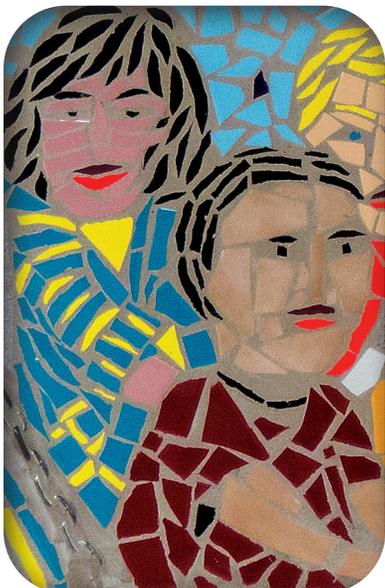
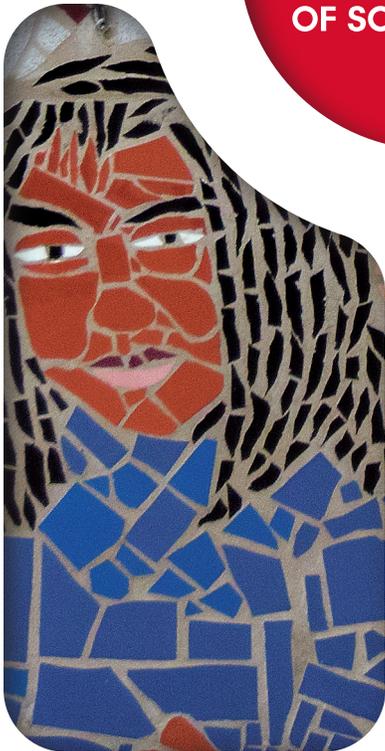


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Table of Contents

Editorial	2
Rebecca L. Mauldin	
Perspectives on Social Work Awards	3
<u>Medication Assisted Treatment: Experiences From the Field</u>	<u>4</u>
<i>Michael Gearhart, Case Western Reserve University</i>	
<i>Lacey Caporale, Case Western Reserve University</i>	
<i>Margaret Baughman Sladky, Case Western Reserve University</i>	
<i>Mark I. Singer, Case Western Reserve University</i>	
<i>Madison Wheeler, Case Western Reserve University</i>	
<i>Paul Tuschman, Case Western Reserve University</i>	
<u>Fostering a Developmental Perspective in Understanding Youth Homelessness</u>	<u>12</u>
<i>Jennifer M. Frank, Bryn Mawr College</i>	
<u>Clients and Students: Reflections on the Parallels Found Between Direct Social Work Practice and Social Work Education</u>	<u>22</u>
<i>Monica Himes, University of Kentucky</i>	
<u>An Analysis of Texas' Bullying Policies & Practices</u>	<u>29</u>
<i>Scott Sainato, University of Texas at Arlington</i>	
<u>Reflections on the Scientist-Practitioner Model in Social Work Doctoral Education</u>	<u>39</u>
<i>Sarah Ascienzo, University of Kentucky</i>	
The CV Builder	49

EDITORIAL – *Perspectives on Social Work: A community affair*

At *Perspectives on Social Work*, our primary mission is to provide opportunities for students to enhance scholarly skills in writing, editing, and gain exposure to the publication process. When I became editor of the journal this fall, I found myself questioning why the primary mission wasn't more related to the practice social work itself. However, as the semester unfolded and I encountered more decisions to make on behalf of the journal, I came to fully embrace this mission as our guiding star. Building scientific knowledge is collaborative enterprise and the many roles students play in this journal are imperative for its success. Yet as students, we must learn the skills to write quality scholarly manuscripts, provide thorough reviews, and navigate the publication process. I've come to realize that a student-run journal that showcases student work provides a welcoming environment for skill development. At *PSW*, the editorial staff is committed to the professional development of our authors. Not only do we receive satisfaction from helping our fellow doctoral students, we are beneficiaries of lessons about writing and publication in our roles. To me, this giving and receiving is the foundation of community and I am proud of the role *PSW* is playing in community-based competence building (Johnson et al., 2014).

With this in mind, we are in the process of making several changes in our operations. As you will notice on the following page, we have initiated awards for articles and reviewers. These awards allow us to recognize our community members who have dedicated time and energy to producing the science of social work. The winning authors help set a standard of excellence in *PSW* articles. Our reviewers make each article published better, help all of our authors improve, and make the work of the journal possible. Our top reviewers are students we have relied upon for their willingness to accept assignments as well as their timely and insightful reviews. In another effort to acknowledge our reviewers, we have begun collaborating with Publons (www.publons.com) to provide them with recognition of their contributions to the journal.

In the upcoming months, we will be introducing further changes that we hope will enhance the journal and continue to develop skills and a sense of community among the students involved in this collaborative effort. In my role as editor, I aim to help build a community where supportive and collegial student scientists come receive knowledge and skills while share their gifts and talents with others.

Rebecca L. Mauldin, LMSW
University of Houston
Editor

References

Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., Schwartz-Mette, R., & Kaslow, N. J. (2014). Preparing trainees for lifelong competence: Creating a communitarian training culture. *Training and Education in Professional Psychology, 8*(4), 211-220. doi: 10.1037/tep0000048

Perspectives on Social Work Awards

Best Empirical Article - 2015

Prock, K. A., Cummings, C. E., DeNuccio, A., Hindes, K. L., & Hughes, A. K. (2015). Social Workers' Perceptions of Working with People who have HIV/AIDS. *Perspectives on Social Work, 11*(2), 14-25.

Kristen A. Prock is a doctoral student in the School of Social Work Michigan State University. She earned her MSW at Indiana University-South Bend, and her Bachelor of Arts in Psychology at University of Wisconsin-Eau Claire. Her research interests include victimization of vulnerable populations, with a specific focus on homeless youth who identify as LGBT, services provision within homeless youth shelters, and violence against women.

Cristy E. Cummings is a doctoral student at the Michigan State University School of Social Work. She earned her MSW and her Bachelor of Arts in Women's Studies from Indiana University South Bend. Her research interests are broadly in the areas of gender and sexuality, with her current work focusing on both female and male survivors of sexual assault, especially related to help-seeking behaviors and access to services.

Alec DeNuccio is a master's student in the School of Social Work at University of Michigan. He earned his BASW from Michigan State University in May 2016. Alec is interested in macro level practice and community organizing.

Kailey L. Hindes completed her BASW at Michigan State University in May 2016, and is currently working in with foster care youth. Her research interests include social work attitudes and care transitions in older adults.

Anne Hughes is an associate professor in the School of Social Work at Michigan State University. She earned her PhD from the University of Maryland, Baltimore. Her research interests include aging and health, with a focus on improving care for frail or vulnerable older adults. She is a John A. Hartford Foundation Faculty Scholar in Geriatric Social Work.

Best Non-empirical Article - 2015

Lateef, Husain. (2015). Afrocentricity theory revisited: An alternative framework for assisting Black youth. *Perspectives on Social Work, 11*(2), 26-31.

Husain Lateef is a current doctoral student in the School of Social Work at Arizona State University. He obtained his MSW from the University of Michigan and his BA from Morehouse College in Atlanta, GA. Currently, his research focus is exploring positive development among African American youth.

Best Reviewers

2014 – 2015: Andrea Joseph, University of Pittsburgh

2014 – 2015: Katherine Williams, Loyola University Chicago

2015 Honorable Mention: Cole Hooley, Washington University

Medication Assisted Treatment: Experiences from the Field

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Abstract

The use of heroin and other opiates has increased considerably in recent years with many users becoming involved with the criminal justice system. Because of this growth, the use of medication assisted treatment is becoming increasingly popular in courts that specialize in opiate addictions. This paper analyzes the experiences of treatment teams in courts that specialize in providing medication assisted treatment. Overall, perceptions of medication assisted treatment were positive although service providers identified some limitations. Recognizing the benefits and limitations of medication assisted treatment is useful for social work practice that focuses on opiate addictions because heroin use continues to rise.

Keywords: medication assisted treatment, opiate addiction, drug courts

Introduction

A recent Substance Abuse and Mental Health Services Administration (SAMSHA) report states that there were over 600,000 heroin users aged 18 and older in 2013, and rates of heroin overdose deaths have nearly doubled between 2011 and 2013 (Hedegaard, Chen, & Warner, 2015; SAMSHA, 2014). In an attempt to curb the use of opiates and heroin, several states have enacted laws to monitor the sales of prescription drugs (Centers for Disease Control and Prevention, 2015). Given the increase in opiate use, and the emphasis on policing the sales of opiates, a growing proportion of individuals are being arrested for opiate use or crimes related to opiate use, e.g., trafficking, thefts committed to obtain drugs (Jones, 2013; Office of National Drug Control Policy, 2014) with 98% of drug courts serving at least one opiate addicted client (Matusow, 2013).

In response to this growth, criminal justice agencies are developing medication assisted treatment (MAT) programs to treat individuals with opiate addictions (Lee & Rich, 2012). A

recent nationally representative survey found that 56% of drug courts provided any MAT (Matusow et al., 2013) and MAT is becoming increasingly popular in courts that specialize in alcohol and opiate addictions (Lee & Rich, 2012; Nunn, Zaller, Dickman, Trimbur, Nijhawan, & Rich, 2009; Volkow et al., 2014). MAT utilizes medications in conjunction with treatment services to address alcohol and opiate addictions, e.g., heroin, morphine, oxycodone (Volkow, Frieden, Hyde, & Cha, 2014). The medications used for MAT bind to the same receptors that are activated during both alcohol and opiate use, but each medication has different mechanism and effects (for a discussion on mechanisms and effects of MATs see Connery, 2015). It is important for social workers to learn about MAT because they are being implemented by more courts and social workers work in many systems where MAT can be used such as court systems, drug treatment centers, hospitals, and mental health treatment centers.

Methods

To address the number of opiate related arrests the state of Ohio created a pilot program that offered MAT to offenders with opiate and/or alcohol addictions (Baughman Sladky, Singer, Gearhart, Tuschman, 2015). The program took place in 10 courts across seven counties. Each court had a multidisciplinary core team that included court coordinators, service providers, probation officers, and court staff. Although each court had its own requirements for graduation, the MAT court process typically lasted between one and two years. These courts offered an array of services that varied by location, and included case management, substance use and mental health counseling, dual disorder treatment, and anger management among others. All courts received funding to provide MAT to clients.

Focus groups were conducted with treatment teams at nine of the ten courts because one court withdrew from the pilot program. Data for this study were obtained from the notes of these focus groups. A total of 53 individuals participated in the focus groups. Most participants (60.4%, $n = 32$) were affiliated with a treatment provider (e.g., counselor, aftercare specialist), 13 (24.5%) were affiliated with the courts (e.g., court coordinator, assistant prosecutor), and eight (15.1%) were from the probation department. Researchers analyzed the data using a grounded theory approach to understand how MAT impacted the treatment process (Cresswell, 2013). For this study, one researcher created open, axial, and selective codes, and coded the interviews. The research team then discussed and reached consensus about the codes. Emergent themes from focus groups are described in the following sections. All data collection procedures were approved by Case Western Reserve University's institutional review board.

Key Themes

Deciding to Use MAT

Although each court had their own procedures for informing clients about MAT, the decision of whether or not to use MAT was left to the discretion of the client. Courts relied on medical staff and/or a counselor or therapist to help clients make decisions about MAT. In one court, a judge stated that a particular medication was not available to clients because it could be sold as a narcotic. Most courts (88.8%, $n = 8$) stated that clients were on medications for 10 to 12 months. The decision to discontinue MAT use was also left to the discretion of the client. In very few cases clients chose to stop using MAT because of side effects. Each site reported anywhere from

one to four clients who experienced side effects that commonly included anxiety, nausea, changes in appetite, restlessness, and headaches. Typically, the reported side effects had relatively little to do with the medications and more to do with discontinued opiate use. In the words of one focus group participant, “One guy said he thought [the medication] messed up his knee but he had an abscess he wasn’t aware of because he was on opiates and didn’t know.” All focus groups agreed that the side effects typically dissipated after a few days.

Early Discontinuation of MAT

In nearly all courts (88.8%, $n = 8$), clients typically chose to discontinue medication use earlier than the pharmaceutical companies recommended. Focus group participants stated that clients wanted to stop using medications with continued support from the treatment team. However, treatment teams stated that, “Those that relapsed chose to stop medication three months prior to graduation,” and discontinuing medication use early was “probably not in their best interest. Some people stop at 12 months, others at nine months. The time they stop is a risk factor.” One focus group participant stated, “It seemed like a lot of participants would complete court faster and then relapse shortly after they stopped taking medication.”

Clarity, Mental Health, and Trauma

The most common theme in terms of the benefits of MAT was clarity, which was mentioned 19 times in focus groups. As one focus group participant described:

Clarity. I would say that the biggest thing is mental clarity. They make better decisions. They’re more willing – they’re easier to work with. They’re more willing to do the things that we are asking of them because they are thinking more clearly.

Focus group participants stated that “[clients’] brains quiet down” and “the obsession and compulsion of the cravings is not there.” One probation officer described how clients could not get a job or support their family because they could not stop using opiates before receiving MAT. With MAT, clients cannot get high and can dedicate more time to finding a job, going to treatment and ultimately meet the conditions of probation. A counselor quoted a client as saying, “I don’t go to bed thinking about it [using] and it’s not the first thing in my mind when I wake up.”

According to the focus groups, the ability to think clearly is an important benefit of MAT. As one clinician pointed out:

In my experience it’s about three months before they lift their head out of the fog and see clearly where they’ve been. Then there’s often a reason they even get into addiction. It’s due to mental health issues, trauma, family issues...there’s issues you work for each individual. For some it might be family, for others it might be mental health/trauma history.

Mental health and trauma were two issues that were prevalent in the MAT program. One treatment provider shared stories about clients that were demonstrating symptoms of mental health issues at intake. Once the clients started MAT, service providers were able to disentangle how much of the clients’ symptomatology was due to substance use versus mental health issues

and in some cases, the mental health symptoms dissipated. In other cases, clients were able to seek help for mental health issues. Trauma was frequently cited as a cause for clients' mental health issues. In the words of one clinician, "Trauma needs to be addressed. It plays a huge role in their behavior...Recognizing the trauma has made a huge difference in their lives. It makes them more prepared to live in the community successfully."

MAT was seen as an important piece of the treatment process because, "[clients] slow down. The MAT lets us talk about family issues, history, accountability, responsibility." Clinicians reported higher engagement in treatment and stated that clients can "really focus on treatment issues," while a probation officer stated that their clients can "live their lives while working through addiction," and ultimately "comply with the court process."

MAT as One Component of Treatment

Focus group participants also recognized that "addiction is physical, but it's also highly mental. The mental is what you fight the rest of your life." Although MAT serves as a springboard to help clients in treatment, it will only work "as effectively as the person allows it to be in helping them become members of the community." One substance use counselor made the following summation:

MAT may take them from their cravings, but their lifestyle we can't change. Honestly MAT isn't going to be as effective. For people willing to make a change MAT gives them an opportunity to get their mind right if you will, and let talk therapy and other tools to have their impact.

Further, focus group participants stated that "MAT isn't going to change lifestyle" and clients are "returning to the same systems in an attempt to stand strong and firm, and the challenge is still there." Although MAT is a useful tool, all it does is reduce the severity of cravings and remove the ability to get high on opiates. The goal of MAT is to take advantage of these properties and help clients develop skills to remain sober in their local environments. However, based on focus group feedback, MAT alone cannot meet the needs of an individual.

Relapse and Overdose

According to the focus groups, relapse while on medications was rare throughout the MAT court program. The most commonly used substance for relapse was alcohol, which was reported by seven (77.7%) of the court teams. Although the medications prescribed for MAT are used for opiate and/or alcohol addiction, focus groups debated if this was appropriate. Some stated that MAT prevented clients from getting drunk; others stated that clients got drunk quicker or at the same rate as without MAT. Still others said that "alcohol works in a different way, physically they're feeling it but mentally they aren't so it isn't until you're on [drink] 33 that it hits you." One focus group participant asserted that they would not treat alcohol addictions with MAT. Because clients don't get as high as quickly as they normally would on alcohol or opiates, there is a risk that clients will use more of the substance in an attempt to achieve the same effect and overdose. One focus group participant described a situation where "one person challenged MAT with Percocet. They took three and got no effect and got scared at the risk of overdose."

Skepticism towards MAT

Although overall perceptions of MAT were positive, focus group members reported early skepticism pertaining to the use of MAT. As one respondent noted, “One of the biggest challenges was—even though there was great communication between probation and treatment—there was a lot of—we needed to build the trust in MAT, period. I think we have over time.” Skepticism towards MAT was not limited to the court program staff however. A significant barrier to starting MAT programs in some courts was:

probably trying to get the entire community all on board. I would suggest that there are quite a few people that aren't – I wouldn't say unhappy with it, but probably are skeptical. I would assume those people aren't believers in treatment [referring to MAT].

One substance use counselor stated that clients were met with resistance at treatment groups because, “old timers believe you're substituting another drug for the one you're using. People with MAT continue MAT even though old timers say you should be off it.”

Challenges to Implementation

In addition to the skepticism about MAT's effectiveness, focus groups discussed challenges to providing MAT. There was little consistency across sites in terms of the challenges experienced. The most commonly discussed challenge was detox, which was discussed in four of the nine focus groups (44.4%). Detox is an important component of MAT because clients need to maintain a seven to 14 day period of sobriety before starting MAT. One focus group participant stated that having clients detox and then administering the medication is “impossible to do unless they are in residential.” Another issue was using jail as a detox facility. One focus group participant was against using jail as a detox facility and stated that the greatest need for their court was “a rapid detox facility that is a closed door facility so we can do humane detox instead of a jail cell with a hot shower.” Another theme that emerged was the importance of the services in the surrounding community. One focus group reported challenges because there was only one provider of MAT in the county. Participants in another focus group stated that recovery groups like Alcoholics Anonymous and services for needs like employment were scarce, so clients did not have many supports outside of the court program.

Limitations

There are multiple limitations worth noting. Researchers were only able to conduct interviews with court teams and were not able to interview program participants. In terms of analysis, one researcher was responsible for the coding and there was no member checking. Further, the findings reflect the experiences of ten courts in one state and may not generalize to all courts that provide MAT. Researchers also cannot determine what other services courts provided in addition to MAT.

Discussion

Focus group participants agreed that MAT is a useful tool for treatment, but there are limits to its effectiveness. Questions were raised in terms of the effectiveness of MAT for addressing alcohol use. Not only does this highlight an important area for future research, but social workers may

also need to build in additional supports that target alcohol use when working with clients on MAT. The findings also illustrate the importance of education about relapse. Although relapse prevention is an important goal of treatment, there is an elevated importance placed on the risk of overdosing for clients that are on MAT because clients are likely to take more of a substance in an attempt to get high.

Social workers are in a position to capitalize on the benefits of MAT like suppressing the urge of cravings, eliminating the ability to get high, and improving mental clarity. This allows practitioners to use their clinical skills to disentangle and address the complex relationships among substance use, mental health, and trauma as well as provide services that address the root causes of clients' addictions. Social workers are also able to identify clients who may require services that are not part of the standard drug court services like motivational interviewing, trauma informed care, and integrated dual disorder treatment.

Social workers can also be involved in the discussion of how to more successfully blend treatment and court processes. Focus groups identified a need to build a bridge to MAT that involves detoxing in a location that is humane and facilitates a smooth transition from detox to receiving MAT. Drug courts using MAT may also need to examine how to more successfully blend treatment and court processes with the recommended guidelines of the medications used in treatment. Social workers may also find MAT guidelines useful for planning termination because the time an individual discontinued MAT use was regarded as an important risk factor for relapse. Further, clients wanted to transition off of MAT while still receiving direct services, which illustrates that services are an important part of this transition. Therefore, social workers can play an important role in developing methods of transitioning clients off of MAT to prevent relapse after treatment.

Another important step for MAT programs is raising awareness and educating members of the treatment community about what MAT is and why individuals on MAT can still be considered sober because clients are taking medications as prescribed (The Betty Ford Institute Consensus, 2007). Social workers are a valuable educational asset in this regard because they span multiple systems that interact with individuals using MAT.

Focus group participants reached a consensus that the impact of MAT was ultimately positive and outweighed the risks associated with the medications. However, MAT is best used as a supplement to effective practice. Understanding the strengths and limitations of MAT can better inform social work practice that incorporates MAT.

References

- Baughman Sladky, M., Signer, M. I., Gearhart, M. C., & Tuschman, P. (2015). *Ohio MHAS Addiction Treatment Pilot Program*. Cleveland, OH: Dr. Semi J. and Ruth W. Begun Center for Violence Prevention, Research, and Education.
- Center for Disease Control and Prevention, Office for State, Local, and Territorial Support. (2015). Prescription drug time and dosage limit laws. *Public Health Law*. 1-10.

- Connery, H. S. (2015). Medication-assisted treatment of opioid use disorder: Review of the evidence and future directions. *Harvard Review of Psychiatry, 23*, 63-75. doi: 10.1097/HRP.0000000000000075.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among the five approaches*, 3rd Edition. Thousand Oaks, CA: Sage Publications.
- Hedegaard H., Chen L. H., & Warner, M. *Drug-poisoning deaths involving heroin: United States, 2000–2013*. Hyattsville, MD: CDC, National Center for Health Statistics; 2015. NCHS data brief no. 190.
- Jones, C. M. (2013). Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers—United States, 2002-2004 and 2008-2010. *Drug and Alcohol Dependence, 132*, 95-100. doi: 10.1016/j.drugalcdep.2013.01.007.
- Lee, J. D., & Rich, J. D. (2012). Opioid pharmacotherapy in criminal justice settings: Now is the time. *Substance Abuse, 33*, 1-4. doi: 10.1080/08897077.2011.616797.
- Matusow, H., Dickman, S. L., Rich, J. D., Fong, C., Dumont, D. M., Hardin, C., Marlowe, D., & Rosenblum, A. (2013). Medication assisted treatment in US drug courts: Results from a nationwide survey of availability, barriers and attitudes. *Journal of Substance Abuse Treatment, 44*, 473-480. doi: 10.1016/j.jsat.2012.10.004.
- Nunn, A., Zaller, N., Dickman, S., Trimbur, C., Nijhawan, A., & Rich, J. D. (2009). Methadone and buprenorphine prescribing and referral practices in US prison systems: results from a nationwide survey. *Drug and alcohol dependence, 105*(1), 83-88. doi: 10.1016/j.drugalcdep.2009.06.015.
- Office of National Drug Control Policy. (2014). *2013 Annual Report, Arrestee Drug Abuse Monitoring Program II*. Washington, DC: Executive Office of the President.
- Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*. NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- The Betty Ford Institute Consensus. (2007). What is recovery? A working definition from the Betty Ford Institute. *Journal of Substance Abuse Treatment, 33*, 221-228. doi: 10.1016/j.jsat.2007.06.001.
- Volkow, N. D., Frieden, T. R., Hyde, P. S., & Cha, S. S. (2014). Medication-assisted therapies—tackling the opioid-overdose epidemic. *New England Journal of Medicine, 370*, 2063-2066. doi: 10.1056/NEJMp1402780.

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Fostering a Developmental Perspective in Understanding Youth Homelessness

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Abstract

Of the approximately 565,000 people experiencing homelessness at a given point in time in the United States, over 200,000 are persons in families, representing about 35% of the entire homeless population. This prevalence estimate provides a strong basis for concern about the potential effects of homelessness experienced by the children in those families. Homelessness is a challenging and traumatic experience for anyone. For children experiencing homelessness, the damage can be even more pervasive given their position in the process of development. The experience of homelessness offers a package of substantially negative effects that should be viewed in light of the differential developmental process. This paper explores the research on the negative life outcomes experienced by homeless children including disparities in health and in educational outcomes. It concludes by discussing implications for policy and practice.

Keywords: homelessness, youth, developmental perspective

Of the approximately 565,000 people experiencing homelessness at a given point in time in the United States, over 200,000 are persons in families, representing about 35% of the entire homeless population (NAEH, 2015). While the enumeration of homelessness has been fraught with difficulty for decades (Burt, 1992), this prevalence estimate provides a strong basis for concern about the potential effects of homelessness experienced by the children in those families (NAEH, 2011; U.S. Department of Health and Human Services, 2007; National Center on Family Homelessness, 2010). Despite the considerable resilience commonly demonstrated by children, the experience of homelessness offers a package of substantially negative effects that should be viewed in light of the differential developmental process (Bassuk, 2010). This paper explores the research on the negative life outcomes experienced by homeless children including disparities in health and in educational outcomes. It concludes by discussing implications for policy and practice.

Health Disparities

Children who experience homelessness are more likely to have negative health outcomes than their securely-housed counterparts (Hart-Shegos, 1999; Weinreb, Goldberg, Bassuk, & Perloff,

1998). Acute health conditions including chronic ear infections, bronchitis, and diarrhea disproportionately affect children experiencing homelessness (Weinreb et al., 1998). Chronic health concerns such as asthma, high lead levels, and major mental health disorders also affect homeless children at a greater rate (Hart-Shegos, 1999). Health disparities tend to be facilitated through three particular pathways: exposure, a lack of access, and stress.

Exposure

Most families who enter a homeless shelter have moved multiple times prior to entry, and the quality of the housing in which they resided prior to entry into the shelter system is likely to be of quite poor quality (Kerker et al., 2011). These stressful housing arrangements may have included units of housing that were temporary and overcrowded, campgrounds, or places not meant for human habitation such as cars or outside (Torrico, 2009). In the context of these substandard housing arrangements, homeless children are often exposed to environmental toxins and disease. Homeless children are exposed to deadly infectious diseases (i.e. tuberculosis) at a higher rate than housed children (Cutts et al., 2011; Hart-Shegos, 1999). Homeless children are regularly exposed to other environmental hazards including infestations of insects, lead paint, mold, or other harmful toxins (Hart-Shegos, 1999). For example, lead exposure is correlated with severe outcomes for children including the potential for a “negative relationship to later IQ test scores” (Dilworth-Bart & Moore, 2006, p. 248).

Lack of Access

While experiencing a greater need for health services, homeless children often experience a lack of access to necessary care (Hart-Shegos, 1999). Whether through lack of financial resources, health insurance, or regularity of care, homeless children often lack the familial stability required to make and keep medical appointments (Bassuk, 2010). This lack of access to appropriate and timely medical care becomes a serious impediment to health (Hart-Shegos, 1999; Miller & Lin, 1988). Anemia and stunted growth are among the food-related health concerns among homeless children (Hart-Shegos, 1999). According to Aratani (2009), about 45% of homeless children are victims of “inappropriate food consumption” (p. 6) and obesity is prevalent. Although eligible, nearly one-third of homeless families do not receive WIC or food stamps, representing a deep lack of horizontal adequacy in a program that could otherwise be quite useful (Bassuk, 2010). In other words, while the program is effective for those who are enrolled, many eligible households do not glean the programs benefits because they are not enrolled.

Stress

Homeless children often make many housing moves prior to and including potentially multiple entries into the shelter system. The transitory nature of the homeless experience contributes to the levels of toxic stress that influence poor mental health outcomes for children (Bassuk, 2010; Hart-Shegos, 1999; Masten, Miliotis, Graham-Bermann, Ramirez, & Neemann, 1993). In addition to more normative childhood worries, homeless children are faced with the anxieties of adult issues such as safety, food acquisition, and housing instability. The implications of these experiences for school-aged children include concern about the perceptions of their peers and risks associated with bullying. About one-third of homeless children have a mental health disorder that impacts daily functioning (Hart-Shegos, 1999).

The homeless experience itself is traumatic. Homeless children are regularly exposed to toxic levels of stress, including the exposure to violence before and during episodes of homelessness (Aratani, 2009). Runaway and throwaway youth are especially at risk for witnessing and enduring acts of violence, with more than one-third of unaccompanied youth meeting the criteria for post-traumatic stress disorder (Aratani, 2009). Although not as evident, characteristics of post-traumatic stress disorder are also observed in young children (Bassuk, 2010). Incidence of both child protective service involvement and separation from their families become a reality for children experiencing homelessness (Bassuk, 2010). While it remains somewhat unclear how high rates of childhood stress and trauma may affect health outcomes in adulthood (Bassuk, 2010), research has demonstrated that adverse experiences in childhood provide for detriments in health at middle-age and the later stages of life (Reuben et al., 2016).

Educational Disparities

Developmental Delays

Numerous conditions and factors create a challenging cycle for homeless children in regard to educational outcomes and school performance. In part due to the health issues and disparities discussed above, homeless children have more developmental delays and behavioral health issues that impede their ability to learn (Hart-Shegos, 1999). A trajectory toward developmental delay often begins before birth for children in the cycle of homelessness and may continue to deteriorate throughout the school process depending on the specific series of events. Women who are homeless have less access to prenatal medical care, more exposure to stress and violence, and an increased pressure to focus on survival needs. These stressors leave children at a disadvantage from the prenatal stage forward (Hart-Shegos, 1999; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995). Specifically, Hart-Shegos (1999) explains that homeless children experience learning disabilities twice as often as children who are stably housed.

Unstable Housing

The homeless experience does not provide the consistency and stability required to foster academic progress. As a result, homeless children have little stability in regard to academic development. Children who are homeless are faced with the prospects of attending multiple schools in a single academic year and many schools over the course of their academic career. According to Hart-Shegos (1999) more than 40% of homeless children attend two schools in a single year, while almost 30% of homeless children attend three or more. Homeless children often miss school days for a number of homelessness-related reasons. According to one study, Zima and colleagues (1994) found that 16% of homeless children had missed over three weeks of school during the three-month period immediately prior. As a result of the inconsistency in the academic process, homeless children are likely to perform poorly in school as demonstrated by poor performance on achievement tests (Hart-Shegos, 1999). Poor performance also may appear as a cascade of events, impacting emotional and social issues for homeless children and resulting in further poor academic outcomes such as poor test performance, grade retention, and, for older youth, dropping out (Aratani, 2009; Hart-Shegos, 1999).

From a developmental cascade perspective we see a contributory pattern in the educational experience of homeless children. Homeless children are faced with developmental delays that impact their mental and physical health; both these developmental delays and mental and physical illness impede a child's ability to learn. Attendance in school is impacted by circumstances surrounding a precarious housing status and the accompanying life stressors. Struggle in the learning process further impedes the child's future ability to learn, and so on. Despite greater academic need, access to special services is often unavailable (Hart-Shegos, 1999).

Fostering Developmental Understanding

Cascading Effects

Applying a fundamental understanding of childhood development is useful in understanding the ways in which the homeless experience negatively affects children (Lerner, Jacobs, & Wertlieb, 2005). As such, examining the effects of childhood homelessness as a pattern of cascading effects may be useful, as it speaks to the interrelatedness and complicated nature of the phenomenon. As part of the developmental process, experiences and the consequences of such experiences have the potential to accumulate and permeate various personal and interpersonal systems (Masten & Cicchetti, 2010).

When homelessness is part of the childhood experience, aspects of that experience provide effects that cascade into various domains. As each element of the situation affects the next and is impacted by the previous, a cycle is created that worsens the effects of the experience over time. This is particularly important in terms of framing the homelessness experience as a fluid process that includes the contexts of living arrangements before and after episodes of homelessness.

Timing of Events

While some children seem to flourish despite these challenges (Bassuk, 2010), it is critical to also note that the neurodevelopment of children within the homeless system is at stake. The plasticity of brain development provides a useful framework in exploring how these negative experiences may alter brain chemistry because the timing of negative experiences in relation to the specific level of brain development is likely a key element for predicting potential impact (Nelson, 2005).

Both biology and experience play critical roles concerning resilience and negative early-life experiences, the possibility remains that positive experiences may offer a change in trajectory (Pollak, 2005). One study conducted by Rafferty, Shinn, and Weitzman (2004) showed that the length of time that occurs after the homeless episode is ended is valuable in assisting children to overcome academic deficiencies that may have occurred. This study showed that while the experience of homelessness affected the academic progress of children in the short term, those negative effects were diminished after five years (Rafferty, Shinn, & Weitzman, 2004). According to Buckner, Bassuk, Weinreb, and Brooks (1999), the literature suggests a relationship between the length of homelessness, specifically among school-aged children, and their ability to adapt to the experience.

One study revealed that problem behaviors exhibited by homeless children over time seemed to increase to a peak and then subsequently decrease. This suggests that perhaps children adapt to shelter life and that a longer shelter stay may provide the stability they need (Buckner et al., 1999). Living in a shelter environment may offer more protections to children who would otherwise be residing in extremely unstable and unsafe housing conditions (Rog, Holupka, & Patton, 2007). Conversely, this also suggests that shorter stays could prove more traumatic. These behavioral response patterns are especially critical as we examine the patterns of homeless families with children, as some families with children use the shelter system in an episodic manner and others more chronically (Culhane, Metraux, Min Park, Schretzman, & Valente, 2007). Both the incidence and duration of homelessness episodes have implications for child development and the creation of effective features of housing programs. In light of recent pressure to implement strategies of rapid re-housing (NAEH, 2016), consideration must be given to the stability of subsequent housing arrangements in order to avoid consistent patterns of housing instability.

Protective Factors

Careful attention must be made to the extent of which homelessness affects the development of healthy support systems and protective life arrangements (Burt, Laudan, Lee, & Valente, 2001). The fostering of protective factors, self-esteem, healthy relationships, and a sense of self-efficacy are likely keys to the development of current and future resilience. Policy and programs need to be developed in a way that accommodates a nuanced understanding about the unique experiences of homeless children and also bolsters any protective factors that may be available to them.

Implications for Policy

Housing First for Families

Programs and policies must not ignore the structural issues that perpetuate and exacerbate the housing conundrum. From a harm reduction standpoint, strategies to limit or prevent episodes of child homelessness are preferred. New strategies to immediately re-house families experiencing homelessness into permanent housing arrangements with optional supportive services are being reinforced through federal policy with the HEARTH Act of 2009 (Legander, 2006; NAEH, 2016; Tsemberis, Gulcur, & Nakae, 2004; U.S. Department of Housing and Urban Development, 2009). Through the 1980s and 1990s many policy and program efforts focused on creating a more “service enriched and physically accommodating” (Culhane et.al, 2007, p. 4) shelter system; however this may have, in conjunction with other structural forces, indirectly lengthened the stay in the homeless system (Culhane et.al, 2007; Culhane, Min Park, & Metraux, 2011). This may have been particularly for lower-barrier families with children. In part due to the shift toward a Housing First approach and through advocacy from the NAEH, many communities have developed 10 Year Plans to End Homelessness (NAEH, 2011). Consideration must be given to how Rapid Re-housing programs will provide for long-term housing stability in the absence of housing subsidies, which are often unavailable.

Universal Prevention Strategies

Shinn, Baumohl, and Hopper (2001) called for increased access to affordable housing as a “universal” (p. 120) method of preventing homelessness. The kinds of “universal” policies that help all individuals, such as paying attention to the collective ability of wages to keep pace with housing costs, can potentially provide the preventative buffer needed to reduce this problem (Shinn, Baumohl, & Hopper, 2001). A lack of affordable housing, combined with a lack of a living wage, creates a suboptimal structural environment. Programs that aim to assist those experiencing homelessness cannot be successful if attention is not given to these overriding conditions in the economic and political environments. While some individuals may have more barriers to housing and potential risk factors associated with homelessness, a focus merely on these deficiencies as the causal mechanism for homelessness negates the larger issue of a structural environment that keeps stable and affordable housing out of reach.

Policy agendas that may help families avoid episodes of homelessness must focus on creating and making available affordable housing. Locating and securing affordable housing is a large feat for many families, and many poor families pay over 50% of their income on housing (National Coalition for the Homeless [NCH], 2007). It is essential that federal housing policy respond to this need by creating an environment favorable to the creation and accessibility of affordable housing through tax credits, the provision of housing subsidies, and the availability of low-rent units.

Housing affordability is further constrained by the lack of a living wage. According to the National Coalition for the Homeless (NCH) working does not necessarily provide an exit to poverty and the minimum wage provides an income that is insufficient to pay for a two bedroom apartment in any state (NCH, 2007). The value of wages has been in serious decline, and the minimum wage in 2004 was worth 26% less than in 1979 (NCH, 2007, p. 2). The provision of appropriate work supports, such as childcare, transportation, and other services, may be an effective way to support the wage-earner and increase the power of their housing dollar. In order to support the multiple needs of families with children, especially those who are precariously housed, an increase to the minimum wage and a focus on creating more sustainable income redistribution policies must be considered.

Implications for Program Development

When developing programs to assist families in preventing their homelessness and ending it quickly, attention should be placed on helping children, specifically in light of the research that identifies their specific areas of vulnerability. Bornstein’s (2005) construct of “positive parenting” (p. 155) implies that parents must be able to provide helpful and hopeful situations to their children to enhance their development. Because shelter life presents obvious obstacles to parents’ ability to provide this, understanding the importance of fostering potential resilience creates a unique opportunity for shelters to support parents. Positive parenting, in light of the adverse experiences of homelessness, creates mindfulness around specific areas of child development including the physical, emotional, social, cognitive, and spiritual domains. Providing education for practitioners on how to support parents in these techniques, and not to undermine parents’ efforts through paternalistic policies and procedures, is critical. A paternalistic approach, positioning parents as subordinates by furthering their inferior position,

may even serve to lengthen their stay in the homeless system, again with multiple implications for children (Culhane et al., 2007). Additionally, as Bassuk (2010) suggests the positive relationship to other caregivers may assist in this process; and, appropriate and careful actions of caseworkers and service providers could potentially fill this role.

In light of the research that provides us with an understanding of the health disparities experienced by homeless children, policy and program efforts must be in place to assist in closing this gap. Ending homelessness quickly may assist in limiting the exposure to both infectious disease and environmental hazards. While programs must first focus on quickly securing permanent housing solutions for families, follow up may include health assessments and intervention when necessary. Screenings, even while still in the homeless system, could include testing for lead levels and the provision of missing immunizations (Burt et al., 2001).

Additionally, ending the homelessness experience as quickly as possible may serve to stabilize the educational experience as well. Both the chaos of the homelessness experience and the constant relocation are impediments to the educational process. Permanent housing with supportive services may provide a more organized home environment, conducive to improved educational outcomes for children. Tutoring, both in the classroom and through home-based services, may be helpful in bringing children more in line with the level of their stably-housed peers. Again, as in past efforts, appropriately identifying children in need (Julianelle & Foscarinis, 2003) and inter-agency collaboration are key.

Conclusion

The effects of homelessness on children are pervasive and particularly troublesome. This paper discussed some of the most poignant issues affecting homeless children such as the critical disparities in the areas of health and educational outcomes. If programs and policies are to be effective in assisting homeless children, they must work collaboratively with stakeholders, such as community agencies, school officials, and parents, to focus on preventing and/or quickly ending the homeless experience. Further, they must work to identify, assess, and provide targeted services in light of the research identifying the specific developmental needs and opportunities experienced by homeless children. Affordable housing, rental subsidies, living wages, and developmentally-informed housing services are essential components to creating communities with a focus on providing permanent housing first to all children and overcoming the effects of homelessness.

References

- Aratani, Y. (2009). *Homeless children and youth: Causes and consequences*. National Center for Children in Poverty: Columbia University.
- Bassuk, E. (2010). Ending child homelessness in America. *American Journal of Orthopsychiatry*, 80, 496-504.
- Bornstein, M. (2005). Positive parenting and positive development in children. In R. Lerner, F. Jacobs, & D. Wertlieb (Eds.), *Applied developmental science* (pp. 155-177). Thousand Oaks, CA: Sage Publications.

- Buckner, J., Bassuk, E., Weinreb, L., & Brooks, M. (1999). Homelessness and its relation to the mental health and behavior of low-income school aged children. *Developmental Psychology, 35*, 246-257.
- Burt, M. (1992). *Over the edge: The growth of homelessness in the 1980s*. New York, NY: The Russell Sage Foundation.
- Burt, M., Laudan, A., Lee, E. & Valente, J. (2001). *Helping America's homeless: Emergency shelter or affordable housing?* Washington D.C.: Urban Institute Press.
- Culhane, D., Metraux, S., Min Park, J., Schretzman, M., & Valente, J. (2007). Testing a typology of family homelessness based on patterns of public shelter utilization in four U.S. jurisdictions: Implications for policy and program planning. *Housing Policy Debate, 18*, 1-28.
- Culhane, D., Min Park, J., & Metraux, S. (2011). The patterns and costs of service use among homeless families. *Journal of Community Psychology, 39*, 815-825.
- Cutts, D., Meyers, A., Black, M., Casey, P., Chilton, M., Cook, J., ...Frank, D. (2001). U.S. housing insecurity and the health of very young children. *American Journal of Public Health, 101*, 1508-1514.
- Dilworth-Bart, J. & Moore, C. (2006). Mercy mercy me: Social injustice and the prevention of environmental pollutant exposures among ethnic minority and poor children. *Child Development, 77*, 247-265.
- Hart-Shegos, E. (1999). *Homelessness and its effects on children*. Retrieved from the Family Housing Fund website: http://www.fhfund.org/wp-content/uploads/2014/10/Homlessness_Effects_Children.pdf
- Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009, 42 U.S.C. §§ 11371 - 11378 (2012).
- Julianelle, P. & Foscarinis, M. (2003). Responding to the school mobility of children and youth experiencing homelessness: The McKinney-Vento Act and beyond. *Journal of Negro Education, 72*, 39-54.
- Kerker, B., Bainbridge, J., Kennedy, J., Bennani, Y., Agerton, T., Marder, D., ...Thorpe, L. (2011). A population-based assessment of the health of homeless families in New York City, 2001-2003. *Research and Practice, 101*, 546-553.
- Legander, S. (2006). Housing First: A program to help people move off the streets and into treatment. *Behavioral Healthcare, 26*(5), 38.
- Lerner, R., Jacobs, F., & Wertlieb (2005). *Applied developmental science*. Thousand Oaks, CA: Sage Publications.
- Masten, A. & Cicchetti, D. (2010). Developmental cascades. *Development and Psychopathology, 22*, 491-495.
- Masten, A., Miliotis, D., Graham-Bermann, S., Ramirez, M., & Neemann, J. (1993). Children in homeless families: Risks to mental health and development. *Journal of Consulting and Clinical Psychology, 61*, 335-343.
- Miller, D. & Lin, E. (1988). Children in sheltered homeless families: Reported health status and use of health services. *Pediatrics, 81*, 668-673.
- National Alliance to End Homelessness. (2011). *Ten Year Plan*. Retrieved from http://www.endhomelessness.org/section/solutions/ten_year_plan
- National Alliance to End Homelessness. (2015). *Snapshot of Homelessness*. Retrieved from http://www.endhomelessness.org/section/about_homelessness/snapshot_of_homelessness

- National Alliance to End Homelessness. (2016). *Families-Solutions*. Retrieved from http://www.endhomelessness.org/pages/families_solutions
- National Center on Family Homelessness (2010). *What is a Homeless Family?* Retrieved from <http://www.familyhomelessness.org/facts.php?p=sm>
- National Coalition for the Homeless. (2007). *Why are People Homeless?* Retrieved from <http://www.nationalhomeless.org>
- Nelson, C. (2005). Neural development and lifelong plasticity. In R. Lerner, F. Jacobs, & D. Wertlieb (Eds.), *Applied developmental science* (pp. 31-60). Thousand Oaks, CA: Sage Publications.
- Pollak, S. (2005). Early adversity and mechanisms of plasticity: Integrating affective neuroscience with developmental approaches to psychopathology. *Development and Psychopathology, 17*, 735-752.
- Rafferty, Y., Shinn, M., & Weitzman, B. (2004). Academic achievement among formerly homeless adolescents and their continuously housed peers. *Journal of School Psychology, 42*, 179-199.
- Reuben, A., Moffitt, T., Caspi, A., Belsky, D., Harrington, H., Schroeder, F., ... Danese, A. (2016). Lest we forget: Comparing retrospective and prospective assessments of adverse childhood experiences in the prediction of adult health. *Journal of Child Psychiatry, 57*, 1103-1112.
- Rog, D.J. & Buckner, J.C. (2007, September). Homeless families and children, *Toward understanding homelessness: The 2007 National Symposium on Homelessness Research*. Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/180441/report.pdf>
- Rog, D.J., Holupka, C., & Patton, L. (2007). *Characteristics and dynamics of homeless families with children: Final report to the Office of the Assistant Secretary for Planning and Evaluations, Office of Human Services Policy, U.S. Department of Health and Human Services*. Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/75331/report.pdf>
- Rog, D., McCombs-Thornton, K., Gilbert-Mongelli, A., Brito, M., & Holupka, C. (1995). Implementation of the Homeless Families Program: 2. Characteristics, strengths and needs of participant families. *American Journal of Orthopsychiatry, 65*, 514-527.
- Shinn, M, Baumohl, J, & Hopper, K. (2001). The prevention of homelessness revisited, *Analyses of Social Issues and Public Policy, 1*, 95-127.
- Torrico, R. (2009). From poverty to child welfare involvement: The critical role of housing in family stability. *Children, Youth, and Families Practice Update*. Washington DC: NASW.
- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health, 94*, 651-656.
- United States Department of Housing and Urban Development (2009). Homeless Emergency Assistance and Rapid Transition to Housing Act. Retrieved from <https://www.hudexchange.info/homelessness-assistance/hearth-act/>
- Weinreb, L., Goldberg, R., Bassuk, E., & Perloff, J. (1998). Determinants of health and service use patterns in homeless and low-income housed children. *Pediatrics, 102*, 554-562.
- Zima, B., Wells, K., & Freeman, H. (1994). Emotional and behavioral problems and severe academic delays among sheltered homeless children in Los Angeles County. *American Journal of Public Health, 84*, 260-264.

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In research, Ms. Frank has a number of projects in the works including a pair of studies about student perceptions of poverty and students' perception of social and economic distance between groups. She is currently a PhD student at the Bryn Mawr College Graduate School of Social Work and Social Research and her dissertation is a qualitative study called System Building in Homeless Services. Her anticipated graduation date is May 2017. Currently, Jen Frank is active on campus and in the local community.

Clients and Students: Reflections on the Parallels Found Between Direct Social Work Practice and Social Work Education

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Abstract

This article discusses the reflections of a social work educator turned doctoral student during her first semester of doing both concurrently. Interesting parallels found between the social worker/client and social work educator/student relationships are examined. Foundational social work concepts such as the right to self-determination, dual relationships, and resilience are each discussed from the perspective of a social worker balancing multiple roles and some conclusions drawn about the usefulness of basic social work skills in a variety of settings.

Key words: social work, educator, client, student, resilience, self-determination, dual relationships

Early in my social work career, I worked in direct clinical social work practice, serving clients with substance use disorders and persistent mental illness. However, my career trajectory changed when I earned the opportunity to join the social work faculty at a public regional university in eastern Kentucky. I found academia to be both challenging and rewarding, so I decided to enter a doctoral program in hopes of furthering my teaching career. As part of the doctoral program, I completed a teaching practicum, which encouraged me to be self-reflective and to think more analytically about my teaching style, daily practices, and interactions with students. This self-reflection and analysis led to some insights and conclusions about the unexpected parallels I found between working with social work clients and teaching social work students.

There are several concepts that could be examined through this lens of parallelism. Social justice, self-determination, human dignity, dual relationships, integrity, and resilience are just a few. Based on the experiences I had during this teaching practicum and on the issues and challenges that have been most prominent for my students, I have chosen four concepts to highlight here in this article. Those concepts that will be discussed are self-determination, dual relationships, and resilience, as well as the concept of delayed results, as explained through the metaphor of planting a seed and watering. The purpose of this dialogue is to encourage social

work educators to recognize the practicality of using common social work skills in their everyday interactions with students, as well as the importance of valuing each student as a unique individual, just as they would a client. It is beneficial for educators to recognize that the unique skill set they developed and crafted during their days in direct social work practice does not have to be left at the door of academia. Instead, those skills can be leveraged to engage students and promote a supportive and effective learning environment.

Self-Determination

Accepting and maximizing a client's right to self-determination is a core value of the social work profession, but one that we have all struggled with occasionally. In the National Association of Social Workers' *Code of Ethics*, it is stated that "Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals" (2006, p. 7). Self-determination is a belief that the client has the right to make their own decisions about their treatment and care, even if the social worker does not agree with their choices (Zastrow, 1996). Even further, self-determination is every person's right to "hold and express their own opinions and act on them, as long as doing so does not infringe on the rights of others" (Zastrow, 1996, p. 221). Self-determination theory posits that humans all have an underlying need for competence and autonomy, and that when people feel those two things are satisfied, they become more intrinsically motivated (Deci & Ryan, 1985, 2008).

The goal of an effective social worker should be to empower the client to make decisions on their own behalf, and to provide links to the adequate and appropriate resources that will foster autonomy, build their competence, and discourage dependence on the social worker (The Social Work Task Force, 2009). There should always be an assumption that the client is the expert about his or her own life and that we serve as an adjunct who can come alongside him or her, providing encouragement and support, as well as resources and services, all while serving as a role model (De Jong & Berg, 2002). Tower (1994) iterates this in her discussion of how social workers should adopt consumer-centered orientations, stating, "Consumers need good role models if they are to become more autonomous" (p. 195). Clients who have not had many positive role models need to see hard work, ethics, resourcefulness, and determinism lived out in a real way and the social worker can serve in this role. Promoting client self-determination is a way of putting the client back in the driver's seat, when they have been disempowered and have become dependent upon others to make decisions affecting their lives. We must respect and uphold their right to self-determination, even when they make decisions that we do not endorse. Social workers must accept that, unless they are a danger to themselves or others, the client has the right to make poor choices, to disregard the resources or services we link them to, or to take no action at all.

Similarly, students also have a right to self-determination in their academic endeavors. As social work educators, it is our role to facilitate learning and to provide opportunities for students to critically examine ideas, consider new perspectives, and to gain the skills they need to become effective social workers. Utilizing experiential learning opportunities and a flipped classroom environment that involves students spending time outside of class being engaged in the material can increase their intrinsic motivation (Abeysekera & Dawson, 2015). Research indicates that students have higher levels of intrinsic motivation when they are taught in a manner that values their autonomy and involves real-world application to the concepts being learned (Ryan & Deci,

2016). Furthermore, educators must teach students social work ethics and the fundamentals of ethical decision making, while also serving as a role model and allowing the students to witness those ethical principles being lived out in daily practice. Our goal as educators should not be for the students to be dependent on us to “spoon-feed” information to them, but rather we should encourage and foster their own independence, critical thinking, problem-solving skills, and self-reflection as they develop into social workers. “Students with a high sense of self-efficacy are committed to achieving difficult goals and often visualize successful scenarios that lead to positive behavior and outcomes” (Farchi, 2014, p. 134).

As when working with clients, educators must accept that our role is simply to provide students all the resources, knowledge, skills training, and experiential opportunities possible. However, it is ultimately the student’s responsibility to capitalize upon those resources and make the most of their educational endeavors. Their ultimate success or failure is a result of their choices and effort, not mine, and I simply serve as a facilitator in the process. As a graduate student, I have found this notion to be empowering – the idea that the outcome of my educational undertakings is my responsibility. Although I have incredibly talented and knowledgeable professors, a valuable advisory committee, and a supportive cohort of peers, ultimately the ideas and the work must come from me. Subsequently, the resulting successes are mine to relish and the failures are mine from which to learn.

Dual Relationships

The complicated subject of dual relationships is another similarity found between client/social worker and student/educator relationships. The *Code of Ethics* of the National Association of Social Workers (2006) states, “Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively” (p. 9). Social workers are advised to avoid dual relationships whenever possible, particularly when there is a risk of exploitation or harm to the client (National Association of Social Workers, 2006). The risk of exploitation or harm is always present in client/social worker relationships due to the power differential and the roles social workers often play in influencing important aspects of a client’s life. Social workers must learn to navigate that delicate balance where they connect to a client closely enough to build rapport/maintain the position of authority and objectiveness that is needed to be fair. This is an issue for professors all across every university, but is particularly challenging in the social work department, because the faculty tend to be natural helpers, and the students often assume that their social work professor can also be their therapist. Social Work educators must be able to provide assistance to the student in their time of crisis, and then refer them to the appropriate campus or off-campus counseling service to meet their ongoing needs (Congress, 1996).

Equitability in guiding classroom interactions and in grading is an example of the social justice we teach and to which we aspire. I have found this to be challenging because the personality traits and skills such as humility, approachability, and sincerity that have allowed me to be an effective recruiter, advisor, and teacher, are often mistaken by students as a sign of friendship or of being peers. It is my ongoing responsibility to keep that boundary between teacher and student clear, while also showing genuine concern and interest in their personal and academic development. A recent study looking at the dynamics of student-faculty relationships found that the more relaxed and personal a professor’s relationship became with students, the more likely

the students were to exhibit problematic behaviors in the classroom (Chory & Offstein, 2016). Keeping clear boundaries and avoiding dual relationships helps ensure that my classroom behavior and grading practices are fair and equitable for all students.

I have seen this concept emulated well by my doctoral program advisors and professors. While they are friendly and attentive to my academic needs, it is clear that we are not peers, we are not equals, and we are not friends. Although that may be difficult for some to accept, I have found it to be a valuable learning tool, as I watch them model appropriate boundaries and professional behavior, and then I can emulate that with my own students.

Resilience of Students and Clients

Client resilience has long been a concept that social workers accept and applaud, but often do not fully understand. A review of the research surrounding resilience indicates that the definition does not yet have consensus in the literature. Commonly, resilience is conceptualized as the ability to face chronic adversity with adaptability and perseverance and the presence of minimal maladaptive symptoms (Van Breda, 2001; Dubowitz et al., 2016; Bonanno & Mancini, 2011). Resilience describes the tendency of a system to seek homeostasis after experiencing extreme stress, helping the system to respond, recover, and to often improve its functioning (Van Breda, 2015; Luthar, Cicchetti, & Becker, 2000).

As social workers, we often get to witness amazing stories of resilience in the face of tremendous adversity and are often in awe of the tenacity and strength of the human spirit. Employing a strengths-based perspective with clients, social workers value the clients' resilience and ability to overcome adversity, while focusing less on their problems and deficits (Saleebey, 1996). A strengths-based perspective posits that all people have inherent gifts and resources that can help them thrive, despite any known barriers or negative circumstances (Saleebey, 2013). With specific populations, such as those diagnosed with dementia, this perspective encourages workers to focus on what remains, as opposed to what is lost, in order to capitalize on the client's remaining time (McGovern, 2015). Resilience and a strengths-based perspective go hand-in-hand when working with clients, as both value the positive traits of a client and focus on what is going well for the client and how they have responded positively to barriers and hardship (Saleebey, 2013).

Fortunately, as educators, we also get to see the concept of resilience unfold in our classrooms and with our students. When I left direct social work practice to begin teaching, it never occurred to me that my students would be facing the challenges and barriers that they often encounter in pursuit of their undergraduate degree. Teaching at a regional university that recruits and educates individuals from a region riddled with poverty, unemployment, and disability has given me the opportunity to work with students from a variety of situations that exemplify the concept of resilience.

In his study about academic resilience, Martin (2013) states, "Academic resilience has been defined as a capacity to overcome acute and/or chronic adversity that is seen as a major threat to a student's educational development" (p. 488). Academic resilience is seen as competence exhibited by high risk students despite their history of problematic experiences (Luthar, 2006; Ungar, 2011; Yates, Egeland, & Sroufe, 2003). In my short teaching tenure, I have seen many

examples of academic resilience. Resilient students view change and adversity as a challenge and an opportunity to commit to the task and focus on their personal and professional goals (Kobasa, 1979; Rutter, 1985). My students have faced unplanned pregnancies, miscarriages, deaths of loved ones, births, weddings, unemployment, house fires, mental illness, financial strain, domestic violence, and divorce. However, they have shown incredible intrinsic motivation and resilience while continuing to work towards completing their degree.

Every time I attend a commencement ceremony and watch my students walk across the stage to receive their BSW, I recognize what a privilege it is to be an educator. As such, I get to witness them overcoming barriers that could have prevented their success, but which served to encourage their growth and resilience. Similar to my work with clients, I view my students from a strengths-based perspective, valuing the unique place from which each one came and nurturing the strengths and gifts they possess.

Planting a Seed and Watering

One last parallel that I have discovered between working with clients and working with students is the awareness that the work we do today rarely produces immediate results. The work done with clients is often not fully appreciated nor recognized immediately, but the impacts can be far-reaching and instrumental in the trajectory of the client's life. "We use the gardening metaphor of 'planting a seed' to refer to interventions that may not blossom in the short term but can bear fruit months or years later" (Jarldorn et al., 2015, p. 921). As social workers, we must be willing to invest our time and energy into individuals, families, and organizations, understanding that we may never know the specific influence our work has had, while trusting in the process and believing that the effort is valuable and productive.

Similarly, our work as educators consists of a great deal of seed planting and watering, with an understanding that the fruits may not come for years and that we may never know the impact we have made on our students. Not only are the knowledge, skills, and curriculum-based lessons that we teach students important, but our behavior, ethics, sincerity, and the relationships we have built with them teach volumes beyond the tangible diploma they will receive.

Final Thoughts

In my transition from social work practitioner to social work educator to social work student and back again, I have found there to be many similarities between my work with clients and my work with students. The natural traits and the learned skills that enabled me to be an effective change agent with clients in the field are now benefitting me and giving me the necessary tools to work effectively with social work students. I have realized that the warmth, empathy, and genuineness that we teach about so abstractly in introductory social work courses are actually the foundational pieces of my teaching and advising style.

In both cases, working with clients and with students, I consider it a tremendous honor and privilege to be able to walk alongside someone as they make decisions, change behaviors, and gain the tools and resources they need to embark on a new journey in their life. I would encourage all social work educators to recognize the effectiveness of using the basic social work skills they already possess when engaging their students. Additionally, I would emphasize the

importance of valuing each student as a unique individual, just as they would a client. The knowledge and skills we learned in our own social work education can now be leveraged to educate and empower the next generation of social workers.

References

- Abeyssekera, L. & Dawson, P. (2015). Motivation and cognitive load in the flipped classroom: Definition, rationale and a call for research. *Higher Education Research & Development, 34*, 1-14. doi: 10.1080/07294360.2014.934336
- Bonanno, G. A. & Mancini, A. D. (2011). Toward a lifespan approach to resilience and potential trauma. In S. M. Southwick, B. T. Litz, D. Charney & M. J. Friedman (Eds.), *Resilience and mental health: Challenges across the lifespan* (pp. 120–134). Cambridge, UK: Cambridge University Press.
- Chory, R., & Offstein, E. (2016). Too close for comfort? Faculty-student multiple relationships and their impact on student classroom conduct. *Ethics & Behavior, 1-22*. doi:10.1080/10508422.2016.1206475
- Congress, E. (1996). Dual relationship in academia: Dilemmas for social work educators. *Journal of Social Work Education, 32*, 329-338.
- Deci, E., & Ryan, R. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum.
- Deci, E., & Ryan, R. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology, 49*, 182-185.
- De Jong, P., & Berg, P. (2002). *Interviewing for solutions*. Belmont, CA: Brooks/Cole.
- Dubowitz, H., Thompson, R., Proctor, L., Metzger, R., Black, M., English, D., ... Magder, L. (2016). Adversity, maltreatment, and resilience in young children. *Academic Pediatrics, 16*, 233-239.
- Farchi, M., Cohen, A., & Mosek, A. (2014). Developing specific self-efficacy and resilience as first responders among students of social work and stress and trauma studies. *Journal of Teaching in Social Work, 34*, 129-146.
- Jarldorn, M., Beddoe, L., Fraser H., & Michell, D. (2015). Planting a seed: Encouraging service users towards educational goals. *Social Work Education: The International Journal, 34*, 921-935.
- Kobasa, S.C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology, 37*, 1-11.
- Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental Psychopathology: Vol. 3. Risk, disorder, and adaptation* (2nd ed., pp. 739–795). New York: Wiley.
- Luthar, S., Cicchetti, D., & Bronwyn, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543-562.
- Martin, A.J. (2013). Academic buoyancy and academic resiliency: Exploring everyday and classic resilience in the face of academic adversity. *School Psychology International, 34*, 488-500.
- McGovern, J. (2015). Living better with dementia: Strengths-based social work practice and dementia care. *Social Work in Health Care, 54*, 408-421, doi: 10.1080/00981389.2015.1029661

- National Association of Social Workers. (2006). *Code of ethics of the National Association of Social Workers*. Washington, DC: NASW Press.
- Rutter, M. (1985). Family and school influences on cognitive development. *Journal of Child Psychology and Psychiatry*, 26, 683-704.
- Ryan, R. & Deci, E. (2016). Facilitating and hindering motivation, learning, and well-being in schools: Research and observations from self-determination theory. In K. Wentzel & D. Miele (Eds.), *Handbook of motivation at school* (pp. 96 – 119). New York: Routledge.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41, 296-305. doi: 10.1093/sw/41.3.296
- Saleebey, D. (2013). *The strengths perspective in social work practice*. Boston, MA: Pearson.
- The Social Work Task Force. (2009). Facing up to the task: The interim report of the Social Work Task Force. London: HM Government.
- Tower, K. D. (1994). Consumer-centered social work practice: Restoring client self-determination. *Social Work*, 41, 191–196.
- Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81, 1-17.
- Van Breda, A. D. (2001). *Resiliency theory: A literature review*. Pretoria, South Africa: South African Military Health Service.
- Van Breda, A. D. (2015, October). *Resilience as a theoretical framework for developing appropriate local responses to social development*. Paper presented at the Social Work and Social Development Conference, East London, South Africa.
- Yates, T. M., Egeland, B., & Sroufe, L. A. (2003). Rethinking resilience: A developmental process perspective. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 243–266). New York: Cambridge University Press.
- Zastrow, C. (1996). *Social work and social welfare*. Pacific Grove, CA: Brooks/Cole Publishing Company.

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An Analysis of Texas' Bullying Policies & Practices

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Abstract

Bullying is a serious problem affecting youth, families, and communities. Bullying is not an individual problem, but a family and societal one as well. Schools play a vital role in combating this issue. This study evaluates the strengths and weaknesses of the state of Texas' policy addressing bullying through a comprehensive policy analysis. This study also outlines and provides a guide to future policy makers, school officials, and families on how to reduce and hopefully eliminate bullying

Keywords: youth family violence; family systems theory; family conflict theory; social learning theory

Only in the last few decades has bullying been publicized through books, articles, and the media. Schools are continuously trying to combat this problem through legislation. Texas first enacted an anti-bullying policy in 2005 (Tex. H.B. 283). The policy mandates schools to develop prevention and interventions programs in schools in order to help students targeted by bullying and prevent the possibility of suicide. The objective is to train school staff to look for potential suicide victims. In 2011, amendments were passed to expand the anti-bullying policy which protected students who reported bullying and required counseling be provided to victims and the bullies (Tex. H.B. 1386; Tex. H.B. 1942).

To understand this problem one must not only look at bullying on an individual level but through a macro level to understand the extent of impact bullying has on society. Bullying in adolescence has been linked to many other societal problems. According to the Maine Project Against Bullying (2000), “bullies identified by age eight are six times more likely to be convicted of a crime by age twenty-four and five times more likely than nonbullies to end up with serious criminal records by age thirty” (para. 3).

Policy analysis is a tool that not only provides a method to determine the effectiveness of any act, policy, or law, but also highlights strengths and weaknesses of the legislation which will lead to more effective legislation in the future. The goals of this policy analysis are to (1) provide a comprehensive depiction of the Texas State law, (2) adapt a framework for the analysis of Texas

State law by incorporating components from several models of policy analysis, (3) evaluate the current Texas law by looking at the specific outcomes such as fidelity in reporting bullying, number of reported bullying incidents, and valid measures to determine the effectiveness of the policy, (4) explore the impact the law has on schools, and (5) discuss implications within the social work profession.

What is Bullying?

Bullying has been referred to as “an urgent social, health, and educational concern that has moved to the forefront of public debate on school legislation and policy” (Rose & Pierce, 2012, p. 1). It can be identified in numerous ways including physically and verbally aggressive behavior and electronically through cyberbullying. This social phenomenon contains many different components which are addressed in the Texas Education Code. These components include definition, documentation, and punishment. The Texas State Legislature defines bullying as:

Engaging in written or verbal expression, expression through electronic means, or physical conduct that occurs on school property, at a school-sponsored or school-related activity, or in a vehicle operated by the district and that: (1) has the effect or will have the effect of physically harming a student, damaging a student's property, or placing a student in reasonable fear of harm to the student's person or of damage to the student's property; or (2) is sufficiently severe, persistent, and pervasive enough that the action or threat creates an intimidating, threatening, or abusive educational environment for a student. (Tex. Educ. Code Ann. §37.0832(a)(1-2)).

This definition is only part of what Texas defines as bullying. Learning the history and development of the policy will help policy makers, school officials, and practitioners gain a better understanding of the phenomenon. There has been a paradigm shift in how society has viewed bullying in just the last half century. Fifty years ago the topic of bullying was not discussed or publicized. It was not considered a societal issue or a problem in schools. In the last twenty years, bullying has come to the forefront within the schools and in society. Legislation has only been passed in the last ten years with regards to bullying. The first policy was enacted in 2005. This Texas state law has been amended several times since then. An example of an amendment is HB 1942 which was enacted to cover cyberbullying. Cyberbullying has become more prevalent in recent years. It involves bullying through electronic means such as the internet and phone. The basic premise of the bully prohibiting policy is to curb behavior that may lead to violence.

An important part of creating policy is to look at the empirical evidence to see what have been effective and ineffective policy measures in the area of interest. One area of bullying being researched is determining if certain groups are more susceptible to bullying than others. A study conducted by Robinson and Espelage (2012) found “LGBTQ identification remains a unique predictor of risk after accounting for peer victimization, raising concerns about policies that focus almost exclusively on bullying prevention to address LGBTQ–heterosexual risk disparities” (p. 316). This is an issue of concern that is not currently being addressed by the current Texas state law. State laws need to be adaptable to continue to address new issues or concerns. Robinson and Espelage (2012) state the law “tend[s] to focus on bullying prevention—usually, through generic anti-bullying policies that do not make explicit mention of

sexual orientation or gender expression—rather than on other aspects of school environment” (p. 309). There is current research being conducted to address this gap in policy. Bradshaw, Waasdorp, O’Brennan, and Gulemetova (2011) discuss ways to adapt a bullying policy to focus on the LGBTQ to “foster a more inclusive and supportive learning environment for LGBTQ youth, such as training teachers and staff in sexuality diversity” (p. 316).

Observations made in the literature review show the actual effectiveness of anti-bullying policies, which is important for legislators to consider when crafting a policy. Jeong and Lee (2013) found “bullying prevention had a negative effect on peer victimization” (p. 1). The authors used a multilevel analysis to determine that a school which had an anti-bullying policy in place had a higher number of bullying incidents than schools that did not. This requires future research to discover the reason behind this outcome. An example of the reporting not being accurately reflective to the actual number of incidents is in Mercer county New Jersey. Superintendent of James Parla explains “the increase to a commitment to keep every case ‘on the record,’ reported and filed, would ‘logically’ lead to a higher number of incidents” (Davis, 2013, para. 5).

As part of the literature review there has been research conducted on analyzing state laws and school policies. Rose and Pierce (2012) took an in-depth look at not only Texas but every state bullying policy. They stated “policies may not benefit schools or students unless they can be successfully implemented” (Rose & Pierce, 2012, p. 129). The importance of implementation is elaborated throughout the book. It is also supported by other studies, such as the one conducted by Smith, Smith, Osborn and Samara (2008): “the nature and effectiveness of school anti-bullying policies mainly reflect on their coverage and implementation, rather than on the principle of having a policy” (p. 4). There are several models and methods one can utilize to evaluate policy. The next section details a unique method tailored to analyzing bullying.

Method of Analysis

A unique approach to analyze Texas state law prohibiting bullying uses aspects of several policy analysis models. The data illustrated in this policy analysis is derived from a review of the literature on bullying policies. The principal method of policy analysis is presented by Chambers and Wedel (2009). This model consists of (1) goals and objectives, (2) eligibility rules, (3) administration and service delivery, and (4) financing. In order to have a more comprehensive evaluation, four more models are incorporated into the primary model. One of the first steps in policy analysis is to identify the problem. This new model incorporates Dobelstein’s (2003) identification of social problem. A part of policy analysis is to understand the underpinning values and theoretical assumptions behind the policy. Moroney’s (1981) value framework is integrated in this new model as a part of the analysis. Another feature of this model is to look at the ability to transfer this law to school districts or other areas such as the workplace. There are certain factors that influence the success or failure of transfer which is highlighted by the model by Lightfoot (2003). The next component of the model involves social justice. The policy analysis uses McInnis-Dittrich’s (1994) social justice aspect. It asks if “the program address[es] the important issue of social justice as expressed by society and the social work profession?” (p. 121). Policy makers must be aware of potential short and long term effects of enacting the policy. The next piece to the analysis is the unintended consequences from the implementation of the law and future implications for the social work profession and policy are conferred. Below is the

tailored model which includes (1) identifying the problem, (2) goals and objectives, (3) underlying values, (4) eligibility rules, (5) benefits, (6) procedure, (7) financing, (8) unintended consequences, and (9) implications used to analyze the Texas state policy on bullying.

Identifying the Problem

The very first step with any policy analysis is to first identify the problem. It is important not only to identify but to understand and clarify the problem. Dobelstein (2003) emphasized an effective policy will state the problem with the clear understanding in order to be appropriately analyzed. The Texas state policy does not illustrate bullying as a significant problem but does define it. The ability to define bullying gives not only the policy makers but others a strong understanding of it. The policy makes a clear distinction in the difference between bullying and harassment. This will eliminate any confusion and add to the understanding of bullying.

Currently, the Texas policy does not identify different classifications such as race, sex, or gender identity as vulnerable to bullying. Since this point is left out of the policy and is just implied, it does raise some questions. These include: Are there different punishments for bullying that involves discrimination based on race, sex, gender identity? Why it is not mentioned? Do policy makers think bullying based on race, sex or gender identity is not a problem? These questions need to be answered in order to clarify the problem. This illustrates the need for demographics to be addressed in policy making. Further attention needs to be placed on making clear the impact bullying has on individuals and society. The success of any policy is determined by achieving the goals set forth.

Goals and Objectives of Texas Policy

The importance of goals and objectives being clearly stated is emphasized by Chambers and Wedel (2009). They define them as “a goal is an abstract statement that describes the overall purpose, or expected outcome, of a program, and objectives are individualized, empirical, concrete statements that describe how a goal will be accomplished” (Chambers & Wedel, 2009, p. 210). Goals and objectives are valuable way to assess the effectiveness of the policy. These must be clearly defined and measurable. According to Chambers and Wedel (2009), there are several important functions of policy goals. First, the program’s goals and objectives guide the daily operation. Second, objectives must be measured against data so social policies can be evaluated on their effectiveness. Third, the contribution towards meeting the goals and objectives must be evaluated at all phases of policy analysis.

In order to evaluate the goals and objectives, there must be a framework for the criteria for evaluation. Ginsberg & Miller-Cribbs (2005) define three criteria to judge the merit of the goals. First, they are clearly concerned with outcomes that can stand justified on their own merit, not just “means” to some distant end. Second, they are defined with sufficient clarity so that they can (potentially) be measured. Third, the theory in which the program is based is consistent with one of the causal explanations found in the social problem analysis.

The main goal of the Texas state law is to reduce and eliminate bullying through this policy (Tex. Educ. Code Ann. §37.001). This goal is not stated directly in the policy but is inferred. Each aspect of this policy is to help achieve the overall main goal. When looking at the first criterion, the

policy does meet this requirement. The goal and purpose of this policy is not clearly defined but rather inferred which fails to meet the Chambers and Wedel (2009) model of the goals guiding daily operation. There is the one overarching goal and not just means to some distant end. Based upon the second evaluation criterion, the Texas policy does satisfy this requirement. Although it is not clearly stated in the policy, there is a possibility of the outcomes being measured. Within the policy, reporting bullying incidents describes procedures for reporting “an incident of bullying, investigating a reported incident of bullying, and determining whether the reported incident of bullying occurred” (Tex. Educ. Code Ann. §37.0832(b)(6)) and can be potentially measured to determine effectiveness. The third criterion involves theory in which the policy is consistent. Currently, the policy does not refer or mention any underlying theories from which it was built. These are some methods being used to evaluate the effectiveness of the goals and objectives of the Texas policy. Values can help understand not only the reason behind the creation of the policy, but also the desired outcome.

Underpinning Values

The enactment of this policy is consistent with the social work values, to help people in need and to address social problems. The societal problem in this case is the prevalence of bullying in schools. According to the National Association of Social Workers' (NASW) Code of Ethics, “social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice” (NASW, 2008, para. 3). This policy aligns with the shared core values. The goals of this policy clearly promote equality among individuals. An example of this is the prohibition of bullying of individuals with disabilities, which “requires that discipline for bullying of a student with disabilities comply with applicable requirements under federal law” (Tex. Educ. Code Ann. §37.0832(c)(8)).

The next part of the policy analysis is to evaluate the underpinning values. Moroney (1981) advocates that a policy analysis gauges whether the values of fraternity, equality, and liberty are present. Based upon Moroney's beliefs, if one of these values becomes a priority then the other two will be limited. In the Texas policy, fraternity is most prominent among the three values. According to Moroney (1981), fraternity refers to helping a specific population through the safety and well-being of others. The focus of this policy is on the victims of bullying. One of the underlying goals is to help the victims. Fraternity also means caring, well-being, safety, community, and unity. Safety is one concern brought to the forefront when there is an occurrence of bullying. The objective is to increase safety of the victim by prohibiting bullying.

As stated before, due to the high prominence of fraternity throughout the policy, liberty and equality are limited but not eliminated. All three of these values are embedded in the policy. Equality is seen through the definition of bullying stated. Each person is equally protected under this policy without the exclusion of any group. Even though the policy does not explicitly state each particular group, it encompasses everybody no matter the race, gender, color, or disability.

A strong point of the policy is its reference to liberty. It “prohibits retaliation against any person, including a victim, a witness, or another person, who in good faith provides information concerning an incident of bullying” (Tex. Educ. Code Ann. §37.0832(c)(2)). This affords any

individual the right to report bullying without the threat of retaliation or consequences. The values are an essential part of any policy. These values ensure that the policy encompasses different perspectives and makes for a stronger more effective policy. Every policy has a target population or group of people it is trying to help. It is important that the criteria are well thought out and clear to everyone involved.

Eligibility Rules

Chambers and Wedel (2009) define eligibility rules as establishing guidelines that identify who is entitled to receive the benefits of the policy. Evaluative criteria are utilized to determine the appropriateness of the eligibility rules. Ginsberg and Miller-Cribbs (2005) list three parts to the evaluation including (1) examine whether the eligibility rules fit the social problem analysis to which this program intends to contribute at least a partial solution, (2) determine whether program participation stigmatizes, and (3) assess off-targeting and over- or underutilization. There is one group that is eligible under the Texas state policy and that is the victims of bullying. Any victim no matter their race, sex, gender, or disability will be protected under this policy. There is one noticeable limitation to this policy. Any student enrolled in a private school is not protected under this policy. The only protection they would have is if their own private school enacts an anti-bullying policy.

A limitation of this policy is that it is susceptible to stigmatization which is part of the second evaluation criterion. The intended consequence of this policy is it labels both the victim and bully. Once the student is labeled a victim or bully, the student is grouped them in distinct categories which will make it hard for him or her to change if a mislabeling occurs. There is a gap in this policy and it refers to determining eligibility. The question that arises is who makes the final call on labeling the victim and bully, is it the principal, teacher, counselor?

The third evaluative criterion involves off-targeting. It describes the effectiveness of the policy reaching its target population and not others. The Texas state policy does a good job of helping victims of bullying through providing counseling options for those in need (Tex. Educ. Code Ann. §37.0832). Each component relates to the victims and no other groups. An important question that must be answered within any policy is who and what are the benefits of this policy. The following section outlines these benefits.

Form of Benefit

A vital part of a policy is the benefits. A pertinent question asks who benefits from this policy. This answer should be clear in the policy. In the Texas state policy, the victims of bullying benefit. Under this policy, there is more protection for potential victims and punishment for bullies as a deterrent. Peace of mind is also an added benefit to this policy. The victims would not have to be worried about possible physical or verbal aggression from others. As part of Ginsberg and Miller-Cribbs (2005) evaluative criterion, it seeks to determine if the benefit is a good fit with what the social problem requires. In this case, the policy is a good fit to the social problem. The benefits of peace of mind, protection for potential victims are both beneficial outcomes of this policy. There must be a clear structure and procedure on how the policy will be implemented. Many policies become ineffective due to unclear responsibilities. The Texas Education Code outlines these important factors.

Administration and Service Delivery

An understanding of the theoretical underpinnings of a specific policy can aid in identifying who is responsible for the execution of the policy. This aligns with Chambers and Wedel (2009) policy analysis section. The Texas state policy focuses on the administration in a few ways. It “establishes procedures for reporting an incident of bullying, investigating a reported incident of bullying, and determining whether the reported incident of bullying occurred” (Tex. Educ. Code Ann. §37.0832(c)(6)). This describes the administration aspect of the policy which is key. Determination of the effectiveness of the administration component lies within Ginsberg and Miller-Cribs (2005) criteria. They discuss evaluation based upon accountability, meaning the organization’s ability to establish who makes decisions and a forum for appealing them when program consumers or staff feel they have not been consistent with the organization’s own policies. The Texas state policy does meet this criterion by discussing procedure. It also defines who is responsible for the implementation of the policy: “the board of trustees of each school district shall adopt a policy, including any necessary procedures, concerning bullying” (Tex. Educ. Code Ann. §37.0832(c)). Despite this, there is a lack of clarity regarding appeal. The policy does not state any appeal procedure or process for when staff feel that their own organization’s practices are not consistent with the bullying policy. In other words, there is no mechanism or review process to ensure proper procedures are being met. This fails to meet the second criterion in Ginsberg and Miller-Cribs (2005) administration evaluation. Any policy enacted will have some cost. Understanding the financing will help all the stakeholders determine the overall success of the policy.

Financing

The next section of Chambers and Wedel (2009) policy analysis is financing. This entails how the policy will be funded. Usually within every policy it describes where it will receive its funding or the money to cover the costs of implementation. The Texas state policy is considered an unfunded mandate. The policy requires all school districts to enact this policy without any financial help. It makes it the districts responsible for finding funding and meeting all the requirements set forth in the policy. This can be problematic for small school districts to find funding. Dependability over time and whether financing provides incentives or disincentives for obtaining specific client outcomes are part of the evaluation criteria by Ginsberg and Miller-Cribs (2005). As stated above, some school districts may not meet the dependability over time criterion because of financial reasons. It may become too big of a burden to continually fund this policy without any financial help from the state. The second criterion involves any financial aid being tied to performance, in this case it would be lowering the number of bullying incidents. This does not apply to the Texas state policy because there is no financial help given by the state.

Unintended Consequences

Every policy will have consequences that are foreseen. It is critical to identify the unintended consequences whether positive or negative in order to help rectify any negative effects the implementation of the policy created. The effect of the policy may differ from the original goals and objectives created. It is crucial that unintended consequences are considered when creating policy. This Texas state policy has several unintended consequences. First is the stigma placed on the bully and the victim. Part of the policy is to identify the bully and the victim. Once that

label get placed on them it would be hard to get it off. A possible future problem is mislabeling students. It would be a mistake to label individuals as bullies when in fact it turns out they are not. As mentioned before, there is no defined appeal process if this mistake occurs. Labeling could also lead to more negative effects for the victim being grouped into that category and possibly facing more ridicule or negative consequences.

Another unintended consequence is the financial concerns. Due to the fact that this policy is an unfunded mandate, the financial concerns lie with the school districts. An unforeseen implication is the ability for small districts to continually fund this policy without any financial assistance. This could put extra strain on the districts or make them cut something important to pay for this.

The last unintended consequence involves the accuracy of the outcomes. Once a policy is enacted there could be a higher number of incident reports due to having a process in place. This higher number reported may not be indicative of the actual results. The description in the policy regarding reporting enforces the idea there will be an increase. "The procedure for reporting bullying established under Subsection (c) must be posted on the district's Internet website to the extent practicable" (Tex. Educ. Code Ann. §37.0832(e)). This caution is also substantiated:

In some cases, program effects were actually negative, with documented increases in bullying among students. These reported "increases," however, may reflect an increase in awareness and vigilance regarding bullying behavior. The validity of self-reports is seldom questioned in bullying intervention studies. (Swearer, Espelage, Vaillancourt, & Hymel, 2010, p. 41)

The funding, stigmatization, and accuracy of the reporting are a few of the potential unintended consequences with the implementation of the Texas state policy. Implications of the policy should be looked at through a micro and macro lens. This policy could be the framework for another Texas policy or even another state to enact an anti-bullying policy. We must be cognizant of all effects from the individual, family, school, and other places around the country the policy created.

Implications for Social Justice Practice and Policy Transfer

The last part of the model consists of a social justice component. McInnis-Dittrich (1994) discuss the importance of addressing the issue of social justice as expressed by society and the social work profession. As mentioned before, public opinion conveys the social problem of bullying. It correlates with the social work profession through the social aspect lens. Social workers strive to create equality among all groups and help groups who have limited ability or vulnerability. The value embedded in this policy is that of fraternity. Its goal is attempt to get the well-being, safety, community, and unity among all individuals. This model does meet the criterion set forth by McInnis-Dittrich (1994) to achieve goals and work towards the elimination of bullying.

Conclusion

This analysis of bullying-related policies in the Texas Education Code has illustrated numerous necessities associated with the successful creation, application, and transfer of the Texas state

policy. Future research is needed to add to the general knowledge base that can help policymakers and social workers in addressing such issues the stigmatization of bullies and victims, the effective way to evaluate the outcomes, and the meeting the financial needs to successfully implement this policy. The analysis provides a comprehensive understanding of the anti-bullying policy in Texas. By evaluating each section in the policy including the definition, reporting procedures, punishment, and help for the victims, it gives an understanding using the tailored model in this analysis. Future research must incorporate a collaborative approach to the policy analysis while adding additional models as part of the analysis. The use of a systems theory approach may allow for a more holistic understanding of the impact bullying has on society. This model will aid the proficiency and efficacy of the anti-bullying policy with continued analysis.

References

- Bradshaw, C. P. , Waasdorp, T. E., O'Brennan, L., & Gulemetova, M. (2011). *Findings from the National Education Association's nationwide study of bullying: Teachers' and staff members' perspectives on bullying and prevention*. Washington, DC: National Education Association.
- Chambers, D.E. & Wedel, K.R. (2009). *Social policy and social programs: A method for the practical public policy analyst* (5th ed.). Boston, MA: Pearson Education, Inc.
- Davis, M. (2013, December 22). Incidents of bullying at Mercer County schools drop 30 percent from last year, report finds. Retrieved from http://www.nj.com/mercercounty/index.ssf/2013/12/incidents_of_bullying_at_mercer_county_schools_drop_30_percent_from_last_year_report_finds.html
- Dobelstein, A.W. (2003). *Social welfare: Policy and analysis* (3rd ed.). Pacific Grove, CA: Brooks/Cole.
- Ginsberg, L., & Miller-Cribbs, J. (2005). *Understanding social problems, policies, and programs*. (4th ed.). Columbia, SC: University of South Carolina Press.
- Jeong, S., & Lee, B. H. (2013). A multilevel examination of peer victimization and bullying preventions in schools. *Journal of Criminology*, 2013, 1-10. doi: 10.1155/2013/735397
- Lightfoot, E. (2003). The policy transfer model: A tool to help social workers engage in successful policy making. *The Social Policy Journal*, 2, 21-34.
- Maine Project Against Bullying. (2000). *Bully Statistics*. Retrieved from <http://files.eric.ed.gov/fulltext/ED447911.pdf>
- McInnis-Dittrich, K. (1994). *Integrating social welfare policy and social work practice*. Belmont, CA: Wadsworth.
- Moroney, R.M. (1981). Policy analysis within a value theoretical framework. In R. Haskins & J.J. Gallagher (Eds.), *Models for analysis of social policy: An introduction* (pp. 78-101). Norwood, NJ: ALEX Publishing Corporation.
- National Association of Social Workers. (2008). *Code of Ethics*. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- Robinson, J., & Espelage, D. (2012). Bullying explains only part of LGBTQ-Heterosexual risk disparities: Implications for policy and practice. *Educational Researcher*, (41), 309-319. doi 10.3102/0013189X12457023.

- Rose, D., & Pierce V. (Eds.). (2012). *Bullying: Analyses of state laws and school policies*. New York: Nova Publishers.
- Smith, P., Smith, C., Osborn, R., & Samara, M. (2008). A content analysis of school anti-bullying policies: progress and limitations. *Educational Psychology in Practice, 24*, 1-12.
- Swearer, S., Espelage, D., Vaillancourt, T., & Hymel, S. (2010). What can be done about school bullying?: Linking research to educational practice. *Educational Researcher, (39)*, 38-47. doi: 10.3102/0013189X09357622.
- Tex. Educ. Code Ann. Retrieved from <http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.37.htm>
- Tex. H.B. 283, 79 Leg., R.S. (2005).
- Tex. H.B. 1386, 82 Leg., R.S. (2011).
- Tex. H.B. 1942, 82 Leg., R.S. (2011).

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Reflections on the Scientist-Practitioner Model in Social Work Doctoral Education

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Abstract

The scientist-practitioner model (S-P) is one of the primary frameworks social work has utilized in an effort to infuse research into practice and practice into research. With a firm practitioner orientation already embedded into bachelor and master of social work programs, concerted efforts have been made to infuse the scientist aspect of the model into these programs. Conversely, at the doctoral level the primary focus shifts to developing researchers and so while the scientist orientation is firmly rooted in PhD curriculums the practitioner aspect of the model is less evident. However, parallel efforts to infuse doctoral programs with a stronger practitioner orientation are lacking. Through a reflection on my experiences as a first year doctoral student as they relate to the S-P model, considerations for social work doctoral education are discussed. My experiences reveal the utility of the fully realized model in developing mutually reinforcing research, teaching, and practice skills, as well as illustrate how adopting a stronger practitioner focus may help to bring programs more into alignment with the field's practice orientation and aid in bridging the research-practice gap.

Keywords: social work doctoral education, scientist-practitioner, research practice gap

The field of social work has a long history of striving to infuse research into practice and practice into research (Zimbalist, 1977). As DePanfilis (2014) notes, one of the primary frameworks utilized towards this aim is the scientist-practitioner (S-P) model, which was initially popularized at the Boulder Conference for psychology in 1949 (see Raimy, 1950 for the full report from the conference). The model necessitates that social workers operate both as scientists *and* practitioners who infuse current research knowledge into practice, as well as utilize practice knowledge to guide critical appraisal and execution of research. The goal of the model is to create a feedback loop whereby knowledge gained from the two related but distinct roles inform and influence one another (Belar & Perry, 1992).

Although adoption of the S-P model to social work has not been without controversy (for example, see Epstein, 1996; Ivanoff, Blythe, & Briar, 1997; Thyer, 1997; and Wakefield & Kirk,

1996), concerted efforts have been made to instill the framework into both bachelor and master of social work (BSW; MSW) programs. These programs are designed to develop micro and macro level practitioners and traditionally have had a strong practitioner focus. As a result, efforts to adopt the S-P orientation at the bachelor and master's level have concentrated on enhancing the scientist aspect of the model. The increased focus on integrating the evidence-based practice model (EBP; see Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996; Gibbs, 2003; and Shlonsky & Gibbs, 2004) into curriculums as well as on developing students' research skills both serve as examples of this trend at the BSW and MSW level. Despite these efforts, adoption of the model and particularly the practitioner aspect of the model is less evident at the doctoral level, where the focus often shifts to training future researchers and teachers. What follows is a reflection on my first year of doctoral education at a research-based university as it relates to the S-P model. My experiences reveal how the S-P model can help students to develop mutually reinforcing research, teaching, and practice skills, as well as demonstrate how adopting a stronger practitioner focus may bring programs more into alignment with the field's practice orientation and ultimately help to bridge the research-practice gap.

My Path to Doctoral Education

The S-P model in large part contributed to my decision to pursue a doctoral degree. Although a proponent of the framework, during my career as a community-based clinician I struggled to infuse current research into practice in the presence of numerous barriers (*e.g.*, lack of time due to high caseloads, lack of affordable training opportunities, and minimal access to recent literature). Over time I found myself posing questions deriving from my clinical work that I neither found addressed in the literature nor had the skills or means by which to investigate. And so, nine years after completing my MSW, I began doctoral education. Although I hoped to stay connected to the practice realm, I chose to pursue a Doctorate of Philosophy (PhD) rather than a Doctorate of Social Work (DSW; such as those offered at the University of Pennsylvania and Rutgers's University) because of my desire to focus on developing research and teaching skills.

When I began exploring PhD programs, however, I was struck at the number of programs that made a point to remark that their course of study was not designed to improve practice skills. Citing the demands of doctoral education as the primary reason, many programs went so far as to discourage practice (or work of any kind) during the program. On the one hand this made sense inasmuch as the programs were not focused on developing practitioners, but were instead aimed at developing researchers, teachers and scholars. Yet on the other hand these comments seemed unnecessarily to create a dichotomy: *why can't I do both?* What about the S-P model and social work's commitment to the application of knowledge to practice? Just as social work practitioners are called upon to infuse research into practice, so too shouldn't social work researchers and teachers be called upon to utilize practice knowledge to inform their roles? Further, don't these roles of teacher, researcher, and practitioner reinforce and enhance one another?

Nevertheless, the comments had their intended effect in that they caused me to seriously reflect on whether or not I was ready to shift the focus of my career from clinical work to the development of a different, albeit related skillset. I realized I would essentially be altering the path of my career and given my proclivity for clinical work, this was not a decision I took lightly. In fact, as I was not ready to altogether abandon clinical work and having never been

fond of what I perceived to be an either-or invalid disjunction, I chose a program geared towards research and teaching that also afforded me the opportunity to work at a translational research center as both a clinician and research assistant.

Social Work Doctoral Education: Where's the *Practitioner* Orientation?

All of this begs the question: what is the purpose of doctoral education in social work? and further, should practice be a part of social work doctoral education? Historically, the focus of doctoral education has been on preparing and creating what the Carnegie Initiative on the Doctorate labels “stewards of the discipline” who can generate new ideas, conserve key findings and core concepts, and transform knowledge through teaching and scholarship (Golde, 2012; Golde & Walker, 2006; Walker, Golde, Jones, Bueschel, & Hutchings, 2008). However, as Anastas and Videka (2012) express, “social work is not just a discipline; it is also a practice profession,” (p. 269) and as such doctoral education in social work must also focus on generating practice knowledge and effectiveness. In a similar vein, others have referred to the “enterprise” of social work, which includes the practice, discipline, and research tradition of the profession, and these authors have argued that doctoral education in social work must address all three areas in order to produce “stewards of the enterprise” (Anastas & Videka, 2012; Berzoff & Drisko, 2015).

The profession's emphasis on practice is evident in the revised quality guidelines set forth by the Group for the Advancement of Doctoral Education (GADE), a membership organization of social work doctoral programs in the United States. According to GADE, “PhD-trained social work scholars improve the art and science of social work by generating, disseminating, and conserving the knowledge that informs and transforms professional practice” (Harrington, Petr, Black, Cunningham-Williams, & Bentley, 2014, p. 282). Following from this aim, one might assume that practice experience is required in order to develop the skills necessary to generate, disseminate, and conserve knowledge that will inform and transform professional practice and that practice experience is therefore an essential and valued component of PhD social work programs. However, this does not always seem to be the case. While there have been concerted and successful efforts to bolster the research components of doctoral programs over the past several decades, this may have come at the expense of an emphasis on practice (Anastas, 2015; Berzoff & Drisko, 2015; Goodman, 2015). In fact, many doctoral programs have eliminated the admissions requirement that applicants have a MSW or any practice experience and practice content has declined markedly in the past several decades (Anastas, 2012; 2015; Berzoff & Drisko, 2015). More recently, PhD students in social work have reported that they felt their practice experience was either not appreciated or even devalued during their schooling (Anastas, 2012; Mendenhall, 2007).

The loosening of admissions criteria, decrease in practice content, and overall lack of emphasis on practice before or during doctoral education has led to criticisms that doctoral programs in social work are becoming increasingly detached from practice, are not sufficiently preparing students to teach future practitioners, and are not adequately training students to appreciate the complexities of real world practice and applied research (Anastas, 2014; Berzoff & Drisko, 2015; Fong, 2012; Goodman, 2015). It has also led Berzoff and Drisko (2015) to advocate for a more explicit focus on practice within the GADE guidelines.

Partially in response to the current focus on research in PhD social work programs and in order to accommodate practitioners who wish to acquire advanced training and knowledge but who do not want to discontinue their focus on direct practice work, there has been an emergence of DSW programs that follow a “practice doctorate” model (Anastas & Videka, 2012; National Association of Social Workers, 2014). These programs, which are still evolving, are distinct from traditional PhD programs in that they emphasize developing “practitioner scholars” and typically have an explicit focus on practice content, less of a focus on research content, and degree requirements that do not necessarily include a traditional dissertation (Anastas, 2015). While these programs will produce advanced “practitioner scholars” who may or may not go on to faculty positions in social work programs, the DSW education is not aimed at developing researchers. And, at least currently, the majority of those filling tenure track faculty positions are PhD-educated social workers who remain largely responsible for shaping practice through developing practice courses, providing intellectual leadership, and setting the practice research agenda (Berzoff & Drisko, 2015; Goodman, 2015).

Balancing the Scientist and Practitioner Role in Doctoral Education

Nevertheless, wanting to fulfill all three roles of practitioner, researcher, and teacher simultaneously has its challenges. Accordingly, during my first several months in the doctoral program I often lamented whether I had the time to continue with clinical work in light of my other responsibilities. I questioned whether I had taken on too much and if I had been unrealistic. *Maybe those doctoral program websites were right in discouraging practice during doctoral education?* These thoughts and doubts were fully realized when suddenly midway through my first semester, just as my coursework was becoming progressively taxing, my clinical caseload demanded increasing time and energy. Initially I found myself—as much as I hate to admit it—annoyed. I wanted to be spending my time developing research skills, but my time was frequently compromised by the needs of my clients. During those hours when I needed and wanted to be planning class lectures, learning statistical analyses, reading, and working on assignments, I instead found myself researching the literature regarding pressing clinical issues, contemplating how to best navigate them, and fielding related phone calls. And then, in the midst of an internal dialogue where my thoughts centered around the notion that trying to tackle all these different roles at once was too much and feeling as though I was doing everything sub-par, this thought popped into my head: *the reason I do this work—the research, the teaching, the study—is to help vulnerable children and families.* It is to touch their lives in a positive way, to help cultivate change, alleviate suffering, and battle oppression and injustice one tiny step at a time all in the midst of terribly flawed and complex systems. I am a social worker first. The clients with whom I work must remain the focus, for if they do not, then what is the worth of the research, the teaching and the scholarship?

The Value of Practice Experience

With this thought, I became incredibly grateful that I was afforded the opportunity to work clinically through the doctoral education process, and reflected on the ways in which it had impacted my research and teaching. Congruent with Thyer (2000) and Gambrill’s (2001) observations on the value of practice experience for social work educators, I concluded that my clinical experience had undoubtedly positively influenced my work as both a budding teacher and researcher. Specifically, my clinical experience had enabled me to identify gaps in

understanding which informed research questions, helped me to recognize confounding factors, mediators and moderators of treatment, facilitated my ability to discern meaning from research findings, provided case examples to draw from when highlighting particularly nuanced concepts to students, and helped me to more skillfully teach the *process* aspects of therapy that can be so difficult to quantify but that are essential to developing practice skills.

Further and somewhat surprisingly given the many warnings to the contrary, my amateur experience as a researcher and teacher enhanced my clinical work. In fact, I realized that in the months since I had begun the program, my clinical skills had grown remarkably. In particular, my courses and research experiences provided new knowledge that enabled me to more skillfully conceptualize clients' problems and needs and provided me with new skills to more adeptly address them. Teaching was broadening my knowledge base as well—not wanting to limit students to my area of clinical specialization I sought out information on other populations, problems, theories and interventions. Additionally, concurrently conducting clinical work and research was providing rich opportunities to identify potential areas to study, illuminating possible solutions to clinical dilemmas, and providing insight into how to navigate the challenges of translational science. It also—importantly—revealed how interconnected these different roles are and how each one enhanced my competence in the others.

Social Work is a Practice Profession

Social work is fundamentally committed to social justice and embedded in that commitment is an obligation to constantly ask whether research pursuits will translate back into practice in a way that will benefit clients (Pollio, 2012). If the teaching, research, and scholarship are not ends unto themselves and the goal is the pursuit of knowledge *in order* to apply that knowledge to practice, then it is crucial to remember that underlying the work and the “publish or perish” mentality that often dominates academia, there are individuals with real problems and suffering. Social work practice is muddled with complexities and one simply can't learn how to navigate those complexities as a researcher or practitioner by reading a book, reviewing the literature, or taking a course. It requires *doing*. If students do not stay connected to practice, how else will they have opportunities to realize the difficulties, nuances, and issues inherent to social science research and help ensure research is relevant and applicable to the field? How else will they make meaningful sense of the data? How else will they teach future social workers to do the same? In comparing social work to other practice-oriented disciplines, Johnson and Munch (2010) point out:

Are there professors of music who teach piano who have had no, or merely a few, lessons? They could teach the theory of music, perhaps, yet would they be able to teach the complex skills of playing the instrument? Would one trust a surgeon whose university professor had never conducted surgery? (p. 62)

The foundation of social work lies in a practice orientation, but this seems to get lost in PhD programs where the emphasis turns to research and, to a lesser degree, teaching. Practicum experience is understood to be a crucial element of BSW and MSW programs, but this focus is not readily apparent at the doctoral level although practice experience—and particularly the ability to anchor research and teaching in practice—remains important.

The consequences of the lack of explicit training in or focus on practice during doctoral education might be neutralized if students were entering programs with years of prior practice experience to draw upon. However, this does not seem to be the case as many doctoral programs have eliminated the admissions requirement that applicants have a MSW or practice experience (Anastas, 2012; 2015; Berzoff & Drisko, 2015). Given the lack of opportunities to continue developing practice skills during PhD programs and the declining focus on practice content, the unintended consequences of these changes may be increasing numbers of faculty with little to no practice experience, a shortage of faculty to teach practice courses, and an over-reliance on adjunct faculty who may be superb practitioners and teachers, but who typically have little bearing on course development or practice research agendas (Berzoff & Drisko, 2015; Goodman, 2015; Johnson & Munch, 2010; Zastrow & Bremner, 2004). Social work may end up with faculty who are “stewards of the discipline,” but who are unable to be “stewards of the enterprise” which benefits neither students nor the profession (Anastas & Videka, 2012; Johnson & Munch, 2010). Further, the lack of emphasis on practice and certainly the reported devaluing of practice during doctoral education will also likely result in widening the research-practice gap by marginalizing the importance of practice experience and in effect encouraging a one-way relationship between research and practice (Berzoff & Drisko, 2015).

Putting the Practitioner Back into Doctoral Education

There are ways, however, to enhance the practitioner aspect of the S-P model in social work education. GADE has traditionally endorsed three models of doctoral education in social work: the traditional PhD model, which emphasizes scholarship and scientific research; the practice oriented doctorate, such as the newer DSW degrees being offered, which emphasize advanced practice skills, scholarship and, to a lesser degree, research; and the researcher/practitioner model (Shore, 1991). This last model emphasizes both advanced practice *and* scientific research in line with the S-P model. As Berzoff and Drisko (2015) note, this framework focuses on research and scholarship in the same way that the traditional PhD model does, but also includes education about and opportunities for advanced practice. Doctoral programs and students may greatly benefit by adopting this model.

Pollio (2012) also offers a doctoral training framework that encompasses *both* the scientist and practitioner aspects of the S-P model and his framework may also serve as a helpful means by which to enhance the practitioner focus in doctoral education. He builds on Brekke’s (2012) efforts to shape a “science of social work” as well as the work of Fong (2012), who asserts that the purpose of doctoral education is to create scientists, not researchers or scholars. Fong (2012) discusses the intersection of basic and applied science as well as the intersection of research and practice and argues that the science of social work appreciates both research and practice while also being grounded in the values of social justice and diversity. Pollio (2012) extends this conceptualization and differentiates social work doctoral education from other scientific disciplines when he writes, “the purpose of the doctoral education process is not to train scientists, but to uniquely train social work scientists” (p. 538). He argues that developing a science of social work demands that social work scientists have a firm foundation of practice experience, a strong understanding of social work as a discipline *and* as a profession, a commitment to social justice and issues related to diversity, engagement in change efforts, and an obligation to research topics which have real world implications (Pollio, 2012).

Yet another way to strengthen the practitioner focus in doctoral education is for programs to more overtly encourage practice experience and provide increased opportunities to engage in practice in real-world settings during the course of the program. If students are interested in researching community advocacy then they are somehow involved in *doing* community advocacy work on their issue of interest; if they are interested in clinical research, then they are involved in *conducting* clinical work; if they are interested in studying a certain issue or population, then they are involved in *working* with that issue or population; and so on. In line with the translational science framework (Brekke, Ell, & Palinka, 2007), practice work could be conducted in tandem with research on the issue in order to more fully realize the interconnectedness of the practitioner and researcher roles. Similarly, Fong (2014) has pointed out that practice-based research, intervention research, and community-based participatory action research all share a theoretical framework that interweaves and brings together research and practice.

Finally, social work doctoral programs could consider the methodological training that students receive and how it might encourage or discourage the S-P model. Goodman (2015) suggests that practice and research cannot be unified without attention to methodology and argues that doctoral students must become “methodological pluralists” who are competent in a variety of scientific approaches that are compatible with applied research, as opposed to being indoctrinated into one method that may have limited real-world application. Several others have agreed, and have advocated for methodological plurism in working to bridge the gap between practice and research (Anastas, 2012; Berzoff & Drisko, 2015; Pollio, 2012).

Conclusions

The trend in social work PhD-level doctoral education has been to increasingly emphasize the scientist aspect of the S-P model at the expense of the practitioner aspect of the model. Mendenhall (2007) observed how new doctoral students are often inculcated to identify as researchers *instead of* practitioners and how integration of both roles is not encouraged, which often leads to role discontinuity. However, if doctoral education in social work is going to succeed in creating “stewards of the enterprise,” then there needs to be a focus on the practice, discipline, *and* research traditions of social work (Anastas & Videka, 2012; Berzoff & Drisko, 2015).

The research-practice gap has been widely discussed within social work and the broader social sciences for decades. In the field and in academia there are biases and perceptual blocks regarding the other which far too often serve as barriers to effective research, teaching, and practice. In order for the feedback loop envisioned by the S-P model to work effectively, one needs skills in all realms. The S-P model cannot be a one-way relationship whereby practitioners are called upon to have research knowledge and skills, but researchers are not called upon to have practice knowledge and skills. The model simply does not work that way and the feedback loop envisioned falls limp. The various roles can co-exist and be mutually advantageous and doctoral students might greatly benefit from experiencing the interplay between the different roles. As Rubin and Babbie (2014) write:

...the quality of social work research produced ultimately depends not just on the researchers' methodological expertise, but also on their practice knowledge and on

practitioners' research knowledge. Without a partnership...there is not likely to be a climate of support in agencies for the type of research our field desperately needs. (p. 20)

With the profession's strong practice orientation and ever developing scientific tradition, there is consensus that social work is both an art and a science (Brekke, 2012). In this way, social work is uniquely situated to be a leader in helping to bridge the research-practice gap. If social work can resist the urge to fall into reductionism and not subscribe to the myth that research and practice are mutually exclusive and instead can model and nurture in students the ability to integrate multiple roles, then perhaps the S-P model can be fully realized at all levels of education. By providing opportunities to increase practice experience during doctoral education, particularly under the translational science framework, programs can help to bring the imbalance between science and practice more into alignment and in the process also develop "stewards of enterprise" who are social work scientists capable of conducting relevant and rigorous research, teaching the next generation of practitioners, and providing intellectual leadership in a manner that is in accordance with the profession's values.

References

- Anastas, J. W. (2012). *Doctoral education in social work*. New York: Oxford University Press.
- Anastas, J. W. (2014). The science of social work and its relationship to social work practice. *Research on Social Work Practice, 24*(5), 1-10. doi:10.1177/1049731513511335
- Anastas, J. W. (2015). Clinical social work, science, and doctoral education: Schisms or synergy? *Clinical Social Work Journal, 43*, 304-312. doi:10.1007/s10615-015-0534-5
- Anastas, J. W., & Videka, L. (2012). Does social work need a practice doctorate? *Clinical Social Work Journal, 40*, 268-276. doi:10.1007/s10615-012-0392-3
- Belar, C. D., & Perry, N. W. (1992). The national conference on scientist-practitioner education and training for the professional practice of psychology. *American Psychologist, 47*(1), 71-75.
- Berzoff, J. & Drisko, J. (2015). Preparing PhD-level clinical social work practitioners for the 21st century. *Journal of Teaching in Social Work, 35*, 82-100. doi:10.1080/08841233.2014.993107
- Brekke, J. (2012). Shaping a science of social work. *Research on Social Work Practice, 22*, 455-464. doi:10.1177/1049731512441263
- Brekke, J. S., Ell, K., & Palinkas, L. A. (2007). Translational science at the National Institute of Mental Health: Can social work take its rightful place? *Research on Social Work Practice, 17*(1), 123-133.
- DePanfilis, D. (2014). Back to the future: Using social work research to improve social work practice. *Journal of the Society of Social Work and Research, 5*, 1-21.
- Epstein, I. (1996). In quest of a research-based model for clinical practice: Or, why can't a social worker be more like a researcher? *Social Work Research, 20*, 97-100.
- Fong, R. (2012). Framing education for a science of social work: Missions, curriculum, and doctoral training. *Research on Social Work Practice, 22*, 529-536. doi:10.1177/1049731512452977
- Fong, R. (2014). Framing doctoral education for a science of social work: Positioning students for the scientific career, promoting scholars for the academy, propagating scientists of the

- profession, and preparing stewards of the discipline. *Research on Social Work Practice*, 24, 607-615. doi:10.1177/1049731513515055
- Gambrill, E. D. (2001). Evaluating the quality of social work education: Options galore. *Journal of Social Work Education*, 37, 418-429.
- Gibbs, L. E. (2003). *Evidence-based practice for the helping professions: A practical guide with integrated multimedia*. Pacific Grove, CA: Brooks/Cole-Thomson Learning.
- Golde, C. (2012). Preparing stewards of the discipline. Retrieved from: <http://www.carnegiefoundation.org/perspectives/preparing-stewards-discipline>
- Golde, C. M., & Walker, G. E. (Eds.). (2006). *Envisioning the future of doctoral education: Preparing stewards of the discipline*. San Francisco, CA: Jossey-Bass.
- Goodman, H. (2015). Current issues in social work doctoral education. *Journal of Teaching in Social Work*, 35, 29-45. doi:10.1080/08841233.2015.1007802
- Harrington, D., Petr, C. G., Black, B. M., Cunningham-Williams, R., & Bentley, K. J. (2014). Quality guidelines for social work PhD programs. *Research on Social Work Practice*, 24, 281-286. doi:10.1177/1049731513517145
- Ivanoff, A., Blythe, B., & Briar, S. (1997). What's the story, morning glory? *Social Work Research*, 21(3), 194-196.
- Johnson, Y. M., & Munch, S. (2010). Faculty with practice experience: The new dinosaurs in the social work academy? *Journal of Social Work Education*, 46, 57-66. doi:10.5175/JSWE.2010.200800050
- Mendenhall, A. M. (2007). Switching hats. *Journal of Teaching in Social Work*, 27, 273-290. doi:10.1300/J067v27n03_17
- National Association of Social Workers. (2014). *Advanced practice doctorates: What do they mean for social work practice, research and education?* Washington, DC: Social Work Policy Institute.
- Pollio, D. E. (2012). Training doctoral students to be scientists. *Research on Social Work Practice*, 22, 537-541. doi:10.1177/1049731512442573
- Raimy, V. (Ed.). (1950). *Training in clinical psychology*. New York: Prentice Hall.
- Rubin, A., & Babbie, E. R. (2014). *Research methods for social work*. Belmont, CA: Brooks/Cole.
- Sackett, D. L., Rosenberg, W. M., Gray, J. A., Haynes, R. B., & Richardson, W. S. (1996). Evidence-based medicine: What it is and what it isn't. *British Medical Journal*, 312, 71-72.
- Shlonsky, A. & Gibbs, L. (2004). Will the real evidence-based practice please stand up: Teaching the process of evidence-based practice to the helping professions. *Brief Treatment and Crisis Intervention*, 4, 137-153.
- Shore, B. (1991). Is there a role for clinical doctoral education? No! *Journal of Social Work Education*, 27, 231-241.
- Thyer, B. A. (1997). Who stole social work? *Social Work Research*, 21, 198-201.
- Thyer, B. A. (2000). Should licensure be required for faculty who teach direct practice courses? Yes! *Journal on Social Work Education*, 36, 187-192.
- Wakefield, J., & Kirk, S. (1996). Unscientific thinking about scientific practice: Evaluating the scientist-practitioner model. *Social Work Research*, 20, 83-95.
- Walker, G. E., Golde, C. M., Jones, L., Bueschel, A. C., & Hutchings, P. (2008). *The formation of scholars: Rethinking doctoral education for the twenty-first century*. San Francisco, CA: Jossey-Bass.

Zastrow, C., & Bremner, J. (2004). Social work education responds to the shortage of persons with both a doctorate and a professional social work degree. *Journal of Social Work Education, 40*, 351-358.

Zimbalist, S. E. (1977). *Historic themes and landmarks in social work research*. New York: Harper & Row.

Sarah Ascienzo, MSW, LCSW is a doctoral student in the College of Social Work at the University of Kentucky, teaches in the clinical concentration of the MSW program, and works as a clinician and research assistant at the UK Center on Trauma and Children. Ms. Ascienzo holds a MSW from Colorado State University and a BA in Psychology with a Minor in Women and Gender Studies from James Madison University. Additionally, she has over 15 years of experience working with children and families in a variety of roles, including work as a caseworker, forensic interviewer, and clinician. Ms. Ascienzo's current research interests include investigating mediators and moderators of trauma-focused treatment outcomes and attrition, differential symptom trajectories during trauma-focused treatment, treatment engagement, the implementation and sustainability of empirically supported treatments, and effective ways to teach evidence-based practice and clinical skills.

The CV Builder

Perspectives on Social Work congratulates the following University of Houston Graduate College of Social Work doctoral students on their accomplishments from Spring 2016 through Fall 2016.

Flor Avellanada

Flor received a scholarship granted by the Association of Latina and Latino Social Work Educators (ALLSWE), an organization dedicated to recruiting, developing, supporting, and promoting Latinas and Latinos in social work education and research.

Liza Barros-Lane

Barros-Lane, L., & Pritzker, S. (November 2016). *Ethics and Policy Practice: Developing Ethical Behavior in a Political Setting*. [Refereed]. Oral paper presentation at the 62nd Annual Program Meeting of the Council on Social Work Education, Atlanta, Georgia.

Mauldin, R.L., **Barros-Lane, L.**, & Narendorf, S.C. (November 2016). *The Evolution of Student Relationships over Time in a Cohort-based MSW Program*. [Refereed]. Oral paper presentation at the 62nd Annual Program Meeting of the Council on Social Work Education, Atlanta, Georgia.

Xin Chen

Chen, X., Cheung, M., Zhou, S., & Glaude, M. W. (November 2016). *Mentoring future social work educators through innovative teaching methods*. [Refereed]. Panel presentation at the 62nd Annual Program Meeting of the Council on Social Work Education, Atlanta, Georgia.

Maurya Glaude

Maurya was selected for the Council on Social Work Education Minority Fellowship Program as a Doctoral Fellow.

Glaude, M. W. (October 2016). *Oh no! Not suicide*. [Refereed]. Oral presentation accepted at 2016 NASW/Texas Annual Conference, Forging Solutions out of Challenges: Arlington, Texas.

Chen, X., Cheung, M., Zhou, S., & **Glaude, M. W.** (November 6, 2016). *Mentoring future social work educators through innovative teaching methods*. [Refereed]. 62nd Annual Program Meeting of the Council on Social Work Education, Atlanta, GA.

Hennessey, E., **Glaude, M. W.** & Finch, A. J. (2016). "Pickle or a cucumber?" Administrator and practitioner views of successful adolescent recovery. *Addiction Research & Theory*. Published online 07 November 2016. doi: 10.1080/16066359.2016.1242723

Hannah Kimbrough

Kimbrough, H. & Dearing, R. (November 2016). *Gearing Up! Maximizing Student Potential via Multiplatform Online Learning*. [Refereed]. Panel presentation at the 62nd Annual Program Meeting of the Council on Social Work Education: Atlanta, Georgia.

Rebecca Mauldin

Mauldin, R.L., Barros-Lane, L., & Narendorf, S.C. (November 2016). *The Evolution of Student Relationships over Time in a Cohort-based MSW Program*. [Refereed]. Oral paper presentation at the 62nd Annual Program Meeting of the Council on Social Work Education: Atlanta, Georgia.

Zhou, S., **Mauldin, R.L.**, Nguyen, P.V., & Bronson, D. (November 2016). *MSW Curriculum Mapping with the 2015 EPAS: Methods, Successes and Challenges*. [Refereed]. Panel presentation at the 62nd Annual Program Meeting of the Council on Social Work Education: Atlanta, Georgia.

Ann Webb

Webb, A., et al. (November 2016). *Applying a children's rights framework in Texas: Placement and displacement*. Panel presentation at Children Displaced Across Borders: Bridging Policy, Practice, and Disciplinary Approaches to Further Human Rights, Houston, TX.

Webb, A., & Cheung, M. (November 2016). *Experiential and Collaborative Learning: Engaging Social Work and Law*. [Refereed]. Oral paper presentation at the 62nd Annual Program Meeting of the Council on Social Work Education, Atlanta, Georgia.

Shu Zhou

Shu received the 2016-2017 Future Faculty Fellowship (F³) of the University of Houston Graduate School and was awarded the following grant:

CDBG Service Grant FY 2016: *Helping the homeless and imminently homeless in Fort Bend county*. Community Development Block Grant Program funded by Fort Bend County, Texas (Grant Writers: Gerald Eckert, Brooke Weissing, Shu Zhou. Awarded: \$64,000).

Washburn, M., Rubin, A. & **Zhou, S.** (2016). Benchmarks for outpatient dialectical behavior therapy in adults with borderline personality disorder. *Research on Social Work*. doi: 10.1177/1049731516659363

Zhou, S. (2016). Diversity in the U.S. group activity. *China Social Work (中国社会工作)*, 268, 57.

Phan, T., Mukhopadhyay, S., Baker, Z., **Zhou, S.**, & Nguyen, H. (November 2016). *Professional Development*. Panel discussion at the Teaching Workshop of the Graduate and Professional Student Association. Houston, TX.

Zhou, S., Mauldin, R., Nguyen, P., & Bronson, D. (November 2016). *MSW curriculum mapping with the 2015 EPAS: Methods, successes and challenges*. [Refereed]. Panel presentation at the 62nd Annual Program Meeting of the Council on Social Work Education: Atlanta, GA.

Chen, X., Cheung, M., **Zhou, S.**, & Glaude, M. W. (November 2016). *Mentoring future social work educators through innovative teaching methods*. [Refereed]. Panel presentation at the 62nd Annual Program Meeting of the Council on Social Work Education, Atlanta, Georgia.

Cheung, M. & **Zhou, S.** (December 2016). *The vulnerable researcher: Conducting research on topics with high sensitivity*. Poster session presented at the Fall 2016 research conference, University of Houston Graduate College of Social Work, Houston, TX.

Narendorf, S., **Zhou, S.** & Minott, K. (December 2016). HB 679: A strategic plan to end youth homelessness in Texas. Poster session presented at the Fall 2016 research conference, University of Houston Graduate College of Social Work, Houston, TX.

Narendorf, S., Minott, K., Harrell, J., **Zhou, S.** & Santa Maria, D. (December 2016). Perceptions of mental health symptoms and treatment among homeless youth of color. Poster session presented at the Fall 2016 research conference, University of Houston Graduate College of Social Work, Houston, TX.

Editorial Policy:

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The logo features a large, stylized letter 'U' in a dark red color. The 'U' is composed of four rounded rectangular segments that meet at a central white circle. Inside this white circle, the text 'UNIVERSITY of HOUSTON' is displayed. 'UNIVERSITY of' is in a smaller, grey, sans-serif font, while 'HOUSTON' is in a larger, bold, red, sans-serif font. A thin horizontal line is positioned below 'HOUSTON'.

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