.”

During the Post-Treatment Process

- Continue to provide resources and referrals.
- Clients who held together well may fall apart as active treatment ends.
- Educate yourself about your client’s long-term treatment plan, but continue to refer medical questions to their medical providers.
- Survivors want you to know:
 - “It feels like I’ve been booted out at the end of treatment! But I’m still taking medication that has side effects, I’m still reeling from the whole deal, and I still have lymphedema and other physical problems from the treatment!”
 - “I’m really angry.”
 - “I get flashbacks and vomit when I see the building where I got chemo.”

Roles and Scope of Practice

Each human services professional will need to determine their appropriate roles and practices, including:

- Your education and licenses or certificates
- Your formal job description, training, and skills set
- Direction from your supervisor or manager
- Your emotional readiness to work with this population
- Remembering that you are not a medical provider—don’t practice outside your scope!
- Survivors want you to know:
 - “I might ask you if you have experience with breast cancer clients, or if you have had breast cancer.”
 - I need *your* help—if you seem to need *my* help, please refer me (and get supervision or go to counseling).”

Countertransference

Many human services professionals know people diagnosed with breast cancer, or have been diagnosed themselves. It is very important to monitor your emotions and possible projections onto your clients. Remember that your experience is not your client’s experience. You and your client may have different world views, cultures, existential issues, and spiritual identities. What worked for you or was a problem may be different for your client. Notice and counteract your desire for your client to make particular choices.

Leave plenty of room for distress, and offer resources. Let your client discuss their fear of treatment or of dying. Use self-disclosure sparingly, or disclose in your advertising and let clients self-select whether they want services from a survivor.

Useful Print Reference and Self-Help Books

These resources may be useful for clients and practitioners. They are listed here with full references and do not appear in the reference list.

General

- Crowe, K., & McDowell, E. (2017). *There is no good card for this: What to say and do when life is scary, awful, and unfair to people you love*. San Francisco, CA: HarperOne.
- Friedman, S. (2014). *Zen cancer wisdom: Tips for making each day better*. Somerville, MA: Wisdom Publications.
- Goodhart, F., & Atkins, L. (2011). *The cancer survivor's companion: Practical ways to cope with your feelings after cancer*. Boston, MA: Little, Brown.
- Kaelin, C. M., Coltrera, F., Gardiner, J., & Prouty, J. (2007). *The breast cancer survivor's fitness plan: Reclaim health, regain strength, live longer (Harvard Medical School Guides)*. New York, NY: McGraw-Hill.
- Ko, A., Dollinger, M., & Rosenbaum, E. H. (2008). *Everyone's guide to cancer therapy: How cancer is diagnosed, treated, and managed day to day* (5th ed.). Kansas City, MO: Andrews McMeel.
- Love, S., Lindsey, K., & Love, E. (2015). *Dr. Susan Love's breast book* (6th ed.). Philadelphia, PA: Merloyd Lawrence.
- Port, E. (2015). *The new generation breast cancer book: How to navigate your diagnosis and treatment options—and remain optimistic—in an age of information overload*. New York, NY: Ballantine.
- Sontag, S. (1979). *Illness as metaphor*. New York, NY: Vintage.

Male Breast Cancer

- Boyages, J. (2015). *Male breast cancer: Taking control*. Beecroft, New South Wales, Australia: BC Publishing.
- Samuels, A. (2011). *Male breast cancer*. No city: CreateSpace.

Representative Memoirs

Never recommend memoirs to clients without first previewing them and discussing potentially triggering content. Instead, use these memoirs to learn more about the authors' experiences of having breast cancer. They are listed here with full references and do not appear in the reference list.

Female

- Hayden, J. (2015). *The story of my tits*. Marietta, GA: Top Shelf Productions.
- Jarvis, D. (2008). *It's not about the hair: And other certainties of life & cancer*. Seattle: Sasquatch.
- Lorde, A. (2006). *The cancer journals: Special edition*. San Francisco, CA: Aunt Lute Books.
- Marchetto, M. A. (2009). *Cancer vixen: A true story*. New York, NY: Pantheon.
- Nielsen, J., & Vollers, M. (2002). *Ice bound: A doctor's incredible battle for survival at the South Pole*. New York, NY: Miramax.
- Norton, M. (2009). *Lopsided, or how having cancer can be really distracting: A memoir*. London, England: Virago.
- Notaro, T. (2016). *I'm just a person*. New York, NY: HarperCollins.
- Rich, K. R. (2002). *The red devil: A memoir about beating the odds*. London, England: Methuen.
- Rich, K. R. (2010). *Dreaming in Hindi: Coming awake in another language*. Boston, MA: Mariner.

Male

- Herbert, A. F. (2016). *The pink unicorns of male breast cancer*. North Yorkshire, Great Britain United Kingdom: Blossom Spring Publishing.
- Johns, A. (2011). *The lump: A gynecologist's journey with male breast cancer*. Austin, TX: Live Oak Book Company.
- Kovarik, M. W. (2014). *Healing within: My journey with breast cancer*. Bloomington, IN: Balboa Press.
- Willis, J. (2008). *Saving Jack: A man's struggle with breast cancer*. Norman, OK: University of Oklahoma.

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- Breastcancer.org. (2018a). What is breast cancer? Available from https://www.breastcancer.org/symptoms/understand_bc/statistics
- Breastcancer.org. (2018b). U.S. breast cancer statistics. Available from https://www.breastcancer.org/symptoms/understand_bc/what_is_bc
- Breast Cancer Research Foundation (BCRF). (n.d.). Breast cancer statistics. Available from <https://www.bcrf.org/breast-cancer-statistics>
- CURE (Cancer Updates, Research & Education). (n.d.) Financial issues. Available from <https://www.curetoday.com/tumor/financial>

Substance Abuse and Mental Health Services Administration. (SAMHSA). (2012). Top health issues for LGBT populations: Information & resource kit (HHS Publication No. [SMA] 12-4684). Rockville, MD: Substance Abuse and Mental Health Services Administration. Available from <https://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf>

15. Affordable Housing Development and the Impact of Online (Mis)information in Deterring Inclusivity in an Affluent Suburban Region

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Abstract

This paper will examine the online perception of affordable housing in an affluent and largely segregated suburban region of New York State. The paper will address how the prevalence of inaccurate information in online messaging contributes to the challenges faced by communities seeking to move past fear and into inclusivity with regard to affordable housing development throughout the region. Examples of community organizing strategies that can be employed by human service professionals will be discussed at length. Specific attention will be provided to those strategies that begin with specific issues that individual communities are struggling with and utilize an empowerment approach to addressing these concerns through collaboration and advocacy efforts.

Introduction

Human service practitioners are frequently charged with “meeting people where they are” when working with various client systems. This is also true when working with communities and attempting to overcome bias regarding specific client populations. In order to most effectively impact systemic change, human service practitioners must attempt to understand public perceptions regarding human service priorities and underserved populations and develop mechanisms for combating misinformation based on fear and bias.

This paper will discuss public perceptions of “affordable housing” in an affluent suburban region in New York state that is currently experiencing an affordable housing crisis. An analysis of online campaigns related to proposed affordable housing development will examine the extent to which these campaigns are based on facts, assume inaccurate information about the future “beneficiaries” of affordable housing projects and serve to instill fear in the general public regarding affordable housing in general.

This paper will also make suggestions based upon the data regarding effective mechanisms for combatting misinformation online, alleviating fears related to inaccurate information and supporting communities as they move past fear and into inclusivity. While this presentation will focus on information related to the public perception of affordable housing, the discussion has implications for community organizing around a variety of human service issues.

Problem Statement

Long Island is the easternmost portion of New York state, just east of New York City, and is one of the most affluent and racially segregated areas of the country (Long Island Index, 2018).

While not actually experiencing a shortage of housing, Long Island is experiencing a scarcity of affordable and accessible housing that has become a crisis for our region.

For the purposes of this discussion, affordable housing is defined as housing that does not create a housing cost burden for households at varying levels of the area median income (AMI). Affordability can be defined at varying percentages of AMI (United States Department of Housing and Urban Development, 2018). According to the New York State Division of Housing and Community Renewal (2018) Long Island's median household income in 2018 was \$116,700 and affordability is frequently defined at 80, 100 or even 120% of AMI. Given the relative affluence indicated by Long Island's AMI, it is clear that housing affordability excludes many households at varying income levels.

The vast majority of Long Island's housing stock is not targeted toward households at or below the AMI for the region. In fact, despite state legislation requiring a percentage of all construction to be built at affordability standards, many Long Island communities remain out of compliance with the law (Office of the New York State Comptroller, 2018). As such, Long Island's limited new construction essentially excludes affordable units in many instances and there is no accountability of communities that do not comply with the state legislated affordable housing set aside. As a direct result of limited affordable housing stock, many households are living in housing that creates undue housing cost burdens as defined by the federal government (Department of Housing and Urban Development, 2018) or are living "doubled up" with friends and family or in substandard housing that does not meet accessibility or health and safety standards (Regional Plan Association, 2013).

The limited affordable housing stock on Long Island has also contributed to further racial segregation in the region. Communities with higher percentages of affordable housing, illegal rental properties (including basement apartments and subdivisions within single family homes) and overcrowded housing have historically housed larger percentages of minority and low-income households in the region (Institute for Attainable Homes, 2018). The housing crisis in lower income communities is further exacerbated by income disparities that are evident when considering income distribution across varying racial and ethnic groups (Ross, 2017). As a direct result of these disparities, efforts to build additional affordable housing across Long Island are frequently stymied by inaccurate assumptions about the residents of affordable housing units, the impact these housing units can have on the surrounding community and the need for affordable housing units across numerous socioeconomic categories.

It is important to note that Long Island currently lags behind our neighbors (New Jersey, Westchester County and Connecticut) with respect to affordable housing development (Moore, 2016). Because these regions are comparable with regard to income, racial and ethnic composition and other socioeconomic indicators, it is notable that they have experienced more success than Long Island with regard to developing affordable housing. This distinction is important because Long Island continues to experience a "brain drain" in our region, characterized not only by an exodus of young people, but also by retirees and businesses that relocate to other regions (Long Island Index, 2018). As we seek to reduce the exodus from our region, we will do well to consider the successes of our neighbors with regard to housing

development that focuses on ensuring a diverse housing stock for our community members. To best meet the diverse housing needs in our region, we will need to examine the barriers to affordable housing development.

Representations of Affordable Housing in the Media

Given the current challenges faced by affordable housing developers and advocates, as well as by those in need of said housing, the messaging associated with this housing becomes exceedingly important (Manuel & Kendall-Taylor, 2016). Currently, affordable housing initiatives throughout Long Island are presented in a negative light and, once popularized, it becomes challenging for developers, advocates and community leaders to counteract the impact of inaccurate messaging. Several general messaging themes will be discussed here. These themes include: proposed housing being targeted to a very small subset of community members, housing will be an overwhelming burden to the community, housing will present a threat to the generally accepted “way of life” and that the housing will be fundamentally different and stand out from other housing in the community. Each of these points merits further discussion.

Media Representation of Affordable Housing

New residences will benefit "others" not originating from the region

Affordable housing will be a burden to the community

Development will threaten the "way of life" in the region

Housing units will be fundamentally different from other housing in the neighborhood

The concept of affordable housing targeting a small subset of the community exacerbates the popularly held belief that this housing targets “others” and not people currently residing in the community (Long Island Index, 2018). This idea is problematic for several reasons, not the least of which is the racism inherent in the concept of “otherness”. Given the racial segregation inherent to many communities on Long Island, the strength of “otherness” as a deterrent to affordable housing cannot be understated. The racism inherent to this concept becomes clear when reading the “comments” and other online commentary associated with media coverage of affordable housing. Further, “otherness” assumes that the future occupants of affordable housing

units are not current residents of the community, or Long Island more generally (citation). This is untrue. In fact, the overwhelming majority of households that move into affordable housing units on Long Island already live and work in the region (Long Island Index, 2018).

Another argument associated with affordable housing focuses on it becoming an untenable burden for the communities in which they are located (Long Island Index, 2018). This assumption, frequently discussed on community discussion boards and in reaction to media coverage of affordable housing, is also untrue. Frequent media representations of affordable housing on Long Island include the idea that these units will contribute to further traffic congestion, overburdening of local school districts with a high volume of children and will not contribute their “fair share” with regard to property taxes (Regional Plan Association, 2013). The data does not support this assumption (Institute for Attainable Homes, 2018), yet community members frequently exaggerate or outright misrepresent the impact of these developments in online discussions and comments.

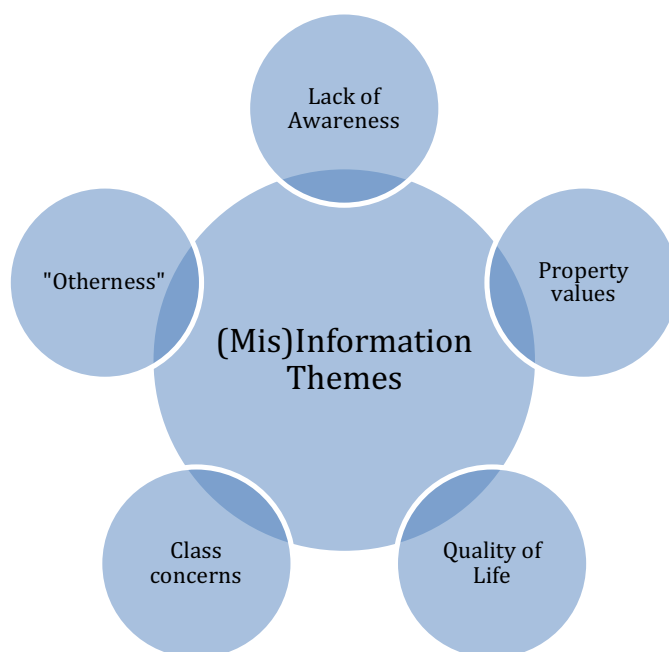
Given high property values on Long Island, multifamily housing is frequently proposed as a solution to our housing crisis, and as a viable mechanism to develop additional units in general (Center for Popular Democracy, 2015). Numerous communities throughout Long Island - for example the previously blighted Patchogue Village in central Long Island - have revitalized their downtowns and these revitalization efforts have centered around multifamily and affordable housing options in and surrounding their downtowns (Long Island Regional Planning Council, 2018). In fact, when asked about housing preferences, Long Islanders indicate that they are looking for more diverse housing options including multifamily and affordable housing, walkable communities and housing options that can meet our changing needs throughout our lifespan (Long Island Index, 2018). Despite this reality, online campaigns that oppose affordable housing in our region focus on imagined threats to Long Island’s “way of life” as a region predominantly composed of quiet bedroom communities. These statements contrast starkly with the reality that we are losing our young people to other regions of the country, that businesses are relocating elsewhere because their employees cannot afford to live here and that our seniors are leaving Long Island when they retire.

An additional theme that is common in online discussions and responses to affordable housing development, focuses on affordable housing as being fundamentally different from other housing in our region (Long Island Index, 2018). Misinformation campaigns frequently characterize affordable housing as large scale “projects” that are more appropriate in an urban rather than suburban setting. In reality, these housing units blend perfectly with the communities within which they are sited and, in fact, are approved by local municipalities prior to their development. Despite this reality, online campaigns seek to exploit people’s fear, as well as the above mentioned fear of “otherness” to facilitate opposition to affordable housing development.

Misinformation Themes

Online misinformation themes appear to appeal to individual self-interest and clearly illustrate trends that are mirrored nationwide with regard to affordable housing development (Scally & Tighe, 2015). On Long Island, these themes tend to focus on the following: lack of awareness

regarding who actually benefits from affordable housing, unfounded concerns regarding property values, general quality of life concerns, class conflict and “otherness”. Unless each of these concerns are addressed adequately, it is unlikely that communities throughout Long Island and nationwide will meet with success regarding affordable housing development.



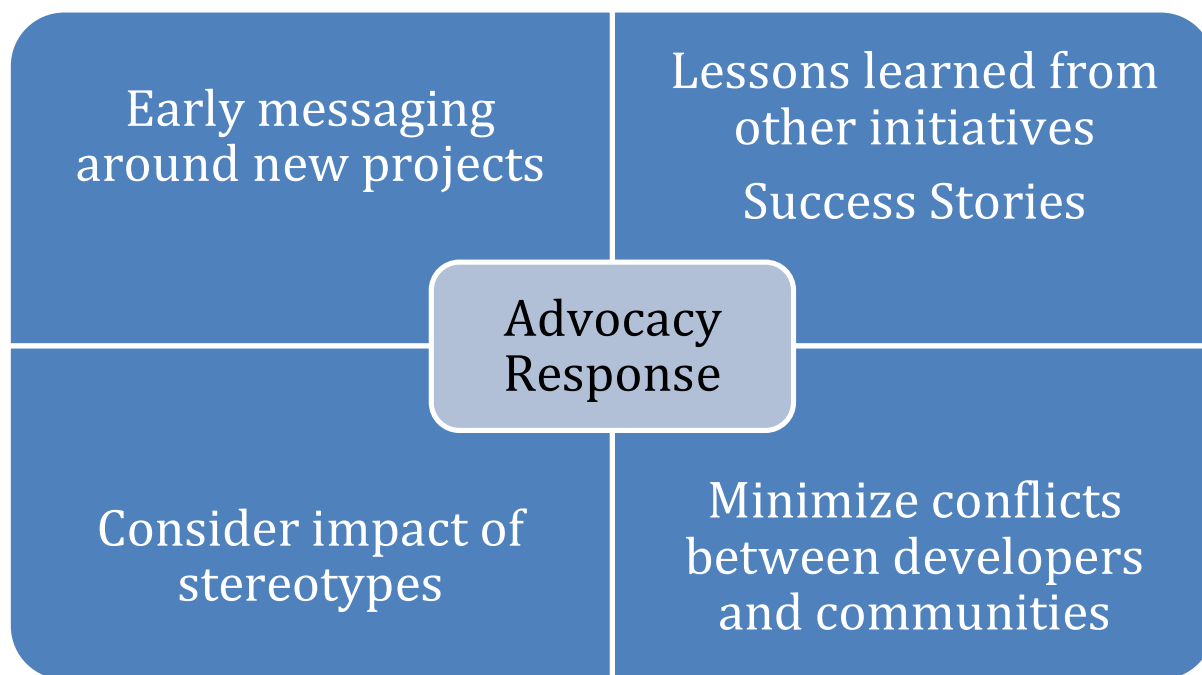
As discussed above, these themes are not based on actual facts but, rather seem to result from self-interest regarding the impact of each of these factors on the lives of respondents. Given the extent to which racial segregation shapes many Long Island communities, it is impossible to ignore the racism present in many online campaigns opposing affordable housing development on Long Island.

When asked generally about their housing needs (Long Island Index, 2018), Long Islanders repeatedly indicate a desire for more affordable and multifamily housing, more rental housing, walkable communities and an increased diversity of housing options to meet the regional need of households across the lifespan. These responses seem inconsistent with the online opposition campaigns that become so prevalent with the proposal of any new affordable housing development, until the reader considers context. Long Islanders DO want more affordable housing, we just want it located in neighborhoods other than our own. We DO want more multifamily housing, as long as it cannot be seen from our single family homes and will have no impact on the local school district. And, perhaps most concerning, our online opposition to affordable housing is consistent with our core values and beliefs about the expected inhabitants of these units. In no other venue are our biases regarding affordable housing residents more clear than in the our online exchanges opposing affordable housing development.

Advocacy Response

Human service practitioners have a significant role to play in the advocacy response to affordable housing opposition throughout Long Island. There are numerous mechanisms human service professionals can implement to impact the development of affordable housing in our region.

Perhaps most notably, supporters of affordable housing development need to begin messaging for their projects early and often and will tie this messaging to the positive broader impacts that affordable housing development can have on the region (O'Neill, Volmert & Kendall-Taylor, 2018). Since many of the concerns surrounding affordable housing are not based on facts, and tend to exclude regional improvements such as workforce participation and increased educational attainment, it is of paramount importance that proponents ensure the availability of accurate information. Since it is difficult to correct misinformation once it is widespread, the burden is on advocates to ensure that accurate information is readily available to a diverse constituency. By controlling the messaging of affordable housing campaigns early and often, human service professionals and other affordable housing proponents can limit the impact of misinformation campaigns.



Affordable housing advocates will also do well to learn from the experiences of other campaigns throughout our region. Long Island is comprised of an extensive network of townships, villages and municipalities each requiring their own set of zoning laws and regulations. Learning how to navigate these systems, while also identifying and engaging community leaders, can quickly become overwhelming for affordable housing supporters with limited resources. Advocates will do well to consider the extent to which strategies that work in one community may work in

another. Further, encouraging close collaboration between developers and community leaders can reduce or eliminate future conflicts around the proposed development and the needs of the community (Sally & Tieghe, 2015). Not only does this collaboration encourage successful development, but it can also reduce the time it takes for projects to be developed, reduce the overall cost of the project (by reducing carrying costs through expedited development) and potentially expand the resulting number of affordable units in construction.

Publicizing success stories can also help dispel the myths surrounding affordable housing development. This can include a variety of strategies including impact studies that demonstrate the economic impact of community revitalization and connecting community leaders that have previously participated in affordable housing campaigns with those who are currently considering involvement in their community (Sally & Tighe, 2015). As with other strategies, collaboration between stakeholders will have a significant impact on the success of a future project.

Perhaps the most challenging component of the advocacy response to affordable housing development on Long Island includes the response to stereotypes and racism endemic to its opposition. As previously discussed, much of the public opposition to affordable housing stems from our own biases and beliefs held about future residents of these proposed projects, many of which are rooted in our own prejudices (Grant, 2018). It seems clear that successful campaigns will focus on changing the hearts and minds of community members. While there does not appear to be an end to racism in sight, explicitly addressing the housing issues on Long Island related to segregation and discrimination will open doors for discussing the impact of racism on affordable housing development (Gross, 2018). It seems that human service professionals are well positioned to lead these initiatives.

Implications

The implications of this paper are far reaching. With regard to affordable housing development, it is clear that self-interest and deeply held values impact the public response to these initiatives, regardless of the lack of factual support for these beliefs. While initially discouraging, these patterns provide extensive opportunity for human service practitioners to educate the public regarding the true benefit to affordable housing, as well as diverse and accessible housing stock, for the entire region. While factors such as racial and class prejudice remain factors that will likely take generations to eradicate, affordable housing advocates will do well to seek to address these issues while also appealing to individual self-interest by illustrating the economic and social benefit that affordable housing provides to the entire Long Island community.

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16. Food Insecurities on College Campuses; Creating Initiatives that Work

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Jessica Mafera, B.S.

Abstract

Food insecurities with college students are often a silent crisis. Students who are hungry rarely reach out for assistance. Their symptoms are easily overlooked and misconstrued as being caused by other factors. As educators and human service professionals, it is important to have the knowledge and resources to accurately identify and assist students who are suffering from food insecurities. Hunger affects students' abilities to be successful in their educational goals. This paper presents information on the root causes of food insecurities on campuses, who is at risk, and how to identify students who need food resources. Examples are provided on initiatives that work on college and university campuses. Start-up packets for campus food pantries are explained along with barriers that may be experienced with new initiatives. A summary of food security resources is provided for human service professionals to use.

Introduction

Kayla missed most of her 9:00 AM Basic Interviewing classes. When she did attend, she seemed distracted and did not participate in class discussions. She did poorly on her first exam and, when asked, told her instructor she had a bad headache on the day of the exam. She seemed irritated that her instructor had broached the subject with her. Kayla may be perceived as a disinterested student who is not ready for the rigor of higher education. However, the reality is that Kayla is hungry. She is tired and distracted from lack of basic nutrition. Hunger on campuses is a silent epidemic. Broton and Goldrick-Rab (2017) stated that up to 50% of college students have reported food insecurities, and 20% have experienced hunger in the last month (p. 18). It is difficult for students to succeed when their most basic needs are not being met. Food insecurities decrease a student's ability to comprehend and retain information and ultimately affects their degree completion. Food insecurities at the higher educational level can be caused by numerous catalysts including: the rising costs of tuition, (Farahbakhsh, et al., 2017), inadequate meal plans, lack of adequate income, lack of support services, and lack of close food sources. Those at highest risk for food insecurities are: first-generation students, those who experienced food insecurities while growing up, financially independent students, and international students.

Hunger on college campuses is at an epidemic level. El Zein, Mathews, House, and Shelnutt (2018) found that 42% of college students experience food insecurity. Goldrick-Rab, Richardson, Schneider, Hernandez, and Cady presented the statistics differently; they specified that 56% of *college* students are food insecure whereas 36% of *university* students fall into that category (2018, para. 3). The College and University Food Bank Alliance (CUFBA) confirmed food insecurity among students of higher education is four times greater than that of the general

population (2015, p. 6). Faculty and staff who are knowledgeable on food insecurity are able to assist with initiatives on emergency food distribution and dining options on their campuses (Payne-Sturges, Tjaden, Caldeira, Vincent, & Arria, 2018, p. 394).

Delineating the Problem

Is food insecurity synonymous with hunger? Experiencing hunger is a symptom of food insecurity, but the terms are not interchangeable. “Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, or the ability to acquire such foods in a socially acceptable manner” (Anderson, 1990, p. 1557; Goldrick-Rab, et al., 2018, p. 4). There are different severities of food insecurity that affect students. El Zein, et al. (2018) identified the four levels.

1. High food security: Students at this level have no problems in accessing enough healthy food.
2. Marginal food security: Students at this level experience some anxiety over having enough food.
3. Low food security: Students who are in this category have poor-quality food available to them, and they have very little variety in their diet.
4. Very low food security: This level is characterized by frequently missing meals and consuming an inadequate amount of food when they do eat. Very low food security is associated with the physiological sensation of hunger (Goldrick-Rab, Richardson, Schneider, Hernandez, & Cady, 2018). Twenty percent of college students fall in the very low level of food security (Broton & Goldrick-Rab, 2017).

Causes of Food Insecurity on Campuses

Food insecurity is a complex problem. The causes are multifaceted, and most are out of the student’s control. The rising cost of fees and tuition is a root cause and a catalyst for other problems that lead to lack of food (Hanabazaza, et al., 2017). Student loan amounts or financial aid may not be enough to cover food costs. For those institutions who have meal plans, they may not be affordable for students.

Many colleges and some universities are in the middle of a food desert. This is a geographical area in which it is difficult to purchase affordable or quality food. Students who live on campus may not have transportation to grocery stores. Many first-generation students qualified for free lunches in high school; unfortunately, this service does not extend to higher education. Other students and their families relied on the Supplemental Nutrition Assistance Program (SNAP) to supplement their nutritional needs. Once an individual turns 18 and is at least a half-time student, this benefit is difficult to receive. Students may have difficulty understanding how to navigate the application process and meeting the requirements of SNAP. Goldrick-Rab, et al., (2018) shared that most students are required to work a minimum of 20 hours a week to receive SNAP.

Lack of financial management skills can be another cause of food insecurity. Many students originate from families who have learned to be financially resourceful. They followed budgets and were able to make meals at home that were nutritional and affordable. They were selective where they shopped and were careful to buy items that were on special or were being promoted by coupons. Unfortunately, these skills are often not translated to their children to aid them in independent living. Students report difficulty finding time to budget and eat healthy (Watson, et al., 2017). For most students, college is the first time they are living away from home. The start of the semester is a bill-dense time in most institutions. Rent, tuition, books, and course fees are all typically due within a few weeks of each other. It is often during these times that students experience food insecurity. Because of a lack of knowledge in financial management skills, students are not able to budget or plan accordingly for these costs.

Who is at Risk?

Understanding who is at risk of food insecurity can aid in developing interventions that will assist them. Although any student may be at risk of being hungry, depending on their current situation, there are student groups who have been identified as having the highest risk. International students are especially susceptible to food insecurity. They have higher tuition yet are not eligible for domestic student loans or SNAP. If they are from a developing country, the exchange rate of currencies can be detrimental to their budget, thus increasing the chances of not having enough money for food (El Zein, et al., 2018, p. 1170). In addition, international students' visas restrict their employment opportunities (Hanabazaza, et al., 2017, p. 208). El Zein et al., (2018) reported that 56% of international students reported they were stressed due to their financial difficulties.

Pell grant recipients have more risk factors for food insecurities than students who do not receive Pell grants (Broton & Goldrick-Rab, 2016; El Zein, et al., 2018). Students who have experienced food insecurity in their past are also at high risk. First generation students also suffer an increased risk of experiencing hunger while on campus. They may lack a mentor who understands the college experience and who can prepare them to have their basic food needs met. Surprisingly, students who work longer hours are at high risk of food insecurities. Goldrick-Rab et al., (2018) reported that 51% of students who worked 40 hours or more a week were listed as food insecure (p. 22).

Consequences of Food Insecurity

Food insecurities affect both students and their campus. Broton and Goldrick-Rab (2016) discussed Maslow's hierarchy of needs and the importance of college students' basic needs being met before they can begin to learn (p. 39). Students who are hungry do not feel safe and are unable to process academic information from their coursework (Broton & Goldrick-Rab, 2016). This affects degree completion and ultimately affects retention rates. Delayed graduation rates are common in students who have food insecurities (Payne-Sturges, et al., 2018). Reduced graduation rates negatively affect budgets, which, in turn, cuts down on funding for student services. Endeavors to increase retention rates need to be expanded to include attention to material hardships (Broton & Goldrick-Rab, 2016).

Food insecurity impacts students at an emotional, physical, and environmental level. Food insecurities are associated with higher rates of emotional distress, anxiety, and depression (El Zein et al., 2018; Hanabazaza et al., 2017; Watson et al., 2017). Furthermore, each of these factors can affect students' attendance and academic performance. Lack of academic success, difficulty in concentrating, and poor grades are common in students who have food insecurity (El Zein, et al., 2018). Fatigue and disrupted eating patterns may also be noted as consequences of food insecurity (Fram, Frongillio, Fishbein, & Burke, 2014).

Food insecure students may not have textbooks or other required materials. Peers may observe that they isolate themselves, refuse to go out to eat with friends, and ask to borrow money. In addition, food insecure students may delay paying bills and refuse to seek out medical or dental care, even when it is highly needed (Broton & Goldrick-Rab, 2016, p. 18). In addition, they may sell personal items for cash.

How Human Service Professionals Can Help

Human service professionals can make a difference to help students who are food insecure. If a food pantry exists on their local college campus, they can help educate faculty, staff, students, and the community about its existence. A written plan or concept map can be created to plan how each entity will be informed of the pantry, its services, and its needs. If a pantry is not on their local campus, human service professionals can be the catalyst for their campus to start the process of creating one.

Food pantries are a type of emergency aid used to alleviate food insecurity temporarily, but they do not solve the problem. It is equally important for human service professionals to investigate preventive strategies for their campus. Following are suggestions for both preventive and alleviation strategies.

Preventive Strategies

Prevention strategies will not be able to eliminate food insecurities on campus. However, they can lower the instances of food emergency situations amongst students. Creating a university and community-based food map can identify services that are already in place and those that are lacking. Kaiser, Rogers, Hand, Hoy, and Stanich (2016) explained that food mapping can show areas that are food deserts (i.e. no affordable, healthy food is available for purchase) and those that have no community-based food banks. The results of this assessment can be used as a first step to creating more easily accessible food distribution sites. The United States Department of Agriculture (USDA) has a short-item quiz available to identify if institutions have a high population of 'at risk' students. Information on this assessment can be located in the Resources for Human Services Professionals section at the end of this paper.

Another preventive measure is to help students obtain food literacy. This concept refers to a student's ability to have basic food preparation skills and knowledge of what foods are needed for a healthy diet. It can also include knowledge of how to eat well on a restricted income. Food

literacy has four domains: planning and management, selection, preparation, and eating (Watson, et al., 2017, p. 132). Academic culinary arts programs can be invited to provide demonstrations of cooking healthy food on a budget. These demonstrations should be located at a site that students frequent on campus. Food samples as well as information on campus and community food banks can be distributed. Working with academic affairs to include general education requirements that target food and financial wellness skills in coursework can help promote food literacy.

Advocating for long-term changes in government policies can produce long-term preventive measures. Petitioning legislators for Pell grants to cover living expenses can assist students in covering housing and food costs while they attend college. Promoting more lenient guidelines for SNAP for full-time students and allowing international students to apply for SNAP can assist with food security (El Zein, et al., 2018). Promoting the expansion of the federal school lunch program to college students and encouraging campus food vendors to accept SNAP can also be strong preventive measures (Brotton & Goldrick-Rab, 2016, p. 17).

Working with school administrators, academic affairs, student governments, and deans of students can also have long-reaching results. The development of food scholarships and college-sponsored food vouchers have been successful in community colleges (Goldrick-Rab, Brotton, & Hernandez, 2017). Developing a Single Stop resource on campus to assist students in enrolling in SNAP and other needed resources can prevent emergency food needs (please refer to the Resources for Human Services Professionals section at the end of this paper for more information on Single Stop). Working with academic affairs to allow students to share meal plan swipes that are going unused is a resource many colleges have implemented (Goldrick-Rab, Richardson, et al., 2018).

Human service professionals can connect with student government, student life, and student clubs as potential support systems. They can assist in sponsoring school gardens on campus or at student housing. The gardens serve as a food source and assist with food literacy. Watson et al., (2017) suggests contacting farmers and grocery stores to create farm-to-table programs on campus. Each prevention measure that is initiated will assist in lowering food insecurities on campus.

Alleviation Strategies

Alleviation strategies are used to help students who are currently experiencing food insecurities. Many colleges already have food pantries located on their campus. It should be noted that a food pantry is different than a food bank. A food bank is usually a large warehouse where collected food is stored and later distributed to social service agencies and food pantries (College & University Food Bank Alliance, 2015). Food pantries are located in neighborhoods throughout cities and directly distribute food to those in need. The College and University Food Bank Alliance (CUFBA) is an organization that began in 2012. It works to alleviate student hunger. CUFBA offers free consultations on establishing a food pantry, and it provides a Food and Fundraising Toolkit. Additional information on CUFBA is located in the Resources for Human Services Professionals section at the end of this paper.

During the beginning stages of developing a campus food bank, there are a number of steps that should be taken. 1) Conduct a needs assessment that includes students, faculty, and staff. It is important to have a team of people to take inventory of what is available and what is still needed for a successful pantry. Human service professionals can play a vital role in a ground level team such as this. Since problem solving, human connection, and organization are often second nature to human service professionals, this skillset can be indispensable in the beginning stages of a food pantry. 2) Consider communicating with similar institutions that have started food pantries. CUFBA helps connect institutions to offer support. 3) Determine the amount of space needed for the pantry; this will be based on the type of pantry that is designed. Some are simply large closets, and volunteers gather food items for students. Another option is to set up the pantry so that students can browse the shelves and take only the items they feel they will use. 4) Consider Establishing an agreement with local food banks. Although most food banks charge for items, it is at a nominal cost. 5) Human service professionals or students can assist the food pantry in reaching out to service clubs on and off campus to partner with the pantry in fundraising and food collection. 6) Work with an accountant or business manager on campus to establish a three-to-five-year fiscal plan to ensure sustainability. 7) Be sure to understand food pantry regulations. Websites for this can be found in the resource section at the end of the paper. 8) Volunteer training is essential for the food pantry to run effectively. In the appendix section of the paper is an example of volunteer strategies that the second author created while working as an intern in The Pantry at Purdue University Fort Wayne.

Barriers to Helping Food Insecure Students

One of the biggest challenges of campus food pantries is that only 15.6% of students who are food insecure report using food pantries (El Zein, et al., 2018, p. 1166). Students listed the main barriers as: social stigma and embarrassment, lack of information on the policies of the food pantry, fear of being identified, and lack of adequate hours of operation (El Zein, et al., 2018, p. 1169). To aid in banishing this stigma, many campus food pantries are operating in a grocery store or shopping style. This design aids in returning dignity to the student. Another barrier is how students perceive food pantries. Careful marketing can assist in this area. One option is to promote a pantry as a wellness area for students to visit for recipes, nutritional information, and food items.

Using social media to provide information on how food pantries work and to list their hours can remove one of the barriers students have listed. Expanding hours of operation into the evening and providing some weekend hours will make it more convenient for students. Goldrick-Rab, Richardson, et al., (2018) reported students would like food pantries open during academic breaks and at least one food destination on campus to be accessible during breaks. Including all of this information in new student orientation packets and on syllabi will help in marketing efforts (El Zein, et al., 2018). The manner in which food pantry workers interact with students is also key to reducing the negative stigma of accessing food pantries. Training workers on positive and supportive communication skills is important. Upper level human service students can facilitate in this area.

Resources for Human Services Professionals

The following list and summaries have been provided by the authors. Included are: resources to start a food pantry, national and local projects, research, journal articles, and reports. There are also links to assessment forms and there is information on how to apply for SNAP. Information on workshops and suggestions for student engagement can be found at the websites listed.

College and University Food Bank Alliance (CUFBA)

www.cufba.org

CUFBA is the most comprehensive food pantry resource for universities. This online forum is a place where emerging or established university food pantries can correspond with other member institutions. Membership is free, and the advantages include: connection with other college and university food pantries, support, training, and resources for campus food banks/pantries that primarily serve students. Resources include an in-depth startup kit, a food/fundraising toolkit, a how-to manual, and a tab where individual states can share resources.

The Hope Center

www.hope4college.com

This nonprofit research center focuses on the non-academic challenges facing college students across the United States. Human service professionals will find the website is easy to navigate while offering numerous publications that include guides and tools on campus assessment www.hope4college.com/guides-and-tools/. With current projects ranging from national surveys to experimental programming in housing affordability, the Hope Center provides opportunities for involvement. One of their projects focuses on a community college that awards food scholarships. The website also has links to journal articles, books, and reports focusing on food insecurities on college campuses. The Hope Center also houses a page dedicated to current news events offering links to news reports on material hardships on college campuses.

Regulations for Donated Food

<https://www.fns.usda.gov/fdd/regulations> and <https://www.federalregister.gov/documents/2016/04/19/2016-08639/requirements-for-the-distribution-and-control-of-donated-foods-the-emergency-food-assistance-program>

These websites provide federal regulations on the donation, storing and distribution of donated foods.

Single Stop

www.singlestopusa.org

Single Stop is an online resource connecting individuals and families in poverty with support services. This website is being used in community organizations and veterans' organizations as well as in colleges and universities. Human service professionals' holistic training pairs well with the "one-stop-shop" model of Single Stop. This website is committed to ensuring the

multitude of resources that are available reach those who need it most. Single Stop works with college students to assure they have food, transportation, health care, and housing. Specifically, Single Stop can help students access food stamps and the Earned Income Tax Credit. Human service professionals can take action by establishing a local single stop site at their institute of higher education. Partner with Single Stop here: www.singlestopusa.org/newpartners/

US Department of Agriculture (USDA)

www.usda.gov/topics/food-and-nutrition/

On the USDA website, there is a thorough list of programs available to the public. Human service professionals can use the 6-Item Short Form USDA Household Food Security Model to assess students for food insecurity. The form can be found at:

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools.aspx#six>

There is also information on the supplemental food assistance program (SNAP) and differential food distribution programs.

National Student Campaign against Hunger and Homelessness

www.studentsagainsthunger.org

This organization is committed to ending student hunger and homelessness by training and teaching students while still advocating for the needed systemic change. Human service students or programs can become involved by organizing a hunger and homelessness awareness week on their campus, or take part in other programs offered on www.studentsagainsthunger.org/about/.

Student Government Resource Center

www.studentgovresources.org/mission/

Human Services Students can find existing campaigns to bring to campus and resources to advocate for their student body. Some resources include workshops, consulting services, and several toolkits which correspond to current campaigns.

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Appendix

Volunteer Strategies for the Pantry at Purdue University Fort Wayne Handout created by Jessica Mafera

Volunteer Recruitment & Retention

- Develop waiver releases / confidentiality agreements
- Have volunteers complete online FERPA training
- Recruit volunteers from Student Organizations
- Recruit from departments requiring community service or volunteer hours
- Develop basic volunteer job descriptions
- Develop a post volunteer survey

Volunteer Questionnaire

- Name
- Phone number
- Email
- Availability
- Is it part of class requirements? / What prompted you to volunteer for the PURDUE UNIVERSITY FORT WAYNE food pantry?
- Preferred position of volunteering? (i.e. stacking and stocking, front desk, graphic design, marketing, fundraising, assist guests, etc)

Post Volunteer Survey

- Would you volunteer again?
- What did you like best?
- What do you feel could be improved?
- Comments/questions/concerns?

Training/Orientation

- Appropriate food safety regulations (have a copy somewhere in food pantry, donated by local food pantry)
- Online Purdue FERPA training and quiz
- What to do with cash donations
- Chain of command
- Instruction and teaching of supplemental student resources provided at PURDUE UNIVERSITY FORT WAYNE and in the community
- Policies and procedures of the food pantry
- Understand funding sources
- Understanding their impact on alleviating hunger in NE Indiana

Volunteer Job Positions/Descriptions

Front Desk Associate

- Job Brief
 - Looking for a cheerful, compassionate, and conversational student willing to interact with guests in the food pantry.
- Responsibilities
 - Check out guests
 - Track and record food/items leaving and coming in during shift
 - Direct those donating to correct locations
 - Greet guests as they enter
 - Answer questions of campus and community resources as needed
- Requirements
 - Confidentiality waiver
 - FERPA training
 - Knowledge on resource material
 - Training of food pantry materials tracking
 - Orientation of the PURDUE UNIVERSITY FORT WAYNE Food Pantry

Marketing Assistant

- Job Brief
 - Seeking an organized, confident, and technologically capable student to assist in promotion of the food pantry.
- Responsibilities
 - Assist in the promotion of U CAN CRUSH HUNGER and CANSTRUCTION
 - Assist in marketing and advertising of fundraising events
 - Work at events and student fairs as needed
 - Establish a social media presence for the food pantry
- Requirements
 - Experience in fundraising or similar activities is preferred
 - Orientation of the food pantry
 - Confidentiality waiver
 - FERPA training
 - Strong oral and written communication skills

Organizational Worker

- Job Brief
 - Seeking an organized, self-starter, and positive individual to assist in the organization of the food pantry
- Responsibilities
 - Organize donations
 - Label, sort, and stack donations
 - Stock shelves
 - Record and track donations
 - Assist guests with questions
 - Help to bag guest items

- Requirements
 - Orientation of food pantry
 - Confidentiality waiver
 - FERPA training

Donation Collection

- Job Brief
 - A student needed to assist in gathering donations from food bins and other outlets of donation through-out campus
- Responsibilities
 - Assisting in gathering from all food bin locations
 - Assistance during the U CAN CRUSH HUNGER campaign
 - Transporting and tracking donations according to the procedures of the food pantry
- Requirements
 - Knowledge of correct locations for bins and where to place donations
 - Confidentiality waiver
 - FERPA training
 - Golf cart passenger waiver
 - Orientation of the food pantry

17. Controlling Elder Abuse in the Real Moment through a Multidisciplinary Collaborative Approach

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Abstract

Elder abuse is a serious human rights violation against people ages 60 years and over. Globally, the issue of elder abuse affects approximately 15.7 %, as reported by people aged 60 years and older (World Health Organization [WHO], 1998). Elder abuse has become a significant public health issue with great economic costs (National Center on Elder Abuse [NCEA], n.d.). According to studies of Medicare by Levinson (2018), approximately 10 % of elder adults experience some form of abuse, neglect or exploitation. People with dementia are at an increased risk, with 52 % enduring some form of abuse and mistreatment (Alzheimer's Association, 2017). Most cases remain undetected (NCEA, n.d.). The government accountability office discovered that 15 % of care evaluations overlooked excessive noncompliance issues, which are related to the immediate danger or harm of an older adult in nursing homes (Phelan, 2015).

Elder Abuse: An Introduction

Elder abuse is an act of omission or commission by a person who stands in a trust relationship that results in harm or threatened harm to the health and welfare of the older adult (NCEA, n.d.). Elder abuse is often committed by someone the victim knows well and has a relationship with.

Experts report that information and awareness on elder abuse lags behind child abuse and domestic violence by approximately 20 years (NCEA, n.d.). Elder abuse, neglect, and exploitation are often overlooked and under-addressed in the criminal, civil and family social service system (Joosten, Vrantisidis, & Dow, 2017). Currently, there is insufficient knowledge about the indicators of abuse, neglect, and exploitation and reporting requirements across the social service systems, criminal justice system, and professionals in allied disciplines in the United States.

NCEA (n.d.) described the variability of elder law in state comparisons. Every state in the United States has an Adult Protective Services law with its own definitions. Each state may use their own definitions and may use other relevant civil or criminal laws. Definitions vary from law to law and from state to state. Each state varies with regard to criminal adult protective service laws, and those laws tend to be inconsistently applied. The lack of specialized elder abuse units in law enforcement agencies impairs their ability to protect its older adult populations (Deane, 2018). Due to the lack of elder abuse professionals, courts, dockets, and staff trained to identify potential cases of elder abuse there is an increase in victims experiencing repeated incidents of victimization.

Statistics of Elder Abuse in America

The population of those 65 years and older, 49.2 million, is socially and ethnically diverse (NCEA, n.d.) and is expected to double to over 98 million by 2060. The most prevalent of the risk factors for elder abuse in the United States is that of cognitive decline, followed by financial exploitation. In the United States, the older adult population of abused seniors is three times more likely to die than non-abused seniors (Deane, 2018; Hawes & Kimbell, 2010). The National Council on Aging (NCOA) (NCOA, 2017) states that approximately 1 in 10 older adults are abused each year. The National Institute of Health (2015) posits that abused, older adults are more likely to be placed in a nursing home than a non-abused senior. NCOA (2017) estimates that only 1 in 23 elder abuse situations are reported to the authorities. Incidents are rarely reported due to the elderly being afraid to report the abuse to family, friends, or authorities. Therefore, prevalence rates could be greatly underestimated. Although rigorous data is limited, estimates are high considering available studies on the number of older adults affected by abuse.

Why Are Older Adults More Vulnerable to Abuse?

Older adults tend to be more vulnerable to abuse due to issues with Alzheimer's disease or dementia, social isolation, cognitive impairments, and depression. They are subject to caregiver stress, an inability to fend for themselves both emotionally and physically, and they may be dependent on their abusive care provider (Alzheimer's Association, 2017).

Risk Factors

The risk factors that may increase the potential for abuse of older adults can be identified at individual, relationship, community, and socio-cultural levels (NCEA, n.d.).

Individual: Poor physical and mental health of the victim, mental disorders, drug and/or alcohol abuse, gender of victim and shared living situations.

Relationship: Shared living situations with spouse, or adult children are more likely to perpetrate abuse.

Community: Social isolation of caregivers and older adults who are care dependent.

Socio -Cultural: Ageist stereotypes – where seniors are depicted as weak, frail or dependent.

Causes of Elder Abuse

Many causes of elder abuse result from complex interactions among factors at the individual, relationship, community and societal levels. As human and social services professionals and members of multidisciplinary teams, we need to understand that these factors interact. There is also the increased incidence of dependence on care providers, abuser's own problems, attitudes, ageism, lack of elder abuse awareness, stigma, stereotyping of the elderly that are experienced by

the older adult (Hawes & Kimbell, 2010). Other possible causes of elder abuse that surface are feelings of entitlement, history of domestic abuse, history of mental illness of the senior or caregiver, intergenerational abuse or violence and addiction to alcohol, drugs (Hawes & Kimbell, 2010).

Impact of Elder Abuse

This elder abuse crisis has harmful impacts at all levels of our society. Older adults who have experienced abuse have a 300 % higher risk of death compared to those who have not experienced abuse (NCEA, n.d.). Elder abuse injuries in the United States are linked to an estimated \$5.3 billion in annual health expenses (NCOA, 2017). Pillemer, Connolly, Breckmam, and Spreng (2015) state that most of the adverse cases that occur in skilled nursing homes, hospitals and long-term care facilities are found to be preventable and are estimated at \$2.8 billion in Medicare hospital expenses. Elder abuse creates excessive suffering, illness, or premature death. There are also the increased problems of economic losses and caregiver hardship.

Types of Abuse

According to the NCEA (n.d.) there are seven types of elder abuse. The ability to understand and know the differences between the various types of elder abuse is extremely important. Each type of abuse has its own signs. NCEA (n.d.) reports types of abuse and percentages as:

- Neglect 58.50%,
- Physical abuse 15.70%
- Financial exploitation 12.30%
- Emotional abuse 7.30%
- Sexual abuse which unfortunately poorly misunderstood and under-researched.
- All other types of abuse 5.10%
- Unknown 0.06%

Types of Abuse

The NCOA (2017) provides descriptions of abuse types, summarized below.

Physical Abuse

Examples include hitting, pushing, shoving, slapping, kicking, biting, shaking, pinching, punching, locking a person up, restraining a person from movement, not allowing use of bathroom, not feeding them, not allowing them to go outside, alienating them from family and friends, using weapons against them.

Signs. Broken bones, skull fractures, bruising, welts, marks from ropes, lacerations, open wounds, sprains, broken eyeglasses, evidence of restraining devices.

Psychological Abuse (verbal abuse)

Blaming, insulting, belittling, threatening and intimidation, ridiculing beliefs and traditions, humiliation, isolation and stalking.

Signs. Elder unresponsive, not communicating, withdrawn, emotionally upset, unusual behaviors mimicking dementia, report from the elder indicating verbal or emotional maltreatment.

Financial Abuse

Includes theft of social security and pension checks and savings, forcing or coercing withdrawal of funds, deception to get money (such as scams in person, mail, phone, computer), identity theft, jewelry, property and valuables.

Signs. Caregiver's name on the elder's bank card, change in bank account and large amounts of funds withdrawn, changes in legal documents, use of the elder's ATM card without permission, disappearance of elder's possessions and funds, forged signatures, providing unnecessary services, transferring of assets to someone other than in the family, reports from elderly of financial exploitation.

Sexual Abuse

Nonconsensual sexual contact, involving them in sex acts, exhibitionism, and sodomy etc.

Signs. Unexplained STDs, unexplained genital infections, bruises on breasts and genitals, bleeding from anus or vagina, underwear that is stained with blood or torn.

Neglect /Abandonment

Failing to provide the needs of an older adult such as food, shelter, clothing, hygiene, health care, social interaction.

Signs. Allowing a person to live in unsanitary living conditions or hazardous conditions, untreated bed sores, malnutrition, dehydration, abandoning a person at a public place, nursing facility or hospital.

Consequences of Elder Abuse

The consequences can be devastating. Emotional distress, financial loss, poor quality of life, increased mortality and morbidity, loss of property and security all affect the older adult.

Victimization by Perpetrator

In 2015, approximately 51% of violent crime against people ages 65 and older involved victims who did not know their perpetrator (NCEA, n.d.). Twenty-six percent of these violent crimes were committed against people who knew their victim and 18% were committed by a relative or an intimate partner (NCOA, 2017). The breakdown of confirmed perpetrators according to the NAPSA (2016) and NCEA (n.d.) shows that perpetrators of elder abuse were: 40% adult children, 15% spouse, 9% grandchildren, other at 9%, other relatives at 8%, parents at 6%, siblings 6%, service providers 3%, friends 1%, and unknown 1%.

Ageism

Elder abuse is an extreme form of ageism. Ageism remains one of the least recognized forms of oppression. It intersects with other forms of oppression such as gender, race, and class (WHO, 2018). Older adults suffer structural and societal abuse. They also primarily blame both the government and the structural factors for the abuse and mistreatment they suffer. Older adults also view abuse prevention and intervention as a governmental responsibility. Societal abuse is defined as the most critical of elder abuse as it is often the root cause of other forms of elder abuse (NCEA, n.d.). Some forms of systemic elder abuse are inadequate pensions, national economic crisis, in adequate accommodations, impact of the changes in social roles, in adequate programs and in adequate funding and access to health and social services.

Multidisciplinary Collaboration

Some multidisciplinary efforts can effectively address elder abuse neglect and exploitation, while others offer improvement of systematic community response to elder abuse. Multi-disciplinary partnerships can assist in effectively responding to individual cases. Such multidisciplinary teams can include human and social service professionals, judicial officers, Adult Protective Services, law enforcement officers, financial abuse specialists, health professionals, prosecutors, medical examiners, and coroners (Ries, 2018). Other collaborations that can be highly beneficial can include public health collaborations, faith-based collaboration, and education collaborations.

Collaboration offers multiple sectors and interdisciplinary collaborations that can positively contribute to reducing elder abuse in the community. Such collaborations could be social welfare interventions providing legal, financial, and housing support. Health organizations can provide the detection and treatment of abuse victims through primary health professionals. Education can bring about the awareness of the causes and types of elder abuse. It may also provide community education and elder abuse awareness campaigns.

Collaborative Strategies

Collaborative strategies with professionals in other fields often offer common threads between the partnerships. Effective multidisciplinary efforts can effectively address elder abuse, neglect, and exploitation. It provides significant improvement of systematic community response to the

issues of elder abuse. Collaboration can aid prevention and intervention, and prompt other safeguards for the well-being of the aged.

Prevention. The collaborative approach goals aim to prevent elder abuse from occurring in the first place. As multidisciplinary team members, it is crucial to understand that solutions are as complex as the problems and appreciate that collaboration can occur spontaneously through knowledge. Knowledge about what works to prevent elder abuse is growing, however most prevention strategies and practices have not been rigorously evaluated to determine effectiveness.

Some of these collaborative preventive strategies have already been implemented to reduce and prevent elder abuse. Creation of public and professional awareness campaigns often allow people to understand how important it is to advocate for this cause. Screening of potential victims and their abusers allows for the community to understand the prevalence of elder abuse. School based intergenerational programs allow for ageism attitudes to start changing earlier. Formal and informal caregiver education and support interventions such as stress management and respite, self-help, and support groups can reduce the negative actions towards the elderly. Residential care policies can define and impose standards of elder care (Phelan, 2015). Caregiver training on dementia related diseases, especially Alzheimer's disease, can assist with understanding the symptoms as they progress and educating on how to effectively and respectfully manage behaviors. Mandatory reporting of abuse to the authorities ensures that events and history are built and actions can be taken. Safe houses of emergency shelters for the older adult need to be identified. Psychological programs for the abuser such as anger management need to be implemented. Helplines operating 24 hours a day 7 days a week, to provide support resources and referrals to the victim are necessary.

Intervention strategies. In the absence of proven prevention strategies, human services professionals may consider the following strategies to strengthen their practice. Such strategies include **caregiver support** to prevent elder abuse, professional and community awareness programs, and caregiver support soon after the event of the abuse has occurred reducing the likelihood of reoccurrence. **School-based** intergenerational programs help reduce society's negative attitudes and stereotypical thinking towards older adults by gradually changing attitudes to positive behaviors (WHO, 2018).

Education and public awareness to reduce elder abuse should continue to remain a priority. Educational interventions targeted at health and social services professionals and caregivers allows for the community to benefit at a broader level. The creation and delivery of specific **policies** through legislation and detection introduces the laws against this public health crime. Program creation targeted towards victims of elder abuse and their perpetrators contribute to increased detection. Use of **faith-based** community associations to seek counseling with a trusted clergyperson who has been trained in elder abuse awareness allows for those who believe that elder abuse is a private matter can still get support and care. Helping victims understand the consequences of not seeking help may increase the **reporting** of actions against them.

Calling 911 should be made easier. Reaching out to elder abuse professionals to help with **lifestyle changes** allows for the victims to understand that they can move past this and have an improved quality of life. Learning the **law** regarding elder abuse ensures that human and social service practitioners are qualified to educate our communities and clients of the options available to them. Professionals can attend the minimum of a one-day **workshop** to increase the ability to detect abuse.

Knowledge also allows for the adjustment to **social attitudes** regarding elder abuse. Understanding how the **burnout** of caregivers of dementia patients can also lead to elder abuse. **Skills** need to be developed to recognize abuse in the management of elder abuse and neglect. Improvement of assessments and reporting services planning practices will allow for quicker detection of elder abuse. Increase of caregiver's knowledge and attitudes, and the increase of coping skills can help to reduce depression and anxiety of caregivers.

Other intervention strategies, such as the need to understand the **role** of older adults in our society, understanding the issues that they experience, and possible solutions to elder abuse. Additional strategies include: caregiver training on dementia, mandatory reporting of abuse to authorities, psychological programs for the abuser, the creation of residential case policies to define and impose standards of elder care, screening of potential victims and abusers, recognition of indicators of elder abuse, understanding elder abuse dynamics, abuser tactics and their effects on the victims; familiarizing one's self with community resources; and knowledge of the state laws as they relate to elder abuse (elder abuse crimes, power of attorney rules, guardianships and conservatorships.)

Implications for Human and Social Service Professionals

Policy

Policies that are inadequate, especially social policies specific to the elderly, and can result in conditions that increase in the risk of elder abuse. Practitioners need to understand the structural roots of the issues of elder abuse and engage in social action. Research that provides new questions will be formed about elder abuse and they will need to be studied. Education on elder abuse being a social justice issue, up-to-date elder abuse training and practice for all practitioners, and knowledge of the problems experienced in aging should include elder abuse.

Practice: Ethical Dilemmas for the Practitioner

A victim of elder abuse has the right to pursue an order of protection in both criminal court and in family court (Baker, Francis, Mohd Hairi, Othman, & Choo, 2017). An ethical dilemma may arise when a victim who is competent to make their own decisions may exercise the right to refuse any intervention. In this situation, there is a clear duty to ensure there is no coercion and that the individual's ability to make a sound judgment is not compromised (e.g., no cognitive deficits, no depression, no irrational fears). Technically, the victim has the right to decide whether to stay in an abusive situation, although the provider clearly has a duty to stay informed about the situation (Phelan, 2015).

Community Aspects

Undetected elder abuse in our communities has become a serious issue, and each professional and practitioner plays a pivotal role from reporting the abuse, screening, assessments and management, preventing financial fraud, educating the public, the victim, and the perpetrator, and changing the perception of aging in criminal court (Baker, et al., 2017).

Elder abuse is a community responsibility. We must not only recognize the abuse of older adults, but respond to it effectively. The multidisciplinary approach to eliminating or reducing elder abuse can identify and assist this population who is at risk of experiencing elder abuse in any of its forms. By applying the multidisciplinary approach to this problem, providers in the health, community service, and legal service would be considered a gold standard for practices, programs and policies. No one sector has all access to information, resources, and expertise to effectively address this issue.

By being able to offer these multidisciplinary supports to older adults in our communities, we can quickly identify the situations of concern. New approaches are needed in multidisciplinary interventions to achieve the gold standard. These new approaches may include connecting service providers to allow them to support older adults at risk of elder abuse. By working toward this standard, we can enhance earlier recognition of elder abuse and facilitate referrals in our communities, locally, regionally, and nationally.

By continually applying a multidisciplinary approach to the issue of elder abuse, we can bring together practitioners in elder care, health, and legal sectors to provide interprofessional education and awareness of the issue. The preferred result is to be able to offer timely identification and supports for older adults at risk of or experiencing abuse (Baker, et al., 2017). It is critical to understand the elder adult and practitioner's perspectives on the issue, to participate in multidisciplinary collaborations, and to research the impact of screenings and multidisciplinary interventions on the improvement of outcomes for older adults. Innovative models of multidisciplinary interventions for service delivery require funding that will support evaluation strategies required to determine the interventions' impacts on identifying, preventing and managing elder abuse in our communities.

Conclusion

When partners collaborate, their energies are spent working productively on effective solutions, leading to results of greater protections for the older adult population. As human and social service professionals, we are in need of partners to collaborate to prevent elder abuse through diverse initiatives that help identify, quantify, and respond to the problem of elder abuse. There needs to be a dissemination of information to all states. There needs to be support of national efforts in reducing the problem of elder abuse. When there is collaboration with local, regional and national agencies we can determine the problem both nationally and globally. Our responsibility to the senior population who are victims of abuse is to provide effective remedies

that offer compliance, sanctions, restoration of victims and promotion of systematic response to elder abuse.

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18. The Road to Wellness: Human Services Education and Wellness Promotion

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Abstract

The concepts of wellness and self-care are at the core of the human services field. The importance of these concepts is seen through the curriculum standards, ethical framework, and teaching. However, despite the field's emphasis on wellness, barriers remain. This incongruence can have a profound impact on the way students perceive and experience wellness practices in human services education. Burnout, compassion fatigue, and vicarious traumatization are all too familiar in the human services field and without proper wellness promotion as part of the curriculum, we risk sending students into the field with little understanding of how to protect themselves. This paper describes practical ideas and strategies for promoting wellness in human services students both in and out of the classroom.

Introduction

This paper first considers the importance of wellness promotion in human services education, including how wellness, self-care, and burnout are seen in national standards and codes, texts, and research that are often used as part of the educational experience. Secondly, the attitudes and norms surrounding human services education are examined, with a focus on both assets and detriments to wellness-positive education. Finally, some techniques for practical applications are discussed with ideas of how to have students practice wellness and self-care as part of the educational experience in the human services classroom, as well as methods that human services educators can use to promote wellness both in and out of the classroom.

The Importance of Wellness Promotion in Human Services Education

The topics of wellness and self-care are important areas of focus in human services education. Showing the need for wellness integration in human services training, the Council for Standards in Human Services Education (CSHSE) goes so far as to include "strategies for self-care," as part of the curriculum standards in their national standards for human services programs (Standard 20, CSHSE, 2018). The National Organization of Human Services (NOHS) Code of Ethics encourages professionals to "develop and maintain healthy personal growth to ensure that they are capable of giving optimal services to clients," (Standard 35, NOHS, 2015). These two important guidelines show the attention that the field of human services accords wellness. Wellness has even been listed as one of the characteristics of an effective helping relationship in

human services (Neukrug, 2016). Such recognition demonstrates the clear and vital nature that wellness/self-care holds in the profession.

In addition to teaching about wellness and self-care in human services education, warning of the consequences surrounding a lack of wellness (i.e., burnout, compassion fatigue, vicarious traumatization) for the profession is an important focus, as well. Burnout and related ailments can lead to human services professionals lacking empathy for clients, an inability to show acceptance, or lead to countertransference (Neukrug, 2017). Many of the textbooks used in human services education incorporate types of wellness practice to help students understand self-care. Utilizing wellness practices within the curriculum may help alleviate stress (often associated with burnout) for students (Riley & Rouse, 2015).

Research about wellness practices and burnout are also common within the field of human services and human services education (i.e., Cole, Craigen, & Cowan, 2014; Neukrug, Kalkbrenner, & Griffith, 2017; Riley & Rouse, 2015; Sparkman-Key, Vajda, & Borden, 2018). Self-care and wellness practices such as receiving counseling were seen as an important area of support to human services professionals (Neukrug, et al., 2017; Sparkman-Key, et al., 2018). Neukrug, et al. (2017) explored the development of the Fit, Stigma, Value Scale (FSV) used to measure apprehension of obtaining counseling services for human services student. Counseling services are often associated with wellness practices for individuals, as it pertains to their emotional and mental well-being. Sparkman-Key, et al. (2018) investigated human services students' perceptions of the field, in which a commitment to wellness was a common theme. Riley and Rouse (2015) focused on implementing a concentration on wellness in human services education. As a conceptual piece, the authors explored where and when throughout the curriculum that human services programs could utilize wellness practices for the benefit and understanding of the students. Lastly, Cole, et al. (2014) focused largely on the fallout experienced by professionals with concepts such as vicarious traumatization and compassion fatigue. The authors encouraged professionals to protect themselves against burnout and burnout symptoms by using self-care and wellness practices.

Despite the focus and attention to wellness and self-care in the profession, many human services educators still struggle to find ways to include wellness promotion as part of the curriculum beyond vague and generic discussions about the importance. Practical implementations are still hard to come by or difficult to utilize within the curriculum for professors. Assigning readings and partaking in classroom discussions about wellness, self-care, and burnout are certainly better than just ignoring them altogether; however, having students practice self-care just as they practice skills and techniques could prove to further emphasize the vital nature of these concepts to the profession.

Strengths and Barriers to Wellness Promotion

Ideas around wellness promotion are oftentimes a double-edged sword. What can be thought of as a strength to field, can frequently carry barriers within themselves as well and vice versa. We discussed strengths to wellness promotion in human services education as part of the panel presentation at the NOHS 2018 conference. This included a focus on client wellbeing, the

personal nature of the human services educational experience, and the empowerment of students. Barriers included messages conveyed regarding wellness and self-care, the educator's role of gatekeeper, and students experiencing self-care as an additional burden to their education. The following sections will discuss these concepts and how they are often intertwined.

Focus of Client Wellbeing and Messages about Wellness

A significant area of strength in regard to wellness promotion within human services education is the care for clients' overall wellbeing as a central focus. Attention on wellness for the client population lends itself as an easy transition for educators to bring up wellness in the helpers' own lives. Metaphors and idioms such as, "you can't pour from an empty cup," and, "an empty lantern provides no light," are often used in human services classrooms to represent the importance of one's own self-care while operating in the field. These quotes can be inspiring for human services students and serve as a reminder to keep themselves well in order to function at an optimum level for the sake of their clients.

However, an argument can be made that quotes such as the ones mentioned fail to recognize the humanity of the helper. Why must the helper take care of their self only for the benefit of the client? Why is the helper not allowed to take care of themselves for the benefit of themselves alone? While these mnemonic devices can certainly be beneficial and help with the promotion of wellness in general, there is an underlying message that the care for oneself must only be for the advantage of whomever they are tasked with helping. Messages such as these could have a backlash impact on students in that they are being told subtly that they are only important and worthy of self-care if they plan to expend the energy gained on lifting others up, instead of viewing themselves as worthy of self-care and wellness as a human being that matters.

Helping future human services professionals see that they are just as valuable as the clients they will someday serve, allows them the freedom to care for themselves for the sake of themselves. Self-positive messages for promoting self-care and wellness in human services education may allow students to feel more empowered and thus more worthwhile of wellness as an individual. Using quotes such as, "self-care is important because you're important," more often in the classroom may help to better promote a self-positive attitude for students in human services education.

Personal Nature of Human Services and the Role of Gatekeeper

Human services is an intimate field in that programs and classes are often smaller in size than fields such as political science or business and assignments tend to be more reflective for students and have them discuss past struggles or personal details about their lives. This focused amount of attention can be beneficial to students in learning self-awareness, helping them identify and confront personal biases, and allowing them to get to know their professors on a more personal level than may be afforded to them in a lecture-hall-sized classroom with 200 peers. This detailed spotlight also affords educators to better know their students on an individualized level, providing them the opportunity to help fine-tune helping interventions and approaches for students. The personal nature of human services education can allow educators

to work with students in a manner that is tailored to the individual student, thus helping them beyond textbook learning and generic or vague teaching strategies. Human services educators are able to confront students that they recognize may be experiencing a lack of wellness or feeling overwhelmed with the various responsibilities that comes with pursuing an education. These intimate classroom settings can allow for getting to know students on a more personal level, thus human services educators can better identify when a particular student may be struggling with their schoolwork or comes to class looking downtrodden or frazzled.

On the flip side of the personalized nature of human services education, educators may find it more difficult to be an impartial and objective judge of the work done by students. While it may be unpleasant to admit, the subjective disposition of human services education may allow for biases both toward and against students based on personalities, attitudes, etc. These biases, if left unattended to, can impact the gatekeeping nature that is necessary for the human services field.

It is important for human services educators to walk the tightrope of understanding and empathizing with our students while also holding them to a standard that is fit for the field and ensures quality future professionals. Gatekeeping can be made more difficult for human services educators once they have established relationships with students. The relational nature of the human services field helps set the field apart and allows for positive modeling for future professionals. Regularly checking in on oneself and consulting with supervisors or colleagues can help educators find that balance of connecting with students and protecting the field and future clients.

Empowerment and Burden

Obtaining an education in the human services field can be an uplifting experience for students, as many of the projects, discussions, and assignments can help lead to self-discovery and awareness for individuals. By gaining insight and knowledge about themselves, students can feel empowered to make necessary changes in their own lives while learning how to work with future clients. Various skills and techniques such as mindfulness practices, deep breathing, and thought-stopping can help students engage further in their own mental wellbeing. In addition to learning and utilizing knowledge and techniques, the general understanding of the importance of wellness and self-care to the profession may allow students to better take care of themselves.

However, some students may struggle to find time for what they consider wellness and self-care, therefore experiencing guilt or shame for not eating more nutritious meals or working out regularly. The importance placed on wellness and self-care could come across as more of a burden than their educators intended. Students that hold additional responsibilities outside of the human services classroom (i.e., other courses, families, work) may find that a strong emphasis or requirement on taking significant time for oneself is too arduous for their everyday lives.

By expanding the definition of wellness to include more than physical exercise and nutrition, we can enable students to recognize wellness habits in their everyday routines. Helping students find the ways in which they already practice wellness and self-care and recognizing those aspects of their lives as important and purposeful toward wellness can empower them to continue those

rouines. In addition, students can feel positive about the ways in which they already practice wellness and may begin to find and utilize other forms of wellness. By having human services educators approach students with an attitude of “look at everything you are already doing for your wellness,” as opposed to guilt or a shaming approach, they aid future professionals in having a positive outlook on wellness.

Strategies and Ideas for Wellness Promotion

In addition to the more conceptual recommendations mentioned in the previous section (e.g., self-positive messaging around self-care and wellness, expanding the definition of wellness to be more inclusive) to help promote wellness in the human services education, the panel also discussed more practical strategies and ideas that educators can utilize. These practical applications included modeling, time-management, and personalization of wellness for students. The following section will further discuss these ideas and how educators can implement the strategies in the classroom.

Modeling

Modeling is not a new concept for human services educators. Bonnano, Galuski, and MacMillan (2016) discussed the importance of modeling professional networking for human services students. Carlisle, Carlisle, Ricks, and Mylroie (2018) observed how modeling social presence can have a profound impact for online students in human services education. This same idea around modeling can be applied to wellness and self-care practices. Students tend to follow the lead of those they see in the field they are attempting to enter, including their professors. This is why modeling becomes so vital in the area of human services education. If students see their professors stressed out or downtrodden, they may assume that kind of attitude or lifestyle is required for them to find success in the field.

At the same time, students only get to see snippets of professors’ lives as they teach a class or walk past them down a hallway on their way to a meeting. It is unreasonable to expect professors to be a shining example of self-care at all times. However, allowing for transparency with students and talking openly about their wellness and self-care habits may let students begin to see a side of them that they otherwise would not have. Human services educators making sure that students realize that self-care and wellness is a priority to them beyond lip-service can have a positive impact on their own outlook.

Wellness needs and practices look different to each individual, so what works for individual educators needs to be discussed. Perhaps an email response at 1:00AM looks like a professor is not taking care of themselves by observing proper sleep habits, but if the professor took the time at the beginning of the semester to showcase their habits then students may begin to understand that late-night/early-morning emails are a part of their professor’s self-care routine. Allowing students an inside look at their wellness practices, enables students to see past the stressed or hurried appearance that professors can often give.

Time-Management

Time-management is an important part of wellness and self-care routines. Time-management has been found to have a significant influence on human services professionals' perception of wellness (Woodside, McClam, Diambra, & Varga, 2012). However, Sparkman- Key, Vajda, and Borden (2018) identified that human services students do not recognize time-management as a characteristic for a competent human services professional. It is widely known that if individuals are not purposeful and do not make time for self-care, it can often be the first thing to go. Discussing time-management and its role in regard to wellness with students can help them prepare and better strategize to include it in their own routines. Below are three strategies pertaining to wellness practices and time-management that were discussed as part of the panel.

Proper planning for assignments. At the beginning of the semester, the amount of work and assignments can feel a bit overwhelming to students looking four months forward. Professors may feel pressure to showcase some of the assignments in the syllabus as vague in order to provide further flexibility in the semester as they come up. However, the more detail that students can receive at the beginning of the class, the more they can properly prepare for the work needed to complete the various assignments. While it may seem restrictive for a professor to not be able to move assignments or tests around, surprises and sudden changes to the course syllabus can have a negative impact on the wellness of their students by not allowing proper time to prepare for assignments.

The human services educators in the panel recommended discussing the time needed for different assignments with students regularly. For instance, if the course requires a 30-minute transcript of a mock session, it is recommended that professors discuss the process of transcriptions and the amount of time they take with students. Letting them know that certain assignments take more time than others allows students to plan out their semester and not try to complete things at the last possible minute. Of course, there are still students that will try to complete assignments in the eleventh hour, but by giving students proper notice of assignments or exams it will at least afford them the opportunity to prepare for the needed amount of time to appropriately set aside in order to complete them satisfactorily.

Wellness calendar assignment. One idea that the panel discussed is the utilization of a self-care calendar as a part of the class. The calendar discussed makes use of the Indivisible Self Model of Wellness (IS-Wel, Myers & Sweeney, 2004) and represents the five areas of wellness as well as the seven days of a week. Students can set goals for themselves and properly plan out what days and what forms of wellness they will utilize. It is recommended that students also read about the IS-Wel as part of this assignment so that they can better understand the various forms of wellness. Checking in on students regularly about this assignment can help to hold them accountable to their wellness goals and adjust them as the semester progresses. The assignment does not need to be a major part of the class or can even be used as extra credit, but by including it in the curriculum it shows students that wellness is beyond just lip-service and that it should be made a priority. A copy of the recommended calendar is included as an appendix to this conference proceeding (Appendix A).

Self-care journal assignment. In addition to the wellness calendar mentioned, a self-care journal is another assignment that could be paired with the calendar or used on its own. The idea behind this assignment is to have students reflect on their own wellness and self-care practices over the course of the semester. Human services students could track and reflect on self-care practices daily or weekly for example. Having students regularly look back on what they are doing (or not doing) for their wellness needs can have multiple benefits for students. First, an assignment like this begins the habit of students checking in on themselves, allowing for greater self-awareness and attention to wellness needs. Next, like the wellness calendar, it can help students plan and prioritize their wellness goals from day to day or week to week. Lastly, when this assignment is paired with reading about the IS-Wel (Myers & Sweeney, 2004) or any other model of wellness, it can help students gain a better understanding of wellness practices and allow for them to try new things that they otherwise may not have considered.

Personalization of Wellness

Wellness practices are not “one size fits all” when it comes to individuals. What may be important or achievable for some individuals just are not a priority or even possible for others. Some people may find spending time with family members to be an uplifting and fulfilling experience; however, others may find family time to be stressful or even damaging if those relationships are toxic or unhealthy. Human services educators understanding that their students have unique needs and capabilities when it comes to wellness and self-care practices helps them to avoid prescribing generic wellness remedies, thus excluding students from having positive and satisfying wellness experiences.

Professors have enough on their plate without having to keep track of what each individual student needs in terms of wellness. Thus, it is recommended that educators introduce students to a wellness model such as the IS-Wel (Myers & Sweeney, 2004) to help guide them in their own exploration of what does (and does not) work for them as individuals. Having students explore various wellness practices helps open them up to new experiences and to see some of what they already regularly do as wellness in a new light. By putting the onus of responsibility on the students, the professor is allowing for them to explore wellness while also making it a priority.

Many of the human services students will not likely work in settings or facilities that require or even help guide in wellness practices, so it is important that they learn these habits early. Examples of personalization of wellness practices in human services include either (a) adapting an existing assignment to incorporate wellness in a personalized fashion or (b) incorporating a wellness based assignment into a course. Existing assignments such as self-exploration or reflection papers, can be modified to incorporate self-care and wellness in a personalized fashion. Asking students reflective questions such as: “What are your personal self-care strategies?” “What aspects of your wellness could use greater attention?” and “How does your self-care/wellness make a positive contribution to your role as a human service professional?” – can help a student proactively improve personal wellness. Similarly, adding assignments with a focus on individual self-care can be another means of personalization of wellness practices in human services. The wellness calendar and self-care journal assignments described above are

examples of personalized assignments/activities that can enhance any course such as introduction to human services courses and/or field experience courses.

The personalization of wellness may also assist in making wellness habits more important to the individual student. Moreover, personalization of wellness can also facilitate greater connectedness between instructor and student, a pervasive challenge for online education (Carlisle, Carlisle, Ricks, & Mylroi, 2018). Additionally, by allowing students the freedom to pursue wellness in the way that they most see fit, they may be more likely to partake in these practices. If a student enjoys reading and is taught that reading can be a form of wellness, the student may choose to take more time and feel more fulfilled by time spent reading knowing that it is a wellness practice they are actively observing. The same could be true for habits representing other forms of wellness as well. Students recognizing that their wellness practices do not have to look the same as everyone else's enables them to pursue wellness in the ways and forms that most fits their lifestyles and preferences, thus empowering them to further enjoy wellness habits and perhaps partaking in them more frequently.

Implications for Human Services Educators

While this panel discussion mostly focused on wellness promotion as it pertains to human services students, it is important that conversations and attention to this topic also expand to include other stake-holders such as fellow educators and site supervisors in human services education. Henry David Thoreau once wrote, "The mass of men lead lives of quiet desperation," (1908). If this quote is to be believed, then it must be recognized that promoting wellness to only students is not enough. In order for the promotion of wellness to have a lasting impact in the lives of students, it must also have an impact in the lives of those around the professional and educational experience.

The promotion of wellness must be extended to fellow educators by encouraging them to pursue their own wellness practices and to help them identify areas in their classes where wellness could be further promoted. Having these discussions during department meetings and our personal conversations may help encourage other faculty members to focus on wellness in their own lives. By showcasing a focus on wellness to peers, human services educators could help change the environment around their departments, thus influencing others to promote wellness in their respective classrooms. Offering to help others find projects or assignments like the ones mentioned here may encourage other educators to include a wellness focus in their courses. Promoting wellness during the academic portions of the human services educational experience can have a profound impact on students' lives, but may lose its potency once they get their first taste in the field as part of their practicum or internship experience. It is important that human services educators ensure that the site supervisors tasked with overseeing students also value wellness in the field. Having these blunt discussions with site supervisors as part of the site evaluations is imperative to safeguard students from possible toxic environments. An overwhelming or stressful internship experience can erase the wellness lessons learned by students up to that point. As the internship experience is often the capstone project for most human services programs, it is important that students learn how to practically apply wellness practices in the field.

Conclusion

The panelists in this discussion went over the importance of wellness promotion in human services education, the assets and restrictions toward wellness that are often experienced in a human services program, and some strategies and techniques that they try and utilize to promote wellness practices. This paper attempted to capture and highlight the discussion while summarizing the ideas expressed. It is understood that this is far from a complete and thorough discussion about wellness promotion in human services education. However, it is hoped that it served as a reminder of the vital nature that wellness has in the human services field and, thus, the students' educational experiences. In order to ensure that the future of human services professionals properly observe wellness practices, discussions such as this and beyond need to continue and bring all the stake-holders to the table. A focus and commitment to wellness in our education system is fundamental to the future of the human services profession.

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Appendix A

Weekly Wellness Plan

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Physical Self							
Social Self							
Essential Self							
Creative Self							
Coping Self							