



Individuals and communities
transformed through human services

Proceedings of the National Organization for Human Services

2016 NOHS National Conference – Tampa, FL

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Editorial assistance supported financially by the Human Service Program at East Tennessee State University, accredited by the Council for Standards in Human Service Education. Publication services provided by the National Organization for Human Services.

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Preface

The Proceedings of the National Organization for Human Services is published by NOHS and available on their website. This latest issue features articles from presentations at the most recent national conference in Tampa, FL. The editorial team is proud to present this extension of scholarship initiated by human service professionals willing to devote their time, effort, skills, knowledge, and perspectives in contributing to the body of research and conceptual direction in the helping professions. This represents a wealth of scholarship from members whose juried selection for conference presentation enabled a second round of peer review for publication in these proceedings. The articles hold valuable, useful information that should be shared widely with students, faculty, practitioners, and others with interest in human services. Examples of penetrating research is amply demonstrated along with fascinating ideas, compassionate wisdom, and practical information. We hope that you enjoy and appreciate reading these articles. Here is a brief preview.

Bernard and Klein investigated issues related to college graduation, especially looking at adultification as a block to attendance. Utilizing the National Longitudinal Study of Freshmen, factors related to family problems were analyzed to determine what is associated with attrition in higher education. Redding and McDaniel described a fascinating series of journeys into India to discover conditions related to pre-schooling and to set up family resources for benefiting children, families, and their communities. Continuing the international theme, Abdullah, Wood, and Kinsella visited Bermuda, Cuba, and Denmark to compare human services in those countries with how it's done in the United States. The details and conclusions are fascinating and provide extensive details about this essential component of the national life.

Rodriguez and Schaefer brought the world to our country by recommending the best ways to promote advocacy for immigrants. Their collection of resources is an essential supplement for all human service students and professionals. Boaf-Arthur complemented the global focus by performing regression analysis to determine what prevents international students from seeking assistance such as counseling from their American colleges/universities. Her results related to stigma and gender is a must-read for any institution serving students from abroad.

Paulson explored the ramifications of students with histories of criminality, offering a compassionate view of how to include and support those who have made mistakes and now ready to join and serve society. Cobb, based on his administrative experience and expertise, integrated his knowledge of trauma informed care with human services to suggest valuable ways of improving self-care, advocacy, and organizational functioning. Kerewsky added direct and useful information on how to include mindfulness and other cognitive-behavioral interventions within coursework and counseling.

Eber wrote a superbly well-documented and incisive treatise on attachment issues that relates to adopting children with special needs. The document should be included in any course or training related to families considering this type of adoption. Ever wonder about the effects of iPhones on child-parent relationships? Garris, Lester, Doran, and Lowery have offered preliminary data that illuminates this activity, providing some comfort that we might not be

jeopardizing the futures of our children. Berry also has added priceless information on how to help children cope with their parents' divorcing. If you ever plan to counsel or conduct parenting sessions, you'll need to read this. Finally, Moxley-South and Kerewsky explore the strengths and challenges of non-traditional students, detailing practical advice and activities to promote their college experience.

We hope that you appreciate the knowledge and perspectives offered by the authors in these proceedings. Thank you for being interested and engaged in helping others and learning how to keep doing this better. You, each one of us, comprise the key to making our lives and the world around us fulfilling, enjoyable, progressive, inclusive, understanding, firm, and loving. This is an active step in that direction.

Steve Cockerham, Editor – NOHS Proceedings



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Obstacles to Graduation: A Look at Poverty's Effect on Academic Work

Julia Bernard and Maike Klein

Abstract

Our presentation was aimed at providing a thorough overview of concepts that interfere with an adolescent's ability to stay in school and graduate. Additionally, the presentation addressed what other factors of poverty, such as risk-taking behaviors (e.g., marijuana use, binge drinking, or sexual activity), might carry over into college life and affect a student's academic career. Variables connected to family community, family responsibilities, and adolescents' self-esteem were described as well. Finally, the presentation discussed factors that play into a student's willingness to seek out college campus resources for support. With this paper, we hope to outline variables that lead to academic drawbacks within our youth and to raise awareness about the multi-faceted phenomenon of retention of students.

Introduction

In a world where college dropouts, divided family systems, and increasing risk behavior are common issues, we as professionals in the field of human services are called to encourage and support young adults to thrive. The more stressors affecting the family system, the more likely an adolescent will be adultified in some way to fulfill family needs. This can also lead to detriments in the adolescent's developmental trajectory and contribute to youth's shame-proneness (Wells and Jones, 2000). On the other hand, there may also be positive outcomes related to the adultification of adolescents. The experience gained when adolescents support and assist their families is unique in its opportunity to promote responsibility and reflect closer families that care for and help one another (Goodnow, 1988; Goodnow & Lawrence, 2001). This paper will examine what variables, correlated to adultification, serve as obstacles to students' graduation.

Aspects of Adultification

In Burton's (2007) definition of adultification, she alludes to the prospect of exposure to various forms of precocious knowledge. This definition includes the witnessing of situations and acquiring knowledge that are advanced for the adolescent's age and may include alcohol use, drug use, and sexual activity. In many families in poverty, adultification may entail shared responsibility, as families may have to pull together to keep the system intact. Notwithstanding, positive consequences of adultification are noted in a variety of domains. Whether adultification is entirely negative or positive is not clear, but the purpose of this study is to address uncertainty and take a closer look at some of the variables that might interfere with a student's ability to graduate.

Family Structure

Parents' marital status is an important correlate to consider when it comes to adultification because it affects adolescents' family experiences and alters family roles that many will later hold as adults (Larson, Wilson, Brown, Furstenberg, & Verma, 2002). Research indicates that adolescents and young adults from married, biological parent families feel younger and are less likely to consider themselves adults than young people with other family structures (Benson & Furstenberg, 2007; Johnson, Berg, & Sirotizki, 2007a, b).

In a study about the effects on subjective age, Benson and Johnson (2009) found that adolescents from two-biological-parent families were less likely to report feeling like adults all of the time in early adulthood compared to those from all other family types, with the exception of two-adoptive-parent families. In comparing stepfamilies to two-biological-parent families, family processes were more likely to predict who would identify as an adult. Specifically, youth from stepfamilies had 44% greater odds of perceiving themselves as adults. Although high conflict families predicted self-identifying as an adult, family closeness limited it. Furthermore, research by Farris, Smith, and Weed (2007) indicated that single mothers and their children are exposed to a multitude of risks, and this exposure makes it essential to consider their potential impact on development. Adolescents within these homes are more likely to be performing adult work to help their single parents.

Neighborhood Factors

Neighborhood factors may also interact with family structure to determine if the adolescent may assume adult roles. Casper and Smith (2004) suggested that the perception of neighborhood safety was related to parents' choices to leave children alone. They found that parents' perception of neighborhood safety plays a role in the choice of self-care over supervised care, such that a perception of medium safety or better predicted a parent would be more likely to allow their children to care for themselves, rather than to have relatives care for their children, than were parents who considered the neighborhood to be unsafe or of low safety. Parents were also more likely to choose self-care over care by nonrelatives when they perceived their neighborhoods to be moderately safe or better, rather than unsafe.

Hill et al. (2008) found that human capital enrichment (as measured by the presence of computer or dictionaries and attendance at extra lessons or classes), as well as neighborhood safety, was strongly associated with household structure and was especially lacking in households headed by single mothers. These households are especially likely to be in worse neighborhoods, so parents may have adolescents stay busy with household work in an effort to keep them out of trouble when they cannot be present. Therefore, neighborhood safety may contribute to the adultification of an adolescent in that it may be a mechanism by which parents keep children safe.

Continued Caregiving

Social activity outside the home also seems to be maintained in adolescents who place an importance on helping their family. There has been no difference in involvement in social relationships with other youth among adolescents who placed more importance on family obligations and those who valued assisting, respecting, and following the advice of family

members spent just as much time with peers as did other adolescents (Fuligni, Tseng, & Lam, 1999).

Alternatively, family needs such as providing sibling care, providing elderly care, work to contribute to family finances, speaking to bill collectors and social service workers, and serving as an emotional confidant, often superseded the child's needs and could become inappropriate in certain conditions (Burton, 2007). The ability of learning to care for another early in life may promote empathy and prosocial interpersonal skills but may also compromise other aspects of youth development by engendering feelings of anxiety, insecurity, and low self-esteem (Hetherington, 1999). Earley and Cushway (2002) have noted that adultified children usually grow into adulthood and continue to serve others, choosing careers in helping professions like human services.

Cultural Aspects

Researchers have suggested that there are good arguments for expecting differences in the behaviors and outcomes of adolescent children of different racial and ethnic groups (e.g., McLanahan & Sandefur, 1994). For Asian and Latino families, a collectivist orientation and familism play significant roles in shaping adolescents' development (Fuligni et al., 1999). Traditions within the Asian culture emphasize family solidarity, respect, and commitment to the unit, family, or community (Ibrahim, Ohnishi, & Sandhu, 1997). Within Latino cultures, there is an emphasis on loyalty and respect for elders as well as more rigid traditional gender roles (Chilman, 1993). Consistent with these cultural values, adolescents are often asked to perform chores such as shopping for food, cooking meals, getting a part-time job, and assisting with the care of other family members (Caplan, Choy, & Whitmore, 1991).

In a study of 356 ethnically diverse children living in high-risk family systems characterized by urban poverty, maternal substance abuse, and maternal psychopathology, McMahon and Luthar (2007) explored the characteristics and potential consequences of caretaking burden of children. Adultification was also correlated with having an African American heritage and being male. As society becomes more tolerant of crossing gender lines in behavior, adolescent roles may cross traditional boundaries. For male children, emotional caretaking and childcare duties may encourage a more androgynous orientation (Jurkovic, 1998). The child's household work may also be an initiation into adult gender roles (White & Brinkerhoff, 1981). In some cultures, like the African American culture, housework is seen as more gender egalitarian and is expected to be performed by both male and female adolescents.

In African American families, the involvement of boys seems to be the cultural norm, and more importantly, African American mothers, possibly out of necessity, had instilled in their sons an alternative view of masculinity (Penha-Lopes, 2006). Although previous research work suggested that females would be more likely to perform adultified tasks, it is likely that this association is moderated by culture. Specifically, boys may be more likely to be adultified in African American families than European American families.

Additionally, adultified behaviors may be especially likely with regard to immigrant families. Parents who bring their children to the United States often rely on their learning the English language and translating for the family. This translating often has the effect of exposing the adolescent to adult knowledge, termed precocious knowledge in Burton's (2007) model.

Examples of *cultural brokering* include translating documents from government agencies, school, and employment agencies or prospects, arranging doctor visits, answering the telephone, and explaining to the parent when someone is speaking English (Buriel, Perez, De Ment, Chavez, & Morgan, 1998; Orellana, Dorner, & Pulido, 2003; Trickett & Jones, 2007).

Method

We hypothesized that issues within the family system, such as an illness, disability, abusing of substances, arrest, death or loss of job, can interfere with a student's ability to graduate. Furthermore, we hypothesized that students who come from an unsupportive and irresponsible family unit, in regard to academics, will not be likely to graduate. Additionally, we expected that the safer the neighborhood, the more likely the adolescent will be adultified, and that neighborhood status will interact with parental marital status. Our last hypothesis included a student's self-esteem and belief in ability to excel.

Data from the National Longitudinal Study of Freshmen was used to examine these variables. Participants ($N = 3924$) completed the survey, for an overall response rate of 86%, which by the standards of survey research is very high, particularly for a long (2+ hours) face-to-face interview that for all intents and purposes was unpaid (respondents received a token payment of \$15 for participating). The final sample included 959 Asians, 998 Whites, 1,051 African Americans, and 916 Latinos. To be eligible for inclusion in the sample, a respondent had to be enrolled at the institution in question as a first-time freshman and be a U.S. citizen or resident alien. Foreign and returning students were excluded from the sample. With quantitative analysis software, Statistical Package for the Social Sciences (SPSS), variables were compared and analyzed.

Results

Many of our findings were consistent with what we already established about poverty. Financial issues, loss of parental job, death, or trouble with the law all contributed to loss and to student's inability to be academically successful. Additionally, 52% of students who did not graduate experienced a major life event. It was not only family factors that contributed to leaving college or not graduating in 6 years but also neighborhood factors as well as how often students visited home during college. Additionally, this study found that, even though support services such as counseling, tutoring, financial aid, and food pantries/transportation do exist on college campuses, students did not report having taken advantage of those services.

In our presentation, educators, students, and human service professionals discussed a variety of ways that we can help these students access the services that might help counteract the findings in these studies. Students commented that often they are told about available services in the beginning, but as time progresses, they do not recall all of the services that were introduced. They suggested more reminders of these services by professors who thought they could benefit may be more effective than a one-time orientation. We also discussed that students benefited from being reminded that their fees already paid for these services, so they should use them to help when needed.

Educators shared stories about checking in with students regularly, especially when we note changes or are told that family issues back home have started to interfere with academic performance. Some educators shared that they often walk the student to the service they might need, ensuring that the student went to get the help. Students agreed that this might make them more likely to use the service if a professor walked them to the office. When that is not a possibility, other educators mentioned calling the office (counseling, tutoring, etc.) while the student was in front of them and telling them that you were sending a student to them or setting an appointment. Also discussed was the idea of being trauma informed and more aware of the issues our students face. This could be incorporated into the way we interact with students.

Conclusions

As professionals and workers in the field of human services, we want to promote physical and emotional wellness, rich educational experiences, and bring hope to those who seek our services within this population. Every interaction is a chance to connect students to our college/university and to let them know that other students have family, past, and current issues that may interfere with academic performance. Familial obligations that are extended into college can be addressed and incorporated into the advising we do with our students.

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Linking Mental Health and Education to Promote Psychological Well-Being in an Impoverished India Pre-School

Carly L. Redding and Michallene G. McDaniel

Abstract

Research indicates that the longer India's generationally-impovertised children remain in school, the greater their likelihood of avoiding enslavement in human trafficking. Over the past three summers, a team from UNG began to establish a network of resources in the Goa, India community to address deficiencies in the social-emotional development of its children, with the goal of improving school retention rates. This paper is a description of early findings from the field and provides an account of the establishment of resource centers to serve these children and their families, contributing to the long-term well-being of the surrounding community.

Introduction

Over the past three years, for a total of 17 weeks in spent in the field, researchers from the University of North Georgia (UNG) traveled to Goa, India with undergraduate students to conduct research that includes assessing and exploring mothers' attitudes toward their children. The maternal attitudes assessed included those regarding the appropriate treatment and expectations based on children's gender, and attitudes regarding educational expectations, norms of discipline, and the mothers' attitudes regarding the nutritional needs of their children. In sum, researchers explored what behaviors are considered "normal" and "abnormal" for young children living in a small, impoverished Goan community. These assessments were important, as they allowed researchers to gather information in order to provide this community with the vital resources it lacked. The research team also observed and recorded maternal interactions with infants to define attachment for this area, and reveal possible causal relationships between maternal attachment, children's cognitive development, and the unusually high numbers of Goan children who end up as commodities in the marketplace of human trafficking.

Goa is an extremely impoverished community, consisting predominantly of Hindu nuclear families in a densely populated area. These families have little to no access to fundamental community resources such as law enforcement, governmental protection, education and basic medical and mental health care. Furthermore, the average monthly household income in the community is equivalent to approximately seventeen U.S. dollars. This level of extreme poverty and lack of educational resources places many women and children in this community at risk of being ostracized by others as well as making them vulnerable to human trafficking (Philip, 2015).

While working in the community, researchers noticed a significant number of children suffering from the effects of physical, behavioral, and emotional difficulties. According to Sharma and Das (2015), the government of India reported that 2.1% of the nation's population, or roughly 26 million people, lived with some form of disability. However, numerous reports indicated that the actual number was potentially much higher. In fact, researchers from UNG

discovered that 23% of the children attending a local preschool were living with, and suffering from, some form of disability. It should be noted that many individuals, including the Director of the local preschool, believed that a local fertilizer manufacturing facility in the community was contributing to the high incidence of disabilities in this area.

On the other hand, researchers discovered that many children were being raised in very strict, overly-structured, and potentially abusive home environments. In effect, the government of India's Ministry of Women and Child Development (2007) survey determined that the pervasiveness of all forms of child abuse was exceptionally high, with 66% of children being physically abused, 50% suffering sexual abuse, and 50% emotional abuse. Saini (2014) suggested that the high prevalence of abuse is due to extreme impoverishment, illiteracy, and a lack of parental education. The risk of abuse is heightened in rural areas, where residents are likely to experience a great deal of uncertainty in day-to-day living.

After evaluation and discussion with educational leaders in the community, the research team determined that the most pressing need for the local pre-school under study was a way to provide resources that would bridge the gap between educational opportunities and attainment and children who are considered at-risk of developing poor psychological health. As Sharma and Das (2015) suggested, children with disabilities in India are rarely educated, no matter what type of disability they suffer.

Educational Program

Working in Goa from 2014 through 2016 allowed researchers to build the needed resources and establish relationships with community and educational leaders. Upon returning to the United States, researchers have maintained communications and continued building relationships with these leaders. The Director of the local pre-school in the Goan community asked for assistance in expanding the school, in hopes of offering services needed for the educational success of underserved children. In response to this request, researchers worked with community leaders and the pre-school Director to develop this needed program during the summer of 2015.

The overall goal of this project was to assist community leaders and the educational director in continuing to develop pre-K classrooms that are high in both emotional and instructional support for at-risk children. This goal was addressed by providing small, specialized classrooms with the following features (Partin, Robertson, Maggin, Oliver, & Wehby, 2010):

- Children are assured organized structure and predictability in the classroom, so that they can avoid dealing with constant change that provokes anxiety. This also allows for the establishment of increased levels of trust between children and teachers.
- Children are given the opportunity to carry out daily activities autonomously but with a supportive educational staff.
- Children are provided opportunities to have positive interactions with their peers. These opportunities including play and exercise activities. This also allows for increased teacher awareness about the importance of interactions in and around the classroom.

- Children are provided opportunities to increase expressive and emotional literacy within the classroom.
- Teachers will use praise and positive reinforcement as a means of validating, interpreting, and reframing children's behavior. They will also be proactive in preventing behavioral problems.

The most significant challenge in the design and implementation of this project has been securing acceptance from the community and educational leaders in order to introduce change. This is particularly true in offering children increased opportunities for interaction and play. A survey conducted by Anjana, Pradeepa, and Das (2014) suggested that 50% of rural populations in South Asia were inactive, and this applies especially to school age children. Furthermore, research conducted while working within this community suggested that most parents perceived children's play as not only without inherent value but as a form of distraction from children's education, day-to-day chores, and necessary activities. Fortunately, UNG researchers had the support of the educational leaders in implementing these classroom changes because they directly asked for assistance based on perceived need for improvements in the community. Researchers worked directly with educational leaders to provide local parent workshops on the benefits of children's play, exercise, and overall movement while at school.

These workshops consisted of teaching parents how play is vital for cognitive, physical, and social development and benefits children while attending school. For example, workshop leaders would link concepts of play, such as rolling a ball, to cognitive/physical enhancement of the child. Parents learned that rolling a ball allows a child to strengthen the dexterity of muscles in their hands, which will benefit the child learning how to hold a pencil and write. Researchers discovered that parents responded positively when a play activity could prove useful for children's education. The most important outcome of these workshops was the parents' resulting consent and support for their children's participation in play activities while in school.

In addition, researchers enlisted the assistance of a specialist in Pre-K special education in order to further collaborate with the educational leaders and parents and to work directly with the school teachers. It should be noted that in this rural area, most teachers have neither a college degree nor a background in education, but they have completed tenth standard (or the equivalent of finishing tenth grade in the US but having that count as a high school degree). The majority of educational knowledge or techniques the teachers have obtained is from their own experience as students in secondary education.

The Pre-K specialist who accompanied the UNG research team worked with the teachers to help them understand the importance of creating an appropriate and nurturing learning environment, creating an active learning environment, and how to assess children for disabilities. Planta (2009) suggests *what* we teach underserved children may not be as important as *how* we teach them. Therefore, this project defines a successful outcome as training education providers in techniques for working with children who are considered at-risk through continuing training in the specialized classroom that emphasizes socio-emotional development. The importance of psychological well-being (emotional, social, physical, and cognitive) in children is well recognized. There is increasing evidence of the effectiveness of interventions to improve childhood resiliency and promote mental health (Shastri, 2009). Such

interventions are of heightened importance in impoverished areas like Goa, as children in this community are particularly vulnerable to becoming trafficked.

Maternal Interactions

Informed by previous research that indicates maternal attitudes and practices predict cognitive development in children (Thomas, Vijayakumar, Siva, & Isaac, 2007), this project also focused on increasing the quality of mother-child interactions within the Goan community. Child development in South Asian countries can be significantly impacted by the socioeconomic demands of the mother as well as the level of personal autonomy the child's mother is able to obtain in her life. Shroff, Griffiths, Adair, Suchindran and Bently (2009) described the correlation between child stunting and maternal autonomy in their article using cross-sectional data from mothers and their eldest children, where the child was younger than 36 months.

It is hypothesized that the behaviors typical of secure attachment in young children are affected by the level of autonomy of the mother in the child's home. Autonomy in this context is characterized as being able to conduct the business of daily living such as the ability to go to the market without needing permission from their husbands, having access to their own money, and generally having decision making power in their homes. Although UNG researchers have no way of controlling the autonomy of the mothers, they could address and work to enhance parent-child interactions in positive ways. To this end, students and researchers implemented a play training program and a developmental toy lending library placed directly into the community.

Research by Nahar et al. (2012) demonstrated the benefits of training mothers to engage in stimulating play activities with their infants while providing them with low-tech, culturally appropriate toys. In this 2012 study, the researchers found that mother-infant interactions were significantly more positive and the home environment was more stimulating after 6 months of play training. UNG researchers wanted to replicate this outcome by installing a developmental toy lending library and in-community play training group for mothers and their children.

This community-based design eliminates the need for transportation or money on the part of the mothers. It provides mothers with specific techniques for stimulating interactions using toys, blankets, or household items. The initial facilitators of the training, UNG students and faculty, trained volunteer facilitators (mothers living in the community). Community facilitators have encouraged and trained mothers to check out the toys to enhance attachment and cognitive development in their infants. Research links increased attachment and cognitive development to increased rates of literacy and education. Increased rates of literacy and education in this rural community allows the children opportunities for basic education and vocational training, which affords them the chance to integrate into the community in a constructive manner.

Benefits for Students and Service Learning

As a secondary, on-going part of this project, researchers are looking at the benefits of international service learning for human service students. The outcomes of this project are multidimensional. While the program in and of itself is an incredible opportunity for both faculty and students, one of the primary educational goals of the India project was to incorporate a research component that would benefit the students in multiple areas. This project allows students to learn how to consume academic research, how research design decisions are made, and to have first-hand experience at collecting data. Students are also able to demonstrate their understanding of the research literature on attachment by teaching local facilitators and mothers of underserved children in Goa how to incorporate attachment measures into their communities to enhance children's cognitive development.

Furthermore, the projects allow students the opportunity to think and experience life outside a wealthy, post-industrialized country and to gain perspective of a less developed nation. This opportunity provides students with a first-hand look at social and economic issues related to family dynamics, human development, and gender inequality. Additionally, the service learning component can reduce stereotypes and facilitate cultural and racial understanding as well as increasing interpersonal development, the ability to work with others, and increasing leadership and communication skills.

Numerous researchers have documented the benefits of service learning experience and involvement in research projects to students. Both research and service learning improve student learning outcomes and contribute to students' personal and social development (Simons & Clary, 2006). Additionally, it has been suggested that service and research opportunities increase student retention. This project provides the opportunity for both service learning and research experience to students at UNG in a community characterized by high rates of female infanticide, sexual exploitation, educational dropout, hunger, interpersonal violence, a lack of protection by law enforcement, and a lack of representation in one of the largest democracies on earth.

Research collected using the Beliefs, Events and Values Inventory indicated that students who have participated in the India project over the past two years returned from this experience with a better understanding of themselves as well as an increased understanding of the global world. To become successful in a new and globally competitive world, students need a dedicated work ethic, a passion for learning, creativity, and problem-solving abilities. These abilities are strengthened with active and applied learning opportunities. Furthermore, this learning approach allows students to analyze global affairs that impact the field of human services by examining complex political, economic, and cultural issues from historical, psychological, and social perspectives. In addition to gaining first-hand knowledge of problems faced by individuals living in impoverished communities and nations, this experience provides skills to produce change among these populations across the world and locally.

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A Comparison of Global Social Welfare Policies and Programs: The United States, Bermuda, Cuba, and Denmark

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Abstract

Worldwide human services face numerous challenges, whether it is aging, children with learning disabilities, drug and alcohol abuse, unemployment, or mental health issues. This paper will address challenges that are confronting countries today as they work to effectively assist people of all ages with social services. Observing and evaluating the needs of other countries and learning how services are created across the globe is an important part of assessing efficiency and effectiveness of programs in the United States. After recent visits to three countries to study their social welfare systems, we compared social welfare policies and programs in four countries: United States, Bermuda, Cuba, and Denmark. We will discuss how such issues as health care, aging, child welfare, education, substance abuse, and mental health are addressed within each country. An examination of human service training and education is useful in evaluating how professionals in the discipline become prepared for challenges in the field. We also discuss the global practices that could be beneficial in the United States.

Overview of the United States

Since the days when colonists arrived in America, an independent and entrepreneurial spirit of survival took hold. Unlike the European model of taxation to provide for social services to the poor, it was believed that the new world would provide employment opportunities for everyone. The idea that social services would need to be provided by the young colonies was unacceptable. Their familiarity with the English Poor Laws allowed them to naturally adopt some similar policies as time went by in the colonies; however, the need for many charities and laws to help the poor was seen as unnecessary in a capitalist society.

Overtime, many nonprofits were developed to aid the poor, widowed, sick, and elderly; however, it was never seen as the responsibility of the government to provide services to its citizens. It was not until the Great Depression of the 1930's and the passage of the Social Security Act in 1935 that the United States government took a step into the social welfare arena to provide services for its people. Through a system of taxation for all employed citizens, with matching taxes paid by employers, a pension program for the elderly and cash assistance to widows and orphans was established (Kinsella, 2015).

Social Welfare Directives and Outcomes

Compared to Denmark, the United States has a philosophy of residual rather than institutional or universal social services. Programs in the United States are offered through a means-tested system of eligibility with only the lowest of incomes managing to acquire services (Kinsella, 2015). It is often the single mother and her children who are considered the most eligible for the services rather than the low-income adult without children. Unlike European

countries where the philosophy of civil liberties in the form of basic services for all citizens is generally seen as a firm and basic equal right, a range of public attitudes in the United States challenges this ideal. Cost requirements and the inevitable increase in taxation also prevent more positive acceptance of these programs. Development of adequate delivery systems is often questioned as a national social service system is often met with resistance (Mehr & Kanwischer, 2011).

The increase in poverty is indeed a major human service problem. The challenge of welfare reform as it relates to poverty is often tied to a federal guaranteed income. The idea of a family allowance, provided by every other industrialized country on earth, is often met with resistance in the United States. Currently, social welfare programs are regulated by each state and provide services to individuals and families who fall within certain income guidelines. Eligibility for services assures that only the needy and qualified citizens receive services. Income documentation is required for services to be delivered and eligibility is re-determined at periodic points, usually every 6 months. Services available in the United States include:

- Temporary Assistance for Needy Families (cash assistance)
- Child Support
- Benefits for Immigrants
- Medicaid
- The Child Nutrition Programs
- The Food Stamp Program

Universal services provided to all citizens of the United States are not based upon income but rather are services with other accompanying eligibility criteria such as age or documentation of medical issues or injuries (Welfare info, 2017). Payroll taxes are the primary source of revenue for the social security program. In the United States, employed workers pay a percent of their salaries up to a maximum level required in taxes. Employers match this level of tax resulting in the total FICA rate of the worker's salary. This taxation provides the revenue for the Social Security Program which provides the funds for the elderly pension program, disability services, and the Medicare Program (Whiteman, 2001). These universal services include:

- Medicare for those 65 and over
- Disability Services
- Unemployment benefits
- Health Care through the Affordable Care Act, 2010

Currently, there is concern over the rising elderly population and the cost of the pension services and Medicare. Debate continues over the feasibility of maintaining the levels of these programs.

Health Care Directives and Outcomes

The passing of the major health care reform was an initiative of President Barack Obama and a majority Democratic congress who were able to pass this long-awaited service. The idea that every U.S. citizen should have adequate health care is a controversial issue, especially for those who see their insurance premiums rise to balance the cost of health care for

everyone. Since the passage of the Affordable Care Act of 2010, allowing all Americans to obtain affordable and adequate health care, there has been a backlash of those who do not support the plan, insisting it is inefficient and ineffective. President elect, Donald Trump, promises to remove this health care legislation leaving millions of Americans again without insurance. The opposition to this bill is caused by the cost of the program nationally, the rising premiums for the insured, and the concern over the continuation of the Medicaid portion of the program by the states (Welfare info, 2017).

Challenges

Providing continuation of social services to a growing and diverse society is a unique challenge in the United States. Barriers exist not only in economic opportunities, education, and housing, but also in the numerous languages spoken by our incoming immigrant groups and residents. Regarding our elderly, as the population ages up with less of those citizens employed, and more of them retiring with social security benefits, the ratio of employed workers will diminish and along with it the revenue needed to continue the retirement benefits. Also, as the poverty rate rises for our children, a basic social welfare reform is the federal guaranteed income, or family allowance, as it is called in the other industrialized countries. This would ensure a basic economic survival level for individuals and families. This has yet to become a reality in the United States.

Lessons Learned

The unevenness of the social welfare programs governed by the United States government has led to an increase in for profit and private, nonprofit organizations. Many religiously oriented programs are administered by churches or other religious groups and offer homeless shelters, counseling, employment training, child care centers, disability services, elder care, food pantries, etc. The United States is uniquely positioned as the only country that continuously offers and increases services to its citizens and immigrant residents through a system of coordinated national benefits, corporate business sponsorships, and nonprofit services which can be free or fee structured. By allowing this type of coordination of services, many more people can find the services they need without the assistance of governmental intervention. However, many people go unidentified and unassessed for basic services, medical care, housing, or mental health services. The education of a new generation of human service professionals is needed to address our future challenges as well as to provide the leadership needed to produce new and innovative methods of service delivery.

Overview of Bermuda

Bermuda serves as an international center for insurance, reinsurance, and banking. In addition, island officials have a growing interest in hosting one-time or short-term events such as America's Cup that promote high-end revenue from tourism industry. The island has arguably one of the highest gross domestic product (GDP) per-capita in the world with an indicator of \$91,477 per-capita and \$5.8 billion GDP in 2007. Even with this type of economic prosperity, there is still a need for social service programs; however, the financial sector

provides little support in the form of funding or resources to the social service agencies on the island (Ministry of Finance, 2009).

While there may be many reasons for this disparagement, one suggestion is that the island has 66,000 people residing on a land mass of 22 square miles in the middle of the Atlantic Ocean. This ratio happens to be one of the highest population densities in the world (Ministry of Finance, 2009). Another possibility for consideration is the practice of “greenwashing” which is a common phenomenon experienced around the globe. Greenwashing assumes that that large organizations and corporations will engage in practices that add practices which demonstrate a level social and economic consciousness to the business structure. Unfortunately, in Bermuda and many other countries, the practice of these actions, known as corporate social action (CSA), is generally a symbolic gesture rather than a demonstrative act that one could refer as meaningful and substantive (Roulet & Touboul, 2015).

Purpose

The service learning trip to Bermuda was an opportunity for human service faculty, administration, professionals, and students to have an experiential experience regarding the post-secondary education, social and human service institutions, the maintenance of national equities on the island, and the socio-economic system. This occurred through participating in a series of visits, discussion, comparison and contrast as well as active participation in community service while on the island. This type of service learning activity assists in furthering the human service profession by establishing global partners, building relations with social service agencies, and developing an understanding of socio-economic structures that are meant to improve service delivery for clients and within the community as a whole.

Post-Secondary Education

The post-secondary educational provider selected for a visit was Bermuda College. The reason for choosing this provider is in part that it offered the human service discipline as a major to students; however, it was discovered that the college was the only post-secondary educational institution on the island (Bermuda.gov, 2016). The college, which is a government sanctioned institution, Hopkins et al. (2007), under the Minister of Education located on the southern part of the island, offers a variety of two year programs. It is the equivalent of a two-year junior college in the United States which received public funding for its’ day-time non-residential traditional students.

Bermuda College has agreements with four-year institutions abroad ranging from the United States, Canada, the United Kingdom, to name a few, which allow graduates of the college to continue their education abroad and earn a degree. Many Bermudian students take advantage of these agreements to either partially or entirely study abroad at colleges or at universities in these countries (Hopkins et al., 2007). During the meeting, the Saint Leo University faculty and Bermuda College administration discussed the structure of each their perspective human service programs.

The human service program at Bermuda College consists of courses which are geared toward educating students to earn a degree an Associate of Arts in Human Services. This degree allows them to become paraprofessionals working in the teaching profession, pre-school

education, early childhood education, primary and middle school education, which in the past was a primary profession in need on the island. After graduating with an Associate of Arts in Human Services, students have the option to transfer to a university abroad to pursue a baccalaureate degree. Over time, the need for teachers was fulfilled and, in some districts, became oversaturated. However, the need for social service providers grew in the community as a result of the impact from the 2008 recession. It was difficult to find qualified workers who were skilled and educated in the human service profession. In response to this shift, college officials put forth steps to revise the human service program to a more service delivery oriented program (Trott, 2015; Bermuda College, 2016).

In comparing the two programs, it appeared that the similarity was nothing more than the common name of the programs, i.e., human services. For the most part, the programs have more differences than similarities. The Saint Leo University (SLU) human service program consists of a combination of courses, field placement (internship), competency exam for the profession, and professional association. The program provides students with a range of concepts, skills, and experiences that allow for a deeper understanding of the profession as well as preparedness to enter the profession after graduation. Upon successful completion of the program, students can earn a Bachelor of Arts in Human Services. Saint Leo administrators and faculty shared brochures for the human service program and presented the foundation for an articulation agreement to the Bermuda College administrators.

Social Services

Similar to the social service agencies in the United States, many of the agencies in Bermuda are nonprofits which mean that they rely on fundraising, grants, and creativity to generate money and resources to operate the daily functions of the agency and provide services to those who are in need within the community; however, there are a few agencies which receive subsidies from the government. While the 2008 recession was a factor in the drastic reduction to funding for nonprofits in both the United States and Bermuda, the current educational structure had more of an impact on the island community than was experienced in the US. The educational structure on the island created a vacuum in the human service profession on the island in that many students who wished to obtain a four-year degree had to leave the island to study abroad, often not returning to the island (Trott, 2015). This outflux of educated, skilled workers can impact service accessibility and delivery as it increases the wait time for services, which in turn increases the need to recruit educated, skilled workers from various locations in Africa and Europe such as Nigeria and England. The next part of the trip involved visiting four social service agencies. They included The Sunshine League, Tomorrow's Voices, The Agency of Aging (Ageing) and Disability Services, and Big Brother Big Sister.

The Sunshine League

The Sunshine League is an agency that provides transitional services to young adults who are about to phase out or are too old for foster care. The age of these youth tends to range from individuals who are 18 and older. The structure consists of two workers one being a director who is from the US, who perform a variety of duties (marketing, fundraising, social media, service delivery, etc.) to maintain the daily operations of the business as well as arrange

for service to clients. The facility is the first transitional living center on the island. One of the primary programs offered to clients is the Pathways to Independent Living program. In this program, clients receive information which is meant to assist clients to prepare for caring for themselves. A few of the sessions included in the program are the following: (1) nutrition, (2) life skills, (3) independent living (4) finances, (5) education, (6) healthy relationships, and (7) autonomy, to name a few (Metschnabel, 2015; The Sunshine League, 2016).

In addition to these sessions, human service professionals try to pair clients with resources, employment, and housing, which often leads to client's living in what Bermudians call house shares. This living situation is very popular in Bermuda because of the high cost of rental property. A house share represents another type of living arraignment of rooming together. It is like having a roommate in the United States as it helps reduce the amount that a client would need to pay for rent by splitting the cost between multiple people. Prior to the economic decline, the agency received government funding and had an adequate workforce to provide service and meet the needs of the clients who were enrolled in the program. Nonetheless, the limited funding and the lack of skilled/educated workers resulted in workers turning clients who were in desperate need of services away. Another factor for this agency is the exhaustion of the workers who are trying to meet the demands of filling roles and providing service (Metschnabel, 2015).

Tomorrow's Voices

The second agency that was visited was Tomorrow's Voices. Founded in 2007 by parents of autistic children, Mrs. Tricia Simons (Crow) and Ms. Thea Furbert, this agency consists of programs/lessons that provide early intervention for clients between the ages of 2 and 21 years old. The agency is recognized as the island's first social service program. The founders recognized the need for a program that provides hands-on, applied behavior analysis/verbal behavior services for children on the autism spectrum. There are about four to five staff members who provide direct and indirect interaction with children who are diagnosed as having autism. The interaction consists starts with a practical point of view to develop and expose clients to real world experiences (Martin, 2015; Tomorrow's Voices, 2016).

Providing clients with the needed skills to reintegrate them into their neighborhood schools with minimal supervision and to provide them with a better quality of life through intervention are the primary goals of agency. One way that the agency officials put forth these initiatives is by having the children complete activities in an open setting. The framework of the curriculum teaches each child critical language skills, functional activities, socialization, initiation and/or spontaneity and generalization of mastered concepts and/or skills. The floor plan consists of tables that showcase a variety of activities such as one child may be reading words, another identifying food items while another child is matching household items. The lesson plans are customized and the skills are built into every program to meet his or her learning style as well as address unique learning needs of each child while in their care (Martin, 2015; Tomorrow's Voices, 2016).

Workers work closely with teachers and parents to reinforce behaviors and skills development which prepare clients with caring for themselves, interacting with others, working, and possibly living on their own. Like other agencies who are dependent on donations, the lack

of funding and skilled/educated workers has a direct impact on the number of clients that they can accept for service. Unfortunately, the decline in funding means that workers must turn away clients who are in desperate need of service (Martin, 2015; Tomorrow's Voices, 2016).

The Agency of Aging and Disabilities

The third visit was to the Aging and Disability Service (ADS) previously known as the National Office of Seniors and Physically Challenged (NOSPC). They are a provider under the Bermuda government ministry in the Parliamentary system, known as the Ministry of Health and Family Services. This department receives funding and resources from the government only by following bureaucratic processes and receiving approvals to maintain the daily operations of the business. This is like the Department of Health and Human Services (HHS) in the United States. While both of these agencies are government based and receive government funding, the Department of HHS provides a wider range of services to all citizens (underserved, physically disabled, mentally impaired, seniors, etc.), nonprofits, and for profits who are in the business of client oriented service.

Seniors and individuals with disabilities receive assistance with a variety of services from the Agency of Aging and Disabilities. They specialize in providing consultation on legal issues, housing, adult daycare services, in home care, financial assistance, safety, wellness, etc. Although clients can apply for service, there is no guarantee of acceptance even if the client is eligible. Take for an example when a client is diagnosed with progressive Alzheimer's. The client's family can apply for admittance to one of the nursing facilities on the island. The client may be eligible for service but unfortunately, due to the large number of clients already receiving care at the facility, admission is denied (Belboa, 2015; Bermuda.gov, 2016). This demonstrates the magnitude that the recession of 2008 had on providing funds and resources, resembling the experience of other agencies. The effects of the decline are long waiting lists and, in many instances, turning away potential clients due to the lack of beds or skilled workforce, especially for clients who require specialized care (Belboa, 2015).

Big Brother and Big Sisters

The fourth and final meeting was with the Big Brothers Big Sisters of Bermuda. This agency is related to the mentoring program in the United States. Being a subsidiary of the U.S. based agency allows for having a parallel model to the U.S. program. Like in the US, fundraising is essential to maintain the daily operations of the business, pairing local youth with adults who spend time with the children as well as serve as role models. In many instances, the contact that the youth have with their biological parent may be limited or not existent.

The goal of the agency is that the interaction between the role model and youth will introduce experiences that stimulate and prompt good behavior and decision making in the youths who participate in the program. As a result, they will grow up to contribute to society as independent and productive members. Once again, some of the same issues experienced by other agencies have plagued this agency. This agency was a small operation in need of educated and skilled workers. The case manager had a four-year degree; however, she was from another country, Nigeria. The consistent themes are the lack of funding, resources, and

skilled-educated workers, which results in long wait lists and/or turning clients away (Big Brothers Big Sisters of Bermuda, 2016; O'Connor-Paynter, 2015).

Bermuda National Trust

The final part of the trip included a visit to the Bermuda National Trust (BNT) to perform a community service project on the nature trail that runs across the property. The beautification project consisted of removal of debris and upkeep of over grown foliage on the nature trail and surrounding property by curators, students and faculty from Bermuda College and Saint Leo University. The nature trail is part of the Bermuda National Trust, a nonprofit agency. This agency works to preserve and promote awareness of natural, architectural and historic antiquities and treasures. A few of these items include historic houses, islands, gardens, cemeteries, nature reserves and the coastline. Little information exists on the impact of the 2008 recession on this agency; however, the trail which is maintained through volunteerism appeared to be in good condition. As found in national and state parks in the United States, the trail serves as a widely used area for communal gatherings as well as a place to exercise, jog, and ride bikes. The curators shared the significance of the trail being a popular location for socialization and fitness which represents another facet to include as part of the social systems that exists within Bermuda. A portion of this beautification project consists of maintaining the upkeep of the surrounding property, particularly the trail that runs across the property (Bermuda National Trust, 2016).

Challenges

During the trip to Bermuda, there were a few items that were revealed during the discussions at the college and agencies about the socio-economic systems that exist on the island as well as the adverse conditions that occurred after the 2008 recession. The information is as follows:

- Minimum wage - There is no minimum wage. An individual working as a cashier can make a wage of \$15 per hour.
- Income taxes - Income taxes are paid as-you-go instead of as-you-go plus the yearly formal filing of local, state, and federal taxes.
- Car limitations - Households are limited to one car. Many couples have a car and a scooter for traveling to work and getting around the island.
- Unemployment compensation - They do not have a system in place that pays unemployment compensation when citizens experience job loss.
- Public assistance – Citizens in need of financial assistance may qualify if their yearly income is below \$52,000.
- Funding of social service programs happens from accepting donations, having fundraising events, and/or receiving money from the government or corporations.

The common themes were the 2008 recession, lack of funding, and resources. When comparing these items to the similar factors in the United States (see Figure 1), one can see why the recession of 2008 played a major role in the decline in funding and resources for the various social service agencies in the United States and on the island. One significant

difference was the educated, skilled workers. While Bermuda agencies struggle to find qualified workers, agencies in the US have an abundance of educated, skilled workers due to the variety of human service programs offered in the US. Students can graduate with a degree that provides knowledge, skills, and practical experience which makes students more marketable and job ready.

Figure 1. Bermuda vs. USA

Category	Bermuda	USA
Population	65,000	300 million
Economy	Reinsurance	Variety
Government	Parliamentary	Democracy
Taxes	Pay as you go	Pay as you go & File forms
Healthcare	Government	Private and Government
Minimum Wage	None	\$7.25
Unemployment Compensation	None	Yes
Education	2 year college	All levels
Social Service Systems	Private, Non-Profit, Government	Private, Non-Profit, Government

Lessons Learned

Previous studies indicated that in many larger developing countries and island-based economies (including that of Bermuda) as much as half of higher and tertiary education happens internally, inside the private sector (Kapur & Crowley, 2008). This growth resembles the rate of professional training programs by the private sector in the United States. Training costs associated with the private sector rose after the year 2000 from 284 to 387 billion dollars. This growth made private sector training within the US one of largest providers of professional training in the country (Bjornson, 2004). It sparked higher educational institutions, quality assurance agencies, and accrediting bodies to expand, which worsened the issues and expanded the gap surrounding educated-skilled workers in state run bodies or developing countries (Kapur & Crowley, 2008).

In addition to having an educational system which fails to meet industry demand for educated, skilled human service professionals, the Bermuda College also lacks educational-community based partners with industry leaders or social service agencies. Developing these types of relationships would move support from beyond the generous donations of individuals (high value residents) and the nonexistent corporate support. It will create more opportunities for fundraising, receiving resources, and sharing strategies (Kapur & Crowley, 2008).

Overview of Cuba

As travel for Americans to Cuba is becoming less restricted, more efforts are being made to examine the social issues Cubans face. A further examination is most revealing in studying how policies and practices impact social services in Cuba. Most importantly, human

service professionals from both countries can learn from each other to assist in bridging the gaps of services for the well-being of our clients and communities.

Health Directives and Outcomes

The Cuban Ministry of Public Health (Ministerio de Salud Pública, or MINSAP) is the largest employer of human service professionals on the island (Strug, 2010). These professionals practice not only in health care settings but also in schools, social services, and criminal justice settings. Health care is delivered by the government, which is common in socialist political systems. Cuba supports the World Health Organization (WHO)'s definition of health, which states the importance of a complete physical, mental, and social well-being of a person (World Health Organization, 2011). This focus on prevention and the integration of health and social well-being parallels the biopsychosocial model. At the national level, MINSAP sets standards for service delivery, connects with health care research in university-settings, and maintains the medical and health care information system, INFOMED.

The Cuban system places a high priority on the social determinants of health, including family integration (Strug, 2010). Health care professionals perform demographic risk assessments not only for each individual but also for each family. Large organizations such as Committees for the Defense of the Revolution and the Federation of Cuban Women also play an important role in health care promotion and coordination. These community-based entities also play broader social welfare functions like ensuring that individuals registered with polyclinics and children are enrolled in school (Strug, 2010).

Cuba has the largest number of doctors per capita as found in any country in the world. After the 1959 revolution, there was an exodus of half of Cuba's 6,000 doctors (Beam, 2007). It is the social welfare directive of the Cuban government to heavily invest in medical education. This policy enforcement directs Cuba not only to train numerous international medical students but also supply physicians to countries in Africa, Asia, and Latin America (Beam, 2007).

The country devotes almost a quarter of its gross domestic product (GDP) to education and health care, which is almost double the percentage of the US (Pan American Health Organization, 2007). Cuba guarantees free education and health care for all citizens. Women receive six weeks of paid prenatal maternity leave and up to one year of paid leave after giving birth (Keon, 2009).

These policies may explain, in part, some of Cuba's population health outcomes. The infant mortality rate for 2005–2010 was slightly lower than that of the United States; (Figure 2), similarly, the prevalence of HIV among adults was among the lowest in the world in 2007–2008 (United Nations, 2010a). Although wealthier countries tend to have longer life expectancy than poorer ones, the 79-year life expectancy of Cuban citizens at birth nearly paralleled that of the United States in 2010 (United Nations, 2011).

The Elderly

Cubans hold older adults (affectionately referred to as *los abuelos*) in high regard. There is also the view that advanced age is perceived as a time of continued learning and community participation. Many households are multigenerational, whether by choice or housing shortages. Consequently, numerous older adults help raise grandchildren and support working

parents. It is important to note that older women retire at the age of 55 and older men at 60 (Cuba to Raise Retirement Age, 2008). In addition to supporting younger family members, older adults also take classes, participate in workshops, and learn or enhance skills at Cuba's university for older adults (Universidad del Adulto Mayor) and in multiple community-based health, recreation, and social service programs. Intergenerational initiatives with children and youth are also popular.

The Cuban government provides multiple services for older adults (Hulko & Cascudo-Barral, 2010). An interdisciplinary gerontological assessment team (Equipo Multidisciplinario de Atención Gerontológica, or EMAG) is based at each polyclinic. Each EMAG includes a nurse, physician, psychologist, social worker, and other health and human service professionals as needed. The EMAG facilitates integrated community care for older adults, connecting individuals and families with resources such as Grandparents' Circles (Círculos de Abuelos, similar to U.S. senior centers), Grandparents' Houses (Casas de Abuelos, similar to adult day health centers), home-based care, residential rehabilitation (protected houses), homes for individuals with Alzheimer's disease and related disorders, and other services (Hulko & Cascudo-Barral, 2010; Strug, 2010).

Children Services

Historical events have played a central role in Cuban child welfare policy. The country lost large numbers of children in the post-1959 revolution exodus. This loss culminated in Operation Peter Pan, the 1960–1962 U.S.-endorsed airlifts to Miami of 14,000 Cuban children whose parents feared the Castro government (Bridges, 2015). In 1999, the international custody dispute involving Elián González reignited Cuban fear of losing their children to other countries, especially to the United States.

The Cuban government child welfare policy reflects much apprehension: Cuba does not allow international adoption, and virtually adoption within the country is kinship based. Yet, the government upholds strict custody laws. Cuban parents can be incarcerated and potentially lose their parental rights for the act of corrupting minors, which is an umbrella charge that encompasses a variety of infractions.

As in aging services, programs for children with special needs employ an interdisciplinary team model. Teams often include parents, physicians, psychologists, social workers, special education teachers, speech and occupational therapists, and other professionals. Services include community-based Centers for Orientation and Diagnosis of Learning Disabilities (CDOs), and day treatment programs for children and adults with disabilities (Caritas Internationalis, 2012). Cuba also has a national network of Casas de Niños sin Amparo Filial (Homes for Children Without Family Protection), residential facilities for children in the governmental foster care system. MINSAP also operates specialized pediatric mental health clinics, which serve children from all over the world (Grogg, 2009).

Figure 2. Cuba vs. USA

Category	Cuba	USA
Population	11.27 million	316 million
Economy	Variety	Variety
Government	Communist	Democracy
Taxes		Pay as you go & File forms
Healthcare	Government	Private and Government
Minimum Wage	Varies by Occupation	\$7.25
Unemployment Compensation		Yes
Education	All levels	All levels
Social Service Systems	Government	Private, Non-Profit, Government

Challenges

Despite these remarkable achievements, there is the acknowledged that the Cuban society faces multiple challenges. Although foreign investment in Cuba has increased in recent years, the economy continues to stumble. Consequently, the population struggles with shortages of housing, food, medicine and basic supplies.

Cuba's dual currency system also presents multiple challenges to the economy and has increased socioeconomic stratification within the country. Moreover, the post-1959 migration to urban areas (one quarter of Cuba's population now lives in Havana) has shrunk the agricultural sector, perpetuating food rationing and requiring the country to spend valuable hard currency on food imports (United Nations Development Program, 2010b). Other factors contributing to limited agricultural production include drought, hurricanes, and the lack of citizens in skilled trades which some attribute because of unlimited access to higher education.

To try and address these challenges, human service professionals function at the national, provincial, and local levels in Cuba, performing direct service, program development, consultation, supervisory, and administrative functions. Specific work functions include conducting assessments, determining eligibility for and connecting people with community resources, preventing and addressing social isolation, and enhancing psychosocial well-being.

Lessons Learned

There are a variety of lessons as human service professionals we can learn from the Cuban social service system.

- Promotion of biopsychosocial well-being through the systemic integration of health care and social services
- Public health, prevention-oriented approach to health care delivery
- Widespread availability of health care and social services
- Neighborhood-level network of health and social service programs that foster interaction among community members and accessibility of services

- Use of data on prevalence of disease, disabilities, and social conditions to plan and implement health care and social service programs
- Promotion of family relationships and community connectedness
- Social welfare policy that supports pregnant and parenting women
- Community-based, outpatient programs that provide family-centered health care for children with special needs
- High regard for elders, who give and receive strong family and community support
- Interdisciplinary gerontological assessment and community-based intervention for elders who are at risk for isolation and disability
- Promotion of resilience, social engagement, lifelong learning, creative expression, cognitive health, and participant decision making in programs serving older adults

Overview of Denmark

Social welfare services in Denmark and the Scandinavian countries are considered to be the best in the world. The basic principle to the Danish welfare system, also known as the Scandinavian welfare model, is that all citizens have a civil right to social services. Their protection of these rights includes a philosophy of universal services for all Danes. This is what has created a vast array of state supported services including day care, all levels of education, health care, maternity and paternity leaves, retirements, unemployment, and disability services. Danes are part of a national system of free health care and education for everyone, job training, subsidized child care, a generous pension system and fuel subsidies and rent allowances for the elderly. They earn six weeks of vacation annually from employers (Sorenson, 2015).

As a result, individual taxation in Denmark is among the highest in the world, set at around 30% – 53%. Danish citizens are generally in agreement with this rate as it establishes and protects the individual and family services they prize as an equalitarian society. Since taxes are progressive in Denmark, the more wages you earn, the more you pay in taxes. This is opposite to taxes paid in the United States which are practically regressive, meaning that the less you earn the higher rate of tax you pay. The more you make the less of a tax rate you pay (Kinsella, 2015).

This might be expected in a capitalistic society where people are encouraged to be independent, to work hard to be productive, and to pay their own way for any services. They take care of their own needs. Services in the United States are residual, with means-tested programs with eligibility requirements attached for those applying for assistance. Only those most in need will receive the services in the United States. Universal social welfare services provided to all Denmark citizens include:

- Day care
- Paid six-month maternity and paid six-month paternity leave
- Job insurance that your same job will be there for you when you return
- All health care
- All education including higher education
- Family allowances monthly for each child

- Six weeks paid vacation that is mandatory to be taken
- Retirement benefits at age 65
- Any other social services that are needed in your lifetime like counseling, employment, housing services, etc.
- Holiday pay
- Disability benefits
- Sickness benefits

In a recent trip to Denmark, several social service agencies were visited including aging services, nursing home facilities, child care programs, colleges, elementary schools, and workshops for the disabled. A description of services visited will be provided in the overview for each population.

Health Directives and Outcomes

Denmark provides some of the best health care in the world to its citizens, those residing in Denmark and travelers to Denmark. All health care services are provided free of charge to the recipient as all health care is paid by the state. All hospital, medical and dental care is covered without fees to anyone (Einkorn & Logue, 2009). They also have one of the lowest infant mortality rates in the world at 5.4 per 1000 births. Life expectancy for men is 73 years of age and for women it is 78 years of age (Sorensen, 2015). The hospitals are modern facilities with excellent treatment by doctors and dentists that speak many languages, including English. Because the services are provided through the Danish Health Service, medical treatment is provided to all 5 million residents, EU citizens, and free emergency treatment to travelers from other countries.

Their health care system is divided into Primary Health Care which includes general practitioners, dentists, and other therapists. Hospital care provides treatment for specialized medical care or intensive care. Medical care is free, universal, and offered through the County Council of the area where you live. Choice of practitioners is available. All health care services are paid through general taxes. The nursing home facility that was visited in Copenhagen was modern, spacious, and provided individual care for the elderly residents. It will be described in detail below. An annual vacation leave package of six weeks per employee seemed excessive to Americans who visited the agencies in Denmark. It was explained that the country sees that as a preventive health care policy. More vacation time equates to less stress and serious health issues.

Services for the Elderly

Social pensions in Denmark are not dissimilar to those in the United States with retirement at age 65 and available to all citizens. They are an important part of the system since most retired people in Denmark do not continue to work, so the pension is the only source of income (Angloinfo, 2017). The local or county government has the authority to assess each resident's needs and provide whatever services are requested. Social workers have the primary responsibility within each county government system to assess the individual who

comes for services. They make the determination as to the service that is needed, and together with the resident, they choose the agency and service location.

Individuals and family members who require any social services during their lifetime would visit their county municipal center, or Gentofte Kommune, to request such services as housing, employment, child care, counseling, youth club activities, nursing home care, leisure services, and even marriage. Elder citizens are eligible for housing allowances to assist with expenses after they retire. Social workers play an important role in assessing the need for services and linking the resident with the services required.

Elder citizens of Denmark remain in their own home as long as possible. Visiting social service aides will stop by to bring meals, administer medication, assist with household errands, and often just to check on the resident. This might require several visits a day to each resident. Once the elder is unable to function in their own home they are transferred to a residential facility. This is usually not until their last year of life. Nursing homes are required by law to have a bedroom with appropriate furniture and a sitting room. Residents can bring additional furniture, hang pictures, decorate their rooms as they see fit, and they can arrange the furniture the way they choose.

During a visit to a facility in Denmark, it was explained that consideration was given to residents. They are free to do whatever they would do in their own homes. They may leave the facility to take a walk, drink alcohol, or take meals in their room. They do not have to eat meals at any scheduled time. The civil rights they have as Danish residents allows them to protect their freedoms as they age and even as they enter residential facilities. Nursing staff indicated that if residents decided to go for a walk at midnight they accompany them, but they do not lock them in the facility or have rules against such activities. The needs and desires of the Danish resident come first. All facilities are equally equipped with modern furnishings, meal service, and medical treatment for all residents across the country regardless of age, gender, race, or income. Older facilities were being replaced with newer, modern facilities while we visited one neighborhood in Copenhagen.

Services for Children

Denmark has very generous benefits for children and their families. Valued as a resource, children are provided free day care and all education from elementary school through a university education. Education is required by law for children ages 6 through 16 with pre-school starting at age 6. The (*Folkeskole*) is the public school system that houses the pre-school year, nine years of elementary and middle school, and the optional tenth grade. A child must be admitted to a pre-school class in the calendar year of their sixth birthday. Elementary school would not begin until the following year at age 7.

The belief that children need time to grow developmentally is supported in the human service literature by both developmental psychologists, Piaget and Erikson. Both studied the early years and emphasized the importance of a stable environment, nurturing caregivers, and the freedom of a child to learn from their experiences and their environment. Denmark has a policy that blends parenthood and employment with generous parental leave policies and quality child care programs. Their philosophy is one of relaxed educational requirements for young children who attend day care and pre-school programs.

Along with health care benefits, children are protected through supports for families that include a monthly family allowance, maternity and paternity leaves, required parental leave from employment for mandatory attendance at school conferences, and monthly allowances for children age 18 or over for secondary and university education who live independently. These children can receive a stipend of \$5,839 kroner (US\$1,028) a month for such needs. Those who live with their parents at age 18 get half that amount.

Denmark has made considerable strides to assist women who want to work while raising a family. Both the excellent day care system and maternity benefits of 4 weeks leave before the birth of a child and 14 weeks leave after the birth of a child are generous national supports for all women. Men are entitled to 2 weeks of paternity leave. Depending on your employer, you may earn additional bonuses and leaves as a parent. National family allowances also provide monthly cash payments until the child is 18 years of age. This policy prevents the child from a lifetime of poverty with adverse effects due to low income often producing poor housing and poor nutrition. Education is so valued that most Denmark citizens are considered to be skilled workers. There is a shortage of unskilled workers but plenty of work for the 5.6 million citizens. A recent poll showed that although Denmark does not have a minimum wage, most labor unions and other organizations have agreed on a minimum of 111 kroner (US\$20.30) an hour.

The Ministry of Social Affairs is responsible for the Social Services Act and for early childhood education and care. For young children, parents can choose the type of program they want for their child. Most children in Denmark are looked after by a childminder in a day care setting (Welfareinfo, 2017). Some other options that may include additional payments include:

- Day care with an approved childminder (*Dagplejer*) for children up to the age of three
- Private day care for children up to the age of three
- Nursery (*Daginstitutioner*) for children aged six months to two years
- Crèche (*vuggestuer*) or type of kindergarten for children aged between three and six
- Integrated institutions (*Aldersintegrerede institutioner*) for children aged six months to six years
- *Særlige dagtilbud* is a special day-care facility for children with permanent or considerably reduced mental or physical capacities

The adult/child ration in a nursery is three adults for every ten children since the ages of the children are two and younger. For older kindergarten age children, the ratio is 2 adults for every twenty children. Although some parents pay for child care, especially if they prefer smaller more private settings with a nanny, by law this may not be more than 25 to 28 percent of the cost of the care in a municipal institution. Discounts are available for families with more than one child, and some municipalities provide grants for parents to care for their own children. All children receive language stimulation classes to learn the Danish language beginning at age three.

Figure 3. Denmark vs. USA

Category	Denmark	USA
Population	5.6 million	321.42 million
Economy	Mixed	Mixed
Government	Monarchy	Democracy
Taxes	Direct and Indirect	Pay as you go & File forms
Healthcare	Social	Private and Government
Minimum Wage	None	\$7.25
Unemployment Compensation	Yes/Insurance Fund	Yes
Education	All levels	All levels
Social Service Systems	Social	Private, Non-Profit, Government

Challenges

Denmark continues to offer excellent social services to its residents, a growing body of immigrants, and its visitors. Taxes will remain high in order to support the demand for services. As Denmark works through its National Program on Reform, it faces a growing body of immigrants, primarily young children and adolescents from the Middle East. These victims of a war-torn Syria and Iraq bring language barriers, social and educational issues, and mental health concerns. After visiting a residential facility for adolescents in Copenhagen, the Danish counselors indicated this was their biggest challenge in their country. The taxes to support the necessary services for these children will also be a challenge moving forward because they come with no monetary support from the country they left behind.

Lessons Learned

Civil liberties are prized in Denmark. Throughout the life cycle, Danes agree that paying higher taxes pays off in excellent social services that are used by everyone in the country, regardless of education, income, race, age, or gender. Recent polls show that Danes agree with paying higher taxes and 66% of the country was not supportive of cuts to taxes or social service programs (Olsen & Rising, 2014). A typical citizen of Denmark rides a bike to work, owns an older car to prevent paying high taxes on new automobiles, pays high gasoline prices due to environmental laws, believes and uses all the educational resources available to them, and holds a universal philosophy of social welfare to be in their best interest. They take their six weeks of earned vacation annually and often travel to other European countries.

Local municipalities, called a Gentofte Kommune, provide the Danish Social Welfare System for residents of their community. This local government has the authority to establish homeless shelters, leisure centers and youth clubs, nursing homes, residential homes for children, and institutions for the treatment of drug and alcohol issues. Court systems are not involved in the adjudication of juveniles as municipalities provide the services needed. They provide cash assistance to those with insufficient funds, including housing allowances for the poor and the elderly.

Social workers hold a place of significance in this country as their assessment skills are valued. Professionals in this field make the significant decisions about the type of services individuals and families require. They determine who, what, when, and where the person receives services. The role of the worker is very important in this system. No judicial decisions or frameworks are provided for children who break the law, commit crimes, or suffer with mental illness. Courts do not decide the fate of children; social workers do. Mental health programs, residential treatment facilities, hospitals, and drug and alcohol treatment centers are used to provide services for children, not detention centers or juvenile jails. Social workers hold a position of power and authority with great respect from the municipality and the citizens themselves (Schultz, 2015). Social workers in Denmark are required to be licensed as they are in the United States for many positions.

Training for those who provide direct service to children, adolescents, adults, and the elderly in day care centers, nursing homes, ageing services, schools, residential facilities, etc. are provided in Pedagogical Colleges. Students who receive this training determine what population they would like to work with by age. They can choose children and day care, adolescents and the residential facilities, or adults and aging programs. This type of direct service worker is called a social pedagogist and is most like our human service worker in the United States. Those who are trained as social pedagogists do applied work. They are not licensed as social workers are required to be, and they work directly in agencies with the populations they have been trained to assist (Karlson, 2015).

Although the types of social services that are provided in both the United States and Denmark are similar, the philosophy behind the social service system is very different. Denmark provides a variety of universal social services to its citizens through the levy of a very high tax rate. This is an acceptable policy in Denmark as the citizens value their civil liberties and see their social services as basic human rights. The United States also sees social services as important and necessary basic human rights but on a residual basis to those who cannot find the means to support themselves. A means-tested assortment of services is provided for the needy who meet eligibility requirements for federal or state benefits. In addition, a variety of business sponsored programs and nonprofit programs are available to assist those who may not be eligible for other types of programs.

The need for workers to address the global concerns of an aging population, child care issues, mental illness, or drug and alcohol problems is evident. Whether we call them human service workers in the United States or social pedagogists in Denmark, social problems are not restricted to one country. We need to continue to train our students to become global leaders addressing the social issues of our world.

Conclusions

The visits to Bermuda, Cuba, and Denmark provided a wealth of information on the challenges faced in the human service profession on global issues ranging from aging, children with learning disabilities, drug and alcohol abuse, unemployment, or mental health issues. The issues were examined in this paper along with ways the United States approaches service. It was discovered that in most instances the approach to delivery of service was effective and

efficient for the resources and funding available in each country. However, in the areas when variation occurred in the approach to service delivery, these differences were due to a variety of factors.

Figure 4. Demographics

Category	Cuba	Denmark	Bermuda	USA
Population	11.27 million	5.6 million	65,000	321.42 million
Economy	Variety	Mixed	Reinsurance	Mixed
Government	Communist	Monarchy	Parliamentary	Democracy
Taxes	Pay as you go	Direct and Indirect	Pay as you go	Pay as you go & File forms
Healthcare	Government	Social	Government	Private and Government
Minimum Wage	Varies by Occupation	None	None	\$7.25
Unemployment Compensation	Yes/Safety Net	Yes/Insurance Fund	None	Yes
Education	All levels	All levels	2 year college	All levels
Social Services Systems	Government	Social	Private, Non-Profit, Government	Private, Non-Profit, Government

Three consistent factors (Figure 4) were present: (1) the existence of social service programs, i.e., does the country have social service agencies? (2) the source of funding, i.e., were funds provided by the government or through vigorous fundraising efforts? and (3) the number of workers to service the needs of the community, i.e., does the country have enough educated and skilled workers to provide service? In the instance with Cuba, a country that is state run, they have a surplus of doctors to provide health care, and the social service programs and funding vary from one community to the next. While in Bermuda, with a parliamentary system, the government sponsored agencies and many of the nonprofits social service agencies struggle with raising funds and finding educated skilled workers to service clients. In Denmark, a state-run governmental social service system and programs are held in high regard. A larger percentage of income goes toward funding, education, and maintaining the social services. Identification of these differences assists with evaluating the benefits of training and education as well as competency and preparedness for the challenges that human service professionals face when working in the field. With this information, they can be provided a discussion on global practices that could benefit all countries.

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Policy Windows and Practical Approaches: Advocating for Immigrant Clients

Darlene Xiomara Rodriguez and David Timothy Schaefer

Advocacy Efforts for Direct-Service Nonprofit Organizations:
Counseling the Client, Shaping the System

Abstract

Due to resource constraints, direct-service nonprofits struggle to meet the many needs of their clients, and those needs are often a product of systemic factors. In many ways, nonprofits find themselves fighting to merely treat the symptoms of a larger disease rather than curing the disease itself. Human service organizations become so busy in the day-to-day battle for individual clients that they fail to have a holistic perspective on how their clients, as a collective, are affected by policies and practices. Because no one understands the dynamics and patterns of poverty better than direct service nonprofit organizations, their voice is critically important but remarkably absent when policies are drawn up and decisions are made at the local, state, and federal levels. Here we explore the ways that human service organizations can undertake advocacy by reconceiving their work, finding their voice, getting a seat at the table, and raising their voice to address the root problems faced by their clients.

Nonprofit Advocacy in the Literature

Despite the long history of social work and human service organizations engaging in advocacy efforts at the micro, mezzo, and macro levels (Brawley, 1997), there has been limited research citing the ever-decreasing role advocacy has played within these fields (Walz & Groze, 1991). This seems to coincide with the increased devolution of federal government actions and responsibilities to the state and local government. This was partly influenced by President Reagan's administration and his platform to make the federal government lean by engaging in supply-side economics. Devolution coupled with an increasingly conservative political environment seemingly affected advocacy efforts within the nonprofit sector (Wolfer & Gray, 2014; McNutt & Menon, 2008; Fitzgerald & McNutt, 1999).

This is one of many reasons why organizations do not have advocacy structures in place. Those efforts that do exist are often regulated by the board of directors and administered by the staff in an ad hoc fashion, thus having a limited effect (Schneider & Lester, 2001). Sadly, this ad hoc approach to advocacy is all too common, and until it becomes central to the organization's mission, staff will not take it upon themselves to do it (Taylor, 1991).

Once someone takes responsibility for the tasks associated with advocacy, organizations have been able to identify clear and consistent benefits. These benefits arise out of a dedicated staff member tasked with advocacy functions or the creation of advocacy programs within the slate of programs and services offered by the agency (Bass, Arons,

Guinane, & Carter, 2007; Berry, 2003; Donaldson, 2008; Gibelman & Kraft, 1996; Netting, O'Connor, & Fauri, 2007; Taylor, 1991).

In light of Reisch's (1990) findings from his landmark study of over 125 organizations examining the relationship between organizational structure and advocacy among nonprofit organizations, it was determined that organizations that have advocacy embedded in their structure were more effective in conducting advocacy and allocating resources towards advocacy. Capitalizing on this finding, Taylor (1991) proposed a model for social change. She argued that for advocacy to succeed, having the backing of the board of directors, the staff, and the community are compulsory.

Similarly, Gibelman and Kraft (1996) asserted that not only must advocacy be incorporated within the organization, but it should also be infused within the agency's programs, services, and activities. Therefore, an intentional, rather than ad hoc, advocacy program provides opportunities for social justice work to take place at the micro, mezzo, and macro levels of the organization. As the banner of advocacy reigns over an agency, the organization and its stakeholders are better able to communicate their concerns to decision makers as well as inform agenda setting and the policy-making process (Berry, 2003).

Although there are numerous ways in which an organization can incorporate advocacy, Donaldson (2008) identified six building blocks for developing a progressive advocacy program within a human service agency: 1) regular opportunities for reflection, 2) institutionalized practices for meaningful constituent involvement, 3) active and meaningful participation in coalitions, 4) full-time staff devoted to advocacy, 5) diversified funding portfolio, and 6) agency leadership fully supportive of progressive advocacy activities (p. 33).

Considering these theoretical recommendations, we have sought to further expand upon how these may be manifested from a practitioner's perspective. What follows is a summary of some of the key points that resonate with the academic literature stated above and how they manifest themselves through the quotidian work from the field. Each of these points are applicable to any cause or issue, and thus we aim that they will be useful to a wide range of readers. At the conclusion, we apply the academic research and the reality of human service workers to working with or on behalf of immigrant clients.

Nonprofit Advocacy in Practice

Advocacy, which can be defined as an effort to increase awareness about an issue and make the case for needed change, is often overlooked, or even feared, by direct service nonprofits. Whether it is lobbying (supporting or opposing a specific law), organizing (bringing people and organizations together), or messaging (reaching audiences through preferred media), nonprofits fear what they do not know. Nonprofit organizations considering advocacy should establish a roadmap for doing so, planning progressive steps and a timeline for what advocacy looks like for their particular organization. Among other things, the roadmap should include: organizational culture and leadership, strategic planning and market analysis, communications, legal/ethical considerations, and resources. Below we provide a brief overview of each.

Culture and Leadership

Advocacy is often simply not on the radar of those inside an organization. Some of this perspective is a product of nonprofit workers' direct-service training. For example, human service workers may tend to view the world in case management terms, with its one-on-one counseling paradigms. And, because nonprofit leaders often emerge from the ranks of frontline workers, an executive director may carry this case management perspective with her to the top of the organization; therefore, it is important cultivate and sustain a culture of advocacy in the following ways:

From the Bottom Up.

Advocacy should be written into the DNA of the organization; however, it does not happen overnight. One way to begin building an internal culture of advocacy is to hire frontline staff who not only have a history of excellence in working with individual clients but who also have done community organizing, media campaigns, or other large-scale pushes to bring about system-level impact.

In addition, staff programming such as monthly meetings and trainings should incorporate advocacy components such as quick pointers on how to help clients learn how to advocate for themselves and a monthly advocacy newsletter helping keep staff informed about issues that the organization is working on. If done properly, advocacy should become as natural as breathing and should be reflected in the everyday work of every staff member.

An internal advocacy culture should help positively shape an external advocacy culture as well. Staff who have come to understand the advocacy philosophy and stance of the agency should be in the regular practice of helping service recipients understand better how to self-organize and advocate for themselves at school board meetings, neighborhood groups, city councils, and other venues.

From the Top Down.

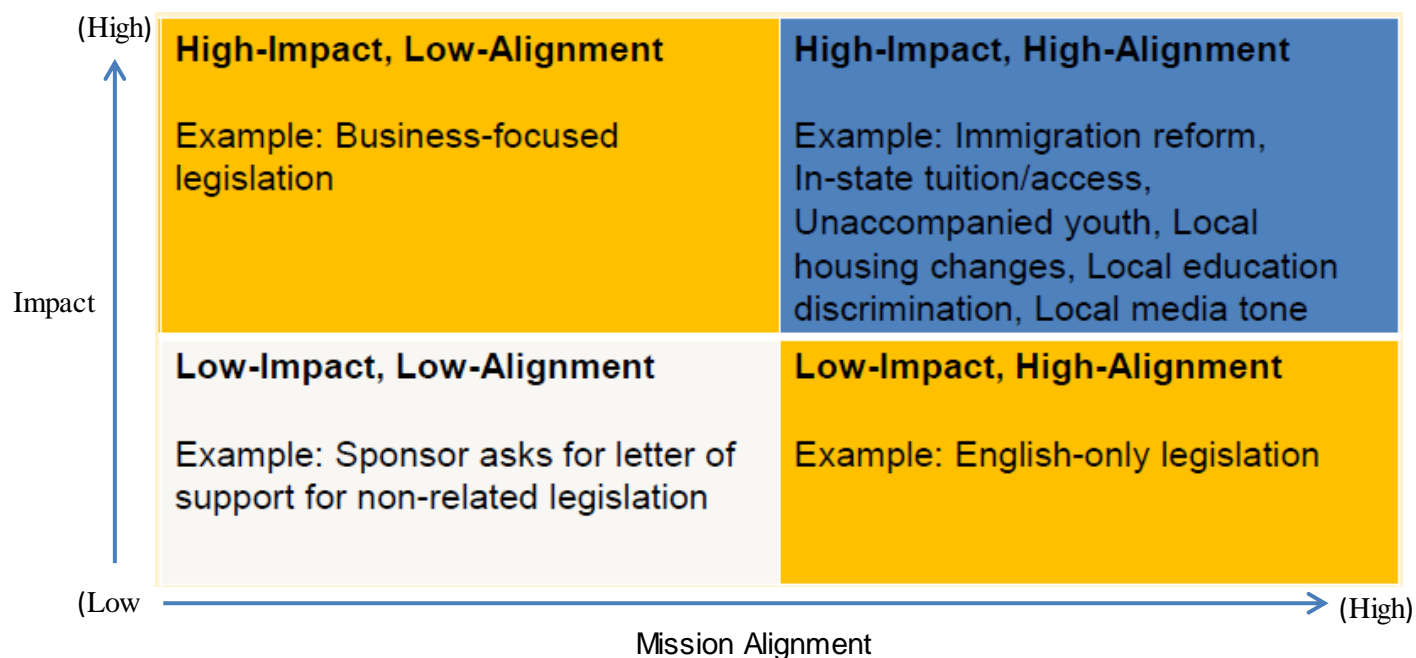
Without board and executive level support, an advocacy culture will never truly take shape. For example, it is very helpful to recruit and retain board members who have an advocacy mindset and to recruit and retain an executive director who thinks similarly. Leadership who understands the advocacy possibilities can help ensure that policy-level decisions are made with advocacy in mind and that sufficient resources are assigned to advocacy functions. Also, the organization should consider hiring an advocacy director, who would be part of the organizational leadership team. The advocacy director would help ensure that advocacy culture takes hold and helps formulate low-cost ways to get staff involved in advocacy activities.

Strategic Planning and Market Analysis

A strategic plan, which typically lasts three to five years, gives force and direction to a human service organization. Direct service nonprofits who seek to begin or expand advocacy efforts should incorporate advocacy into their strategic planning. The strategic plan and its collateral documents should include large-picture thinking around the kinds of issues that should

be targeted for advocacy (See Figure 1) as well as how individual programs will fit into the advocacy framework.

Figure 1. Matrix for Selecting Advocacy Issues, Example Based on Immigrant-related Themes



In addition, board members might work with the executive director to assign a committee to oversee advocacy efforts, to help ensure that strategic thinking is consistently applied to the advocacy function throughout the life of the strategic plan.

The strategic planning process should include an environmental scan or market analysis whereby an organization can assess the value of expanding its advocacy functions. Key questions to be asked include:

- What issues do clients face that cannot be remedied by direct services?
- Who is currently doing advocacy?
- What is the proper advocacy tone for the agency?
 - In-your-face approach: Marches/demonstrations
 - Servant leadership: Tell decision makers what your clients need
 - Scholarly/informed: Harnessing data to make your point

Communications

Establishing an advocacy function has communications implications for the entire organization. For example, there will be a need to identify new audiences who will receive calls to action, advocacy updates, and advocacy volunteer opportunities. If the organization already has communications personnel, adding an advocacy component will place increased load on

them. If current personnel have primarily engaged in fundraising-focused communications, training around new formats and platforms might be required.

Legal/Ethical Considerations

Direct service, nonprofit organizations undertaking advocacy, especially lobbying, should do a comprehensive review of state and federal laws to ensure appropriate compliance. Tax laws and lobbying rules are some of the areas that need special attention. The nonprofit might consider retaining counsel if lobbying will be an ongoing activity. Similarly, it would be well advised for the agency to obtain the 501(h) election to secure itself from overstepping IRS limitations on lobbying activities.

Resources

Nonprofits exploring advocacy should also look at their resource portfolio to see whether any funders will be unsettled by the organization taking a more active role in advocacy. For example, funders who have historically only funded direct services might not be comfortable with an executive director or advocacy professional writing an op-ed piece in the local newspaper. In addition, new funding to support the advocacy function may need to be explored.

Working with Clients from Mixed-Status Immigrant Households: Challenges to Advocacy for Human Service Organizations

Immigrant-serving nonprofit organizations have a special set of challenges when it comes to advocacy. For example, nonprofits that serve immigrant clients often find themselves bridging a massive gap between a substantially disempowered population and the systems that nonprofit organizations seek to impact. This is especially true for agencies that serve undocumented clients, who cannot vote, have limited economic means, and are often afraid to speak up.

For human service organizations that serve undocumented immigrants and are focused on a specific ethnicity, there is an additional challenge of finding decision makers with a cultural framework that will allow them to understand the needs of impoverished, undocumented members of that ethnicity. This is especially difficult in new immigrant receiving areas like those found in the Deep South, where city councils, county commissions, (Vasilogambros, 2015), and the state legislature (Stolberg, 2014) remain overwhelmingly Caucasian despite substantial growth in Asian and Latino populations.

Moreover, human service organizations who operate from an empowerment paradigm—a paradigm in which those served by the agency are encouraged to find leadership and resources in their own communities—have a duty to build the advocacy capacity of local communities to advocate for themselves. This is a long process, especially for an immigrant who may not speak English and may have come from a country where government is distrusted and where speaking up could get someone killed.

Steps for overcoming these substantial barriers include civic engagement academies, workshops to help immigrants learn how to speak to public bodies, and one-off courses on specific topics like federal, state, and local government. The paramount value of such activities

is embodied in Wyoming Senator Michael Enzi's quote, "If you're not at the table, you're on the menu."

All human service organizations should choose carefully the issues for which they will advocate. However, the need for careful issue selection is especially acute for immigrant-serving nonprofits given that the potential for issue blowback is much higher in the volatile context currently surrounding immigration. Immigrant-serving nonprofits must be careful that well-intended advocacy does not harm clients by, for example, further exposing them to xenophobic or racist trends that can manifest in schools or other public fora (Rodriguez, 2010).

Issue selection is supported by a robust and thoroughly-vetted advocacy agenda. Formulating an advocacy agenda should include consultation with the executive director, board of directors, and subject-matter specialists internal to and external to the organization. The advocacy agenda should be designed to maximize systemic change within formal organizational frameworks such as the strategic plan and operating plan. It should also be tailored to interface with and reflect the feedback and needs of direct-service units internal to the organization.

Moreover, nonprofits should develop quick-reference tools for determining the why, what, and how of advocacy. Tools like the one below that ask questions such as: "How much will this issue impact those we serve?" and "How aligned is it with our mission?" are very useful in prioritizing issues and ensuring maximum advocacy effectiveness.

Understanding that it may be easier to read about advocacy than to actually do it, we have compiled a list of readings and resources that may be useful for practitioners and students to consider in their own advocacy work. This can be applied to any cause or issue that your organization is aligned with. It is even more important when working with vulnerable populations, like immigrants to the United States.

Although the resources outlined in the handout below, as an appendix, are not exhaustive they may be a useful starting point for brainstorming, discussion, framing, and then deploying advocacy efforts that serve your clients, causes, and concerns. They have been broken down into two categories: academic sources and practitioner sources to meet the needs of the diverse membership of the National Organization for Human Services. May these resources serve you and those whom you serve well.

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Professional Development Resources to Inform Advocacy Efforts among Human Service Organizations

Academic Sources

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Professional Development Resources to Inform Advocacy Efforts among Human Service Organizations

Practitioner Sources

- Center for Lobbying in the Public Interest (www.clpi.org)
 - CLPI promotes, supports, and protects 501(c)(3) nonprofit advocacy and lobbying to strengthen participation in our democratic society and advance charitable missions.
- Resource: [Make a Difference for your Cause: Strategies for Nonprofit Engagement in Legislative Advocacy](#)
- North Carolina Center for Nonprofits (<https://www.ncnonprofits.org/>)
 - To enrich North Carolina's communities and economy through a strong nonprofit sector and nonprofit voice. By serving as an information center on effective organizational practices, providing a statewide network for nonprofit board and staff members, and as an advocate for the nonprofit sector.
- Resource: [Advocacy 101: Part 1-The Basics of Nonprofit Public Policy Advocacy; Part 2-The Values-based Advocacy Model](#)
- The Metropolitan Group (<http://www.metgroup.com/>)
 - Metropolitan Group is a full-service social change agency that crafts and integrates strategic and creative services. We help our clients with strategic communication, multicultural engagement, organizational development and resource development to build a just and sustainable world.
- Resource: [Successful Advocacy: A Values-based Approach](#)

This document was compiled by Dr. Darlene Xiomara Rodriguez (Kennesaw State University) and Mr. David Schaefer (Latin American Association). It has been crafted as a handout for wide circulation to benefit the membership of the National Organization for Human Services (NOHS).

Should you have additional resources you would like to add to this list, please reach out to us so we can expand the current listing and provide a revised copy to the NOHS membership.

If you would like additional information about how to engage in nonprofit advocacy, in general, or with immigrant communities, in specific, contact us at drodri30@kennesaw.edu.
Thank you!

Self-Stigma and Social Stigma: Attitudes of International Students towards Counseling

Susan Bofo-Arthur

Abstract

This study explores the relationship between self-stigma, social stigma, gender, and length of stay/residence as predictors of international students' attitudes towards seeking professional psychological help of international students. Regression analysis revealed that self-stigma and gender are statistically significant predictors of participants' attitudes towards counseling. Results emerged that self-stigma and gender are predictors of international student's attitudes towards counseling. International students with high levels of self-stigma are more likely to have negative attitudes towards counseling while international students with low levels of self-stigma are more likely to have positive attitudes towards counseling. Being male also decreased a participant's attitude towards seeking counseling by 27%. Findings and implications of this study are discussed, along with the study's limitations.

Introduction

Despite significant increases in the prevalence of mental health problems that American college students present with at college campuses (Benton, Robertson, Tseng, Newton, & Benton, 2003), most individuals who need mental health services do not seek the requisite help from professionals. Even on college campuses where counseling services are free, it is reported by Bishop, Gallagher, and Cohen (2000) that these services are underutilized, and international students are no exception in this regard. Stigma is recognized as being an inhibitor of help-seeking behavior (World Health Organization [WHO], 2004), leading to poor utilization of mental health services worldwide. Stigma is implicated in help-seeking behaviors among the general American population (Eisenberg et al., 2009; Hobson, 2008; Storrie, Ahern, & Tuckett, 2010; Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007) and has also been identified as one of the barriers to help-seeking behaviors of international students (Komiya et al., 2000; Kung 2004; Misra & Castillo, 2004; Mori, 2000).

Attempts have been made to chronicle international students' help-seeking behaviors, and results from various studies reveal that international students are generally not willing to seek professional psychological help (Dadfar & Friedlander, 1982; Nilsson et al., 2004). Coupled with the stigma attached to seeking mental health care, it can be assumed that many international students with mental health issues or psychological distress may find it difficult to seek help.

Vogel et al. (2006) define self-stigma as "the reduction of an individual's self-esteem or self-worth caused by the individual self-labeling herself or himself as someone who is socially unacceptable" (p. 325). There is the inherent implication that individuals with self-stigma have the personalized belief that those who seek/need psychological help are inferior. Corrigan and Rao (2012) described the development of self-stigma towards mental illness and its effects on individuals. According to the authors, it begins with an awareness of the stereotypes concerning individuals with mental illness, or mental illness in general. Following awareness of

these stereotypes, individuals may then choose to agree with them, and consequently apply the stereotypes to themselves, which consequently harms their self-esteem (Corrigan & Rao, 2012).

A concept that is closely related to self-stigma and which can be applied to mental health is social stigma. Social stigma is defined as the “internalized fear of severe social disapproval by behaving against accepted cultural meaning systems, norms about mental health issues and treatment” (Cifuentes, 2011, p. 12). Social stigma has been studied extensively by many researchers and is potentially harmful to the individual because of its discriminatory effect (Corrigan & Rao, 2012). Social stigma towards mental health issues typically is associated with discrimination, fewer visits to medical health providers, and a fear that individuals with mental health problems are dangerous (Golberstein et al., 2008; Spitz, 2010). Consequently, for individuals with mental health issues, social stigma can exacerbate their experience of the illness/problem and may lead to poorer treatment outcomes (Krol, 2010).

Gender differences in help-seeking behaviors have been explained in terms of societal gender role norms that normalize women’s help-seeking behaviors, while perceiving men’s help-seeking behaviors as aberrant (Lehdonvirta et al., 2012). In research that examined the relationship between gender and attitudes toward help-seeking, Yoon and Jepson (2008) found that female international students were more likely to seek counseling as compared to male international students. Female international students were also more likely to stay committed to the counseling process (Pietruska, 2007) and more likely to view the act of seeking help for mental health concerns as less stigmatizing (Komiya et al., 2000).

Length of stay/residence is a factor implicated in successful acculturation (Berry et al., 1989; Brown & Holloway, 2008; Trice, 2004; Wilton & Constantine, 2003). Research in this area also suggests that the longer an international student resides in the United States, they are less likely to report psychological distress (Chebbet, 2012) and more likely to have positive attitudes towards counseling (Merta, Ponteretto, & Brown, 1992).

Significance of the Study

Researchers have focused on stigma and its influence on attitudes on help-seeking behavior in the general population (Corrigan, 2004b; Golberstein et al., 2008), and also among ethnic minorities (Kearney et al., 2005). A few studies have explored stigma and how it influences attitudes towards counseling among international students (Baysden, 2002; Greenidge, 2007). Others have examined gender (Pietruszka, 2007) and length of stay (Chebbet, 2012) and how they influence attitudes towards seeking help. However, no study to date has examined these variables collectively in the international student population. This study measures how participants’ perceptions towards help-seeking influences the probability that they will seek help.

There is also a gap in the literature regarding the personal and social implications of stigma in the formation of attitudes towards counseling among international students. Thus, the significance of this study is investigating how self-stigma, social stigma, gender, and length of stay, collectively influences the attitudes of international students towards seeking professional psychological help. Additionally, it was important to consider student’s opinions on how counselors could reach out to international students.

Research Question

This study is guided by the research question: How well do self-stigma, social stigma, length of stay/residence, and gender predict attitudes of international students towards seeking professional psychological help? The main variables examined were: (a) self-stigma, (b) social stigma, (c) gender, (d) length of stay/residence, and (e) attitude towards seeking professional psychological help. Predictor variables included self-stigma, social stigma, gender, and length of stay/residence whereas attitudes towards seeking professional psychological help was the criterion variable.

Method

Participants

The sample for this study was drawn from a population of international students studying at a university in the southeastern part of the United States. According to the 2013 pocket fact book published by The Office of Institutional Research and Effectiveness (OIRE) at the university, there were 743 international students enrolled for the 2013/2014 academic year. These students represented the continents of Africa, Asia, Europe, the Caribbean, North America Oceania, and South America. International students were emailed a link to the survey by the OIRE. Students who responded to the email clicked on the link to the survey website. They were presented with an informed consent page that provided details of the study, confidentiality of respondents' information, and respondents' rights. Students were then asked to complete the measures after giving consent. Participants were also contacted individually with printouts of the questions which they had completed and returned to the researcher at their convenience.

Measures

Demographic Questionnaire.

A demographic questionnaire was developed and used to obtain demographic data about each participant. The questions sought participants' age, gender, country and geographic location/continent, length of stay/residence in the US, and academic status. Participants were also asked to comment on how counselors could reach out to students who were reluctant to seek professional counseling services.

Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH-S).

The ATSPPH scale was developed by Fischer and Turner (1970) as a means of exploring the relationship between individuals' attitudes towards seeking professional psychological help and other variables. The original version was a 29-item measure. Fischer and Farina (1995) subsequently revised the scale into the current 10-item version. The items on the scale are rated on a four-point Likert scale with higher scores indicating more positive attitudes towards help-seeking behavior.

The Self Stigma of Seeking Help (SSOSH) Scale.

The SSOSH scale developed by Vogel, Wade, and Haake (2006) was used to measure international students' self-stigma for seeking help. This scale contains 10 statements rated on

a five-point Likert scale with higher scores reflecting greater self-stigma, and lower scores reflecting less self-stigma.

Social Stigma for Receiving Psychological Help (SSRPH) Scale.

The SSRPH scale was created by Komiya, Good, and Sherrod (2000) and used to evaluate international students' perceptions of how stigmatizing it would be to receive professional psychological help. The SSRPH contains five questions each rated on a four-point Likert scale with higher scores indicating greater social stigma and lower scores less social stigma.

Data Analysis

A correlational research design was used to examine the relationship between the predictor variables and the criterion variable. Four predictor variables were examined: gender, length of stay/residence, self-stigma (SSRPH scale), and social stigma (SSOSH scale). The dependent variable was participants' scores on their attitudes towards seeking professional psychological counseling (ATSPPH) scale. To test the hypotheses, a hierarchical multiple linear regression (MLR) analysis was performed to predict attitudes towards professional psychological help after controlling for self-stigma and social stigma, and to determine if gender and length of stay/residence could add substantially to the explanatory power of the model.

Results

Preliminary analyses were conducted to determine if any of the assumptions of MLR had been violated and the data were screened for outliers. Results of the preliminary analysis indicated that none of the assumptions had been violated. After the MLR was run, the overall model was found to be statistically significant. The self-stigma and social stigma scales were entered at step 1, explaining 20% of the variance in attitudes towards counseling. After entry of gender and length of stay/residence at step 2, the total variance explained by the model as a whole was 26%, $F(4, 80) = 7.14, p < .05$. The two control measures explained an additional 6% of the variance in attitudes towards counseling after controlling for self-stigma and social stigma, $R^2 \text{ change} = 0.06, F \text{ change} (2, 80) = 3.60, p < .05$. In the final model, only the self-stigma scale ($M = 28.16, SD = 4.41$) and gender had regression coefficients that were statistically different from zero, with the self-stigma scale having a greater emphasis in the prediction ($\hat{\beta} = -.42, p < .05$) than gender ($\hat{\beta} = -.27, p < .05$).

Discussion and Implications

The results of this study revealed a negative relationship between self-stigma, gender, and international students' attitudes towards counseling. This implies that for the student participants in this study, those with higher levels of self-stigma were more likely to have negative attitudes towards seeking psychological help. Gender was also a significant predictor of international students' attitudes towards seeking professional psychological help. Specifically, for this sample, being male decreased the probability of having a positive attitude towards seeking professional psychological help by 27%.

Results of this research are consistent with the conclusion of Komiya et al. (2000) who found a negative relationship between stigmas in general and attitudes towards seeking help for mental health concerns. Eisenberg et al. (2009) also found that stigma influences attitudes and beliefs about mental illness, which consequently influences help-seeking behavior. Corrigan (2004a) also observed that self-stigma influences how often people seek healthcare for mental health concerns.

This study measured how participants' perceptions towards help-seeking influenced the probability that they would seek help. As such, even though the rate of help-seeking for mental health concerns is not known, it was discovered for this particular sample that they would be less likely to seek help should the need arise. With regards to gender attitudes, there appears to be a notion that females are more likely to seek counseling (Lehdonvirta et al., 2012; Pietruszka, 2007; Yoon & Jepson, 2008) with a few exceptions (see Onabule & Boes, 2013) finding the opposite. For this study, the results were consistent in what has been found to be the norm. The males in this sample were more likely to have negative attitudes towards seeking professional psychological help.

Participant comments on how counseling could be made more accessible revealed that some were unaware of counseling services on campus; some preferred to talk to their family and friends instead of a mental health professional; others wanted counselors to provide them with evidence of successful outcomes. Thus, human service professionals who work with international students should create awareness about the process of counseling in order for the international student population to recognize the benefits. These efforts could include educating students on the benefits of counseling and publicizing their services. Confidentiality and informed consent procedures should be explained adequately as it has been reported by Raunic and Xenos (2008) that some international students do not pursue counseling because they fear they may be exposed to their professors and/or other campus officials.

It is equally important for advocacy and outreach attempts to normalize international students' mental health issues and to provide examples of similar students who have gone through counseling successfully. Campus counseling centers should create or modify existing outreach/advocacy efforts to ensure that this population's counseling needs are met. Counselors and human service professionals can initiate discussions regarding counseling services and student referral processes with academic departments throughout the campus. In this way, faculty or staff in these academic units can encourage international students to utilize professional counseling services whenever they experience psychological distress.

Limitations

The limitations of this study involved recruitment and mode of data collection, sampling, instrumentation, and other demographic variables used in this research. Convenience sampling was used to find participants who were willing to participate in the survey. Although convenience sampling is popular in survey research, it decreases external validity thus limiting the generalizability of study results. This study's sample population represented 17 different countries that may have varying within and between group differences. These differences were neither taken into account nor controlled for and might have influenced the results of the study.

The majority of the participants were from Asia so it is possible that the survey results might have been skewed towards respondents of Asian origin. Demographic questions regarding participants' history with counseling though important, was not included.

Conclusions

This study explored the relationship between self-stigma, social stigma, gender, and stay/residence as predictors of attitudes towards seeking professional psychological help. The findings revealed that self-stigma and gender were statistically significant predictors of international students' attitudes. Self-stigma was found to be inversely related to the attitudes towards counseling such that individuals with greater self-stigma were more likely to have negative attitudes towards seeking professional psychological help and vice versa. The results indicate that self-stigma might have a greater influence on help-seeking behaviors as compared to social stigma. This study also confirms the research that suggests gender might play a role in influencing attitudes toward counseling. Human service professionals working with this population may find it beneficial to understand the help-seeking patterns of this population as they conceptualize the challenges, issues, and associated elements of working with international student populations.

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Table 1

Inter-correlations among Variables, their Means and Standard Deviations

Variables	ATSPPHS	SSRPHS	SSOSH	Gender	Residence
ATSPPHS	1				
SSRPHS	-0.26	1			
SSOSH	-0.43	0.38	1		
Gender	-0.15	0.25	-0.18	1	
Residence	-0.02	0.21	0.08	-0.10	1
<i>M</i>	15.11	11.64	28.40	1.38	1.34
<i>SD</i>	5.43	3.23	4.52	0.49	0.48

Total *N* = 89. ATSPPHS (Attitudes toward seeking professional psychological help scale); SSRPHS (Social stigma for receiving psychological help scale); SSOSH (Self-stigma of seeking help scale).

Table 2

Summary of Hierarchical Regression Analysis for Variables Predicting Attitudes towards Seeking Professional Psychological Help

Variables	Model 1			Model 2		
	B	SE B	β	B	SE B	β
SSOSH	-.49	.13	-.39	-.52	.13	-.42
SSRPH	-.19	.18	-.11	-.29	.18	-.17
Gender				-3.01	1.13	-.27
Length of Stay/Residence				.21	1.14	.018
<i>R</i>		.44			.51	
<i>R</i> ²		.20			.26	
<i>F</i>		10.05			3.59	

Total *N* = 89, *n* for Gender = 87; *n* for Residence = 87; ATSPPHS (Attitudes toward seeking professional psychological help scale); SSRPHS (Social stigma for receiving psychological help scale); SSOSH (Self-stigma of seeking help scale). Dependent variable is ATSPPHS.

Supporting Human Service Students with Criminal Histories: Suggestions for Effective Practice

John Paulson

Abstract

With rising rates of arrests, convictions and incarceration, a new reality in America is that more and more people face issues with now having criminal histories that often seriously affect their ability to successfully access resources and opportunities. Human service students with a history of legal offenses face significant obstacles to completing their education and becoming gainfully employed in the profession. This paper will review the results of a survey conducted in a CSHSE accredited human service program exploring the number of students in the program with criminal histories. It also offers several guiding principles for helping to best address this challenging new reality. This paper and the conference presentation upon which it is based were derived and adapted from a recently published article in the CSHSE monograph series focused on issues related to fitness for the human service profession.

Introduction

Many students are motivated to pursue a career in human services due to experiences from their own histories. Informed and guided by these experiences, they are motivated to assist others who are now struggling as they once did. Sometimes during those histories, these aspiring human service practitioners received legal charges resulting from their difficulties. Unfortunately, even in helping professions like human services, social work, and counseling that believe in and promote transformation and second chances, it can be challenging for such students to enter the profession. This is especially true if the students have a history of felonies.

Gatekeeping

Gatekeeping is a general term utilized to describe the processes by which professions establish training standards and competencies to determine who should be allowed entry into the profession, especially admission to professional training and educational programs. This practice is especially prevalent in helping and healthcare professions where practitioners will be providing specialized direct services to others. These standards often include technical content competencies such as meeting certain grade requirements, completing certain coursework and possessing knowledge of theories and practices, or displayed proficiency with practice skills. They can also, however, include expectations about certain qualities, values, and behaviors that candidates are expected to possess and display, such as professionalism and ethical behavior.

Developing and evaluating these content and values-based standards occurs throughout the educational process and in multiple areas of training, from institutional and program admission processes, to coursework, to performance in field placements, to fulfilling licensing and accreditation standards. Utilizing gatekeeping processes to determine the goodness of fit

between candidates and the helping professions is often seen as necessary in order to protect the recipients of professional services and to promote high quality and standards of service (Elpers & FitzGerald, 2013; Miller & Koerin, 2001; Sowbel, 2012).

Gaining admission into professional programs can be especially challenging for those with criminal histories, especially a history of felonies. Some in human services and the allied helping professions believe that admitting individuals with a history of felonies into helping profession education programs and the profession is too risky. They cite concerns over determining if such individuals continue to pose a threat to others and whether admitting individuals with such backgrounds erodes the reputation of and confidence in the helping professions (Leedy & Smith, 2005; Magen & Emerman, 2000).

Even among those who advocate against establishing standards that preclude individuals with criminal histories, including felonies, from entering human services and other disciplines, there is still an acknowledgment that such students face significant challenges moving forward, including gaining admission to schools and receiving financial aid, being accepted into specific helping profession programs (ex. Human Services, Social Work), securing field placements, finding employment, and obtaining licensure and credentials after graduation (Leedy & Smith, 2005; Rose, 2015; Scott & Zeigler, 2000).

Method

Since minimal information exists on how prevalent criminal histories might be among human service students in general, students in a CSHSE-accredited human service program were asked to voluntarily and anonymously complete a brief survey about whether they had a criminal history. Those who agreed were asked to provide demographic information (age, gender, and ethnicity) and to identify whether they had received a misdemeanor, felony, or both in the past. If participants indicated they had past offenses, they were then asked to indicate whether they had one, two to five, or more than five past offenses, and whether these offenses had occurred within the past year, more than a year but less than three years ago, or more than three years ago. Participants were also asked to characterize the nature of their offenses as relating to either alcohol or drug use, violence towards others or property, or other categories of offenses.

Ninety participants, including 76 females and 14 males, completed the survey. All participants were current undergraduate human service students at a Midwestern community college. All participants were in the first two years (less than 60 credit hours) of their human service education and were working towards an associate degree. The participants ranged in age from 19 to 68 ($M = 33.88$) and were 86.7% Caucasian-American ($n = 78$), 11.1% African-American ($n = 10$), 1.1% Hispanic/Latino-American ($n = 1$), and 1.1% Biracial/multiracial-American ($n = 1$).

Findings

Sixty participants, 53 females and 7 males ranging in age from 19 to 68 ($M = 32.65$) reported having no criminal history. These participants were 91.6% Caucasian-American ($n = 55$), 6.7% African-American ($n = 4$), and 1.7% Hispanic/Latino-American ($n = 1$). Thirty participants reported a history of past misdemeanor, felony, or both.

Students with a History of Misdemeanor Only

Seventeen participants, 13 females and 4 males, reported receiving only one or more past misdemeanors. This group ranged in age from 19 to 57 ($M = 34.47$) and was 82.4% Caucasian-American and 17.6% African-American. Of this group, 64.7% indicated that they had received only one misdemeanor in their past, whereas 23.52% reported receiving between two to five past misdemeanors and 11.8% reported receiving five or more past misdemeanors. In all, 41.2% indicated that their misdemeanors occurred more than a year ago but less than three years ago and 58.8% indicated that their offenses occurred more than three years ago. No participants reported having a misdemeanor in the past year. When asked to characterize the nature of their offenses, 41.2% identified their offenses as being related to alcohol or drugs, 17.6% identified their offenses as being related to violence, and 41.2% as relating to offenses other than alcohol, drugs or violence (See Table 1).

Students with a History of Felony

Thirteen participants, 10 females and 3 males, reported a history of felonies. This group ranged in age from 30 to 49 ($M = 38.69$) and was 69.2% Caucasian-American, 7.7% African-American, and 7.7% Biracial/multiracial. From them, 23% reported receiving only one past felony, while 46.2% reported a history of two to five felonies and 30.8% reported a history of five or more felonies. Of these, 15.4% reported that their offenses occurred more than a year ago but less than three years ago, and 84.6% reported that their offenses had been more than three years ago. No participants reported having a felony in the past year. Also, 76.9% described their offenses as relating to alcohol or drug use, 15.4% as offenses related to violence, and 7.7% as related to offenses other than alcohol, drugs or violence (See Table 2).

Individuals with a history of felony were also very likely to have had a history of misdemeanors as well. Eleven of the 13 participants who identified a history of felony also had a history of misdemeanor. Of this group, 18.2% reported a history of one misdemeanor, 46.2% of two to five misdemeanors, and 30.8% of five or more misdemeanors. Of these, 18.2% identified their misdemeanors as occurring more than a year ago but less than three years ago, and 81.8% reported that their misdemeanors had been more than three years ago. Interestingly, 81.8% characterized their misdemeanors as being related to alcohol or drug use and 18.2% to violence (See Table 3).

Significance

A third of respondents to this exploratory survey indicated having some type of criminal history, and 14% of the sample had a history of felony. These numbers possibly suggest that human service students with criminal histories might be more common than anticipated or predicted. Thirteen of the ninety respondents reported having one or more past felonies, and eleven of the thirteen also reported having histories of misdemeanor offenses. Those with past misdemeanor or felony were likely to have had multiple offenses. Respondents characterized most of their offenses as being related to alcohol or drug use and identified their offenses as occurring more than three years ago. No participants reported having any offenses in the past year or currently being on probation or parole.

Individuals with a history of misdemeanors ($M = 34.47$) or felonies ($M = 38.69$) tended to be slightly older than those without a criminal history ($M = 32.65$). This difference in age, coupled with being the majority of participants having both a history of misdemeanor and felony, also reporting their offenses to be more than three years ago, might reflect a delay in pursuing their education until the cessation of behavior leading to offenses and the resolution of their involvement in the justice system. Individuals with a history of misdemeanor only were more likely to have received one previous charge, while those with a history of felony were far more likely to not only have had multiple felony charges, but also accompanying misdemeanors. These students with multiple charges might possibly experience even more significant challenges to completing their human service education and moving into the profession than those with a history of a single offense.

An additional troubling finding related to race was that of the ten participants (8 females and 2 males) who identified as African-American, 60% had a history of misdemeanor or felony. Three had a history of misdemeanors only, and three had a history of felonies. Each of these individuals with a history of felonies also had a history of misdemeanors accompanying their felonies. Both of the African-American males in the sample had a history of past offenses. The one participant who identified their ethnic identity as biracial/multiracial also had a history of both felonies and misdemeanors.

This reflects national trends showing that minorities are often over represented in the criminal justice system. They tend to be arrested and convicted at higher rates and experience more severe sentences than their Caucasian-American counterparts. Excluding those with criminal histories from human services and other helping profession training programs and using national crime statistics to guide gatekeeping policies and practices, then, likely has the unfortunate consequence of further excluding and continuing to negatively affect historically oppressed groups (Adler, Mueller & Laufer, 2012; Leedy & Smith, 2005).

Suggestions for Effectively Supporting Human Service Students with Criminal Histories

Because it appears from the survey results that human service students with criminal histories might be more common than first thought and because rising rates of arrest and conviction within this society will likely continue or even increase this trend, it is important for institutions, human service programs, and human service faculty and field educators to be aware of the unique needs and challenges these students present. While not exhaustive, the following suggestions are offered as guidelines to promote effectively supporting the development and success of these students as they complete their education and seek to enter the profession, a summary of which can be found in the accompanying table (See Table 4).

A Welcoming Attitude

Many students with criminal histories have faced significant criticism, judgment and rejection from others, including from friends and family. Sadly, they might also experience this same treatment from college staff and human service faculty who have negative attitudes towards individuals with such histories. It is suggested that institutions generally, and human service faculty specifically, attempt to convey warm, open, inviting, non-judgmental attitudes and to promote interactions that affirm and encourage these students.

Necessary Conversations Early in Training

While it is important to be open and supportive, it is also necessary to have conversations with such students about the obstacles their histories will present to completing their education and entering the profession. Identifying common challenges such as issues with background checks, securing field placements, and the possibility that they might not be able to work with certain populations helps students to be aware of what is likely ahead and to plan accordingly. Generally, the earlier in training this occurs the better so that students can be aware and take necessary steps. When having these conversations, it is important for faculty to be realistic but also not to be overly pessimistic or discouraging about the student's chances of success or future employment.

The Importance of Honesty and Transparency

It is natural that these students would be reluctant to acknowledge and openly talk about their legal histories, especially given the before mentioned likelihood that they have been treated poorly in the past by others. Within human services and the helping professions, this degree of transparency is tantamount. The professions and the educational programs that support them have a responsibility to safeguard services and the recipients of those services. A degree of discussion about one's history is necessary, and hiding one's history is likely to create more problems than being honest and forthcoming. An important component of this conversation should also be an emphasis on what the person has done and achieved since the past difficulties and how life is now different.

Being a Voice

Human service educators can take an active role in helping to advocate for these students. On a local level, they can collaborate with the students on anticipating and navigating the administrative and legal obstacles they will face. Because some internship sites will not take students with criminal histories due to funding or policy prohibitions, faculty can also work with local agencies that are more willing and able to accept students with criminal histories so that they can complete their training. On a larger level, human service practitioners can also continue to advocate for changes in policies and laws that negatively affect those with criminal histories, including encouraging more opportunities for expungements of criminal records and making such processes affordable and accessible.

Maintaining the Big Picture

It is almost certain that human service programs working with students with criminal histories will likely experience some students who might reoffend while in training. There is also the likelihood that some students from this background might exhibit difficulties with performance or behavior while in field. A common reaction when this occurs is adopting a stance that requirements on such students should be increased, that they should be excluded from education and training, or that they should not have been there in the first place. Given their histories, these students are already going to be more noticeable. This can create a bias by assuming if one student with such a history has problems, then all, or most all, others will as well.

Human service educators and practitioners need to protect against such broad sweeping views and conclusions that support stereotypes about and discrimination towards students with legal histories. While it is entirely possible for students with criminal histories to be arrested, or have performance problems in courses or field placements, the same is true for students without such histories. There is currently no indication that students with criminal histories have more difficulties in these areas than other students.

Limitations and Future Directions

There are several limitations to the survey data that are important to note. The first is the small sample size, which raises concerns about how representative it might be. It would be important in future investigation on this topic to have a larger sample pooled from multiple programs and colleges in various geographic regions. Having a larger sample would also hopefully expand gender and ethnic representation. This sample was predominantly female (84.4%) and Caucasian-American (86.7%). Having more diversity in the sample would be important because criminal justice data consistently shows that men, minorities, and especially minority men are more likely to be charged with and convicted of felony and are overrepresented in the criminal justice system (Adler, Mueller, & Laufer, 2012).

A second limitation is that the survey relied on self-report data for the number, nature, and timeframe of past offenses as opposed to reviewing official records or conducting formal criminal background checks. Individual self-report might not have fully or accurately captured possible differences between arrests, charges, or circumstances when charges were reduced or pled down versus actual convictions. Participants were also not required to provide the specific number of offenses or the exact timeframe when they occurred, but instead were asked to offer general estimations.

With self-report, there is always a possibility that participants might underreport or omit certain information in order to present themselves in a more positive light. In the survey, this could have resulted in an underreporting of offenses or failing to indicate having a criminal history. Such a bias in the current survey, however, could also have gone in the opposite direction as well. Respondents were informed that survey results would hopefully be used to advocate for improved and increased opportunities for students with criminal histories. This might have led some to over-report their criminal histories.

Future investigation on this topic could examine issues related to academic and field performance for human service students with criminal histories and whether students with criminal histories perform the same, better, or worse academically than those without such histories. An additional focus could also be determining whether they have more issues with performance in field placements or are more likely to be excused from placements than those without. Because a typical concern about students with histories of offenses is that they will re-offend and create a safety risk for either the college or clients, determining if individuals with criminal justice histories are likely to be arrested and receive charges once they are in school and field than those without such a history could also be explored.

Conclusions

While it is clear that many students are motivated to pursue an education in human services due to their own histories and a desire to give back, it is also certain that such students with criminal histories will face multiple, significant challenges to entering school, completing their education and training, and finding successful employment and credentialing in the helping professions. They are likely to experience problems initially even being admitted to college and being awarded financial aid. They are then likely to continue to face challenges gaining acceptance into specific helping profession programs, being successful in courses and securing field placements. Throughout this process human service educators and practitioners play a vital role in informing and empowering these students to successfully jump through each proverbial hoop they will encounter.

Obviously, schools and programs need to have admission criteria and must take into account the histories of potential students and training candidates, including their criminal histories. Not taking histories into account would not only be irresponsible, but also dangerous to the profession, communities, and to the vulnerable recipients of professional services. There needs to be gatekeeping practices in place, but these processes need to allow for personal growth and transformation and to ensure that students are not prohibited from even having a fair chance of becoming helping professionals solely based on their history. To not honor the compassion and wisdom that these students have gained from their past experiences and the benefit that those bring to enriching human service practice seems as though it would do a great disservice and injustice to all involved: to the profession, to these students, and most importantly to the future clients who might benefit significantly from their skilled and passionate care.

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Table 1

Characteristics of Misdemeanor Offenses

Misdemeanor only $n = 17$			
	<u>One</u>	<u>2-5</u>	<u>More than 5</u>
Number of misdemeanors	$n = 11$ 64.7%	$n = 4$ 23.5%	$n = 2$ 11.8%
	<u>Within past year</u>	<u>One to three years</u>	<u>More than three years</u>
When in time were misdemeanors	$n = 0$ 0%	$n = 7$ 41.1%	$n = 10$ 58.9%
	<u>Alcohol/drug</u>	<u>Violence</u>	<u>Other</u>
How characterize misdemeanors	$n = 7$ 41.2%	$n = 3$ 17.6%	$n = 7$ 41.2%

Note. Adapted from "Advocacy in action: Supporting human services students with criminal justice histories" by AUTHOR, K. Groves and L. A. Hagedorn, 2016, *Fitness for the Human Services Profession: Preliminary Explorations*, p. 45

Table 2

Characteristics of Felony Offenses

Felony <i>n</i> = 13			
	<u>One</u>	<u>2-5</u>	<u>More than 5</u>
Number of felonies	<i>n</i> = 3	<i>n</i> = 6	<i>n</i> = 4
	23.0%	46.2%	30.8%
	<u>Within past year</u>	<u>One to three years</u>	<u>More than three years</u>
When in time were felonies	<i>n</i> = 0	<i>n</i> = 2	<i>n</i> = 11
	0%	15.4%	84.6%
	<u>Alcohol/drug</u>	<u>Violence</u>	<u>Other</u>
How characterize felonies	<i>n</i> = 10	<i>n</i> = 2	<i>n</i> = 1
	76.9%	15.4%	7.7%

Note. Adapted from "Advocacy in action: Supporting human services students with criminal justice histories" by AUTHOR, K. Groves and L. A. Hagedorn, 2016, *Fitness for the Human Services Profession: Preliminary Explorations*, p. 46

Table 3

Characteristics of Misdemeanor Offenses among Those with Felony

Misdemeanor in addition to felony <i>n</i> = 11			
	<u>One</u>	<u>2-5</u>	<u>More than 5</u>
Number of misdemeanors	<i>n</i> = 2	<i>n</i> = 6	<i>n</i> = 3
	18.2%	54.5%	27.3%
	<u>Within past year</u>	<u>One to three years</u>	<u>More than three years</u>
When in time were misdemeanors	<i>n</i> = 0	<i>n</i> = 2	<i>n</i> = 9
	0%	18.2%	81.8%
	<u>Alcohol/drugs</u>	<u>Violence</u>	<u>Other</u>
How characterize misdemeanors	<i>n</i> = 8	<i>n</i> = 1	<i>n</i> = 2
	72.3%	9.1%	18.2%

Note. Adapted from "Advocacy in action: Supporting human services students with criminal justice histories" by AUTHOR, K. Groves and L. A. Hagedorn, 2016, *Fitness for the Human Services Profession: Preliminary Explorations*, p. 46

Table 4

Suggestions for Effective Practice

1) Help individuals with criminal histories feel welcomed, accepted and valued	Recognize and highlight the strengths, motivation and perspective they derive from their past experiences and having successfully addressed and overcome those issues
2) Have the conversation about the likely challenges they will face early in training	Important not to be overly negative or pessimistic, but still need to discuss obstacles they will face. This helps to prepare them for what they will likely experience and steps they will need to take
3) Encourage students to be open and honest about their history	Understandable not to want to be forthcoming, but concealing or appearing to conceal history is often more problematic than acknowledging it. Important to be honest and transparent about past and to also focus on changes and progress made since their past offenses
4) Human service faculty and field instructors should serve as advocates	Cultivate partnerships with agencies that will accept and work with students who have criminal histories Advocate for reforms in laws and sentencing guidelines and encourage increased expungement opportunities
5) One bad apple does not spoil the barrel	Important not to assume if a student with a criminal history reoffends or has issues with behavior or performance in the classroom or in field that all students with such a history will as well

Aligning Trauma Informed Practices with Human Service Delivery Systems amid Challenging Times

Gregory Cobb

Abstract

In recent years, the intersectionality of political and social factors has evolved within the institution of social welfare in the US to have a significant impact on the way that human services have been funded, managed, and perceived. As the interaction between these sociopolitical factors continues to evolve, the way in which human services are being assessed, implemented, and delivered has resulted in increased levels of stress for clients, workers, and human service organizations alike. Therefore, taking care of ourselves must become an essential component for the way that human service professionals and organizations prepare for the continued challenges ahead. Aligning the principles that guide trauma informed care with organizational services and supports offers one such approach for how this can be accomplished. Offering trauma informed principles as a conceptualized framework, within a broader context of the human service profession, can help support human service organizations and professionals in improving their capacities to reduce organizational and workforce stress, meet the demands of fluctuating regulatory requirements, and refocus on the historical roots of the human service profession as advocates for social justice and change.

Why a Trauma Informed Approach

“Trauma Informed care is strength based framework that is grounded in an understanding of a responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and survivors and that creates opportunities for survivors to build a sense of control and empowerment” (Hopper, Bassuk, & Olivet, 2010, p. 131). This definition captures the impact that trauma has played at all levels of human service delivery systems. As such, it moves beyond the traditional clinical definitions of trauma whereby the focus has been on its application within direct practice, primarily in work with individuals and groups exposed to singular or multiple traumatic events. Within this framework, the definition is being applied within a broader context to give recognition to both the historical and present day sociopolitical and sociocultural challenges facing the human services.

Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) recommended a trauma informed approach that reflects adherence to key principles: (1) safety, (2) trustworthiness and transparency, (3) peer support, (4) collaboration and mutuality, (5) empowerment, voice and choice, and (6) cultural, historical and genre (SAMHSA, 2012). When examined closely, these principles connect well with the components that are essential for the delivery of effective human services. Each of these principles offer not only an application for micro-level treatment services but for application at both the mezzo and macro-levels of service delivery systems. Within this framework, the mezzo-level conceptualization refers to services provided by frontline workers and middle management

professionals while the macro-level relates to how the human service profession is impacted by the larger interaction with current and evolving sociopolitical and sociocultural factors in the US.

Within this context, the need to understand how the institution of social welfare has evolved in recent years becomes essential. This is consistent with the work of Day (2006), who argued for understanding how the values that underlie the institution of social welfare in the US interact with the institution of the polity to have a significant impact on how resources are shared and provided to the most vulnerable individuals and communities that seek help from human services. Day further pointed out how institutions generate problems and solutions for people (Day, 2006). This speaks directly to the complexity of the sociopolitical challenges that have put pressure on the delivery of human services in the US. By offering trauma informed practices as a conceptual framework, this may help guide intervention strategies in response to the challenges facing the human service profession.

Equally important to the application of trauma informed practices is the influence that issues of intuitional discrimination and the intersectionality of race, class, gender, ethnicity, and oppression has had on the human service profession. Combined with the current state of the political climate in the US and the growing diversity of the client populations served in the human services, the long-term exposure to these factors has resulted in stress related responses to frontline workers and human service organizations, affecting their ability to allocate the necessary resources to support the delivery of effective services to marginalized and vulnerable client populations. This forms the basis for how vicarious trauma can impact worker performance and organizational outcomes (Pearlman & McKay, 2008).

Under the guise of a trauma informed framework, worker and organizational stress can be assessed as traumatic responses due to the sustained and repeated exposure of working with client populations that are heavily impacted by challenging social conditions for which the human service profession has historically been looked upon to solve. Efforts to face these challenges thrust upon the human service profession has resulted in well documented issues of high worker burnout, turnover, and growing ethical violations. If assessments conclude these factors as having a negative impact on the human service profession, then our interventions must be designed to address them, consistent with how good assessments have historically guided good interventions within the realm of effective clinical practice.

Why History Matters

In examining the current state of human services, it is important to reflect upon the historical context in which the human service profession has evolved. This is especially important for assessing how the current sociopolitical climate has resulted in many challenges to the delivery of human services, especially the impact on the resources needed to ensure that the profession has the continued capacity to fulfill its historical role in delivering effective services to the most vulnerable and marginalized individuals, groups, and communities within our society.

While the evolution of human service and its connectedness to the institution of the polity can be traced back decades, the political era of the 1980's under the presidency of Ronald Reagan, is most impactful to understanding the current state of human services in the US.

During this political era, the introduction of neoliberal economic philosophy and policies began an insurgence into the development of social welfare policy. This created a climate in which political ideology began to influence public opinion regarding the role of government versus individual responsibility for how best to provide services to the vulnerable members of our society (Martin, 2014).

Central to the introduction of neoliberal economic policies was the implementation of block grant funding and privatization. Block grant funding was designed to shift funding from the federal government to individual states in the form of lump sum funding, for states to deal with their social problems as they saw fit. On the other hand, privatization was designed to provide funding to for profit organizations to deliver social welfare programs and services traditionally provided by the federal government (Day, 2005).

The impact of block grant funding and privatization are now rooted deeply in the implementation of US social welfare policy and services. This was evidenced throughout the 2016 presidential primary races. Whether the debate was over the Affordable Health Care Act of 2010 or the role of public versus private education, both privatization and block grant funding was offered as solutions to many of the social problems in the US, for example, aspects of health care, education, and criminal justice, just to name a few. The impact of these policy initiatives has resulted in competition for already limited funding resources that are necessary to sustain and improve existing and needed human services.

Along with the political implications of these times, there was also an underlying sociocultural context, shaped by the political ideology of Republicans, who advocated for less funding of social welfare programs such as public assistance and food stamps (Martin, 2014). This was and continues to be supported by a large segment of the US population, resulting in a slow but steady influence on how social welfare programs should be funded. This also influenced the onset of increased regulatory requirements that at times have taken the form of unfunded mandates thrust upon human organizations, along with continued threats to reduced access to services that are vital to the delivery of human services.

When examining these factors through the lens of trauma, the long-term effects have resulted in increased levels of stress and pressure on the human service professional. The residual effects have also led to increased caseloads for frontline workers, high staff turnover, and at times, the inability to provide the appropriate level of resources to support effective client services. These effects are consistent with the responses commonly found in individuals that experience traumatic events or exposure to marginalized social conditions over a long period.

Beginning to see these challenges through the lens of trauma and not worker or agency failure can provide a pathway by which we refocus on the historical roots of the human service profession as leading advocates for social justice and change in the US. This can be accomplished through the application of trauma informed practices that target interventions within the three primary domains of human services: (1) micro-level direct practices, (2) mezzo-level worker/organizational capacity to service client needs, and (3) macro-level regulatory requirements and compliance issues.

Lessons from the Implementation of a Trauma Informed System of Care

In developing a trauma informed framework for broader application within the human services, valuable lessons can be learned from its application as a micro-level treatment modality with various client populations. In this regard, I refer to my tenure as a director of a residential treatment center that served youth involved in the New York State child welfare system. In this position, I had the privilege of being on the ground floor of the paradigm shift, which focused on the implementation of a trauma informed system of care in work with children and adolescents. The following lessons learned offer ways that trauma informed practices can be implemented into human service delivery systems beyond its application as a direct service treatment modality.

The first lesson involves ensuring that the concept of trauma informed practice does not stay isolated within the domain of direct practice. This is reflected in the need to implement trauma informed practices that target interventions to address the needs of clients, frontline workers, and organizational needs along parallel tracks. As difficult as this may seem, the basic premise behind this lesson is to ensure that the implementation of trauma informed principles starts with an administrative top-down approach that embraces trauma theory as the underlying value system that guides the assessment within the three key dimensions for effective service delivery: (1) direct practice, (2) worker performance, and (3) organizational compliance with regulatory requirements. This is the process by which the implementation of trauma informed practices can move from a direct practice treatment modality to an organizational change model (Bloom, 2005) in response to the increased levels of stress and pressure now facing the human service profession.

The second lesson reflects upon the application of the ecological model that has long been one of the primary theoretical frameworks used within the human service profession. It has been used to guide assessments that examines client problems within the context of their environments. The focus of ecological assessments is on all levels of the intervention spectrum – the macro, mezzo, and micro-levels of client interaction within their environments (Martin, 2014). This became a useful theoretical framework that guided the assessment of the environmental factors putting stress on the various components of the service delivery system and subsequently led to the targets of interventions. This also formed the basis for understanding the importance for reengaging in macro-level practices and the role that advocacy must and has played in the fight for social justice and equality within human services. While this may not always yield the desired results, it reflects a worker based intervention that is rooted in the trauma informed principle of empowerment, voices, and choice. It centers on developing operationalized opportunities for frontline workers to have input into examining the manifest and latent outcomes of new policy implementation and treatment modalities.

The third lesson focuses on the importance of how we communicate new policies, procedures, and changes in regulatory requirements. It emphasizes the use of a bottom-up and out process that is informed by client treatment needs, workers support, and the evaluation of resource capacities to ensure effective services and regulatory compliance. It involves a conscious effort within the administrative and supervisory processes to implement

new policies and treatment modalities that reflect trauma informed principles, considering the stress and pressure that these changes impose on frontline workers and on organizational resource capacities to provide effective services.

Trauma Informed Intervention Strategies

Learning from these lessons have led to the development of trauma informed interventions that offer ways to respond to the challenges facing the human services. In discussing agency based intervention strategies, I am introducing trauma informed interventions based upon the principles that guide trauma informed practices. These strategies grew out of my own experience with implementing a trauma informed system of care. The intervention strategies that I will describe represent operationalized processes implemented within an organizational structure. These intervention strategies move beyond the realm of direct practice to focus on macro-level factors that trickle down to cause stress and pressures within the three key dimensions of services, direct practice, worker support, and compliance. The interventions reflected in the strategies are termed team-based time management, data-informed advocacy, and merging existing practice with regulatory requirements.

Team-Based Time Management

The development of team-based time management grew from trends in recent years by which the field of human services has steadily moved towards placing higher demands on improved outcomes from service providers. These demands have been influenced by the rapidly growing use of technology as well as the challenge of implementing evidenced-based practices in the human services. This has increased regulatory oversight of funding contracts and realigned the way in which treatment services and organizational outcomes are evaluated. It has also shaped a new reality in which performance outcomes and data collection methods can be achieved at the click of a button and in real time. Undoubtedly, these factors have increased the need for human service organizations to establish methods to improve worker use and development of effective time management skills, as most if not all electronic case record system have specific data input deadlines that cannot be compromised.

Team-based time management consist of four components that starts with effective communication, collaboration, and commitment, for what I describe as working within the 3 Cee's: (1) communication of worker and agency needs associated with barriers to achievement, (2) collaboration of resources and time needed to support frontline workers, agency, and client needs, and (3) commitment to agree upon interventions through a supportive supervisory process. Working within the 3 Cee's is combined with three other components, *breaking down the big picture*, *protective time*, and *supportive supervision*, that form the basis of team-based time management. Each of these components work in support of the other to form a collective agency time management strategy that seeks to improve worker performance, create supportive supervisory oversight, and improve regulatory compliance regarding the documentation of client treatment services and outcomes.

Communication, collaboration, and commitment.

Through a focus on communication, collaboration, and commitment, this aspect of team-based time management is designed to place emphasis on developing agency based methods for communicating barriers to achieving consistent task completion and improved worker performance through a collaborative teamwork processes. The focus is on developing agency structures that are operationalized under the trauma informed principles of collaboration and mutuality to promote a sense of safety and transparency between and among, frontline workers, clients, and supervisors. This includes the development of individualized supervisory plans for frontline worker that are shared with clients and colleagues plus supported by an empathetic supervisory process.

Breaking down the big picture.

Guided by the traditional nature of the supervisory process, the focus is on helping frontline workers to examine their current approach to completing task and performance expectations. Through this process workers are supported and encouraged to identify individual barriers to achieving expected outcomes and improved work performance. An example of this was reflected through the experience of one worker who identified the challenges she was facing in being able to meet with her clients. Through the supervisory process, she reported on how the child welfare court hearings were constantly running late. This was clearly an issue that was out of the workers and agency's control. In turn, it caused her to get back to the program site at unexpected times and consistently compromised her ability to meet with the clients on her caseload. This became a source of stress and pressure as she reported having to engage with angry and upset clients who saw her actions as not caring. Because of this, she made seeing her clients the priority. She subsequently fell behind in her responsibility to enter client progress notes into the newly implemented electronic case record system. Guided by the trauma informed principles of collaboration, mutuality, and peer support, it was discovered that she was not the only worker struggling with this issue. Thus, a plan was developed that became known as protective time. This became the heart of the team-based time management intervention.

Protected Time.

The use of protective time is the aspect of team-based time management that builds upon collaborative teamwork and places responsibility on individual workers to utilize predetermined time to complete work assignments. Predetermined time that is effectively communicated at all levels of the worker's responsibilities to self, clients, and the agency. Continuing with the earlier example, the development of protective time involved the following processes. The treatment team utilized the existing unit-based meeting process and required that all workers and clients be present. The unit meeting was utilized to communicate to the clients the reason why workers were having trouble keeping regularly scheduled sessions as well as being more available for crisis related situations. It was also shared with the clients how the need for workers to input progress note was important to their service planning. It was further shared that workers needed dedicated time to achieve this. This led to the concept of protective time being introduced and explained to the clients.

In action, protective time involved the worker in collaboration with their supervisor and on a weekly basis, identifying a dedicated time to complete their progress note documents and other compliance based task. The dedicated time that was identified would become the workers' protective time. The agreed protective time was then communicated and posted in a common area for both clients and colleagues to reference. Guided by the trauma informed principle of peer support, this meant that for crisis situations, other workers stepped in for their colleagues and vice versa, which is the very essence of peer support in action. The outcome of this intervention resulted in: (1) improved worker client relationships as clients learned that their social worker/case manager was not ignoring their needs, (2) improved agency capacity to better meet their compliance requirements, and (3) reduced levels of worker stress, better job performance and working relationships.

Supportive Supervision.

Supportive supervision is the aspect of team-based time management that is implemented within the structure of the regular supervisory process and designed to support worker skill development in their use of protective time. Overall, this strategy seeks to link supportive supervisory processes and agency practices to worker time management skill development and application into the structure of daily work requirements and task.

Advocacy through Data

Embedded deeply within the historical roots of human services has been the role of advocacy. Advocacy resides at the core of many grass roots efforts that have helped to shape many of the social welfare programs and services that are important to the delivery of effective human services. The role of advocacy within human services appears to be needed more than ever, given the current sociopolitical climate of today. The need for a concrete focus on advocacy-based strategies fits well under trauma informed practices because of its action oriented nature. It connects well to the trauma informed principles of empowerment, voice, and choice.

It has been well documented that the role of advocacy is one of the most important aspects of human service work. The role of advocacy is well documented in the National Organization for Human Service (NOHS) ethical standards and is supported directly and indirectly within the following standards:

Standard 13: Professionals stay informed about current social issues as they affect clients and communities.

Standard 14: Human service professionals are aware of social and political issues that differentially affect clients from diverse backgrounds.

Standard 16: Human service professionals advocate for social justice and seeks to eliminate oppression. They raise awareness of underserve populations in their communities and within the legislative systems.

Ensuring compliance with the NOHS standards is the responsibility of all human

service organizations and professionals, not only to understand what each of these ethical codes represent, but to ensure that within the service delivery sector we operate, these standards must be seen in action and operationalized into the structure of our day-to-day work. To further support this, there is a need to ensure that at all levels of the service delivery system, we promote an active engagement in macro-level practice. Because it is within the historical context of macro-level practices that advocacy efforts have helped to give rise to social welfare programs and services that have served many client population well but are now under attack in the current sociopolitical climate.

Advocacy at the macro-level of human service, as a trauma informed intervention, means to empower workers to advocate for better services and funding through sharing both the successes and challenges of their daily work. This can be accomplished through both formal and informal processes that can inform larger macro-level advocacy efforts. One way to achieve this is to empower workers in what I have termed *to speak the language of advocacy through data*. This centers on efforts to empower frontline workers who in most cases have been directed to implement new policies, procedure, and/or treatment modalities without adequate and consistent input. The idea is to build operationalized processes that will encourage workers to share best practices through describing client success and challenges, not only through stories but including both successful and failed methods as well as the number of clients impacted.

As a program director, I found workers very capable of telling good success stories but when pressed for stories that reflected client challenges, it was a struggle. An example of speaking the language of data would be a statement along the lines of “10 of the 15 clients on my case load have been able to obtain housing because I have begun to ...”, or “10 out of the 15 clients on my case load have failed to obtain housing because this new policy failed to ...” This can be described as a micro-level data collection process, operationalized into already existing agency meeting structures. It gives rise to opportunities to share best practices as well as inform the success or failure of new policies implementation, regulatory requirements, and client based treatment responses. It also represents an example of *bottom up and out processes* that are reflective of an empowerment initiative, designed to give workers a voice and choice instead of a *do and self-manage approach*, the latter often resulting in higher levels of stress and pressure upon the human service professionals. If applied in collaboration with macro-level initiatives, advocating for issues such as increased funding, improved resource capacities, and/or regulatory compliance, modifications can be effectively targeted.

Merging Regulations with Existing Services and Practice

Merging regulations with existing services and practices is guided by the trauma informed principles of transparency, collaboration, and mutuality. These principles also serve to operationalize other principles such safety, empowerment voice, and choice in support of organizational change initiatives. The basic premise behind this intervention was to support frontline workers and middle management professionals in the implementation of new regulatory compliance initiatives and or the new treatment modalities derived from independent organizational initiatives.

Whether the implementation is influenced by internal or external factors, consideration must be given to how any proposed changes impact on direct practices and organizational resource capacities to ensure effective implementation. This must consider how increased levels of regulatory oversight and compliance mandates are being imposed on the human service profession. This relates to evolving nature of the institution of social welfare and the influence of fluctuating shifts in political power and the values that underlie their political ideology (Day, 2006).

The implementation of new regulations and treatment modalities can be a source of confusion and stress for frontline workers and middle management professionals. I am often reminded of a situation that taught me the importance of empowering workers and the need to create a sense of safety through the trauma informed principles of collaboration and transparency. I received a call from one of my middle managers, who requested that I come to one of her team meets because her frontline staff was struggling with the implementation of a new regulatory requirement that appeared to be conflicting with the past regulatory requirement and also with one of the treatment modalities of the agency.

While in the meeting and after leaving, I recall being confused myself. I left promising to come back to provide some direction and clarity on how to best guide them through the implementation process; however, I struggled to come up with a solution on my own. Instead, I reflected on the one question a worker asked. In clear frustration, he stated “So what are we supposed to be doing now? Is it Sanctuary, is it PYA, case notes or what? It seems like every week, it is something else.”

It is important to note that at this time, the New York child welfare system was implementing a new youth development initiative that included additional documentation requirements, a new electronic case record system, and a new treatment modality that also required additional documentation. The treatment modality happened to be the trauma informed model of care called Sanctuary®. Because of this influence, I was able to use a trauma framework that guided me to a solution that reduced the stress level of the workers.

The solution centered on the development of a collaborative process that was worker driven and supported by administrative transparency. The process resulted in the development of a formal team based process by which we sought to find commonality within each of the initiatives and could merge the goals of the new regulatory requirement with the agency treatment approach of Sanctuary® and the corresponding program activities that support each of these areas. An example of this is reflected in the following table:

Regulatory Requirement	Service/Policy Implementation	Program Service
PYA Life Area Goals	Sanctuary® Principle	Activities
Youth will have permanent connections	Safety, Emotional Management and Loss	<ul style="list-style-type: none"> • Family outreach • Behavioral safety plan • Individual, group, and family counseling

Youth will reside in a stable living situation	Safety and Emotional Management	<ul style="list-style-type: none"> • Development of home based safety plan • Identify family/adult visiting resources
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Conclusions

In offering trauma informed principles as a conceptualized framework for broader application within the human service profession, I sought to demonstrate how these principles could help guide the development of trauma informed methods and interventions that would help reduce the stress and pressures creating challenges within human services. I also sought to emphasize the need to reengage in macro-level practices in response to the sociopolitical forces that are negatively impacting human services. Additionally, the trauma informed interventions offered specific strategies that can be operationalized into the structure of services systems and provide a method by which the human service profession can continue to fulfill its historical role as advocate for social justice and change while taking care of ourselves amid these challenging times.

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Teaching Mindfulness and Cognitive-Behavioral Interventions

Shoshana Kerewsky

Abstract

Mindfulness is an important component of self-care as well as a service provided for clients. This paper provides ideas and resources for teaching mindfulness and related cognitive-behavioral interventions at an introductory or overview level. These can be combined in a term-long syllabus or used as modules in classes or a workplace.

Introduction

Mindfulness and cognitive-behavioral interventions are ubiquitous and easily available for use or training purposes. This paper provides a sampling of free and inexpensive materials and strategies that can be used individually or incorporated into an academic program, staff training, or direct intervention.

Complexity, scarcity, political and cultural acrimony, and simple change can be both emotionally and physically challenging. Research supports the use of mindfulness, relaxation, and self-monitoring to increase well-being and decrease burnout. These strategies have increased in popularity and are increasingly incorporated in human services for the benefit of both staff and clients.

There are many mindfulness and related cognitive-behavioral techniques appropriate for a human service provider's scope of practice. Research demonstrates the use of these methods to be helpful for providers and clients alike. These materials may be useful in academic programs seeking to meet Council for Standards in Human Service Education's National Standards *19.a. Conscious use of self* and *19.d Strategies for self-care* (CSHSE, 2013).

Materials and Resources

Sample Course or Training Description

This description from the author's syllabus is intended as an example. It may be modified by readers for their own use:

The course consists primarily of experiential learning opportunities, discussions, and professional skills practice. This course focuses specifically on a subset of cognitive-behavioral interventions that emphasize mindfulness and self-initiated change (including stress reduction and health-promoting behaviors). You will learn about the research base supporting these interventions, hear about or see examples and demonstrations, practice the interventions within your ethical and legal scope of practice, and develop materials for client education. Out-of-class lab work focuses on identifying benefits of and challenges associated with client engagement with these techniques.

Sample Disclosure Statement

This description, also from the author's syllabus, may again be modified. It provides what we may think of as informed consent for being a student, in that it identifies expected disclosures necessary for students to demonstrate that they have met class competencies: This course requires appropriate self-disclosure. Some in-class activities may be difficult or undesirable for you. If you choose to be present but not participate, a make-up activity will be assigned.

Instructors or trainers may wish to include a prefatory statement or material in the first meeting explicitly stating that while some of the techniques and materials used derive from Buddhist philosophy and practice, the training does not ask students/participants to adhere to a particular religious tradition.

In some situations, it may be useful to explicitly relate mindfulness and relaxation techniques to participants' religious traditions, and to discuss ethical considerations associated with interventions that may have (or be construed to have) religious components.

Resources for Teaching and Student or Trainee Practice

Resources are listed below in brief. Complete references for retrievable materials appear in the bibliography.

Sample Books and Articles

Page numbers are included for planning purposes; however, shorter excerpts may also be feasible.

- Hanson & Mendius – *Buddha's Brain: The Practical Neuroscience of Happiness, Love & Wisdom* (261 pp.).
- Kabat-Zinn – *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* (715 pp.).
- Mendelson, Greenberg, Dariotis, Gould, Rhoades, & Leaf – Feasibility and preliminary outcomes of a school-based mindfulness intervention for urban youth (9 pp.).
- Shapiro, Brown, & Biegel – Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training (10 pp.).

Sample Video and Audio Materials

Each title is followed by a brief description of the item. Both videos listed are available for free online viewing at the time of this writing.

- *Stress: Portrait of a Killer*: One-hour documentary exploring the physiological and psychological effects of stress, and general stress reduction. Features Robert Sapolsky's work on primate stress.
- *Doing Time, Doing Vipassana*: One-hour documentary describing the integration of a meditation program in Indian prisons.
- *Guided Mindfulness Meditation*: Practice activities from Jon Kabat-Zinn's Mindfulness-Based Stress Reduction program (additional series available).

Sample Guest Lessons

These examples of guest lessons are from the author's 10-week undergraduate class. All guests were asked to provide theory, the research base for their assertions about effectiveness, and at least one practice activity.

- Calming the Mind and Reducing Stress (yoga instructor, introduction and practice)
- Mindfulness and Meditation (graduate student with appropriate training, introduction and practice) counseling psychology
- Dialectical-Behavioral Intervention (graduate counseling psychology student with appropriate training, lecture with brief practice)
- Acceptance and Commitment Therapy (graduate counseling psychology student with appropriate training, introduction and practice)
- Dance/Movement and Mindfulness (Zumba instructor/social worker, introduction and practice)

Sample Lessons and Discussion Topics

These examples of lessons and discussion topics are from the author's 10-week undergraduate class. Scope of practice issues, clinical considerations, cognitive-behavioral intervention:

- General research base and brain science for mindfulness and relaxation interventions
- Subtypes of cognitive intervention: Solution-focused interventions
- Cross-cultural and community applications and considerations
- Subtypes of cognitive intervention: Narrative interventions
- Vicarious trauma and preventing job burnout
- Relaxation and stress reduction for practitioners, clients, fellow professionals
- Cross-cultural interventions/self-care

Sample Class Activity

This example is from the author's 10-week undergraduate class:
Intervention lab project (20% of course grade).

With a group, evaluate and write a review of an intervention/tracking app or online site as assigned in class, using specific criteria. These reviews will be shared with other students and may be shared with attribution outside this class.

You will interact with the app or site as a "client" for at least 4 weeks, track your participation in writing, complete a self-evaluation, and give and receive feedback in your group. Your group will write a summary of the utility of the app including your evaluation of the benefits and challenges.

Sample Free/low-cost Electronic Apps (chosen, used, and evaluated by students)

- 7 Minute Workout
- Color Therapy—Free Stress Relieving Coloring Books for Adults

- Happify [mindfulness/positive thinking]
- My Fitness Pal
- Pacifica [anxiety reduction]
- SleepBot
- Stop, Breathe & Think
- UCLA Mindful Awareness Research Center's Free Guided Meditations

Conclusions

Whether they are used as the basis for a class or training, or as individual activities in a setting with a different focus, the resources identified above provide easy, low-cost options for mindfulness and human service instruction and training. They are readily available to instructors, trainers, students, and clients.

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The Increased Challenges of Attachment Issues: The Process of Families Attaching with Their Adopted Special Needs Children

Patricia Eber

Abstract

In recent years, there have been numerous policy changes made in the United States that have altered the face of special needs adoptions. Policymakers have encouraged a push to expedite special needs adoptions by offering welfare agencies financial incentives to increase the rate of this type of adoption. Unfortunately, the legislative acts did not include provisions to assure these increased adoptions were successful; specifically, pre-and post-adoption services were not encouraged, nor did agencies receive increased funding for staff training. Special needs adoptions have a disproportionate rate of adoption disruption when compared with adoptions which are not special needs. Parents have identified attachment issues as the leading cause in adoption disruption. This article will provide a background on attachment, special needs adoptions, and adoption disruption. Families' perceptions of their attachment process with their special needs adoptive children will also be covered. This information will provide human service practitioners with key information needed on how to solve the larger problem, which is to reduce adoption disruption within special needs adoptions due to poor attachment. Additional strategies and techniques will be offered for human service workers to utilize within pre-and post-adoptive services to assure higher percentages of successful adoptions.

Introduction

The courtroom's walls are covered with deep polished walnut, and the witness stand where Dr. Garrett sits is slightly elevated from the onlookers, which seems to give her words even more power. The participants are somber as the family therapist testifies, "I do realize Taylor's parents are losing their parental rights, and she will be available for adoption. However, I do not feel she is a good candidate for a successful adoption. She has been in three foster homes in the past 14 months and two potential adoptive homes; none have worked out. She will be 8 years old next month, and I understand the need for permanency, but in Taylor's case I do not feel this is a possibility. She has been through too much trauma. She has post-traumatic stress disorder and is developmentally delayed by two years. Taylor is unable to attach with a caregiver. I have focused on attachment issues with her in therapy but she is not making progress. She lashes out and closes down when anyone attempts to become close to her. I feel her best placement would be a group home or at the State Hospital". The judge rules in accordance with Dr. Garrett's recommendations, and at that moment, 8-year-old Taylor's chances for a permanent family placement are destroyed.

This fictional scenario has been played out daily across the country and illustrates the problem: Children who have special needs have a high rate of unsuccessful adoption due to attachment problems (McCarty, Waterman, Burge, & Edelstein, 1999; McGlone, Santos,

Kazama, Fong, & Mueller, 2002). Coakley and Berrick (2008) avowed that adopted special needs children were clearly overrepresented in adoption disruptions. Research shows that each year, 10–25% of all special needs adoptions end in adoption disruption in the United States (Bryan, Flaherty, & Saunders, 2010; Egbert & LaMont, 2004; Rushton, 2006; Wind, Brooks, & Barth, 2005). This percentage equates to 1,264–3,160 special needs adoption disruptions annually.

Definitions

Special Needs Children

Brodzinsky and Pinderhuges (2002) defined special needs as “...children whose race or ethnicity, older age, sibling group status, history of unstable placements, or emotional, physical, or behavioral disabilities may impede adoptive placement (p. 280). The U.S. Department of Health and Human Services (2017) defined *special needs children* as children who have one or more of the following characteristics: Although some children with special needs may suffer from physical or mental disabilities, not all children with special needs require special education.

Children may also qualify as having special needs if they are an older youth, from a specific ethnic background, part of a sibling group, or have a medical condition.” (Children with Special Needs section, para. 1). Wind, Brooks, and Barth (2007) elaborated on this definition by categorizing special needs as either environmental or biobehavioral. An environmental special need is a nonphysical one; abuse, neglect, and foster care are all considered environmental. A biobehavioral special need may be a physiological or emotional disorder the child has. Buckles (2013) affirmed each state has the authority to define *special needs* to outline who is eligible to receive adoption subsidies.

Special Needs Adoptions

Special needs in the case of adoption refer to children who are of a different race or ethnicity than the adoptive parents; are older than 5 years of age; have ever been in foster care; are a member of a sibling group; or have a behavioral, mental, or physical disability (Egbert & LaMont, 2004; Reilly & Platz, 2004; Seaton, 2008; Wind et al., 2007). There has been a drastic increase in the number of special needs adoptions in the last 20 years. This increase, in large part, is due to a law passed in 1997, Public Law 105-89, the Adoption and Safe Families Act (Schweiger & O'Brien, 2005). The intent of the act was to shorten the time children were in foster care. If children were in a foster home for 15 out of 22 months, the courts were charged with terminating the biological parents' rights and finding a permanent home for the children. This prevented children from growing up in the welfare system and from being moved from foster home to foster home.

Hansen (2008) explained the Adoption and Safe Families Act (ASFA) put into place a bonus system for states that documented an increase in adoption and in special needs adoptions. The bonus system provided each state with an additional stipend if they increased the state's base number of expected adoptions. The stipend was \$4,000 per child and an additional \$2,000 if the child was considered special needs (Gelles, 1998). Unfortunately, the creators of the ASFA could not predict the downside of the implementation of this law.

Hollingsworth (2000) pointed out that money was put in place to increase adoptions but no monies were allocated to assist the biological families to improve their situation and prevent termination of parental rights.

Supporters of the act argued that ASFA's main goal was to put the child's safety and permanency over the rights of the parents, thus creating a paradigm shift from previous legislation. Reilly and Platz (2004) as well as Smith, Howard, Garnier, and Ryan, (2006) argued that ASFA significantly increased special needs adoptions but did not consider the gaps in service for families who had adopted a special needs child. This oversight led to increased adoption disruptions with the special needs child.

Miller (2011) contended that ASFA ignored the relationship needs of children and caused serious implications to children whose parents' rights had been terminated based on a federal timetable. Kennedy (2011) stated the ASFA caused a 250% increase in termination of parental rights when parents were incarcerated for more than 15 months. Kennedy explained that no charges of neglect or abuse were necessary to initiate these terminations. In addition, terminating parental rights for incarcerated parents did not guarantee a permanent home for the children (Kennedy, 2011).

Until ASFA was passed, the majority of adoptive families did not choose special needs children. However, increased subsidies encouraged prospective parents to adopt special needs children (Seaton, 2008). From 1995 to 2000, special needs adoptions nearly doubled in the United States (Hansen, 2008). This increase was not accompanied by additional monies to prepare and support families who adopted special needs children. This lack of support increased the adoption disruption rate for adopted special needs children (Reilly & Platz, 2004).

In 2008, the Fostering Connections to Success and Increasing Adoptions Act was passed. This act added additional incentives to encourage states to increase adoptions in the areas of foster care children, older children, and special needs children. States now would be given \$8,000 for every special needs child adopted over the baseline. Although funding was provided for training those working within adoptions, no additional monies were appropriated to add pre-and post-adoption support.

Adoption Disruption

Adoption disruption is defined as terminating an adoption placement prior to the adoption becoming legalized (Bryan et al., 2010; Coakley & Berrick, 2008; Smith, Howard, Garnier, & Ryan, 2006). According to Wind et al. (2005), two out of every three foster care children are considered special needs and 10–16% of special needs adoptions fail. Coakley and Berrick (2008) also avowed children with special needs have significantly higher rates of adoption disruption than those without special needs.

Researchers who have examined the reasons behind disruption in special needs adoptions discovered parents who experienced adoption disruption with special needs children ranked attachment issues to be more disruptive than a child's behavior (McCarty et al., 1999; McGlone et al., 2002). In addition to disrupting the adoption, lack of attachment between the adoptive mother and the special needs child caused additional problems for the child (Nicholson, 2002; Zosky, Howard, Smith, Howard, & Shelvin, 2005).

This lack of attachment can affect the child's cognitive abilities, behavioral control, academic performance, physical and mental health, social skills, and long-term adjustment. Further issues may also include heightened anxiety and anger as well as attention-seeking behaviors (Hart & Thomas, 2000). Miller (2011) reported that when there are attachment issues, it can affect the child's ability to trust, develop ongoing relationships, and understand the process of cause-and-effect. Lack of secure attachments has also been shown to place children at high risk for adult psychopathology (Carlson, 1998; Dozier et al., 2009; Lyons-Ruth, 1996).

Attachment

Research on the importance of secure attachment between parent and child is plentiful. Bowlby and Ainsworth began their seminal research on attachment in the 1950s. Bowlby proposed that attachment is the process humans use to protect themselves from danger by seeking to be physically close to selected individuals in their lives (Behrens, Hesse, & Main, 2007). He clarified that attachment behaviors are those that encourage close proximity; these behaviors include crying, smiling, eye contact, clinging, and following (Ainsworth & Bell, 1970). Bowlby (1982) explained attachment behaviors are most prominently seen when the infant is frightened, ill, or tired.

Ainsworth is also well known for her work in the attachment arena. From 1963 through 1967, Ainsworth and her assistants conducted a longitudinal attachment study (Ainsworth & Bowlby, 1991). Home observations were conducted every three weeks for 1 year (Ainsworth & Bowlby, 1991). At the end of the year, the infants and mothers participated in Ainsworth's strange situation procedure (Ainsworth & Bowlby, 1991). The research provided pivotal information for attachment theory.

The strange situation procedure was a study whereby Ainsworth observed 56 infants who were put into a strange environment with their mothers initially present. With each participant, Ainsworth directed the mother and the stranger through eight distinct episodes, with the mother gradually leaving the room for as long as 3 minutes (Ainsworth & Bell, 1970). If the infant became too distressed, the mother was directed to return to the room (Ainsworth & Bell, 1970). Ainsworth analyzed the exploratory behaviors in the children as well as their attachment-seeking behavior.

Ainsworth and Bell (1970) reported the following conclusions from Ainsworth's strange situation study: a) Infants' attachment behavior increases when they feel threatened, b) Infants will not explore if they are separated from their mothers and feel frightened, and c) Even though attachment behavior is not continuously observed when the mother is out of the room, it reemerges when the mother returns. After analyzing how infants reacted to being separated from their mothers, Ainsworth realized not all infants had the same type of attachment. At that point, she distinguished three types of attachment patterns: secure, insecure-avoidant, and insecure-ambivalent (Behrens et al., 2007).

In 1985, Main, Kaplan and Cassidy established the seminal work for future researchers to expound on the effect the mother's state of mind has on the parent-child attachment process. They affirmed the mother's state of mind regarding her own attachment affects how she

responds to her child. Van Ijzendoorn (1995) confirmed these findings. Recently, researchers have reaffirmed that the attachment process with parents and children is bidirectional and is dependent on the parent's characteristics as well as the child's (Goldberg, Moyer, & Kinkler, 2013; Schweiger & O'Brien, 2005). It is not as certain if adoptive mothers have a different attachment process with their adopted children than biological mothers. If future research focuses on how adoptive mothers' characteristics contribute to the attachment process, it may provide evidence-based training for future adoptive parents.

Adult Attachment

Researchers began to use the term adult attachment style in the 1980s. At that point, researchers examined attachment along the life span; the significance of adults' attachment styles was studied to better understand the parent-child attachment process. According to Levy, Ellison, Scott, and Bernecker (2011), an adult attachment style is how individuals relate to their attachment figures: friends, parents, children, and romantic partners. It is important to note attachment styles are on a continuum. An insecure individual may be mildly, moderately, or markedly fearful, enmeshed, angry-dismissive, or withdrawn.

In 1985, Main, Kaplan, and Cassidy developed the Adult Attachment Interview (AAI) to assess attachment styles in adults. In 1992, after Ainsworth retired from her academic career, she became interested in the work of Mary Main, one of her former students. At this point, their roles reversed and Main trained Ainsworth on her AAI. Ainsworth used the AAI in her clinical work and eventually added three new trajectories to attachment theory: mentor, friendships, and spousal relationships (Bretherton & Main, 2000).

Main in turn connected her own work on adult attachment to Ainsworth's previous attachment styles of infants. Main identified how adult caregivers' attachment styles are paired with their corresponding biological infants. Hazan and Shaver (1987) conducted groundbreaking research on utilizing adult attachment style to not only understand behavior but also predict future behavior, specifically behavior involved in romantic love. They did not use Main's assessment tool; instead, they incorporated a questionnaire based on Ainsworth's work.

In 2005, Bifulco introduced a new adult attachment assessment to the research community, the Attachment Style Interview (ASI). The ASI utilizes a combination of Bowlby's and Bowen's theories to assess an adult's attachment style. Bifulco, Moran, Jacobs, and Bunn (2009) stated family systems theory is used to explain that parents' attachment styles affect their children. Within the ASI, adults' relationships with parents, significant others, children, and partners are assessed to determine their attachment style. Bifulco and Jacobs (2008) explained the ASI can be used to examine and predict parenting capacity with foster and adoptive parents. These results can then be used to assist in matching characteristics of potential foster and adoptive parents with children who may be placed in their homes (Bifulco & Jacobs, 2008).

Attachment and Adoptive Families

In the late 1990s, researchers began utilizing attachment theory to assist in understanding children's attachment with adoptive parents (Walker, 2008). Researchers

determined that numerous variables make the attachment process different for adoptive families than for biological families. It is helpful for human service professionals to understand these variables when working with adoption. One of the most obvious variables is that adoptive mothers have not had 9 months of carrying the infant to assist in the attachment process, nor have they had the assistance of postpartum hormones to assist them. Feldman, Gordon, and Zagoory-Sharon (2011) stressed the important role of the postpartum hormone oxytocin in the attachment process of all humans. Adoptive mothers must find their own path of attachment without the assistance of maternal hormones.

Another variable that makes it difficult for adoptive mothers and their children to attach is the long legal process before adoptions are finalized. It takes at least 6 months before the adoptive parents may attend a court hearing to finalize their adoption. During this time, there could be legal difficulties resulting in adoption disruption. Goldberg et al. (2013) observed that due to this possibility, parents who adopt may be afraid to attach with their adopted child until the adoption is legalized. After this 6-month period, parents' patterns of reactions to their adopted child have become established, and it can be difficult to change to a more sensitive, loving interaction.

In addition to the legal uncertainty that can affect the attachment process, there are other issues unique to adoptive families that may hinder the parent-child attachment process. Not all adoptive parents have had difficulty with procreation, but those who have often experience a period of loss and grief. It is important that adoptive parents have the support they need to work through this process prior to the placement of a child. If they are unable to work through their grief, it can negatively affect their attachment process with their adopted child (St-André & Keren, 2011).

Adopted children may also experience grief. Human service professionals can assist in the attachment process by helping adoptive families prepare for possible grief the child may feel. According to Singer and Krebs (2008), adopted children grieve what they have known from their past. Singer and Krebs conveyed that all adopted children go through loss and must have time to grieve. Depending on the situation, they may grieve family of origin, siblings, extended family, foster family, their bed, toys they were familiar with, their daily routine, or the loss of their church or faith traditions. The grief process can lead to feelings of not being safe and lack of control, which can then lead to difficulties in attachment (Singer & Krebs, 2008). Singer and Krebs observed when adopted children's grief is not recognized and lessened, it will significantly impair the parent-child attachment process of adoptive families. Brodzinsky (2011) explained that the grief process may not begin immediately. The child may be in the adoptive home for several years before he or she begins to grieve.

Another variable that can affect attachment is when the mother and father do not feel prepared to parent a child with special needs due to lack of or inaccurate information about the child's background and diagnosis. Human service professionals can assist with this by advocating for federal and state policy to mandate honest and full disclosure of the child's condition and history to prospective adoptive parents. This transparency of information would be a first step in assisting potential adoptive parents to make informed choices about the adoption and to obtain the training necessary to care for the child being placed in their home. It

is only with this in-depth knowledge of their child's needs that families can have realistic goals for their children regarding cognitive, physical, and emotional abilities.

Stress is another confounding variable in the attachment process. Adoptive parents have an easier time attaching with their adopted children when they have low stress levels and adequate support systems (Howe, 2006; Mills-Koonce et al., 2011). If parents do not have strong support systems in place, it is possible for human service workers to assist them in building support networks through other adoptive families. Human service professionals can also share stress coping techniques with the adoptive family.

There are numerous benefits for the child when adoptive families can achieve a healthy parent-child attachment. The child learns to feel safe, accepted and understood. Strong parent-child attachment can act as a buffer against stress for children as well as assisting in emotional regulation and decision making. Healthy attachments can raise a children's self-esteem and help them feel safe to explore.

Adult Attachment and Adoption Disruption

Attachment theory provides a basis for understanding adoption disruption. Cowan, Cohen, Cowan, and Pearson (1996) showed how parents' insecure attachment styles (dismissing, preoccupied and enmeshed, or unresolved) directly linked to parenting styles that were less engaging and warm than parents who had an autonomous (secure) style of attachment. Additional investigators have also utilized adult attachment when examining the impact of the mother's attachment style and state of mind on the parent-child attachment process (Bernier & Dozier, 2003; Bifulco & Jacobs, 2008; Bifulco et al., 2009; Cowan et al., 1996; Dozier et al., 2001; Steele, Hodges, Kaniuk, Hillman, and Henderson, 2003; Verissimo & Salvaterra, 2006).

Bifulco (2011) utilized attachment theory to examine adoptive and foster parents' attachment styles. Bifulco avowed that adoption disruption can be decreased when adoption workers take into consideration adult attachment styles and their links to parenting. She described five main adult attachment styles: clearly secure, enmeshed, fearful, avoidant/angry dismissive, and avoidant/withdrawn. Bifulco affirmed that parents with a clearly secure attachment style made and maintained relationships and were flexible with good support figures to rely on. An adult with an anxious attachment style may be enmeshed or fearful. Parents with an enmeshed attachment style may have low self-reliance, more surface-level relationships, and high amounts of anger.

Bifulco avowed fearful adult attachment style is associated with anxiety yet sensitivity to others' feelings. An angry-dismissive style and the withdrawn style of attachment are considered avoidant styles of attachment. The angry-dismissive style is characterized by a low desire for company, anger, avoidance of others, a high level of mistrust, and a high level of self-reliance (Bifulco, 2011; Bifulco & Jacobs, 2008). The withdrawn style of attachment has strong boundaries for privacy and a high self-reliance; individuals with this style do not have supportive relationships (Bifulco, 2011; Bifulco & Jacobs, 2008). Mills-Koonce et al. (2011) affirmed it is widely accepted that adult attachment styles have an influence on the parent-child attachment process.

Implications for Human Service Professionals

Screening of Potential Adoptive Parents

It is also important for the human service professional to note there is an undeniable perception problem when the responsibility of attachment in adoptive families is placed primarily on the child. Unfortunately, in the United States (unlike the United Kingdom), the perspective adoptive parents' attachment styles are not considered when a child is unable to attach. Rarely are adoptive parents required or encouraged to attend therapy to learn how they could best use their individual attachment style to make it easier for the parent–child attachment process. Instead, society puts the burden of attachment directly on the child.

St-André and Keren (2011) suggested that all potential adoptive parents be screened with an adult attachment assessment. The results would help to ascertain which parents would benefit from attachment-based support services to increase the chances of successful attachment with their adopted children. Specifically, the attachment-based support services can help parents feel more secure with how they process their own attachment experiences with their parents and significant others in their lives. Once this is achieved, they have a stronger chance of being able to assist in the parent–child attachment process.

Advocating for Pre- and Post-Adoption Services

Researchers agree that pre- and post-adoption services are needed to increase the likelihood of successful adoptions with special needs children. Schweiger and O'Brien (2005) stated that pre-adoption services should involve a process where special needs children are matched with parents whose strengths will assist them in attaching. The need for adoption support services has been supported by research (Brooks, Allen, & Barth, 2002; Cole, 2005; Cornell & Hamrin, 2008; Egbert & LaMont, 2004; Palacios, Sánchez-Sandoval, & León, 2005). However, many states do not mandate these services. Wind, Brooks, and Barth (2007) reported that less than 50% of adoptive families received any support services and that there was a need for further research to encourage policy backing of support services for adoptive families of special needs children.

When utilized, pre- and post-adoption services have been documented to reduce the risk of adoption disruption (Bryan, Flaherty, & Saunders, 2010; Wind et al., 2005). This is a potential point of entry for human service professionals. They can advocate for funding for pre-and post-adoption services. In addition, they can attend workshops and conferences which focus on parent attachment. It can also be helpful for human service professionals to study successful support programs for special needs adoptions. The Illinois Preservation Act helped in establishing adoption preservation services (Zosky et al., 2005). This program offers support groups for both the child and for the adoptive parents as well as intensive therapeutic intervention, advocacy, and assessments as needed up to 24 months.

Advocating for Policy Changes

Human service professionals can also assist in lowering adoption disruption by advocating for change in child welfare policies. Successful adoptions are dependent on human service workers being allotted adequate time for comprehensive home studies and transition

planning for the child and the adoptive family (Barth & Miller, 2000). In addition, workers must be able to have the time to support both the family and the child before and after the placement.

Unfortunately, 40% of families reported they felt rushed through the experience and stated they did not feel support from their adoption worker (Festinger, 2002). To assure a successful adoption, human service professionals can advocate for: a) adequate time to train adoptive parents about the child's culture, b) enough time to match families with a child, c) manageable caseloads (This one is difficult to achieve.), d) proper referrals, and e) ongoing assessment of the adoption process (McRoy, 1999).

Adoptive Parents' Suggestions to Assist in Attachment

I have worked for over 25 years with adoptive families. Adoptive parents of special needs children have shared their experiences of what they have used to assist in the attachment process. Knowing how past adoptive families have successfully attached with their special needs children is valuable when human service professors mentor new adoptive families. Patience is one of the main virtues parents stressed was needed the first year. Patience was necessary when the children rejected them and when they were unable to comfort them. Parents also spent hours a day playing with their newly adopted children. The initial play involved the parent sitting by the sidelines, then slowly this evolved into parallel play, and finally the children began to interact and play with their parents.

Many families have shared they limited contact with others during the first few months. They also made sure that they, not a caregiver or extended family, met all of their needs. They did not want their children confused by introducing others to them too early. They also wanted the children to feel secure that no one would remove them from their new home. Although it is a debated practice, many mothers co-slept with their children. They would sleep on a mattress on the floor beside the bed or at the foot of the child's bed. Many adoptive children are used to co-sleeping. They may have come from international orphanages where they shared beds or foster homes where they shared rooms.

Adoptive parents have also shared the importance of researching the types of foods and meal schedules the children were accustomed. Many of the families attempted to mimic the texture and tastes of what the children liked in their previous placement. They learned the types of spices they were accustomed to and what types of snacks they ate. The parents then slowly transitioned the children to the types of food the family had while incorporating some of the child's favorites into their menus. Many families shared that they keep a bowl of healthy snacks out at all times. Many of the children came from conditions where there was not enough food to satisfy their hunger. Having food readily available increased their feelings of safety and trust.

Not all special needs children are comfortable with hugs. Yet, some parents discovered they could apply lotion and occasionally rock the children. It was important, though, to never force touch on the children; to do so would slow down the trust and attachment process. Families also stressed the importance of routine, especially the first weeks home. They wanted the children to know that before meals they washed their hands, and before bed, they had a snack, brushed their teeth, and read books. Some families stressed the order of activities more than sticking to a strict time table.

Special needs adopted children need constant reassurance of where their new families are. Let the child know where the adult is, even within the house. When separated from a new parent, it is helpful to give the child a photograph of their new family to carry with them. Another key point for human service professionals is to work with adoptive families on co-operative language; many families may not understand the positive impact this can have with children who are frightened and feel they have no control over their lives. Other suggestions offered by adoptive families are to learn how to care for a child's hair (if the child is of a different culture than the adoptive family) before the child comes into the home. Adoptive families can make appointments at beauty schools or with a seasoned beautician to learn the basics.

Conclusions

Well informed, caring human service professionals can support adoptive families in the attachment process with special needs children. They can do this by advocating for new legislation to fund pre- and post-adoption support. They can write grants for professional training and workshops focused on how to assist families in attachment. They can purchase materials on their own and share it with their peers. Schofield and Beek (2007) have written one of the most comprehensive handbooks on attachment for foster care and adoption. Their book could be the catalyst to develop new protocols for working with adoptive families (Information on their book is provided in the reference section.). There are many avenues for human service professionals to assist adoptive families with attachment. It begins with the foundation that attachment is bi-directional, and all of the responsibility for attachment should not be placed on the child.

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iBusy: Research on Children, Families, and Smartphones

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Abstract

Within the past 10 years, mobile devices have been widely adopted by adults and are now present in the lives of almost all U.S. children. While phones are common, our understanding of what effect this technology has upon children's development is lagging. Bioecological theory and attachment theory suggest that this new technology may be disruptive, especially to the degree to which it interferes with the parent-child relationship. This article reflects a National Organization for Human Services conference presentation and shares preliminary results from semi-structured interviews conducted with 18 youth, ages 7 through 11. Only four of eighteen interviewees voiced any negative thoughts concerning their parents' use of mobile devices. However, those who reported feeling ignored by their parents experienced the negative emotions deeply. Themes that emerged from analysis of transcripts included *devices as tools* and *boundaries*.

Introduction

Within the past decade, smartphones and other mobile devices have been widely adopted by adults. With market penetration exceeding 80% (Pew Research Center, 2015), these devices may be considered an integral part of the environment. While adoption of this technology has occurred quickly, our understanding of the implications lags. This is particularly true as it relates to children, their emotional development, attachment, and family life. This research used semi-structured, qualitative interviews of children aged 7 to 11 to understand how children were experiencing this new technology within the context of the family.

Previous Research

Research into the Effects of Mobile Devices

Mobile device use is high and is a significant part of children's development. According to the Pew Research Center's Internet and American Life Project, 86% of Americans aged 18 to 29 own a smartphone (Pew Research Center, 2015). A survey of 1521 children ages 6-12 found that 62% described their parents as distracted when they tried to talk to them, and cell phones were most often responsible (Highlights' The State of the Kid, 2014). The ubiquity of electronic devices in the lives of children leads one to wonder what effect, if any, these new devices may be having.

Other researchers have explored the way electronics influence our interpersonal relationships. In 2009, Kirkorian, Pempek, Schmidt, and Anderson investigated whether TV as background noise influenced parent-child interactions. The results were striking. Background television reduced overall interaction. Children were less social, and parents were less verbally

engaged with their child and tended to ignore them. Radesky, Silverstein, Zuckerman, & Christaki (2014) used non-participant observational methods to view 55 caregivers with small children in fast food restaurants. The research found that 40 of the 55 caregivers used a smartphone device while eating with the children and that some parents ignored their children's bold efforts to get their attention. Finally, Hiniker, Sobel, Suh, Sung, Lee, and Kientz (2015) watched how adults used phones while with their children at playgrounds. First, a majority of adults glanced at their phones only briefly or not at all. However, around a third spent more than 20% of the time on the playground on their phones.

iphone effect

shortly after one person in the group brings out their iphone, the rest follow suit, ultimately ending all conversation and eye contact.

"Hey, what do you want to order for drinks?" "Not sure, let's see what Imbibe Magazine has for their best beer this month." First iphone comes out of the pocket--enter safari search. Next iphone comes out--enter Facebook post. Third iphone makes an entrance -- the iphone effect has arrived.

From
urbandictionary.com

Ever notice how iPhones shut down casual adult interactions? This is called the iPhone effect. It turns out the effect is real. Misra, Cheng, Genevieve, and Yuan (2014) conducted research that found the mere *presence* of phones diminished the quality of social interactions among adults. The study, a naturalistic field experiment, found that just having the phone visible during the interactions, whether or not it was turned on, resulted in participants describing the social interactions as less engaging.

These devices can also interfere with adult romantic relationships. Roberts and David (2016) developed and researched a construct called *phubbing*: snubbing another vis-a-vis phone usage. In findings that will surprise no one, phubbing was correlated with increased conflict and depression but decreased relationship satisfaction and life satisfaction. Finally, McDaniel and Coyne (2016) conducted an online survey among 143 women regarding the degree of technology interference within their romantic relationships. They termed this interference *technoference*. Again, as one might expect, questionnaire research found that as women reported more technoference, they also reported more conflict over technology use, decreased relationship satisfaction, and also more depression and less life satisfaction.

Survey research has found that cell phones and mobile devices are common features in children's lives. Other studies, using naturalistic observation and experiments and surveys, have found that the mere presence of electronic devices diminish the quality of social interactions among adults and between parents and their children. Although early studies suggest a majority of parents are able to prioritize their children's needs over their use of a mobile device, a large minority of parents may be prone to absorption with their devices and ignoring their children's bids for attention (Hiniker et al., 2015; Radesky et al., 2014). Studies also suggest that mobile devices disrupt family relationships, yet, as mobile devices are a relatively new addition, research is just beginning.

Theoretical frames: Ecological systems theory and attachment

Theory helps interpret surveys and findings and knits observations into a science. Two theories seem to be particularly relevant as we consider the effect of technology on child development and the family system: Bronfenbrenner's bioecological model and Bowlby and Ainsworth's attachment theory.

Ecological Systems Theory

The bioecological model is a good model to begin with because of its emphasis on both context and policy concerns. At the time Bronfenbrenner began his scholarly work, developmental psychology focused on the individual child, stripped of context, "...the science of strange behavior of children in strange situations with strange adults for the briefest possible periods of time" (Bronfenbrenner, 1977, p. 513). Dissatisfied with both reductionism and a lack of other good alternatives, Bronfenbrenner proposed an integrated and holistic model that focused on the interactions between a developing child and their ecology (Bronfenbrenner, 1977; Bronfenbrenner, 1979).

The basic conception of the bioecological model frequently calls to mind an image of nested Russian dolls. Drawing loosely from this imagery, a child develops within an environment, conceived as layers, spanning from more intimate relationships out to more abstract, distant relationships and structures farther removed from the child. The first system or layer is the microsystem. The microsystem is defined as the web of relationships that exist between the developing child, aspects of their immediate setting (home, classroom, daycare, work or the



girl scouts, for instance). Sometimes microsystems interact and affect one another. Interacting microsystems (absent the child) comprise the mesosystem. Bronfenbrenner identifies a third system, further removed from the developing child, as the exosystem and describes it as a layer that consists of social structures that are local but do not directly impinge upon the child yet, nonetheless, influence the child's development. Succinctly, one might think of this as local culture, and it includes elements such as regional industry, political climate, neighborhoods, religious communities, and public services, just to name a few. Finally, the macrosystem is loosely translated as culture. It includes what might be considered normative changes and rites within a particular society.

If systems represent the *what* of development, Bronfenbrenner attempted to address the *how* in the final iteration of his model by emphasizing what he termed proximal processes. Proximal processes are increasingly complex interactions that occur between people and their

environments. The interactions are reciprocal, occur on a regular basis and over a long span of time. Very simply, one might imagine the interactions that occur between a mother and child across the years: reciprocal, increasingly complex, and sustained across time. This, Bronfenbrenner argued, was the crucible of development. It remains unclear what effect the additional ingredient of technology in this crucible will be. Though correlational, it is occurring at the same time there is an increase in narcissism and anxiety, while there is a stark, corresponding decrease in empathy.

Attachment Theory

A second lens that offers insight into how early relationships affect development is attachment. Attachment is defined as a biological instinct to draw close to another (the parent or caregiver), especially when the child senses some threat or feels anxious. Of course, this behavior is motivated because the child anticipates some comforting action from the attachment figure, normally the parent. Healthy attachment is believed to be evolutionarily adaptive and considered the normative outcome of child-caregiver interactions (Ainsworth & Bowlby, 1991).

When attachment is effective, the benefits are many. The presence and dependability of these early social relationships likely contribute to the child's emotion regulation skills, including their ability to securely attach and manage stressful situations. However, when children fail to successfully attach to caregivers, the consequences are significant and negative.



But, children are not automatically attached; there is a process, and the outcome is not guaranteed. Attachment behaviors themselves are viewed to be initially a *fixed action pattern*, an idea that more commonly hails from animal studies. A fixed action pattern is understood to be an invariant sequence of behaviors designed to elicit a particular outcome. It might be thought of as something like a reflex that interacts with the environment. As such, a child is hard wired to emit certain behaviors such as smiling, crying, and grasping, which typically result in the environment responding. A mother, part of the child's environment, may be nudged to pick up her crying child.

These complementary actions (cry, get picked up) may become synchronized, especially if the caregiver responds to the bids reliably and predictably. Over time, these expectations develop into a basic roadmap of how the world works, which Bowlby called an *internal working model* (IWM). The IWM is a blueprint concerning the responsiveness and accessibility of caregivers. Tight synchrony between a mother and child precedes attachment and most likely influences attachment style. So, to summarize, the current thinking in the field is that the environment matters, the caregiving space matters, the infant's environment is relational, and the interactions are essential for healthy attachment and empathy (Mesman, van IJzendoorn, & Bakermans-Kranenburg, 2009).

Poor synchrony, on the other hand, may presage difficulties later. While observed synchrony predicted later attachment (Feldman, 2007), dyssynchrony preceded avoidant, resistant, or anxious attachment, depending on the type of dyssynchrony the mother and child created (Isabella & Belsky, 1999). To summarize, although emotional and relational outcomes are influenced by a vast number of inputs, a broad review of the research supports that maternal and paternal sensitivity contributes to a healthy synchrony with the infant, which in

turn, fosters healthy attachment (Braungart-Rieker et al., 2014). Attachment, subsequently, is an important contributor to development across the lifespan, associated with emotional regulation and relationship dynamics (Thompson, 2008).

Within the past decade, consumer electronics have come to occupy a central role in our lives, even displacing other important relationships. Casual armchair speculation raises red flags. Ecological systems theory suggests that this new technology is having an effect, though this particular lens is less clear at anticipating exactly what we might see. Attachment theory and research on synchrony suggest that interference with caregiver-child interactions may negatively impact and initiate a sequence of difficulties for the child. However, our understanding of the impact of this technology on relationships is only just beginning. This research sought to add to this growing literature by endeavoring to understand how technology is influencing families from the perspective of children.

Method

Collecting the Data

The research team consisted of a faculty member in a university department (Counseling and Human Services) and three primary grade faculty at the university-affiliated K-12 laboratory school. The Institutional Review Board approved all research protocols, and then teachers sent flyers home with students in grades 1 through 6. If parents indicated a willingness to learn more about the research and potential interest in participating, the principal investigator followed up with the parents to obtain written informed consent. Child assent was secured before interviews proceeded. All contacts were originally a convenience sample of willing participants.

The participants were 18 youth, age's seven to eleven. Six were male, while twelve were female. All resided in a medium-sized, southern Appalachian community and were socio-economically middle class. All were white, which loosely approximates the demographic of the piedmont community. Seventeen of the eighteen children interviewed said family members had smart phones. The one child whose family did not have smartphones still articulated views about the impact of personal electronics on families based upon his observations of friends and their families. Participants were drawn from a lab school which requires a family interview and parental initiative. This may affect the generalizability of the findings.

The central questions participants responded to were "Who uses smart phones in your home?" followed by "How do smart phones affect how people are able to talk to one another in the family?" The interviews were audio and video recorded, then transcribed verbatim. Following the interviews, the investigator jotted down reflections into a research diary, which was shared with other research team members to help mitigate bias and contribute to the trustworthiness of the study. Subsequent interviews with the same participants were scheduled as needed to serve as member checks and as theoretical sampling when more detail about an emerging category was required.

Data Analysis

The researchers used a modified grounded theory approach to try to understand how young people might be affected by cell phone use within their family. Videos of the interviews, transcriptions of the videos, and investigator's notes comprised the qualitative data set. The research team read through the transcripts, employed open coding, and assigned in-vivo codes to the youths' descriptions. The research team discussed codes until achieving consensus on in-vivo codes. The transcripts were read through a second time with the in-vivo codes and the research team abstracted more general themes from recurring codes.

As themes emerged, the investigator interviewed eight of the original 18 children a second time. These eight were selected as a theoretical sample to help complete categories and address questions the research team had. The investigator also performed member checks with four of the participants to help verify the codes and emerging themes. Data collection ended when it became evident the research team was no longer encountering new information and after categories were reconciled with the participants' experiences. The researchers attempted axial coding, in which categories are related to one another in an effort to create a grounded theory where categories could be described as interacting with one another. This did not yield the sort of complex model we hoped to see, however, and instead what remained were themes or categories that did not seem to affect one another in an interactional way.

Results

Neither Good nor Bad: A Tool

Coding of the interviews revealed, first, that smartphones and tablets were common in families but not innately problematic for families. Seventeen of eighteen informants said their parents used phones extensively, while one family purposefully avoided mobile phones. As with previous technology, smartphones were neither inherently good or bad, helpful or harmful to family interactions but were only tools in the hands of their users. This was the position articulated by most young people interviewed and ran counter to the investigators' expectation that children would view phones dimly, and with contempt and distrust, because they drew their parents' attention away from them. Instead, interviewees generally viewed phones and devices as necessary for families to coordinate plans and to keep in touch should work travel separate them. For instance, one child noted "Parents are on the phone for work and to help make arrangements for activities" and another explained, "Sometimes I need to contact my mom for medical reasons."

Children indicated that phones were a necessary logistics managing tool in their families and they saw value in them for bridging distances when family members had to travel for work. Said one child whose father traveled a lot for work, "Dad is pretty good; he Facetimes me when he is gone." Sometimes phones were used as a part of social interactions with those immediately present. "My mom takes pictures with her phone," said one third grade girl. Items of common interest may be shared on the phone and it becomes a part of the social interaction with the family.

But, phones can also impair relationships. Some interviewees described very purposefully using technology to modulate relationships, that is, to control communication and interactions. In this instance, a twelve year old explained her use of the phone to minimize her relationship with her caregiving grandmother, “We would be a lot closer, probably talk a lot more, without technology. She wants me to talk about what happens at school and stuff, but I don’t ever do that. I just come home from school and put in my earbuds.”

Boundaries

Whether the tool aided or diminished family life had a lot to do with boundaries. Typically, boundaries were initiated by the parents. As one child described, “We have boundaries – after school, not after 9pm.” Another responded, “If my mom didn’t have rules, then we’d be playing with our phones when we get bored at the dinner table.” Most often, mothers would be in charge of creating boundaries for device use. Dads supported the policies, but, on occasion, were described as sneaking glances at their phone in violation of family expectations.

Rules and boundaries were apparently important tools for managing phones. The interviewees, children aged 7 to 11, had all grown up during the Great Recession, a time of economic stressors and period when technology persistently eroded the barrier between work and home life. The children interviewed accepted that their parents’ work would continue at home and into the evening. The research team was struck with how understanding the children were of their parents’ phone and device use for work, even as it intruded upon family time. Illustrating the technology enabled encroachment of work upon family life, “Dad works with computers - focuses on it before breakfast and during dinner.” Said a fourth grade girl, “Mom is a realtor. She has to do a lot of work on her phone... We don’t have our phones out when we’re eating as a family, unless my mom gets a work call.”

The interviewees were generally accepting if the parents made some effort at demonstrating boundaries. A sixth grader noted, “About half the time it hurts. The other half I’m cool with it, and I know she has to work.” Phones and electronic devices are ubiquitous and potentially disrupt family life. Managing them and creating boundaries seemed to be an essential family skill.

Poor Boundaries

Although most parents in this study were described by their children as creating effective boundaries on family phone use, in a minority of interviews (four of eighteen), this was not the case, with negative consequences for relationships. This set of informants clearly articulated that “Kids might feel like their parents don’t care about them,” as one fifth grade boy said.

A girl, a fifth grader, said her father was on the phone “Whenever he had the slightest moment.” She described tossing a ball with her father, “I dropped the ball; it rolled down the hill - not a very big hill... I went to pick the ball up, and I turned around. When I turned around he had the phone out.” In the interview, she elaborated that she understood but felt sad because “You cannot get that time back.” A fourth grader also described a family softball game. Her father got his phone out. “We had to wait until he finished to continue playing.”



One participant shared several stories, all illustrating a pained relationship with her mother; the phone played a central, mediating role. Indeed, the interview was briefly halted because the eleven-year old was overcome with tears. In her situation, she is reared in a single parent home, her and her mother's. The schism is especially evident.

“She has a tendency to kind of block me out because usually she won't know what I am saying. She'll be on the phone for ten minutes and I'll be like having this conversation that's only me. Then there are other times when she will hear me and get off on the phone and she'll say, 'okay so you were talking about...' but other times she's like, 'okay...now what were you saying?' ...It's not very nice when you're ignored by the only other person in the house...occasionally it hurts a bit.”

The research probes focused initially on the parents' use of electronic devices. Interestingly, however, the interviewees also often spoke about how electronic devices interfered with a sibling relationship. A fifth grade boy with four other siblings explained having closer relationships with his older teen sisters. Then, they got phones. “Phones,” he said, “kind of interfere with your ability to connect with your family...Feels kind of strange that someone would shut off all human interaction to stare at a rectangular cube.” Apparently, the interviewer got to him just after a geometry class. He still had a relationship with his younger sister who was near his age.

The generalities of his story were repeated by others by other interviewees. The pattern involved siblings being close, the older sibling becoming an adolescent and getting a phone, and then effectively withdrawing from the sibling relationship in favor of time on the phone interacting with peers. Preadolescent interviewees were wistful as they described the closeness they had earlier experienced with their older siblings. Chores that had been shared among siblings were redistributed among fewer children, as the older kids had mastered feigning unavailability and were instead secluded with their smartphones. Six of eighteen participants felt it interfered with their ability to connect to and engage with their older sibling.

The interviews suggest that, from the perspective of the interviewed child, smart phones were not uniformly good or bad. Instead, it appeared to depend upon the boundaries that the parents designed, boundaries that were often explicit, self-imposed, and typically generated and enforced by the mother. Most children did not feel ignored by their parents or displaced by the electronics, suggesting the parents had found a balance between the phone's utility and prioritizing presence in the here and now. However, when parents, a minority in this sample,

failed to establish boundaries that prioritized meaningful relationships their kids, the young people deeply felt hurt and anger.

Discussion

Based upon Sherry Turkle's 2011 book *Alone Together* and anecdotal personal experiences, there was the expectation that most children would report that they were deeply and negatively affected by their parents' absorption with personal mobile devices. The findings, instead, roughly align with the small number of previous observational studies. The Hiniker et al. (2015) study of children and caregivers at a playground found that most caregivers only glanced at their phone, but that a third spent 20% of their time absorbed with their devices. Similarly, the Radesky et al. (2014) observational study reported that 16 of 55 parents in restaurants used their phone nearly continuously while eating with their small children. Correspondingly, our study found that most children reported that their parents were sufficiently present for them to have their emotional needs met. However, also fitting with the previous studies (Hinker et al., 2015; Radesky et al., 2014), a small number of interviewees (4 of 18, or 22%) clearly lamented their parents' absence.

The findings might be thought of as somewhat analogous to the early research on how divorce affects children. Wallerstein's initial research (Wallerstein & Kelly, 1976) sounded the alarm that divorce was acutely distressing for children. Later research, with more representative samples, found that though divorce was stressful for children, most children coped with the change. Similarly, a casual and unscientific investigation suggests that children are very frequently ignored by device-absorbed parents. However, as research is maturing, we openly speculate that a majority of parents do quite well managing the intrusion of the electronic devices. A small number do experience a parent-child relationship which is significantly, negatively affected, something quite analogous to the early decades of research on the effects of divorce on children. Negative effects were not as widespread as anticipated, but where they did occur, children did feel the pain of neglect.

A second interesting aspect of the research involved categories. Radesky et al. (2014), identified absorption with the mobile device as the most important theme. This is reasonable considering their research team employed naturalistic observation and saw parents, from an outsider's perspective, absorbed with their devices. This research, which achieved more of an emic perspective, saw interviewees use words like *rules* and *use* and *boundaries*. Boundaries, representing something more active and volitional, emerged as a significant theme. Boundaries reflected something of decision-making and connoted the parents as being somewhat more active. If boundaries represent a significant parenting or family skill, it appeared that parents more often exercised control over the who, where, and how long of phone use, compared to the adolescent siblings. The corresponding disappearance of older siblings was noted by several research participants.

This research suggests several areas deserving further study. First, while there has been public handwringing and research concerning parents, mobile devices, and children, findings from this research suggest another generally overlooked aspect: how technology interferes with sibling relationships. This was unexpected, and the research team was struck

with how frequently this issue arose among the sample. The effect may not carry the same emotional load as being neglected by one's parents, but within this sample, the absence was deeply felt. Second, it would be interesting to get parents' perspectives on mobile device use, especially their views on boundaries and how this aligns with their children's perceptions of family device use. Would there be agreement? Third, it might be useful to see what relationship exists between the issue of parental absorption with mobile devices and a classification of more general parenting approaches, such as Baumrind's typography.

Is device absorption a function of a more general, neglectful approach, or does phone use somehow stand apart from more general parenting approaches? For instance, might one be an authoritative parent, who also frequently ignores the child at other times to attend to the phone? Finally, the research sample consisted of students in primary grades who were attending a university-based laboratory school. Inasmuch as the environment is similar to a magnet school, children who attend are not necessarily a representative sample. Our understanding of how phones influence children's development would be enhanced by including children who come from different types of family backgrounds.

Conclusions

This study explored children's perspectives on parental mobile device use. Although a qualitative study using semi-structured interviews and no formalized a priori hypotheses, based upon the literature review as well as attachment and bioecological theories, there was an expectation that interviewees would report frequently being ignored by their parents and that there would be strong negative emotions as a result. Instead, the research found that, according to the children interviewed, a majority of parents used their phones moderately and not in a way that negatively affected their parenting. However, a significant minority did report that family members exercised poor boundaries and control over device usage and that they experience salient negative emotions as a result. It is our hope that these findings prompt further research and discussion about technology, family communication, and child development.

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Child Friendly Divorce: A Guide to Helping Children Not Only Survive, But Thrive!

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Abstract

More than one half of all first marriages end in divorce. The numbers are even higher for second and third unions. It has become a new reality today that a majority of America's children are growing up in a family where divorce has occurred. Further, most divorced parents eventually remarry, exposing children to life in a step-family and, potentially, a second divorce. Given the prevalence of this phenomenon in American family life, this is an issue that requires attention from human service professionals who may be called upon to provide services to these families. This article will discuss the likely reactions to divorce by children of different age groups in addition to recommendations for how human service professionals can assist parents to minimize the impact of this event in their children's lives and perhaps use it as an opportunity to enhance their growth and development.

The Problem Defined

With nearly half of first marriages ending in divorce, it is a new reality in America today for children to be growing up in a family of divorce. This is true not just for the children and parents involved but for human service professionals working to help families through this process as well. The numbers are clear and consistent: Approximately 50% of first marriages and over 60% of second marriages end in divorce (Wallerstein & Blakeslee, 2003). One third of children under the age 18 live with only one parent. In any given year, one million children are experiencing and coping with parental divorce. Further, the majority of divorced parents eventually remarry so these children of divorce also experience living in a stepfamily. With such a significant percentage of our children affected by this phenomenon, it has become an issue that bears attention.

Common Reactions in Children of Different Ages

To children, divorce means a loss of their family and their world as they know it. For many, it can feel like the end of the world. Most children have a number of mixed feelings about their parents' break up. Many feel personally rejected, especially by the parent who is leaving, intensely sad, and have a deep sense of loss (Clapp, 1992). Anger is also a common reaction, but whether a parent will actually see it will depend on the age of the child. Children can also feel betrayed or personally responsible for the divorce.

It is a surprise to many that some children feel relief as parents split up. This really speaks to the significant tension that is finally alleviated when one parent moves out of the home. All of sudden, there is no more fighting. The child does not arrive home to find his

parents engaged in an argument. He is still likely to experience the sadness and loss, but the most profound feeling for this child is a significant relief (Clapp, 1992).

Despite these commonalities, however, studies find that age does affect a child's reaction to parental divorce. Each age group appears to have its own unique set of difficulties to work through (Ahrons, 1994). The most common reactions of the various age groups are as follows.

Infants (0-12 months)

Babies have a limited number of options in reacting to any given situation. This impacts how they respond to parental divorce as well. Infants are affected by divorce and separation, as they are by many stressors they may face, largely because of the changes in the care they receive. When parents are experiencing a divorce or any emotionally troubling situation, they are distracted and less emotionally available to their children. Cries are not responded to as quickly; babies are not picked up and held as soon or as often when they cry (Clapp, 1992).

A parent is normally less focused on the baby as their focus is on the emotional difficulties they are currently experiencing. Babies realize this; they sense it. Any parent will tell you that a baby can sense tension in the parent or in the home. When mom or dad becomes distracted and less attentive, the baby reacts. Babies reacting to divorce are really responding to the upset and tension transmitted to them by their parents. The parent may be worried, preoccupied, anxious, or distressed. The care they are providing may just not be up to the same standard as before the separation. The infant's routine may be somewhat disrupted. All of these events can lead to the reactions below.

How babies react to separation and divorce is easy for parents to miss because, due to their rather limited options, their reactions are similar to their normal behaviors. The only differences may be in the timing and quantity of these behaviors. They are doing essentially the same things they have always done; they are just doing them more often or at particular times. Because of this extremely limited repertoire of behaviors, babies, in their responses to these transitions and changes in routine, are limited to increased crying and upsetness, being more fretful in general, eating problems, and digestive disturbances (Clapp, 1992).

These babies may cry more often, more easily, or for longer periods of time when hungry, uncomfortable or at any time of transition. They also typically tend to wake earlier from naps and have a harder time getting to sleep at night. They may also have more digestive problems, resulting in more vomiting and diarrhea than is typical for them. This can also lead to more frequent upset tummies, which can also increase crying and decrease sleep. Because these symptoms are so commonly seen in these little ones of such limited ability; however, it is easy to chalk them up to situational causes, such as a flu bug, teething, or some inconsequential malady, rather than an emotional reaction to divorce.

Toddlers (1 to 2.5+)

Like infants, toddlers have little comprehension of what is happening in the family when a separation or divorce is experienced. Reactions observed by parents are really the toddler's response to stress in their homes and to the sudden disappearance of one of their parents. As

any parent of a toddler will confirm, they also react strongly to any changes or upsets in their routine (Clapp, 1992).

Toddlers typically respond to separation more than divorce, due to their rather limited understanding of the complicated concepts of marriage and divorce (Clapp, 1992). What they are reacting to is the fact that they see only one parent at a time, which is typically a change for a toddler, and the fact that they may not see a parent for a week or more, which is also most often unusual for a toddler in an intact family. An exception to this occurs if one parent is frequently absent from the family for a week or more, something that often occurs due to employment responsibilities, such as working as an over the road trucker or in traveling sales. In such a case, parents may notice little actual reaction at the time of separation or divorce. The child may only begin to react when he is older and begins to comprehend the significance of the family situation (Berry, 2012).

Toddlers respond to this family stress in much the same way they react to any stress in their lives. Stressed toddlers frequently exhibit aggressive behaviors (Clapp, 1992). Toddlers of divorce are no exception. Those experiencing divorce stress often react with aggression and increased irritability. As they are also wont to do, toddlers may express their distress by means of temper tantrums (Berry, 2012).

Again, they are expressing the feelings of hurt, fear, frustration and insecurity. Their choices for expressing these strong negative emotions are extremely limited. It is easy with this age group, as well, to attribute these actions to normal toddler behavior. Again, what parents want to pay attention to is timing and frequency (Clapp, 1992). If they had encountered an occasional temper tantrum before the separation, but since the breakup, seem to experience them every other day, this is a good indication that the increase is divorce-related.

Similarly, if they have always had a reasonably complacent, mild-mannered child and, since the separation, the day care center reports weekly on his aggressive behaviors, the indication is there. What they want to do is become aware that this is an emotional reaction to the family situation and start taking steps to help your child make a positive adjustment to the divorce (Clapp, 1992).

Also common to this age group is regression to earlier forms of behavior. If he had given up bottles, pacifiers, or security blankets, you may notice your toddler again persistently requesting these items (Berry, 2012). Or, if she had been making progress in toilet training, you may notice changes in those behaviors as well. Parents would do well to accommodate these small regressions. It will hurt nothing and will help immeasurably to allow the child to go back to using a security blanket or pacifier for a few extra months or even several years. The request, or demand, is the toddler's way of saying they are feeling insecure at this time and indicating to the parent what they need to best comfort themselves. The pacifier or blanket represents security for her and can help her adjust to the changes in her family. Parents should let children tell them what they need to feel secure during this time.

Preschoolers (-3 to 5.5+)

In response to parental divorce, preschoolers tend to show the most dramatic changes in behavior and typically have a poor grasp of what is happening in the family. Developmentally, they are more advanced than their younger siblings in that they are

understand mom and dad to a greater degree, but they still do not grasp the complex concepts of marriage and divorce (Clapp, 1992). Due to their developmental level, preschoolers typically become bewildered and frightened for a number of reasons. This anxiety about the world at large, especially any change, is often expressed in ways that most parents find aversive: clinging, whining, temper tantrums, irritability, and increased aggressiveness. These are normal divorce reactions from this age group as well. While these may not be entirely new behaviors for these children, parents are likely to see an increased number of these symptoms and an increase in their intensity in reaction to separation and divorce.

But, something else is operating here as well, complicating divorce adjustment in this age group. Developmentally, preschoolers tend to perceive their parents as a single unit: mom and dad. When one leaves or moves out of the home, the child becomes convinced the other parent will somehow leave them as well. This is a normal, developmentally appropriate reaction for children in this age group. Parents in divorcing families typically hear these fearful preschoolers ask, "When you die, who will take care of me?" or, upon going to bed, "Will you be here when I wake up in the morning?" These questions are especially likely to come at transition times, when you are dropping them off at daycare (i.e., "Are you going to pick me up tonight?") putting them down for a nap, or at bedtime.

These are times when anxiety is increased, due to the impending separation from the parent, and because the transition, itself, raises the level of emotion. Even routine separations can become traumatic. Bedtimes often become more difficult because your preschooler is afraid he will wake to an empty house. He may also wake up crying more often during the night for this same reason. The calmer and more reassuring you can be at these times, the more quickly the child will adjust (Berry, 2012).

Another factor affecting a preschooler's adjustment to divorce is their very normal but overwhelming self-centeredness (Clapp, 1992). Preschoolers share the common perception that the world revolves around them. For this reason, preschoolers, more than any other age group, though all will do this to some extent, are likely to believe that the divorce happened because of something they did or didn't do: "I was bad," "I was too noisy," etc. How heartbreaking it must be for a young child to carry this weight, believing that they were the cause of the family break-up! All children, no matter the age, need to hear that they were not the cause of the divorce and that the divorce is just between their parents. These little ones need to hear it most of all. Parents should not assume if they are not hearing these fears from them that they are not having them. In the absence of affirming information, children's imaginations run wild. The silent child may just be certain she caused the divorce and feel too overwhelmed and ashamed to mention it to anyone! How tragic for a child to carry that weight around. Parents should simply reassure children now that it is not their fault!

Because of the anxiety common to this age group, which is then exacerbated by the separation or divorce, preschoolers also tend to lose their most recently acquired skills. Similar to the toddlers just discussed, they may regress to younger, more immature behavior. Parents may notice more frequent lapses in toilet training. Preschoolers may also return to security blankets or old toys, or revert to thumb-sucking behavior despite having previously kicked the habit. Parents may also notice more frequent masturbation in their children as this, also, is a

comforting and soothing behavior. Again, these regressions can last anywhere from a few months to two years (Berry, 2012).

The good news about these littlest ones came from a follow-up study that looked at the long-term adjustment of all age groups of children. From preschoolers through teens, this group showed the most positive adjustment to the divorce ten years later (Clapp, 1992). They were doing better, even when compared to their own older siblings raised in the same family setting! This result initially puzzled the researchers as these little ones typically had no memory of when the family was intact and living together, and they were more vulnerable than their older siblings at the time of the separation. Why, then, were they better adjusted ten years later?

The answer to this important question is powerful information for parents of children of all ages. The critical factor in the lives of these little ones seemed to be that, because they were the youngest at the time of the divorce, they tended to receive better care throughout the years immediately following the divorce than did their older siblings, who were more able to care for themselves and often left to do so. The preschoolers received more TLC from parents, grandparents, other extended family members, child care providers, and older siblings—everyone in their lives—while their older siblings were left to fend more for themselves. That fact, alone, helped these little ones to look much better than their own siblings as long as ten years after the divorce!

This is a powerful piece of information for parents of all children. The more parents can give to children now, while the divorce is happening and when they need it, the better they, too, are likely to look in ten years. If parents can make it a point to give all children the extra care they may be saving for only their youngest child, this can help them adjust to the family trauma as well. The more nurturing a child receives when experiencing a traumatic event, such as parental divorce, the better and more easily he will be able to adjust to it.

After all, parents must remember that their goal is not to prevent or protect our children from experiencing any stress in their lives. Parents are not here to completely shelter them from hard times. After all, they will face stress as adults and, if our experience is any indicator, it will not be a small amount. Rather, our goal as parents is to keep the stress facing our children moderate enough that they can succeed in spite of it, moderate enough that they can overcome it. This fosters a resiliency in children that enables them to handle progressively greater stressors, within limits and appropriate to their ages. To that end, if parents can provide the appropriate assistance and support in times of stress, they can not only enhance their long-term adjustment to our divorce but help them to learn a skill that will assist them for the rest of their lives.

School Age (-5.5 to 8+)

School age children tend to be the most openly grief stricken of all age groups when reacting to parental divorce (Clapp, 1992). This is especially true for boys. In fact, it is at this age that we start to notice a difference between boys and girls. But, all children of this age tend to yearn intensely for the parent they see less often and show the greatest amount of loss and despair of all ages.

Further, more than any other group, these children tend to believe their intact families are absolutely vital to their very survival, that they cannot live with divorce. These are also the

children that will likely prompt telephone calls from teachers. Many will have difficulty concentrating in school or relating to their peers, especially those from intact families, due to the very deep despair they are experiencing. They just can't seem to distract themselves from the problems and changes happening at home to focus on school work.

Parents are likely to hear from the school that their child is daydreaming during class, fighting with peers on the playground, and not completing or not handing in (even completed) assignments. School age children are also extremely susceptible to feelings of abandonment and rejection. Specific to this age group is the concern or worry that they will be replaced in the absent parent's affections by another child. They reason, "Dad will find another seven year old boy to love so he won't need me anymore."

While all children have a difficult time with parental conflict, these children feel it most acutely. Many feel a very desperate loyalty at this age to both parents and can feel they are literally being pulled apart if parents engage in a conflictual discussion in their presence. While it is always best to raise issues that could result in conflict when children are not around, if it happens unexpectedly, shut it down at once and take it up another time, especially if you have a 6-8 year old child within hearing distance.

Anger is common among children of divorce, and the school age child is no exception; however, most will not tell or show parents they are angry with them about the divorce. Sharing strong negative emotions directed toward a parent is simply too frightening at this age, given the depths of the loss and despair they are experiencing (Clapp, 1992). What they will do, however, is show it to them in an indirect manner. They will fight with peers, act aggressively with siblings, refuse to do chores, and fail to complete their homework. If parents notice any of these behaviors from their previously calm and conscientious school age child, he may be telling them he is angry about the divorce. Parents can then use that awareness in ways to help him adjust.

Preteens (-8 to 12+)

Children in this age group are grappling with the issues of identity and values, even when their parents are not divorcing during this time in their lives (Berry, 2012). This is one of the major developmental tasks of this age group. Preadolescents typically rely heavily on their parents' identity and values to define their own. A parental divorce at this stage in their lives means the world, as they know it, has ended. This leads to their struggle; grappling with the issues of who they are and what they believe in, with no stable resource to look to for help in answering those questions. Preadolescents dealing with a divorce typically experience a shaken sense of identity and a shaken sense of right and wrong, leading most typically to frustration and anger (Clapp, 1992).

In fact, anger is the most distinguishing reaction for a significant number of 9-12 year olds. Many exhibit an intense anger, directed at one or both parents, usually whomever they blame for the divorce. This may be the parent who left the home, filed papers, or had an affair. These are the children who will tell you how angry they are with you, loudly and clearly, because, according to their preadolescent reasoning, differences can always be worked out. They reason, parents could reconcile if only they tried hard enough. And, if parents are not reconciling, it means they are not trying, so they are selfish and care about no one but

themselves (Berry, 2012). They also typically accuse parents of being indifferent to children's needs.

As with the other age groups, all of this emotion dissipates in time, especially if parents are aware of what is happening and can assist the child in working through it. Also, it's important to remember, here, the previous discussion of anger as a secondary emotion. Whenever we feel anger we, or in this case, our children, have felt something else first (Berry, 2012). In a familial divorce, it is most typically fear and hurt. Remembering that these are the emotions fueling the preadolescent's anger can assist both parent and child in accepting it and in helping them to work through it.

Preadolescents also typically express their distress in the form of somatic complaints. "I have a headache." "My stomach hurts." "I don't feel good." "I don't want to go to school today." All of these are common refrains when divorcing parents have a 9-12 year old in the house. However, do not let them skip school with these kinds of complaints, absent a solid medical reason such as a fever, vomiting, diarrhea, or a doctor's excuse. If you are in doubt about whether your daughter should stay at home, call or take her to a doctor. If there is no medical reason for her to stay home, send her to school. Why the hardline approach against skipping school? After all, they are going through a rough time, right? Stability is the answer.

School is the same today as it was last week, as it was last month, as it was last year. It is a solid six to eight hours a day when children know what is likely to happen and what is expected of them. It is, for the most part, predictable, stable, solid, and unchanging—the exact opposite of home and family at this time. Home is chaotic and changing at this point. It may be in a different location; perhaps half of the furniture is gone or leaving; many other changes are in the offing. The last thing a child needs is to spend more time than usual in an unstable, chaotic situation. School offers a short vacation from these changes. It offers the very stable environment that the preadolescent child needs right now. Also, letting them stay home, when in the past parents would not have even considered it, gives your child the message that all of the rules are changing and unstable as well. This contributes to their feeling of chaos, even though they will swear to you that it does not (Berry, 2012).

Because these children are old enough to care for themselves in many ways, they are often a relief for parents, who focus more on the younger children who require more hands-on care (Clapp, 1992). As a result, the nine to twelve year olds tend to feel lost in the shuffle as well as hurt, rejected, unimportant, and powerless. This makes them especially susceptible to being swept into a bitter and open alliance with one parent against the other, if one of the parents is inclined to encourage such a union. The child is most likely to align with the parent who was left or hurt most in the divorce. This type of alliance makes the preadolescent feel needed, powerful, and important, positive alternatives in their minds to feeling unimportant and unnecessary.

All parents should know that such alliances are unhealthy and emotionally damaging for the child, who is the product of both parents, including the "bad" or maligned one. Alliances such as this usually do not last longer than six months to a year, unless fueled by a hurt, angry parent. Children involved in such an arrangement most often feel guilt, anguish, and regret once they get some distance on the divorce and often deeply resent the parent that encouraged

such an alliance. Therefore, even if a parent is willing to ignore the harm caused to children by this tactic, it most often backfires as a means of developing a close relationship with a child.

Adolescents

Teens whose parents are going through a divorce are likely to exhibit a common grief reaction as they react and adjust to the divorce. They tend to exhibit a deep sense of loss, as well as the grief, sadness and anger typical in the grieving process (Clapp, 1992). Also common are the feelings of emptiness, chronic fatigue and difficulty concentrating that we often see with depression. Again, parents will most commonly see these in stages, but knowing what to expect can help them to help their teen cope with these feelings and to express them (Berry, 2012). They may be tempted, as are adults experiencing losses, to stuff them down deep in an attempt to ignore them or to feel better, thinking they will never be seen or heard from again. This is a mistake.

These feelings do not go away, they just go into hibernation. Then, they jump up and bite when least expected, such as when another, even a minor, unrelated loss occurs. Just like the adults, teens must work through these feelings in order to heal them and adjust to the divorce (Clapp, 1992). The danger in having a teen not work through these feelings of grief and loss is that they will pretend everything is fine but will actually not make the adjustment at all. What happens eventually, however, is that years later they will still be suffering the effects of the divorce and attempting to squelch the feelings (Berry, 2012).

The other phenomenon unique to teens whose parents are experiencing divorce is to question their ability to maintain a long-term relationship (Berry, 2012). They see their parents as role models and authorities on the issue of relationships. When we get into relationships as adults, we often find ourselves modeling our parents' roles and relationship behavior. Teens witnessing a family divorce observe their parents unable to make a relationship last forever.

Often, there is little indication to the children that a divorce is being considered until the decision is made. In their minds, there is a strong relationship, and often the couple and family are still spending quality time together. Then, out of the blue, a separation occurs, and one partner leaves. When this happens, the teen is likely to question whether and how they can ever trust a member of the opposite sex to be committed to them for a long-term relationship. Researcher and author Judith Wallerstein discusses this phenomenon in her work, *The Unexpected Legacy of Divorce*, as one of the most difficult issues facing teens whose parents have divorced (Wallerstein, Lewis, & Blakeslee, 2000).

Adult Children

While it surprises many people, young adults are significantly affected by parental divorce as well. Often exhibiting a typical grief reaction like their teenaged siblings in working through this experience, most young adults are quite shaken when parents divorce, even though they are often out of the family home and well-focused on a life of their own. What divorce does to this group, however, is something similar to what it does to adolescents. It causes them to question not only their ability to engage in and maintain a long-term relationship but also the choices and assumptions upon which they are basing the life they are busy establishing (Berry, 2012).

Because they are further along in the process of developing this independent life, most young adults have already made some choices for themselves based on values typically inherited from their parents. They are more committed to these choices than teens, who are just thinking about or experimenting with them, and as a result, often have a more intense and negative emotional reaction toward parents. This makes sense if we remember that we learn how to be in relationships with others by watching what our parents and those closest to us do in those types of situations. We make decisions about who we are and what we stand for by spending years unconsciously observing our parents operate in relationship to society and each other (Berry, 2012).

When in the midst of creating a life based on similar principles and tenets, one of our chief role models for how to “do” this kind of life decides he has had enough and is running off to join a commune or to live the life of a teenager, it cannot help but cause us to question our own choices. This questioning, and the underlying uncertainty to which it invariably leads, often results in anger at whichever parent is making the choice to leave or to throw off the values the adult child has adopted. This makes sense when we, again, look at anger as a secondary emotion. It is easy to understand the frustration, uncertainty, and fear caused by this drastic change in the role model upon whom we have based many of our values and life decisions. It is from these underlying feelings that the anger flows and can last until such time as the adult child takes time to reevaluate his choices and come to terms with his parent's defection.

Parents are often curious as to how long their children's reactions and struggles in reaction to their divorce will continue. The duration of children's problems generally coincides approximately with the amount of time parents take to regain their emotional equilibrium and again, to become able to provide nurturing and support (Clapp, 1992). Cessation of parental conflict, as partners get some emotional distance from the marriage and tensions begin to subside, is another factor that enables children of all ages to stabilize.

Many families regain their equilibrium enough so children are back at a functioning level within the first year after the divorce, though it is common for younger children to take longer to recover (Clapp, 1992). It is not uncommon for this process to take up to two years. Regaining equilibrium is easier for children who were well adjusted before the divorce and who have had successes in meeting the challenge of previous stressors, school and the like, as they have a wide variety of resources they can call upon to accomplish this. This speaks to the resilience factor. Resiliency can allow them to resume healthy functioning even faster than their families.

A study reported that 18 months following the separation, 25 percent of all children studied were still showing symptoms in response to the divorce. Some of the most common reactions noticed included depression, withdrawal, anxiety, poor self-esteem and the like (Clapp, 1992). Three and a half years later, in a follow-up study, 37 percent of the same children were found to be functioning poorly. Researchers were puzzled by these results: Why were more children doing poorly five years after the separation than at 18 months?

What they found upon examining these families more closely is that the children who were still struggling were those whose families had not regained their equilibrium after the divorce but had become stalled in a chronic state of stress, instability, and transition (Clapp, 1992). These families continued to struggle with bitter battles over custody and placement, parents were unavailable, uninvolved, or had become overwhelmed or emotionally unstable.

Children experienced a chaotic, out of control home life, characterized by poor supervision and discipline, or outright abandonment. Multiple changes, often involving moves, changes of school, and multiple partners for parents, can also contribute to these delayed behavioral changes. What these children were facing was a state of chronic stress, and the continuous demands made on them to adapt and re-adapt far exceeded their capacity to do so and overwhelmed their natural resilience.

That's the bad news. The good news is there is much parents can do to prevent these reactions and to make this adjustment easier on their children! Just having this information available to them and assisting them to develop an awareness of their child's probable reactions helps them to help their children (Wallerstein, Lewis, & Blakeslee, 2000).

Setting Children Up for a Positive Adjustment to Divorce

So, what is a divorcing parent to do? And, how can human service professionals help them help their children adjust? The answer is three-fold: helping to cope with the immediate crisis, helping to foster long-term adjustment to the divorce, and changing the relationship with their children's other parent.

Helping them through the immediate crisis

First of all, parents need to set themselves up to assist their children through the immediate crisis. Whenever possible, it is a good idea for both parents to sit down together with children to tell them about the divorce. They will be reassured by seeing the two of you able to work and talk cooperatively together for their benefit, despite any conflict existing between you. They will also be less likely and less able to deny the reality of the decision. In addition, both spouses will benefit from knowing exactly what and how the children were told. Obviously, both together telling children about the divorce is not recommended for relationships where domestic violence has been an issue or if you are fairly certain it will lead to an argument (Berry, 2012).

Ideally, all children should be informed about the divorce together and at the same time. While parents must consider age and developmental differences in determining what they will say, the initial announcement of the divorce should be presented to all children together. A child hearing about a parental divorce from an older sibling may temporarily or permanently lose the ability to trust the parent to share important information with him. Of course, depending on the age differences among the children, parents may need and want to have a more extensive discussion with older children after younger children are in bed. At that time, they can give the older siblings more detailed information, which may be inappropriate for the littlest ones. In this manner, parents can attend to the specific needs of all children (Ahrons, 1994).

Parents should be advised to wait in having this discussion until the decision is definite and try to give children about two weeks before one of you moves out. Children need some time to adjust to the idea of divorce, but not too much time to fuel the naturally overwhelming hopes for reconciliation. Further, the longer the anticipation of a separation hangs on, the more difficult it can be for all family members involved (Berry, 2012).

When talking with children about the divorce, parents should be honest but keep explanations simple. Children should not be told about long arguments or complicated affairs. And, under no circumstances should parents badmouth their children's other parent (Berry, 2012). Parents must assist children to maintain a good and positive relationship with both of their parents. That is what is in their best interest.

To the extent they are able, parents should also give children information about their own future. They need to know who will be moving out, where the other parent will live, when they will see the less-seen parent, etc. (Berry, 2012). If parents are unable to divulge many details at the time of the conversation, they should assure children that this information will be provided as soon as possible and then follow through on that commitment.

Parents should also try to allay at least some of their children's fears about the divorce as quickly as they can. They will want to reassure them frequently of their love and concern. Tell them often that they are loved and showing extra affection. They will want to strive to get their family life stabilized and back to some semblance of normalcy as quickly as possible so children can relax and feel safe in the new family situation (Berry, 2012).

Predictability will be important in their adjustment; they need to know, as much as parents can tell them, what will happen and when. Parents should not make too many changes to the rules and limits—kids get stability from knowing what to expect in their families (Clapp, 1992). To the extent that they can, parents should attempt to set up a schedule with the absent parent so they not only see that parent frequently and regularly but will also know when that will happen. Children need to be able to predict some of what will happen in their lives and typically need some time to prepare themselves for any transition. Parents should not make these new arrangements more difficult by springing them on your children (Berry, 2012).

Children also often need help understanding and expressing their confused feelings. This is not surprising. It's hard enough for an adult to navigate the rocky waters of divorce, with mixed feelings about the loss of the love relationship, fear about an unknown future, and the like.

For a child, who understands little about the experience and has no control over it, this process can be extremely confusing (Ahrons, 1994). It is an important part of the process in coping with and adjusting to their parents' divorce for children to express the emotions they are experiencing at this time rather than to stuff them down deep, only to have them arise and haunt them or explode years later. If not expressed at this point in their lives, these emotions and experiences can haunt children for the rest of their lives and profoundly affect their future relationships (Berry, 2012).

Fostering Long-Term Adjustment to Divorce

To enhance the likelihood that children achieve a successful adjustment to their parents' divorce, there are actions parents can take. First of all, they will want to build a positive relationship with their children or enhance the wonderful relationship they already enjoy. One way to do this is to set aside time every day the children are with them to spend time individually with each child. It not be a long time; a simple 15 minutes while helping to prepare dinner or helping with homework will do. This will give the children the parents (almost) undivided attention for a short time and let children know they have their attention.

Other ways to enhance a positive relationship with children is to show them empathy, to let them know their pain is understood. Showing an interest in the child's activities and interests also helps. Reaching out to other adults for social and emotional support can help parents to relate more positively to their children.

Another way to enhance long-term adjustment to divorce is for a parent to create an atmosphere of open communication with their child (Clapp, 1992). Parents can do this by using active listening skills when talking with their children. Resisting distractions, using verbal nudges, and summarizing what they are hearing can go a long way toward encouraging their children to keep talking to them. In addition, asking open ended questions can start conversations that may not occur spontaneously.

Limiting the amount of immediate change in children's lives can also help them to adjust to the divorce. Children of divorce can face many changes in a very short period of time, from living with one parent at a time, to moving to a new home or apartment, to having to change schools, losing school friends, favorite teachers, coaches, etc. These changes can multiply to double digits very quickly, making it difficult for the child to deal or adjust to any one of them in a positive manner. Parents can help by limiting the changes children face as much as they can and, when many changes must be made, by extending the time between them; for example, perhaps a move is inevitable. However, if possible, the parent could try to put off the accompanying school change until the following year or the end of the current school year. Allowing approximately six months between major changes in a child's life can help him to adjust in a positive manner to each change he is facing (Berry, 2012).

Divorced parents must also support their children's time with their other parent. It is essential for children to spend time and have a positive relationship with both parents. Any harm caused by junk food, lax rules, or late bedtimes pales in comparison to the harm experienced by not seeing the other parent (Clapp, 1992). One of the most effective things a divorcing parent can do is to support placement times with the other parent.

Because children often act out at placement times, some parent assume that time with their other parent is harmful or damaging for the child. However, placement times forces a child to shift gears and transition from one parent to the other. It is a normal reaction to the tension that children are feeling for them to act out at placement times. Parents must try to understand why the children are acting out and do what they can to alleviate the child's stress at those times. They must also understand that these behavior changes are normal and should be expected due to the child's level of stress and tension (Berry, 2012).

By far the most important thing a parent can do to enhance their child's long-term adjustment to their divorce is to create a stable home environment. They can do this by setting up regular, organized routines and schedules, making every effort to stick to them (Clapp, 1992). This is not the time to throw the rules out the window. This is a time to enforce the rules and expectations of the children. If a divorcing parent suddenly changes the rules the child has come to know and expect, that can give the child the message the chaos reigns and all is changing. They are already experiencing a significant amount of change in their lives. Now is not the time to add more. There is a predictability to structure; children take comfort from their rules and limits, even though they may fight against them. Parents need to maintain that structure so children can take comfort in their predictable routines (Berry, 2012).

Changing the Relationship with the Children's Other Parent

One additional component in helping children adjust to parental divorce concerns the relationship between their parents. They are accustomed to their parents being a couple and living together, sharing and relying on each other for important aspects of their lives. This must now change for a healthy adjustment to occur (Clapp, 1992).

Parent seeking to help their children adjust must create clear boundaries around their new relationship. They should disengage in all areas except parenting, declining to rely on each other for anything other than being a parent to their children. It may be helpful, at least for the immediate future, to formalize when and how they will have contact and stick to a relatively firm parenting schedule until all parties are more accustomed to these changes (Ahrons, 1994).

Communicating as business associates can also help parents change their relationship from one of a couple to one of co-parents. It may be helpful to maintain some distance by meeting in a public place. This can also help them to treat each other with respect throughout the encounter. Early in the divorce process, it may be easier to communicate on the phone or via email if face-to-face encounters are too difficult. This should get easier with time.

Finally, each parent must redefine the relationship in their own thinking to achieve a positive outcome. This includes deciding what to call the other parent. While most divorcing parents can come up with many unflattering names by which to refer to their former partner, it can be helpful to help them think about how positively they will likely be able to treat someone they refer to as the jerk or the witch. Thinking of their children's other parent as simply that, or as "my daughter's father" or "my children's mother", can help each parent continue to treat the other with respect and courtesy. Even referring to that person as an "ex" refers to a negative. Parents should strive to find a positive term to use when referring to their children's other parent. That will only enhance their children's long-term adjustment to the divorce (Berry, 2012).

Finally, each parent must focus on building a new life independent of their former partner. Parents who focus on the present, not the past, tend to have better success at making this adjustment. This, also, is an important aspect of assisting children in making the adjustment to a divorce in the family.

Co-Parenting Schedules to Meet Children's Needs

So, given the preceding information, what is the most appropriate co-parenting schedule for divorcing parents to use? The answer depends on the age and developmental level of their children. Just as children's reactions to divorce vary according to the age group, so, too, does the most appropriate placement schedule. The most important requirement is that children have stable and frequent contact with both parents. And, when arriving at the optimum schedule, the focus must be the best interests of the children.

Infants

Infants schedules tend to be the most difficult to arrange as they need a very stable environment and a regular schedule. Due to their developmental level, infants should ideally have one primary home and care-given to allow them to develop the all-important primary attachment. In addition, they should not be separated from this primary caregiver for long periods of time. Overnights are not recommended. Ideally, the baby should have frequent and regular contact with the non-resident parent, and this contact should include a great deal of physical hands on interaction. This can be a difficult type of schedule for the less-seen parent to accommodate, but the best interests of the child must take precedence for positive adjustment and development (Clapp, 1992).

Toddlers

Toddlers still need the stability of one primary home but also need frequent and regular contact with both parents. Placement times should still be very physical and hands-on, with a great deal of holding, cuddling, playing, and hugging. Parents should watch for signs of stress whenever they are making changes to placement schedules and should not hesitate to revert to previous schedule if stress continues. Distress at this age will likely involve issues with sleeping, increased temper tantrums, and a return to security items the child has already given up. If the child shows increase stress when making a change, parents can always try the change again in six months.

Preschoolers

Preschoolers also need familiar routines and consistent schedules for placement. However, they may be able to handle two night visits with the non-resident parent provided they know that parent well. Ideally, they should also have shorter contacts in between the overnight visits and parent must still watch for signs of increased stress in the child.

School Age Children

School age children need longer times with each parent. This is a good time to begin equally shared parenting if that is a goal. They are often ready and eager, in addition to begin developmentally ready, to spend extensive time with the less seen parent. In addition, any schedule must accommodate time with peers and extracurricular activities. It is not fair to expect children to give up these, which are needed for proper socialization and development, just so a parent can have alone time. Again, the best interests of the child must control the schedule.

Adolescents

Adolescents need privacy, activities with other teens, and the flexibility to reschedule plans with parent when something far more important such as when a social engagement with friends comes up. Teens should not be responsible for making major family decisions like where they live. Their input should be solicited, but they should not be forced to choose between their parents. Teens also often prefer one home base for ease of contact and social

scheduling but can also accommodate a sharing parenting arrangement especially with the advent of cell phones and social media.

Young Adults

Young adults tend to have a very difficult time with parental divorce, as referred earlier. It is essential for them to maintain regular contact with both parents, but most do not have or want a regular schedule. Rather, they tend to take the initiative for arranging times with each parent on their own. If parents do not hear from any of their adult children, they should take the initiative to contact them and make arrangements to see them.

Finally, parents of children of all ages would be well advised to be flexible. While it may be inconvenient to have to accommodate changes in a parenting schedule, the next time the shoe could be on the other foot, and they could be the parent needing accommodation. The parenting schedule will likely need to be changed a number of times throughout the years due to the changing needs of the children involved. If the current schedule is not as they might hope, it is only a matter of time before a change may occur which will accommodate their needs more positively.

Conclusions

It has become a new reality in American society today that a majority of our children will be impacted by divorce. For this reason, it is essential for parents and for human service professionals working with them to be aware of how children of various ages are typically affected by divorce. Parents must be aware of how their actions at this crucial time are likely to influence their children. There is much parents can do to minimize the impact of a significant family change, such as divorce, and help their children to weather the storm of this challenge effectively. Being aware of these techniques and understanding their effect on the entire family can best prepare the human service professional to assist parents to minimize the impact of this event in their children's lives and perhaps use it as an opportunity to enhance their growth and development.

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Developing the Professional Self: Preparing Human Service Professionals for Challenges in the Field

Kathy Moxley-South and Shoshana D. Kerewsky

Abstract

Faculty in human service professions must prepare students for competent and ethical practice. Non-traditional adult learners bring a range of strengths and challenges associated with their typical characteristics to their programs. This paper provides a brief orientation to common non-traditional learner attributes, then presenting two composite vignettes and questions intended to stimulate faculty/staff discussion of non-traditional learners that includes both their strengths and areas which may require support or program intervention. It concludes with an open-ended activity to help faculty-staff groups articulate their concerns in order to move toward meeting both non-traditional learners' needs and the gatekeeping responsibilities of instructors and trainers.

Non-traditional Student Characteristics

Though their characteristics and circumstances may differ, it is possible to offer some generalizations about non-traditional U.S. students. The Institute of Educational Statistics (IES, 2015) defines such students as

- Financially independent
- Having one or more dependents
- Being a single caregiver
- Earning a non-traditional high school diploma
- Delayed in postsecondary enrollment
- Attending school part time
- Employed full time

McCoy (2013) reports that 74% of all undergraduate college students have at least 1 non-traditional characteristic and 31% have 2 to 3 characteristics. Of bachelor's degree-seeking students, 28% have four or more non-traditional student characteristics. Further, 60% of all financially independent students seeking a bachelor's degree are transfer students with an associate's degree. Nearly 24% of all non-traditional students with children are single parents and 37% of them work full time, with 40% of student parents working full time. One in five college students begins college after the age of 30. Of great concern is the report that of adult learners who start a degree program, 38% leave before their second year (McCoy, 2013).

Statistics from University of Oregon show that in 2016, 1,210 undergraduates were over the age of 24. In 2015, 33% of first year students were first generation college students. In the university's Family and Human Services program, approximately 56% were non-traditional and 15% were transfer students at the start of the 2016/17 academic year (C. Boyter, K. Hemphill, R. Martin, & K. E. Warren, personal communication, 2016). This summary demonstrates the need for undergraduate educational and training programs to increase awareness and support

for non-traditional students and trainees in order to increase orientation to their role in the institution and classroom, anticipate and provide support specific to their characteristics and circumstances, and increase the likelihood of graduating competent, ethical, and professional students.

Non-traditional Students and the Growth of Online Courses and Programs

In recent years, alternatives to classroom only academic instruction have flourished. Many non-traditional students take online courses or enroll in online programs (Mann & Henneberry, 2012). Indeed, 32% of U.S. college students are taking at least one online course while 3 million are enrolled in fully online programs (Eduventures, 2012). However, retention rates are 3-5% better for on campus courses than for online courses (Haynie, 2015). A primary reason for dropping out is frustration with technology (Mansfield, O'Leary, & Webb, 2011). Non-traditional students may be attracted to online education or find them initially easier to integrate with their circumstances, but the lower retention rate and difficulty with the technical aspects of online education suggest two immediate areas for proactive support.

Case Studies for Faculty-Staff Practice

Below we present two composite case studies of non-traditional students based on the literature reviewed above and our experience with non-traditional learners and trainees. Each vignette is followed by discussion questions and aspects of the student's presentation to consider. We have not provided our own answers to these scenarios and suggest that faculty-staff groups use these examples to generate discussion and solutions applicable to their own setting. We have included references for further exploration of these and similar scenarios. One useful general reference is the recent CSHSE monograph, *Fitness for the Human Services Profession: Preliminary Explorations* (Kerewsky, 2016).

Case study: Olivia

Olivia is a full-time working mother in her mid-thirties. She works as an assistant teacher in a child abuse prevention agency that serves preschool age children and their families. She earned an Associates of Applied Science (AAS) degree in early childhood education at her local community college ten years ago and is the first in her family to earn a college degree. Olivia took a break from work when her first child was born. Her second child had many health problems so she continued to focus on raising her family. She decided to go back to work after her divorce, when her children started public school. Olivia hopes earning a bachelor's degree will lead to higher income and a leadership position working with young children and families.

Olivia learned about an online and hybrid program that combined human services and early childhood education during a recruitment event sponsored by several local agencies. An advisor helped review Olivia's community college transcript and informed her that there were additional general education requirements she would need to compete to satisfy the degree requirements.

Olivia and her sister discussed the idea of Olivia returning to college. Her sister had mixed feelings about the idea. After some heartfelt discussion, Olivia's sister offered her support and a childcare commitment. Olivia explained how crucial this commitment of childcare would be to her success. Olivia's work supervisor was also supportive of her return to college.

Olivia submitted her application and was accepted into the program. The student services coordinator sent frequent emails to the incoming students during the summer reminding them of beginning of term events. However, Olivia missed the orientation where she would have learned about program requirements and received training on how to use the online course delivery platform. Olivia immediately had challenges with accessing and navigating the online courses and got behind in her coursework. She seemed to enjoy the weekend on-campus class meetings and was an active participant in class and group work. By the end of the term, Olivia was feeling more confident in her ability to juggle school, work, and family. Then her youngest child became ill.

Olivia once again started the next term with a deficit. Her child was in fragile health and had been in and out of the hospital over the break. Olivia's sister was also having family problems and was not as available to help with childcare as the previous term. Additionally, Olivia had registered for one of the general education classes she needed to graduate and found that it was more time consuming than she had anticipated. The family problems, work, and school were too much for Olivia to manage; she considered dropping out of the program. Olivia did not communicate her situation to her professors or program staff. Professors immediately started noticing her missing assignments and online check-ins and emailed Olivia, but she did not respond.

Olivia decided to drop the general education class and struggled through the quarter with extra help from her mother. Spring term was just around the corner; now she would need to add a field study placement to her schedule. Her first task was to secure a field study site and turn in a signed form before the end-of-term deadline. Completing this task would ensure a seamless transition to her field study placement. However, Olivia had home visits on her work schedule and did not complete this task. When spring term started it, took her three weeks (of a 10-week term) to secure a site. How was she going to make up over 20 hours of missed field study before the end of the term?

Questions to guide discussion

After reading Olivia's story, readers may use these questions to understand ways that their program would be able to assist and support Olivia, as well as meet their ethical responsibilities to Olivia and her current and future clients.

- What are Olivia's strengths, resources, and areas of competence?
- What observations or additional information might be useful for understanding how to foster her success in the program?
- What red flags, if any, occur as you consider Olivia's fitness for the profession and ability to help others?
- What supports, if any, need to be in place from time of admission to start of program (Park, 2007; Park & Choi, 2009)?

- What resources (inside and outside of the program and college) might students be referred to (Habley, 2004; Rovai, 2003)?
- How might your program track student progress and be ready to intervene before student problems become entrenched?
- What policies are effective in supporting students that are having academic or behavioral problems (Habley, 2004; Lichtenstein, Lindstrom, & Kerewsky, 2005; Rovai, 2003)?
- How does your program teach, model, and support students' self-care (Riley & Rouse, 2015)?
- What methods do your academic advisors utilize to support non-traditional students (Moxley-South, Lindstrom, & Pribble, 2016)?
- What creative solutions work for communicating with distance students?
- How are non-traditional students supported in their field study experience (Sweitzer & King, 2014)?

A second case study provides the opportunity to compare and contrast non-traditional students' situations and presentations.

Case study: Roman

Roman was admitted to a community college human service program at 54 years old. The staff member who interviewed him noted "the potential need for some interpersonal limit setting, though his enthusiasm is welcome."

In his first term, Roman was indeed an enthusiastic participant in the program. He raised his hand in response to almost any question, sometimes beginning to talk before the instructor called on him. He interrupted others, including the instructor, and frequently talked over his classmates during group projects. In his first two weeks, he volunteered to join the Dean's Advisory Board, be his cohort's representative to the faculty/staff group, lead the student honor society, recruit students for an international service trip, raise funds for student activities, write an article for the student newsletter, pose with the athletics mascot with others in the Non-Traditional Student Association, and represent the program at a university admissions event.

In class, Roman's comments were usually not always well-related to the question or topic. His answers tended toward loosely-associated personal sharing about his experiences as a soldier, a construction worker, the on-site injury caused by his hangover that disabled him and caused him to change careers, his participation in AA, why everyone should attend at least one 12-Step group, and his unpleasant divorce from a well-known local newscaster.

In the third week of the term, Roman brought his 8-year-old daughter, Solange, to several of his human service classes, explaining that his child care had fallen through and "Like I told you all, it's not okay to leave her with her mother." Several students have approached faculty and staff with concerns about and for Roman, ranging from "He talks all the time" to "He smells like marijuana" (recreational and medical marijuana are legal in this program's state). Most say something like, "He's a really nice guy with great energy, but he needs to chill out."

The staff member with the best relationship with Roman invited him to her office for a conversation. Roman reported that he had glaucoma and needed new glasses because he couldn't see the board. He admired the staff member's books and expressed his desire to work

in higher education personnel management someday. He also expressed interest in becoming a clinical social worker and “the kind of counselor who goes into prisons to teach yoga, or parachutes into villages to learn about healing plants.” After this initial check-in, Roman began to appear frequently at several faculty and staff members’ office hours, often using the entire hour to talk about his life, responses to the materials, and relationships with other students, always expressing his profound appreciation for the time and reiterating his love of the profession.

Questions to guide discussion

After reading Roman’s story, readers may use these questions to understand ways that their program would be able to assist and support Roman, as well as meet their ethical responsibilities to Roman and his current and future clients.

- What are Roman’s strengths, resources, and areas of competence?
- What observations or additional information might be useful for understanding how to foster his success in the program?
- What red flags, if any, occur as you consider Roman’s fitness for the profession and ability to help others?
- How does your program communicate informed consent for being a student? In your program, before applying or entering, what would Roman have heard about the kinds of disclosures that would be required and what behaviors will be expected of him? (Kincaid & Andresen, 2016)
- Some students have ADA protections (Gallo-Silver & Joffe, 2016). Does Roman?
- What are your program’s options for asking a student to take a leave, or dismissing a student from the program? Given the scenario above, would your program move in this direction with a student similar to Roman?
- How does a program know that it has followed the steps required in a situation where a student might be asked to take a leave from, or be dismissed from the program (Kincaid & Andresen, 2016)?

Suggestion for Targeted Exploration

While each learner is unique and each program has different requirements and resources, we have found ongoing faculty-staff conversation to be useful for exploring student issues in a non-pressured, non-emergency setting. In this spirit, we conclude with a more open-ended activity.

Worrisome student characteristics

This activity helps academic faculty-staff and trainers identify the student characteristics that causes each of them the most concern or alarm. The instructions for the facilitator are as follows:

- Hand out index cards.
- Give the instructions: In one phrase or sentence, identify the student characteristic that causes you the most worry or concern. For example, “A student entering the program

with grades below C-," "A student with a felony conviction," or "A student who never speaks in class."

- Give the instructions: Please hand in your card. This will help us guide the discussion, as well as compile a brief list of this group's initial areas of concern.
- Lead discussion, looking for points where opinions and ideas diverge in order to consider more ways of seeing and providing options for the student
- This activity can be balanced with a strength-based approach by asking either for valued student characteristics, or the strengths implicit in at least some of the identified problem areas (For example, Roman's talkativeness appears to be both an issue and a strength.).

Conclusions

Non-traditional students are likely to remain well-represented in human service programs. Appreciation for their challenges as well as the strengths and problems they may bring to this setting will assist faculty-staff members in recognizing and responding to these students' needs with resources and support in order to provide them with their best chance of becoming ethical and competent human service professionals.

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