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Table of Contents

Domestic Violence Interventions for Human Service Professionals: Dynamics, Treatment and Multicultural Considerations	
Diane Berry	3
Let's Kick It Together! A Program to Reduce Adolescent Self-Harm	
Nancy Velazquez and Karen L. Neal.....	15
Excelling in an Impossible Job	
Charles F. Lorbeer	22
Incorporating Improvisational Acting Exercises into Human Service Training and Service Delivery	
James Ruby	26
Resilience: Divergence and Convergence of Perspectives	
Alice Walters	30
The Practitioner's and Client's Serious Illness or Acquired Disability	
Shoshana D. Kerewsky	37
Examining the Impact of Vicarious Trauma, Secondary Traumatic Stress, and Job Burnout on the Human Service Professional	
Felicia Wilson	46
Teaching Diversity in Introduction to Human Services: Using a Miscommunication Model to Enrich Student Insights	
Barbara A. Mahaffey	54
The Benefits of Multicultural Eclectic Service Delivery	
Eugena Griffin	60
Promoting Acceptance and Understanding of Diversity through a Course in College Student Development: An Integrative Study	
J. Stephen Cockerham.....	67
Student Competencies in Referral Making and Collaboration	
James R. Ruby	86
Diversity through Inclusion: African American Women with Incarcerated Mates - The Silent Majority	
Avon Hart-Johnson	96
Internationalization in Human Services: Education, Equity, and Ethics	
Alice Walters	104

Domestic Violence Interventions for Human Service Professionals: Dynamics, Treatment and Multicultural Considerations

Diane Berry

Abstract

The issue of domestic violence is a continuing problem in relationships today. While the precise character and forms of violence in each relationship may differ, there are common dynamics that these relationships share. These dynamics have not been successfully treated by many of the methods used in traditional batterer's treatment programs. They may, in fact, be reinforced by the very methods traditionally utilized to treat this problem. This article will discuss an alternative manner of treating the issue of domestic violence, enumerating the interventions and methods of treatment as well as a general comparison of the effectiveness of both these and traditional techniques. Multicultural considerations regarding relationship violence will also be discussed. Finally, recommendations will be provided for human service professionals coming into contact with individuals in violent relationships.

Introduction

The issue of domestic violence continues to plague relationships today in spite of more than forty years of treatment specifically designed to eradicate it. While the precise character and forms of violence in each relationship may differ, there are common dynamics that occur and remain consistent in violent relationships. Most traditional batterers' treatment programs have attempted to diminish and alter these tactics quite aggressively. Not only are these methods unsuccessful in introducing and encouraging new, healthier behaviors among participants, they may actually reinforce the patterns utilized by the violent partner. This article will offer an alternative to traditional treatment methods.

Domestic Violence Defined

The United States Department of Justice Office of Violence Against Women defined domestic violence as "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner" (Domestic Abuse, 2016). While most consider the term violence to refer to physical acts, domestic violence can be anything from physical and sexual violence to emotional, psychological or economic actions or threats of actions that influence or affect another person. Domestic violence is also known by other terms such as battering, spousal abuse and intimate relationship violence. In addition, it can affect persons of all socioeconomic backgrounds and educational levels and can happen to

anyone regardless of age, race, religion or sexual orientation. Finally, it not only impacts the individuals in the violent relationship, but affects family, friends, co-workers, and the entire community.

Common Dynamics in Domestically Violent Relationships

While the actual acts of violence in relationships vary, there are certain common characteristics that violent relationships share. The key aspect is control; specifically, the goal of these behaviors is to achieve a significant measure of control over an intimate partner. No one perpetrator exhibits all of these behaviors or tactics; most have a preferred few they resort to much of the time to achieve control over a partner.

I spent eighteen years facilitating Batterer's Treatment Groups and have observed all of these tactics in operation. The most extreme example of control observed was a client who expressed that when she was allowed to leave the home she shared with her abuser, she was required to sign in and out of the residence. If she was traveling to the grocery store, she had a limited window of time to make the trip and, upon her return, her grocery bag would be examined and compared with both the receipt she provided and the funds deducted from the joint checking account. If there was a discrepancy, she was beaten. She is no longer in this relationship. These common tactics include the following.

- 1) Intimidation:** In this tactic, the goal is to elicit fear in the partner that something bad will happen. This can be done using looks or actions. Even gestures can elicit fear. The abusive partner may destroy her favorite things, smash personal possessions, abuse pets or display weapons. One example of this tactic used by a client of mine was rather ingenious, yet terrifying. When he and his partner engaged in an argument, he would calmly sit at the kitchen table and begin to clean his gun. He never pointed it at her or directly threatened her with it; yet the message was clear. They are no longer together.

One additional note about gender needs to be addressed here. In this article, for ease of discussion, male pronouns are used to indicate the violent partner and female pronouns are used to indicate the victim. This is not meant to imply that a woman cannot be the violent partner in either a heterosexual or same sex relationship. However, after spending five years evaluating all persons arrested and convicted for domestic violence in Manitowoc County, Wisconsin, consistent with some recent research on the subject, my conclusion is that men and women tend to use violence for different reasons. Men tend to use violence to control a partner, while women tend to use violence to protect themselves. In every instance in which it was a woman to be evaluated, she had been a victim first, often multiple times in a variety of relationships. Finally, she had had enough and lashed out. Her partner, who in most cases had previously been arrested for domestic violence, was smart enough to pick up the phone, and she went to jail.

- 2) **Emotional Abuse:** This is relatively self-explanatory; emotional abuse involves the use of put-downs, criticisms and insults with the goal of making the partner feel bad about herself. She may be called names or made to think or feel she is losing touch with reality. She may be humiliated in front of family or friends or made to feel guilty about her actions. One common name hurled at women by violent partners is “bipolar” or some other mental health label.
- 3) **Isolation:** An abusive partner wants his victim as dependent upon him as she can be so she will be unable to leave him or seek support from friends and family members. If he is her only source of emotional support, she is more likely to stay with him and tolerate his abuse. In this tactic, he will control what she does, who she sees or has contact with, what she reads and, as in the case of the client mentioned above, where she goes. He effectively limits her involvement outside of the relationship and often uses his “love” for her to justify these actions. Statements used may include something similar to: “Why do you need to see your family today? Aren’t we family?” or “Why do you need to go out with your friends; don’t you want to spend time with me?”
- 4) **Refusing to Take Responsibility for His Actions:** The violent partner may make light of the abuse (“It wasn’t that bad”), deny any knowledge or recollection of it (“How did you get that black eye?”) or blame the female partner for the incident (“You know how upset I get when you...”). He is basically shifting the responsibility for the violence and any issues in the relationship to his partner.
- 5) **Using Children as Pawns to Control:** When a couple has children together, the violent member can exploit them to gain control over his partner. He may attempt to make her feel guilty about her care of the children, focusing on something she did or didn’t do for them. If they are separated, he may use the children to relay messages about changes in placement or threats to her. He may threaten to take the children from her or may use placement times as an occasion to harass her, especially if there is a protection order preventing him from having contact with her any other time. Needless to say, this has a significant impact not only on the victim but on the children as well.
- 6) **Using Male Privilege:** While still in the relationship, he may treat her like his servant, requiring her to have dinner available when he demands it, only to refuse to eat it or throw it on the floor as inedible once it is prepared. He may also make all of the big decisions in the family without consulting her such as deciding to move or quit his job. When at home, he may act like the “master of the castle” and insist upon being waited on by his partner and children.

- 7) **Economic Abuse:** Some abusive partners will prevent their wives from getting a job outside the home. Others will make it impossible for her to keep one by showing up at work demanding to speak with her or engaging in other inappropriate behavior to get her fired. He may take her money, as in the case of the client mentioned above, or may make her ask him for money for groceries or other necessities. He may also deny her access to any information about the family finances.
- 8) **Coercion and Threats:** This tactic is somewhat similar to Intimidation but involves a required behavior on her part. He will likely use coercion or threats to get her to do something, such as stay with him, to drop charges against him or engage in illegal behavior of some kind. He may threaten to leave her, commit suicide, or report her to social services to get her to do as he wishes (Domestic Abuse, 1984).

As stated above, no abusive partner uses all of these tactics. Most have two or three they regularly rely upon to achieve control over their partner. Each is effective, however, in successfully limiting the autonomy of the abused partner (Domestic Abuse, 1984).

Common Goals of Batterers' Treatment Programs

Batterers' treatment programs, as a rule, tend to have had similar goals. Essentially, they were designed to teach batterers' to be respectful, supportive partners and to help them create healthy relationships. They attempted to teach the violent partner how to engage in talk and act in ways that allow their partners to feel comfortable and safe in relationships, rather than threatened and intimidated, even when they disagree. The female partner could then be able to express herself freely and appropriately.

Another goal of batterers' treatment programs has been to teach the violent partner to be respectful in a relationship, listening without judgment and being emotionally affirming. He was also taught to support his partner's goals in life and to respect her right to her own opinions, thoughts, feelings and friends, even if he does not like them. For example, if she wants to return to school to earn a degree, he can accept and support that choice rather than try to discourage her from doing so.

Taking responsibility for one's own actions in the relationship is another goal. This may involve acknowledging his past use of violence as well as communicating honestly with his partner. Sharing parental responsibilities fairly and mutually agreeing on household responsibilities are additional goals of domestic violence programming, as is making financial decisions jointly (Domestic Abuse, 1984).

In an attempt to achieve these goals, most programs focused on the areas of responsibility and control while also teaching effective communication techniques and healthy relationship skills. While these goals are all admirable and desirable, some of the interventions and tactics used to achieve them can be problematic. Often, the men were shamed and embarrassed into

acknowledging responsibility for their actions. If they refused or disagreed, they might be dismissed from the group or penalized in some manner. These attempts to control their behaviors only serve to reinforce their own efforts to control their partners and can result in more firmly establishing these violent behaviors in their relationships. In addition, this power over them can often result in frustration, resentment and defensiveness and tend to prevent the very change it seeks to elicit.

Alternative Batterers' Treatment Interventions

As the director of Blue Waters Family Counseling, a small mental health clinic in northeastern Wisconsin, I, along with my co-facilitator, provided batterers' treatment groups for twelve years and made some significant changes to the traditional batterers' treatment programming. While still focusing on the desired changes, the interventions were revised slightly to more effectively facilitate long term changes in behavior and relationships. It was, in a sense, re-parenting as the programming involved addressing values and beliefs most often imparted at an early age. Some of the changes made included the following.

- 1) **Orientation:** While this is a common element in other programs as well, the orientation at Blue Waters was a more in depth discussion of the expectations of group as well as what members could expect from facilitators, i.e., a safe environment, freedom to question techniques being used, and respectful treatment. This established the best opportunity for true change. It is difficult to make changes when one is made to feel ashamed and inadequate.
- 2) **Male/Female Team:** There were two facilitators for each group comprised of one male and one female. This models a unique approach in the lives of many group members. Most had not previously experienced a man and woman working together, sharing responsibility equally, and treating each other with respect. This aspect is crucial as it is modeling some of the most important behaviors group members are expected to emulate after completion of the group. It is essential to see it in action in order to be able to duplicate it.
- 3) **Check-In:** The first 15 to 30 minutes of each group was spent "checking-in." Each group member was expected to share something that happened during the week that either a) he felt he handled well, b) he felt he could have done a better job handling (Yes, they got points for admitting "bad" behavior.), or c) something that affected him in a significant manner. Statements in this last category often included things such as "My wife filed for divorce" or "I lost my job." Everyone was expected to have something to share. While initially uncomfortable sharing personal experiences with the group, most eventually found multiple incidents to share and came to look forward to this opportunity.

- 4) **Foreshadowing:** Group members were informed ahead of time when difficult issues would be discussed or vivid videos were about to be shown so they could be emotionally prepared for these events. In addition, these interventions were introduced when sufficient time was remaining in group to permit processing of the information before dismissal. Facilitators were also available to meet privately with any members needing additional assistance after the group had concluded.
- 5) **Respect:** Great care was taken to treat group members with respect. They were greeted politely and in a friendly manner when entering the clinic for group each Tuesday evening. They were treated as valued members of the group and were listened to when they spoke. They were not addressed sarcastically or in a negative manner by staff or other group members. Their comments and questions about techniques and interventions being taught were specifically addressed, and they were given permission to question the reasoning behind or effectiveness of techniques being used. Many had not previously experienced this level of respect.
- 6) **Teaching Responsibility:** Some groups use the lecture method to teach responsibility; however, many group members being lectured about taking responsibility for their actions would simply tune out. Also, that has a great possibility of shaming group members for their prior choices.

At Blue Waters, rather than lecturing about responsibility, videos and books were utilized. One particularly effective method of teaching the issue of responsibility involved reading the book, *The True Story of the 3 Little Pigs* to the group. Written by A. Wolf, as told to Jon Scieszka, the book is essentially a chronicle of excuses, defenses and rationalizations with which group members readily identified (Scieszka, 1999). Inevitably, they would be nodding and smiling, if not laughing out loud, as the book was read. The point was effectively made, in a way they could hear it, without hitting them over the head with it.

This also served to reinforce another component of the Blue Waters group process, re-parenting. Many of these men had never been read to as children and, while initially they might chuckle as the reading began, they would listen attentively and lean forward to see the pages as the book was turned to show them the illustrations. It was a healing experience on several levels.

- 7) **Emotional Regulation:** Cognitive behavioral techniques are very effective in domestic violence treatment, and a variety of these techniques were used to teach emotional regulation. In fact, the technique would be outlined and taught one week and illustrated with a variety of examples suggested by the group. Members were given the homework

of using the technique several times during the next week and returning to group with one example to share. This assignment was repeated the following week to assist group members in becoming adept at using the technique.

- 8) **Safety:** Group members were promised safety to allow for maximum personal growth and development. They were assured their comments would be respected, their questions answered, and no sarcastic or abusive language would be permitted toward them. When other group members attempted to use these behaviors, as many did, after being gently confronted, most would stop. If not, they were asked to leave.

In addition, Blue Waters had an obligation to report back to referral sources on group progress; however, group members were informed that probation agents and court personnel would not be contacted about any negative performance in group unless it was discussed privately with them first. This appeared to provide an added measure of safety for the group member, in addition to conveying respect.

- 9) **Nurturing/Re-parenting:** As many of our group members were parents and many of those who were not would become parents at some point in time, a parenting component was added to the Blue Waters group. Childhood experiences group members had undergone were discussed in some detail and, as many had survived some questionable parenting practices, positive parenting techniques were taught. In addition, values and beliefs were discussed and modeled. These men were not born batterers; batterers are created, often by primary caregivers.

- 10) **Graduation:** Members were required to attend and participate in 20 groups to be considered to have successfully completed the treatment. A group member's graduation was celebrated. Typically, he was informed the week before that he would be completing the group the following week, though most were already aware of their completion date. A certificate was prepared for the graduate and cookies were served. In addition, the final 15 minutes of a member's last group was reserved for his "Graduation Speech". This amounted to responding to three questions: a) What were you thinking when you were first informed you had to attend this group (Group members were encouraged to be as honest as possible and most complied.), b) What is the first thing you heard here that hit home with you, and c) What is the one thing you will take with you that will prevent you from ever being told you HAVE to attend a group like this in the future?

Most group members had great fun responding to the first question, to the delight of their peers; however, the response to the second question was often something heard from another group member, which is why group treatment for domestic violence is so powerful. In response to the third question, most listed the technique they found most helpful from the group. This process served to assist group members in reviewing the progress they had made to best set them up for success in the future.

11) Support Group: In an attempt to add a support group element to the group, Blue Waters invited all members who had completed the group to attend any Tuesday at no charge. This could serve as a preventive measure against future violence and could function as continuing support for the progress members were making. If a member was rearrested and re-referred to group, he would be required to pay again, but if he was pro-active and recognized that he needed a refresher before the problem arose, he was rewarded and could attend group at no charge. A number of group members took advantage of this opportunity.

12) Laughter: Many people are surprised to hear that laughter was a common element in the group; however, the appropriate use of humor was deliberate. People tend to learn more and retain it more effectively when feeling good; this was a simple way to enhance the group members' success. Often by the end of the group, members were feeling comfortable enough to poke fun at themselves, questioning "What was I thinking?" when speaking of the incident for which they were arrested.

Success Rates

Success rates of batterers' treatment groups have not generally been impressive. Depending on the source you are looking at, recidivism rates could be quite high. In a traditional batterers' treatment group, recidivism rates tended to be 34-60% of persons completing the group, though the Domestic Violence Intervention Project claimed that 68% of the men who attend their group did not reappear in the criminal justice system over an eight-year period of time (Domestic Abuse, 2016). That would make their recidivism rate a low 32%.

Measuring success of mental health programming is both an art and a science. Seeking to keep this process as simple as possible, Blue Waters checked the names of group members on the Wisconsin Circuit Court Action website (CCAP), which lists all state court actions involving an individual. Names were re-checked each year on or about 12/20 from 2000 through 2012, when the clinic closed. Of all individuals who completed the Blue Waters groups, only 15% appeared on the site for another violent offense (Disorderly Conduct, Assault, Battery, Domestic Violence, or worse) after completing group. Additionally, names of those former group members who had not completed the group for one reason or another were also checked and of those, 75% re-appeared charged with a violent offense.

It should be understood that this is not a comprehensive evaluation of the program or the results. There could be individuals who indeed were violent again, but for some reason did not come to the attention of law enforcement, or who did so, but who were not charged. Knowing a suspect has a history of violent crime can predispose the legal system more likely to charge them with another offense if they garner attention rather than less so. And, the numbers have seemed to indicate positive results for the kinder, gentler, more nurturing batterers' treatment format.

Multicultural Considerations

When providing any type of treatment, it is important to consider the impact of multicultural considerations. How violence, especially domestic violence, is viewed by the culture of the client is a crucial factor to understand in order to provide effective assistance. This section will discuss implications for following cultures: Asian American, Latino/Hispanic, Native American/American Indian, and African American.

Asian American Profile: Asian Americans are often collectivistic in orientation. This means that the community is more important than the individual (Sue, 2006). I had an experience while working at a domestic violence shelter with Hmong (Laotian) clientele initially contacting the agency for assistance but failing to follow through with treatment. It was eventually explained that in the Hmong community, community elders make all decisions about what treatment and assistance may be accepted. After that point, the elders were included, with the client's permission, in the decision making process, and the follow through was much more successful.

The Asian American culture can also be hierarchical and patriarchal, following the male lineage (Sue, 2006). The primary allegiance may be to parents, even after marriage, and discipline is often highly valued. Parents might use authoritarian and very directive parenting styles where shame and guilt are evoked in order to control and regulate a partner or child's behavior. There can be a great focus on shame and saving face so if a wife or partner did something to embarrass her husband, it would be considered a grave affront and may lead to domestic violence (Sue, 2006).

Latino/Hispanic Profile: The concept of "familismo" is typically important (Sue, 2006). This refers to the importance, respect, loyalty, and primacy of the family. It includes strictness in child rearing and respect to adults. The concept of family has included extended family and non-blood relatives such as the best man at one's wedding, maid of honor, and godparents. When problems occur within the family or relationship, outside help might not be sought until all familial resources are exhausted. Allegiance to the family is usually of primary importance (Sue, 2006).

Gender roles in the Latino/Hispanic culture are generally clearly delineated. Men may be expected to exhibit machismo, to be strong and dominant and provide for their families (Sue, 2006). Women may be expected to be nurturing, submissive to the male and self-sacrificing. This is the concept of marianismo (Sue, 2006). The male is the head of the family and expects all other family members, including his partner, to be obedient to him. If not, domestic violence may result.

Native American/American Indian Profile: For many Native American/American Indians, the tribe is of primary importance (Sue, 2006). They typically have a very communal culture. The family structure can vary from the matriarchal structure of the Navajo to a patriarchal structure.

For most, the extended family is the basic family unit. When providing treatment, it is important to remember that the needs of the tribe and family take precedence over those of the individual. Honor and respect are gained by sharing with and giving to others, quite the opposite of the dominant culture in the United States.

The rate of domestic violence has been quite high in many native communities (Sue, 2006). American Indian women have suffered a rate of violence 3.5 times higher than the national average. Substance abuse has also been a significant problem faced by Native Americans, which can also impact the rate of relationship violence by reducing inhibitions that may otherwise prevent these actions.

When providing treatment, it is important to remember that making direct eye contact is seen as a sign of disrespect. It can be more likely that a native client will be looking down when group facilitators are teaching or talking. Providers must take care to avoid interpreting this as a sign that the client is not listening or paying attention, again, contrary to the dominant culture (Sue, 2006).

African American Profile: An increasingly larger percentage of African American families are being headed by single parents. Family structure can vary but has been generally matriarchal. The concept of family includes aunts, uncles, godparents and close friends and neighbors.

A strength of the African American family system has been that men, women and children are allowed to adopt multiple roles within the family rather than be pigeon-holed into one expected position or function; however, African American parents have been more likely than Caucasian parents to utilize physical discipline, which can, in some cases, lead to physical abuse (Sue, 2006). This is an area of which a human service professional working with the family should remain aware.

Strategies for Human Service Professionals

What does this information mean for the human service professional? There are a number of ways in which human service professionals can have an impact when coming into contact with clients or students involved in a violent relationship. In many cases, the specific role played by the human service professional will largely be determined by their actual professional role in regard to the individual and the particular partner with whom they have contact.

The first important factor is to know that effective help is available and true, lasting change is possible. Understanding and believing this will make a difference in how the information covered above is utilized. Knowing that help is available and that even the violent partner in a relationship can change, below are some additional ideas for assisting members of a violent relationship.

- 1) **Provide resources:** There are many resources available, from websites to local shelters, that provide assistance to both partners in a violent relationship. Often it is helpful just making the individual aware that there are resources available in the event they want to seek help. Other options for assistance for students include suggesting they inform their academic adviser of the situation. Many schools also have student assistance programs that can be very helpful as well.
- 2) **Encourage finding a local shelter:** Whether the student is located near the human service professional or not, reaching out to a shelter in their locale can provide valuable resources for them. Even if they do not want to stay in the shelter, such agencies can also provide supportive or group counseling as well as additional resources and assistance.
- 3) **Suggest safety planning:** There are some simple things a victim can do to provide additional protection for herself. Clearing her browsing history on the computer can prevent her abuser from learning that she was checking out a local shelter online. Deleting calls or texts from her cell phone can protect her as well. Packing a bag with money and clothing in the event she needs to make a quick escape is also a good idea. If she does not have a car at her disposal, perhaps she can store the bag at the home of a good and discreet friend. Each of these actions can help her feel more empowered and less at the mercy of her abuser.
- 4) **Give a break when needed:** If you are an educator and are in contact with a student in this situation, understand that sometimes the best way to help is to give the student a necessary break. The need to move to her mother's home in Arkansas to get away from an abusive partner in Illinois can get in the way of submitting that final paper in your course. Give her a bit of extra time to get settled so she can concentrate on her work.

The suggestions above are just a few ideas for how human service professionals can help students or clients in violent relationships. Giving some thought to the material covered regarding the dynamics and interventions of and for such relationships should elicit others. The human service professional may be the first person aware of the situation; it is important to be prepared to intervene and assist in an appropriate manner.

Conclusion

Domestically violent relationships have shared some common dynamics and characteristics. While no batterer will exhibit all of the behaviors described, most have used a few favorite tactics to keep loved ones under control. Additionally, traditional batterers' treatment programs have tended to unintentionally use interventions more likely to reinforce these behaviors than change them. A kinder, gentler treatment program can be more effective in encouraging and

achieving true lasting change in relationships. Further, being aware of these techniques and understanding their impact on not only the partner, but the relationship, family and the entire community, can best prepare the human service professional to provide assistance and support when coming into contact with either party in a violent relationship.

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Let's Kick It Together!

A Program to Reduce Adolescent Self-Harm

Nancy Velazquez and Karen L. Neal

Abstract

Deliberate self-harm (DSH) is an issue that crosses all societal boundaries but manifests itself most frequently within adolescent populations. For an adolescent, the goal of self-injury is not to inflict pain but is developed as a coping mechanism to manage overwhelming emotions (Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007; Brunner et al., 2007). This article considers the changing needs of adolescents within their unique developmental contexts and outlines a therapeutic group program designed to reduce the risk for self-harm and provide support to teens reaching out for help, all while working to create a community atmosphere that is sympathetic, accepting, and supportive of the challenges faced by adolescents. The foundations of this program are based on current research on adolescent self-injury and the best practices used to reduce it. The program specifically addresses the functions of self-harm in adolescents, aiding them in identifying these functions and developing a constructive replacement for the behavior.

Introduction

Although deliberate self-harm (DSH) is a behavior that crosses the societal boundaries of culture, ethnicity, socioeconomic status, and race, DSH manifests itself most frequently within adolescent populations, who may be particularly vulnerable to feelings of loneliness and isolation (Nock & Prinstein, 2005). As the result of their cognitive developmental abilities and continued dependence on the adults in their lives, adolescents are often more vulnerable to their environments than adults. In addition, they are frequently overwhelmed with first experiences, such as learning to drive or a first sexual experience. As a coping mechanism, self-harm has long been present but has only recently received attention in the media, pop culture, and as a serious mental health issue.

The number and rates of reported incidents have been alarming. From 2001-2013, the Center for Disease Control reported 1,948,952 self-harm, non-fatal injuries among 10 to 24 year olds in the United States among all reported hospital injuries (National Center for Injury Prevention and Control, 2013). The number of adolescents hospitalized with self-inflicted injury from 2004 to 2008 in North Carolina alone was around 18% of all reported injuries (North Carolina Injury and Violence Prevention Branch, 2011). The national average of all adolescents who engaged in self-harm in 2011 was between five and nine percent (Claassen, Smith, & Kashner, 2012). These reports may not fully representative of adolescent self-harm incidents

because they only track hospitalizations, and self-injury is often hidden. But, even conservative reporting demonstrated a high incidence of a terrible disorder that is plaguing adolescents.

These numbers also serve as a reminder that many of the adolescents we encounter in the human service profession for a range of services may be struggling with self-injurious thoughts and behaviors. Using the most current literature, this paper offers a resource for professionals seeking further information on adolescent self-injury. The purpose of this review and program is to educate and advocate for an innovative, empirically based approach to addressing adolescent self-harm while working to reduce self-injury in adolescent populations.

Background

For this paper, self-harm is defined as the intentional injuring of one's body without apparent suicidal intent (Cullen, Westlund, LaRiviere, & Klimes-Dougan, 2013; Davis et al., 2014; Klonsky, 2007). Self-harm behaviors include scratching, cutting, burning, biting, and head banging. The Diagnostic and Statistical Manual of Mental Disorders-V (DSM -V) reports in this edition the psychological states correlating with self-harm are "interpersonal difficulty or negative feelings and thoughts, depression, anxiety, premeditation, ruminating on non-suicidal self-injury, and emotional reactivity."

Using two of the most common psychological states associated with non-suicidal self-injury (NSSI), high emotional reactivity and low emotion regulation abilities, Davis et al. (2104) discovered teens who engaged in DSH demonstrated less successful emotion regulation as determined by MRI scans following exposure to highly emotion stimulating images. They also displayed lower emotion regulation abilities than those who never engaged in DSH. In addition, Nock and Prinstein (20015) found most adolescents who self-injure contemplate their actions for only a few minutes before engaging in self-harm. These studies demonstrate that adolescents who self-harm experience and respond to their environments intensely and impulsively.

Research to this date does not support the idea that adolescents who self-injure do so to feel physical pain. In fact, most adolescents reported experiencing little to no pain while engaging in self-injury (Nock & Prinstein, 2005). Rather, teens cited a variety of psychological reasons for self-harm, including but not limited to relieving numbness, relieving unpleasant thoughts or feelings, releasing anger, tension or emotional pain, to provide sense of control, or to punish self. Most often, the DSH served a combination of these purposes (Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007; Brunner et al., 2007). The results also led helping professionals to a new understanding of DSH. Because self-injury may work to alleviate particular feelings, the identification of self-injury should be viewed as a function of rather than symptom or cause of behaviors. Nock and Perinstein (2005) identified four primary functions of self-harm: (1) automatic negative reinforcement, (2) automatic positive reinforcement, (3) social negative reinforcement, and (4) social positive reinforcement. Automatic negative reinforcement refers to wanting to stop bad feelings, automatic positive reinforcement refers to sensation seeking, social negative reinforcement refers to avoiding doing something you do not want to do,

and social positive reinforcement refers to attention seeking behavior. Identifying these desired functions can allow human service professionals to create constructive and healthy coping mechanisms which can serve the function once provided by self-harm.

Systemic analysis can also aid the understanding of the functions of self-harm through family and friendships. Halsted et al. (2014) found that adolescent self-injury was fueled by family dynamics in which families were disengaged, rigid, and demonstrated critical patterns of communication. In contrast, the duration, frequency and severity of DSH was negatively correlated with satisfaction of overall family functioning and experiences of parental calm, empathy and understanding upon discovery of DSH behaviors. Indeed, family interaction and open communication are key mechanisms towards change and reducing self-injury.

Teens themselves described interactive behaviors which they believed could successfully prevent self-harm among their peers. These included the ability to talk to someone that will listen, nonjudgmental and knowledgeable support from families, sports or recreational activities, and positive and supportive friendships and peer interactions. Specifically, adolescents reported they yearned for someone with whom to talk as well as parental understanding of self-harm to encourage self-disclosure. These results lent support to the group setting as a system useful for decreasing adolescent DSH. In addition, Wood, Trainor, Rothwell, Moore, & Harrington (2001) discovered group therapy with at least eight sessions to be more effective in reducing deliberate self-harm than medication as well as non-specific family counseling and individual therapy sessions without group therapy. To this end, the original program "Let's Kick It Together: A Program to Reduce Adolescent Self-Harm" is presented.

Application to "Let's Kick It Together: A Program to Reduce Adolescent Self-Harm"

The program consists of eight planned sessions and is designed to alternate biweekly with individual therapy, as its main purpose is to reinforce the skills and techniques discussed in an individual session. Groups are made of six to nine participants between the ages of 13 and 17, with one group leader. Two group leaders are required for groups of more than nine participants. Group leaders should have several years of experience in a related mental health profession and in leading psychoeducational groups. They also must be comfortable working with adolescents. This is done by providing the participants with a safe place where they can experience their emotions fully and be exposed to different coping techniques (Slee, Arensman, Garnefski, & Spinhoven, 2007). Although there is no parental participation, parents are encouraged to be an active part of the therapy process. At the start of the eight-week session, parents receive a letter that provides detailed information about self-harm, encourages them to be aware of their teens' emotion states, and describes the best way to talk about DSH with their adolescents.

Each session begins with a 10 to 15-minute exercise in which participants are allowed to socialize with one another. Snacks and refreshments may be provided to enhance this time and address the desire of adolescents to be accepted through more casual interaction which serves to

reduce some of the tension and anxiety that a group focused on self-harm could illicit. Socialization time is followed up by the delivery of a statement provided to each participant on a slip of paper. Each participant has the option of simply reading the statement or also adding their own twist after reading the statement. The statement is "I am strong, worthy of love and care, and I am capable of loving and embracing myself the way that I am." Participants may struggle with repeating this statement aloud, but increasing a positive self-assessment and decreasing self-criticism are important goals of the program (Klonsky, Victor & Saffer, 2014).

Following the statement, the weekly activity begins. Throughout the eight weeks, there are several different activities, and each week has a different theme. The activities include learning about self-harm and developing emotion identification skills to identifying the functions of self-harm. Several activities are designed to recognize and better express emotions and include having participants role play certain emotions (both comfortable and challenging), and describing a scenario in which each emotion would be experienced. The purpose of activities during this first stage is to allow participants to take ownership of their emotions by naming them and developing the ability to recognize their emotions as they happen. These activities are representative of Dialectical Behavioral Therapy (DBT) groups, and characteristics from DBT groups are implemented. Specifically, the idea that emotion regulation is a center piece of the journey to change, where the key mechanism for change is the exposure and alternative action practice of unhealthy emotional responses. DBT is also centered around skill development that allows participants to learn to recognize and be mindful of emotional responses and to able to form new associations between emotions and behavior (Slee, Arensman, Garnefski, & Spinhoven, 2007).

The proposed scenarios are appropriate for adolescents because they confront topics relevant to adolescents, centering around issues regarding stress from school, parents, and friends. In addition to role playing various negative and positive behavioral choices as responses to the situations described, participants are asked to draw or write about the situations. Because previously mentioned research has found adolescents who engage self-harm display high emotional reactivity, it is important to emphasize slowing down one's response time and increasing time to think about helpful responses (Davis et al., 2014; Nock & Prinstein, 2005). The variety of role play, discussion, and writing activities allows teens to learn and form associations through visual, spatial, or auditory stimulus, ensuring teens are provided with multi-modal experiences.

Other activities focus on even more social and interactive themes in which the group members come together and brainstorm various ideas about healthy coping mechanisms. The goal of these exercises is to provide teens with techniques applicable to their lives outside of the group setting. These large group events can be useful to adolescents because belonging to a group and feeling included are important to their psychosocial development (Fortune, Sinclair, & Hawton, 2008). For example, as part of one of the activities, participants are allowed to take part of a product of the activity home with them to serve a reminder of the commitments they have made to themselves and others in the group. Another activity instructs each participant to step

over a dividing line in the room, indicating that they either agree or disagree with a statement. When others cross the line alongside of them, participants have the opportunity to see that they are not alone, and that many others are experiencing the same challenges that they are facing.

Following the completion of each large group activity, participants are split into smaller groups to answer reflection questions which they may find slightly more personal than the experiences encountered in the large group activities. Small group activities are meant to foster relationships between individual group members and allow participants to reflect on their large group tasks in an even safer space than the large group setting. It will also allow participants to identify the functions DSH serves in their lives and help them create alternative strategies to DSH to implement during the week outside of their therapeutic time.

In addition, a journal is used during each biweekly session. Journal instructions include a quote relevant to the session, two or three reflection questions, and a chart of the Stages of Change (Prochaska & Velicer, 1997). Participants are asked to complete these journal activities after the group sessions and to discuss their responses with their individual counselors, and in particular, to identify and reflect on their current individual status within the stages of change. There are six stages: (1) precontemplation, (2) contemplation, (3) preparation, (4) action, (5) maintenance, and (6) relapse. Identifying current stages will help participants visualize how they have changed throughout the sessions and can provide them with tangible representations their progress or barriers to their progress.

The last session serves as a reflection for the previous eight weeks and participants will discuss the differences between the way they are perceived by others and the way they perceive themselves. Participants do this by drawing an iceberg, thereby creating a visual representation of an object in which more is hidden than exposed. The purpose of this activity is to begin to encourage the group members to bridge the gap between the hidden and true parts of themselves and to reflect on the how the experiences of the previous eight sessions have fostered these changes. Then, they each have the opportunity to pass around their drawings while other participants share words of encouragement specific to that individual. This activity is meant to highlight the bonds that have developed through the group process and demonstrate support for one another in a form that can be saved and remembered.

Conclusion

Although there are many challenges in overcoming the barriers of providing services to adolescents that self-injure, professional innovation and programming based on best practices is key to the development of skills required for teens to properly assess their impulses and redirect hurtful emotions. Programs like the one described above are a small step toward a long journey of helping adolescents cease self-harm behaviors and better cope with their increasingly complex lives.

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Excelling in an Impossible Job

Charles F. Lorbeer

Abstract

An increasing number of public service managers today face “impossible jobs” in corrections, health and human services, mental health, school administration, and social welfare. Creating solutions to seemingly impossible problems with very limited resources is the reality for many human service managers. Attempting to serve diverse and disenfranchised clients can lead to burnout, compassion fatigue, and emotional exhaustion. Coping strategies become very important tools to keep leaders from feeling overwhelmed and potentially leaving the profession altogether.

The key for longevity in human service jobs is to focus on setting realistic expectations to avoid stress and burnout. The goal is to re-frame current situations through humor, case studies, and real world examples. How effective can an individual be when given expectations and conditions over which they have little control? That’s where the coping strategies come in.

The factors which differentiate impossible from possible jobs are: (1) the publicly perceived legitimacy of the agency’s clientele, (2) the intensity of the conflict among the organization’s constituencies, (3) the public's confidence in the authority of the profession, and (4) the political strength of the organization’s "myth," or long-term, idealistic aims. Hargrove and Glidewell (1990) used six case studies that focused on the roles of leaders in specific organizations. Each chapter details the organizational strengths and weaknesses, specifies what makes the job impossible, and then operationalizes the skills and intelligence that employees have used in navigating these jobs. You will come away with a thorough appreciation of the conflicting political, psychological, and social forces that act on commissioners in these impossible jobs (Hargrove & Glidewell, 1990).

Coping strategies must be employed to be successful employees in these organizations. It is important for human service workers in these jobs to accept the notion that these jobs are inherently impossible. Some jobs are loaded with extreme difficulties and can rightly be called impossible jobs. Included are the jobs of the corrections commissioner, state mental health commissioner, and social welfare executive. Many human service employees have an incredible amount of experience in these or related areas. While formal university coursework gives a unique perspective on the broad scope of the field, many entering these jobs can become extremely frustrated with the impossible intricacies they are forced to handle.

Impossible jobs can be distinguished from possible jobs using four critical dimensions of difficulty. The basic assumption of this argument is that impossible jobs attempt to serve illegitimate clients and many, extremely conflicting constituencies. Additionally, the jobs do not

draw much assurance from the public in terms of the professional capability that is available. These jobs are also guided by unproven myths that do not maintain policy continuity.

Hargrove and Glidewell (1990) presented their case with six agency examples that show how roles played by leaders of specific agencies relate to the four critical dimensions of difficulty. Readers will derive a comprehensive understanding of the contradictory social, psychological, and political forces that act on administrators in impossible jobs.

The four critical dimensions of difficulty were:

- 1) Legitimacy of clients,
- 2) Intensity of conflict among the commissioner's constituencies,
- 3) Public confidence in professional authority, and
- 4) Strength of agency myth.

The first critical dimension is the legitimacy of clients. According to the text, the legitimacy that clients exhibit depended greatly upon their responsibility and tractability, as perceived by the leaders' constituencies. These social perceptions were based upon inferences of the public as to the original cause of the clients' plight. At times, the public may be angered by client populations that are continually unwilling to attempt to help themselves or even consider the possibility of receiving assistance from others. As far as the public is concerned, some clients did not initially cause their problems and were unable to manage or solve them without society's assistance. Examples included the genetically handicapped, farmers in drought or flood, victims of epidemics, veterans of wars, and those who may have previously been neglected or oppressed. The needs of these types of clients were seen as legitimate. Therefore, using public funding in order to assist them is usually popular. Leaders in charge of serving clients like these found their jobs very possible (Hargrove & Glidewell, 1990).

Human service workers can be vulnerable in impossible jobs due to credibility sustained by weak myths that encourage the unstable guidance of controversial services, which may result in sharp swings in policy. Further, those holding these those jobs may be legally responsible to supply goods that are mythically idealistic. Therefore, they make themselves prey as political scapegoats.

Human service workers can be vulnerable in impossible jobs due to reasons as listed below:

- 1) Lack of credibility, as their work is sustained by weak myths that lead to unstable guidance of controversial services.
- 2) Policy can swing sharply.
- 3) Leaders hold these jobs and are legally responsible to supply goods that are mythically idealistic, not impossible to deliver.
- 4) They make themselves prey as political scapegoats.

Public sector managers may be seen in impossible jobs when they are responsible for serving what Hargrove and Glidewell (1990) called the public's perception of "illegitimate, intractable clients." Here they serve many polarized constituencies, have limited legal or professional reward, or coercive powers. They may have to display political creativity with incredible skills at stretching their limited resources. They will then have the opportunity to recruit the support of the dominant coalition that gave them authority in the first place, a coalition tending toward instability as the focal concerns change. The tenure in these jobs is often short and their accomplishments usually limited, although they are persistent in the pursuit of impossible goals, that is, until they burn out or get laid off.

In the book, *Impossible Jobs*, Erwin Hargrove and John Glidewell provided one of the first thorough reviews of the factors that bear on the difficulty of public service jobs and of the coping strategies used by successful employees. They spoke about leadership theory and social psychology, framing these jobs in a way that brought meaning and hope (Hargrove & Glidewell, 1990).

Consider these statistics (Gaille, 2016):

- 77% of Americans regularly experienced physical symptoms due to stress.
- 73% of Americans have had psychological symptoms caused by stress.
- 33% of Americans felt as if they were living under extreme stress.
- 48% of Americans felt as if their stress has increased over the past 5 years.
- 76% of Americans cited money as their leading cause of stress.
- 48% of Americans reported lying awake at night due to stress.
- 48% of Americans felt as if stress impacted their personal and professional life negatively.
- 35% cited jobs as a primary source of stress from interference with their family life.
- 26% of Americans have been alienated from a friend or family due to stress.
- 54% claim stress has caused them to fight with those close to them.

How are the effects felt? Symptoms include: exhaustion, fatigue, weight gain, inability to concentrate, depression, insomnia, anxiety, irritability, alcohol/drug abuse, a loss of interest in one's work or personal life, and feelings of "just going through the motions." Emotional fatigue and compassion fatigue can be significant factors in job turnover, absenteeism, and low morale.

Another very real danger in an impossible job is the stress that helpers feel from constantly giving to others. This has been termed secondary trauma, defined as "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p.7). The cumulative effect of working with survivors of traumatic life events is called vicarious trauma. Symptoms include chronic fatigue, poor concentration, second-guessing, detachment, and burnout.

Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress and giving of oneself to help others. It occurs when daily stressors are in excess

of the resources to cope. Highly productive employees are most prone to develop burnout because they put more of themselves into their job, spend more time at work, and take work more seriously and personally. Trying to give to others when there is no emotional reserve is the root cause of burnout. These impossible jobs bring together all the factors of stress making burnout much more likely.

Turning briefly to the skills and techniques needed to survive and excel in these jobs, coping strategies can help avoid burnout. Put another way, employees who develop burnout are often employees who care deeply about their jobs.

- 1) Staying engaged in the personal journey of growing.
- 2) The moment we stop going after our passion we become complacent.
- 3) Getting excited about going forward.
- 4) Pushing through failures and impossible situations.
- 5) Forgetting what's behind and pressing ahead.
- 6) Recognize impossible jobs.
- 7) Examine personal burnout levels.
- 8) Reset expectations.
- 9) Re-energize by learning coping methods.
- 10) Becoming self-actualized, and not dependent on results in an impossible job.

I once worked as a department head at a state mental hospital and a supervisor in the child welfare system. Both felt like impossible jobs. The expectation was to create solutions to impossible problems with very limited resources! Sound familiar? Creating solutions to impossible problems with very limited resources is the reality for many human service managers. Learn to accept the impossibility of your job. In order to survive, the impossible factors must be embraced, and from that mental perspective, new energy and creativity will often flow.

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Incorporating Improvisational Acting Exercises into Human Service Training and Service Delivery

James Ruby

Abstract

Human service professionals and educators are always eager to find creative avenues for facilitating therapeutic improvement in their clients or clinical skill growth in their students. This workshop, which was presented at the 2015 National Organization for Human Services annual conference, engaged participants in real-time improvisational acting exercises and exposed them to a collection of resources that might enable them to increase their creativity in human service interventions, as well as in human service education training methods. I have utilized the exercises in my own classrooms and developed a course that was recently done for the first time in 2015. The workshop connected well to the overarching theme of diversity for the conference because creative experiential exercises are designed to connect with a variety of audiences and allow for a variety of expressions.

Introduction

The goals of the workshop included:

- 1) Participants increased understanding of the theoretical rationale for, and clinical appropriateness of, using improvisational acting exercises in human service provision and education.
- 2) Participants participated in a number of experiential exercises that may be integrated into their own clinical and educational work.
- 3) Participants increased their awareness of useful resources available for human service providers and educators.

Expressive therapy interventions including visual art, music, psychodrama, and other experiential techniques have shown various clinical benefits. Acting instruction in improvisational techniques attempts to overcome the temptation to be overly critical of one's initial, honest responses to a particular message from, or encounter with, another (Spolin, 1999). J. L. Moreno, often considered the originator of psychodrama, believed that what was learned in action could also be unlearned in action. Thus, psychodrama could be used as a tool to reshape oneself (Dayton, 2005).

Theory

Creativity has been conceptualized in several ways, but one of them is what the presenter calls *the three P's* – product, process, and person. Of course, these three factors are not separate entities, and a division of them is somewhat arbitrary, but doing so allows for useful exploration.

The notion of creativity as *product* relates to those items that are produced – paintings, sculpting, music, narratives, etc. These are readily available for evaluation and, from a social science perspective, even measurement. One can examine these products and make value judgments regarding their quality. *Creative* products are those that seem original. They have an air of spontaneity, novelty, and they generate surprise and curiosity in those fortunate enough to experience them.

Looking at creativity this way raises some challenges for researchers. If one restricts creativity to products, much of what creativity is about will be missed. For this reason, many recognize creativity as a *process* rather than a product. Some have suggested that the expressiveness of children's play is essentially an experiential aspect of a child's ability to be creative (Wright, 2010). For example, researchers discovered that children mixing blue and yellow to make green is accompanied by the same intense emotions that adult creators have in their more famous *Eureka* moments. So, the creative process is defined by moments of unconscious incubation, by accidents and discoveries, by losing and finding one's way (Kudryavtsev, 2011). This sounds a lot like improvisational acting. In fact, these moments take place in an individual's interactions with the physical and social world around her/him, sometimes called cooperative play.

The third way researchers have tried to understand creativity is by way of a *personal* process. Specifically, we are talking about an intrapersonal (internal) process – one that is expressed as an individual attribute (Glaveanu, 2011). Social science researchers are beginning to acknowledge that creating is not simply an individual affair, but involves the individual in relation to his/her society and culture. In other words, the *personal* development of creativity is encouraged as an individual explores creative play with the larger world around him/her – family, groups, classrooms, etc.

Social scientists have tested the effects of spontaneous play on creative thinking in preschool children. The research showed that play significantly increased the verbal creativity (fluency, flexibility, originality), graphic creativity (elaboration, fluency, originality), and behaviors and traits related to our understanding of what one calls a creative personality (Compton, Johnson, Nahmad-Williams, & Taylor, 2010).

It should be noted that while improvisational acting exercises at their root appear to be *playful* processes, they require a significant commitment to spontaneity within a theoretical orientation (Ruby & Ruby, 2009). This spontaneity is not easily achieved by many individuals, families, or groups. Some authors have noted that an individual's willingness to engage in

spontaneity may only increase as anxiety decreases (Blatner, 2004). In human service encounters, this anxiety relates in large part to the question of how one's actions and reactions might be interpreted by others. Human service professionals must use their training and skills to foster an atmosphere that is conducive to such creative personal exploration.

Acknowledging that increased research needs to be conducted in regard to the possible effectiveness of using creative interventions such as improvisational acting exercises in human services and education, this workshop was not intended to promote clinical evaluation as much as it was designed to introduce the possibilities of the integration of these types of exercises into human service provision and education.

Uses & Sample Exercises

Improvisational exercises in human services may be utilized for various reasons, but three domains of usage were highlighted in the NOHS 2015 conference workshop:

- Exploration of Self
- Exploration of Another in Dyads
- Exploration of Groups/Communities/Families

The exercises are designed to assist with assessment of communication, as well as assessment of openness to others. Individuals are asked to collaborate and communicate with others, and the exercises quickly reveal the challenges clients or students might experience with divergent ideas or cultural difference. Participants also become aware of what is difficult for them, and they are provided time to explore those difficulties.

Some of the specific exercises discussed and utilized in the presentation included:

- Group Juggle – building useful communication patterns in groups
- Point & Untell – encouraging possibilities and challenging internal criticism
- Yes, and... – encouraging mutual understanding and creative problem solving as well as challenging resistance
- Dr. Know It All – increasing cooperation and compromise
- 3 Way Conversation – being comfortable speaking to what one wants and pursuing it
- The Ad Game – encouraging cooperation, initiative, and focus
- Immediate Groups – highlighting commonalities with others rather than differences

Conclusion

As human service practitioners continue to meet the needs of an ever-growingly diverse client population, and as human service educators attempt to find effective high impact practices to use in their classrooms, creative exercises like the ones discussed in this workshop will have growing significance. Further training and exploration is needed for those who might integrate these methods into their workplaces. Most importantly, human service professionals will need to use their best judgment when deciding whether or not the methods are clinically or educationally

indicated for their given setting. Of course, this is true of any new approach under consideration. Regardless, these improvisational acting exercises hold promise for those who are drawn to creative and/or spontaneous approaches.

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Resilience: Divergence & Convergence of Perspectives

Alice Walters

Abstract

Resilience touches all facets of human service work. Communities, organizations, families, clients, and professionals all face a wide array of divergent challenges. Common themes of resilience include strength-based coping to achieve positive outcomes. This essay examines the latest research in resilient models, contextual factors, and cultural diversity. Knowledge of resilient strategies aids human service professionals through application to their setting including addressing professional stressors and personal coping. Perspectives on resilience reveal a divergence through diversity within a framework of convergent themes.

Introduction

Resilience is at the heart of the human service profession. Our clients continually inspire us in confronting their challenges with a resilient spirit. Communities demonstrate resilience when they muster engagement to build social movement. Professional resilience emerges when human service workers advocate against the odds for both clients and communities. Resilience manifests when human service professionals persevere in their careers despite setbacks of complex social problems, funding shortages, and facing burnout. Clearly, understanding the mechanisms of resilience in a variety of contexts has broad application for human service workers. Additionally, the occurrence of increasing cultural diversity exposes nuances of resilience that belie simplistic conclusions. This essay summarizes current research on resilience for human service application. Examined are theoretical approaches to resilience, considerations of contextual application, and the influence of diversity on resilient factors.

Theoretical Models

Theoretical models of resilience affect approaches to applying human service interventions. The definition of resilience emerged from scientific use to describe properties of elasticity in metals that could bend and not break or for a rubber ball bouncing back to its original shape (Fletcher & Sarkar, 2013). For human service application, resilience entails the characteristics of life adversity, a response through positive adaptation, and a return to a previous state (Fletcher & Sarkar, 2013). Resilience, then, is the ability of a person to “bounce back” from a life challenge by using positive coping to overcome adversity and return to life functioning. Models of resilience explore processes and seek to explain differences in resilient characteristics.

Positive Psychology

Several theoretical models can prove valuable in the study of resilience. Positive psychology provided a contribution diverging from previous psychological models. Positive psychology reflected a move from identifying pathology to understanding psychological health and well-being including attention to strengths-based coping (Schank, Brownell, & Slade, 2014; Wortham, 2014). This influence from positive psychology encouraged a shift from research on maladaptive behaviors to investigation of positive contributions in facing adversity. For example, researchers identified positive factors of well-being in the areas of thriving, creativity, optimism, compassion, life satisfaction, and resilience (Fletcher & Sarkar, 2013). Positive psychology can provide a foundational framework for understanding resilience by examining adaptive contributions in place of previous pathological models. Additional models also contribute to theories of resilience.

Ecological Systems Theory

Theoretical models emphasizing contextual considerations also contribute to the study of resilience. Bronfenbrenner's (1986) ecological systems theory identified varying levels of context including factors in individual (personal traits), microsystem (family, school, church), mesosystem (interactions between microsystems), exosystem (external social settings, i.e., neighbors, employment, media), and macrosystem (culture) influences. Ecological systems theory is valuable for demonstrating the complexity of resilience across contextual influences.

Trait & Process Models

Finally, theoretical models explore aspects of resilience related to producing positive coping in life challenges. One emergent debate in the literature was the consideration of resilience as either a trait or a process. Researchers noted that resilience often presented as a personality trait. Studies reported protective factors of adaptability, flexibility, optimism, curiosity, and intellectualization that enhanced an individuals' ability to cope with stress (Fletcher & Sarkar, 2013). Additionally, resilience produced outcomes of humility, gratitude, and forgiveness (Dwiwardani et al., 2014). Alternatively, other scholars explained resilience as a process or a learned skill. For example, Stephens (2013) noted that stressors provided impetus for growth absent without life challenges. Additionally, resilience could be developed or improved through education and practice (Stephens, 2013).

Bridging the perspectives of resilience as a trait or process are findings that emphasized the interactivity of personality, social support, and community resources for developing resilient responses (Stephens, 2013). Framing resilience as a personality trait or a learned process presents implications for human service workers. Certainly, attention to existing protective factors may suggest appropriate interventions along with recognizing the potential to build skills

and develop new adaptive strategies. Resilient strategies reflect their social context. Next, I discuss resilience in the social context of individuals, families, professionals, and within organization and community settings.

Social Context

Individuals

Research on individual resilience has spanned special populations. For those dealing with chronic pain, self-efficacy and social supports were important for increased resilience (Newton-John, Mason, & Hunter, 2014). Senior adults demonstrated resilience by using family supports and local community organizations to cope with loss (Bellamy et al., 2014). Lastly, both external (social supports) and internal (hope, optimism, self-esteem) aspects aided resilience with war victims (Besser et al., 2014). These studies supported the interaction of internal personality characteristics with external support systems for increasing resilience toward life challenges. Family context displayed similar findings.

Families

Research on family resilience showed similarities to individual context. For example, increased and comprehensive support systems enhanced family resilience (Wortham, 2014). Wortham (2014) also noted that individuals experiencing family violence were able to learn resilience from family survival examples. Elliot, Berry, Richards, and Shewchuk (2014) provided important assessment knowledge by noting that families of spinal cord injury victims with higher initial distress displayed less resilience over time. These findings suggested that increasing family resilience include strengthening social support systems, applying family examples of resilience, and identifying those at risk for decreased resilience over time.

Professionals

The resilience of human service professionals involves several aspects. First, resilience of human service workers in their careers contributes to growth of the profession. Ashby, Ryan, Gray, and James (2013) discussed the impact of career resilience for building experience and skills in a profession's workforce. When professionals leave a career path, they take skills and experience with them. Replacement by less experienced workers detracts from the overall competence of the profession. Understanding factors that improve retention can assist the human service profession in developing its workforce. Research supported links to career resilience through a strong professional identity, good supervision, increased support networks, and work sites that valued professional skills (Ashby et al., 2013). Additionally, barriers to resilience included perfectionism when interpretations of failure resulted in immobilization and prevented

successful coping (Kilbert et al., 2014). Human service professionals also benefit from individual strategies for self-care that may equally benefit clients. For example, Fouruer et al. (2013) found improved wellness through

- Mindful **meditation**;
- Positive **writing** (about “a best self”);
- Keeping a **blessings** journal; and
- Practicing **forgiveness, gratitude, and kindness**.

Researchers noted that multiple positive activities were more effective than just single strategies alone (Schrank, Brownell, & Slade, 2014). Practical strategies also worked equally well for both general and distressed populations (Schrank, Brownell, & Slade, 2014). The human service field may encourage the career resilience of its professionals by fostering supportive environments in the workplace and developing professional coping skills. Organizational and community factors also contribute to contextual aspects for human service workers.

Organizations and Communities

Resilience also applies to the social context of organizations and communities. Researchers examined collective resilience in these settings to study how groups of people overcame adversity for positive outcomes. For example, Brodsky and Cattaneo (2013) discussed collective conceptions of resilience that included local and cultural influences in determining quality of life, measures of functioning, and values toward outcomes. These authors advocated a strengths-based approach toward identifying available resources and local capacity building (Brodsky & Cattaneo, 2013). This perspective proved particularly valuable in supporting marginalized groups (Allmark, Bhanbhro, & Chrisp, 2014; Brodsky & Cattaneo, 2013). Attention to the social context of organizations and communities supports resilience at macro levels affecting groups of people. Suggestions for implementing resilient strategies for human service professionals draw from findings at multiple contextual levels.

Practice Recommendations

The research on resilience suggests recommendations for human service practitioners. Summarized recommendations include

- Increasing client **support** systems,
- **Assessing** client vulnerability to provide targeted intervention,
- Identifying **strengths & capacities**,
- Developing **positive coping** methods,
- Using **existing** services,
- Using **comprehensive** services, and

- Considering **cultural** context.

Diversity

Resilience theory, research, and practice reflect the changing diversity of our cultural context. New developments in resilience models are accounting for greater diversity and acknowledging that “one size” does not fit all. Scholars noted that cultural context required further elaboration in resilience research (Schrank et al., 2014). For example, cultural context and values affected definitions of resilience with predominating Western perspectives requiring supplementation from other viewpoints (Fletcher & Sarkar, 2013). These researchers concluded that narrowed cultural perspectives limited understanding adaptive behaviors in diverse cultural contexts (Fletcher & Sarkar, 2013; Schrank et al., 2014). These findings demonstrated that increasing diversity in human services requires sensitivity, flexibility, and a developing knowledge and skills base for practitioners. Understanding the nuances of diversity and resilience is important for human service professionals in every area of practice. Factors of cultural diversity directly influence the practical application of resilience strategies requiring continued examination.

Implications for Practice

Understanding resilience suggests directions for human service practice. A structured inquiry approach provides assessment questions to apply knowledge on resilience to the field. These questions may help direct the application of material on resilience for the human service practitioner.

- What human service challenges do you find in your context?
- How do views of resilience as a trait or process make a difference in your human service practice?
- Which area of resilience interests you most (clients & families, professionals, organizations, communities)?
 - How does each level of context affect your approaches?
 - How does the organization or community affect your work in human services?
- What individual strategies work for you or your clients?
- What self-care techniques can you use to sustain professional resilience?
- How well are human services meeting recommendations for increasing resilience?

Conclusion

Resilience is a vital aspect of human services. Resilience affects work with clients, families, in organizations, and communities. It affects the ability of human service practitioners

to continue their growth as career professionals. Understanding the nuances of resilience in social context includes strategies to foster resilience in individuals, families, professionals, organizations, and communities. The strengths-based approach to capacity building is central to supporting resilience in every context. Diversity across these contexts requires sensitivity to explore the particularities of resilience. Perspectives on resilience reveal both divergence and convergence. Continued exploration of resilience in human services will expand our understanding of these distinctions to improve both our practice and ourselves.

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The Practitioner's and Client's Serious Illness or Acquired Disability

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Abstract

Both practitioners and clients may experience serious illness, congenital or acquired disabilities, or changes in functioning. Every person ages and dies. However, these aspects of human diversity are rarely the focus of professional training, especially when the practitioner is the person experiencing these phenomena. This paper considers aspects of aging and disability, the cultural meanings of serious illness and disability, meaning-making (including religious existential meaning-making), the practitioner's ethical responsibilities when experiencing or working with a client experiencing these issues, suggested intervention techniques, and suggested practices. Several activities appropriate for practitioners or clients are described.

Introduction

As we age, we are increasingly likely to experience a serious illness or disability, including physical issues or changes in functioning. This can pose special challenges for human service practitioners and instructors, who are often invested in our identities as helpers. At the same time, we can bring our understanding of self-care and interpersonal skills to managing the changes in function, focus, and identity associated with short-and long-term illness or disability.

Although they are likely to be part of our experience as human service professionals, serious illness and acquired disability are topics rarely discussed in diversity training, or indeed, in general human service training. This paper focuses on interventions with clients, but the material is relevant for professionals as well, whether or not they are currently experiencing their own serious illness or disability.

Aspects of Aging and Disability

Age, developmental or congenital disabilities, and acquired disabilities are the first three categories to consider in Hays's ADDRESSING Framework (2008). However, they are often skipped over when using this model in a clinical interview, or abbreviated (for example, "age" may be investigated only to the level of chronological age, rather than explored as a process of growing older, and "disability" is often considered only for visible physical disabilities).

Although serious illness or disability may change our identity and are understood to be a diversity characteristic, they are often kept secret or are experienced as a failure or source of shame. Human service practitioners have responsibilities to our clients and students that must be

balanced with our responsibilities to ourselves when we experience illness or disability. When we attend to both aspects of the experience, we are more likely to experience the positive aspects of this change.

Because of this secrecy and shame, practitioners and clients may be less familiar with their own experiences of aging and disability, especially acquired disability. For this reason, activities heightening our own awareness of these facets of our own lives may remind us to attend to our clients' experiences as well.

Activity: Stepping Stones

A useful activity for increasing the awareness of practitioners and clients alike is based on Ira Progoff's (1992) "stepping stones" activity. The instructions are as follows: On a sheet of paper, quickly list the 13 most significant events in your life. They do not need to be chronological, although some people find this helpful.

When the list is complete, consider these questions:

- How many of my stepping stones have a major physical or body focus?
- How many are about my own health, illness, disability, or physical challenge?
- How many are related to or imply health, ability, or a change in my functioning?

After developing this focus, consider these additional questions:

- When you experience illness or change in function, would it remove something else from your list?
- Does your list change over time?
- Does it depend on context (such as a focus on aging or change in functioning)?
- Are there important ongoing processes in your life that are harder to fit into this 13 stepping stones framework?

At a later time, these questions may also prove fruitful:

- Are there body-focused events that you would like to add to your stepping stones?
- Are there events and processes associated with your body that have useful or positive aspects that you would like to account for as well?

This activity may help orient the practitioner or client toward these issues and sensitize them to the role of these factors in areas such as life options, self-image, and relationships with others.

Cultural Meanings of Serious Illness and Disability

In considering serious illness and disability as a diversity experience, it is helpful to note that some forms may be familial (e.g., a genetic disorder or a family practice of skiing that frequently results in knee damage). There may also be cultural groups organized around these factors such as Deaf culture, disabled veterans' groups, or breast cancer. These may be strength-based or deficit-based, and practitioners or clients may not know about or participate in them.

Many may experience illness or disability as an individual, isolating experience with primarily negative cultural implications. This is especially true in cultures that are classified as death-denying or death-fearing, or those that make assumptions about karma or culpability related to physical difference. US majority culture sees death as negative, aversive, and as evidence of failure (Bartlett & Finkbeiner, 1993; Kalichman, 1995; O'Donnell, 1992; Sontag, 1978; Sontag, 1989). Mainstream theory and practice have tended to focus on coping, managing, and trajectory toward death (e.g., Rando, 1984), yet as Rainey (1988) wryly remarked, “despite advanced technological gains, the death rate hovers at 100%” (p. 137). Davidson (1988) noted a cultural shift from a focus on the suffering person to the development of a diagnosis. This is a depersonalizing trend in medical practice that affects how people understand their relationship to illness. In a similarly alienating manner, Hanson et al. (2005) wrote about health care ethics but were entirely focused on the client, giving no attention to the practitioner’s experiences or countertransference. In this world view, the relationships between the person and the experience, and the person and the interventionist, can be lost.

Meaning-making

The practitioner’s responsibility includes helping the client to engage in meaning-making processes related to aging, illness, and disability. A non-exhaustive list of possibilities can include aligning the practitioner’s and client’s experiences with models of grief and loss (e.g., Kübler-Ross, 1969; Maciejewski et al., 2007), developing rituals or tasks that create meaning (Rando, 1984), and anticipatory grief (Kleinman, 1988).

Less-Western approaches that may be incorporated into interventions, or suggested to a client as possibilities, have included the Buddhist practice called Meditation on a Corpse to decrease attachment and increase ability to tolerate anxiety about death and impermanence (<http://silentmindopenheart.org/docs/cemetery/Death.html>), cultivating peaceful contemplation (Harrison, 1994), appreciation, acceptance, and mindfulness (Kleinman, 1988), accepting fear (Hanh, 2014), “practicing being” (Kabat-Zinn, 1990), and other interventions, both cognitive and behavioral, that focus on balance, harmony, and well-being.

The phenomenology of illness and disability includes a number of potential activities or broad areas of focus for intervention. These include

- Learning about and having reactions to the diagnosis or change in function,
- Having and expressing negative (and positive?) emotions related to the change,
- Attending to quality of life,
- Developing/enhancing coping strategies,
- Developing/enhancing interpersonal supports and relationships,
- Accepting oneself in the situation (which is not the same as accepting the situation as unchangeable), and
- Engaging in meaning-making activities (After Kerewsky, 1997).

These are overlapping phenomena rather than stages or steps.

Practitioners and clients will sometimes feel more effective, agentive, or positive than at other times. Attending to one's own world view and phenomenology decreases the likelihood of countertransference, particularly over- or under-identification with the client. Interventionists may want to examine the phenomena above in their own lives in order to understand their own cultural and individual beliefs more clearly. This self-awareness is especially important because the client's understanding of their own, or their interventionist's, illness or disability may well differ from the practitioner's. The meanings for people experiencing illness or disability will differ, especially if the illness or shift in function represents a change. Further, the meanings of a person may differ across time and contexts or the relationship in which the illness or disability is being discussed or occurring. It is important to remember that the person may or may not see the illness or disability as an aspect of identity, or it may be an identity or factor that intersects with or diverges from other factors.

It is critical that the person with the illness or disability be supported in their meaning-making. A practitioner may assign other meanings or values to the practitioner's or client's illness, for example but must prioritize holding and exploring the client's meanings. There is ripe potential for countertransference, and practitioners must be actively mindful of their own values and assumptions. This necessitates thinking before speaking because the practitioner's language, metaphors, or assumptions may damage rapport and cause harm. Mirroring client language is helpful. For example, the practitioner who unwittingly uses the word "ordeal" may decrease the client's sense of being seen or affirmed if the client considers the experience a "journey" or "a manageable though annoying interlude." Rather than arguing about terminology or identities, or using their own language, practitioners should use the client's terms.

Activity: Intersecting and Diverging Identities

Parts of the ADDRESSING Framework (Hays, 2008) and a person's identity may intersect or diverge. Understanding the relationship between the parts of a person's identity is useful for identifying sources of support, areas of conflict, and harmonious and discrepant aspects of the person's experience relevant to illness and disability. An activity that highlights these internal relationships visually is to invite the person to quickly draw circles that intersect or do not, and to use differently sized circles to show the relative importance of several aspects of their own identity. It is not necessary that these correspond to the ADDRESSING Framework, though some might, while others may reflect relationships and roles (for example, "father" or "paralegal"). After the person has drawn the diagram and scaled the circles to their satisfaction, questions about the multiple aspects of their identity may include any of the following:

- Are some of your identities more important to you?
- Are some more important to other people?
- In considering your illness or disability, where some parts of your identity and life create risks for you?

- Where do they create strength or resilience?
- Draw an example of an area where some of your identities intersect well.

As for all of the activities described in this paper, it may be productive to return to this diagram at a different time or under different circumstances to understand the effects of context and relationships on the person's self-understanding and ability to recognize potential areas for bolstering resilience.

Activity: Health Genogram

A person may want to construct a health genogram. This is a genogram focused on health, ability, illness, disability, and related topics that can help people become more aware of their familial and generational contexts. For the practitioner, it can again be used to identify areas of potential countertransference. Health genograms can be used show changes over time, and to decrease secrecy, isolation, or guilt.

Religious and Existential Meaning-making

No discussion of aging, serious illness, or disability would be complete without addressing religion/spirituality and existential meaning-making. Some people will become more engaged, interested, or involved in spirituality/religion. Despite the cultural truism that "there are no atheists in foxholes," others will become more engaged in atheism. In the face of serious illness, disability, or impending death, some people may become more spiritually focused while others may become more in touch with their physicality. However, everyone will make some kind of meaning of the experience, the extent and nature of which will be cultural and individual.

To avoid countertransference or unintentional blunders, practitioners should be curious rather than prescriptive about the client's beliefs, values, and practices. Importantly, this includes times when the practitioner is the person in the relationship who is experiencing illness or disability. In this situation, the practitioner has the responsibility to tolerate the religious/existential meanings students, clients, and professional peers ascribe to their experience, even if they are not a good match for the practitioner's own understanding. Practitioners who are not able to manage this should consider whether they need support, supervision, or counseling to manage their own emotions and boundaries in order to provide effective and competent services.

Ethical Responsibilities

In addition to emotional capacity, practitioners need to consider their other ethical obligations. These include other aspects of competence such as knowledge, ability to hold client affect, cognitive ability, and physical competence (for example, being physically able to work, or

not needing opiate pain medication to work). Other ethical considerations include considerations of the limits and utility of self-disclosure; clarifying the boundaries and responsibilities as an interventionist, instructor, or in other roles; using consultation and other relationships to decrease countertransference and support the interventionist; and termination, both of services and the potential death of either the interventionist or the client.

Supporting client autonomy and decision-making means understanding deeply that the practitioner is not in charge of the client's experience. This may include treatment or end-of-life decisions. Similarly, practitioners who are experiencing serious illness or disability need support for their own autonomy and decision-making.

It is essential not to be confused about whose welfare is paramount. It is always the client's. If being with the client is too difficult, a referral may be in order.

Suggested Intervention Techniques

Intervention techniques that may be a particularly good fit for these issues include the following:

- Motivational Interviewing principles – Don't argue the side of health, but strive to hold the complexity.
- Solution-focused interventions – Build on strengths and capabilities.
- Narrative strategies – Help clients develop a way of describing their experience that is coherent, makes sense to them, and suggests useful present and future actions.
- Don't "jolly" or humor the client – The non-genuine nature of these interactions is easily evident and erodes the practitioner's credibility.

Suggested Practices

Suggested practices include striving to be intentional, mindful, and emotionally present; integrating self-care activities; making meaning (and recognizing that this is happening consciously or unmindfully); being gentle and realistic with oneself and others; and living in a way that is generally congruent with the practitioner's values. Even if this is not disclosed, clients and students sense genuineness. Encouraging the client to engage in positive thinking may cause the client to think that the practitioner ascribes the illness or disability to the client's failure to think good thoughts. This is disempowering and may increase the client's self-criticism.

Compassionate listening is one of the most important skills practitioners can cultivate, particularly with clients who may be receiving a great deal of feedback or being overwhelmed with other people's values and world views. The practitioner's own strong feelings or desire to speak can be an indication of countertransference and serve as an alert to maintain quiet attention. In the words of Buddhist practitioner and trainer Sylvia Boorstein, "Don't just do something, sit there!" (Boorstein, 1996). Being present for the client, letting go of outcomes, and

listening well are arguably more important for many clients than is the practitioner's brilliant interpretive or instrumental response. It is useful to develop the capacity to tolerate both awkward and peaceful silences, and to sit comfortably enough with feeling strong emotion when working with a client. Attention to one's breathing may be a helpful strategy for both silence and affect.

Activity: Compassionate Listening

It is difficult for many people to listen well. This activity fosters that ability and provides a stimulus for discussion afterward. It may be useful to pair people who do not know each other well. The instructions are as follows:

- In a pair, please choose a speaker and a listener.
- You may sit or walk (If the room is too small for multiple private conversations, walking may be the better activity. If pairs are walking, delineate an area so the leader can locate them when it is time to switch roles.).
- The speaker will talk about whatever you want to that feels appropriate to the setting and relationship. This doesn't have to be about health, but it could be. You are not required to talk.
- The listener's task is to really listen. Let go of the idea that you need to respond. Use only non-verbals and minimal verbal responses. Your goal is to be as present as possible.
- I will keep time. Please switch roles when I ask you to (Allow 10-30 minutes per speaker, depending on the group.).

When the activity is concluded, ask participants to write about the experience, then facilitate a large group discussion of what the group learned about themselves by engaging in this activity.

Concluding Reflections

Our experience is our own, our clients' is our clients', and we may at times co-construct an experience in our work together. Sometimes we will not attain this convergence, and that may be interesting to discuss with the client. Some people want to do everything they can to live as long as possible, while others may have different values or make different decisions. These may be cultural as well as individual.

Some may be more focused on living and others on dying, and this may change over time.

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Examining the Impact of Vicarious Trauma, Secondary Traumatic Stress, and Job Burnout on the Human Service Professional

Felicia Wilson

Abstract

Vicarious trauma, secondary traumatic stress, and job burnout are concepts directly related to the overall well-being and effectiveness of human service professionals. This paper is aimed at providing a thorough overview of these concepts in hopes of educating new and seasoned professionals on the negative impact of these factors. This paper will also address the six antecedents of job burnout: workload, control, values, fairness, reward, and community. Finally, the paper will address the concept of self-care and ways in which professionals can proactively engage this process. When professionals are knowledgeable, they can take corrective steps to better service clients and maintain their personal well-being.

Introduction

According to the Preamble of the National Organization of Human Services, “Human services is a profession developed in response to the direction of human needs and human problems” (Ethical Standards for Human Service Professionals, 2015, para. 1). The key words in this phrase are direct response to human needs and human problems. The profession’s identity is linked to engaging with vulnerable people in their most vulnerable moments of life. Due to the profession’s inherent nature of negative life situations, feelings of frustration and exhaustion are bound to exist in professionals. Often, if these issues are addressed early on, the professional can manage to positively address and resolve the underlying issue. When the issues are not properly addressed and resolved, a human service professional can quickly disengage and become ineffective. This is better known as job burnout. The purpose of this paper is to define vicarious trauma, secondary traumatic stress, job burnout and its antecedents, and provide an overview of a self-care plan.

Vicarious Trauma (VT)

Professionals who master the art of empathy have a unique ability to see the client’s issue from their perspective while maintaining clear objectivity. This skill is perfect for human services as it allows one to build rapport and facilitate effective treatment planning. By definition, empathy is “an ability to communicate to the client that the worker cares, has concern for the client, is hearing what the client is perceiving, wants to understand, and is hearing and understanding” (Johnson & Yanca, 2004, p. 173). The definition of empathy allows the helper to step into the client’s reality and vividly examine the client’s situation. This level of engagement

leaves professional very vulnerable when they are inexperienced with debriefing post client visits because the client's issues linger in the helper's mind. The connection between empathy and vicarious trauma is linked to the complex empathic engagement of professionals and their clients. VT has been defined as "the transformation that occurs within the therapist (or other trauma workers) as a result of empathic engagement with clients' trauma experiences and their sequelae" (Pearlman & Mac Ian, 1995, p. 558).

The concept of VT is unique to traumatic situations in which a client has been exposed to any number of traumatic episodes such as; but, not limited to rape, war, natural or manmade disasters, and sexual abuse. As the client begins to discuss the experience, the helper is utilizing empathy to engage fully. This level of engagement is often high and intense. Often, helpers see this as being genuine and present during the session. It becomes problematic when the helper remains in the mental place of the client's traumatic event post session.

VT has been known for a few key features including the helper's cognitive shift (Newell & MacNeil, 2010). Instead of maintaining an awareness of the session's impact on their overall mental well-being, helpers gradually begin to lose their personal world views due to their client empathic experiences. VT is best understood through the lens of self-schemas. Cohen & Collins (2013) defined self-schemas as "individuals construct their realities through the development of cognitive structures or schemas. These schemas include a person's beliefs, assumptions, and expectations about self, others, and the world, and these are then used to interpret events and make sense of experiences" (p. 570). If one holds a safe world view, the ideals of love, safety, security, and peace are most likely are part of the individual's mental schema. Therefore, it is likely the individual may go for a stroll in the evening hours or run errands during early morning hours without fear or much thought. However, when exposed to client victimization (through empathic engagement), the helper may unconsciously lose their self-schema and unconsciously adopt the client's reality. This would lead the helper to become more cautious and fearful of these activities. Cohen & Collens (2013) referred to this as an increased awareness of societal dangers.

For helpers who have past traumatic experiences, it is highly important to understand how this level of empathic engagement can impact one's own sense of well-being and self-schema. Michalopoulos & Aparicio (2012) suggested helpers without a traumatic past are able to utilize empathic engagement successfully. However, it is important to recognize the importance of self-awareness even if one's history is relatively trauma free. Constant exposure to traumatic cases can shift one's self-schema. The threat of vicarious trauma is increased for those with a history of trauma. If a helper has a traumatic history and has not properly processed and resolved lingering issues, the helper can begin to relive their experiences with greater intensity as a result of client engagement.

Secondary Traumatic Stress (STS)

The National Child Traumatic Stress Network (2016) reported “that 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers, are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.” Similar to vicarious trauma, STS impacts a helper’s overall functioning when they have been exposed to chronic client trauma. Bride (2007) defined STS as “the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 63). STS is distinct from VT as the key feature of STS is behavioral shift whereas VT is cognitive shift. STS is often likened to post traumatic stress disorder due to symptoms of intrusion, avoidance, and arousal (Bride, 2007).

Baird (1999) further described three content domains of symptoms: (1) re-experiencing of the primary survivor’s traumatic event, (2) avoidance of reminders and/or numbing in response to reminders, and (3) persistent arousal. When STS is manifested in a helper, the individual will continuously replay the client’s traumatic event. This constant replay can cause the helper to become fearful and demonstrate uncharacteristic behavioral shifts. In addition, the helper is unable to effectively engage with clients due to heightened arousal.

Feeling unsafe, changes in behavior, and re-experiencing the negative event are all behavioral symptoms of STS. When these symptoms are manifested, the helper is no longer considered safe to engage with clients. While this can be a fearful situation, it is also something that can be addressed with proper care and intervention and not lead to the professional leaving the helping profession. It is imperative to engage in debriefing sessions and seek appropriate counsel when things become overwhelming.

Job Burnout (JB)

When workers become detached, overwhelmed, and frustrated, the likely culprit is job burnout. The concept of JB entered the helping professions dialogue in the early 1970s with an emphasis on worker inefficiency and lack of engagement (Schaufeli, Leiter & Maslach, 2009). JB is the end result of several factors that impact individuals over a period of time. The factors that lead to burnout are called antecedents. These antecedents can be an incongruence between workload responsibilities, control, their values as compared to the organizational values, fairness, reward (extrinsic), and community relationships within the organization (Schaufeli, Leiter & Maslach, 2009). When there is continual incongruence in one or more areas, the helper is prone to encounter JB.

Workload Mismatch

The first antecedent of JB is workload mismatch. A definition of workload mismatch is “an excessive workload, through the simple formula that too many demands exhaust an individual’s energy to the extent that recovery becomes impossible” (Maslach, Jackson & Leiter, 2001, p. 414). A helper who works with an increased caseload and wears multiple hats within an agency can quickly feel overwhelmed by the sheer volume of work. When increased workload and a feeling of being overwhelmed are routine, the helper may begin to slowly disengage. Maslach, Jackson, & Leiter (2001) suggested that worker ability to fully recover from extensive and long-term workload imbalance can be very low.

Control Mismatch

Control is the second antecedent of JB and has been defined as “individuals have insufficient control over the resources needed to do their work or have insufficient authority to pursue the work in what they believe is the most effective manner” (Maslach et al., 2001, p. 414). Working as a helping professional requires a degree of competent autonomy. The effects of continual check-ins can cause helpers to become frustrated with all of the required processes. While it is impossible to have complete autonomy in the helping profession, managers can relieve this factor by allowing helpers to competently pursue work issues. If supervision is necessary, doing so from a position that demonstrates value for their knowledge base and experience will greatly facilitate the process.

Value Mismatch

It is highly important that helpers work in an organization that is congruent with their own personal values and that the organization’s mission is actualized. Maslach et al. (2001) stated that value mismatch occurs when there is a conflict between an employee’s values and the company’s value system, or when there is a discrepancy between the company’s mission statement and the actual practices of the organization. When there is an incongruence, helpers will feel a disconnect between doing things that align with their personal convictions and organizational values (Maslach et al., 2001, p. 415). In addition, “people might feel constrained by the job to do things that are unethical and not in accord with their own values” (p. 415). The ethical code of human services, standard 23, mandates helpers to “adhere to commitments made to their employers” (Ethical Code for Human Service Professionals, 2015, standard 23). This ethical mandate further complicates the helper’s situation when faced with value mismatch in the workplace. The concept of value congruence or incongruence can cause a helper to be in workplace turmoil and cause high degrees of dissatisfaction. This quickly drives a helper to JB and causes the helper to become ineffective.

Fairness

Fairness in the workplace is paramount to equal treatment. When employees have perceived managers to engage in unfair methods to promote or give unequal treatment, the employee has responded in one of three ways: cynicism, exhaustion, or emotional turmoil (Angerer, 2003). This manifestation makes it extremely difficult for the employee to connect with their supervisor or colleagues and results in a very tense work environment where professional courtesy is not demonstrated. The Ethical Code for Human Service Professionals dedicated an entire section to colleague responsibility. Human services is an interdisciplinary discipline which thrives on strong professional relationships. Workplace unfairness erodes the profession's foundation and leads to interoffice bickering and disrespectful behavior. No one can thrive in such environments. Eventually, this leads to lack of focused engagement and effort on behalf of the helper.

Reward

Maslach et al., (2001) defined reward mismatch as “a lack of appropriate rewards for the work people do” (p. 414). There are two types of rewards: extrinsic and intrinsic. Managers can facilitate extrinsic rewards by acknowledging helper's activities that have been done to the organization's standards. By doing this, employees feel validated in their efforts and generally work harder towards organizational objectives. Templeton and Satcher (2007) reported that employees generally do not exhibit signs of job burnout when they receive positive recognition from supervisors. Extrinsic motivation can increase the helper's sense of intrinsic reward due to an overall feeling of accomplishment. When this occurs, the helper feels competent and capable to meeting job demands.

Community

Community mismatch “occurs when people lose a sense of positive connection with others in the workplace” (Maslach et al., 2001, p. 415). Professional helpers depend on each other to achieve organizational objectives. Community is built when employees feel connected to and can depend on one another. This level of professional connection is vital to an organization's success. Without it, employees may operate as separate components which ultimately causes organizational division. Community can be built in an organization by nurturing professional connections and individual ownership in the organization's success. This requires a different type of management that requires all employees to be connected to the organization's purpose and mission.

When an employee is exposed to mismatch in any of the six antecedents, the response is manifested by a feeling of professional inefficacy, cynicism, or emotional exhaustion. Maslach et al. (2001) defined professional inefficacy as “a feeling of incompetence and a lack of

achievement and productivity at work.” Cynicism may follow when the individual does not invest any effort or energy into their workplace demands. Essentially, the person is saying, “I’m just here for the check.” Maslach et al. (2001) defined this experience as “emotional withdrawal from the job as exhibited by an increased lack of care towards one’s work.” The employee detaches from the environment. Finally, emotional exhaustion can be defined as the “the depletion of emotional energy needed to meet job demands” (Faison-Hewlin, 2009, p. 730). Emotional exhaustion can also be exhibited by physical health problems that are brought on by increased stress and mental/emotional exhaustion. The manifestation of job burnout can deeply wound the professional helper, an organization, and clients. While this impact is detrimental, it can absolutely be properly addressed and resolved with proper knowledge, application, and self-care.

Self-Care Responsibilities

Vicarious trauma, secondary traumatic stress, and job burnout are negative results of a helper who either engages too deeply or doesn’t have the resources to balance the onset of negative responses and chronic exposure to negative workplace situations. If a professional is to effectively engage and help those who are most vulnerable, we ourselves cannot be in the same position. It is imperative that self-care be a primary responsibility and not an intervention. Doing so preserves the essential part of the helping process—the helper.

The best resource a professional helper can have at their disposal is self-awareness. Part of being a competent professional is creating boundaries to ensure one’s mental and physical self is properly maintained. Self-awareness is the art of utilizing critical thinking and reflective skills to assess one’s overall being. There are times when the art of helping can become overwhelming and balance becomes an issue. When this occurs, it is the professional’s responsibility to create an intervention to correct the imbalance.

Individuals can utilize a variety of tools to prevent workplace burnout such as balanced nutrition, exercise, coping skills, spirituality, vacations, and engaging in the helping process as a client (Newell & MacNeil, 2010). Any of the aforementioned strategies will position the helper to appropriately manage the complex stressors of helping. In addition to the helper being proactive, organizations can assist with reducing workplace stressors.

The Ethical Standard for Human Service Professionals clearly outlines the expectation for helping professionals regarding self-care. Standard 35 mandates “Human service professionals strive to develop and maintain healthy personal growth to ensure that they are capable of giving optimal services to clients. When they find that they are physically, emotionally, psychologically, or otherwise not able to offer such services, they identify alternative services for clients” (Ethical Standards for Human Service Professionals, 2015). This section highlights the professional’s primary responsibility for being aware, monitoring, addressing, and resolving issues that may compromise the professional’s competence level. It is the professional’s primary responsibility to monitor their fitness for the profession.

Summary

The art of self-care is equally as important as learning how to create an effective treatment plan. If the helper is not well and unable to competently practice, the goal of client engagement is severely limited. It is important to understand the impact of working with vulnerable people on a daily basis. The goal of helping is to ensure clients are able to heal and move forward in a positive manner. This goal is often impeded when daily frustrations such as case load, autonomy, workplace issue, and difficulty processing complex cases, mount without any intervention. These factors can erode the once optimistic helper and create an exhausted and cynical helper.

Instead of waiting for this to happen, it is imperative that human service professions take a preventative stance to learn about the effects of vicarious trauma, secondary traumatic stress, and job burnout to better prepare themselves for service. Education must begin in the classrooms and continue throughout one's career. Engaging in supportive professional networks and endeavoring to take care of one's self-care are the building blocks to properly maintaining one's physical and mental well-being. Being your advocate, connecting with seasoned professionals for counsel, and learning to listen to your body are essential building blocks for preventing and addressing the negative effects of engaging in the helping process.

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Teaching Diversity in Introduction to Human Services: Using a Miscommunication Model to Enrich Student Insights

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Abstract

There is a gap in the literature concerning activities that teach diversity topics to beginning human service majors. It is best practice in human service education to promote student's knowledge about diversity with clients. Teaching students to recognize diversity can enhance their abilities to form therapeutic alliances, to process how to help clients create positive goals, to encourage catharsis, and to establish ground rules for communicating with clients within their culture and communities. This paper discusses the use of a Miscommunication Model, an experiential and creative technique, to teach diversity education in a human service program.

Introduction

Communicating about diversity with clients is important and can be a difficult task for students in human services. Recently, the National Organization of Human Services (NOHS) sponsored a conference focused on how much diversity issues matter to human service students. This paper addresses the information disseminated in one of the conference workshops. The objectives of the workshop were to inform faculty about an alternative way to engage students: Students can benefit from understanding diversity in order to

- Form therapeutic alliances.
- Help clients create positive goals.
- Establish ground rules for communicating with clients.
- Promote communication between students and their environments/ communities.

First, there are no set rules for discussing how a client and a human service professional may be different during a first session contact. Next, there are possible barriers and cultural rules that may create a distance should diversity become a discussion topic during client interaction. Further, techniques that facilitate self-disclosure about diversity have been left up to student creativity to discern how to communicate about diversity during intake sessions with clients. The purposes of teaching diversity education in human services are to provide student insights and promote ethical and quality client care. This paper is an exploration of one technique where faculty can demonstrate diversity and allow students to discuss differences with each other and clients in a non-threatening manner.

Client challenges were the impetus for the development of an experiential and creative technique known as the Miscommunication Model (Mahaffey, 2010; Wubbolding & Mahaffey,

2016). This model described many ways that two people are either similar or dissimilar. What began as a directive technique and a communication exercise for counseling was found to be useful in teaching diversity during introductory and other Human Service Technology intervention strategies courses. This Miscommunication Model was created to help students understand possible barriers to building therapeutic alliances while providing a tool they can demonstrate during a client interaction. It has also been utilized in sessions to aid clients in setting goals. Also, the Miscommunication Model can be used as a technique to facilitate boundary setting. The technique, examples, possible areas for insight, and usefulness of the Miscommunication Model will be discussed.

Significance for Using the Miscommunication Model to Teach Diversity

There are several approaches to teaching students about diversity. Human Service faculty best practices, program and ethical standards dictate faculty engage students in discussions about the various ways that people are diverse (NOHS, 2015). Students may have been exposed to traditional mediums such as reading, watching videos, and listening to lectures containing information about discrimination, stereotyping, and prejudices. Other topics such as racial identity development and learning about hate crimes are additional important components as diversity topics for students. Another way of teaching about diversity is proposed in this paper.

Theory Discussion

Students may benefit from having another diversity educational experience in which they think and experience diversity exploration in dyads or discussion groups. The Miscommunication Model is one such experiential technique that can be taught in several ways. One way is for faculty to lecture and demonstrate the model in the classroom. Another way is to ask students to sit in pairs with one person drawing the model, allowing for time for the dyad to discuss their input into their drawing of the model. Each student can create a Miscommunication Model with emphasis on the miscommunications they have experienced (see Figure 1 for an example model).

The first aspect of the Miscommunication Model is a large outline of a slashed cloud that extends almost to the outer edges of the paper. This broken line outline represents the environment or situation in which two people are communicating. The slashed lines are not continuous lines because communication and situations could be frequently interrupted, influenced by outside factors, or change at any moment. In the center of the page is a drawing of two people. There is space left between the two people for an arrow pointing from the mouth of Person A to the ear of the second person, Person B. It is preferable that the two people face one another. The second person has an arrow drawn starting from their head to below their feet leading back to Person A (refer to Figure 1). This part of the Miscommunication Model is a

basic construction of an interpersonal communication dyad found in most Communication Studies books or lectures. What is different about the Miscommunication Model is the inclusion of several ways that people are diverse. These ways are to be included in the drawing.

Areas of Miscommunication

Different Traits and Characteristics

Humans have a multitude of ways to be diverse. Students can be asked to consider the many ways they differ from clients as a homework assignment, a survey exercise, or a class discussion. In teaching human service students about those traits, it is interesting to see how many ways people are diverse. A partial listing of the different traits a person can have include: age, education, sex, gender/gender orientation, race/racial identity, military status, country of origin, interests, intelligences, language, personalities, handicaps, developmental differences, culture, beliefs, morals and values, coping and defense mechanisms, body language, learning styles, abilities, communication styles, work history, physical appearances, attitudes, marital status, problem-solving approaches, motivational levels, socio-economic status, and student status (Mehrabian, 1972).

One of the most important ways that two people are different is in their past experiences and influences. Sometimes the term *past experiences* is drawn inside a conversation bubble that is attached to one of the people. This topic can be an endless source of diversity conversation. One example of a difference in past experiences of a person is incidents involving emotions or terms such as fears, love, discrimination, hatred, or blame. An important aspect of people that can create miscommunications is the differences in *family rule books*, a term originally coined by Virginia Satir (1972). Sibling and family status are two topics that can be included in this section of the drawing. This is usually drawn in-between the two people in the diagram in a bubble. This may symbolize one way that families may differ in culture learning that occurs and is represented in architecture, art, religion, spirituality, dress, or other socially and/or cultural learned rules in families. Virginia Satir (1972) wrote that the goal of becoming “levelers” in communication and noted that there are personal communication styles that have interfered with level communication in people such as: placater, computer, blamer, and distracter. These styles may also be added to the Miscommunication Model (Mahaffey, 2010).

Perceptions, Thinking and Speaking Ratios, or Brain Differences

One way to challenge students to learn about diversity is to discuss perceptual differences. Included in the diagram drawing of the Miscommunication Model are several ways that people differ in perceptions, thought to speech ratios, and brain differences. It may be shocking for students to hear that the way a brain functions is not always accurate or fine-tuned. Optical illusions have been typical student observations as examples of perceptual differences

during the demonstration of the Miscommunication Model technique. Interesting class discussions can include bringing up differentiations in male and female genetics, personal filters, unconscious and conscious decision-making skills, negative versus positive thinking, and biases.

An important way that people differ has been called “the ratio of thinking to speaking.” People think much faster than they can talk. This difference can be illustrated by drawing opposite brains. Note that people can leave out vital information during conversations without realizing their thoughts have gone unspoken. Students can usually recall that they could have sworn they talked about a topic that the other person later tells them has not existed in conversation. This is another example of how the brain “lies” to us. People also fall prey to distractions or have completely different processing speeds.

The speed at which people think is also different, and the rate and focus of thoughts may vary with emotional stimulation and other stimuli (i.e., pre-existing responsibilities, intoxication). Discussions about brain processing speed or other influences such as disorders or medical conditions (i.e., stroke differences in male versus female brains) can also be mentioned in this classroom experience. Homeostasis is another term that students can learn in relation to perceptual differences. Victim and witness statement discrepancies and the potential for perceptual differences can also merit discussion. Listening, and cultural beliefs about listening, are important personal variables that may interfere with communication.

Daily Life Interferences

One area in the Miscommunication Model happens because people are busy with activities of daily living. Some of the many factors that can create miscommunication are people’s experiences with life events such as bill paying, financial aid, family obligations, major news events, and the want for community resources. This topic in the Miscommunication Model is usually drawn as another conversation bubble that is connected to one, or both, of the people in the center of the drawing.

Words, Emotion Words, and Language

The last way in the Miscommunication Model that diversity awareness is important is the influence of how we use language. Emotion words are the most difficult to explain. For example, love has many dictionary definitions. Terms that describe concrete items such as *table* can have different meanings for people, and a person’s constructed meaning may be dependent upon their culture and experiences.

Verbal communication is commonly misunderstood and/or misinterpreted. One suggested discussion for dyads is the different ways we communicate using “feeling” words versus the how people will “think” about feelings and ways to describe and/or express emotions. The many meanings associated with language combined with nonverbal communication are possible topics. Continued discussions may be held about cultural differences in emotion words

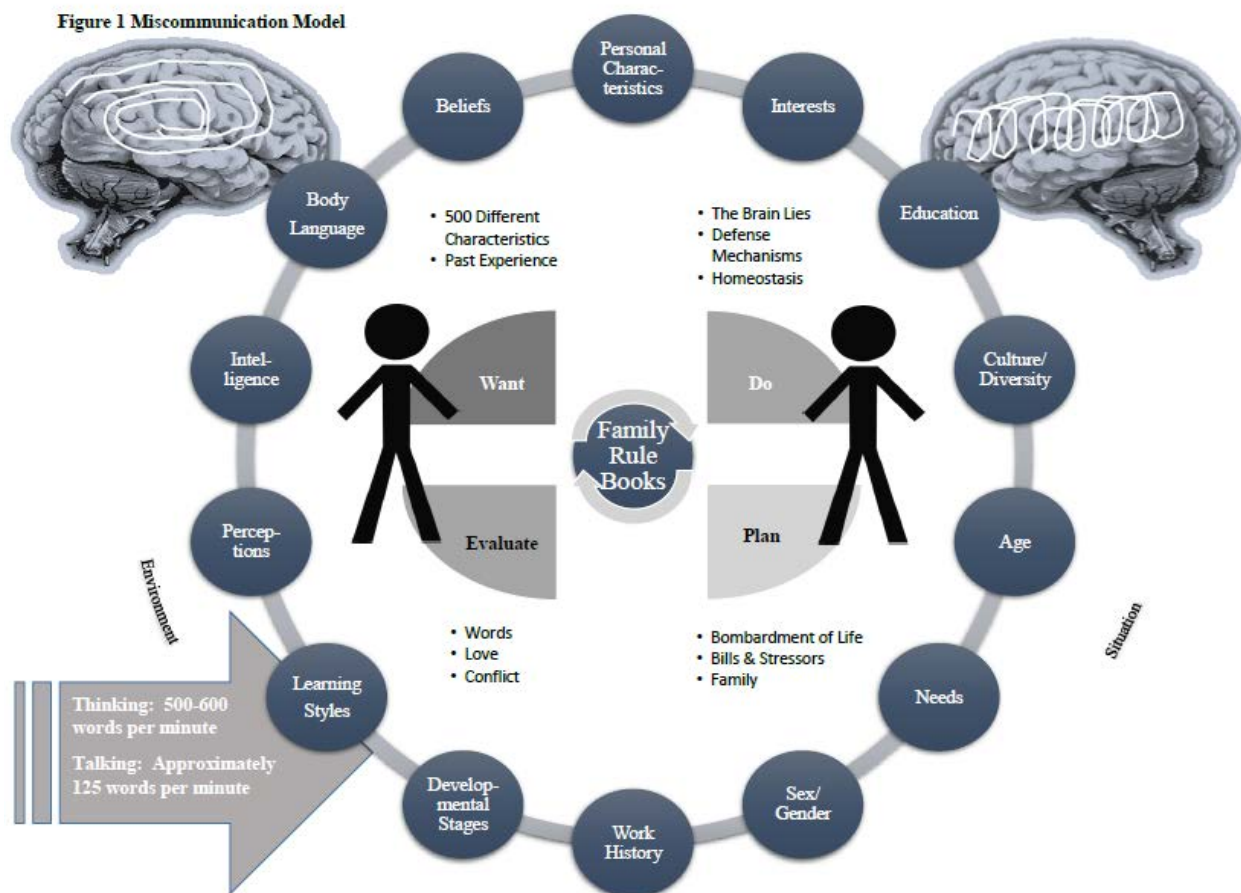
and linguistics. Gestures and body language differentiation are other rich possibilities that can be included in the Miscommunication Model discussion.

Conclusion

Many times, students and human service professionals struggle with communicating to clients about diversity topics. One way to accomplish a nonthreatening technique of communicating about diversity is through the use of the Miscommunication Model. Discussing the variety of barriers, influences, and ways that people miscommunicate can lead to insights about catharsis, goal setting, and therapeutic alliance building with clients.

Human service students are often the first people clients meet in social service agencies. Knowing how to navigate and communicate with clients about diversity is an important ethical stance, standard, and best practice (NOHS, 2015). The Miscommunication Model is used as a creative technique that includes visual and verbal components. It allows students to process intrapersonal and interpersonal interactions in dyads. Diversity education has an overarching purpose of defining multiple challenges, promoting tolerance, and gaining acceptance of people with diverse background experiences. This model promotes increased knowledge, skills, and awareness about a wide variety of human diversities. It also provides a method of insight building for clients and students alike. It is important that students and graduates have been given more than the traditional tools of stating facts in order to aid them in discussing diversity.

Figure 1. An Example of the Miscommunication Model



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The Benefits of Multicultural Eclectic Service Delivery

Eugena Griffin

Abstract

To date, Blacks in America are often misdiagnosed or mistreated due to the failure of mental health practitioners to provide services from a multicultural eclectic purview. It is necessary to attend to the past and present influences of psychosocial variables related to real and perceived discrimination on minority achievement, behavior, and clinically health outcomes. When providers do not take into consideration these factors, they have a limited conceptualization of their clients' needs. Such psychosocial variables can exacerbate behaviors, symptoms, and at times, be the antecedent that predates those symptoms. Thus, it is imperative that health providers learn methods to investigate and integrate the psychosocial experiences that Blacks encounter into case conceptualization, diagnosis, and methods of mental health service delivery.

Introduction

The prevalence rates of mental illness in the Black community are comparable to their White counterparts. Yet, there has existed clear disparities in the diagnosis and treatment of mental illness in the Black community (Atdjian & Vega, 2005; Dixon et al., 2014; Alegria et al., 2002). Blacks in America struggling with mental illness may be misdiagnosed, diagnosed with more severe psychiatric conditions, and/or treatment efforts may be deemed ineffective. Research has noted several potential factors to explain such disparities including barriers to accessing treatment, generational poverty, cognitive deficits, negative perceptions of medical/mental health professionals (often shared among minority groups) and preferences for providers of the same ethnic group (Malat & Hamilton, 2006; Wells, Klap, Koike, & Sherbourne, 2001; Jackson, Knight, & Rafferty, 2010). However, less consideration has been given to the potential impact of culturally specific psychosocial factors such as racial oppression and internalization of negative group experiences.

To address this concern, the workshop presented at the 2015 National Organization of Human Services (NOHS) conference highlighted the impact of racial oppression in understanding the mental health needs of Blacks. The workshop offered recommendations for students, practitioners, and training program directors to consider the utility of a culturally responsive approach that follows a biopsychosocial framework to case conceptualization, diagnosis, and treatment of the Black community. The biopsychosocial model was not a novel concept to the audience; however, the audience had not yet been exposed to the benefits of integrating the biopsychosocial model in case conceptualization and treatment of mental health outcomes in the Black community.

Significance

The workshop presented at the 2015 NOHS conference highlighted the importance of integrating a multicultural view in providing mental and interrelated health services. It is essential that in early training, developing professionals begin to gain understanding of the relationship of varying cultural experiences to quality health, health care, diagnosis, and treatment. This helps to improve overall treatment and ultimately client health outcomes (e.g., mental health). There is an added benefit of supporting patient-practitioner relationships. The biopsychosocial model is but one avenue that can unlock barriers to quality and effective care for Blacks.

Theory

Historical Perspective of the Impact of Racial Stress

Racism has been conceptualized as a multifaceted systemic structure that is influenced by destructive cognitive processes resulting in discriminatory practices (Brondolo, Rieppi, Kelley, & Gerin, 2003; Sue, 2005; Unzueta & Lowery, 2008). It is governed by both financial power and policies to deny equitable opportunity and services to a specified group of people. In America, it has been a pervasive and persistent challenge for persons of color, including Blacks. Racism, or the perception of racism, has continued to result in mental and physical health damages although many have dismissed its influence (Bowen-Reid & Harrell, 2002; Pieterse, Todd, Neville, & Carter, 2012; Pascoe & Smart-Richman, 2009; Williams, Neighbors, & Jackson, 2003; Williams & Williams-Morris, 2000).

As a result of racism, some Blacks experience internalized oppression. Internalized oppression is the acceptance of negative race group experiences, including physical and verbal aggressive acts, unequal opportunities, devaluing messages communicated via media or other incidents of prejudice and discrimination as deserving and warranted. In other words, some may believe that because they are Black, they are deserving of mistreatment and disparities within the community. Moreover, this internalized oppression has lent itself to negative self-perspectives regarding limitations of opportunity because of race and discriminatory acts (Griffin, 2012).

From a psychosocial purview, the negative impact of years of racial discrimination (including educational disparity, brutality, job inequality, and derogatory media portrayal) has been significant upon the Black community (Taylor & Stanton, 2007; Pascoe & Smart-Richman, 2009). Many have resolved to believe that such treatment is a deserving reality. Within the Black community, many pursue lives that are that are short of their potential because of perceived limitations in opportunity. This perception of limited opportunity is often influenced by continued discriminatory acts, which deflate and devalue the Black community. Given this internalized state of oppression, many within the Black community have subscribed to a subconscious cyclical and generational pattern of thinking that maintains a devalued sense of self and limited scope of opportunity (Harley & Stansbury, 2011; Griffin, 2012). Living life based

on limitations can result in internalized anger directed at self and external anger at community members who somehow seemed to have overcome the limitations.

Developing a Culturally Responsive Pedagogy

In providing mental health services to Blacks, it is important that case conceptualization and treatment consider the influence of past and present psychosocial stressors, such as racial stress and its internalization, on the client's behavioral presentation and psyche. The biopsychosocial model can be instrumental in understanding the etiology of symptoms, which can contribute to the onset and/or exacerbation of mental health problems. Such instruction should include an exploration and teachings of the influence of psychosocial stressor, such as discrimination, on brain chemistry (under or over secretion of neurotransmitters) and endocrinology (under or over activity of glands & hormones secreted), which may mimic the onset or the clinical course of mental health outcomes. Often case conceptualization is devoid of considerations such as these. The audience to the workshop worked through the following case scenario:

African American Male. 8 years 2 months old. Lives with, and is being raised by his paternal grandmother. He is in the 3rd grade. His father is in prison for selling illegal drugs. There are no other siblings within the home. However, he has 2 younger siblings, ages 3 and 2, who live with his biological mother. Male youth was sent for evaluation for allegedly attempting to sell his grandmother's high blood pressure medicine to fellow schoolmates.

Often as students and practitioners, brief information is provided that prematurely guides the entire assessment process if one is not cautious. Based on this brief information, as expected, initial diagnostic consideration included thoughts of a behavioral disorder (e.g., Conduct Disorder--early onset, Unspecified Disruptive, Impulse-Control, or Conduct Disorder). However, connecting the biopsychosocial aspects of this case helped guide assessment to uncover diagnostic impressions that more accurately describe the client's functioning. From a psychosocial purview, consider the fact that parents are separated, and the father reportedly engages in illegal activity. One must consider how the father's behavior is conceptualized by this youth. Considering the impact of internalized oppression, a few within this oppressed group develop a life based on how society represents them via media and other facets of display to the world. Too often, individuals engage in demeaning and degrading behaviors based on what society has coined to be their potential opportunity and reality, which gives them a false sense of purpose.

Blacks have continued to be portrayed as having less intellect and capacity to be business owners and law-abiding citizens and are more frequently portrayed as gangsters and criminals, particularly the Black male (Beaudoin & Thorson, 2006; Dixon, 2006; Welch, 2007). The ideologies and practices of racial oppression governed by society have supported a schema of

maladaptive potential with regard to achievement, social behaviors, and overall ability for persons within the Black community, particularly the Black male. These ideologies are often depicted within the media on multiple levels which continues to support the negative perceptions and community outcomes as a result of years of racial oppression. Such platforms have the ability to indoctrinate the psyches of a people by displaying negative images of them, offering indirect teachings of how they should behave.

From a biological purview, emotional distress and poor social behavior have been associated with lower levels of serotonin (Hariri & Holmes, 2006; Krawkoswi, 2003; Taylor, & Stanton, 2007), which is often transmitted from parent to offspring. The policies and procedures that continue to deny equitable services predispose chronic distress, causing the adrenal cortex of the adrenal gland to release cortisol. Research exists that suggests if cortisol is released in excessive amounts, this can contribute to immune dysfunction (Fries, Hesse, Hellhammer, et al. 2005) and mood variability (Checkley, 1996; Daban, Vieta, Mackin, & Young, 2005; McEwen, 2005). Being that racism has been, and continues to be, a chronic stressor for the Black community, it is very possible that there is an innate generationally transmitted neurobiological component to the etiology and exacerbation of mental health symptoms within this population as a result of the chronic stress of racial oppression, both real and perceived.

Additionally, at 8.2 years of age, the frontal lobe is underdeveloped and can cause impulsive and immature behaviors (Gurung, 2010). This period of development can be influenced by the potential low levels of serotonin resulting from years of generational oppression. Thus, we have a youth who is in the nascent stages of developing the capacity to make adaptive decisions while emotionally distraught. The question becomes, is he a depressed child? Is he a child who had a predisposition to mood variability resulting from a lineage of subconscious distress due to years of racial oppression maintaining societal disadvantages, coupled with an underdeveloped prefrontal cortex which impacts adaptive decision making?

Having education and encouragement to use a biopsychosocial framework that incorporates psychosocial variables, including the influence of internalized oppression on the oppressed group's psyche helps an aspiring mental health clinician consider all possible aspects of the spectrum of rationales for symptoms displayed. In applying the biopsychosocial model to the above referenced case, clinicians may begin to assess whether the client is engaging in behaviors as an unhealthy way of acquiring attention.

Clinicians also can ask if the client's behaviors are a way of idolizing his absent father in order to have a connection with the father. Is the client emulating the negative images portrayed via mass media regarding the Black male? Has the client become the product of a community who has been disenfranchised, and has he witnessed not only the unhealthy mechanisms to obtain money, but also the false sense of clout and connections to other males? What role does a predisposition to mood variability have as it relates to the chronic stress of generational racial oppression? How does the resulting potential lineage of imbalance serotonin levels interplay in the symptoms manifested? Would a mood disorder better explain this client's behaviors and

functioning? The answer to these questions may result in very different treatment plans and outcomes for similar Black clients.

Conclusion

To conclude, although each member of the audience during the presentation was taught to be culturally sensitive in approach/counseling technique, none applied consideration of the impact of racial oppression on the development and/or exacerbation of mental health outcomes. Furthermore, use of the biopsychosocial model to engage in a comprehensive case conceptualization was never used. However, once exposed to the integration of the biopsychosocial model to case conceptualization, each attendee agreed to its benefit and presented a willingness to learn more about it to use appropriately. As the field of mental health continues to grow and clientele continues to diversify, the use of the biopsychosocial model to comprehensively understand symptom etiology will be best practice. The consideration of the impact of psychosocial stress is important for Blacks in America, as the institutional structure of racism remains a chronic and daily stressor. It adds additional information to the understanding of the etiology of mental health outcomes, which can be used in conjunction with the Diagnostic & Statistical Manual (DSM-5). The understanding of such can yield opportunities to effectively determine mental health needs and develop innovative treatment options.

Integrating the biopsychosocial model early in training will allow aspiring mental health professionals to learn a comprehensive and culturally sensitive assessment framework that provides a holistic purview case conceptualization. This will in turn create and promote treatment plans that address multiple needs including those associated with racial oppression and group internalization. For instance, treatment can focus on self-esteem/value from a race standpoint, coping with perceived limitations, identifying support for racial stress, and establishing community enhancement interventions for youth and future generations. The experience for the individual client would be more growth-oriented, in addition to providing opportunities for individual and communal healing. This can potentially foster an increase in ethnocentrism and decrease the ongoing maladies associated with internalized oppression currently evidenced.

To continue to discuss multiculturalism and cultural sensitivity without true methods for implementation does the health field a disservice. Treatment often focuses on improving outcomes versus addressing the etiology of the symptoms. By incorporating the biopsychosocial model to case conceptualization and treatment, mental health practitioners will be able to address broader social issues that influence outcomes of people of color.

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Promoting Acceptance and Understanding of Diversity through a Course in College Student Development: An Integrative Study

J. Stephen Cockerham

Abstract

Substantial research in the field of college student development has demonstrated that attending college affects the personal and social development of students as well as their academic growth. Students typically broaden their identity, values, relational skills, and acceptance of diverse people and cultures during college through a range of experiences and programs including student activities, college counseling centers, and special events. To investigate taking a course for credit designed to enhance this development, 104 undergraduate students attending a southeastern regional university participated in a mixed-method research project. A concurrent, embedded approach in the study emphasized quasi-experimental design and was supplemented with a qualitative component. Students taking this course made significant gains in psychosocial development as measured by pre- and post-test scores on the Student Developmental Task and Lifestyle Assessment (SDTLA) compared to students in control classes. Multivariate analysis of covariance indicated overall improvement, Wilks' $\Delta = .897$, $F(3, 97) = 3.702$, $p < .014$, $\eta_p^2 = .103$, although univariate analysis resulted in significant differences with scales from the SDTLA related to purpose and autonomy but not for relationships. The qualitative findings added support from a criterion-referenced questionnaire indicating generally positive changes in attitude, knowledge, and behavior from taking the student development course. Overall, the results suggested college student development could be enhanced by course instruction designed according to major theories from this field.

Introduction

Higher education bears a responsibility for students accepted into college to help them improve cognitively, emotionally, socially, and physically. Although academic development is generally considered the major objective of a college education, helping students improve psychosocially forms an ideal goal. Many programs in higher education exist to promote overall college student development within categories such as interpersonal relationships, wellness, and diversity (Winston, Miller, & Cooper, 2008). Nevertheless, these programs are often not visibly a part of the regular course curriculum, formally absent from the primary mechanism of change in college (Reason, Terenzini, & Domingo, 2007). It is worthwhile to determine if a college course can make a measurable impact upon college student development, beyond what is already occurring in student activities and experiences. As the major activity for college students is

attending class, offering one designed to promote college student development could encourage a longer and more meaningful exploration.

Background

Faculty in human services collaborated with psychologists and counselors at the university counseling center of a regional, public university to design the course, titled by students as *Solving the Puzzle of Life*. Following principles generally accepted in the field of college student development, they based the curriculum on personal and social issues faced by a majority of students in college such as self-understanding, relationships, diversity acceptance, and communication skills (Kuh, Kinzie, Schuh, & Whitt, 2005). The three (3) hour elective emphasized emotional and interpersonal concerns instead of academic study and preparation skills as often appear in college success courses or 1st year student seminars.

Outreach programs in colleges and universities have constituted a major initiative to assist college students in their development and generally consist of presentations and special programs on topics related to mental health and wellness (Ediger, 2008). Examples of outreach have included substance abuse prevention training, depression screenings, and special events addressing topics such as date rape, campus violence, and hazing (Soet & Sevig, 2006). Some theorists suggest infusing all curriculum with these topics (Riley & Rouse, 2015). Active and extensive student participation in outreach programming has been a consistent challenge for those who design and implement programming (Kuh, 2003; Braxton, 2007).

Educational and prevention programs have tended to be short-term events and, as a result, possibly less in-depth and intensive (DiRamio & Payne, 2007). Residential and campus groups can offer more thorough and comprehensive experiences yet may not reach a broad spectrum of the student population (Graunke & Woosley, 2005). As the major activity for college students is attending class, offering one designed to promote college student development could encourage a longer and more meaningful exploration. Students who choose and pay for this type of class, graded for credit toward graduation, could gain measurable personal and social benefit that complements or exceeds other student engagements.

One of the most prominent theories about the psychosocial development of college students, promulgated by Chickering and Reisser (1993), conceived of development as proceeding along seven dimensions of significance. Termed vectors, the list included developing competence, managing emotions, moving through autonomy toward interdependence, developing mature interpersonal relationships, establishing identity, developing purpose, and developing integrity. A number of studies in college student development provided support for these vectors, advocating minor changes to the developmental sequence (Winston et al., 2008; Foubert, Nixon, Sisson, & Barnes, 2005).

Havighurst, who collaborated closely with Chickering, made an historical contribution to college student development by applying the concept of developmental tasks to late adolescence. “In a classic enumeration that has proven surprisingly enduring...” (Feldman, 2008, p. 28),

Havighurst characterized eight developmental tasks related to peer relationships, gender identity, physical development, emotional independence, preparation for intimate commitment, occupational productivity, maturing values, and social responsibility. These tasks are learned and transmitted culturally, differing according to environment, yet proceeding as necessary to attain full adult status in most societies (Dolgin, 2012). Chickering's seven vectors and Havighurst's developmental tasks informed the development of both the SPL course and its measure, the SDTLA.

From a broader, developmental perspective, several major premises contributed additional theoretical backing for the SPL course design. Psychosocial stage theory, by Erikson, emphasized socioemotional issues during the early and late adolescent years as identity and intimacy crises (Feldman, 2008). Developmental sequences of predictable order during college evolved from Kitchener (King & Kitchener, 2004). Emerging adulthood postulated a post-adolescent period with college students forming a substantial component of that age group (Arnett, 2013). Perry defined cognitive development common during college as changing positions, his term for stages of perspective-taking (Young, 2012). Key processes expressed by these scholars have helped define the scope of the field. A consistent theme in their writings acknowledged that college students experience transitional and predictable stages in psychological development, relative to cultural and biopsychosocial influences (Potvin-Boucher, Szumilas, Sheikh, & Kutcher, 2010).

Within the field of college student development, a number of theorists addressed specific conceptual areas. Pike and Kuh (2005) are known for student engagement, a technical term for involving students in the college experience, and other influences on college students (Kuh, 1995). Tinto (1993) studied student attrition, giving evidence that learning skills and information related to values, relationships, identity, and cognition may help college students remain in school (Graunke & Woosley, 2005). Pascarella and Terenzini accumulated massive data in their decades' long research into how college affects students (Pascarella, 2006; Reason, Terenzini, & Domingo, 2007). They concluded social and emotional changes were facilitated by planned and organized efforts. Schlossberg partnered with Chickering to highlight college as a psychological transition (Chickering & Schlossberg, 2002). Between 1999 and 2004, Knox and his associates completed surveys of college students about intimate relationships, noting differences in behavioral patterns for women, men, and other groups (Knox, Zusman, & Thompson, 2004). Evans, Forney, Guido, Patton, & Renn (2010) published a comprehensive compendium of college student development. Wilson (2011) edited a theoretical text on this topic with authorization from the Association for the Study of Higher Education.

Diversity in Higher Education

College students in the years since 2000 have been more likely to share cultural characteristics than be sharply differentiated, despite differences in demographics. The pluralizing of America has accelerated from the influence of media, electronic communication,

and globalization (Arnett, 2013). In contrast to past decades, over 40% of college students counted as nontraditional aged, women have begun to outnumber men in enrollment, and ethnic diversity has expanded. Students with disabilities are now being recognized for their contributions to higher education rather than simply accommodated (Sasso & DeVitis, 2015). Mental health issues have escalated while violence on campus, while down, has heightened visibility. Stampler (2014) reported from the National Center for Education Statistics that sexual assaults at college have increased over the last decade. Reports of campus bias incidents are increasing. While higher education may be a force for positive change in diversity, the challenge to change student perspective remains.

Ethnically, the percentage of people of European descent in college has been growing while the number of Americans with an African heritage has been rapidly increasing (Craig & Dunn, 2010). Americans who came to this country from Asia, or whose ancestors did, have been strongly represented in higher education while Hispanic and Native Americans contributed smaller percentages (Feldman, 2008). The JED Foundation and the Steve Fund (devoted to people of color transitioning to college) recently completed a survey of students not in the dominant population of the US and found much of concern, essentially that their experiences in higher education are not living up to expectations (JED, 2016). Media are currently filled with reports of racial activism on college campuses throughout the nation (Dickey, 2015). Students are marching, and college administrators are responding.

Gender issues in college have coincided with the changes in roles and expectations for women and men in America. While prejudice and discrimination have colored relationships between these and other diverse groups, progress has continued to mark many college campuses as leading the struggle for equality and acceptance (Belenky, Clinchy, Goldberger, & Tarule, 1997). Along with this, the number of women attending college has accelerated past the opposite sex, even though courses and degree programs have still followed traditional gender stereotyping. Women have tended to do education and human services while men have taken more engineering, physical sciences, and math (Robinson & Gillibrand, 2004). While some changes have been notable, like more women than men attending medical school, gaps remain (Arnett, 2013). The ranks of faculty in prestigious universities have shown a systematic bias against women (Wilson, 2004; Shollen, Bland, Finstad, & Taylor, 2009).

Acceptance of differences in affective orientation has become the policy norm in higher education. Few institutions of note wish to be stigmatized as discriminating toward those who identify as LGBTQI (Dessel, Goodman, & Woodford, 2016). While students do not receive general legal protection against discrimination for their sexual preferences, recent federal court decisions have permitted monetary damages to be paid to students by institutions receiving Title IX monies. Some religious institutions do discriminate legally by refusing to apply for these funds or by receiving exemptions, e.g., seminaries not admitting women to their clergy. Nevertheless, discrimination based on sexual orientation is widely reported, often more so by faculty than students (Rankin, Weber, Blumenfeld, & Fraser, 2010). While conditions have improved considerably, the struggle to counter individuals harboring hate and prejudice against

those who love differently continues to demand policies, programs, and perspectives that enlighten (Woodford, Silverschanz, Swank, Scherrer, & Raiz, 2012; Woodford & Kulick, 2015). Support for the Equality Act currently in Congress is hoped.

While addressing the level of acceptance and understanding for the full variety of diverse groups in higher education is beyond the scope of this article, the overall import of understanding cultural diversity is clearly a campus mission. To that end, what are some conclusions from research about diversity concerns in higher education? Bowman (2010), a prolific researcher in this field, completed a meta-analysis of 17 diversity studies, concluding that the more students interacted with diverse peers, the more they benefited cognitively and academically. Friendships with other groups or people with differing cultural backgrounds and identities showed the most significant benefits cognitively and ethically. When examining the influence of diversity training in colleges/universities, the role of faculty has shown to be of utmost importance (Ryder, Reason, Mitchell, Gillon, & Hemer, 2015).

Considerable research has established the value of diversity courses in higher education, associated with enhanced critical thinking, writing skills, college satisfaction, and racial understanding (Morgan Consoli & Marin, 2015). Diversity classes have changed over the years from standardized formats to more faculty contact, experiential activities, cooperative groups, self-evaluation, intergroup communication, and flexibility in learning styles and disabilities. Diversity is also integrated into courses commonly found in human services and related fields. The SPL course contains a separate section on diversity and intersperses that perspective in extended ways such as presentations on mental health, relationship violence, disabilities, suicide and depression, and substance abuse along with access to related student services. Being a member of any of these groups can subject one to prejudice and discrimination (Verdinelli & Kutner, 2015). Understanding people and their circumstances can facilitate their being accepted into the community of humanity, more willing and able to participate in living with meaning and fulfillment.

SDTLA as a Measure of College Student Development

In considering the available psychological tests most likely to accurately measure the effects of SPL, a strong choice came forth with the Student Developmental Task and Lifestyle Assessment. Probably having the lengthiest history of test refinement and the most widespread use in measuring college student development of all relevant measures, the SDTLA is also solidly based in theory for this field. This assessment evolved along the research of Chickering and Reisser (1993), presenting a strong theoretical base for the SDTLA and its previous versions (Porterfield, 2004).

Drawing from these principles, Winston and his associates (2008) designed the SDTLA and its earlier versions as measures of college student development. During the late adolescent and early adult years, people tend to change in patterned and predictable ways (Berk, 2014). Attending college can alter these outcomes personally, socially, and academically. The SDTLA

was developed to assess changes from the experience of higher education. As background, the research team published studies on intentionally structured groups, their term for a primary setting, goal orientation, and process where colleges intervene with students in promoting their development.

Items measuring diversity improved over the test iterations, integrated within each of the major scales in the SDTLA (PUR – Establishing and clarifying purpose; AUT – Developing autonomy; MIR – Developing mature interpersonal relationships). Assessment of degree or levels in understanding and accepting diversity can be assessed from the constructs of college student development as determined by this measure. Helping students become more personally directed and experientially motivated to learn and appreciate people regardless of their cultural and personal identity and practice denotes higher levels of progressive change in their development from higher education. From this perspective, the SDTLA emerged as a product of attempts to measure these changes and interventions designed to promote them.

Research Methods and Designs

The research design was integrative, combining quantitative and qualitative approaches in a mixed methods model (Trochim & Donnelly, 2007). The quantitative component used scores from a measure of college student development to determine any significant differences between two groups of undergraduate students. The experimental group attended the SPL class and the control group consisted of students taking other classes within the same department. QUAN(+ qual) is notation to distinguish this particular design. The design was quasi-experimental due to limitations of sample selection and non-random group assignment. Pre- and posttesting with the SDTLA were administered to afford longitudinal design, an advisable attribute. The qualitative aspect supplemented the study with a criterion-referenced inventory of change in attitude and knowledge over the semester that contained fixed-choice and open-ended items.

Quantitative designs tend toward deductive reasoning, deriving conclusions from hypotheses, while qualitative ones lean to induction, making inferences from descriptions (Trochim & Donnelly, 2007). Integrative research is logically abductive, collecting evidence productively to afford the best explanation (Morgan, 2007). Where quantitative research offers objectivity and qualitative contributes subjectivity, mixed methods permits intersubjectivity, operating on more than one view of reality. External validity in quantitative studies depends upon generalizability of data significance (Babbie, 2013). Qualitative inferences rely upon contextual, situational proof, or what is agreed to make reasonable sense. For integrative research, to extrapolate is transferability, achieved when any results can be practically applied to understanding, implementing, and improving the concepts under investigation (Morgan, 2007).

Integrative, or mixed, methodology has assumed several main reasons for design selection: enriching the sample (increasing the *n*), maximizing measurement acuity, increasing insight into the intervention, and/or enhancing significance statistically and practically (Collins,

Onwuegbuzie, & Sutton, 2006). For the SPL study, the data increased due to the qualitative component and improved, to some extent, from purposive sampling. The addition of the questionnaire provided another view of the course, verifying statistical results with practical feedback. Mixed methods design helped to corroborate findings by using differing methods to clarify and enhance results. Inconsistencies and contradictions can be more readily uncovered by the integrative extension of results with additional analysis and thus amplify the inquiry (Onwuegbuzie & Leech, 2006).

Generally, mixed methods research integrates concurrently or sequentially, taking one of six approaches (Castro, Kellison, Boyd, & Kopak, 2010). The convergent parallel design evolved from the concept of triangulation, equally weighting quantitative and qualitative data and merging for results. The explanatory sequential method collects quantitative data first, followed by qualitative data needed for interpreting statistical results. The exploratory sequential design reverses the sequence by conducting qualitative research before setting up quantitative measures. The transformative design is specific to special populations such as persons indigenous or homeless and geared toward change. A multiphase design describes series and levels of research composed of several projects and numerable investigators with periodic reporting of results. For the SPL study, a sixth approach, the embedded design, collected quantitative and qualitative data concurrently yet emphasized the quantitative analysis (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005).

The embedded design begins with a traditional quantitative or qualitative design and either combines data analysis or utilizes one to support the other. For example, quantitative and qualitative data can be collected within case studies. In some embedded designs, one set of data takes a subordinate role to enhance or substantiate the primary data (Creswell & Plano Clark, 2011). The SPL study followed this nested approach, focusing on quantitative data and analysis, then adding qualitative data in tandem for verification as well as enhancement (Castro, Kellison, Boyd, & Kopak, 2010). The choice of quantitative emphasis recognized the need for a validated measure standardized for general constructs in college student development. The qualitative data were readily available and important to use as a check for comparison and enrichment purposes.

Exploring the quantitative aspect of the SPL study, a non-equivalent control group design (NEGD) became the optimal plan for the type of quasi-experimental study anticipated for SPL (Salkind, 2011). If the data were to fit, other quasi-experimental variations such as the regression-discontinuity, double-pretest, and switching-replications designs could have improved validity (Trochim & Donnelly, 2007). Regression-discontinuity is applicable when cutoff scores can be used to assign participants and avoid some threat of regression artifacts. The double-pretest model administers two pretests to both the program and the comparison groups. This sequential pretesting can help determine if the groups are changing differentially. Scores on the posttest are then adjusted for differences in pretesting. In a switching-replications design, both groups receive the intervention but at different times with at least three cycles of assessment, enabling analysis of treatment effects to compensate for the lack of random assignment.

Evaluating the applicability of these designs rendered NEGD a more suitable choice (Trochim & Donnelly, 2007). The regression-discontinuity design depended on cutoff scores for participation, not practical for the voluntary selection of elective course registration. The changes possible in college student development would not theoretically be dramatic enough for the study to benefit from double-pretesting. Switching-replications design was not feasible because students would have been required to take the class, which is an elective. Characteristics of sampling, intervention, and outcomes eliminated these design variations for increasing study validity.

The development of research methods and statistics continues to seek and find compensation for lack of randomization in quasi-experimental designs (Trochim & Donnelly, 2007). Another intriguing example, the non-equivalent dependent variables (NEDV) design, compares measures for correlated interventions, one being used for treatment effects and the other acting as control. Pattern-matching NEDV goes a step further with the inclusion of multiple outcome variables (Trochim & Donnelly, 2007). Unfortunately, the control variable used for correlation with the SPL class would have to be associated with an activity based in similar theories of college student development. Perhaps SPL I would work with SPL II if the curricula were expanded, but no feasible alternative comparison is yet available.

For the SPL study, the qualitative component focused on a course questionnaire inquiring about course topics and attitudes toward personal and social development. Because the questionnaire was designed and administered by the SPL faculty to receive feedback from students, it was a natural choice to append the results to this study. The course questionnaire can be scored quantitatively in addition to incorporating open-ended questions. Quantitative data have often been used in qualitative studies even though the manner of utilization is more creative and diverse than standard for statistical analysis (Bogdan & Bilken, 2007).

Quantitizing refers to changing qualitative data into numerical form. One view is that qualitative data do not really exist and must be quantified in order to become useful in research (Miles, Huberman, & Saldana, 2014; Leech, Dellinger, Brannagan, & Tanaka, 2010). A contrasting standpoint argues that segregating quantitative from qualitative ignores between group similarities and magnifies within group differences (Sandelowski, Voils, & Knafl, 2009). Regardless of the volatility of this boundary issue, how quantitative data are to be employed within the specific qualitative design needs to be clearly distinguished. For the SPL study, graphical display of scoring the questionnaire offered a visual comparison to the SDTLA results. General trends in difference scoring between pre- and posttests were subjected to reflection and generalization. An overall subjective sense of meaning from the item and topic scores as well as the accompanying narrative emerged from organizing data.

SPL Course Design

The SPL course was designed with didactic, experiential, and discussion elements that focused on the topics of values, identity, relationships, wellness, and diversity. The syllabus

presented an overall description of the course. A manual of instruction for faculty and student use provided the format and details about the topics, exercises, and class requirements. Center psychologists, counselors, and graduate students taught the four sections tested. All were trained prior to teaching the class, meeting weekly during the semester to discuss progress and concerns. Each had taught the class at least three semesters. Class size was capped at 25 students. Students attended twice per week for approximately 1.3 hours per class session over a 15-week semester. Students were graded by attendance and four written papers on the course topics. There were no exams and no grade specifically for class participation. Faculty stressed class attendance, penalizing students for absenteeism. Papers could be re-written by students if compositional or technical issues marred content or presentation.

Introductory exercises began the course so that students could gain comfort in communicating and interacting. Assessments in personality traits and styles enabled students to learn about themselves from psychological inventories. Values and decision-making dominated class sessions during the earlier weeks of the course, followed by information and exercises about interpersonal relationships. Cultural identity and diversity training enhanced values awareness and identity. Wellness activities focused on substance abuse, stress management, and healthy sexuality. Guest presenters did workshops on alcohol use and relaxation. Career exploration was a significant emphasis, both in class and through scheduling a session at the peer career center. A text served to supplement discussion and activities related to cognitive restructuring and perspective taking. The course design attempted to follow major theories and recommendations in the field of college student development (R. D. Smith, personal communication, June 19, 2011). In addition, the instructors spent considerable attention to teaching the class with identical topics and activities.

Findings

For the quantitative focus of the study, the SPL study was a non-equivalent group design (NEGD) with multivariate analysis of covariance as the appropriate statistical analysis (Trochim & Donnelly, 2007). The inventory, Student Developmental Task and Lifestyle Assessment, measured three dependent variables. ANCOVA is recommended for NEGD, especially when reliability corrected. The lack of random assignment can increase measurement error, which can be compensated by adjusting pretest scores with an estimate of reliability, in this case Cronbach's alpha (Trochim & Donnelly, 2007). MANCOVA was necessary since there was more than one DV. The NEGD design with covariant adjustment can reduce posttest variability while sustaining group differences, permitting a better estimate of treatment effect. Statistical power is greater when a satisfactory covariant is used, in this instance pretest scores, than with analysis of variance (Huck, 2008).

The qualitative portion contributed student self-reports from an achievement and attitude inventory used to assess specific topics covered in the class. Normative or validity studies have not been performed on this measure. Course developers generated items during curriculum

planning discussions as a means to gain feedback from students and document anticipated changes in knowledge and attitude. The questionnaire used Likert scoring and was administered during initial and final class meetings. The instructors have taken time to review student responses at the end of each semester. Planning for the following semesters has generally included information from the questionnaires (R. D. Smith, personal communication, December 3, 2010). Being consistent with generally accepted theories of instruction and college student development, the qualitative research question was able to be sufficiently addressed.

Quantitative Research Question and Hypotheses

Q1: What is the effect on college student development as measured by the SDTLA for students taking a course designed to promote psychosocial development compared to students from other courses in the same department such as educational and counseling psychology?

H0: Following completion of courses without the SPL component, no significant differences in change scores will be measured by the three scales of the SDTLA for students in the SPL treatment group compared with the control group.

H1: Following completion of the SPL course, significant increases in change scores will be measured by the three scales of the SDTLA for students in the SPL treatment group compared with the control group.

A one-way, between groups MANCOVA determined the effect of attending the SPL class in comparison to students taking other classes from the same department while controlling for differences in pretest scores. Data screening reviewed for missing data, which eliminated 13 participants due to absence of pre- or posttest and incomplete data entry. For six classes measured twice, this was not unusual considering registration processes (drop/adds) and absenteeism. Few outliers were visible from stem-and-leaf plots and boxplots (one from PUR and MIR posttests, one from MIR pretest, and three from AUT posttest). The outliers did not necessitate data transformation because differences between means and 5% trimmed means for each of these datasets were less than one, below the threshold to affect analysis. Multivariate normality was tested with a Mahalanobis distance of 18.64, $p < .001$, which was less than the critical value and indicated no multivariate outliers. Scatterplots to portray linearity of paired DVs and CVs showed moderate correlations for proceeding to preliminary MANCOVA. Table 1 displays relevant descriptive statistics.

Table 1

Summary of Descriptive Statistics for Quantitative Analysis

SDTLA scale	<i>M</i>	<i>SEM</i>	<i>Mdn</i>	<i>SD</i>	Range (min–max)	Skewness	Kurtosis
PUR Pre Tx	42.5	1.27	43.8	9.3	24.2 to 59.4	-.22	-.62
PUR Pre Ctrl	47.1	1.17	47.9	8.3	29.4 to 64.2	-.09	-.50
AUT Pre Tx	44.2	1.30	44.5	9.5	23.4 to 60.4	-.17	-.59
AUT Pre Ctrl	48.3	1.27	48.3	9.1	27.7 to 67.3	.11	.11
MIR Pre Tx	44.8	1.49	46.4	10.8	14.8 to 64.1	-.59	-.04

MIR Pre Ctrl	47.6	1.27	47.9	9.1	21.3 to 65.1	-.33	.22
PUR Post Tx	46.6	1.28	47.4	9.3	26.6 to 66.2	-.26	-.59
PUR Post Ctrl	51.6	1.06	51.4	7.6	33.5 to 69.3	.18	.14
AUT Post Tx	43.9	1.32	43.4	9.6	30.0 to 62.9	.29	-1.05
AUT Post Ctrl	47.8	1.19	47.7	8.5	28.9 to 65.3	-.06	-.08
MIR Post Tx	48.2	1.39	47.2	10.2	24.4 to 64.9	-.31	-.33
MIR Post Ctrl	49.8	1.49	50.0	10.2	14.8 to 71.7	.41	1.20

Note. PUR = SDTLA scale measuring Establishing and Clarifying Purpose; AUT = SDTLA scale for measuring Developing Autonomy; MIR = SDTLA scale measuring Developing Mature Interpersonal Relationships. Pre = pretest; Post = posttest; Tx = treatment group (SPL class); Ctrl = control or comparison group.

The results from this mixed methods study addressed the research question that college student development can be promoted through intentional course design. Assumptions necessary for accurate multivariate statistical analysis were satisfied. Multivariate normality was tested, $D_M = 18.64$, $p < .001$, which was less than the critical value and indicated no multivariate outliers. Scatterplots to portray linearity of paired DVs and CVs showed moderate correlations. Preliminary testing with MANCOVA checked the assumption that distributions of scores have equal variances. A test for homogeneity of variance-covariance satisfied the concern that distributions of scores for DVs had equal dispersion. For this, Box's test for equality of covariance matrices produced a significance value larger than .001 (Box's $M = 8.215$, $F = 1.325$, $p = .242$), which did not violate this assumption. Levene's test for equality of error variances produced non-significant results. The preliminary MANCOVA also examined the interaction between CVs and DVs, which must have equal regression slopes. When more than two CVs are employed, regression slopes become hyperplanes and need to be homogenous or parallel in order to proceed with full MANCOVA. Due to fairly equal sample sizes and significance direction, Wilks' Lambda became the test statistic used to determine homogeneity of regression hyperplanes, Wilks' $\Delta = .969$, $F(6, 190) = .497$, $p = .81$. The interaction indicated a value that was not significant and permitted a full MANCOVA.

The alternative hypothesis was supported when significant differences emerged from the full MANCOVA along with a medium effect size, Wilks' $\Delta = .897$, $F(3, 97) = 3.702$, $p < .014$, $\eta_p^2 = .103$. Students taking the SPL course scored significantly higher on the SDTLA than those in other courses within the same department. Univariate tests indicated differential effects on scales from the SDTLA. The ones designated as purpose, $F(1, 103) = 10.73$, $p < .001$, $\eta_p^2 = .08$, and autonomy, $F(1, 103) = 6.95$, $p < .01$, $\eta_p^2 = .066$, demonstrated significant results yet not relationships, $F(1, 103) = .62$, $p < .435$, $\eta_p^2 = .006$. Examining differences between treatment and control groups from the three scales in the SDTLA showed that two were associated with significantly increased scores. The DV, Establishing and Clarifying Purpose (PUR), was significant as well as Developing Autonomy (AUT). The remaining DV, Developing Mature Interpersonal Relationships (MIR), was not significant with $p > .017$. To reduce the chance of a Type 1 error, Bonferroni adjustment was applied.

Qualitative Research Question

Q1: How does taking the SPL course for credit influence student attitudes and statements about knowledge and progress in their psychosocial development?

The qualitative research question examined how taking the SPL course for credit influenced student attitudes and statements about knowledge and progress in their psychosocial development. Students in the SPL classes took the course questionnaires as a pre- and posttest. The questionnaires contained 28 questions with responses ranging from 1 through 5 on a Likert scale (1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree). In addition, 10 open-ended questions added the option of narrative responses about the SPL class.

Questionnaires are often used in qualitative research. Statistical analysis usually is limited, but descriptive statistics are commonly employed to organize data in representational form and help make sense of raw and coded data (Bogdan & Biklen, 2007).

With the questionnaire, total scores could range from 28 to 140 if students answered the lowest scores up to the highest scores for all items. The pretest average raw scores for all students equaled 98.4. Posttest raw scores averaged to 123.5, with an overall difference of 25.1 points. Computing gain as a percentage from pre- to posttest indicated a 25.5% increase in overall scoring for all students in the pool. The percentages of gains for each test ranged from 3.3 to 70.4% with a mean of 27.3% and a standard deviation of 15.8%. The first two quartiles contained the majority of gains in larger test scores, over 75%.

The items on the SPL Questionnaire were logically categorized into several major areas of college student development: values, cognitive processing, identity, relationships, and wellness. The course designers inserted these items as factors contributing to the goals of the course, generating questions from faculty planning sessions. Items reflecting levels of understanding and accepting of diverse peoples and cultures were inserted within relevant areas. Corresponding to research on cluster analysis and related information in the literature review, they are identified in this document as clusters. The clusters coincide with themes in qualitative inquiry that are coded and grouped from data for later analysis (Creswell & Plano Clark, 2011). The term cluster indicated here that the topics preceded test construction as opposed to proceeding after data collection. Each test item contained a few key words that defined the question and justified assigning to a specific cluster. The usefulness of cluster analysis can expand the comparisons of overall test scores (Huberty, Jordan, & Brandt, 2005).

The results of averaging scores for clusters from the questionnaires are detailed in Table 2. Raw scores were converted to percentages to show changes for each cluster, which increased for every category. For all test items, cognitive processing resulted in the largest gains, followed by wellness, identity, and relationships while values changed the least. Most of the items were worded to represent attitudinal responses while a smaller number (5) measured knowledge. Items requesting specific information or knowledge may generate scoring changes

disproportionate to items inquiring attitudinal responses. The two different response scales should be distinguished.

Calculating percentages for each of these two patterns of questioning differentiated them for clearer understanding. For cluster scores determined by items reflecting attitudes and using interval response scales, an overall increase transpired that was less than the full scale. The cognitive processing cluster again showed the largest increase but only slightly more than wellness. Relationships interchanged with identity in the attitude scale while values remained the same. The knowledge items showed the largest increase from pre- to posttests, representing dichotomous response scales.

Table 2

Cluster Changes from Pre- to Posttests with SPL Questionnaires

Cluster (Item #s)	<i>M</i> (Diffs)	Percentage gains	Percent Adj. Gains (Attitude – Knowledge)
Values (1,2,3,18,21)	6.1	11.6%	11.6% (no items excluded)
Cognition (4,14,15,16,28)	18.7	48.2%	30.9% (items 14 and 15 excluded)
Identity (5,6,12,25,26,27)	12.1	24.5%	18.8% (items 5 and 12 excluded)
Relationships (7,8,9,10,11,13)	10.2	22.1%	22.1% (no items excluded)
Wellness (17,19,20,22,23,24)	14.1	31.7%	30.1% (item 23 excluded)
College student development (all items)		27.6%	
Attitude (1,2,3,4,6,7,8,9,10,11,13,14,15,16, 17,19,20,21, 22,24,26,27,28)		22.7%	
Knowledge (5,12,14,15,23)		53.2%	

Note. Adjusted gains indicate changes in cluster scoring after re-calculating without knowledge items. Items reflecting attitudinal components of diversity education are highlighted in red.

Conclusions

College student development is a generalized, comprehensive term for predictable changes that typically occur during sustained attendance toward degree attainment. The process has been recognized for many years in higher education in areas of personal and social development for cognitive, social, emotional, and physical growth. Implicit is the assumption that planned, concerted efforts and programs can accelerate these changes. This research supported that assumption, showing that a concentrated, intensive set of psychoeducational interventions could bring about measurable improvement beyond what might be reasonably anticipated. When guided according to generally accepted principles from the field of college student development, students gained an enhanced sense of identity and purpose as well as a growing degree of autonomy.

Multivariate analysis of covariance served to lessen the potential for error variance and enabled a more sensitive statistical analysis from the three scales measuring college student development in the SDTLA. Sufficient power, moderate effect sizes, and met assumptions supported the significant results that the treatment group, the SPL class, scored significantly

higher on the SDTLA over the course of the semester. Identifiable changes in college student development related to interpersonal relationships were not measured, at least not significantly. Slight improvement appeared in overall scores for each group in relationships, yet univariate and multivariate analysis did not satisfy statistical criteria. The qualitative portion of the mixed methods design implied that students did appreciate the time in class devoted to relationships, especially family. The results from the questionnaire did not seriously challenge those from the MIR scale, only point to the need to review curriculum and investigate further.

The comparison group was composed of students in Educational Psychology and Counseling Theory and Practice. Most were planning to become teachers and counselors. For SPL students to have exceeded them in scoring, even though the objectives of their classes related to what the SDTLA intended to measure, might have added subjective value to the statistical results. Random selection and assignment would obviate the need for this claim, yet these group differences might be instructive, though speculative. While students in the SPL class tended to be those who register for courses in the same department as the control group, exhibiting significantly improved scores in college student development was conspicuous.

Acquiring a college degree is not just an accumulation of facts and figures or simply a collection of scores on tests and grades on a transcript. Attending college affects more than a few isolated cognitive functions; the entire mind and body become engaged to varying intensities over an extended period of time. All facets of the self, including social, psychological, physical, cognitive, emotional, professional, however differentiated, inevitably compose what matters in college. Regardless of the extent, student improvement in as many components of development as possible seems desirable. Higher education has to assume some responsibility for the behavioral health of students and can justifiably consider using coursework to address individual and overall needs and goals in student growth.

Understanding and acceptance of diversity has been a primary goal of this course. Discussions, group exercises, writing assignments, and presentations were devoted to exploring and changing attitudes about others. For example, a privilege topic focused on identifying how groups with dominance in this culture might unconsciously ignore the challenges others face when navigating the activities of their daily lives and attempting to function adaptively in their careers. The student manual underlined one of the presentations that conveyed definitions of multicultural terms and concepts such as ethnocentrism, homophobia, and oppression. Student comments emailed to the instructors included many remarks of appreciation for helping them learn and deal better with potentially conflictual situations encountered in their communities.

Completing this research may help to better understand how college students can personally and socially develop corollary to their participation in higher education. College can be more than academic learning and most institutions offer programs to encourage learning out of class. A tradition of research supports the effectiveness of promoting college student development yet little has been done to examine intentional efforts as a college course. This study investigated an attempt to follow students through this type of course and compare their reported experiences with other students. The results of the integrated analysis revealed

significant changes in measures of college student development. While limitations from sampling and group assignment coincide with the exploratory level of the research, the conclusions suggest that colleges and universities may have another, direct means to meaningfully and productively assist their students.

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Student Competencies in Referral Making and Collaboration

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Abstract

Collaboration and making effective referrals consistently rank as important skills for human service professionals. In order to serve clients in the most holistic way, human service professionals must be adequately prepared to work collaboratively with other providers, but how do students learn to be effective collaborators?

This study investigated one university's human service program to determine how confident students were in working collaboratively and making referrals. Specific client challenges were investigated and different avenues for learning about referral sources were explored.

Introduction

Human service professionals must often collaborate with many service providers in order to adequately support their clients. Effective collaboration and referral making are important elements in providing holistic help. As such, human service professionals are expected to be aware of and utilize service agencies within their communities. This research study is one university's investigation of its Human Service Department. The goal of the study was to determine if this department is adequately preparing students through their coursework and fieldwork experience in regards to community collaboration. Human service students enroll at the university level to build skills to assist the population(s) they hope to serve. Through their classes, they learn to develop techniques to address several challenges in social service agencies. Gronski (2000) suggested that there is an increasing need for human service students to be able to collaborate with various agencies. If that is true, social service agencies will want to hire more resourceful undergraduates. Despite a number of research efforts designed to better understand what makes collaboration efforts effective, major methodological challenges remain, and this study was one effort at addressing the issue (Willumsen, Ahgren, & Ødegard, 2012).

In this study, evidence was gathered to show if the university students finishing their undergraduate degrees in human services reported being confident at collaborating with a diversity of disciplines and service providers. The goal of the study was to determine if the educational efforts of the program promoted potential innovative organizational techniques in the field of human services so that graduates of the program might better serve the community. The research might also help to build upon the graduating students' knowledge of existing resources in social service agencies by providing valuable feedback for the Human Service Department and its faculty members.

Literature Review

Treating the multidimensional client requires effective networking efforts among numerous agencies. Some of the literature has shown that through collaboration, success is attainable. Beadle (2009) stated there is a need for holistic treatment, which includes prevention, intervention, and collaboration. To treat clients holistically, professionals must act together to provide multilayered assistance. Beadle's work has shown how strong communities link together and provide services for suffering in order for more people to be treated adequately.

Service Learning

Building a collaborative skill set is often developed through experiential learning or service learning. Service learning has often been described as a credit earning system through university curriculum where the student reaches educational objectives of the course content through service experience, while also meeting identified community needs (Bringle & Hatcher 1996). A student is able to practice learned technical abilities from the classroom in nonprofit or for-profit public agencies with the goal of the student developing professional skills. Service learning is an important factor in learning to work with any human service population. Rawlings (2012) firmly stated that educating future professionals includes providing knowledge and developing skills focused in a particular field. This is where students may find their passion or realize that they are not as interested in working with certain populations. A student might intern at a geriatric center and see that s/he enjoys working with the elderly. Another student might intern at a family homeless shelter and realize s/he is not interested in working with children. Service learning is the experience of being exposed to human service fields in order to apply the skills taught through the classroom curriculum.

A student's perspective is formed or reformed through personal experience. Noted American theorist, David A. Kolb (1984), taught, "Learning is the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping experience and transforming it" (p. 41). Students, in general, absorb information by being actively involved in the field of study. Compared to classwork, students learn significantly more applied knowledge during their fieldwork experience(s). This is due to the value of experiential learning. The student's fieldwork, unfortunately, cannot fully provide the students with a complete set of collaboration skills. The university's curriculum may need to expose students to the collaboration and referral needs that are proven deficient after experiential learning ends.

Clients Complex Set of Needs

Clearly, social sciences have established that people are complex and multifaceted. A human service worker must be able to utilize a diversity of resources to achieve maximum

results for clients. Clients benefit from individualized treatment plans that are designed to meet their varying needs. When colleges, universities, and service agencies create an integrative network, then there is an increased likelihood of greater outcomes when dealing with complex client needs.

As an example, a client may come to treatment because of a drug addiction. Then after the client gets sober, her/his mood becomes unstable and there seems to be a co-occurring mental health issue. At that point, there is a need for an in-depth psychological evaluation. During the evaluation, the client might express a concern that s/he has contracted hepatitis C. There will be a need to get laboratory work done. An efficient treatment plan is more likely to be met when a professional has partnered with more than one resource. Beadle (2009) pointed out that the more complex the needs, the more complex the solutions will need to be, and if a complex solution is needed, then it may take more than one agency to address those needs.

It is imperative for agencies to work together to find the solutions best suited for the client. Claiborne and Lawson (2004) maintained that professionals are unable to attend to every need of a client without depending on other agencies' services. Working professionals are known to have great benefits for their clients when collaboration is used throughout the steps of client progress. Brandon (1999) explained that in the human service field, it is known that collaboration between students, professionals, and outside resources is necessary to effectively assist clients. Learning about collaboration, then, is one key to client success in human service students' curriculum and employment.

Collaborative Practice

Every agency that interacts with people may function efficiently when promoting collaborative practice. Gronski (2000) defined collaboration as, "an interactive process among individuals and organizations with diverse expertise and resources, joining together to devise and execute plans for common goals as well as to generate solutions for complex problems" (p. 783). Collaboration is a vital instrument to improve the quality of assistance for community access. Gronski reminded educators that students with community service involvement in conjunction with collaboration abilities can utilize this collective skill set to improve their future professional lives.

Organizational collaboration benefits more than just client needs in the professional realm. It also helps build a sense of unity. Margolis (2000) recalled how collaboration has enthused interest in community building and practice. There may be advantages to all areas within the community. These agencies pool resources to have a progressive effect on the community, overall.

Bunger, Chuang, and McBeath (2012) pointed out the importance of making effective, personal, connections between clients and the appropriate caregivers. Mayhew (2012) indicated that not only is a personal connection important between the client and the human service provider, but the quality of the interorganizational relationships between service providers has a

direct impact on the referral making and collaboration process. This means that direct service providers need to build positive relationships with other providers and to have the freedom to avoid bureaucratic processes and create innovative strategies for service coordination.

Martinussen, Adolfsen, Lauritzen, and Richardsen (2012) suggested that the quality of the collaboration is related to human service professional burnout and overall service quality. Job demands for human service professionals impacted both burnout and employee engagement, but the evaluation of service quality was most strongly predicted by the collaboration of the services for the client. Adequate training in collaboration and referral making seems vitally important. This notion is supported by the work of Villagrana (2010) who found that social workers who served the child welfare population needed adequate training in order to best understand the needs of their clients. Villagrana's study suggested that it was the professional experiences of the social workers that best prepared them for making referrals and working collaboratively.

Universities may prepare their students with a solid, balanced resource knowledge base by increasing referral exposure in coursework, as well as fieldwork classes. This will allow students to communicate effectively with a manifold of reliable agencies and create an index of future resources. It is also pertinent to the well-being of the people that colleges and universities network with communities surrounding them. Universities and colleges who engage in community practice impact the well-being of the people in the communities that surround the university. Margolis (2000) suggested agencies better serve their client population when they build strong connections with their neighboring college or university. Colleges and universities have a vast set of assets that may be useful when partnerships address community needs (Bringle & Hatcher, 1996). Overall, these procedures positively impact areas within the college and universities, the students' educational experiences, and the sense of community integration.

Preparing Graduating Students

Human service students should be exposed to the education that reflects the demand within their field. University human service curriculum should be receptive and challenged to uphold those principles. Gronski (2000) stated that there is a need for the human service student to be collaborating with various agencies. Also, Gronski affirmed that social service agencies want to hire more resourceful undergraduates. These statements reflect the need of employers who are looking for students being taught a collection of referral sources. Human service professionals become more efficient when exposed to corresponding services. Preister (1996), as cited in Gronski (2000), expressed that state funded agencies report practical and academic graduating students who become employed encounter problems with cooperating with surrounding agencies to solve intricate client needs. Altogether, students who have a higher involvement within the academic and social service community are more marketable, competent human service professionals.

The Council on Social Work Education (CSWE) passed its Educational Policy and Accreditation Standards in 2008, noting that educational programs should strive to create competency based curriculums (Rawlings, 2012). The CSWE emphasized the importance of specific strategies for measuring the fulfillment of student competencies. It appears obvious, then, that cultivating human service programs is imperative if students' competencies within the field are to be solidified. Slaughter, Raskin, and Davis (1995) claimed that it is essential to improve the methods of program assessment to increase the demands of accountability within education. They also contended that evaluation of any human service program is vital to its integrity. Program evaluation is necessary for colleges and universities if they want to be confident that their future graduating human service students are able to uphold the standards for their employers.

Method

An electronic survey was administered to students in an effort to acquire an assessment of their confidence levels in referring clients for specific services, related to specific needs. The goal was to determine if the university human service program under evaluation had been effective at teaching collaborative referral skills to students. The findings were intended to show the needs and accomplishments of the university's human service curriculum and instruction.

Students in their senior year, enrolled in a fieldwork class, were the targets of the investigation. The electronic survey utilized asked about the types of agencies with which they were familiar and their ability to refer a client today if needed. Specific client needs and/or diagnoses were utilized in the investigation. For instance, one question asked about a student's readiness to help coordinate services for a client dealing with an eating disorder. Did they know where they would refer this type of client, and if so, were they exposed to these agencies through classwork, through their fieldwork, and/or through other avenues?

The survey data consisted of 101 students in their senior year. The Human Service Department at the university under investigation had approximately 657 enrolled majors, with 83% of them being female. Demographically, the university is a Hispanic serving institution and the self-reported racial/ethnic breakdown of the human services department was as follows: 51% Hispanic/Chicano, 22% White, 11% Asian/Pacific Islander, 4% African American, 3 % multi-racial, and 8% other or did not specify.

Upon institutional review board approval, directions, informed consent and a link to the online survey were sent to students by way of the fieldwork instructors. No student was required to complete the survey, and there was no way to track a student's responses back to him/her. The data were gathered over a one month time span.

Questions asked on the survey were designed to determine students' level of confidence in collaborating services and making appropriate referrals. Student confidence levels in relation to specific human service issues were investigated and the concerns were as follows: eating disorders, mood disorders, PTSD, substance abuse, domestic violence, homelessness, suicidal

ideation, medical assistance, social security/disability assistance, anger management, immigration challenges, child welfare, couple and/or family therapy, and LGBTQ concerns. Dichotomous and Likert scale options were used to determine levels of student confidence.

Participants were also asked to reveal how they had learned of appropriate referral sources, if they felt confident in making referrals. The goal of these questions was to determine if the students' ability to collaborate had come from human service coursework, fieldwork, a work setting, or through personal experience. Students were also given the opportunity to share what specific areas of continued education they believed they needed in regard to making appropriate referrals and working collaboratively.

Findings

The findings indicated that the Human Services Department being studied successfully educated their students in regard to making referrals for some needs but was still lacking in others. The research also showed that students were becoming familiar with new agencies primarily from their fieldwork experience rather than in their classwork. Also, students' fieldwork education appeared to provide a more comprehensive source of referrals. As prior research has established (Gronski, 2000; Margolis, 2000), human service settings need recently graduated students to know more about collaborative referral resources. As such, human service curriculum should reflect that need and more greatly enhance the students' knowledge base. Adding more easily accessible information for the student will only enhance their expertise and create a higher feeling of competency when becoming a human service professional after graduation.

Confidence in Making Referrals

When asking how confident the students felt in their abilities to refer potential clients to resources, they reported levels indicating that 11% were not confident at all, 33% slightly confident, 41% confident, and 15% reported being very confident. While 56% of the respondents reported some level of confidence, the findings were not statistically significant.

As related to eating disorders, only half of the students knew where to refer a client who was dealing with such a disorder, but 69% of students responded confidently in their ability to refer a client diagnosed with a mood disorder.

Sixty-five (65) percent of students reported they were able to refer a client suffering from PTSD, while a significantly higher percentage (95%) of students reported an ability to refer a client for substance abuse issues. If a client presented as a victim of domestic violence, 80% of students reported that they knew of a safe agency to refer the client, and if there was a client who recently became homeless or reported a long history of homelessness, students reported a 77.5% likelihood of finding an agency to which they could refer the client.

A client reporting suicidal ideation would have a 67.5% chance of one of the students

knowing an agency to meet those needs, but only 41.2% of students reported that they could recall an agency for assisting clients in obtaining immediate medical benefits. Fifty (50) percent of the students reported they could refer a client that needed social security/disability assistance. In some cases, a client might not have the means of returning to the case manager if these needs are not first met. When referring a client for anger management, 42.5% of students reported to having knowledge of any agency specializing in these services. Additionally, only 30% of students knew where to seek assistance with immigration challenges. Some immigration services include legal counseling for low-income clients, English classes, employment training, and translator services.

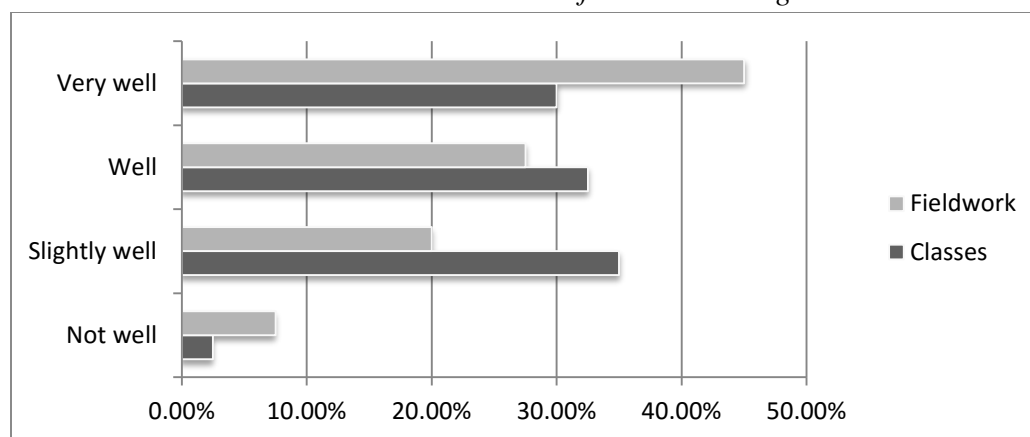
Students reported to knowing where to find information on child welfare agencies at a positive response rate of 62.5%. For this study, child welfare covered parenting classes, child protective services, and family court legal aid. A client in need of couple and/or family therapy would be able to be referred by 82.5% of reporting students, but only 47.5% of students reported being educated on where to send a client in need of LGBTQ related services. This might include support groups, one on one counseling, and connection with the larger LGBTQ community.

Sources of Referral Knowledge

The students reported whether they had utilized the agencies themselves or knew someone they knew who had. This was helpful because it helps determine why students might recall or utilize one agency or service provider more than others. The highest reported agencies that had been utilized by students, their friends, or family members were substance abuse treatment settings, medical benefit assistance, suicidal ideation programs, and couple and/or family counseling. Between 46-54% of students reported some level of personal involvement with these types of services. The lowest reported areas of personal awareness were in connection to LGBTQ services, anger management, immigration challenges, and eating disorders. These response rates ranged from 11-17%. Domestic violence had a response rate of 22.9% and homelessness of 25.7%, even though they were reported by students to have higher potential for making referrals and engaging in collaborative services.

The survey also asked the students which aspect of the Human Service program taught them about the different types of agencies. Students reported that on average they accumulated knowledge of 4-6 agencies all together from their human service coursework. From their fieldwork, they reported learning about 7 or more agencies. Thus, it is shown that on average students are accumulating agencies from their fieldwork more than in their human service classes, which is to be expected due to the nature of experiential learning. The chart below illustrates this difference.

Chart 1.

How well Classes or Fieldwork Provided Referral Knowledge

The survey also asked students which types of agencies they would like to know more about, and 60 to 70% of students reported that they would like to learn how to more effectively collaborate services for specific challenges. The human service issues needing the most training included eating disorders, medical benefits, immigration, and LGBTQ issues.

Discussion

The research showed that the Human Services program in question prepared students rather well in connection to collaboration and referral making skills, but clearly there is room for improvement. The students reported that they believed they were competent in making referrals to agencies in the areas of substance abuse, domestic violence, homelessness, and couple and/or family therapy. There is a need for the students to learn about additional referral agencies for LGBTQ issues, immigration support, and Medicare or medical assistance.

Additionally, the findings revealed that most students are becoming familiar with new agencies during their fieldwork experience rather than during their classwork. Students' fieldwork education appears to provide a more comprehensive source of referrals, but the list of referrals cultivated during fieldwork hours is shown to be not sufficient enough. To better serve the areas in need, the graduating students will need a stronger knowledge base of reputable agencies. The curriculum should reflect the collaboration and referral needs within the client community so that students may be more effective treatment providers or competitive applicants to graduate level programs.

After concluding this study, it has been established that there is also a need for additional research in this area. Future investigation could include a larger sample size and participants from neighboring universities. This will show if there are specific populations underrepresented in human service classes within the community. These data only showed a deficit in one university's human service curriculum solely and not in other colleges or universities that offer

degrees in human services. Additionally, future research should seek out alumni for surveys and/or interviews. These alumni could answer questions as to how collaboration skills would have benefited them once they began working in their field. Also, there could be interviews with human service professionals that have hired recently graduated students. This would provide information as to how much collaboration education is actually needed.

Future research could investigate the consequences of ineffective referrals of clients and what the long-term effects are for the clients that have not been given adequate services. Also, clients' success rates could be examined after they have been properly referred and treated holistically.

There is a benefit to conducting future research related to human service program evaluation and how changes to training regarding collaboration and referrals might impact the community. As the community is growing and the complexity of the client base is becoming more dynamic, then program evaluation will become more of a necessity.

There were limitations in this research study, as there are in all research efforts. First, this study could have had a larger sample size, which would have yielded a lower sampling error. It would also have been more effective to have a few in-person interviews to obtain deeper knowledge of referral sources. These interviews would also have enabled the researcher to examine students' actual referrals sources. Also, these research data did not include human service instructors' perspectives on given agency information in the human service curriculum. There is a need to know which agency referrals are being taught to the students and implemented into the classwork compared to the student's memory of the agencies taught. There would be many advantages in conducting a longitudinal study from first year freshmen human service students and a follow up survey after graduation. This would assess gained knowledge, collaboration skills, and referral sources provided by the human service curriculum.

Conclusion

The Human Service Department under investigation has successfully educated their students in regard to making referrals for certain need groups, but it is still lacking in others. Human service students have been exposed to various populations within their surrounding community. There is a responsibility to equip human service students with the tools they need in the workplace. If existing research has shown that professional settings need recently graduated students to know more about collaborative referral resources, then the human service curriculum should reflect that need and enhance the students' knowledge base. This research study showed the client populations for whom students are more confident in collaborating services. Human service students deserve to be provided with a broader collaboration education if it will provide an advantage to them and their client populations. Adding more easily accessible information for the student will only enhance the student's service expertise and create a higher feeling of competency when becoming a human service professional after graduation.

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Diversity through Inclusion: African American Women with Incarcerated Mates - The Silent Majority

Avon Hart-Johnson

Abstract

This article illuminates how African American women who are in relationships with incarcerated mates have become the hidden victims of mass incarceration - women, suffering as a silent majority. This paper introduces Hart-Johnson's (2014) research study and grounded theory, *Symbolic Imprisonment, Grief, and Coping*, as an explanation for the psychosocial responses and coping mechanisms of African American women affected by this phenomenon. The majority of the women in this study described self-induced psychological and physical states of vicarious imprisonment, as if they, too, were serving a prison sentence or were, symbolically, in home confinement. These findings offer human service scholar-practitioners insights into non-death grief and symbolic imprisonment within the context of separation and loss and having a confined loved one. Finally, this paper offers grief counseling modalities as a possible intervention for this population.

Introduction

Since the 1980s, incarceration rates for African American men have surged and have now surpassed all other comparable groups in the U.S. by race and age (Bureau of Justice Statistics, 2014). These men made up almost 40% of state and federal inmate populations. In the Washington, DC area, where this study was conducted, three of four Black men were at risk of becoming incarcerated in their lifetime if both unemployed and with low academic achievement (Hart-Johnson, 2014). This research demonstrated that African American women who partner with an incarcerated mate can be affected on several levels: psychosocially, physically, and symbolically (Hart-Johnson, 2014). In this article, I discuss the significance of including African American women's voices in the scientific literature to promote diversity and inclusion and to provide a framework for developing intervention strategies to address the needs of these women. Next, I discuss the conceptual framework, method, and resultant substantive theory constructed during concurrent data collection and analysis. Finally, I conclude with a call for action to human service practitioners to incorporate *Symbolic Imprisonment, Grief, and Coping* grounded theory in future research and praxis.

Literature Review

Following 40 years of study of hyper-incarceration in the United States, the literature continues to grow with a focus mainly on inmates (Zamble & Porporino, 2014), prison overcrowding (Guetzkow & Schoon, 2015; Pitts, Griffin, & Johnson, 2014), and children with incarcerated parents (Turanovic, Rodriguez, & Pratt, 2012). In the context of this social problem, the voice of African American women was covered less in the literature. Studies that covered this topic on the periphery suggested that women can be affected emotionally, experience stress and depression and possibly grief (Apel, Blokland, Nieubeerta, & Schellen, 2010; Chui, 2009; Duwe & Clarke, 2013; Wildeman, Snittiker, & Turney, 2012). However, I found no study that explored this problem holistically. “Therefore, the problem is that helping professionals may not fully understand the impact of separation and loss on the quality of life for affected African American women or know how to support them” (Hart-Johnson, 2014, p. 8). The purpose of this study was to build a substantive theory that can explain how women with an incarcerated mate respond to separation and loss and to understand their coping strategies.

Significance

Social problems like mass incarceration affect mostly vulnerable, stigmatized, and marginalized individuals. In general, people who are stigmatized because of their relationship with an offender may socially withdraw from the shame, and even guilt, associated with crime. Although these populations may appear invisible, it is important that all voices be valued, heard, and considered in research and praxis. The development of effective intervention strategies and support systems depends on sound research and empirically-based scholarship that considers all parties, including African American women who may be affected. When scientific research is limited, one can assume that scientific-based solutions to the problem are also at a deficit (Hart-Johnson, 2014). The current study was designed to help address this research and knowledge gap by using a qualitative inductive method to explore how African American women’s quality of life may be compromised due to stigma, shame, grief, and psychological trauma associated with having an incarcerated loved one.

Conceptual Framework

This research was the first to explore holistically the psychological, social, physical, and symbolic grief concepts and coping strategies of African American women who are in a relationship with incarcerated mates. The theoretical lens used for this study was disenfranchised grief (Doka, 2002) and the dual process model of bereavement (Stroebe & Schut, 1999). Disenfranchised grief is concerned with grief that is not publically sanctioned or acknowledged. The dual process model explains how grieving can be intermittent. Together,

these theories provide a conceptual framework to examine separation and loss (see Figure 1. Theoretical Framework).

Figure 1. Theoretical Framework

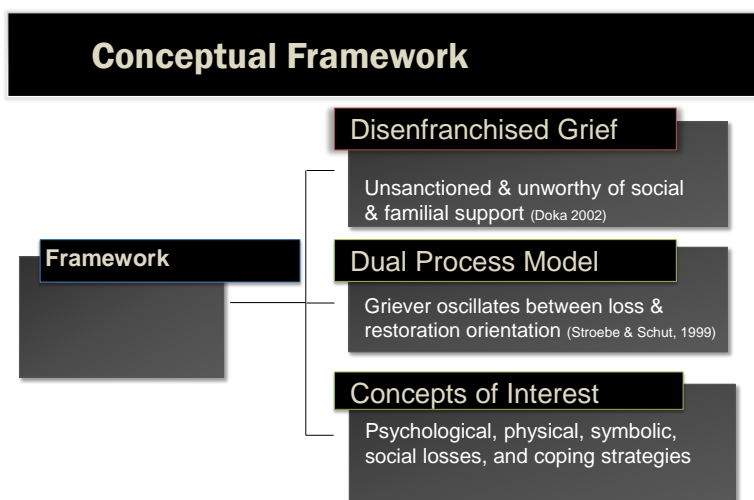


Figure 1. Theoretical Framework (Hart-Johnson, 2014)

Method

A qualitative sample comprised 20 self-identified African American women from the Washington, D.C. metropolitan area. Snowball sampling was used to recruit participants after Institutional Review Board approval. All women provided informed consent and met the inclusion criteria of being in a relationship with an African American man who was serving or had served a prison sentence of one year or more. A semi-structured interview guide was constructed and used for the interview. These questions were focused on five primary concepts using Rubin and Rubin's (2012) qualitative interview techniques designed to understand losses: (1) grief, (2) symbolic, (3) psychosocial, (4) physical, and (5) coping processes related to African American women who were in a relationship with an incarcerated mate.

I used a combination of Charmaz's (2006) and Glaser and Strauss (2006) grounded theory methodologies to complete this study. During the process of theoretical sampling, I employed concurrent data collection and analysis that lasted over a two-month period. The research question was: What are the processes and theory that explains how African American women perceive their experiences of separation and loss from their incarcerated mate and what, if any, are the coping strategies (Hart-Johnson, 2014, p. 11). Theoretical saturation occurred after interviewing the 7th participant. Two research questions emerged specific to the phenomenon: symbolic imprisonment (see Figure 2., Symbolic Imprisonment, Grief, and Coping Theory Model [SIG-C]). I continued performing theoretical sampling to ensure robust development of a theoretical model and to ensure that these questions were addressed (see Figure

2). Data collection continued until the 20th participant was interviewed. The theory was constructed from participant interview data, analytic memos, and topic-specific autobiographies, and using first- and second-cycle coding methods for data analysis.

NOHS Interactive Workshop

The results of this study were presented in a workshop at the National Organization of Human Services (NOHS) 2015 annual conference. The first objective of this workshop was to engage conference participants - many of them helping professionals - and to draw upon their microskills of active listening and empathy to promote a group discussion. The second objective was to discuss possible intervention strategies for disenfranchised women who have suffered loss. First, participants were asked to take part in a visualization exercise. During this activity, I asked the audience to close their eyes and to listen as I read the following script:

“Close your eyes and think about someone whom you love very deeply and fully. Visualize his or her face. Think about the warmth of this experience. Let these feelings resonate with you for a moment. Now, I want you to imagine that person has been ripped from your life and taken to prison without warning. You are alone. What are you feeling? Now, imagine 10 years have passed, and you are at the prison gates to pick up your loved one. What are you feeling? Now you may open your eyes.”

Audience members were asked to volunteer and share reflections about how they felt during this activity. Many of the audience members had observable expressions of emotion. I informed the audience that the purpose of this exercise was to help them to move from a point of intellectual focus to a state of empathy.

The second activity was designed both to highlight the research findings and to engage the audience further. To illustrate and personalize the research participant experiences, I asked workshop attendees to pair in groups of two or three. Then, I read five participant profiles, each one before each interview question was read. The groups were asked to imagine being the woman whose characteristics and life I summarized. This exercise stimulated a robust discussion among workshop participants about loss, grief, sadness, stigma, shame, and other rich insights specific to the interview questions. The audience also discussed possible intervention strategies, including grief support groups, prison-wives' social networks, and human service support. After the group discussion, I revealed the actual findings, summarized in the results below.

Results

The significant finding from this research was the discovery of the grounded theory that I coined as *Symbolic Imprisonment, Grief, and Coping* (SIG-C). This theory comprises five major

constructs that represent the major themes identified in the interview data. Table 1. Thematic Results by Summarized Interview Questions provides interview questions, results, and themes.

Table 1

Thematic Results by Summarized Interview Questions

Interview Questions, Themes, and Results	Percentage (%)	Number of Participants
Interview Question #1: Could you tell me what if any feelings of grief, you experienced as a result of from your loved one's incarceration? <i>Result:</i> The majority of the women felt grief, similar bereavement. Theme 1: Grief, akin to losing a loved one through death Select Participant Quote "...like I'm grieving over someone [who] died."	[80%]	16 of 20
Interview Question #2: How has your experience with an incarcerated loved one affected you socially, physically, and emotionally? <i>Result:</i> The overwhelming majority experienced psychological and physical states of self-induced confinement resulting social isolation and withdrawal (vicarious imprisonment). Theme 2: Symbolic Imprisonment Select Participant Quote "I'm locked up too...even though I could walk out freely"	[90%]	18 of 20
Interview Question #3: How has your experience with having an incarcerated loved one affected you emotionally (psychologically)? Theme 3: Psychosocial Impacts Select Participant Quote "'I went through the, uh, depression. I lost weight. I gained weight. I was sick'" <i>Result:</i> Many of the participants reported multiple psychological and social responses (stress, depression, anxiety, fear, sadness, relief, guilt, shame, and stigma).	[75%]	15 of 20
Interview Question #4: Could you tell me what it is like to be physically separated from your loved one? Theme 4: Charismatic and Controlling Mate Encounters Select Participant Quote "He really tried to brainwash me that's what I feel like." <i>Result:</i> Although physically apart, te majority of the women reported feeling manipulated and controlled by their mate who exhibited charm, charisma, intelligence, and romanticism which resulted in the woman developing a co-dependent and significant attachment.	[85%]	17 of 20
Interview Question #5: Please describe how if at all you cope with separation and loss from your incarcerated mate? Please describe any symbolism associated with coping (you were asked to bring and describe any pictures, letters, clothing, etc.) Theme 5: Metaphoric Rituals Select Participant Quote "I[d] carry his wallet everywhere I go with his ID[photo]" <i>Result:</i> Many of the women reported using metaphoric rituals to cope with their separation and loss.	[40%]	8 of 20

Note. (Hart-Johnson, 2014, pp. 281-289)

The theoretical model in Figure 2. Symbolic Imprisonment, Grief, and Coping Theory Model [SIG-C] depicts the grounded theory, Symbolic Imprisonment, Grief, and Coping (SIG-C). This model comprises five major theoretical constructs and minor sub-processes, supporting relationships, triggers, and outcomes. The process starts with a woman having an incarcerated mate (#C00). Triggers of separation, shame, and guilt cause the woman to enter a state of symbolic imprisonment, which is depicted by the dotted line. Within this boundary are processes

of vicarious imprisonment (#C02), which is a state of emulating the mate's incarceration through denial of recreation, employing rigid routine resulting from guilt and/or shame of the mate's incarceration. Also, charismatic and controlling mate encounters (#C03) conveys the manipulation by the incarcerated men, used to keep some of the women in a co-dependent narcissistic relationship. The psychosocial responses (#C04) express women's sadness, fear, anger, depression, and in some circumstances, relief. Outside this boundary is the expression of grief (#C01) that may co-exist with symbolic imprisonment. Finally, women tend to cope using metaphors and ritual that may serve as a proxy for the absent mate. Examples include a place setting at the dining room table during Christmas dinner, or wearing the absent mate's clothing. The other items in the diagram represent self-explanatory triggers, relationships, and outcomes such as successful or unsuccessful coping. Collectively, these processes answered this study's research question. See Hart-Johnson (2014) for additional detail.

Figure 2. Symbolic Imprisonment, Grief, and Coping Theory Model [SIG-C]

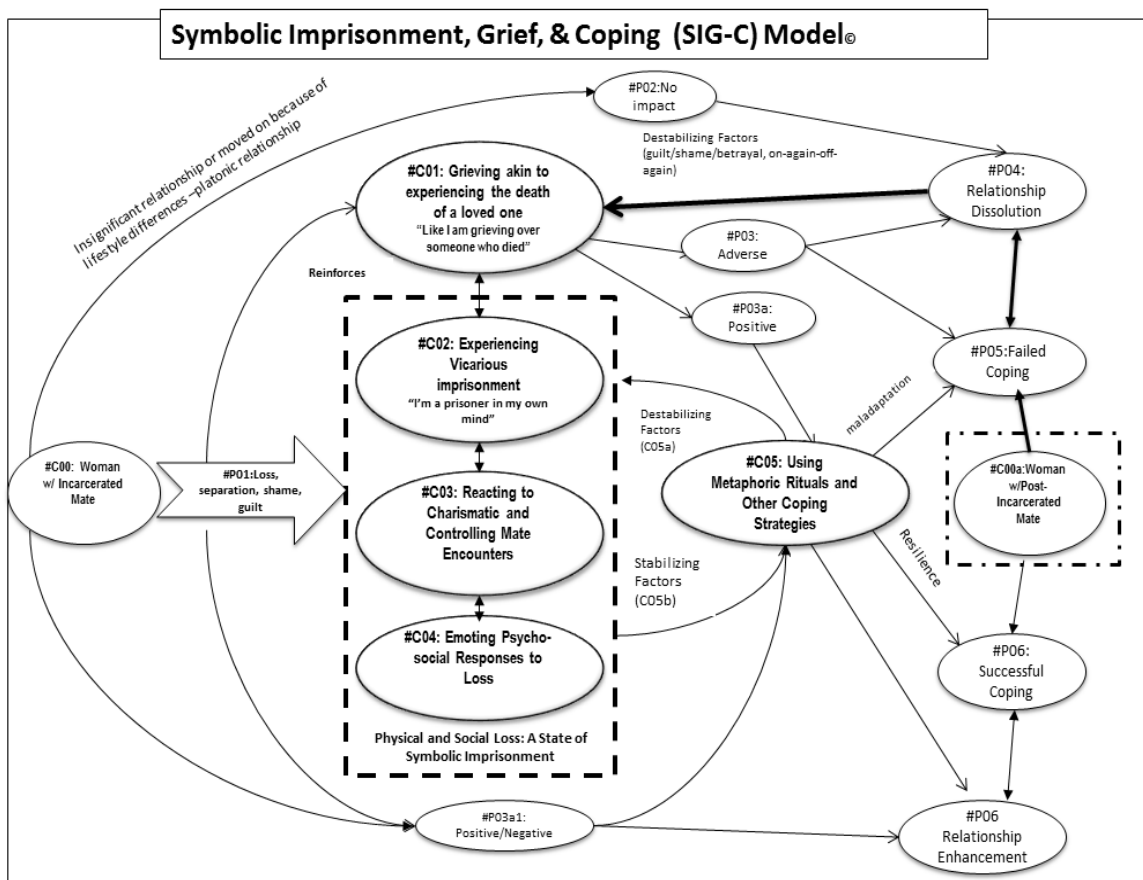


Figure 2. Source: Symbolic Imprisonment, Grief, and Coping Theory Model [SIG-C] Hart-Johnson (2014)

Conclusion

Although the United States continues to lead the world in incarceration rates (Steiner, 2015), the literature specific to African American women lags behind. Although at the time of this publication, there was a current political and legislative focus on sentencing reform, it may take decades to reverse the collateral damage suffered by this population of women. Moreover, the current climate of frequent and disproportionate arrest rates of Black boys and men leaves America in a perpetual carceral state (Beckett & Murakawa, 2012).

Research specific to African American women with incarcerated partners is important because these women are likely the most impacted by the high incarceration rates of Black males. Federal reporting databases do not capture inmate partner data. Even if these women do not partner with African American men, they may have incarcerated sons, daughters, or other relatives in the prison system, as many women in the study indicated.

Women in this study indicated that their grief was similar to death-related bereavement. They also indicated that they felt guilt and a predisposition to refrain from recreational activities because they felt as though they, too, were serving prison sentences. This research study was designed to illuminate the challenges experienced by these women and to address further the knowledge gap in the scientific literature.

Given the extreme grief expressed by women in this study, it is suggested that helping professionals consider grief intervention and counseling modalities to support affected women. A limitation of this study is the small sample size; however, this is typical of qualitative studies. The preliminary finding presents an opportunity for future research and focus on this context specific theory. Additionally, this study suggests a call for action for human service practitioners to explore this grounded theory and test its robustness against other populations and gender groups. As Glaser and Strauss (1967) noted, interrogation of grounded theory does not invalidate the theory; it is only made stronger.

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Internationalization in Human Services: Education, Equity, & Ethics

Alice Walters

Abstract

Higher education in human services prepares students for professional practice in the field. Maintaining diversity in the student population achieves equity and adds to student cultural interaction. The U.S. leads in numbers of foreign students (Cremonini & Antonowicz, 2009). International students have unique challenges that are barriers to successful academic achievement (Owens & Loomes, 2010). There is a research gap in understanding the experiences of international students in human service education. This essay discusses proposed research of a phenomenological study into the lived experiences of international human service students. The research would contribute to understanding barriers and facilitators of educational success for international human service students to improve educational outcomes.

Introduction

Diversity matters in the educational experiences of human service students. International student enrollments achieve equitable global education and add cultural interaction to human service education. There is a research gap in understanding the experiences of international students in human service education. This essay examines proposed exploratory qualitative research to understand the lived experiences of international students in human services. This research agenda aims to improve the educational success of international students in human services. An improved educational experience for international students furthers ethical goals for educational equity. Education, equity, and ethics are interrelated in the academic success of international students.

Significance

- Rates of international student enrollments in higher education continue to rise dramatically across all disciplines with over 974,976 foreign students in the U.S. in 2014-2015 (Institute of International Education, 2015).
- International students have unique challenges that can be barriers to successful academic achievement (Owens & Loomes, 2010).
- Understanding the life experiences of international students during human service education may help improve educational success and maintain diversity in our professional programs.

- Research findings would have implications for developing effective educational support for these students.
- This proposed research highlights an important but under-researched aspect of diversity in human service education.
- The research contributes to furthering ethical practices of educational equity.

Literature

International students in human services provide unique perspectives valuable to the diversity of the profession. Educators have valued diversity in student body composition for economic (ElAtia, Ipperciel, & Hammad, 2012), cultural (Owens & Loomes, 2010), and global leadership (Asgary & Robbert, 2010) contributions. Findings demonstrated that the US has been the global leader in numbers of foreign students enrolled in higher education (Cremonini & Antonowicz, 2009). Additionally, international student enrollments have been on the rise in all academic disciplines (Institute of International Education, 2015). The value of international student perspectives and their numerical contribution justifies examining factors to increase their educational success. Research findings provided insight into international student educational experiences.

Current research on international student educational experiences revealed both barriers and facilitators to their academic success. Owens and Loomes (2010) identified unique challenges as barriers to successful academic achievement for international students. Specific challenges for these students included isolation, homesickness, and second language difficulties (Kwon, 2009). To address and mediate these challenges, investigators identified interventions targeting social integration (Owens & Loomes, 2010) and language support services (Yakimchuk, 2010) as most successful. Additionally, scholars noted that concerns for international student educational success highlighted ethical diversity issues in higher education. For example, Amit (2010) observed the need for broad institutional reforms and addressing dominating Western frameworks for positive ethical changes in higher education practices. Rose-Redwood (2010) concurred, noting international student perspectives informing areas of needed university diversity improvement. These findings all contributed to preliminary understandings of the international student experience in higher education.

Purpose

The purpose of this proposed research is to address gaps in understanding international student experiences in human service education. Addressing such gaps to improve the educational success of international students aims to increase educational equity. Current research requires further exploration into the realities of international student lives. The personal coping of international students with identified challenges, access to resources, and perspectives

on both barriers and facilitators to academic success are research gaps. Further, a gap exists for specific understanding of international student experiences within the human service academic discipline. The proposed study contributes to understanding the lived experience of international human service students. The study aims to improve the educational experiences of international human service students by understanding major themes of their educational journey to guide appropriate educational interventions for increased success. To this end, three research questions emerged.

Research Questions

RQ1: What is the lived experience of being an international student in human services?

RQ2: What social and personal meanings form the essence of this experience?

RQ3: What barriers or facilitators emerge for international student success in human service education?

Methods

Procedures

The proposed study is an exploratory qualitative study. The research design uses the phenomenological method to examine the lived experiences of human service international students (Moustakas, 1994). Phenomenology provides advantage for gaining in-depth understanding and personal meanings of international student experiences. This method is appropriate given the limited research available on these students in human services. Sampling would entail convenience sampling of volunteer international students in a university human service program. Semi-structured interviews would explore lived experiences, personal meanings, and educational experiences of these students.

Data Analysis

Data analysis will follow phenomenological analysis including generating meaning units and clustering (Moustakas, 1994). These analysis strategies can identify major themes of international student educational experience in human services.

Limitations

The limitations of the study are the small sample size and convenience sampling. These factors do not allow research generalizability. The study design is exploratory for insight into a little researched area.

Conclusion

This essay examined the significance of further research into international student perspectives. Current findings indicated the value of international students for contributing to a diverse professional workforce and broadening perspectives in human services. Yet, challenges exist for international students pursuing higher educational degrees in human services and other academic disciplines. The proposed research would address gaps for understanding the international student experience in human service education. Personal meanings, personal identity, and professional identity issues may emerge from this study. Additionally, understanding facilitators and barriers to international student educational success would be an important research contribution. Findings from this proposed study would provide direction for future generalizable research. This proposed research would aid social change goals in human services by increasing the knowledge of the international student experience to guide supportive educational interventions. Improving the educational experiences of international students is a step toward the ethics of educational equity. This research design supports that diversity matters in human service education.

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