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# Perspectives on Social Work

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## **From The Editor: A Social Worker's Audacity to Have Hope**

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In his 2008 visit to New Orleans, Louisiana, Senator Obama, now President Barack Obama signed my copy of his book *The Audacity of Hope*. Overwhelmed with gratitude that he visited the recovering Southeastern Louisiana area, I believed the heightened awareness might result in responsive services and the necessary aid to help rebuild the affected communities. I became an encouraged River Parishes resident and a hopeful social worker.

I love how social workers had the audacity to have hope in our early years of settlement work at Hull House and Kingsley House, while providing scientific charity. More recently, organized social justice efforts have helped revive our cities - New Orleans, New York, New Jersey and Baltimore. Social workers were heavily involved in these efforts and continue to be the artists of social welfare policies. We have prioritized social action as we advocate for policy to increase money for education while we also lobby for lower student loan rates. We are the voice of the homeless, the oppressed, the laid-off public workers; and we are united in our efforts to provide assessable health care for all! As we continue to be the largest providers of mental health services in America, and as we continue to influence best practices of social efforts, I audaciously say there is hope for the growth and success of our nation because we have social workers.

In the current issue, the passion for social work education and the hope for the outcomes of communal support during doctoral education are emphasized by Diedre Lanesskog and colleagues. These authors suggest that much of the success of a social work doctoral student's completion rate may rest in supportive mentoring among students. Next, Prock and colleagues suggest that training and education is key to increasing empathy among social workers who work with individuals who have been diagnosed with HIV/AIDS. The authors emphasize the need for self-awareness when social workers are working with our vulnerable populations of society. Heightening awareness is also the priority of Husain Lateef, who offers a non-western framework, Afrocentricity, as a useful theoretical framework when providing preventive services with young Black youth. Then, Pena and colleagues piloted a positionality measure to assess how MSW students understand and respond to issues related to power, privilege, and oppression in field practice settings. Their study suggests that the measure may be adapted and used as a tool to increase the awareness of social work students for the purpose of helping them become more culturally responsive with communities from which they did not originate. Finally, O'Neill's book review of *Reinventing American Health Care* may be persuasive enough for us all to add the book to our 'must read' list. O'Neill suggests that the book offers predictions of a new healthcare system with regard to access, quality, and delivery methods.

Fellow social workers, it is my hope that you read the contributions of our authors and that the articles provide you intellectual stimulation. During the holidays, it is my wish that you will have a balance of self-care, innovative teaching, research and practice, and that you have the audacity to have hope!

***Maurya, Glaude, MSW, LCSW***  
***Editor***

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### ***Editorial Policy:***

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# **Joining the Club: Reflections on Developing and Implementing a Social Work Doctoral Student Organization**

*Deirdre Lanesskog, MPA, Megan S. Paceley, PhD, Sung-wan Kang, MSW & Emily Lux, MSW*

## **Abstract**

*This article describes the development of a social work doctoral student organization to enhance student experiences at a Midwestern school of social work. Doctoral student organizations are consistent with research that emphasizes the importance of environmental factors in doctoral program completion. Social supports are especially important among increasingly diverse social work doctoral students whose needs likely differ from those of their more homogenous predecessors. The authors describe the process of creating a student organization; identify the association's mission and activities; offer a reflective assessment, and provide recommendations for students interested in developing these organizations at their own institutions. We suggest that doctoral student organizations are feasible, affordable, and may enhance communication, mentoring, and the sense of community among doctoral social work students.*

*Keywords:* doctoral students, doctoral program, attrition, retention, student diversity, doctoral program environment

## **Introduction**

Over 2,428 social work doctoral students (Council on Social Work Education [CSWE], 2012) are currently studying, researching, seeking employment, and (dare we suggest) *worrying*, across the more than 80 social work doctoral programs in the United States. To date, few studies have explored the experiences of social work doctoral students (Anastas & Kuerbis, 2009), although organizations have been developed to promote doctoral educational (e.g. Group for the Advancement of Doctoral Education [GADE]). In the past decade it has become widely recognized that the doctoral education environment is important in doctoral student success (Gardner, 2008, 2010; Golde, 2005; Lovitts & Nelson, 2000; Sweitzer, 2009; Weidman & Stein, 2003). The Council of Graduate Schools (2008) identified the development of doctoral student organizations as a promising practice in fostering a supportive program environment. This article contributes to the literature on social work doctoral students by describing the development, implementation, and preliminary assessment of a doctoral social work association at a research-oriented university.

## **The Impact of Environment on Doctoral Student Success**

Doctoral student success hinges on the student's integration into both the broader field of study and the student's local academic department (Tinto, 1993). This effective socialization of doctoral students leads to increased persistence. Important components of socialization include mentoring relationships with faculty and peers (Liechty et al., 2009; Lovitts, 2005; Sweitzer, 2009; Waldek, Orrego, Plax, & Kearney, 1997); an encouraging and cooperative, rather than competitive, climate (Weidman & Stein, 2003); the clear communication of expectations (Gardner, 2008); and guidance for navigating multiple transitions (Gardner, 2010).

Across substantive fields, doctoral program structures and processes reflect the experiences and characteristics of previous generations of doctoral students, who were typically young, white men (Gardner, 2008). However, among students admitted to doctoral social work programs in 2012, 73% were women, nearly 45% were from underrepresented groups, and 38.5% were age 35 or older (CSWE, 2012). Further, the majority of social work doctoral students are married and many are caring for dependents (Anastas & Kuerbis, 2009). Research with doctoral students in other disciplines suggests that this mismatch is particularly frustrating for students who are women, parents, students of color, older, or who attend part-time (Gardner, 2008) – common characteristics of social work doctoral students. Increasingly diverse cohorts of social work doctoral students, including international and first-generation students, are likely to feel marginalized when they encounter attitudes, structures, and expectations which are inconsistent with their identities and incompatible with their lives.

Further, socialization to doctoral study requires the elucidation of explicit and implicit rules, expectations, and supportive resources (Gardner & Holley, 2011). These important details, such as class schedules, assistantship workload, productivity expectations, service requirements, and subsequently, available resources and options for students who require greater flexibility, are not often addressed through formal university or departmental communications. Rather, these important norms are shared over time via interpersonal interactions with peers and mentors, when students are already in the midst of their doctoral pursuits. Therefore, creating an environment that facilitates effective communication, collaboration, and connection among students, their peers, and faculty, becomes essential for doctoral student success.

### **Graduate Student Organizations**

At the undergraduate level, participation in student organizations has been widely studied and has been found to contribute to student success, including retention and completion (Gardner & Barnes, 2007; Tinto, 1993). Research suggests that doctoral students may also benefit from the social supports, networking opportunities, and professional development experiences student organizations typically provide (Gardner, 2005; Gardner & Barnes, 2007; Sweitzer, 2009). One study found that doctoral students valued the faculty and peer interactions they experienced via participation in a doctoral student organization (Gardner, 2005). Students use these opportunities to learn from more knowledgeable and experienced peers (Gardner, 2005) as well as to establish communication with faculty members who might serve as advisors or committee members (Gardner & Barnes, 2007). Moreover, students believed that the organizational connections and experiences they had via graduate organizations helped them in their job searches, as well as in their future positions (Gardner & Barnes, 2007). Graduate student organizations might further address doctoral students' needs by providing peer mentors who can answer questions students would rather not ask faculty (Gardner, 2010), as well as by providing opportunities to plan for and debrief from stressful national conferences and job interviews (Gardner & Barnes, 2007). Finally, doctoral student organizations can help ease the tensions over work-life balance likely faced by many doctoral students by incorporating families into the academic experience (Sweitzer, 2009).

### **Developing a Doctoral Social Work Association**

Our Doctoral Social Work Association (DSWA) (henceforth we use “DSWA” to reference our particular organization, and “organizations” to describe all others) was created by doctoral students at a Midwestern School of Social Work for the purpose of increasing opportunities for communication, collaboration, mentorship, and professional development. Prior to the creation of DSWA, students informally offered these supports to one another on a small scale within their own social circles. Students recognized the benefits of a broader, more inclusive organization that would allow for more efficient and effective collaboration, advocacy, and leadership. The following sections describe our experiences implementing a doctoral student association and offer advice for doctoral students on enhancing their own programmatic environment via a doctoral student association.

During the early stages of development, one of the authors solicited student interest and opinions regarding the creation of a student-led organization and the official registration with the university. It seemed useful to form a Registered Student Organization (RSO), as the university provides space, resources, and funding for these organizations. The formal registration process required organizations to identify at least five officers, whose members would complete registration paperwork and participate in online financial and safety training.

Doctoral students interested in forming an organization established five officer positions and defined the duties and responsibilities assigned to each officer. The president schedules and facilitates meetings, serves as a liaison between doctoral students and the school’s administrators, and ensures compliance with university RSO requirements. The treasurer applies for and manages the organization’s funds. The social chairperson coordinates social events for doctoral students and their families. Two professional development chairpersons plan and implement seminars, brown bag lunches, and student opportunities to practice presentations.

Students emphasized that the five officers should reflect the diversity of the program. Students were encouraged to nominate peers and themselves for officer positions. As a result, the inaugural executive committee reflected the diversity of our students in terms of cohort, race, ethnicity, age, gender, and country of origin. The authors represent four of the five original DSWA student leaders (a fifth officer was unable to participate in writing the article). The creation of this organization was supported by students and by the school’s administration.

## **Key Components**

The mission of our DSWA is to enhance doctoral students’ sense of belonging by facilitating communication, collaboration, mentoring, and professional development. Toward this end, our DSWA engages in four primary activities: monthly student meetings, professional development seminars, formal and informal mentoring, and social events. Monthly student meetings create connections between doctoral students and provide opportunities to share accomplishments and challenges related to graduate studies, to brainstorm strategies and solutions, and to identify needs that can be addressed by DSWA programming or by the School. On average, about half of the 25 doctoral students who reside locally attend these general meetings.

Professional development seminars, created in collaboration with program administrators, provide opportunities for students to explore research, teaching, scholarly writing and publishing,

funding, job market preparation, and stress management from experts within our department and across campus. In addition to these structured seminars, the DSWA provides doctoral students opportunities to practice job talks and conference presentations, and to receive feedback from peers and faculty members. On average, about 10 students (40%) attend these events.

Another major component includes two different types of mentoring: faculty and peer. With financial support from the School, we implemented a ‘Lunch with Faculty’ series. Monthly, two faculty members are invited to attend a catered lunch with doctoral students. These lunches are semi-structured: faculty members are asked to introduce themselves, describe their own academic journeys, and identify ways in which they are willing to collaborate with doctoral students. These relaxed lunches facilitate informal interaction between students and faculty, but also introduce students to potential committee members, writing collaborators, and mentors they might not otherwise meet through their courses or assistantships. These lunches are among our most well-attended activities, with an average of 18 students (75%) attending regularly.

In addition to promoting faculty mentoring, the DSWA provides formal and informal peer-to-peer mentoring. Incoming students can request a designated “peer mentor,” a more senior student to help navigate the first year of graduate studies. This type of mentoring often involves program-related advice, such as registering for classes and navigating departmental processes, as well as exploring a new community, and debriefing when overwhelmed. Informally, as communication between students has increased through DSWA participation, so has informal mentorship between students, who share successful grant proposals, paper ideas, dissertation completion strategies, and job announcements. Our DSWA’s Facebook page, accessible only to current and former doctoral students, provides a venue for celebrating achievements such as completing qualifying exams and publishing papers, as well as for sharing more personal news about non-academic interests and families.

Finally, our DSWA provides monthly social events for doctoral students and their families. These events, which have included bowling, potlucks, ice skating, and attending local festivals, occur outside the school and give students a chance to integrate their professional and personal lives. On average, approximately eight students attend these events.

## **Usefulness**

In addition to implementing the association, our leadership team provided a reflective assessment of the usefulness of the DSWA. At the conclusion of the first year we assessed our association in two ways: informal observation and doctoral student feedback. The authors, all DSWA leaders, met as a group to discuss and to reflect on our experiences and observations implementing the DSWA. We reviewed the challenges we encountered, our perceptions of successes, and informal feedback we received from peers. Additionally, at the final DSWA meeting of the year, the leaders solicited direct feedback from the doctoral students about their experiences with DSWA. This meeting provided additional anecdotal data about student perceptions of the DSWA’s. The authors met again and used their notes from both meetings to identify four key themes. Although our assessment methods were informal and correlational, this reflection on our experiences may be useful for social work doctoral students in other programs. Further, it is important to note that these impacts mirror what could be observed by



DSWA leaders or was reported by students involved in DSWA and may not reflect the experiences of those who declined to participate.

Four major impacts were described by students and witnessed by those in leadership roles: reduced isolation, enhanced access to resources, increased student leadership opportunities, and improved school climate. Reduced isolation was perhaps the biggest impact: students developed collegial relationships that fostered mutual encouragement and support. Additionally, doctoral students reported having greater access to faculty who provided enhanced support and resources. Although all students are assigned formal faculty advisors, our events facilitated faculty mentoring of students with whom they might not share research or teaching interests, but who benefited nonetheless from faculty members' experience and wisdom.

Additionally, the DSWA was able to advocate for changes in school policies and practices by working collaboratively with each other and administrators. For example, doctoral students expressed interest in gaining teaching opportunities beyond traditional teaching assistantships. The DSWA worked with school administrators to develop and to distribute an annual "guest lecture list" of doctoral students willing to provide brief lectures on specific topics for classes throughout the year. Faculty members used this list to develop their course schedules, incorporating doctoral student guest lectures into their courses, as well as providing direct teaching feedback to doctoral students. Similarly, when students expressed anxiety about participating in the upcoming job market, DSWA leaders were able to arrange a meeting in which current members of the school's hiring committee met with students on the job market to provide advice for navigating the job search process.

A third impact included increased access to resources – primarily information-sharing among doctoral students. Students used the monthly meetings, email list, and social media pages to share grant and fellowship opportunities and interesting methodological articles. We also noted an increase in student collaboration on grant applications, conference abstracts, and article submissions. These opportunities provide students the chance to develop leadership skills and gain practice in collaborating with academic colleagues, experience which will be valuable in students' future roles as faculty members and researchers.

Finally, students and leaders highlighted an improved school climate for doctoral students. Students engaged more often in lunch and coffee outings, in informal conversations in the student lounge, and included students' partners and children in social activities (e.g. baby showers, dinners, holiday celebrations), even though many of these events were not formally sponsored or organized by the DSWA. Finally, our school routinely demonstrated support for and responsiveness to our DSWA, confirming its commitment to doctoral education and to the well-being of doctoral students. The creation of our DSWA provided multiple opportunities for doctoral students, program administrators, and faculty to work together to create changes which were mutually beneficial, and which, we hope, will bolster student productivity and persistence.

## **Lessons Learned**

We found that developing and implementing our DSWA was feasible, affordable, and sustainable. However, we found that we did not benefit from completing the formal institutional

protocols for registering student organizations. Rather, as noted in the research, we found that university processes and resources for RSOs were primarily tailored to undergraduate students (Bair, Haworth, & Sandfort, 2004) and were not applicable for our doctoral organization. Consequently, the authors recommended that the DSWA not pursue renewal of its RSO status. Instead, we retained some of the structure required of registered student organizations, but have forgone the time consuming paperwork and training in favor of becoming an informal organization – recognized by our members and our department, but not by our university.

Further, the DSWA did not receive funding from the university or from any other source. We received in-kind donations of food and meeting space from our program, but these donations did not require the organization to maintain a bank account or financial records. As a result, we recommended eliminating the Treasurer position. We also recommended that both the President and Social Chairperson positions be shared by two students, as was already the case for the Professional Development position. We recognized that working in teams of two would lighten the workload and expand the size of our executive board to six persons, creating room for representation from additional cohorts and increasing the chances of sustainability by allowing an experienced chairperson to mentor a new chairperson.

The DSWA's lack of funding did not prevent our organization from planning and implementing meaningful events. However, several leaders reported feeling obligated to spend their own money on snacks, drinks, and other incidentals in an effort to extend hospitality at DSWA events. We encourage organizations to discuss members' expectations regarding food at events and to identify equitable ways (potlucks, snack schedules, donations, etc.) to meet those expectations. Undoubtedly, providing food may be the most meaningful and appreciated form of support a program, department, or school can give a doctoral student organization.

Finally, throughout the academic year, all of the 25 local doctoral students participated in at least one DSWA event or activity. Student participation was highest at events held over the lunch hour and at events attended by faculty. Conversely, fewer students attended social events held on weekends, although attendees were more likely to be international students and their families. Some students attended multiple events each month and participated with fervor. The majority of students attended multiple events each semester, whenever their schedules and workloads allowed. A few students participated only once or twice during the year. We advise organization leaders to expect significant variation in student participation, to recognize that subgroups of students may have different needs, and to accept that some students may not need or want to participate at all.

## **Conclusion**

The pursuit of doctoral education, in any discipline, is a difficult undertaking – one completed by only half of all students who enroll in doctoral programs (Bair & Haworth, 2004; Golde, 2005; Liechty et al., 2009; Lovitts & Nelson, 2000). Although little research examines the specific factors that influence attrition among social work doctoral students, developing a student-led doctoral organization may be a straightforward and inexpensive way to enhance supports for social work doctoral students and their families.

Student attendance at student-faculty lunches affirmed students' desire for close mentoring relationships with faculty (Lovitts, 2005; Sweitzer, 2009; Waldeck, Orrego, Plax, & Kearney, 1997). Similarly, students' willingness to lead and to participate in DSWA activities demonstrated their commitment to forming a more supportive, collegial, climate (Weidman & Stein, 2003): one that meets the needs of an increasingly diverse group of social work scholars (CSWE, 2012). The heightened sense of community which emerged from our efforts has been noted as particularly important, both by our doctoral students and by scholars of doctoral student success (Golde, 2005; Weidman & Stein, 2003). Finally, although our association's original mission focused on doctoral students' experiences, we found that our efforts also facilitated greater inclusion and incorporation of students' family members into our doctoral community. Given the increased diversity of doctoral social work students across the country (Anastas & Kuerbis, 2009; CSWE, 2012), who simultaneously pursue scholarship while caring for families, this outcome is particularly encouraging.

The creation and development of our DSWA has enhanced the environment of our doctoral program. Our student members indicate that our organization has generated a more collegial, collaborative environment in which students experience supportive relationships with faculty, with each other, and with family members. While we are not able to evaluate our association's impact on student persistence, our experience suggests that further study of doctoral social work organizations, including their proliferation across schools, their qualities, and their impact on student success, is certainly needed. In the meantime, we encourage social work doctoral students to pursue the creation of such organizations as low-cost ways to bolster doctoral student supports throughout the challenges of doctoral study.

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Megan S. Pacey, PhD, MSW, is an Assistant Professor at the University of Kansas School of Social Welfare. She earned her Ph.D. and MSW from the University of Illinois at Urbana-Champaign. Her research addresses the need to better understand the impact of non-urban communities on the well-being of gender and sexual minority (GSM) youth; as well as the development, sustainability, and evaluation of gender and sexual minority community organizations. Her goal is that this research will contribute toward creating inclusive communities, decreasing marginalization, and reducing negative outcomes among GSM youth.

Sung-wan Kang is a doctoral student in the School of Social Work at the University of Illinois at Urbana-Champaign. He received a BA in International Studies and a MSW from the Ohio State University. Prior to joining the PhD program, he was a clinical social worker in an adult day health care center. He provided supportive counseling to individuals suffering from a variety of emotional problems and also worked with caregivers to discuss day care participants' physical, mental, and emotional challenges. His research focuses on health behavior changes in older adults with cognitive impairment.

Emily Lux is a doctoral student in the School of Social Work at the University of Illinois at Urbana-Champaign. She received her BA and MSW at the University of Illinois at Urbana-Champaign. Emily has experience providing clinical services to child welfare-involved youth in residential treatment and alternative education settings; therapeutic activity to the elderly; and case management and direct support to developmentally delayed adults. Her research interests concern the effects of trauma on child testimony in child-welfare involved youth. Her research focuses on the content and quality of forensic interviewer training and protocol in regards to the neurobiological impact of trauma on child development. She is using a qualitative approach to further understand forensic interviewing situations in which children display trauma symptoms that interfere with their ability to articulate a useable testimony in court.

# **Social Workers' Perceptions of Working with People who have HIV/AIDS**

*Kristen A. Prock, MSW, LCSW, Cristy E. Cummings, MSW, LLMSW, Alec DeNuccio  
Kailey L. Hindes & Anne K. Hughes, PhD*

## **Abstract**

*This article presents the results of a cross-sectional online survey sent to a national sample of licensed social workers to examine their attitudes toward individuals living with HIV/AIDS. The survey included the AIDS Attitude Scale (Froman, Owen & Daisy, 1992), the HIV Knowledge Questionnaire-18 (Carey & Schroder, 2002), and the Modern Homonegativity Scale (Morrison & Morrison, 2002). Factors related to education, training, and other personal characteristics are explored. In this sample, 45% of the social workers indicated that more education and training would be beneficial to them in their current position, and greater HIV knowledge was associated with more positive attitudes toward people living with HIV/AIDS. Additionally, 57% of those surveyed indicated knowing someone personally who has HIV/AIDS, and demonstrated overall higher scores on empathy, and lower scores on avoidance. Those social workers who had higher avoidance of people living with HIV/AIDS were also found to be higher in homonegativity. The findings of this study add to the body of knowledge regarding social work attitudes, and provide further insight into an area with little existing data. The authors propose further research to identify causes of attitudes, potential gender and cultural differences, and the impact of the National Association of Social Workers Code of Ethics on social workers' attitudes.*

*Keywords:* attitudes, licensed social workers, HIV and AIDS

## **Introduction**

Social work, founded on a set of core values, requires that all practitioners abide by the National Association of Social Workers (NASW) *Code of Ethics* in their practice. This document guides professionals regarding service, social justice, dignity and worth of the individual, human relationships, and integrity (NASW, 2008). Social workers must be aware of their own attitudes related to their clients (Heydt & Sherman, 2005), as social worker behavior, if influenced by negative attitudes, can have detrimental effects. This is important when working with stigmatized and marginalized populations, such as individuals living with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). These individuals may feel less empowered to self-advocate and thus may rely more on social workers. Research has identified better outcomes when provider attitudes are positive (Oles, Black & Cramer, 1999), while service provision can be inadequate if affected by biases and negative attitudes held by social work professionals (Chaiklin, 2011; Hayes & Erkis, 2000; Oles, Black & Cramer, 1999; Swank & Raiz, 2007).

## **Review of Literature**

The Centers for Disease Control and Prevention (CDC) first identified HIV/AIDS in the United States in the early 1980's (CDC, 2013). Originally referred to as Gay-Related Immune Deficiency (GRID) or the "gay plague," the disease was linked solely to the gay community for

nearly a decade (Fee & Krieger, 1993; Kitzinger & Peel, 2005). This name was later discarded when cases of HIV/AIDS appeared in hemophiliacs, intravenous (IV) drug users, and other individuals who did not identify as homosexual (Institute of Medicine Staff, 1986). Despite the recognition that HIV/AIDS does not solely affect homosexuals, and as recently as 2013, gay and bisexual men represented just slightly over half of the individuals diagnosed with HIV/AIDS in the United States (55%) (CDC, 2015), a link between bias against LGBT individuals and individuals living with HIV/AIDS still exists (Kitzinger & Peel, 2005). While there has been a decrease in media attention since the late 1980's (Brodie, Hamel, Brady, Kates, & Altman, 2004; Stevens & Hull, 2013), HIV/AIDS continues to be a health care concern throughout the United States. The CDC (2013) report that, in 2012, approximately 1,194,039 people were living with HIV/AIDS in the United States. New infections continue at a rate of approximately 50,000 individuals per year (CDC, 2013). As medical advances are made, especially in antiretroviral therapies, the lifespan of individuals living with HIV/AIDS has increased (Cahill & Valadez, 2013; CDC, 2013; Emler, 2007) and the number of individuals with HIV/AIDS is growing. This increase will lead to more social workers encountering individuals with HIV/AIDS in various professional settings. Individuals with HIV/AIDS continue to experience stigma and many are fearful that helping professionals will be biased against them (Emler, 2007; Kinsler, Wong, Sayles, Davis, & Cunningham, 2007). The NASW *Code of Ethics* mandates that all social workers must advocate on behalf of oppressed individuals, such as individuals with HIV/AIDS, in order to make information, services, and resources readily available (NASW, 2008). If social workers' personal beliefs interfere with their ability to adhere to the *Code of Ethics*, service provision is impacted (DiFranks, 2008).

Research indicates that social workers' negative attitudes regarding providing care to a person with HIV/AIDS may be related to lack of education regarding the disease (Riley & Greene, 1993; Shi et al., 1993) and how the client became infected with the HIV virus (Dooley, 1995; Hayes & Erkis, 2000; Olivier & Dykeman, 2003; Owens, 1995). Dooley (1995) reports that if a person contracted the disease through what is considered no fault of their own, such as a blood transfusion or other medical procedure, that person received higher levels of empathy than a person who contracted the disease engaging in high-risk behaviors such as IV-drug use or sexual encounters. Hayes and Erkis (2000) report similar results specific to social workers. They find that if an individual contracted HIV/AIDS as a result of high risk behaviors, social workers respond with less empathy than if the client obtained the disease as a result of a medical procedure. Overall, individuals within the helping professions are found to display lower levels of empathy, and higher levels of blame on individuals who are homosexual and contracted HIV/AIDS as a result of high risk sexual behavior (Hayes & Erkis, 2000; Seacat, Hirschman, & Mickelson, 2007).

The goals of this study are to (1) survey social workers regarding their attitudes towards working with people with HIV/AIDS, and to (2) explore the personal, professional, and educational factors that may contribute to those attitudes.

## **Method**

### **Study Design and Procedure**

This study uses a cross-sectional research design to examine the attitudes of licensed social workers toward people with HIV/AIDS. The study was IRB approved as exempt. A random national sample of 2,054 licensed social workers was sent an email invitation and a link to an online survey through Survey Monkey, with a follow-up email and link two weeks later. Sample selection and email administration were performed by RediData, a company that provides email lists and transmission services to connect consumers to a desired audience. Out of the 2,054 potential respondents, RediData reports that there were 885 (502 first email, 383 follow-up) unique opens of the emails and that the link embedded in the email experienced 194 (139 first email, 55 follow-up) unique clicks between the two requests. Responses were received from 166 licensed social workers (8.08%). Participants who self-reported retirement or non-direct practice are excluded, resulting in an analysis sample of 119.

## Measures

**AIDS Attitude Scale (AAS).** This 21 item measure consists of two subscales- the avoidance subscale (14 item) and the empathy subscale (7 item) and utilizes a Likert-type scale (possible item score range= 1-6). The scores for each subscale are determined by calculating a mean score of items on each subscale. A high score on the avoidance subscale (possible score range= 14-84) indicates a high level of avoidance of individuals living with HIV/AIDS. A high score on the empathy subscale (possible score range= 7-42) indicates a high level of empathy for individuals living with HIV/AIDS (Froman, Owen, & Daisy, 1992; Froman & Owen, 1997).

The AAS has been used with professional samples and is reported as valid and reliable (Froman, Owen, & Daisy, 1992; Rondahl, Innala, & Carlsson, 2003). Internal consistency reliability estimates are reported as .80-.83 for empathy and .78-.87 for avoidance (Froman & Owen, 1997; Rondahl, Innala, & Carlsson, 2003).

**HIV Knowledge Questionnaire (HIV-KQ-18).** On this measure there are three possible answers for each of the 18 items- True, False, and I Don't Know. A high score on the HIV-KQ-18 indicates a higher level of knowledge about HIV/AIDS than a low score (range= 0-18) (Carey & Schroder, 2002). Internal consistency of the HIV-KQ-18, the measure that the HIV-KQ-18 has been adapted from, is .91 and the measure is stable over one, two, and twelve weeks (Carey & Schroder, 2002). The HIV-KQ-18 is sensitive to change, and shows test-retest correlation at three weeks ( $r = .86$  to  $.93$ ) and twelve weeks ( $r = .76$  to  $.94$ ) (Carey et al., 1997; Carey et al., 2000; Carey & Schroder, 2002). Internal consistency ranges from  $\alpha = .75$  to  $\alpha = .89$  (Carey & Schroder, 2002). This is an older measure, however it is the most psychometrically sound measure of HIV knowledge currently available (Hughes & Admiraal, 2012).

**Modern Homonegativity Scale (MHS-G and MHS-L).** This scale includes 22 Likert-type items, 10 focusing on homonegativity towards gay men (MHS-G), 10 focusing on homonegativity towards lesbians (MHS-L), and 2 shared items (Morrison & Morrison, 2002). On the MHS-G and the MHS-L, the possible range of scores is 12 to 72, with a higher score indicating a higher level of homonegativity toward gay men (MHS-G) and/or lesbians (MHS-L), respectively. Morrison, Morrison, & Franklin (2009) report internal consistency reliability coefficients between .85 and .91 for the MHS-G and MHS-L. Stigma surrounding HIV/AIDS and homophobic attitudes have been linked since the emergence of HIV/AIDS in the United States in the 1980's (Fee & Krieger, 1993; Kitzinger & Peel, 2005), and remain associated due to



the prevalence of new infections in the homosexual community (CDC, 2015). This scale was included to examine whether a social worker's attitudes toward people living with HIV/AIDS is associated with their attitudes toward gays and lesbians.

**Short Form of the Marlowe-Crowne Social Desirability Scale (MCSDS).** This scale consists of 10 items on a Likert-type scale. A high score on this measure indicates a high level of interest in giving answers that are socially desirable (Strahan & Gerbasi, 1972). This measure has been tested for reliability with internal consistency reliability coefficients at .70, .66, .61, and .59 when tested on college and university students (Strahan & Gerbasi, 1972). When used as a part of an internet survey, the MCSDS had internal consistency reliability coefficients between .59 and .75 (Vesteinsdottir, Reips, Joinson, & Thorsdottir, 2015).

## Analysis

SPSS 22 was used to generate descriptive statistics and frequencies to describe the sample and the results of the analysis. Correlations were used to assess associations between continuous variables, such as scores on the AAS, the HIVKQ 18, and the MHS. Independent t-tests were used to assess for associations between dichotomous variables, such as if respondent had training in related areas, a personal relationship with an individual with HIV/AIDS, or identified need for more HIV/AIDS education, and continuous variables, such as the scale scores. One-way independent ANOVAs were used to assess for associations between categorical variables, such as education level, region, and clinical specialty, and continuous variables, such as the scale scores. In this study, outliers are defined as scores that were three or more standard deviations above or below the mean (Howell, 1998). Correlations between scale scores and the MCSDS were calculated to examine social desirability bias.

## Results

**Demographics.** The respondents (N= 119) are predominantly white, married, heterosexual, females with master's degrees. See Table 1 for a summary of demographic information. Respondents range in age from 28-75 ( $M=48.81$ ), with professional experience ranging from 4-50 years ( $M=19.17$ ). The most common specialties of practice are Health/Medical (24.2%), Serious Mental Illness (22.5%), and Advanced Generalist (18.3%). Respondents' geographic location is divided using the United States Census Bureau (2010) regions. The largest number of respondents are from the Midwest (37.3%), followed by the South (30.4%) and West (28.4%), with the smallest group from the Northeast region (4.0%) of the United States. There were no significant relationships between demographic categories and scale scores. See Table 2 for a summary of scale scores.

**Attitudes toward Caring for People with HIV/AIDS.** Participants score low ( $M= 1.33$ ,  $SD= .44$ ) on the avoidance subscale and high ( $M= 5.52$   $SD= .6$ ) on the empathy subscale. Despite these positive outcomes, there are a few outliers among the group of licensed social workers that score higher on the avoidance subscale and lower on the empathy subscale than anticipated. There are two outliers (scores of 2.86 and 3.29) on the avoidance scale (identified as scores above 2.65). There is one outlier (score of 3) on the empathy scale (identified as scores below 3.72). Knowledge about HIV/AIDS is a statistically significant predictor of a decreased

Table 1

*Summary of Demographic Information of Survey Respondents (N=119)*

Variable	N	Percentage	Valid Percentage
<b>Gender</b>			
Female	85	51.2	81.7
Male	19	11.4	18.3
<b>Race*</b>			
Caucasian	94	56.6	89.5
Black/African American	9	5.4	8.6
Multiracial	2	1.2	1.9
<b>Sexual Orientation</b>			
Heterosexual or straight	91	54.8	87.5
Gay or lesbian	9	5.4	8.7
Bisexual	3	1.8	2.9
Other	1	.6	1.0
<b>Relationship Status</b>			
Married	62	37.3	59.0
Single	16	9.6	15.2
Long-term committed/Partnered	12	7.2	11.4
Divorced	10	10	9.5
Separated	4	2.4	3.8
Widowed	1	.6	1.0
<b>Highest Degree Achieved</b>			
Master's	107	64.5	89.9
Bachelor's	10	6.0	8.4
Doctoral	2	1.2	1.7
<b>Religion*</b>			
Christian	42	25.3	40.0
Spiritual	23	13.9	21.9
Roman Catholic	12	7.2	11.4
Atheist	7	4.2	6.7
Agnostic	6	3.6	5.7
Jewish	5	3.0	4.8
Other	4	2.4	3.8
Buddhist	3	1.8	2.9
Don't give religious things much thought	3	1.8	2.9
<b>Political Affiliation</b>			
Democratic Party	74	44.6	73.3
Republican Party	13	7.8	12.9
Other	4	8.4	13.9

\*Categories within variables that are not represented by sample are not shown in table.

score on the avoidance subscale of the AAS ( $r = -.208, p = .05$ ). Those social workers who are more knowledgeable about HIV/AIDS are less likely to have negative attitudes toward people living with HIV/AIDS.

There are statistically significant positive associations between the avoidance subscale of the AAS and the MHS-L ( $r = .451, p < .001$ ) and the MHS-G ( $r = .440, p < .001$ ). Individuals who scored higher on the AAS avoidance subscale (high avoidance) were more likely to have higher scores on the MHS-L and the MHS-G (high homonegativity). There is not a statistically significant relationship between the empathy subscale of the AAS and the MHS.

Having a personal relationship with someone who has HIV/AIDS was not associated with attitudes. The analysis indicated no significant correlation between the MCSDS and either AAS subscale (avoidance  $r = -.03, p = .756$ , empathy  $r = .165, p = .089$ ), and no significant correlation between the MCSDS and any MHS subscale (MHS-G  $r = .078, p = .434$ , MHS-L  $r = .048, p = .635$ ).

**HIV/AIDS Knowledge, Training, and Education.** The licensed social workers generally score high on the HIV-KQ-18 ( $M = 15.34, SD = 2.22$ ). Respondents' scores ranged between a low score of 8 and high scores of 18, the maximum possible on the measure. Despite these high knowledge scores, 45% of the respondents indicate that more education about HIV/AIDS would be helpful in their current professional role, more than half (52.1%) had not attended a HIV/AIDS training in the last three years, and more than half (54.6%) did not have any formal curriculum on HIV/AIDS during their post-secondary education. Over half (57.5%) of the group report knowing someone personally who has HIV/AIDS. The analysis indicated no significant correlation between the MCSDS and HIV-KQ ( $r = -0.124, p = .208$ ).

Table 2

*Summary of Scale Scores*

Scale		n	M	SD	Min.	Max.
AIDS Attitude Scale- Avoidance	AAS-Avoidance	111	1.33	.44	1.00	3.29
AIDS Attitude Scale- Empathy	AAS- Empathy	109	5.52	.6	3.00	6.00
HIV Knowledge Scale	HIV-KQ-18	107	15.34	2.22	8	18
Modern Homonegativity Scale- Gay Men	MHS-G	103	22.45	8.15	13	55
Modern Homonegativity Scale- Lesbian	MHS-L	101	21.75	8.45	12	56

## Discussion

This study surveys a national sample of social workers' regarding their attitudes towards working with people with HIV/AIDS and evaluates personal, professional, and educational factors that may contribute to reported attitudes. More than half of the respondents report that they had not received any formal training in the area of HIV/AIDS education, while 45% indicate that they would benefit from obtaining more education on HIV/AIDS. As the number of new HIV/AIDS diagnoses continues to rise, and individuals with HIV/AIDS are living longer, social work, as a profession, must increase its knowledge base in order to provide the most competent and well-informed care for these clients. Schools of social work should incorporate curriculum involving individuals with HIV/AIDS throughout courses in a way similar to working with diverse populations is addressed.

This research finds that as knowledge of HIV/AIDS increases, avoidance of individuals with HIV/AIDS decreases, similar to previous studies (Riley & Greene, 1993; Shi et al., 1993). From this information, we can theorize that as more education is provided to social workers, those social workers will be less avoidant of treating clients with HIV/AIDS, and perhaps decrease the stigma associated with the disease. Despite the overall positive outcomes regarding attitudes towards individuals with HIV/AIDS, there were still outliers among this group of licensed social workers who either scored high on the avoidance subscale or lower on the empathy subscale, indicating that some social workers, despite an obligation to adhere to ethical guidelines, may avoid working with individuals with HIV/AIDS, or be less empathic to those individuals. Given the rise in both the number of individual living with HIV/AIDS in the United States, and the increased lifespan of these individuals, social workers are likely to encounter more of this population beyond just a medical setting. It is essential that all social workers routinely demonstrate understanding and empathy, and serve these individuals free from personal bias.

We also found that negative or avoidant attitudes toward people living with HIV/AIDS are associated with homophobic attitudes in some social workers. Additionally, scores of homonegativity were slightly higher towards gay men than lesbians. These two results, although not directly correlated in this study, have historical links, and further highlight the ongoing stigma associated with HIV/AIDS, homosexuality and the intersection of the two populations. Previous studies have found some individuals feel sex between two men is more of a violation of the norm than sex between two women, and that sex between two men is more highly associated with a deviant lifestyle resulting in transmission of sexual diseases such as HIV/AIDS (Herek, 1988; Ratcliff, Lassiter, Marksman, & Snyder, 2006). These beliefs and attitudes may be further compounded due to gay and bisexual men comprising just over half of the new infections of HIV/AIDS in 2013 in the United States (CDC, 2015).

Valimaki, Suominen, and Peate (1998) indicate that negative attitudes towards working with individual with HIV/AIDS can be related to fear and misconceptions about contracting the disease and corresponding stereotypes. While the overall reported attitudes of social workers were positive, there were outliers whose responses indicate higher avoidance or lower empathy. Given that the NASW *Code of Ethics* is intended to guide the practice of these social workers, it is alarming that even just a handful of those sampled demonstrated bias against either of these

groups. Having a personal relationship with someone who has HIV/AIDS is another factor that has previously been associated with positive attitudes towards working with individuals with HIV/AIDS and increased empathy toward those individuals (Roebuck, Jackson, Hilzinger, & Dwyer, 2005; Valinksi, Suominen, & Peate, 1998). While overall attitudes toward people living with HIV/AIDS are positive, in this sample a statistically significant association was not found between attitudes and knowing someone with HIV/AIDS. It may be that for this group of social workers personal relationships are not as powerful in forming attitudes as was found in previous research. Although not significantly related statistically, over half of the survey respondents report personally knowing someone with HIV/AIDS.

## **Limitations**

Several limitations need to be considered when discussing the results of the current study. First, the response rate (8.08%) limits the generalizability of study findings. Previous research indicates that web-based surveys generate lower response rates than mail surveys (Fricker & Schonlau, 2002; Kaplowitz, Hadlock, & Levine, 2004; McDonald & Adam, 2003), as do response rates of groups of professionals that include social workers (Cook, Dickinson, & Eccles, 2009) and mental health care providers (Hawley, Cook, & Jensen-Doss, 2009). Of the 2054 email invitations that were sent out, 1,169 were never opened. This may be as a result of the email invitation being filtered to junk or spam mailboxes or may be due to social workers not recognizing the sender's address as legitimate.

Of the individuals that did reply to the survey, the demographics are skewed towards white women with Master's degrees. This was somewhat anticipated due to the existing data regarding the field of social work. In 1974, 65% of MSW graduates were women. This number rose to 85% in 2001, while the percentage of Caucasian graduates has remained relatively unchanged, varying between 78% and 74% during those years (Schilling, Morrish, & Liu, 2008). Despite the similarity between the demographics of survey respondents and the demographics of the social work profession, this survey does not represent the voices of men or individuals from diverse cultures or racial identities within the social work profession. It is quite possible that those with different cultures, racial identities, sexual identities, and gender expression would react quite differently to the survey topics than our sample.

Another potential limitation is that only social workers with an interest in the topic of HIV/AIDS or had experience working with this population, opened and completed the survey. Results indicate that 885 email invitations were opened, but only 166 completed the survey. It is possible that the social workers who opened the email invitation but did not respond had strong negative feelings about the topic, and therefore chose not to participate further. Had those individuals completed the survey, the results might have demonstrated a clearer understanding of how attitudes impact working with this population. Additionally, those who were less familiar with the topic might have chosen not to answer, further skewing results towards those more knowledgeable and experienced. Had these unrepresented individuals participated, results may have been different.

## Conclusion

Further research is needed that evaluates attitudes towards individuals with HIV/AIDS, and the link to homophobia, specifically within the profession of social work. This research should be conducted to identify the causes of the attitudes, differences in gender of the social worker, geographic location, and possible cultural differences. Additionally, the research should evaluate the impact of the NASW Code of Ethics on the social workers' attitudes to working with this population of clients.

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# **Afrocentricity Theory Revisited: An Alternative Framework for Assisting Black Youth**

*Husain Lateef, MSW*

## **Abstract**

*The current paper explores Afrocentricity theory as an alternative non-western framework to guide social work practice with Black American youth. Very little research has been conducted in recent years concerning Afrocentricity, one of few non-western African theoretical frameworks employed by social work practitioners. This paper provides clarity on what is the theory of Afrocentricity, by providing an overview of the theory's historical foundations and assumptions. This paper concludes with an application example of the use of Afrocentricity theory within a prevention program for Black youth.*

**Keywords:** Black youth, Afrocentricity, Non-western

## **Introduction**

In 1997, Jerome Schiele, a pioneer in discussing the need for alternative non-western theories in social work, published an article on his former theory of education. Schiele (1997) remarks that throughout his undergraduate instruction, no matter the enrolled course, the theories employed to assist Black American concerns and community needs were entirely based on those developed by western scholars ethnically and culturally removed. He also comments that by the time he pursued doctoral studies, nothing had changed. The dominant theories used to interpret and engage the Black American communities were still based largely from White American and European developed ideas (Schiele, 1997). As a Black doctoral social work student, I find Dr. Schiele's words to remain true.

As a field of study, social work maintains a commitment to education about diverse frameworks on social diversity and oppression with respect to race (Code of Ethics, 2014). However, Afrocentricity theory as an alternative western framework to guide social work practice remains largely untaught. This was observed in a study by Pellebon (2012) who found 90% of social work faculty participants were unfamiliar with Afrocentricity, and 84% did not teach Afrocentricity theory in their social work courses. Given the current unfamiliarity of social work with Afrocentricity theory, the purpose of this paper is to provide an overview of the theory's historical foundations and assumptions. This paper will then conclude with an application example of how Afrocentricity theory has been used within a prevention program for Black youth.

## **Historical Foundations**

Molefi Kete Asante first coined the theory of Afrocentricity during the early 1980s. According to Asante, "Afrocentricity is a mode of thought and action in which the centrality of African interest, values, and perspectives predominate" (Asante, 2003). To this aim, Afrocentricity theory relies on the concept of Njia, which is defined as the collective expression of the Afrocentric worldview, grounded in the historical experiences of African people (Asante,

2003). Njia, which is at the core of Afrocentricity theory, has been developed over centuries by people of African descent to redefine themselves and their experience. Rising from a collective contribution, various Black thinkers and scholars have contributed to forming the pathway to Afrocentricity's theoretical development (Asante, 2003).

## **Theoretical Assumptions**

### **Assumptions on Human Identity, Spiritual Nature, and Affective Knowledge**

There are three major assumptions of human beings proposed by Afrocentricity theory. One is that human beings are seen to be representative of a collective identity developed over time (Schiele, 1996). Afrocentricity views each person as belonging to an interconnected web of people both living and deceased. This concept is central in African-based worldviews where the connection to one's ancestors and community is seen as a permanent relationship that is circular in direction (Funseki, 2001; Some, 1999; Mbiti, 1970).

In addition to the assumption of communal connectedness, Afrocentricity proposes that all human beings are not only connected to each other, but to a Supreme Being or Creator (Schiele, 1996; Nobles, 1980). Afrocentricity maintains that the soul of human beings is not based in time or space but plays an important role in the lives of people. No attempt is made by Afrocentricity to quantify the existence of the soul, but instead, acknowledgment is given that it plays an important role in social science related inquiry (Schiele, 1996).

Another key assumption of human beings as proposed by Afrocentricity is the concept of affective knowledge. Under this theoretical framework, affect is seen as a valid source of knowing human behavior (Schiele, 1996). For this reason, scientists and practitioners' emotions and life experiences allow them to connect to their research or clients and are thought to be vital in the furthering of knowledge development and practice (Schiele, 1996). The place of affect as an important source of knowledge is thought by Schiele (1996) to be in alignment with many social work professionals' views of practice wisdom as an important component of client and practitioner interactions. Yet, this framework is at odds with the tendency of western scholarship to separate cognition from affect, and to view cognitive reasoning as more mature and developed than affective experiences.

**Sources of Human Social Problems.** The first of two main sources of human social problems as proposed by Afrocentricity is oppression (Asante, 2003; Schiele, 1996; Steward, 2004). Within this theoretical framework, oppression has been viewed as a systematic strategy to suppress the potentiality of people (Schiele, 1996). For example, when considering youth violence within the Black American community, Afrocentricity theory contends this phenomenon stems from a genesis of restriction of resources and opportunities for Black youth within the United States since the early enslavement of African people (Steward, 2004; Akbar, 1992).

Under the legalized institution of slavery in America, the ancestors of Black people were subjected to violent treatment by plantation owners, which often resulted in death or long-term, negative psychological and physical outcomes (King, 1997). This violent behavior towards Black people continued beyond emancipation, with the mass lynching of Black men (King,

1997). To date, the Tuskegee Institute records the lynching of 4,742 predominantly Black men between 1882 and 1968 within the United States (Doss, 2010). Within the framework of Afrocentricity, this behavior is seen to have continued in the current behaviors of police brutality. Under situations of brutality, Afrocentricity proposes that coupled with forms of oppression such as poverty, Black youth exposed to excessive violence begin to develop a sense of hopelessness that leads to the devaluing of their lives (Asante, 2003; Schiele, 1996; King, 1997).

The second cause of social problems proposed by Afrocentricity for the issues facing Black youth is spiritual or metaphysical alienation. According to Afrocentricity theory, the cause of spiritual alienation occurs with the acceptance of negative theoretical assumptions on the value of Black lives. Afrocentricity proposes under frameworks of racial hatred and superiority, the practice of denigrating groups of people based on shade of complexion and other phenotypical characteristics has been used historically to exclude groups from participations in society (Asante, 2003; Schiele, 1996; King, 1997). Utilizing youth violence as an example, youth who perpetuate crimes against other youth are seen to do so as a result of a detached identity of self (King, 1997). This detachment allows them to see the victim as a separate entity from themselves instead of seeing themselves and people they victimize as interconnected beings sharing equal importance in their community (King, 1997; Schiele, 1996).

### **Application of Afrocentricity Theory**

Very few empirical studies are available to evaluate the impacts of an Afrocentric theoretically based prevention program for Black youth (Washington, Barnes, & Watts, 2014; Washington, Johnson, & Jones, 2007). This is largely because most programs that apply an Afrocentric framework tend to outline the concepts and themes covered by the theory, but fail to provide a step-by-step program implementation process or a method for evaluation of their program (Whaley & McQueen, 2004; Washington, Barnes, & Watts, 2014). One exception to this was research conducted by Whaley and McQueen (2004), who conducted a pilot study utilizing both qualitative and quantitative methods to explore the impacts of an Afrocentric program utilizing a cognitive cultural model of identity. To do so, the Imani Rights of Passage Program (IROP) was utilized. IROP, located in Brooklyn, NY, provides various educational and cultural enrichment activities and programs to youth utilizing an Afrocentric framework. The program operates Monday through Thursday 3:00pm to 7:00pm during the academic school year. For the first portion of the program, children are provided with an hour of free time to allow them to transition into the program after arriving from school. Thereafter, 10 to 15 minutes are spent making libations and remembering ancestors and deceased loved ones (Whaley & McQueen, 2004). Following libations, participants spend 75 minutes committed to homework and tutoring, which is then followed (after a 15-minute break) with an hour of activities to promote cultural awareness and identity (Whaley & McQueen, 2004).

To complete the qualitative evaluation of IROP, Whaley and McQueen (2004) recruited three Black youth participants whose backgrounds were similar to other participants within the organization's activities. Participants were asked several questions to identify what impact the program contributed to their feelings and attitudes toward their sense of cultural identity, attitudes about education, and academic success. All three participants reported that the programs at IROP helped them to develop a more serious attitude toward education and learning, be a

more responsible person, and that it exposed them to African-based cultural principles that promoted positive outcomes in their lives (Whaley & McQueen, 2004). For example, one participant commented about the program, stating “It took me back to the Motherland, Africa. It showed me that the Black man is strong. As a Black man, we have to live up to that...you know, responsible. Taking responsibility for your actions and not making excuses” (Whaley & McQueen, 2004).

To complete the quantitative portion of the evaluation, 25 students between the ages of 9 and 12, who were beginning the IROP program, were followed over the next two years of participation to observe their outcomes. Of the participants, 15 out of 25 were retained for the duration of the evaluation, and, at the end of the evaluation, participants were between the ages of 11-14. Results indicated that there was an improvement in academic performance as indicated by participants’ math and reading scores, positive changes in overall GPAs, increases in positive behavioral reports from schoolteachers, and reductions in aggressive behavior (Whaley & McQueen, 2004).

### **Critiques and Future Research**

Within the literature few attempts have been made to objectively critique the usage of Afrocentricity as a framework to guide social work practice. To date, Pellebon (2008) has been among the few social work scholars to do so. He argues that Afrocentricity lacks empirical rigor to be seriously considered a theory for the purpose of social work practice. In response, many theories implemented within social work such as systems theory cannot be directly tested empirically (Slife, & Williams, 1995). Despite this, theories such as systems theory remain useful for assisting diverse populations. This predicament is the same for Afrocentricity. However, there is a need for future research on Afrocentricity’s application abilities and limitations.

Currently, whether Afrocentricity’s usage is impacted by the ethnicity of the clinician is unclear in regards to evidence. In addition, it is unclear whether Afrocentricity can be applied to all forms of social work. Moreover, it is unclear why few programs that apply Afrocentricity theory do not have clear outcome measures as noted within the literature. Future research is also needed to identify if known outcomes are significantly affected by the outcome measurement values of the communities applying Afrocentricity.

### **Conclusion**

The theory of Afrocentricity has been proposed to be useful in forming intervention and prevention programs for Black youth (Greene, Smith, & Peters, 1995; Moore, 2001; Moore, Madison-Colmore, & Moore, 2003; Schiele, 2000; Setter, & Kadela, 2003). A strength of the Afrocentricity theoretical framework is that the importance of Black/African derived cultural experiences are placed at the center of its conceptualization of the issues facing Black Americans (Asante, 2003; Washington, Watts, & Watson, 2008; Gilbert, Harvey, & Belgrave, 2009). It is from this perspective that the root causes of social problems for Black people are proposed to stem from oppression and disconnection from their culture’s spiritual/metaphysical assumptions (Asante, 2003). Applying these assumptions to the issues of Black American youth, various

academic scholars have noted that the non responsive nature of certain prevention and intervention programs in reaching Black youth may be due to the lack of an Afrocentric cultural framework (Stepteau-Watson, Watson, & Lawrence, 2014). As a result, an additional strength of the Afrocentricity theory is that it may provide an alternative framework for reaching Black youth who are previously unreachable by programs using traditional western derived models of intervention and prevention.

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# MSW Students' Understanding of Social Location: The Development of a Positionality Measure

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## Abstract

*The current study presents findings from a pilot study of a positionality measure, developed to assess MSW students' understanding of positionality encountered in field practice settings. Positionality refers to one's social location and worldview, which influences how one responds to power differentials in various contexts. This construct is important for social work, as one's own positionality impacts one's approach when working with clients, during community engagement, and policy-making. As such, this study examined the utility of developing a positionality measure to assess how MSW students understand and respond to issues related to power, privilege, and oppression in field practice settings. The current study highlights the process of developing and piloting the positionality measure, and preliminary findings from the dissemination of the measure to a sample of MSW students (N = 103) engaged in field placements. Future opportunities for item refinement, including the further establishment of reliability and validity for the measure are discussed.*

*Keywords: Psychometric Theory, Scale Development, Positionality, Power, Privilege, and Oppression*

## Background Literature

*Power, privilege, and oppression are common terms in social work but can be difficult to define, understand, and apply. While some research has examined social and racial privilege among social service providers and counselors in practice settings, little research has been conducted to specifically explore social work students' perceptions of positionality within the context of field internships. Positionality refers to one's social location and worldview, which influences how one responds to power differentials in various contexts (Warf, 2000). This construct is important for social work, as one's positionality influences how one approaches work with clients, community engagement, and policy-making. Understanding positionality is of crucial importance to culturally responsive social work practice, and given the absence of an existing measure to assess positionality, this manuscript describes the preliminary development of a positionality measure designed to evaluate social work students' understanding and experiences of positionality in field internship settings.*

Research demonstrates that counselors often experience challenges when providing culturally responsive services to clients (Black, Stone, Hutchinson, Suarez, & Elisabeth, 2007). Scholars have hypothesized that counselors and social service providers may not recognize their own social privilege and how it negatively impacts their work with their clients (Hays, Chang, & Decker, 2007). This finding is critical given the diversity of clients social workers engage. Research examining diversity within organizational contexts demonstrates that not acknowledging and valuing diversity leads to problems such as miscommunication, the devaluation of individuals, decreased productivity, and inefficiency (Kezar, 2002). Moreover,



cross-cultural contact between a counselor from a majority group and a client from a minority group is likely to occur; therefore, being a culturally responsive counselor or student-practitioner is critically important and requires self-awareness, knowledge, and training in order to work effectively with diverse clients (Hays, Chang, & Decker, 2007).

Not only is it important to acknowledge and value diversity in practice contexts, but it is also essential in the context of research. Milner (2007) developed a framework using the central tenets of Critical Race Theory to “guide researchers into a process of racial and cultural awareness, consciousness, and positionality” (p. 388) when conducting education research in response to the potential dangers of students’ lack of attention to their own and others’ racialized and cultural systems of knowing and experiencing the world. The dominant and oppressive perspective is that White individuals’ beliefs, experiences, and epistemologies are often viewed as the “norms” by which others are compared. Racialized systems of knowing, including how and what kind of knowledge is valued, can create difficulty for researchers in interpreting or conceptualizing such norms within communities of color, especially if they do not understand how such systems can marginalize and/or objectify people of color. Thus, Milner (2007) argues that scholars must disrupt the discourse and beliefs about what it means to be “normal.” Furthermore, students must consider that failing to acknowledge racialized systems of knowing may result in misinformation, and misrepresentation of marginalized individuals and communities. Milner’s (2007) framework contends that students should (a) engage in critical race and cultural self-reflection; (b) understand the self in relation to others through reflecting about themselves in relation to the people they serve in field placements; (c) engage in reflection together with clients to process what is happening in their particular environment; and (d) shift from focusing on self to thinking more broadly on a system level, taking the historic, political, social, economic, racial and cultural realities into consideration.

Thus, literature regarding positionality as a social service provider, counselor, and researcher reflects the critical need for social work students to understand how positionality impacts how they work with clients, engage communities, and inform policy. In addition, the National Association of Social Workers (NASW) *Code of Ethics* states, “Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability” (NASW, 2008). Social workers often serve people of color and/or people who experience discrimination and marginalization, social workers must examine their own social privilege in order to provide culturally responsive care. Accordingly, the primary aim of this study is to illuminate how social work students understand and respond to issues of power, privilege, and oppression in field internships, and ultimately to improve culturally responsive social work practice by establishing a valid and reliable positionality measure.

## **Method**

### **Participants**

After receiving human subjects approval from the authors’ university Institutional Review Board, participants were recruited from a graduate social work program in the Rocky

Mountain region. Using the program's student listserv, 430 students were invited by e-mail to participate in the study, which was accessed online by following a link to Qualtrics, a web-based survey software program that is frequently used in social science survey research. Students were eligible to participate if they were then in social work field internships and if they held MSW foundation, concentration, or advanced standing status. Data collection occurred over a 1-week period in Fall 2014.

## Procedure

### Initial Item Selection

Based on a review of literature, as well as social work practice and education experience, the authors developed 95 preliminary items pertaining to positionality. The initial items were formulated as a 4-point rating scale ranging from *strongly disagree* to *strongly agree*, thereby requiring participants to think critically about their responses without relying on a neutral choice option. In order to support content validity, the scale was sent to two expert reviewers, both of whom were social work educators. One reviewer was male, and one was female. Both identified as people of color. One had a PhD and was a tenure-track professor, and the other was an MSW and full-time clinical faculty member. The reviewers were instructed to rate each item as *high*, *moderate*, or *low* for use in the measure, to rate for clarity/conciseness, to point out awkward/confusing items, and to assess whether items "tap into the phenomena" (positionality) being measured. Their feedback included simplifying the construct definition, and modifying the order of certain items to improve the clarity and readability of the scale.

Cognitive interviews were also conducted with two MSW students. Both were second-year students, who identified as White and female. One identified as straight/heterosexual, and one identified as lesbian. Since both were students in the sampled graduate social work program, they agreed to not take the final instrument once administered. Prior to conducting the cognitive interviews, the authors established a protocol to facilitate the interviews. This included asking the students to time themselves taking the survey and to record questions as they took the survey. After doing so, the authors interviewed them individually to determine any confusing or unclear questions, how they interpreted items, how they decided to answer each item, and any suggested changes in wording. While some variation in feedback existed, they offered similar feedback for clarifying context and language consistency. For example, both wanted to know if the items were to be answered in consideration of their experiences in the graduate social work program as a whole, or specifically within the context of their social work field internship. Additionally, they asked for clarification around various terminology included in some of the items. After considering the expert reviewers' feedback and conducting the cognitive interviews, the authors examined each item again and further clarified context and language (e.g., "student practitioner" was changed to "social work intern"). The authors deleted 20 items, but in the process of splitting double-barreled questions and reducing double-negatives, questions were added for a total of 95 items for the final refined measure, which may be viewed in Appendix A.

## Results

### Item Analysis

Data were exported into SPSS (Version 22), which was used to perform item analysis and examine demographic characteristics as shown in Table 1. After conducting the initial item

Table 1

*Sample Characteristics (N = 103)*

	%
Sex	
Female	91.3
Male	8.7
Race/Ethnicity	
White	90.3
African American/Black	1.0
Latino/a	4.9
Native American	1.0
Asian	2.9
Multiracial	2.9
Sexual Orientation	
Straight/heterosexual	86.4
Gay/Lesbian	5.8
Bisexual	6.8
Questioning	2.9
Other	1.0
Age	
Under 24	21.4
24-28	54.4
29-34	14.6
35-39	3.9
40-44	1.0
45-49	1.9
50 or more	2.9
Religious Views	
Spiritual but not religious	32.0
Protestant Christian	14.6
Agnostic/Atheist/Secular	20.4
Catholic/Roman Catholic	10.7
Evangelical Christian/Baptist	3.9
Jewish	4.9
Buddhist	2.9
Pagan	1.9
Other	8.7
Political Affiliation	
Liberal	68.0
Moderate	28.2
Conservative	3.9
Bachelor in Social Work	
Yes	11.7
No	88.3

<i>(Table 1, continued)</i>	<u>%</u>
Year in Program	
Foundation Year	51.5
Concentration Year	36.9
Advanced Standing	11.7
Academic Interest	
Clinical	64.1
Community/Macro	21.4
Unsure/undecided	14.6
Field Placement Responsibilities	
Clinical	50.5
Community	20.4
Mixture of clinical/community	29.1

analysis, the internal consistency alpha for the aggregate measure was sufficient ( $\alpha = .79$ ), and 21 items were negatively-correlated to others in the scale. These items were reverse-coded, and a subsequent item analysis was conducted. After examining the corrected item total correlations, 6 items continued to have low negative correlations. These items were deleted from the analysis. The final item analysis was conducted with 89 items with strong internal consistency ( $\alpha = .94$ ).

### **Sample Characteristics and Survey Findings**

A total of 107 students responded to the survey (25% response rate) and 4 students' responses were deleted because they did not complete the survey, leaving 103 usable surveys. The majority of respondents were female (91.3%), and between the ages of 24-48 (54.4%). Additionally, students self-identified as predominantly White (90.3%), followed by Latino/a (4.9%), Asian (2.9%), Multiracial (2.9%), Black (1.0%) and Native American (1.0%). The total exceeds 100% to accommodate for multiple answers selected. Half of the sample was comprised of foundation students (51%), followed by concentration students (37%), and advanced standing students (12%). Of these students, approximately 51% were placed in clinical settings, 30% were in mixed clinical and community settings, and 29% were in community settings.

Findings indicate that approximately 25% of the sample had never heard of positionality prior to the administration of the survey. However, most of the participants agreed that, as interns, they were in more privileged positions compared to the clients they serve. For example, 80.4% of participants agreed or strongly agreed that his or her role as an intern is an advantage to society, and 93.2% indicated they were aware that clients at their field placements experience societal discrimination. Although participants acknowledged that their own social identities (e.g., race, ethnicity, socioeconomic status) were often more valued than many of the identities of those served at their field placements, 53.4% of respondents indicated they felt guilty about their positionality when working with social work clients.

### **Discussion and Implications**

The preliminary findings described in this manuscript reflect the value of exploring social work students' experiences of positionality in field placement settings. Continuing to validate this measure may help social work practice and education through illuminating social work

students' knowledge bases of positionality, attitudes toward clients, and feelings of entitlement and/or guilt, which may negatively impair their abilities to conduct culturally responsive or effective social work practice, particularly with communities from which they did not originate. Knowledge of such phenomena could translate into more effective educational and practice training strategies for social work students to use a more culturally grounded approach. For further study, examining associations between sociodemographics, placement or concentration type, and other aspects of identity in tandem with positionality and viewpoints may reflect trends that indicate settings and/or courses in which there are particularly high needs for such training.

Surprisingly, about one-fourth of the sample indicated never hearing about positionality before, despite the emphasis placed on teaching this concept throughout this MSW program's curriculum. This finding may suggest that perhaps instructors are unsure about the concept of positionality, how to teach it, or are inadequately/not teaching it at all. Or, perhaps instructors are teaching about positionality but students are not grasping or retaining this vital conceptual knowledge. The validation of this measure could further clarify how this important topic could be more effectively taught through social work curricula, as the social work community has a shared onus to disrupt the cycle of lack of self-awareness, guilt, and entitlement in work with clients and communities. Educators, field supervisors, and others who play a large role in the mentoring and development of social work students must work collectively, rather than expect students to infer or intuit culturally responsive social work practice without comprehensive training.

The authors originally intended to conduct an Exploratory Factor Analysis (EFA); however, the small sample size to item ratio relegated this study to item analyses. In order to increase the validity of this measure, future research efforts should conduct multiple simulations to examine the conditions in which EFA could yield quality results for this small sample size. Specifically, researchers could assess the level of loadings, number of factors, and number of variables that influence adequate factorability (de Winter, Dodou, & Wieringa, 2009). To more rigorously test this measure, however, future research should also include the administration of this instrument to a larger sample (300 participants or greater). In doing so, researchers could seek to improve the validity of the measure, particularly by administering the instrument to a more diverse sample (e.g., administering to students at additional social work programs in more diverse geographical regions, different program sizes, and across private and public institutions.

Finally, this measure challenges social work educators to consider how well they understand their own positionality, ways they might engage students, other educators, field supervisors, and community members in dialogue regarding positionality, and how they might participate in the further development and validation of positionality scales. As such, future efforts at further refining this scale for improved validity and reliability show promise in aiding social workers to more effectively research, educate, and practice with regard to positionality.

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### Appendix A: Positionality Measure

Definition: Positionality is defined as, “The notion that personal values, views, and social location influence how one understands ” (Warf, 2010, p. 2257-2258) and responds to power differentials within particular contexts.

Rating Scale: (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree)

1. I have never heard of *positionality* before.
2. When I do well in a challenging situation, it is “a credit to my race.”
3. I can be late for my field placement without people attributing these behaviors to the color of my skin.
4. I can be late for appointments at my field placement without people attributing these behaviors to the color of my skin.
5. I can miss my field placement without people attributing these behaviors to the color of my skin.
6. I can take a field placement with an affirmative action employer without having my coworkers suspecting I got the job because of my race.
7. I can be reasonably sure that if I ask to talk to the person “in charge”, I will face a person of my own race.
8. My race has made my life easier.
9. I have more advantages because of my positionality.
10. It is acceptable to support clients in making choices one personally disagrees with.
11. Oppression is caused by the purposeful subjugation of certain groups by other dominant groups.
12. I feel irritated when others talk about being oppressed.
13. I feel irritated when others talk about their privilege.
14. I believe that being an intern is an advantage to society.
15. Interns often have more resources and opportunities than the clients they serve.
16. The clients at my field placement lack power in society.
17. I think the clients at my field placement exaggerate their hardships.
18. Interns hold a lot of power compared to their clients at their field placements.
19. Interns have an educational advantage in society.
20. I am aware that clients at my field placement experience discrimination.
21. There are different standards and expectations for interns compared to the clients at my field placement.

22. My race/ethnicity is more valued than the race/ethnicity of those served at my field placement.
23. I am in the company of people of my race most of the time.
24. I can do well in challenging situations without being called a credit to my cultural background.
25. If I make a mistake at my field placement, it is not attributed to my race.
26. If I make a mistake at my field placement, it is not attributed to my ethnicity.
27. If I make a mistake at my field placement, it is not attributed to my gender.
28. If I make a mistake at my field placement, it is not attributed to my socioeconomic status.
29. If I make a mistake at my field placement, it is not attributed to my sexual orientation.
30. If I make a mistake at my field placement, it is not attributed to my religion.
31. If I make a mistake at my field placement, it is not attributed to my ability/disability.
32. If I make a mistake at my field placement, it is not attributed to my age.
33. I can be sure that if I needed help, my race would not work against me.
34. I can be sure that if I needed help, ethnicity would not work against me.
35. I can be sure that if I needed help, my gender would not work against me.
36. I can be sure that if I needed help, my socioeconomic status would not work against me.
37. I can be sure that if I needed help, my sexual orientation would not work against me.
38. I can be sure that if I needed help, my religion would not work against me.
39. I can be sure that if I needed help, my ability/disability would not work against me.
40. I can be sure that if I needed help, my age would not work against me.
41. I can comfortably avoid, ignore, or minimize the impact of racism in my life.
42. My field placement enacts organizational policies that support the subjugation of certain racial and/or ethnic groups.
43. Christianity is the dominant religion in this country.
44. Policies often reflect Christian values.
45. Heterosexual couples are usually depicted when referencing families.
46. Women are generally not promoted at the same rate as men.
47. Men generally make more money than women.
48. Interns rely on their field placement supervisors to facilitate discussion around uncomfortable topics related to privilege and oppression.
49. I am comfortable asking other interns questions regarding privilege and oppression.
50. Interns trust one another when discussing uncomfortable or sensitive topics related to privilege and oppression.
51. I'm comfortable exploring my own positionality as I research and work in the community.
52. I have not done anything to explore my positionality in the past.
53. I am scared to explore my positionality.
54. I look forward to exploring my positionality.
55. I am anxious about stirring up bad feelings by exposing my positionality.
56. I feel it is ethical to conduct research with communities of which I am not a part.
57. I feel it is ethical to work with clients in clinical social work settings who are from communities of which I am not a part.
58. I feel it is ethical to work with clients in community-based social work settings who are from communities of which I am not a part.
59. I think it is an advantage as a social work intern to be a member of the same community as my clients.

60. I think it is a disadvantage as a social work intern to be a member of the same community as my clients.
61. I believe that clients only trust social work interns who are members of the same social or demographic groups as themselves.
62. I do not believe that clients only trust social work interns who are members of the same social or demographic groups as themselves.
63. I think social work interns who are not from the same social or demographic groups as their clients are likely to be more effective than those who are from the same groups.
64. I feel guilty about my positionality when I work with social work clients.
65. I feel angry about my positionality when I work with social work clients.
66. I feel indifferent about my positionality when I work with social work clients.
67. I do not feel comfortable working with clients who are from other social or demographic groups.
68. I feel excited about working with clients who are from other social or demographic groups.
69. I feel like an outsider when I work with clients from other social or demographic groups.
70. I am more excited to work with clients who are from other social or demographic groups than I am working with people from groups with which I personally identify.
71. I think it is important to work with clients who are from other social or demographic groups compared to the ones with which I identify.
72. I am scared to work with other social or demographic groups because I think they consider me an outsider.
73. I am nervous to work with other social or demographic groups because I do not think I will understand them.
74. In the past, I have taken a class or classes that discussed the concept of *positionality*.
75. I believe that my clients will come from backgrounds of greater privilege compared to what I have experienced in my life.
76. I am ashamed of the many privileges that I have.
77. I feel bad for my clients because they do not experience the privileges that I have.
78. I take my privileges for granted.
79. By being open about my positionality and privilege I will hurt my relationships with people from groups with which I identify.
80. I am ashamed that the system is stacked in my favor because of the privileges and positionality that I experience.
81. If I address my privilege and positionality, I might alienate my family.
82. If confronted with a client seeking to make a reproductive choice I personally disagreed with, I would be unable to serve that client.
83. I intend to work toward dismantling power differentials between interns and clients.
84. I will work to change our unfair social structure that promotes power differentials.
85. I don't care to explore how I supposedly have unearned benefits from my social and demographic identities.
86. Everyone has equal opportunity so these so-called power differentials are false.
87. Each person, no matter his or her background, has an equal chance at success in life.
88. It is likely that I will misunderstand the needs of my clients who are from other social and demographic groups.
89. As an intern, I have the power to withhold resources from my clients.
90. As an intern, I have the power to withhold information from my clients.



91. As an intern, I have the power to influence client decision-making.
92. I sometimes feel superior to the clients with whom I work.
93. I sometimes think I would make better decisions for my clients than they would themselves.
94. I would not support a client's decision if I personally disagreed with it.
95. Our social structure system promotes power differentials between interns and clients.

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## Book Review

*Elizabeth A. O'Neill, MSW, LMSW*

Emanuel, Ezekiel J. (2015). *Reinventing American health care: How the Affordable Care Act will improve our terribly complex, blatantly unjust, outrageously expensive, grossly inefficient, error prone system.* New York: Public Affairs.

The United States is currently in a state of exploration in determining how the Affordable Care Act (ACA) will shape the future of health care. In the book *Reinventing American health care*, Ezekiel Emanuel- brother of well-known Chicago Mayor, and former White House Chief of Staff, Rahm Emanuel- sought to provide a comprehensive “primer” (p. xii) on the American health care system. Emanuel is certainly a qualified author for such a primer; he earned an M.D. and Ph.D. in Political Philosophy, has experience as a National Institutes of Health researcher, and was a professor at the University of Pennsylvania. He is known as a supporter for universal health care coverage, and has written several books and articles advocating for health reform and universal health care coverage. His strong favorable opinion towards health care reform is similarly present in this book.

The book provides both a descriptive review and analytical critique of the ACA throughout the book’s three major parts: the American health care system, health care reform, and the future of American health care. The first part of the book begins with a comprehensive historical review of health care and health insurance. Then, Emanuel describes and critiques how health care was financed and delivered immediately prior to the enactment of the ACA. This part of the book introduces complex topics related to health care financing and delivery that are referenced throughout later chapters in the book. The final chapter in this section additionally introduces the reader to Emanuel’s critiques of the U.S. health care system. This chapter provides the reader with the lens used in latter parts of the book that discuss health care reform, and highlights Emanuel’s strong opinions and biases.

The second part of the book begins with a chapter detailing the “surprising history of health care reform” (p. 127) over the last 100 years, embedding the enactment of the ACA in U.S. history. Emanuel’s inclusion of this section educates readers about the vast attempts at reform, and transitions nicely to the next chapter, which details how President Obama was able to enact the ACA and overcome barriers present with previous attempts at health care reform. This section is extremely comprehensive, in that it provides many details about who did what, when, to whom, and why in the process of enacting the ACA (and the subsequent Supreme Court hearing). Those who are less interested in the process and more interested in the content and application of the ACA, may be tempted to skip over these intricate details. Those interested in the policy process, however, will appreciate this level of detail. Recognizing the complexities involved with health care and policy-related topics, Emanuel provides guide-posts, consisting of a chapter and page number, throughout the book that direct readers to earlier sections of the book that discuss the topic in more detail. For a reader new to health care history, financing, and policy, these guide-posts are invaluable.

The strength of the second part of the book lies in Emanuel's discussion of the contents of the ACA (chapter eight) and the implications for various patient groups and actors within the health care system (chapter nine). In chapter eight, Emanuel organizes the ACA into eight "themes" (p. 204), as opposed to discussing the contents of the ACA in terms of each of the ten titles (or chapters). The themes he creates are access, cost control, quality improvement, prevention, workforce, revenue, odds and ends, and the Community Living Assistance Services and Support (CLASS) act. Discussing the ACA by theme enables him to discuss the ACA in terms of outcomes, which may actually be spread across multiple titles of the legislation, making it easier for the reader to understand the contents of the act. Within this chapter, Emanuel provides a description of all the reforms made to the U.S. health care system as a result of the ACA, with summarizing statements for each theme, as well as his own critique of the changes. He also includes several tables that supplement the text well. Chapter nine allows readers to understand how the ACA practically affects patients belonging to different age groups with differing insurance statuses, as well as physicians and insurers. These two chapters together provide a very comprehensive and understandable description of the ACA.

Finally in the third part of the book, Emanuel presents problems in the implementation of the ACA, health metrics that can be used to evaluate its success, and recommendations and predictions for the future of health care in the U.S. He primarily discusses implementation problems in relation to the health insurance marketplaces, but is comprehensive in highlighting the structural, personnel, and political factors involved in what Emanuel refers to as the "disastrous launch" (p. 279) of the federal exchange. Emanuel does not believe these implementation issues will cause permanent damage, though, and suggests four "dashboards" (p. 295), with several quantitative metrics for each, to be used to evaluate the ACA. In presenting the associated health, prevalence, or cost metrics (as applicable), Emanuel provides both predictions made by the Congressional Business Office (CBO), as well as his own (more liberal) predictions. In his presentation of his own predictions, Emanuel is explicit with his opinion that the CBO underestimated the various benefits that will result from the ACA. He additionally predicts six "megatrends" (p. 317) for the future of health care, including "VIP care" (p. 323) for individuals with mental illness and multiple chronic conditions, and the end of health insurance companies and employer-sponsored health insurance, as we know it.

Some of Emanuel's recommendations for future improvements to the ACA would be considered highly controversial, such as his recommendation to further increase the tobacco excise tax to reduce economic disparities in use (p. 307), and to completely move from a fee-for-service to bundled payment system (p. 312). Emanuel simply introduces these recommendations without providing a detailed critique that analyzes the various political, ideological, and structural barriers, or even possible detrimental effects. It is up to the reader to assess the validity and efficiency of his recommendations.

In this book, Emanuel doesn't attempt to hide his personal opinions or political alignments. In fact, he is explicit about them. Readers are made aware of his biased opinions as soon as they read the subtitle of the book. This may prevent some with differing ideological beliefs from wanting to pick up the book. Additionally, these biases may cause some readers to accept Emanuel's opinion as the only opinion, without thinking critically about other viewpoints on the subject. Within the contents of the book, it is not uncommon to read praises of President

Obama's virtue and integrity, or to read forthright opinions regarding happenings in the process or compromises made. At one point, he even takes advantage of the platform the book provides to clear his name regarding controversial incidents during the enactment of the ACA. Emanuel's closeness to this process, however, allows him to provide well-informed, personal accounts of what transpired.

Despite the limitations discussed above, *Reinventing American health care* should be on the 'must read' list for social workers. If Emanuel's predictions are correct, over the next decade social workers will be practicing under a very different health care system in terms of access, quality, and delivery method. Social workers will undoubtedly come across situations where full knowledge of the ACA would be helpful, regardless of their practice area; the ACA has entwined itself around all stages of the lifespan and income-levels, particularly the most vulnerable populations. In fact, Emanuel discusses the increasing role of social workers as partners with physicians in the future U.S. health care system (p. 341). In line with the social work value of informed practice, social workers should strive for an accurate, and comprehensive, knowledge regarding health care and health reform in the U.S. This book succeeds in providing the comprehensive primer on the U.S. health care system and the ACA for which Emanuel sought to write. While Emanuel's biases are present throughout the book, the information he presents allows for social workers to consider his opinions while also thinking critically about other viewpoints.

Elizabeth A. O'Neill, LMSW has over nine years of social work practice experience, including nearly five years in health social work. She is a PhD student at the University of Kansas School of Social Welfare, and currently works as a graduate research assistant at the University of Kansas Center for Mental Health Research and Innovation. Her research interests include health policy, health disparities/equity, chronic disease management, and integrated health care models.

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## The CV Builder

University of Houston, Graduate College of Social Work

*Perspectives on Social Work* congratulates the following doctoral students on their accomplishments during spring 2015 through fall 2015.

### Xin Chen

#### Presentations:

Chen, X., & Glaude, M. W. (October 2015). *Don't act your age! Determining sexual intentions based on knowledge and skills*. [Poster, Referred]. University of Houston's Graduate Research and Scholarship Projects Day (GRaSP).

### Maurya W. Glaude

#### Presentations:

Chen, X., & Glaude, M. W. (October 2015). *Don't act your age! Determining sexual intentions based on knowledge and skills*. [Poster, Referred]. University of Houston's Graduate Research and Scholarship Projects Day (GRaSP).

Glaude, M. W. (November 2015). *Self-harm: But I feel no pain*. [Refereed]. NASW/Texas 39<sup>th</sup> Annual Conference, Social Work Paves the Way for Change: Galveston, Texas.

#### Scholarships:

Fall 2015, Spring 2016 Gulen Institute

### Richard Wagner

#### Scholarships:

Fall 2015, Spring 2016 Gulen Institute

### Shu Zhou

#### Publications:

Zhou, S. (2015, October). Tips of internet using from U.S. social workers. *China Social Work* (*中国社会工作*), 244, 58.

Zhou, S. (2015, September). Social work student organizations at University of Houston. *China Social Work* (*中国社会工作*), 241, 56-57.

**Zhou, S.** (2015, August). Volunteer management in U.S. child crisis center. *China Social Work (中国社会工作)*, 238, 56-57.

**Zhou, S.** (2015, June). Should we value kids' wishes in child abuse cases? *China Social Work (中国社会工作)*, 232, 7.

**Zhou, S.** (2015, June). How to support employment of the disabled? *China Social Work (中国*

**Presentations:**

**Zhou, S.** (2015, October). "Hukou" system affecting migrant children: Revised policy and children's education. Poster session presented at the 61st Annual Program Meeting of the Council on Social Work Education, Denver, CO.

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