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Emotional Intelligence of Undergraduate Human Services Students

Paul J. Leslie, Wayne L. Davis

Abstract

This study assessed whether undergraduate students at varying levels of completion in a human services program would exhibit higher levels of emotional intelligence (EI) in comparison to students in non-human services degree programs (criminal justice, nursing and general education). These participants were given the 33-item Schutte, Malouff, Hall, Haggerty, Cooper, Golden, and Dornheim (1998) Emotional Intelligence Scale to measure levels of EI. The findings indicated that even though there was a significant difference between EI and participants’ choice of college degree programs, there was no significant difference in EI between human services students and non-human services students. Future research recommendation is to study whether or not higher levels of EI are developed during the completion of human services coursework.

Introduction

Occupation in human services can be wrought with challenges and stressors resulting from the need of human service workers to express positive emotions during interactions with sometimes aggressive and demanding consumers (Oginska-Bulik, 2005). The stressors caused by the emotional demands of working with consumers can frequently lead to an increase in the display of negative moods of workers (Grandey, Tam, & Brauburger, 2002). An important aspect of being successful in the human services field is the ability to perceive the emotions of others while also simultaneously regulating one’s own emotions (Oginska-Bulik, 2005)

Dollard, Dorman, Boyd, Winefield, and Winefield (2008) state there are two stressors that are unique to human services work: emotional dissonance, which is the displaying of emotions not in line with what one genuinely is feeling, and consumer-related social stressors, which is the stress associated with dealing with negative consumer behavior. The level of continuous emotional stress associated with human services work can produce mental and physical exhaustion and loss of positive emotions toward the individuals being served (Barford & Welton, 2010).

As working in human services is linked to these emotionally charged scenarios, it is logical to assert that the recognition and controlling of one’s own emotions is crucial to success in the field. The ability of a person to successfully perceive and work with emotions has been labeled emotional intelligence (Goleman, 1995).

Interest in the role of emotional intelligence (EI) has grown in recent years (Goleman, 1998). Salovey and Mayer (1989), who initially introduced the concept of EI, defined it as the ability to observe the emotions of oneself and others, and to utilize this observation in directing one’s thinking and behavior. Zeidner,
Matthews, and Roberts (2004) also found the action of observing and processing emotion aids in a person’s ability to self-regulate one’s emotional state. Mayer and Salovey (1997) concur and further state that EI also represents a person’s ability to manage emotions in a manner that fosters personal growth. EI has also been defined as the ability to manage one’s emotions in the areas of self-awareness, self-regulation, self-motivation, empathy and social skills (Goleman, 1995).

The recognition of the importance of EI has increased over the past few years and has appeared in areas as diverse as job performance (O’Boyle, Humphrey, Pollock, Hawver, & Story, 2011), occupational stress (Nikolaou & Tsaousis, 2002), and leadership development (Brown, Bryant, & Reilly, 2006; Mandell & Pherwani, 2003). Evidence suggests occupational success is linked to the effective management of interpersonal relationships and that it is an individual’s level of EI that dictates whether he or she is competent in managing such relationships (Goleman, 1998; Weisinger, 1998).

Gertis, Derksen, and Verbruggen (2004) found workers in human services related positions who had higher levels of EI reported less instances of experiencing burnout. Additional research has shown that training programs with an EI component can yield an increase in the levels of EI in employees from a variety of professions including human services (Zijlmans. Embregts, Gertis, Bosman, & Derksen, 2011).

There have also been studies linking EI with career decisions (Brown, George-Curran, & Smith, 2003). Some researchers believe people may be intrinsically more drawn to a specific type of career or work climate in which EI is actively cultivated (Morehouse, 2007). Since emotional intelligence is associated with the ability to regulate one’s own emotions while also being aware of the emotions of others, it is not inconsistent to propose that this ability would be helpful to those working in the human services field.

This study examined if students who had chosen to major in a human services undergraduate degree program would exhibit higher levels of EI in comparison to students in other degree programs. Due to the nature of work in human services, a field in which being able to competently identify and control emotions is crucial, it was hypothesized that human services students would exhibit higher levels of EI when compared with students in non-human services programs. In addition, this study explored if there are differences in EI between gender, age, or ethnicity groups.

Method

The participants in this study included 192 undergraduate students enrolled in human services, criminal justice, nursing, and general education programs at a small community college in South Carolina. This study was an exploratory, non-experimental, single observation study that recruited a convenient, purposive, and non-random sample. The sample was non-random and purposive because particular criteria were used to target a specific sample. The sample was
comprised of adult students at varying levels of completion in select programs at an undergraduate college. The sample was convenient because only potential participants who responded to the study’s invitation on the day that data was collected were the ones recruited to participate in the study. The data was collected via self-administered surveys at a single point in time after the independent variables were already experienced. Data was collected from students who were readily available and who voluntarily agreed to take the survey. Students from the different programs of interest remained after class and submitted the surveys anonymously; the researchers provided no incentives to the students to provide any particular responses.

Data was collected from students at a community college in South Carolina who had volunteered to take a survey examining levels of EI. The students self-identified their age (range = 17 – 65 years), sex (129 females, 63 males), ethnicity (114 Caucasian, 61 African-American, 10 Hispanic, 2 Asian, and 5 other), and their selected college degree program (43 Criminal justice, 46 human service, 57 nursing, 46 general education).

Participants were presented with a 33-question survey to measure EI in order to determine whether or not there was a significant correlation between the levels of EI among participants and their selected college degree program. In addition to the answers to the survey, demographic information was collected on which degree program the participants were enrolled, age, gender, and ethnicity. To assess the relationship between age and EI, linear regression was used. One-way ANOVA was used to assess the difference in EI among each categorical variable (sex, ethnicity, and college degree program).

**Instrument**

Participants completed the Schutte et al. (1998) Emotional Intelligence Scale (see scale at the end of the manuscript). The scale has 33 questions which contain three subscales: appraisal and expression of emotion in self and others (e.g., I am aware of the nonverbal messages I send to others), regulation of emotion in self and others (e.g., I have control over my emotions.), and utilization of emotions in solving problems (e.g., I compliment others when they have done something well). For each item on the measure, a rating of 1 indicated “strongly disagree” and a rating of 5 indicated “strongly agree” (1988). After three responses on the survey answers were reverse-scored, the total score was calculated by summing the total points on the 33 items. The higher the total score of the participants, the greater is the individual’s emotional intelligence. The instrument used has shown an average score of 131 for females and 125 for males (maximum score = 33 x 5 = 165). The scale has an internal consistency analysis of Cronbach’s alpha of .90 and .87, as well as a test-retest reliability score of .78. It demonstrated discriminant and convergent validity when compared to the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) and convergent validity when compared to the Trait Meta-Mood Scale. The Emotional Intelligence Scale has also shown predictive...
validity by displaying a significant relationship to first year college students’ grade point average (Schutte, et. al, 1998).

Data Analysis

A predetermined reference level was established so that each null hypothesis could be accepted or rejected based on an acceptable level of confidence. A common and acceptable cutoff is an alpha level of .05 which was utilized in this study.

Data Format

The scales of measurement for the variables were both continuous, in measuring the responses to the survey, and categorical, which functioned as labels for degree programs, age, gender, and ethnicity. The dependent variable, emotional intelligence, was continuous in nature and was determined by adding the individual scores from the Emotional Intelligence Scale (Schutte et al., 1998). Age, one of the independent variables, was also continuous in nature. However, the other predictor variables, (sex, ethnicity, and college degree program) were categorical in nature. As long as the parametric assumptions have been met, then linear regression was the appropriate test to assess the relationship between age and EI. One-way ANOVA was the appropriate test to assess the difference between EI and the categorical predictor variables. To determine the final level of power for this study for the one-way ANOVA model with four groups of respondents, the G*Power 3.1 software program was used (Faul, Erdfelder, Buchner, & Lang, 2009). Using the criteria of a medium effect size ($f^2 = .15$), an alpha level of $\alpha = .05$, and a final sample size of 192, this study had an acceptable level of power (.83).

Results

The EI scores were measured for all 192 participants. The total sample mean was 129.4 (SD = 13.9) with a mean of 127.4 for males (SD = 14.1) and 130.4 for females (SD = 13.7). Multiple analyses were conducted to determine what factors, if any, influence EI. The relationship between EI and age was examined using linear regression analysis, and one-way ANOVA was used to examine any difference in EI among the different categorical variables. Linear regression analyses indicated that the residual error terms in this sample are normally distributed and the ANOVA analyses indicated that the samples representing each group are derived from populations of equal variances. A simple linear regression was conducted to ascertain if the student’s age could predict EI, $F(1, 190) = .032, p = .859$. The null hypothesis stated that there is no relationship between EI and age. The regression equation used to predict EI based on age was determined to be as follows: emotional intelligence = 128.946 + .017 (age), $R^2 = .000$. The results
of simple linear regression suggested that there was no significant relationship between student EI and age and that age is a limited predictor to describe the levels of EI.

One-way analysis of variance was conducted to determine if there was a difference in EI between females and males, between different ethnicity groups, and between different college degree programs. The one-way analysis of variance showed that neither gender nor ethnicity provided a reliable effect on EI, gender: \( F(1, 190) = 1.968, p = .162, \text{MS error} = 191.376, \alpha = .05 \); ethnicity: \( F(4, 187) = .362, p = .836, \text{MS error} = 194.952, \alpha = .05 \). However, there was a significant difference between EI and participant’s choice of college degree programs, \( F(3, 188) = 3.426, p = .018, \text{MS error} = 185.285, \alpha = .05 \). A follow-up Bonferroni Post-hoc analysis revealed that there was a significant difference in emotional intelligence only among criminal justice students (\( M = 134.37, SD = 10.599 \)) and general education students (\( M = 125.13, SD = 15.235 \)). There was no significant difference between participants in any other programs (see Table 1).

### Results

### Discussion

Table 1: Bonferroni Post-hoc Analysis of Emotional Intelligence and College Degree Program

<table>
<thead>
<tr>
<th>College Degree Program (I)</th>
<th>College Degree Program (II)</th>
<th>Mean Difference</th>
<th>Standard Error</th>
<th>p</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>-5.133</td>
<td>2.887</td>
<td>.462</td>
<td>-12.83</td>
<td>2.57</td>
</tr>
<tr>
<td>Nursing</td>
<td>.011</td>
<td>2.698</td>
<td>1.000</td>
<td>-7.18</td>
<td>7.20</td>
</tr>
<tr>
<td>General Education</td>
<td>4.109</td>
<td>2.838</td>
<td>.896</td>
<td>-3.46</td>
<td>11.68</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Services</td>
<td>5.133</td>
<td>2.887</td>
<td>.462</td>
<td>-12.83</td>
<td>2.57</td>
</tr>
<tr>
<td>Nursing</td>
<td>.011</td>
<td>2.887</td>
<td>.462</td>
<td>-12.83</td>
<td>2.57</td>
</tr>
<tr>
<td>General Education</td>
<td>4.109</td>
<td>2.838</td>
<td>.896</td>
<td>-3.46</td>
<td>11.68</td>
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<tr>
<td>Nursing</td>
<td></td>
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</tr>
<tr>
<td>Human Services</td>
<td>-5.133</td>
<td>2.887</td>
<td>.462</td>
<td>-12.83</td>
<td>2.57</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>.011</td>
<td>2.698</td>
<td>1.000</td>
<td>-7.18</td>
<td>7.20</td>
</tr>
<tr>
<td>General Education</td>
<td>4.109</td>
<td>2.838</td>
<td>.896</td>
<td>-3.46</td>
<td>11.68</td>
</tr>
<tr>
<td>Nursing</td>
<td>9.242*</td>
<td>2.887</td>
<td>.010</td>
<td>1.54</td>
<td>16.94</td>
</tr>
</tbody>
</table>

*significant at \( p < .05 \)
Discussion

The findings indicated that, in this sample, age, gender, and ethnicity are not related to EI. Although Schutte et al. (1998) have shown that the average score for males (125) is lower than females (131)), and the current study also showed the average score for males (127.4) is lower than females (130.4), this was not a significant difference. The findings also suggested that there is a significant difference between EI and some college programs. Although the EI for human services students (M = 129.24, SD = 13.521) was higher than the EI for general education students (M = 125.13, SD = 15.235), this was not a significant difference. Criminal justice students did show a significant difference in EI compared with the students in the general education program. This difference may be due to the specific training criminal justice students receive in an application based program which routinely teaches the identification and recognition of emotions. This also suggests that emotional intelligence could be purposively reinforced via training, which may be useful in the human services field.

Limitations

There are several limitations in the study. First, because the sample was convenient, purposive, and non-random, participants who chose to participate may be different in meaningful ways from those individuals who chose not to participate. As a result, the findings cannot be generalized to other population groups that do not match the sample’s characteristics. Second, Likert-type scales were used and there is the possibility that a) the participants engaged in central tendency bias by choosing to select the middle option rather than the optimum option, b) the participants engaged in acquiescence bias by selecting positive responses over negative responses, and c) due to limited options, the participants were forced to select options that did not give an accurate representation of their perspectives. Although students in human services, criminal justice, and nursing programs are considered a part of the greater public service fields, the students in criminal justice have more classes that specifically train students to read body language, to communicate verbally, to perform their job objectively (e.g., to control their emotions), to perform their jobs professionally (e.g., making a good impression on others), and to methodically investigate problems (e.g., to overcome barriers and contradicting information). These factors could explain the study’s results, as each of these factors was assessed on the Emotional Intelligence Scale.

Recommendations for Future Research

As this was an exploratory study, further quantitative studies should be conducted to conclude whether or not higher levels of EI are developed during the
completion of human services coursework. The EI of human services, criminal justice, nursing and general education students who are entering the program should be compared to the EI of human services, criminal justice, nursing and general education students who are graduating from the degree program. The change in EI for new students and graduating students for the different programs should be compared to determine if EI is being taught in a particular program or in particular courses. Research has demonstrated training programs that include an EI component can aid in increasing levels of EI in participants (Zijlmans, Embregts, Gertis, Bosman, & Derksen, 2011). This being the case, longitudinal studies could also be conducted to assess the relationship between emotional intelligence and future job performance. If such relationships do exist, then perhaps more intensive emotional intelligence training could be made available to students of human services programs.

References


Emotional Intelligence Scale (Schutte et. al., 1998).

1. I know when to speak about my personal problems to others
2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them
3. I expect that I will do well on most things I try
4. Other people find it easy to confide in me
5. I find it hard to understand the non-verbal messages of other people*
6. Some of the major events in my life have led me to re-evaluate what is important and not important
7. When my mood changes, I see new possibilities
8. Emotions are one of the things that make life worth living
9. I am aware of my emotions as I experience them
10. I expect good things to happen
11. I like to share my emotions as I experience them
12. When I experience a positive emotion, I know how to make it last
13. I arrange events others enjoy
14. I seek out activities that make me happy
15. I am aware of the non-verbal messages I send to others
16. I present myself in a way that makes a good impression on others
17. When I am in a positive mood, solving problems is easy for me
18. By looking at their facial expressions, I recognize the emotions people are experiencing
19. I know why my emotions change
20. When I am in a positive mood, I am able to come up with new ideas
21. I have control over my emotions
22. I easily recognize my emotion as I experience them
23. I motivate myself by imagining a good outcome to tasks I take on
24. I compliment others when they have done something well
25. I am aware of the non-verbal signals other people send
26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself
27. When I feel a change in emotions, I tend to come up with new ideas
28. When I am faced with a challenge, I give up because I believe I will fail*
29. I know what other people are feeling just by looking at them
30. I help other people feel better when they are down
31. I use good moods to help myself keep trying in the face of obstacles
32. I can tell how people are feeling by listening to the tone of their voice
33. It is difficult for me to understand why people feel the way they do*

*These items were reversed scored.
Can Trauma Focused Grief Education Decrease Acting-Out Behavior among Bereaved Children? A Pilot Study

Irene Searles McClatchey, Ardith Peters

Abstract

This study examined the impact of trauma focused grief education on acting-out behavior among a sample of 33 bereaved youth. Such an intervention has not previously been evaluated. The Eyberg Child Behavior Inventory was used in a pre- post design to evaluate the effect of trauma focused grief education curriculum among bereaved children and adolescents. Acting-out behavior of bereaved youth declined significantly following the intervention. No predictors of acting-out behavior were found. The results imply that the use of trauma focused grief education is beneficial, both in its outcome for bereaved youth and the possibilities for further research collaborations.

Introduction

Grief is the reaction to loss and includes mental, emotional, physical, behavioral, and spiritual responses (DeSpelder & Strickland, 2008). For children, the loss of a parent to death is an overwhelming experience that can lead to serious consequences. For example, children may exhibit depression, anxiety, social and psychological issues, as well as other long-term psychiatric problems (Dowdney, 2008; Kaplow, Layne, Pynoos, Cohen, & Lieberman, 2012; Melhem, Moritz, Walker, Shear, & Brent, 2007; Melhem et al., 2011). Acting-out behavior among children and adolescents is common after the loss of a parent or immediate family member (Berk, 2010), but few studies have addressed interventions. After briefly reviewing potential consequences of unattended childhood grief and outcome studies of interventions, this study presents the impact of a short-term human services-led trauma focused grief education intervention on acting-out behavior among bereaved youth.

Children and Grief

Parental Loss and Loss of a Sibling

Children and their parents develop a strong connection; thus, the pain after losing a parent is excruciating, necessary, and inevitable (Bowlby, 1980). This pain befalls a sizeable number of children in the United States, where it is estimated that close to two million children and adolescents receive benefits due to the death of a parent (Social Security Administration, 2013). Some reactions common in bereaved children are depression, separation anxiety, social withdrawal, physical symptoms, disobedience, frustration, and confusion (Melham, Walker, Moritz, & Brent, 2008; Kaplow, Saunders, Angold, & Costello, 2010; Luecken, 2008;...
Metzgar, 2002). A large number of children show serious problems one and two years after a parental loss, 19% and 21% respectively (Worden & Silverman, 1996). Parentally bereaved children may show impaired functioning in everyday life and approximately 10 percent show clinical levels of disturbance (Kaplow et al., 2010; Melhem et al., 2011).

Loss of a sibling can also be devastating for a child, since they are the ones that inform us about ourselves and the world (Charles & Charles, 2006). Youth bereaved of a sibling may experience a lack of support from parents who are themselves grieving and emotionally unable to comfort a surviving child (Maercker, 2007). The emotional support a child receives from his or her family is an important factor in coping with the devastating loss of a sibling (Cook et al., 2005).

**Traumatic Loss**

The mode of death also influences grief responses in children. The loss of a parent to suicide may lead to particularly serious consequences, such as suicidal ideation and isolation during the grief process, due to the stigma attached to suicide (Goodwin, Beutrait, & Fergusson, 2004; Sveen & Walby, 2008). Mixed and complex feelings of both love and hatred towards a parent who causes his or her own death may occur (Knieper, 1999; Harvard Health Education, 2009). This type of loss can lead to anxiety, depression, and aggression (Ratnarajah & Schofield, 2007). Other sudden and traumatic losses may cause surviving children to fear for their own safety and experience psychotic thinking (Terr, 1991; Taylor, Weems, Costa, & Carrion, 2007). Traumatic grief symptoms can occur in children after the loss of a parent, whether the loss was objectively or subjectively considered traumatic, and may be more common than previously thought (McClatchey, Vonk, & Palardy, 2009a). These stress responses include feelings of guilt, thoughts that they caused the death or could have done something to prevent it, nightmares and other sleep-disturbances (Schoen et al., 2004). Some research indicates that a loss of a sibling or a parent to violent circumstances is a predictor of complicated grief (Dillen & Fontaine, 2009; McClatchey, Vonk, Lee, & Bride, 2014). Bereaved children also show a decline in grades and school performance (Berg, Rostila, Saarela, & Hjern, 2014).

**Developmental and Demographic Aspects**

Some symptoms are more prevalent depending on age and gender of the child. Although it is difficult to clearly establish differences in grieving along the developmental span from childhood to adolescence (Kaplow et al., 2012), it appears that younger children experience more anxiety, physical symptoms, and post-traumatic stress disorder and childhood traumatic grief symptoms than do older children (Brent & Mann, 2005; Christ, 2000; McClatchey et al., 2009a). Adolescents experience more depression. They have a tendency to withhold their grief, not only because of peer pressure, but also because they do not want to hurt their surviving parents (Berk, 2010). This may then lead to depression.
Consequences may stretch into adulthood, and unresolved grief in childhood may lead to adult depression, marital breakdown, and other problems (Florian & Mikulincer, 1997; Luecken, 2008). Females are more prone to depression, anxiety, and traumatic grief (Raveis, Siegel, & Karus, 1999; Wolchik, Tein, Sandler, & Ayers, 2006; Worden, 1996; McClatchey et al., 2014). Studies looking at ethnicity as a predictor of post-traumatic stress disorder and childhood traumatic grief symptoms among bereaved youth are limited. However, findings indicate that African American children experience higher levels of post-traumatic stress disorder and childhood traumatic grief symptoms than do Caucasian children (McClatchey et al., 2009a; McClatchey et al., 2014).

**Acting-Out Behavior**

Another frequent consequence from losing a parent or sibling in childhood is acting-out behavior (Christ, 2000). Children are often times unable to identify their feelings and instead act out their emotions. Common acting-out behaviors among children are anger outbursts, disobedience, and aggression (Schoen et al., 2004; Metzgar, 2002). Teenagers who lose a parent may take part in drug and alcohol abuse, reckless driving, and promiscuity as ways to cope with their loss (Naierman, 1997; Gaffney, 2006).

Little has been found about what makes some bereaved children more resilient to acting-out behavior than others. Age of child and gender of parent who died have been shown to be predictors of delinquent behavior (Draper & Hancock, 2011). Bereaved children between ages 12-16 are more vulnerable to acting out, particularly those who lose a mother. The child’s gender has not shown to be a predictor. Children and adolescents from working class backgrounds show higher propensity for acting-out behavior after the loss of a parent than youth from higher socio-economic status (SES) groups (Draper & Hancock, 2011).

**Outcome Studies**

**Internalizing Variables**

Outcome studies have measured a wide variety of variables, including grief adjustment, self-esteem, depression, anxiety, and coping. Some early research findings show a positive effect after interventions, while others show none (Adams, 1996; Huss & Ritchie, 1999; Sandler et al., 2003; Sandler et al., 1992; Schilling, Koh, Abramovitz, & Gilbert, 1992; Tonkins & Lambert, 1996; Wilson, 1995). More recent studies that take into account treatment of post-traumatic stress disorder symptoms have shown more promising results (Cohen, Mannarino, & Knudsen, 2004; Cohen, Mannarino, & Staron, 2006; McClatchey et al., 2009b). Grief camp settings for children and adolescents have increased across the country. Only a minority of these camps has presented outcome studies, but with mixed results. One camp intervention showed an increase in psychosocial functioning in
one camp group and a decrease in another (Farber & Sabatino, 2007). A second camp intervention showed no changes in anxiety or sadness among participating campers (Nabors et al., 2004). Yet another grief camp intervention helped preteens and teens normalize their feelings, improve their self-esteem, and increase their knowledge about death (Loy, 2000). A controlled study of one trauma based camp model showed significant decreases in both complicated grief and posttraumatic stress disorder symptoms (McClatchey et al., 2009b).

**Externalizing Variables**

Although acting-out is a frequent correlate of bereavement for youth, few outcome studies have evaluated interventions to address it. Two studies of acting-out behavior among youth ages 7-11 who participated in grief support groups showed improvement in one study (Tonkins & Lambert, 1996), but only among older youth in the other (Sandler et al., 1992). Further research targeting behavioral problems had disappointing results (Adams, 1996; Huss & Richie, 1999; Wilson, 1995). By contrast, a study using Child-in-Family Therapy (CIFT) with one participant, who had experienced a parental loss, indicated marked improvements (Lander, 2011). However, this type of intervention is time consuming and requires a great deal of commitment from family members. The only grief camp study evaluating acting-out behavior used a mixed methods, treatment control, post-measure only design (Loy, 2000). Although participants and guardians reported better behavior after camp, no objective measure was used.

Although bereaved children are at higher risk for acting-out behavior, there are few outcome studies addressing this issue. No study in the literature could be found that used quantitative measures to evaluate trauma focused grief education intended to decrease acting-out behavior. These facts led the researchers to the following research questions: 1) Can trauma focused grief education decrease acting-out behavior among bereaved children and adolescents? 2) What makes some children and adolescents more vulnerable to acting-out behavior after the death of a parent or sibling than others?

**Method**

**Participants**

Bereaved children and adolescents were invited to attend a weekend grief camp in a metropolitan area in Southeastern United States. School counselors, who received e-mails from a non-profit grief camp organization, identified participants. A total of 150 children ages 7-18 were accepted and they attended three different camp sessions. Of these 150 campers, 70 parents/guardians completed the Eyberg Child Behavior Inventory (ECBI) (1978), and brought the completed forms to camp with their children. Thirty-three parents/guardians completed the post-testing one month after camp. Among the campers whose parents/guardians participated in the study, unexpected losses included embolisms, deep vein thrombosis, car accident and other accidents, drowning, heart attacks, overdose, murder, suicide,
allergic reaction, and complications during routine surgery. Expected losses included cancer and end-stage liver and heart failure.

Instrument
The ECBI (Eyberg & Ross, 1978) is an instrument measuring externalizing acting-out behavior. Its psychometric properties have been well established among both young children and adolescents. This 36-item scale is completed by parents or guardians who assess the problem behaviors on the Intensity Scale, varying between 1=never to 7=always, with total scores ranging from 36 to 252. Examples of items are “Dawdles in getting dressed,” “Refuses to do chores when asked,” “Yells or screams,” and “Verbally fights with sisters and brothers.” There is a question about whether the parent/guardian considers each behavior listed as a “problem for you,” the Problem Scale, with a simple yes or no option. Thus, the problem scale ranges from 0 to 36. A score at or above 131 on the Intensity Scale is considered in the clinical range, as is a scale of 15 or above on the Problem Scale (Gross et al., 2007). The Cronbach’s alpha for this sample was 0.94.

Procedures
After appropriate Institutional Review Board approval from a local university, the researchers sent a letter to participating camper families informing them of the study and its purpose. Parents/guardians were asked to bring the completed consent and ECBI forms to camp. The children were divided up into groups of six to eight for six psycho-educational sessions held over the weekend. A licensed grief professional led each psycho-educational session with two human services students from a local university as co-counselors. The lead counselors and their co-counselors followed a trauma focused curriculum developed by a human services professor specializing in children and adolescent grief. This curriculum has two separate outlines, one for children ages 7-11 and one for adolescents ages 12 and up. It has been shown to decrease trauma and traumatic grief symptoms among children and adolescents in a controlled study with 100 participants (McClatchey et al., 2009b). However, its effectiveness on acting-out behavior has not been examined until now. Examples of educational trauma focused session content were: ways grief affects children, identification and normalization of feelings, ways to express feelings appropriately, and skills to cope with grief feelings. The campers also participated in a memorial service, artwork to honor their deceased parents or siblings, a talent show, and other typical camp activities. In a parallel program, the parent/guardians were invited to attend adult psycho-educational sessions centered on how children and adolescents experience and express grief and how the adults in the campers’ lives can help them through the grieving process.
Camper parents/guardians who had filled out the ECBI at pre-testing were mailed a copy of the instrument one month after the camp with a self-addressed stamped envelope, along with a request to respond within one week. If no response had been received within the appointed time, a mental health professional attempted
to contact parents/guardians by phone. Twelve of the 33 parents/guardians who completed the instrument at post-test did so via phone. All data obtained from the participating families before and after camp were entered into IBM SPSS 20 (2011) for analysis.

Results

Sample Demographics
Participating campers ranged between the ages of 6-16. The sample was equally divided between females and males, 51.4% and 48.6% respectively. Of the participants, 31.4% were African American, 64.3% were Caucasian, 1.4% Native American, and 2.9% Latinos. Close to 23% had lost a mother, 57% a father. Sixteen percent had lost a sibling, and a little over 4% a guardian grandparent. Two thirds had experienced a sudden/violent loss. Months since the loss at the time of camp ranged from 1-48 (see Table 1).

Impact of Trauma Focused Grief Education on Acting-Out Behavior
Impact of Trauma Focused Grief Education on Acting-Out Behavior

At post-testing, 33 (46%) of the pre-test respondents were available. Attrition may have been due to families moving, summer break, and families opting out of participation. The researchers conducted a paired samples t-test to evaluate the impact of trauma focused grief education on acting-out behavior. Mean score of the ECBI Intensity Scale at pretest was 93.61 (SD=33.93) ranging between 47-192, and at posttest 81.64 (SD=32.18) ranging between 40-177. This decrease was statistically significant (p<0.05). Mean score on the Problem Scale at pre-test was 6.6 (SD=8.19) ranging between 0-29 and at posttest 3.4 (SD=5.59) ranging between 0-23. This change was also statistically significant (p<0.05) (Table 2).
Table 2: Impact of Trauma Focused Grief Education on Acting-Out Behavior

<table>
<thead>
<tr>
<th>Paired Samples Statistics</th>
<th>Mean</th>
<th>N</th>
<th>SD</th>
<th>SE Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pair 1 ECBI Pretest</td>
<td>93.61</td>
<td>33</td>
<td>33.93</td>
<td>5.91</td>
</tr>
<tr>
<td>ECBI Posttest (Intensity)</td>
<td>81.64</td>
<td>33</td>
<td>32.18</td>
<td>5.60</td>
</tr>
<tr>
<td>Pair 2 ECBI Pretest</td>
<td>6.56</td>
<td>33</td>
<td>8.19</td>
<td>1.45</td>
</tr>
<tr>
<td>ECBI Posttest (Problem)</td>
<td>3.38</td>
<td>33</td>
<td>5.59</td>
<td>0.99</td>
</tr>
</tbody>
</table>

Paired Samples Test

<table>
<thead>
<tr>
<th>95% CI of the Diff</th>
<th>Mean</th>
<th>SD</th>
<th>SE Mean</th>
<th>Lower</th>
<th>Upper</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11.97</td>
<td>30.87</td>
<td>5.37</td>
<td>1.02</td>
<td>22.92</td>
<td>2.23</td>
<td>32</td>
<td>.013*</td>
</tr>
<tr>
<td></td>
<td>3.19</td>
<td>7.74</td>
<td>1.37</td>
<td>0.40</td>
<td>5.98</td>
<td>2.33</td>
<td>31</td>
<td>.026*</td>
</tr>
</tbody>
</table>

* Significant at the p<0.05

To examine whether the group of families who dropped out of the study were different from those who did not, chi-square was used to compare gender, race, circumstances of death, and guardian education. Independent samples t-test was used to compare pretest scores, age, time since loss, and guardian income. No differences were found between the two groups.

To assess possible predictors of acting-out behavior among bereaved youth, the pretest scores of the 70 campers were entered into a regression model as the dependent variable, and age, race, gender, time since loss, circumstances of death (expected versus sudden/violent), family income and guardian education as independent variables. None of these variables was a significant predictor in either simple or complex models.

Discussion

This study addressed the research question: Can trauma focused grief education decrease acting-out behavior among bereaved children and adolescents? To the researchers’ knowledge, this is the first time a quantitative measure has been used in studying the impact of trauma focused grief education on acting-out behavior among bereaved children. The results showed that acting-out behavior as operationalized by the ECBI statistically significantly decreased. The results correspond with Tonkins’ and Lambert’s (1996) and Loy’s (2000) findings that
showed decreased acting-out behavior after intervention, but not with those of Adams (1996), Huss and Richie (1999) and Wilson (1995), who found no decrease in such behaviors. Differences in independent variables, measures, and size and nature of the research populations may account for the outcome differences. Neither the pre nor the post-test scores were in the clinical range (Gross et al., 2007). This does not rule out practical significance for the families.

Alternatively, the trauma focused grief education model used in this study may explain the differences. Children and adolescents are taught about the grief process allowing them to understand that they are “normal” in their responses, helping them identify their emotions, and providing coping mechanisms to deal with them. The research model builds on earlier findings that no matter whether or not the experts label a death as “traumatic,” it is the subjective experience of the child that defines the trauma (McClatchey et al., 2009a).

The second research question examined what makes some bereaved youth more vulnerable to acting-out behavior after the death of a parent or sibling than others? No predictors were revealed. This finding contradicts previous research by Draper and Hancock (2011) who found that youth ages 12-16 who had lost a mother and those of lower SES were especially vulnerable to delinquent behavior. The small sample size of the current study may account for the discrepancies.

Limitations and Implications for Further Research and Practice

The pre-experimental method used leaves several threats to internal validity, including history, maturation, and testing. The camp intervention may not have been responsible for the findings, but some outside source or sources may have contributed to the results. Sample size is small and may not have detected differences in age, gender, ethnicity, family income, and other variables examined. In addition, the sample represents only one geographic area, and cannot be generalized. Future research applying an experimental design with a larger, more diversified sample is indicated. Another limitation is the instrument used. The ECBI measures externalizing behavior that is more common in children (Schoen et al., 2004; Metzgar, 2002). Although these behaviors are also seen in adolescents, this instrument fails to measure risk-taking behaviors, such as alcohol and drug abuse, promiscuity, and reckless driving that may be seen in adolescents after the death of a parent (Naierman, 1997; Gaffney, 2006). While an instrument tapping these behaviors could be beneficial, it would also raise ethical issues, such as camper confidentiality. Furthermore, the study does not take into account the home environments of the campers, their relationships with the deceased and/or with their surviving parents or guardians, nor the presence or lack of other support systems. These variables warrant further examination with regards to externalizing behaviors.

There are positive implications for the findings of this study. The model of intervention used in this study assumes that all children who have experienced parental and sibling bereavement may benefit from trauma focused grief
education. The growing number of children who have lost parents and siblings during recent combats provides an opportunity to integrate this type of research with that of other traumatic stressors experienced by military families and may bring opportunities for collaborative work.

In conclusion, trauma focused grief education is easy to implement in a range of human service environments and appears to have a positive impact on the behavior of bereaved children. Human services professionals will, undoubtedly, come into contact with bereaved children in hospital, hospice, and school settings, and addressing behavior issues through trauma focused grief education provides a cost-effective means of serving this vulnerable population.

References


Students’ Experiences with Different Course Delivery Modalities: On Campus, Online, and Satellite

Mark C. Rehfuss, Andrea Kirk-Jenkins, Tammi Milliken

Abstract

In an effort to adapt to the technological advances of this century, the training of human services professionals has grown from traditional classrooms and satellite programs to online education. Many human services programs are under pressure from their universities and students to expand into online education. This study examined 252 students’ experiences and perceptions of their Bachelors of Science program as it transitioned to offering courses online in addition to on campus and satellite sites. Students’ narrative responses reflected 4 themes: convenience, interactions, learning preference, and technology. These themes and their implications for educators and students are discussed.

Introduction

The training of human service professionals has always been about engaging individuals to help others on the front lines of professional service. This education has developed gradually from certificate programs to associate degree programs and to bachelor and doctorate degree programs, but historically this has always been accomplished in face-to-face formats replicating the context for providing services to individuals (Neukrug, 2014). As education as a whole has become more aware of meeting the educational needs of diverse students, the methods used to provide education have changed and begun to embrace online instruction (Allen & Seaman, 2011). The rapid growth in online programs has been in response to the demands of students unable to attend traditional programs face-to-face (Chandras & Chandras, 2010).

Up to this point, the field of human services has not engaged in research to explore the use and effects of online education with students. However, several of the fields closely related to human services, including counseling and social work, have begun to engage in this inquiry. Within the past several years, counselor education has embraced this trend and both courses and entire accredited programs are now offered online with success (Burt, Gonzalez, Swank, Ascher, & Cunningham, 2011; Flamez et al., 2008; Layne & Hohenshil, 2005; Reicherzer, Dixon-Saxon, & Trippany, 2009). Likewise, social work has expressed a need to embrace new technologies that facilitate online education and indicated that these approaches are here to stay as technology has become the driving force behind education overall (Blackmon, 2013; Moore, 2005).

As technology has grown more accessible, the provision of and demand for online education has grown and continues to expand (Coogan, 2009; Kiernan, 2003). Approaches to online education have moved from being only asynchronous text
or video-based toward synchronous and asynchronous approaches that foster interactivity and learning (Allen & Seamen, 2010). According to the Sloan Consortium Survey of Online learning (2011) one third of all students in higher education are taking at least one online course and these numbers are continuing to grow.

In response to the needs of students at a distance and with new access to enhanced technology, the Bachelors of Science program in Human Services (HMSV) at the university initiated offering its full program of 14 courses online in the spring of 2012. Previously, courses had only been offered on the main campus or through video conferencing via satellite broadcast at remote campuses across the country. Each of the 14 courses of the curriculum in the HMSV program is now offered on campus and online every semester. This type of rapid expansion in online course delivery creates multiple challenges for faculty and students. The learning curve for faculty can be steep as transitioning from classroom to online involves not only adapting course content and delivery but also learning new technologies and an overall shift in pedagogy (Kreber & Kanuka, 2006; Keengwe & Kidd, 2010; Smith, 2005; Zhao, Alexander, & Perreault, 2003). Concerns about student learning and the efficacy of online education are often raised; however, research continues to demonstrate the equality of online and traditional education (Hauck, 2006). In some instances, online learners demonstrate higher levels of self-efficacy and motivation enabling them to engage in their learning and to attempt difficult tasks (Rovai & Downey, 2010).

In order to gain a deeper understanding of the needs and experiences of students during the transition, as well as the challenges and benefits of the newer online education, this study explored students’ experiences with on campus, satellite, and online courses within the program. Students who participated in the study were all pursuing their BS in Human Services and identified as having taken the majority of their classes either live, online, via satellite, or using a combination of formats. The study used Inductive Thematic Analysis to identify qualitative themes in the students’ responses to an open-ended questionnaire (Denzin & Lincoln, 2011; Grbich, 2007).

Method

Research Team

The research team consisted of two associate professors and a doctoral student who is studying counselor education at a metropolitan state university. The two professors teach in the human services program, one only on campus and the other only online. The doctoral student has taught two human services courses both in a classroom on the traditional campus. Both faculty and the doctoral student approached the study with preconceptions of student experiences due to hearing complaints from local and distance students about the creation of and transition to the online program. The traditional campus faculty member was hesitant about the online courses and student success with them, while the online instructor had
developed online programs previously and was certain of the benefits to students over the long term. The doctoral student was unsure of the online program as well, but considered that online was going to continue to become more important in higher education training and that it could be positive for some students.

Survey

The primary researchers developed the questionnaire used in this study. Once developed, the survey was distributed to the other full time human services faculty at the researchers’ university for review and feedback. Suggested edits were incorporated. The third author then piloted the questionnaire on students in a live human services class she was teaching. No further edits were recommended. The final questionnaire addressed demographics including current student status (freshman, sophomore, junior, or senior) and age. Additionally, participants were asked to specify the modality used to take their human services courses during the fall and spring semesters and during the summer semester. Their options included the following: courses taken primarily on main campus, courses taken primarily via satellite, or courses taken primarily online. Finally, the questionnaire asked students to specify the teaching modality they most preferred and to explain the benefits of that format over the others. A copy of the survey can be found in the audit trail. The audit trail consists of all documents pertaining to the study including but not limited to: email correspondence between the researchers, copies of the survey development, as well as various rounds of coding and field notes.

Procedures

After approval by the university’s Institutional Review Board, participants were contacted through the college of education’s email list serve. All registered human service undergraduate majors were contacted about participating in the study via an email that described the study and requested participation. Students who were interested were able to click a link and were taken to the questionnaire, which opened with an informed consent page that needed to be agreed to prior to starting the questionnaire. All information collected on the Survey Monkey instrument was de-identified.

The survey was distributed through the college email list serve for all declared human services majors. A total of 657 emails were sent and 252 students participated for a response rate of 38%. Responses from those that participated varied by question and by student. Many students simply included a few words or one sentence while others responded with full paragraphs to the open-ended questions.

Data Analysis

The study used Inductive Thematic Analysis to identify qualitative themes in the students’ responses to the questionnaire (Denzin & Lincoln, 2011; Grbich, 2007; Guest, MacQueen, & Namey, 2012; Saldana, 2009). After the students completed the qualitative portion of the study, all of their responses were exported
Two members of the research team were responsible for initial coding with each member initially coding all responses independently. Horizontalization was the process by which these initial horizons of meaning are identified and reflected upon by the researcher until emerging as codes (Denzin & Lincoln, 2011). Initial codes were simple, using basic terms to describe content of the student responses such as, technology, challenge, frustration, enjoyment, etc. Once all of the responses were coded individually, the team met to reach consensus on the coding of all responses. This involved detailed discussion and reflection of identified codes and the creation of an agreed upon consensus codebook. This was a process of refinement with some terms overlapping with others and agreement of the researchers on a final term to use for the code. For example, the phrases quickly, sped up, and saved time were grouped under the code efficiency, which would fall under the theme of convenience. Both members then recoded all of the data using the consensus codebook for verification that all content fell within the new agreed upon codes. The entire research team met again to review the final consensus codebook and discuss possible implications for various codes and their location under the major themes that had emerged through this process. Through this discussion, the codes were clustered and collapsed under the major themes, keeping the research questions in mind. At this point with all codes assigned to a theme, the frequency of occurrence of each theme was counted to clarify the weight of each theme. A copy of the final codebook can be found in the audit trail (Saldana, 2009), and the final themes are presented in the results with examples for verification by the reader.

**Results**

Demographically, of the 252 students who responded, the age range of the sample consisted of the following: under 20 years old (4.3%), between 20 and 30 (48.1%), between 31 and 40 (17.4%), and over 41 years old (30.2%). Pertaining to academic standing, 55% reported senior status, 36% reported junior status, 8% identified as sophomores and 1% as freshmen. During the fall and spring semesters, 53% of students reported taking courses solely on the main campus or at satellite sites while 25% reported taking classes solely online. An additional 22% reported a combination of modalities. During the summer term, 40% reported taking courses solely on the main campus or at satellite sites while 38% reported taking classes solely online. The remaining 21% reported a combination of modalities. After the coding of participants’ responses was completed, four main themes were identified from the data: convenience, interactions, learning style, and technology. The four themes are presented in the order of frequency with the number of occurrences included to clarify the power of each. There was evidence of overlapping of themes throughout the coding process, which is supported by the participants’ quotes. The quotes also provide for member checking by the reader (Creswell, 2009).
Convenience
Convenience was the most frequently mentioned theme throughout the study, having been included in 231 participants’ responses. This theme most often referred to the value of online courses while balancing family responsibilities. However, online programming was also perceived as convenient with regard to minimizing travel and offering flexibility even if the student had not taken an online course. Many students reported that they enjoyed “working at their own pace” with online courses. One participant commented, “Online classes make it very convenient for me. I can be where I need to be, without missing important assignments or other commitments.” An additional student stated:

I like to take my classes online. I like this format because it is very convenient for me. I have to work and when I have to go to school on a Saturday or Friday it is very inconvenient. Online allows me to go at my own speed. I don’t feel pressured.

Pertaining to family as a factor contributing to the convenience of online courses, a participant reported, “I am able to get the work required for the course done in the evenings and sometimes during breaks at work and can still be home with my family.” Another indicated that as a military spouse:

Online is beneficial for me especially if my family has to PCS (permanent change of station). Online classes allow me the option to pursue my degree even in the event I have to relocate. It takes the stress out of worrying whether or not I will complete my degree before my husband is given military orders to relocate the family.

Interactions
The second largest theme discussed by 85 students was the importance of interactions, which were operationalized as the students’ relations or exchanges with both their professors and their peers. Multiple interactions were discussed such as “face to face,” the importance of establishing relationships, as well as interactions through technology via Adobe Connect meetings or email. The bulk of responses specified live teaching as the modality that optimized learning through interactions. One participant stated, “Live teaching is the most beneficial. It allows for collaboration and a deeper understanding as well as relationship building.” Another person commented, “Learning within a group setting on campus is more beneficial because you are able to interact with other students and the instructor in a more personal way.”

However, some participants enjoyed the interactions they had online. One participant stated, “Online you can work at your own pace and there is still an interaction with the professor via Adobe Connect meetings.” Another student reported:
The benefits of taking an online course is that you can do it on your time and take the amount of time you need during the week to complete the assignments. I also like the Adobe Connect meetings so you also get a chance to have a visual understanding and interaction.

Multiple participants made the connection of not only the importance of interactions for learning the course content, but also tying it to the helping profession. For example, one participant stated “The interaction with the class [live on main campus] and the students provide more learning than you can receive from a book, especially when specializing in a field to work with people.” Another student stated, “We are human services majors who are going to be hands on with people day by day. The most effective way is to teach in person.”

Some participants shared their beliefs that the lack of interactions is an issue. For example, a student stated, “Satellite classes offer students a better opportunity to interact with peers and the instructor. Online courses seem designed to isolate the student, are more labor intensive, and offer less opportunity to connect with the instructor.” One student stated, “The personal interactions and discussions in class really help. There are certain sections that cannot be grasped online.” Another student reported:

The only benefit of an online course is when I have an additional job so I am able to do my school work around that schedule. Other than that, I really dislike online courses. The work load is immense, the interaction with others is almost nonexistent, and it’s far too difficult to keep exams and assignment due dates organized when taking multiple classes with everything on one little computer screen.

Learning Preference
A third theme identified from the participants’ responses was learning preference, which was referenced 29 times. Learning preference was operationalized in terms of the participants’ descriptions of how they prefer to learn or how they feel they best learn. Some students described learning best in a classroom setting while others favored the online setting.

Supporting the online setting, participants discussed working at their own pace and on their own as vital to their learning styles. One participant stated, “I take classes both online and on the main campus. I prefer online because I can focus better when I’m alone, plus I can work at my own pace.” Another participant stated, “I prefer online because it is more convenient and I can watch the videos and online lectures repeatedly as I need to. Also, I learn better on my own.”

Some students reported that having more course materials online is beneficial for their learning styles. “There are more materials for courses online. I personally learn more online [as] opposed to in a classroom. I need in classroom instruction on writing skills but I have a tutor helping, if and when her schedule permits it.” Another student commented “I learn more online, there are more materials
available to me online.” However, others reported learning best in a traditional classroom setting. One participant stated:

Satellite instruction has been the best way for me to maintain a 4.0 GPA. I learn a lot more listening to a lecture. I also feel like I am part of a class. It is easy to ask questions and add to the lecture as opposed to taking classes online. I enjoy the interpersonal connection with classmates and professors.

Another student reported, “Learning within a group setting on campus is more beneficial because you are able to interact with other students and the instructor in a more personal way.” Interaction was also mentioned in the following participant’s response related to how the student best learns: “I prefer live main campus courses because it was easier for me to get distracted with online and satellite courses. I learn best orally and visually. I also think that online and satellite courses are not as interactive.” A student commented, “I prefer live classes because it is easier to absorb the material in a live setting.” Not only was the ability to absorb information discussed but also the ability to retain information. “Live on main campus courses helps me retain information better.”

**Technology**

While the theme of technology was reported less frequently, related statements were strong and consistent for some of the students. Technology was the main theme of eight students. Some issues that were brought up pertained to problems with technology that students experience as well as not always having access to technology, nor understanding the resources available. Students’ ability to connect due to network issues as well as system delays were sources of frustration. One participant stated, “I prefer the satellite classes because of where I live, but sometimes I have Internet issues and am unable to connect.” Another student discussed the difficulties experienced: “It is at times very difficult to communicate via web because of technical difficulties-typing is cool, but it can be aggravating and not feasible.” Regarding the delays, a participant reported:

I have taken courses that are all web-based and satellite. The web-based courses have a severe delay when you need to ask a question (it takes 60 seconds to post a question; and by then the instructor has changed the subject.); whereas the satellite questions don’t have a delay. It is all live.

Students also reported frustration related to the technology that was specific to the software used and were often confused about what was or was not available. “Online is ok, but having to use Adobe Connect is not preferred as it is not free to use as far as I know. The cost of school is already high enough.” Another participant discussed both the positive and the negative, “I took one online class this semester and one benefit was the course work was more on your own. But I found it harder because of the adobe software.”
Limitations and Directions for Future Research

There are several limitations regarding the results of this study. First, the sample was selected from one university’s HMSV program and represents only the experiences of those students who self-selected to participate. Future research should seek to expand the number of students assessed and integrate evaluation and assessment into evaluation of the program overall to determine effect upon all students. In addition, due to the type of survey used in Survey Monkey, a limited number of questions could be asked. Therefore, gender, ethnicity, and socioeconomic status were not collected from participants to clarify if findings differed by these factors. These factors should be included in future studies as well other factors such as levels of comfort with technology and computers. The university is located in a metropolitan area and more rural universities or programs with differing student bodies may reflect different results. Future research should diversify sampling by using students from several universities, programs, and settings. Results, therefore, are not generalizable but only represent the first steps in understanding human services students’ experiences and preferences when confronted with education offered in various modalities. In addition, the data was collected during a time of transitions within the program when online courses were first becoming available and still being developed. Therefore, current students’ experiences engaging with a more stable online program may reflect differing views and evaluation, therefore, should expand to include students engaged in an established online program.

Discussion

The results of this study clearly suggest that from a student’s perspective, convenience in pursuing education is of utmost importance regardless of the modality. Online courses seem to appeal to students primarily because of convenience, even if their technological skills and acumen are poor. The value placed on convenience was reflected in several students opting for online classes despite preferring the face-to-face learning environment. One student stated, “I prefer to take classes via satellite since I am a distance learning student. However, out of pure convenience, this semester all of my classes are online.” Another stated, “I’m not a big fan of online classes but that is the only option I have right now.”

These findings are consistent with explorations of students’ experiences in differing academic fields and point towards one of the reasons for online learning’s growth (Chandras & Chandras, 2010; Burt et al, 2011; Blackmon, 2013; Tsokris, 2011). It is also evident from this study that some students obviously enjoyed the traditional classroom and will always prefer that modality of delivery. Many of these students pointed to their interactions with peers and faculty while online students in contrast highlighted their ability to self-pace through the materials. Interactions with a faculty member and with peers are an important part of
learning, and online programs need to put extra effort into making this happen for students (Rovai & Downey, 2010). These results should encourage online programs to provide some consistent interactions for student in online courses so that connections are built. The current program initiated increasing the number of live Adobe Connect meetings required in a semester and also placed students into small groups for all discussion board postings in each course in response to this finding from the current study. This adjustment seeks to facilitate more faculty and peer interactions while still maintaining the convenience and flexibility of the online courses that students desire.

The findings also highlight the importance of matching learning preference to course format. Many of the traditional classroom students expressed that their learning preference fits best with traditional classroom lectures while online students indicated that their learning preference fits well with the online format that allows for self-initiative and the ability to pace themselves. It seems that students had the ability to highlight the strengths of each modality and maintain a positive perspective on their training even if it was not their preferred environment and style. Based on participants’ feedback, an ideal program will offer courses in both a traditional face-to-face format as well as an online format to best address the multitude of needs of the students served.

In addition, a small group of students clearly felt that online learning and the technology involved in the modality created barriers for them and their learning. This is a great challenge with online programming in that it is difficult to assure that students have the skills, technology, and Internet access needed to be successful. Some of the challenges for these students also appeared to be a lack of knowledge about the tools and resources available to them to foster their online learning while some of it was simply the time and energy needed to learn how to use the tools effectively. For some students, technology can create a barrier to online learning that may prevent them from being successful. It is very important that universities and programs develop resources and have live technology support that can ease this transition for students. Options may include creating and integrating orientations to common tasks associated with online learning classes. Such training could provide the opportunity to safely practice the skills that students will need to navigate their online classrooms. This could take the form of online courses with practice modules or modules that are guided by an instructor in real time. The current program developed and launched several online training modules that students complete before taking their actual classes. This has helped to decrease the number of technology issues that students report.

Clearly, every learning setting has its own challenges, yet students appear to be adaptive to assure that they reach their goals in as convenient a fashion as possible. This study illustrated that even students who were unsure of their abilities to manage technology and who felt that the online format was incongruent with their learning preferences were taking and successfully completing courses in the online modality. The desires and motivations of the students to receive their education in a timely manner appeared to make them more adaptive and willing to strive
to overcome barriers. This resiliency and willingness to encounter challenges in pursuit of the end goal are characteristics of many online learners that may be overlooked by those that are uncertain of online education. It is interesting to note that during the creation and transition to online courses, the number of students in the traditional classroom program continued to grow slightly even as the online program increased rapidly, suggesting that the students adjusted to the online modality but also appreciated having both options.

As human services programs begin to embrace and use online courses, it is important to consider factors that influence students and their success. This study has shed light on the biggest benefit of online learning, convenience and flexibility, while highlighting its trials related to interactions, technology, and learning preferences. It is important to realize that all modalities of instruction can pose challenges to students, but when moving to online courses it is vital to consider students’ needs and concerns in order to ensure the students’ and the program’s success.

References


An Exploratory Study of Parenting Dimensions and Family Conflict among Head Start Participants: An Examination of Hispanic Mothers

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Abstract

Understanding the dynamics of the relationship between family conflict and parenting is important to human service practice. When assisting clients, human service practitioners must address many different systems including culture, historical era, ethnicity, gender, and other systems in which the individual operates (Martin, 2013). This study explores this phenomenon by examining the relationship between family conflict and the six dimensions of parenting; warmth, rejection, structure, chaos, autonomy support, and coercion among Hispanic mothers who access an inner-city Head Start program. Findings are discussed in terms of cultural impact, human service practice, and the need for further research.

Introduction

Few studies exist that investigate parenting dimensions and family conflict among Hispanic mothers. However, scholarly research literature has illuminated many of the problems associated with conflict in the family structure, which impact human service practice. Human service professionals work in a variety of settings assisting families and children. These settings include state family service agencies and not-for-profit agencies providing family crisis services, case management, counseling, and advocacy services to clients (Martin, 2013). Understanding the role of conflict and its relationship with parenting is important to human service professionals working in these settings. Conflict within the family structure resulted in negative outcomes (Burns & Dunlap, 2002; Hannum & Dvorak, 2004; Schralch, Li, & Dalvi, 2006; Sturge-Apple, Davies, & Cummings, 2006). Empirical investigations indicate that parenting dimensions are important factors related to emotional stability, development, and decision-making characteristics of children (Buehler, Benson, & Gerard, 2006).

Skinner’s six dimensions of parenting are; warmth, autonomy support, structure, chaos, rejection, and coercion (Skinner, Johnson & Snyder, 2005). Parenting dimensions play an important role in the family unit and in the development of children (Buehler et al., 2006; Cox, 2006; Manongdo, 2010). Most studies that examine parenting dimensions focus on two of the six dimensions; warmth and demandingness/coercion (Rodriguez, Donovick, & Crowley, 2009). Although much of the research conducted surrounded the influence of parenting styles and family conflict on children (Juang & Alvarez, 2010; McKelvey et al., 2010; Stadelmann, Perren, Groeben, & VonKlitzing, 2010), and fewer studies investigated the influence of parenting dimensions and family conflict in general (Randolph, & Kuvalanka, 2006; Schoppe-Sullivan, Schermerhorn & Cummings,
2007; O’Donnell, Cardemil, Moreau, & Pollastri, 2007), there are no known empirical research studies that have explored the relationship between parenting dimensions and family conflict among Hispanic mothers who have children enrolled in inner city Head Start programs. Exploring this relationship can lend insight beneficial to human service practice and future research initiatives.

Empirical investigations suggest that conflict is detrimental to the healthy functioning of the family unit. Stadelman et al. (2010) found that family conflict results in increased negative emotional symptoms. Studies also suggest that depression and anxiety is the result of conflict within the family unit (McKelvey et al., 2010; Tanaka, Raishevich, & Scarpa, 2010). Furthermore, conflict can exacerbate other family issues (Juang & Alvarez, 2010), such as poor communication (Dixon, Graber, & Brooks-Gunn, 2008), physical health (Repetti, Taylor, & Seeman, 2002), and psychological insecurity (Hannum & Dvorak, 2004). In fact, Burns and Dunlop (2002) suggested the intensity level and degree of conflict experienced in early adolescence influenced the construction and development of self-image and contributed to the onset of anxiety. Finally, Santiago and Wadsworth (2008) contend family conflict is related to internalizing symptoms and high stress in impoverished families.

Much of the research that encompasses conflict within the family and aspects of parenting results in significant findings. Negative parenting influences family conflict (Horwitz, 2011) and family conflict influences parenting abilities (Sturge-Apple et al., 2006). Additionally, research confirmed that family conflict led to parenting dysphoria (Du Rocher et al., 2007), ineffective parenting (Buehler & Gerard, 2002), and interferes with constructs of co-parenting (Sturge-Apple et al., 2006). Furthermore, research suggests relationships exist between parenting dimensions and interparental conflict (O’Donnell, Cardemil, Moreau, & Pollastri, 2007) as well as between marital conflict (Schoppe-Sullivan et al., 2007). However, specifics of this relationship are not defined. Therefore, specifics of characteristics of parenting dimensions that relate to family conflict have not been determined, but aspects that relate to the relationship have been explored.

Although research uncovers many of the serious consequences of conflict for the family unit and children within the family structure (Burns & Dunlap, 2002; Juang & Alvarez, 2010; McKelvey et al., 2010; Santiago & Wadsworth, 2008; Tanaka et al., 2010), the six dimensions of parenting are not linked to conflict within the family structure. As a result, this study explores the relationship between parenting dimensions and family conflict among Hispanic mothers in an attempt to add to the body of knowledge on this topic.

A gap exists in literature regarding parenting dimensions and family conflict among Hispanic mothers. This exploratory study adds to the body of knowledge by specifically examining if a relationship exists between family conflict and all six dimensions of parenting. The contributions of the study are important to human service practice and research because it explores parenting in manner not previously done, viewing all six parenting dimensions in relation to family conflict. This study is unique in its population focus, which includes
Hispanic mothers who access inner-city Head Start programs. Community programs such as Head Start typically have a focus on family development, which includes addressing issues of parenting and strengthening parenting (Department of Human Service, 2009). Human service practitioners play an important role within these programs, servicing families as brokers, evaluators, caregivers, educators, and administrators. This study lends information that can assist human service practitioners in their work with Hispanic mothers, as well as provides a platform for further research on this population.

Method

According to Bordens and Abbott (2008), quantitative research with a correlation methodology is suitable for this study because it effectively determines whether a relationship exists between the six dimensions of parenting and family conflict. This study sought to explore the relationship between family conflict and Skinner’s six dimensions of parenting which are noted as: warmth, rejection, structure, chaos, autonomy support, and coercion among Hispanic mothers (Skinner et al., 2005).

Instrument

The instruments used for this study were designed to measure the variables of family conflict and parenting dimensions. This study utilized [The] Parent as Social Context Questionnaire (PASCQ) that measured parenting dimensions of warmth, rejection, structure, chaos, autonomy support, and coercion (Skinner et al., 2005), [The] Conflict Subscale of the Family Environment Scale R (FES; 3rd Edition) that measured family conflict, and demographics questioning to assess the sample population. Family Environment Scale is commonly used in the field of human services among ethnically diverse populations. In fact, it has been used among Head Start participants in previous research efforts (Moos & Moos, 2002). However, until this study the Parent as Social Context Scale has not been assessed among ethnically diverse populations, but has been used among both mothers and fathers (Skinner et al., 2005). Surveys included 30 questions that measured parenting dimension, 9 questions that measured present state of family conflict, and 6 demographic questions that measured employment, education, marital status, ethnicity, gender and age. Surveys were made available in both English and Spanish, with Spanish speaking interpreters on-site to address language barriers. The survey took approximately 30 minutes to complete. Participants received a five dollar gift card for their participation in the study.

Sample

Cluster sampling was employed in which participants were selected based on their participation in the Head Start program. Head Start is a preschool program for families who meet the federal income poverty guidelines as a requirement of the program. Head Start is a complex program whose services were designed to focus
on the family as a whole (Department of Human Service, 2009). It is a family-centered program reflecting the philosophy that parents are the principal influence on their children’s development. Head Start was developed as a part of Lyndon B. Johnson’s War on Poverty Initiative (Department of Human Service, 2009). It was designed to break the cycle of poverty by providing preschool to low-income families. Head Start seeks to meet the emotional, social, health, nutritional, and psychological needs of children. Ninety percent of participants must meet the government poverty standards to be a part of the program (Department of Human Service, 2009). Positive outcomes for children and parents have been associated with involvement in Head Start (Love et al., 2005). Due to the parenting and family focus of Head Start and its stance within the community, mothers were sampled from this population. The agency had an enrollment of 1,472 children and approximately 67.5% of the children in this agency were of Hispanic or Latino origin (Association for Children and Families, 2010). Nine hundred eighty six mothers were targeted for participation in the study. Participants consisted of 55 mothers who self-identified as Hispanic yielding a response rate of approximately 5.6%. Participants were between the ages of 18-48 with children currently enrolled in Head Start in a large city in an East North Central State. A majority of participants were married, employed, and had at least one year of college. The sample did not include fathers or non-biological families. Participants took hand written surveys at their local Head Start site as scheduled times during regular school hours; and informed consent was obtained prior to administration.

Data Analysis

Correlation analysis was used to determine if any statistically significant relationships existed among variables. A survey of Hispanic populations was used to collect data on demographics, parenting dimensions, and family conflict. Data was organized and coded based on the survey directions for coding. [The] Parent as Social Context Questionnaire (PASCQ) interval data was generated in a four-point format. Questions 1-5 on were summed to create a measure of warmth/involvement. Questions 6-10 were summed to create a measure of rejection. Questions 11-15 were summed to create a measure of structure. Questions 16-20 were summed to create a measure of chaos. Questions 21-25 were summed to create a measure of autonomy support. Questions 26-30 were summed to create a measure of coercion (Skinner et al., 2005). The raw data, once coded, was entered into SPSS.

Conflict subscale data from [The] Family Environment Scale Form R (FES; 3rd edition) was coded in a two-point format. The type of data generated from each item was ordinal and could be treated as interval data. Response categories were “true” or “false,” and the responses were summed in terms of the number of true and the number of false in each column. The raw scores were generated from these responses (Moos & Moos, 2002).
Findings

There was no significant relationship between family conflict and warmth amongst Hispanic mothers, \( r = -0.151, N = 55, p = 0.270, \) two-tails. There was, however, a significant, positive relationship between family conflict and rejection amongst Hispanic mothers, \( r = 0.374, N = 55, p = 0.005, \) two-tails. As rejection increased, there was a corresponding increase in family conflict. Although there was no significant relationship between family conflict and structure amongst Hispanic mothers, \( r = -0.026, N = 55, p = 0.853, \) two-tails, there was a significant, positive relationship between family conflict and chaos amongst Hispanic mothers, \( r = 0.438, N = 55, p = 0.001, \) two-tails. As rejection increased, there was a corresponding increase in family conflict. There was no significant relationship found between family conflict and autonomy support among Hispanic mothers, \( r = -0.071, N = 55, p = 0.605, \) two-tails, and no significant relationship between family conflict and coercion amongst Hispanic mothers, \( r = 0.064, N = 55, p = 0.643, \) two-tails.

There was a significant, positive relationship between family conflict and rejection amongst Hispanic mothers, \( r = 0.374, N = 55, p = 0.005, \) two-tails; as rejection increased, there was a corresponding increase in family conflict. This is illustrated in Figure 1. The coefficient of determination \( (r^2) = 0.14, \) which means that 14% of the variance in family conflict among Hispanic mothers can be explained by rejection.

There was no significant relationship between family conflict and structure amongst Hispanic mothers, \( r = -0.026, N = 55, p = 0.853, \) two-tails. There was a significant, positive relationship between family conflict and chaos amongst Hispanic mothers, \( r = 0.438, N = 55, p = 0.001, \) two-tails. As chaos increased, there was a corresponding increase in family conflict. This is illustrated in Figure 2. The coefficient of determination \( (r^2) = 0.19, \) which means that 19% of the variance in family conflict among Hispanic mothers can be explained by chaos.

There was no significant relationship between family conflict and autonomy support, \( r = -0.071, N = 55, p = 0.605, \) two-tails, or between family conflict and coercion, \( r = 0.064, N = 55, p = 0.643, \) two-tails. Significant relationships were found between family conflict and chaos as well as family conflict and rejection among Hispanic mothers. Since two out of six relationships examined were statistically significant, H1 is supported and the null hypothesis rejected.

Discussion

It was hypothesized that a relationship exists between parenting dimensions and family conflict in Hispanic mothers who accessed inner city Head Start programs. The findings partially confirm this hypothesis by noting the significant relationships that exist between family conflict and the parenting dimensions of rejection and chaos. As rejection and chaos increase family conflict also increases. For the purposes of this study, rejection is defined as active dislike, aversion, and is often referred to as hostility within the instrument used to measure rejection (Skinner et al., 2005). Family conflict is characterized by the amount of openly
expressed anger and conflict within the family defined by the instrument used to measure family conflict (Moos & Moos, 2002). The relationship found between rejection and family conflict is consistent with seminal research. Skinner et al. (2005) states, “Expressions of rejection include aversion, hostility, harshness, over reactivity, irritability, and explosiveness; they also include overt communication of negative feelings for the child, such as criticism, derision, and disapproval” (p.185). Additionally, Horwitz et al. (2011) includes hostility, anger, and aggression in their definition of family conflict. Furthermore, previous research efforts noted that any conflict that arises within the family is deemed family conflict (Ali, 2010). Rejection contributes to family conflict due to its aggressive characteristics. Research has posited that rejection mediates the relationship between inter-parental conflict and depression, which supports the findings of this study by determining a relationship, existed between rejection and conflict in previous studies (O’Donnell et al., 2007).

Chaos was also found to have a significant relationship with family conflict among Hispanic mothers in this study. It is characteristic of an environment that is confused and disorganized (Skinner et al., 2005). A review of the literature has supported this by noting that family conflict impacts parenting by leading to parenting dysphoria (Du Rocher et al., 2007), ineffective parenting (Buehler & Gerard, 2002), and impedes co-parenting (Sturge-Apple et al., 2006). Furthermore, the relationships between the conflict and the parenting dimensions of chaos and rejection implies that less favorable aspects of parenting relate to the presence of family conflict. Similar studies have found that parenting dimensions relate to conflict within the family in terms of inter-parental conflict and marital conflict (O’Donnell et al., 2007; Schoppe-Sullivan et al., 2007). The findings of this study support previous research efforts, which have noted that relationships exist between parenting and family conflict.

Previous research efforts have concluded that rejection mediates conflict and depression (O’Donnell et al., 2007). Furthermore, rejection and chaos are noted as negative dimensions of parenting (Skinner et al., 2005). This study contends that as rejection and chaos increase, family conflict increases. It can be determined from this result that minimizing rejection and chaos among Hispanic mothers can minimize the presence of family conflict.

Limitations

The generalizability of the findings is limited due to the limited scope of the study. The limitations of the study include the surveying of mothers only, the lack of inclusion of biracial families, the lack of inclusion of nontraditional families (i.e. grandparent heads of households, foster families, and blended families), and a small sample size. The use of cluster sampling allowed access to the population but also limited the presence of both mothers and fathers. Mothers were included in this study because of their visibility and the possibility of unequal participation of fathers. Biological mothers were the focus of this study because nontraditional
families may differ in results and should be researched independently. The focus of this study was Hispanic mothers. Biracial mothers may not identify with one race and should be researched independently due to the possibility of differences in results. Furthermore, the small sample size and use of cluster sampling impacts the generalizability of the findings. The inclusion of the variables discussed in the limitations noted above may enhance the quality of the results.

**Implications for Human Service Practice**

The findings of this study may have implications for practice, specifically practice with Head Start Hispanic mothers. The first implication is that human service practitioners should be aware of cultural diversity in parenting and how it influences the family system. Human services is constantly evolving and adjusting to societal changes. Human service practitioners are charged with a role of reunifying, supporting and strengthen families. The role of the human service practitioners includes meeting the needs of clients despite change. However, the practitioners must be aware of changes and differences based on culture. Research contends that in practice practitioners must partner with clients and not assume they understand a client’s cultural background or experience (Hook, Davis, Owen, Worthington, & Utsey, 2013). This study sheds light on the cultural differences found in the parenting of Hispanic mothers as well as how these differences relate to conflict within the family. Human service professionals must become ethically astute cross-cultural helpers that have left their bias behind and are knowledgeable about cultural and ethnic differences (Neukrug, 2012). Human service professionals must be sensitive to client needs, and cultural humility and awareness are a part of the development process that fosters a strong working alliance (Hook et al., 2013). Human services practitioners can benefit from the findings in this study because it explores a minority population and the social values that influence this population (e.g., parenting and conflict).

The second implication of this study is that human service practitioners should be aware of those parenting traits that specifically relate to family conflict. This study explores a relationship between family conflict and the parenting dimensions of chaos and rejection. Further understanding of this relationship can assist practitioners in their service to Hispanic mothers. Family conflict is associated with negative parenting dimensions. Human service practitioners charged with reunifying and strengthening families can utilize this study to guide the process of reunification and removing barriers. Practice should focus on recognizing and limiting parenting dimensions of chaos and rejection. Human service practitioners should be aware of the many forms of family conflict and the relationship it has with parenting and overall family functioning.

The third implication of this study is providing a basis for human service practitioners to develop programming. Programming should focus on teaching families to recognize family conflict and building positive parenting dimensions. Practitioners within their work with Hispanic mothers should focus on developing positive parenting dimensions in an effort to minimize conflict with in the family.
This type of programming can aid practitioners in reunifying conflicted families. This study provides a baseline for further research and contributes insight that can be used in human service practice. This study explores Hispanic mothers who access inner city Head Start programs, and it can assist human service practitioners in understanding the need for further educating themselves on this population. Though the scope of this study is small, it may be representative of the parenting practices and family conflict of inner-city Head Start Hispanic mothers. This study explores a topic relevant to the field and utilizes quantitative methods to provide results that explore and lend to the understanding of parenting dimensions and family conflict.

**Recommendations for Future Research**

The findings of this study shed light on the relationships that exist between parenting dimensions and family conflict. It further explored these relationships in context of Hispanic mothers who access inner city Head Start programs. However, this exploration was limited in scope. Further research is suggested to determine the strength and nature of the relationship between family conflict and parenting dimensions. Future research should focus on expanding the generalizability of this study by including random sampling design, larger sampling size to enhance the quality of results and to extend beyond Head Start. Future research should focus on the perspectives of both parents by including fathers. In addition, future research on nontraditional families, (e.g., blended, same-sex, grandparent heads of households, and foster families) could shed light on the differences that exist among these families versus biological families in terms of family conflict and parenting dimensions. Further research in these areas would benefit human service practice.

Human service professionals are faced with servicing cultures that are consistently changing. Research provides insight on various cultures and helps to develop knowledge and understanding in human service professionals. Insight on ethnically diverse populations supports the helping professional relationships in the field of human services. This study added to the insight of practitioners by exploring relationships between family conflict and parenting dimensions, determining whether relationships existed and identifying differences. However, future research is needed to enhance the quality of the results and deepen the understanding of minority populations, which would be a benefit to the human service field.
References


The Role of Personality in Adaptation to Stress Associated With Separation and Divorce: A Guide for Human Services Professionals and Mental Health Providers

Thomas K. Swisher

Abstract

The prevalence of marital separation and divorce among populations served by human services professionals and mental health providers is evident to those in the field. Marital disruption through separation and divorce appear to produce divergent reactions in adults ranging from negative to positive forms of adaptation. This study was designed to examine the potential roles played by personality traits based on the Five Factor Model of Personality as they relate to adaptation to stress among individuals experiencing a separation or divorce. The major findings are that individuals who rated high in openness, agreeableness, and conscientiousness tended to exhibit better adaptation to divorce than those who were low in these domains, and individuals low in neuroticism and high in extraversion had better adaptation than those with an opposite pattern.

Introduction

Divorce is a source of both major stress and everyday stressors for many individuals and families. Though divorce rates vary based on numerous factors, studies indicate that a significant percentage (30% or more) of first marriages in the United States end in divorce (Markman, Rhoades, Stanley, & Peterson, 2013; Tejada-Vera & Sutton, 2010). Stressful life events (such as divorce, bereavement, and job loss) require a significant life readjustment and studies have demonstrated that marital disruption can impact one’s susceptibility to both mental and physical dysfunction. Separation from a spouse is associated with depression, anxiety, and feelings of rejection, failure, abandonment, and helplessness (Krumrei, Mahoney, & Pargament, 2011).

Numerous studies document the increased incidence of emotional distress for those in the process of divorce; however, little has been reported on the positive and transformative aspects of divorce. Opportunities may exist for growth and development (Amato, 2000). Some studies have begun to produce evidence that positive responses to separation and divorce are possible (Tashiro, Frazier, & Berman, 2006; Kulik & Heine-Cohen, 2011). Such positive responses have been shown to include relief, personal growth and development, and enhanced self-esteem (Krumrei et al., 2011). The current study focuses on the role that personality plays in one’s positive adaptation to stress associated with separation and divorce. It was hypothesized that individuals low in neuroticism, high in extraversion and high in openness would demonstrate higher levels of positive adaptation to divorce.
Personality, Coping, and Positive Adaptation to Stress

Personality, coping, and psychological growth have been the focus of considerable study over the past several years. See literature review by Lee-Baggley, Preece, and Delongis (2005). One model of personality that has been found particularly useful in understanding coping is the Five-Factor Model (FFM), a broad based taxonomy of personality dimensions that arguably represent the “minimum number of traits” needed to describe personality (Oh, Wang & Mount, 2011).

Self-reports of growth have been demonstrated to be positively related to openness to experience and extraversion and negatively related to neuroticism (Carver & Connor-Smith, 2010). For a full review of the relation between each of the FFM personality constructs as they relate to coping and adaptation, see Lee-Baggley, Preece, and Delongis (2005).

Five Domains of Personality

Neuroticism. Individuals high in neuroticism are prone to experience negative emotions such as depression, anxiety, or anger and tend to be impulsive and self-conscious. For reviews see McCrae, Kurtz, Yamagata, and Terracciano (2011). Neuroticism has been found to be related to the use of coping strategies that are typically related to poorer outcomes (Caspi & Shiner, 2006), such as an increase in end-of-day distress, increased anxiety, and sensitivity to threat (Carver & Connor-Smith, 2009). Those higher in neuroticism have been found to use more emotion focused strategies, such as avoidance and self-blame, and interpersonally antagonistic means of coping, such as hostile reactions (Caspi & Shiner, 2006).

Extraversion. Extraverts have a propensity to experience positive emotions and tend to be sociable, warm, cheerful, energetic, and assertive (Glassman & Buettner, 2005). As compared to those lower in extraversion, research suggests that those higher in extraversion rely on higher levels of problem-focused coping (Peng, Riolli, Schaubroeck, & Spain, 2012) and employ less maladaptive forms of emotion-focused coping such as self-blame, wishful thinking, and avoidance (Carver & Connor-Smith, 2009). Individuals higher in extraversion tend to use adaptive forms of emotion-focused coping such as support seeking (Peng et al., 2012) and positive thinking (Carver & Connor-Smith, 2009).

Openness. Those high in openness tend to be creative, imaginative, curious, and flexible in their thinking (Carver & Connor-Smith, 2009). They are likely to experience a diversity of emotions, to have broad interests and a preference for variety, and to hold unconventional values (DeYoung, 2013; Carver & Connor-Smith, 2009). Evidence suggests those higher in openness are more likely to employ humor in coping (Greengross, Martin, & Miller, 2012), and to plan their coping (Van Hoye & Lootens, 2013).
Agreeableness. Those high in agreeableness tend to be altruistic, acquiescent, trusting and empathic (Graziano & Tobin, 2013). Consistent with models of agreeableness, individuals higher in agreeableness are more likely to cope in ways that engage or protect social relationships (Floyd, Seltzer, Greenberg, & Song, 2013) and avoiding confrontation (Komarraju, Dollinger, & Lovell, 2012). They appear less likely to employ emotion focused coping such as self-blame, avoidance, and anger (Meier & Robinson, 2004), use active problem solving and are concerned with maintaining relationships (Graziano & Jensen-Campbell, 2001).

Conscientiousness. Those higher in conscientiousness tend to be organized, reliable, hardworking, determined, and self-disciplined (Campbell-Sills, Cohen, & Murray, 2006). Conscientiousness has been found to be related to the use of more active, problem focused strategies, however, specific qualities associated with this trait vary across measures (Carver & Connor-Smith, 2009). Research examining all five personality dimensions within a single study is needed (Lee-Bagley et al., 2005). Though research has been limited, the researchers found that the role of personality in adaptation is not limited to neuroticism and extraversion (Lee-Baggy et al., 2005). Personality researchers have shown that the Big Five personality traits interact in multiple ways when predicting adaptation to stress (Kochanska, Kim, & Nordling, 2012). This suggests that failing to examine these personality dimensions may result in gaps in our understanding of the personality-adaptation relation (Lee-Bagley et al., 2005). Moreover, researchers have noted that failing to control for the other personality dimensions when examining a specific personality dimension may lead to spurious (and potentially contradictory) results (Mirnics et al., 2013). This present study examined all five dimensions of personality in an attempt to clarify the relation between personality and adaptation to stress within a particular context, namely, divorce.

Positive Adaptation to Stress

In order to facilitate analyses and provide efficiency in interpreting results, a composite measure of adaptation to stress was computed. The three dimensions which form the composite, namely: growth related stress, satisfaction with life, and hope are inter-related and speak to a person’s ability to thrive (Bailey & Snyder, 2007; Tashiro et al., 2006). Creation of this composite measure was intended to capture an outcome dimension that appreciates the multi-dimensional impact that divorce has on people’s lives. The purpose was to provide a comprehensive sampling of the different domains that contribute to that thriving. Affective well-being in the form of satisfaction with life (Carr & Umberson, 2013), hope (Amato, 2000), and growth capacities (Tashiro et al., 2006), are 3 dimensions selected to create a composite outcome variable which speaks to the overall ability of individuals to provide a resilient adaptive response to marital disruption and divorce.
Method

Participants
The participants were 573 divorce litigants who had been parties to divorce pleadings in the Circuit Court for Howard County, Maryland. Data from 64 subjects who failed to provide complete responses were eliminated leaving 509 subjects whose responses were included in the analyses (356 women, 153 men). The sample was 62% women and 27% men, with 11% not indicating gender. The sample was 51% Caucasian, 6% African American, 2% Hispanic, 1% Asian, 30% other, and 10% not indicating ethnic background. Percentages of the sample reporting having acquired a Ph.D. was 14%, a Master’s degree was 28%, a college degree was 33%, a high school degree or GED was 23%, and 2% reported no high school degree.

Measures
Revised Measures for Stress-Related Growth (RMSRG). Developed by Roesch, Rowley, and Vaughn (2004), the RMSRG contains 29 items and three subscales assessing rational/mature thinking, affective/emotional growth, and religious/spiritual growth. This instrument is revised from a version by Park, Cohen, and Murch (1996) after examining the factorial validity and dimensionality of the Stress-Related Growth Scale. Evidence for both the reliability (Frazier, Stewart, Mortensen, 2004; Park, 2005; Park et al., 1996) and validity (Park et al. 1996) of the measure has been provided elsewhere within the stress and coping literature. See also Roesch et al. (2004) for a fuller discussion.

The Satisfaction with Life Scale (SWLS). Developed by Diener, Emmons, Larsen, and Griffith (1985), this scale was designed to measure the global life satisfaction component of subjective well-being. A 7-point Likert-like scale was used to measure the items from strongly agree to strongly disagree. This scale contained 5 items including: In most ways my life is close to my ideal; The conditions of my life are excellent; I am satisfied with my life; So far I have gotten the important things I want in life; and, If I could live my life over, I would change almost nothing. Pavot, Diener, Colvin, and Sandvik (1991) provided evidence for the convergence of the SWLS with numerous measures of subjective well-being and life satisfaction. The SWLS is the most commonly used measure of life satisfaction worldwide and shows good psychometric properties including validity, internal consistency, test–retest reliability, and adequate invariance across gender and age (Nes et al., 2014).

The State Hope Scale (SHS). This scale contains 6 items including: “If I should find myself in a jam, I could think of many ways to get out of it;” “At the present time, I am energetically pursuing my goals;” “There are lots of ways around any problem that I am facing now;” “Right now I see myself as being pretty successful;” “I can think of many ways to reach my current goals;” and, “I am meeting the goals that I have set for myself.” Responses are contained in an 8 choice Likert-like scale; namely, 1 = Definitely false, 2 = Mostly false, 3 = Somewhat false, 4 = Slightly false, 5 = Slightly true, 6 = Somewhat true, 7 =
Mostly true, 8 = Definitely true. For results confirming validity and reliability of scores, see Snyder et al. (1996). The Bi-Polar Adjective Rating Scale (BARS). This scale contains 80 bipolar items devised by McCrae and Costa (1987) and based on 40 item adjective pairs. A bipolar scale is a particular type of rating instrument characterized by a continuum between two opposite end points or, in this case, adjectives. The adjective pairs contained in this measurement have been shown to be a valuable assessment tool for measuring the FFM of personality (McCrae & Costa, 1987). The BARS captures the five major dimensions of personality: Neuroticism (N), Extraversion (E), Openness (O), Agreeableness (A), and Conscientiousness (C). Responses are measured on a 1 to 7 point Likert-type scale. McCrae and Costa (1987) have shown this scale to capture stable, trait dimensions of adult personality that exhibit cross-instrument, cross-observer validity. Score validity was assessed both by self- and observer-ratings as well as by comparison of the 80-item pairs with the NEO (assessing neuroticism, extraversion, and openness to experience). Convergent correlations for neuroticism, extraversion, and openness ranged from .57 to .65 in the self-report sample, and were .52 in the observer-rated sample, all p’s < .001. In a second validation study, McCrae and Costa (1987) compared the 80-item adjective pairs to the NEO Personality Inventory for both self- and observer-ratings. Varimax rotation revealed five clear factors with coefficients of factor comparability ranging from .95 to .98. For peer ratings, convergent correlations between adjective factors and the corresponding NEO scales ranged from .70 for Openness and Extraversion to .80 for Agreeableness (all p’s < .001). Correlations between self-report and peer ratings for each of the five factors showed substantial significant correlations, especially as the number of raters increased. Interclass correlations, measuring the extent to which different raters agreed on traits, were calculated for subjects having more than one rater. Correlations were significant at the p < .01 level, and ranged from .30 to .65.

Procedure
Self-report data. Each of the participants completed self-ratings on all measures. The order of the measures was randomized based on month of birth to reduce order effects and to distribute fatigue effects evenly across measures. Participants received uniform instructions to complete the questionnaires in a relatively quiet, comfortable place free from distraction.

Recruitment and data collection strategy. The Administrative Courts of the State of Maryland provided a list of 5067 names, selected randomly from the population of divorce litigants for cases filed in the Circuit Court for Howard County, Maryland, after January 1, 2004. The list included each party’s name and address. Letters of invitation to participate in the study were mailed to each individual soliciting participation in the study. The letters identified the principal investigator and a website where each subject could complete the items contained in the study. Letter recipients were advised that their responses would be anonymous and aggregated.
Individuals who participated in the study accessed it over the Internet by visiting a designated website hosted and managed through SurveyMonkey.com. All entries were encrypted to maintain security in the collection of responses. The first page viewed by each participant was an informed consent form describing the purpose of the study, the parameters of its anonymity and confidentiality, contact information for the study administrators, a statement that participation in the study could be terminated at any time, and a statement that this project had been reviewed and approved by the Human Subjects Review Committee with the committee’s direct phone number. This study and its components were submitted to the Human Subjects Research Review Committee of a medium size university in a mid-Atlantic state and approved.

**Design and Analysis**

Predictive Role of Personality versus Adaptation to Stress. In order to better isolate the unique contributions of personality domains to adaptation to stress, a multiple regression analysis was conducted. This regression analysis tested whether the FFM personality domains were significantly related to the outcome variable, total adaptation to stress (TAS).

**Results**

**Descriptive statistics**

Table 1 presents descriptive data for the key variables in this study. Overall for the personality domains, the scores tended to be within the normative ranges for mean level (e.g., t scores between 45 and 55). The alpha levels for scores from all scales were above .60 and considered satisfactory. In preparing for the correlations and multiple regression analyses, issues for multi-collinearity and non-linear effects were examined and none were found.

The 3 measures of adaptation used in this study, hope, satisfaction with life, and stress related growth were all significantly, positively inter-correlated (mean r = .32). The outcome variable, total adaptation to stress (TAS), was created by standardizing scores from responses to the Revised Stress Related Growth Scale, the Satisfaction with Life Scale, and the Hope Scale and adding them together. A Cronbach alpha of .58 for this composite indicated that the dimensions do have commonality with each other but are not redundant (Bollen & Lennox, 1991). The correlations of the composite variable among neuroticism, r(487) = -.46, p < .001; extraversion, r(487) = .41, p < .001; and conscientiousness, r(487) = .46, p < .001 indicate that this composite variable is a good measure of adaptation.

Hypotheses: The dimensions of the FFM of personality would evidence significant relations with positive adaptation to stress.

It was hypothesized that neuroticism would be negatively related while extraversion and openness would be positively related to positive adaptation to stress. Table 2 reveals the correlations between the FFM personality domains and adaptation to stress. As can be seen, neuroticism was negatively correlated with
the adaptation variable and extraversion was positively correlated with adaptation. The other dimensions of personality also had significant contributions. Individuals who were high in openness, high in agreeableness, and high in conscientiousness tended to exhibit better adaptation than those who were low in these domains.

Table 1: Descriptive Statistics for all Study Variables

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Men (N = 147-150)</th>
<th>Women (N = 347-353)</th>
<th>t</th>
<th>a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five Factor Model Personality Domains*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroticism</td>
<td>46.00 (8.89)</td>
<td>48.96 (9.73)</td>
<td>3.18**</td>
<td>.83</td>
<td></td>
</tr>
<tr>
<td>Extraversion</td>
<td>49.38 (9.22)</td>
<td>50.05 (10.75)</td>
<td>.71</td>
<td>.85</td>
<td></td>
</tr>
<tr>
<td>Openness</td>
<td>51.89 (9.43)</td>
<td>54.06 (10.31)</td>
<td>2.19*</td>
<td>.78</td>
<td></td>
</tr>
<tr>
<td>Agreeableness</td>
<td>54.31 (9.84)</td>
<td>51.31 (9.24)</td>
<td>-3.24***</td>
<td>.84</td>
<td></td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>51.51 (8.64)</td>
<td>48.49 (12.35)</td>
<td>-3.11**</td>
<td>.87</td>
<td></td>
</tr>
<tr>
<td>Total Adaptation to Stress</td>
<td>-.29 (1.99)</td>
<td>.09 (2.28)</td>
<td>1.86</td>
<td>.78</td>
<td></td>
</tr>
<tr>
<td>Stress Related Growth</td>
<td>61.27 (13.34)</td>
<td>65.55 (13.01)</td>
<td>3.32***</td>
<td>.83</td>
<td></td>
</tr>
<tr>
<td>Mature Thinking</td>
<td>40.96 (8.87)</td>
<td>44.06 (8.49)</td>
<td>3.67***</td>
<td>.92</td>
<td></td>
</tr>
<tr>
<td>Affective Growth</td>
<td>14.47 (3.73)</td>
<td>15.26 (3.73)</td>
<td>2.13*</td>
<td>.86</td>
<td></td>
</tr>
<tr>
<td>Religious Growth</td>
<td>5.84 (1.89)</td>
<td>6.23 (1.89)</td>
<td>2.13*</td>
<td>.73</td>
<td></td>
</tr>
<tr>
<td>Satisfaction With Life</td>
<td>21.10 (7.27)</td>
<td>21.71 (7.29)</td>
<td>.86</td>
<td>.88</td>
<td></td>
</tr>
<tr>
<td>Hope</td>
<td>38.16 (7.40)</td>
<td>37.94 (7.94)</td>
<td>-.28</td>
<td>.92</td>
<td></td>
</tr>
</tbody>
</table>

* T score, Mean = 50, SD = 10, based on normative data from Piedmont (1995).

In order to better isolate the unique contributions of personality domains to the stress related outcomes, a multiple regression analysis was conducted. A residual analysis indicated that the variables met all the basic assumptions for this test. The initial regression analysis tested whether the FFM personality domains were significantly related to the outcome variable, total adaptation to stress (TAS).

In order to test this, the composite adaptation to stress variable was used as a criterion variable and the five personality scores were entered simultaneously into the equation. After entering the five factors of personality as one block, a significant effect was found, $R^2 = .35$, $F(5, 483) = 51.71$, $p < .001$. Significant effects were found for both neuroticism, $\beta = -.26$, $t(483) = -5.74$, $p < .001$, and extraversion, $\beta = .25$, $t(483) = 5.41$, $p < .001$. A significant effect was also found for conscientiousness, $\beta = .25$, $t(483) = 5.64$, $p < .001$. Individuals low in neuroticism, high in extraversion, and high in conscientiousness had better

Table 2: Correlations among FFM Personality Domains with Adaptation Outcome Measures

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>E</th>
<th>O</th>
<th>A</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAS Total</td>
<td>-.46***</td>
<td>.41***</td>
<td>.19***</td>
<td>.34***</td>
<td>.46***</td>
</tr>
</tbody>
</table>

Discussion and Implications for Human Services Providers and Educators

Human services providers and mental health professionals offer unique, varied, and broad interventions in helping individuals adapt positively to stress associated with separation and divorce by explicitly focusing on the exploration, establishment, and implementation of individuals’ resources. This approach should incorporate a view that personality plays an active role in adaptation to stress associated with marital disruption. The results of this study provide empirical evidence, which suggests a unique contribution of personality in one’s adaptation to stress. The results also enhance a growing body of evidence that suggests the unique and practical roles of personality traits in the human mental and physical systems. Consistent with data in other studies, neuroticism, extraversion, and conscientiousness were significant predictors of adaptation to stress in this study (Lee-Baggley et al., 2005). Neuroticism was significantly negatively correlated with positive adaptation to stress indicating that higher scores in neuroticism correlated with lesser scores in positive adaptation to stress. Extraversion, agreeableness, and conscientiousness were all significantly positively correlated to positive adaptation to stress. Openness correlated positively with positive adaptation to stress.

Human services providers may need to accommodate and be cognizant of their clients’ personalities, as personality will have implications for coping skills, defense styles, and overall adaptation to stress. Working in the realm of positive coping and centering techniques for individuals who rate higher in neuroticism may reduce or eliminate the intrinsic pain or distress some clients carry. Developing external resources for those who rate high in introversion may be a way to create durable changes in clients, offering a doorway for intervening in people’s lives and helping them to adapt and maintain that adaptation as a permanent aspect of who they are. Understanding the personality traits of those with whom we work can be useful in dealing with their sense of woundedness, anxiety, hurt, and guilt, which some individuals feel about the failure of their relationships. These may be places where self-understanding of one’s personality traits and tendencies can be developed and, in turn, lead to a better sense of adaptation. Administering the BARS measurement early in therapeutic interventions may be a useful tool to assist both the human service provider and the recipient of services gain better insight about maladaptive coping tendencies and likely outcomes. Such awareness is the first step in substituting ineffective, ego-dystonic coping modalities with more effective ones.

Educators within the human services field should consider incorporating instruction about personality and coping into their lesson plans. In so doing, instructors will help future human service providers gain a better appreciation for the intricate ways that one’s unique personality operates in coping with stress. It will also serve to encourage self-reflection of each student’s coping proclivities as informed by their unique personality traits. To the extent that programs in the higher education of human services providers offer personality assessments,
studies like this one can help contextualize the role that personality plays in coping and overall wellbeing.

**Limitations of This Study**

This study was correlational, looking at individuals in one moment in time. It would be useful in discerning how predictive the variables studied are to conduct a longitudinal study. This study lacked a control group (e.g., individuals who are not divorcing). It is likely that a self-reporting bias played a role in some respondents, as it is expected that respondents would want to demonstrate that they adapted well to their divorce. In addition, all subjects were going through or had recently concluded a legal divorce procedure. Individuals going through a divorce may bring unique and confounding attributes associated with their disunion. Divorce can be a momentary traumatic event or a chronic ongoing circumstance. This was not addressed in this study. This study does not address why people change or why they experience positive adaptation to stress. This study lacked assessments of different types of psychosocial mechanisms, which may have been promoting people toward growth. Social involvement and family histories were not measured in this study.

**Future Research**

The supplemental analyses of a subset of the data collected raise questions for future research regarding the nature of stress related growth, adaptation to stress, and coping. To what extent are these mechanisms a factor of time? Are we measuring something unique, do all people simply heal over time, and is it a question about whether some people heal quicker than others? Another area for future research involves cohort effects, namely, to what extent do the views of society, one’s community, friends, and family impact the way in which one adapts to separation and divorce? Although we know that separation and divorce have been rated high on the list of most stressful events an individual can experience, an impact of events scale would establish a clearer connection between conclusions drawn and the impact actually experienced by participants. Other factors that may be worth exploring include length of marriage, prior marriages, or age at marriage and divorce.

**References**


The Environmental Screening Questionnaire: A Brief Family Risk and Resilience Screening

Kathleen Moxley-South, Jane Squires, Lauren Lindstrom, Shoshana D. Kerewsky

Abstract

The validity and utility of the Environmental Screening Questionnaire (ESQ), a brief family assessment that measures family risk and resilience factors and assists in identifying specific family support needs was studied. Scores from the ESQ were compared with scores from measures of parenting stress and child social emotional development for 324 caregiver/child dyads. Research measures were administered in family services agencies and through an online research website. Professionals working in the fields of human services and early childhood education found the ESQ to be helpful in identifying family strengths and needs, making referrals for further services, and later follow-up.

Introduction

Professionals in the fields of human services and early childhood are often called upon to identify family strengths and needs in the case management process (Hall, Carswell, Walsh, Huber, & Jampoler, 2002; Woodside & McClam, 2006). Information gathered on family strengths and needs assists professionals in linking culturally relevant, individualized services with the aim of identifying family goals and improving overall functioning (Weil & Karls, 1985; Woodside & McClam, 2006).

Family wellbeing is associated with young children’s overall developmental outcomes, and is particularly critical in the development of social emotional competence (Squires & Bricker, 2007). Families play a primary role in supporting the early learning environment and social emotional health of young children (Bronfenbrenner, 1979). Conversely, accumulative family risk factors often negatively impact young children’s school readiness, future school success, and life span outcomes (Fantuzzo, Perlman, & Dobbins, 2011).

Recent advances in neuroscience have helped us understand the complex intersection of brain architecture, genetics, and how early experiences impact child development. The biodevelopmental theory posits that extreme levels of stress, referred to as “toxic stress” (Shonkoff, 2010, p. 360) in the developing child, can have lifelong implications for learning, health, and behavior (Shonkoff & Levitt, 2010) and can positively or negatively impact children’s development and outcomes throughout life. Stress is associated with family and environmental risk factors. Thus professionals working with families are often called upon to evaluate a family’s situation with the aim of providing or linking the family to comprehensive services that will assist in improving the family’s wellbeing.
There is a critical need for a time-efficient, low-cost and effective measurement tool that will aid in early identification of family risks, strengths, and needs to better assist professionals and parents/caregivers in accessing available resources within the community (Squires & Bricker, 2007). Currently, family strengths and stressors are most often identified through costly and time-consuming observational tools used in the home setting, or risk assessments (Kirk, Kim, & Griffith, 2005). For example, the Strengths and Stressors Tracking Device (SSTD) addresses planning and permanency in child welfare decisions (Berry, Cash, & Mathiesen, 2003).

The Home Observation for Measurement of the Environment (H.O.M.E.) is a lengthy observational tool used to measure the quantity and quality of parent/child interactions and stimulation (Bradley & Caldwell, 1984). Some tools are used for specific populations, e.g., the Family Resource Scale, which measures the adequacy of resources for families that have a child with a disability (Dunst & Leet, 1987). Additionally, some measurement tools such as the Difficult Life Circumstances (DLC) assess family risks but do not include resilience factors that may lessen the effects of stress for families (Barnard, Johnson, Booth, & Bee, 1989).

As programs try to serve greater numbers of families with fewer resources, assessing family strengths and needs will be essential. Triaging families most in need and linking them to associated services that would have the greatest impact may be an important function of family assessments in the future. Additionally, as programs struggle with funding, assessing family progress and monitoring access to services may benefit program evaluation efforts. It is essential that professionals in the fields of human services and early childhood have tools that quickly screen multiple areas of risk and resilience as a foundation for linking families with services and supports. The Environmental Screening Questionnaire (ESQ), a brief assessment developed by Squires and Bricker (2007) is one screening measure, requiring no specialized training that professionals can use to quickly help families identify areas in which they need resources or supports.

The purpose of this study was to evaluate the Environmental Screening Questionnaire. The ESQ had not been tested and validated as a useful screening measure and underwent numerous iterations during the development process before testing. Therefore, the purpose of this study was to investigate the validity and utility of the revised ESQ. Research questions included (1) What is the convergent validity of the ESQ? (2) What is the utility of the ESQ for professionals and caregivers?

Methods

Participants
Three hundred twenty-four parent/caregiver and child dyads participated in this study. Parent/caregiver was defined as a mother, father, grandparent, or legal guardian. Two methods of recruitment were used. First, caregivers were recruited
from agencies that serve at-risk families in a mid-sized suburban Northwest city (n = 72). Second, caregivers were recruited online nationally through social media and a university-based screening website (http://asqoregon.com/) (n = 252). The sample was recruited from 24 states with the majority of participants from Oregon (63.5%), followed by Washington (6.3%) and California (4.8%). Mothers (94%) and fathers (2.8%) predominantly completed the study forms. Demographic information included caregivers’ age (M = 31, SD = 6), ethnicity, marital status, education level, mother’s age at birth of first child, and income. Caucasian (85%) was the primary ethnicity represented in the sample, followed by multiracial (15%), Native American (11%); Asian (8%), Latino (8%), and African-American (6%). Children’s gender was evenly dispersed between males (52%) and females (48%) for the combined sample. Children ranged between the ages of 2 to 60 months with the highest percent clustered at 6 months (16.3 %) and 60 months (16.7%).

**Agencies**

The local agency sample included numerous social service agencies that worked directly with families. One purpose of this study was to understand the ESQ’s usefulness for agency professionals working in human service or early childhood settings. Agencies served a variety of families with multiple stressors including mental health problems, families with foster children or with active cases of child abuse/neglect, parents with disabilities, caregivers with drug and alcohol problems, survivors of domestic violence, and an early childhood special education agency. Seventeen agency-based professionals were recruited and ranged in years of experience working with children and families (M = 8.38, SD = 7.01). Professionals used methods that best fit their role within the agency to recruit and collect information from caregivers.

**Measures**

Study measures are common to the fields of early childhood and human services and required no specialized training. Outcome measures included (1) caregiver demographic form, (2) Environmental Screening Questionnaire (ESQ), (3) Parenting Stress Index-Short Form (PSI-SF), (4), Ages and Stages Questionnaire-Social Emotional (ASQ:SE), (5) ESQ Caregiver Utility Survey, and (6) Agency Professional Utility Survey. Each measure is described below. Environmental Screening Questionnaire (ESQ). The ESQ (Squires, Bricker, Waddell, Funk, & Moxley-South, 2012) was designed to assist a broad array of professionals that work with diverse families in identifying family risk and protective factors. Additionally, the ESQ is helpful in targeting specific areas where families indicate they need support or resources. The goal of the developers of the ESQ was to assist in supporting and strengthening families with the aim of improved social emotional developmental outcomes for young children. No specialized training is required to administer or score the ESQ, although building rapport with the family before administration is considered best practice.
(Squires et al., 2012). Once family resource needs are identified, professionals may use the ESQ to organize referral information, link families with appropriate community services, and monitor family outcomes over time.

**Figure 1: Example Questions from Environmental Screening Questionnaire**

<table>
<thead>
<tr>
<th>ESQ Area</th>
<th>Question</th>
<th>Scoring Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education &amp; Employment</td>
<td>Do you have problems with reading or writing?</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing</td>
<td>Is your housing in below average condition? For example, no hot or cold running water, roof leaks, outdoor toilet, and no heating.</td>
<td>Yes</td>
</tr>
<tr>
<td>Child &amp; Family Health</td>
<td>Do you and your family members have health insurance or access to regular medical and dental care?</td>
<td>Yes</td>
</tr>
<tr>
<td>Economic &amp; Financial</td>
<td>Do you have credit problems?</td>
<td>Yes</td>
</tr>
<tr>
<td>Home and Family Community</td>
<td>Do you have frequent spouse/partner conflicts?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Do you have friends or family who can help when you need it?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

This figure is a sample of questions from each area of the ESQ. The scoring options include X=10, Z=0, V=5, with higher scores indicating increased environmental risks.

**Parenting Stress Index-Short Form (PSI-SF).**

The PSI-SF was created to satisfy the need for a brief screening measure of parenting stress (Abidin, 1995). The PSI-SF consists of 36 items divided equally into three subscales: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child. The items are rated from 1 (strongly disagree) to 5 (strongly agree). The subscale scores range from 12 to 60 and the total score ranges from 36-180, with higher scores indicating greater levels of parenting stress. Parents that score at or above the 90th percentile are considered to be experiencing clinically significant levels of stress and should be referred for further evaluation (Abidin, 1995).

**Ages and Stages Questionnaire: Social Emotional (ASQ:SE).**

The ASQ:SE is a screening tool used to quickly assess social emotional problems in young children (Squires, Bricker, & Twombly, 2002). It consists of eight parent-completed intervals (i.e., 6, 12, 18, 24, 30, 36, 48, and 60 months) and ranges from 19 questions (6 month interval) to 33 questions (48-60 month intervals). The ASQ:SE is reported to have high validity for agreement of diagnostic classifications (93% overall), adequate sensitivity (78%), and high specificity.
(95%), inter-rater reliability (.92), and test-retest reliability (.91) (Squires et al., 2002).

Utility surveys.

After completing the ESQ, professionals and caregivers were asked to complete a utility survey that was designed specifically for this study. Professionals responded to Likert-scale type prompts such as, I plan to use the ESQ again, with response options of strongly agree, agree, disagree, and strongly disagree. The utility survey also asked open-ended questions such as, What would you change on the ESQ to improve its usefulness? Caregivers completed a similar survey asking how they completed the ESQ, how long it took, and if the questions were easily understood and useful. Qualitative questions provided information regarding problem questions and suggestions for improvement.

Results

Overall, higher scores on the ESQ were associated with increased parental stress and child social emotional problems, especially for 60-month old children. Utility survey results indicated caregivers thought the ESQ was easy to use, and professionals working with multi-stressed families found the ESQ to be helpful in identifying strengths and needs, assisting in making community referrals, and monitoring family outcomes.

Agreement between PSI-SF and ESQ

The Parenting Stress Index-Short Form (PSI-SF) was used to examine the agreement between the ESQ and the PSI-SF. ESQ total score distribution was skewed for the online sample (skewness = .93), which violated the assumption of normality. Thus, the Spearman rho statistic was calculated, rs = .23, n = 252, p < .002. The direction of the correlation was positive for the online sample, indicating that parents who had higher ESQ scores tended to have slightly higher levels of stress related to parenting on the PSI-SF. The r indicated approximately 5% of the variance in PSI-SF scores was predicted by ESQ scores. The PSI-SF and the ESQ were not correlated for the agency sample. This finding was not unexpected since the agency sample families were all receiving multiple services, which may have had an effect on reducing their overall feelings of stress.

Relation between ASQ: SE and ESQ

Correlations were computed to investigate the association between ASQ:SE scores and ESQ scores for agency and online samples. The ASQ:SE was not correlated with the ESQ total scores for the agency sample, but was significantly correlated for two intervals of the ASQ:SE for the online sample: 6 months r(35) = .43, p < .01 and 48 months r(31) = .39, p < .05. When examining the ASQ:SE cutoff scores (children who need to be evaluated further for social emotional problems), and the ESQ total scores, the scores of the online sample had significant correlations at the 60 month interval r(24) = .41, p < .05.
Simple linear regression was conducted to investigate how well total scores on the ESQ predict problem behavior on the ASQ:SE. The dependent variable was ASQ:SE total scores by age intervals and the independent variable was ESQ total scores. The results were statistically significant for the online sample for four ASQ:SE intervals: 6, 18, 24, and 36 months (Table 1).

Table 1: Means, Standard Deviations, and Regression Results for Ages and Stages Questionnaire

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>df</th>
<th>B</th>
<th>β</th>
<th>R²</th>
</tr>
</thead>
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<tr>
<td>ASQ:SE</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Interval</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>34</td>
<td>19.17</td>
<td>15.33</td>
<td>4.70*</td>
<td>1.33</td>
<td>12.51</td>
<td>.21</td>
<td>.10</td>
</tr>
<tr>
<td>18</td>
<td>27</td>
<td>29.30</td>
<td>30.46</td>
<td>8.47**</td>
<td>1.26</td>
<td>11.50</td>
<td>.45</td>
<td>.22</td>
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<td>24</td>
<td>21</td>
<td>36.04</td>
<td>29.23</td>
<td>6.65*</td>
<td>1.20</td>
<td>21.54</td>
<td>.47</td>
<td>.22</td>
</tr>
<tr>
<td>36</td>
<td>21</td>
<td>42.92</td>
<td>39.47</td>
<td>6.41*</td>
<td>1.20</td>
<td>22.48</td>
<td>1.07</td>
<td>.21</td>
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Note. *p < .05. **p < .01

ESQ Utility

Caregiver utility survey.
The utility data revealed most caregivers completed the ESQ without help from a professional (agency 82%; online 100%). Online participants were able to complete the ESQ within 10 minutes and agency caregivers ranged in length of completion time from 10 minutes to one hour depending on method of administration. Over 90% of all participants said the ESQ questions were easy to understand and many said the ESQ was helpful in understanding their family situation (agency, 67%; online 45%).

Agency professional utility survey.
The ESQ professional utility survey was collected from participating agencies and completed by a variety of professionals (n = 17). The purpose of the utility survey was to discover the usefulness of the ESQ in real-world settings that serve families with young children. The methods of administration included during a home visit (43%), a phone interview (5%), at a center or clinic (14%), through the mail (14%), and other method of administration (23%) (e.g., during a support group, at a domestic violence shelter, and during an office visit). Eighty-two percent of professionals indicated they planned on using the ESQ in the future. All professionals said the ESQ was useful in their work with families and helped them identify family strengths and needs and will be useful in monitoring family situations over time. Qualitative answers provided additional information. One professional said, “Opens up conversation about potential barriers family may be running into [and helps me be] able to direct them in the right direction.” Another professional commented on the utility of the ESQ summary form, “I especially liked the ‘Follow up Action Taken’ section to keep track of areas addressed over time.”
Discussion

A family’s ability to support their young child’s social emotional development may be hindered due to stress associated with environmental risk factors that affect responsive parenting (Fenning & Baker, 2012). If parents are worried, stressed, and overwhelmed while attending to multiple family problems (e.g., lack of sufficient income, unstable housing, medical problems, relationship problems, and lack of emotional support), optimal parenting may become more difficult and children’s social-emotional development may be impacted (Sameroff, Seifer, A. Baldwin, & C. Baldwin, 1993). Evaluating a family’s situation is essential in the process of identifying strengths and needs that can lead to resource referral and family services.

This study was designed to examine the validity and usefulness of the ESQ, a brief family assessment intended to identify family risk and resilience factors and assist in targeting family needs. We compared results of the ESQ with PSI-SF and ASQ:SE scores for a sample of 324 caregiver/child dyads for agency and online samples. Overall, we found that ESQ and PSI-SF scores were correlated for the online but not the agency sample. In addition, the ESQ showed moderate correlations with the ASQ:SE for the online sample at 6 and 48 month intervals and with ASQ:SE cutoff scores at 60 months. Utility measures showed that professionals found the ESQ to be helpful in assessing family needs, and that caregivers were able to complete the assessment in a relatively short period of time.

It is not surprising that parents experiencing environmental risks and needs also experienced high levels of stress. Additionally, higher levels of family environmental risk and need were associated with increased social emotional problems for young children. Therefore, higher scores on the ESQ would be expected to predict higher scores on the ASQ:SE screening measure, indicative of increased social emotional problems for young children (Squires et al., 2002). The ESQ and ASQ:SE were examined for agreement by age interval and were found to correlate moderately with the online sample for total scores at two intervals (6 and 48 months) and to correlate moderately with ASQ:SE cutoff scores at 60 months. These findings indicate five-year old children are more likely to have significant social emotional and behavioral problems if their families are experiencing multiple risk factors. Moreover, the majority of children in the agency sample receiving early intervention services (therapeutic preschool, mental health services, Early Head Start, and Head Start) had significant negative correlations at 60 months with scores on the ESQ in two areas (Housing, -.59; Home and Family, -.68), indicating that social and educational services had a mediating effect on children’s behavior at 60 months.
Limitations

Study limitations include: (1) lack of diversity in the sample, (2) agency sample size, and (3) limited statistical power due to multiple testing of variables. The combined sample for this study was predominantly female caregivers (97%). Recruitment methods for the online sample may have been partially responsible; more women than men may frequent the selected social media sites and parenting websites where recruitment took place. Similarly, half of agencies recruited for this study served only women. A more diverse gender sample may reveal different results. Ethnic diversity was also lacking for the combined sample (85% Caucasian). Therefore the study findings cannot as yet be generalized to other populations.

The second limitation is the small agency sample (n = 72) that had statistically different demographic characteristics from the online sample. Thus group data were analyzed separately, resulting in low numbers completing each ASQ:SE interval, and affecting the analysis of correlations between the ASQ:SE and ESQ. Another confounding factor with the agency sample was that these families were already receiving services, which may have impacted their stress levels and their children’s ASQ:SE scores. Future studies should seek to recruit a larger and more diverse sample that includes fathers, more ethnic groups, and a larger sample of families who are engaged in different levels of services from intake to completion. Finally, the results of correlational analyses must be taken with caution due to repeated testing. Running multiple analyses outside of an a priori hypothesis can lead to inflation of the Type 1 error rate (Strube, 2006). However, the intent of the multiple analyses was exploratory and will inform future research on the ESQ.

Implications

These findings have important implications for professionals in the fields of human services and early childhood. The earlier families can be screened for risk and resilience factors, the more likely they are to receive and benefit from needed services and supports. Early family screening may help prevent delays in the social-emotional development of young children and ameliorate problem behaviors before they become entrenched. Human service and early childhood professionals are uniquely situated to intervene with families that are experiencing multiple stressors and also have young children (Shonkoff, 2010). Intervening early by linking families with needed services may have life-long implications for young children.

ESQ qualitative data were helpful in determining specific areas of need and areas that families considered strengths. Although only a small percentage of families responded to the open-ended questions, professionals responded in greater numbers and found ESQ results useful. One practitioner noted, “I like the way it helps me to identify further services that my families may benefit from.” Moreover, 94% of professionals who assisted caregivers in the study reported the
ESQ to be helpful in making referrals for needed family services. Providing needed supports for struggling families is essential to optimal social emotional development for children (Campbell et al., 2008; Mervis, 2011). However, some multi-stressed families go undetected by medical and social services, as well as by education professionals. Many agencies and programs serving families develop their own criteria and intake tools for assessing high-risk families (Slentz & Bricker, 1992). However, these tools may not be comprehensive and few are validated (McDonald, Kysela, Drummond, Martin, & Wiles, 1997). Efficient, accurate, and easy to use assessments are increasingly in demand due to decreases in staff and funds for programs serving families. Just as universal screening is important in catching early developmental problems in young children, universal family risk screening may be helpful in ameliorating family problems before they become entrenched (Bricker, Macy, Squires, & Marks, 2013; Squires & Bricker, 2007).

Ultimately, the primary purpose of the ESQ is to improve the family’s situation, thereby improving the young child’s environment and providing the occasion for optimal social emotional development, future school readiness, and later school success. Many human services and early childhood professionals are required to administer family assessments as part of their service to families. The ESQ is a useful tool for this purpose. This preliminary study investigated the validity and utility of the ESQ; it is our hope this family screening measure will be a valuable tool for identifying family risk and resilience and eventually improving the lives of children and families in the future.

References


A Conceptual Review of Workplace Stigma Consciousness: Recommendations for LGB Workers, Professional Helpers, and Other Agents of Social Change

Trevor G. Gates

Abstract

Many workplaces are unsafe for lesbian, gay, and bisexual workers. LGB workers are stigmatized in the workplace and treated as less than equal human beings. Largely, federal law in the United States has historically been slow to protect the rights of LGB workers. Consequently, many LGB workers have come to expect to be stigmatized in the workplace. This conceptual article discusses the ways in which workplace stigmatization for LGB individuals contributes to a stigma consciousness for LGB workers. Stigma consciousness represents a significant social justice and human rights issue worthy of the attention of human services professionals. Recommendations for human services professionals, activists, and others interested in social change are provided.

Introduction

The stigmatization of minorities continues to pervade American society, and although there are laws in place that protect minority groups against discrimination in the workplace, these protections do not apply to lesbian, gay, and bisexual (LGB) individuals. LGB workers are victims of stigmatization and, legally, they can be fired, passed over for promotions, and shunned by their co-workers based solely on their sexual identity (Badgett, Lau, Sears, & Ho, 2007). Underlying this stigmatization are homophobia, a fear or hostility towards homosexuals or individuals perceived to be LGB (Hudson & Ricketts, 1980), and/or heterosexism, the societal bias that privileges heterosexual behaviors, identities, and norms while discrediting the behaviors, identities, and norms of LGB individuals (Smith & Ingrim, 2004). Regardless of whether an individual holds overtly stigmatizing views about LGB individuals, most Americans share the knowledge that the dominant culture in the United States concerning LGB identity has historically been considered an aberration from the norm, and for the most part, it is still culturally acceptable to stigmatize that deviance (Herek, 2004).

Although there is no established estimate of the number of LGB individuals in the United States, at least 3.5% of the population (roughly nine million people, or the size of New Jersey) identify as LGB (Gates, 2011). LGB individuals can be found among every social class and, as a result, work in every employment setting including flower shops, management settings construction sites, law offices, government offices, and, indeed, in human services (Kirk & Belovics, 2008).
The Williams Institute (a think tank on sexual orientation public policy at the University of California, Los Angeles School of Law) estimates that between 16 and 68% of lesbian, gay, bisexual, and transgender individuals experience some form of discrimination on the job (Badgett et al., 2007) which can be overt or covert, from open homophobic slurs to excluding LGB workers from the social atmosphere of the workplace. For example, discrimination may occur when a colleague asks a heterosexual co-worker about his or her family while purposely avoiding the same topic with an LGB worker. It can also occur when husbands and wives are invited to a holiday party, but the partner or spouse of an LGB worker is not. One does not have to conduct an in-depth analysis for anecdotal examples of how the workplace is currently unsafe for LGB workers. They are victims of anti-gay bullying, name-calling, and physical harassment by their co-workers and superiors. Some of these co-workers and supervisor accuse LGB workers of spreading “homosexual agenda” by talking openly about their lives (e.g., the LGB schoolteacher who provides an illustrative example about her own family during a lesson). LGB workers can be fired in many jurisdictions without cause other than their LGB identity (American Civil Liberties Union, 2007).

Stigmatizing attitudes and behaviors are no more likely to be found in one particular group or community over another. While stigmatizing attitudes against LGB individuals have been historically and stereotypically common among individuals of conservative faith backgrounds, the degree to which people of religious backgrounds stigmatize LGB individuals can vary widely (Adamczyk & Pitt, 2009). Whereas conservative politicians once decried homosexuality as a threat to the family (and, in more dramatic cases, to human civilization generally), these politicians no longer find it politically advantageous to endorse such views. In the last US presidential election, Republican candidate Mitt Romney signed a National Organization for Marriage of a federal constitutional amendment denying marriage equality for LGB people (Goodale, 2012); yet only a few years later did several prominent Congressional Republicans endorse support for LGB marriage equality. For example, Ohio Representative Rob Portman commented, “I have come to believe that if two people are prepared to make a lifetime commitment... the government shouldn’t deny them the opportunity to get married” (Sullivan, 2013). These positions, particularly from conservatives, were once inconceivable, but are now politically viable; yet when stigmatizing attitudes and behaviors do occur, there are real consequences for the LGB worker.

Despite recent positive advances in LGB social policy, a major gap still remains. Currently, there are only a few federal safeguards in place that protect LGB workers in the United States from arbitrary hiring, firing, or harassment based on sexual orientation, and the protections that do exist have only recently been extended to the LGB community. The military’s “Don’t Ask Don’t Tell” (DADT) policy and the federal Defense of Marriage Act (DOMA), which were both introduced during the Clinton Administration) marginalized LGB individuals for more than a decade (Lind, 2004; Rivera, 1998). With the recent repeal of DADT and the Supreme Court’s ruling on marriage equality, the military can
no longer legally discriminate against LGB service members (Human Rights Campaign [HRC], 2015; Lambda Legal, 2013).

However, many LGB workers employed in both the private and state sector have no protections. Only a small number of jurisdictions in the United States have passed employment anti-discrimination laws for LGB workers. In fact, it is legal to discriminate against LGB workers in 29 states (HRC, 2013). Even fewer states protect transgender and genderqueer identified employees. For the most part, the federal government has been slow to address the issue, leaving employment protections for LGB workers up to individual states and/or jurisdictions. Even in the absence of state and/or jurisdictional protections, some private corporations have human resource policies that prohibit workplace discrimination. Currently, as many as four hundred Fortune 500 companies offer LGB employment protection (HRC, 2012).

The workplace is certainly improving for LGB workers, yet a protection gap still remains due to the lack of a federal mandate prohibiting employment discrimination based upon sexual orientation identity. President Barack Obama has verbally advocated for the passage of the Employment Non-Discrimination Act (ENDA) but has stopped short of an executive order banning LGB employment discrimination. Progressive lawmakers have proposed various forms of employment protections for LGB workers, including ENDA, but such proposals stall or fail to gain the support they needed for passage. State and jurisdictional protections in the United States currently cover only an estimated 44% of LGB workers (National Gay and Lesbian Taskforce, 2012). While these changes are promising, inconsistencies in protections place LGB workers in a precarious situation at their places of work. In some workplaces, LGB people are excluded from privileges taken for granted by their heterosexual counterparts and continue to be stigmatized because of the lack of widespread protections (Gates, 2010b).

These inconsistencies allow for the possibility of stigmatization in many and diverse workplaces, which contributes to a “stigma consciousness” among LGB individuals in the workplace. This article will review the ways in which workplace stigmatization may contribute to a stigma consciousness and explore the negative impact it has on LGB workers. Additionally, this article will discuss how stigma consciousness represents a significant social justice and human rights issue worthy of the attention of human services professionals. Finally, implications and recommendations for human services professionals, activists, and others interested in change will also be presented.

Defining Terms

Before discussing stigma consciousness, it is helpful to define a few key terms. Lesbian, gay, and bisexual community refers to the shared social and political identity of LGB persons. Sexual orientation identity may or may not include sexual behavior. That is, a person can identify socially as LGB without engaging in same-sex sexuality. Transgender and genderqueer individuals—those
with non-normative gender identities—are often grouped into this collective identity (i.e., the “LGBT” or “LGBTQ” communities). However, gender identity is separate from sexual orientation identity (transgender people may be either LGB identified or heterosexually identified). For the purpose of this article, transgender and genderqueer workers are considered a distinct group from LGB workers. Transgender and genderqueer people work in nearly every profession. Transgender and genderqueer workers experience a number of career, personal, and legal challenges in the workplace and have disproportionate rates of stigma-related experiences at work (Gates, 2010a; Kirk & Belovics, 2008), which deserves separate attention in human services and social science research.

Stigma is an attribute that is viewed by society as inferior, a deviation from the social norm, or deeply discrediting. Society marginalizes stigmatized persons because of these inferior attributes (Goffman, 1963; Link & Phelan, 2001). There are no absolutes when it comes to stigma, and no culture is immune. Stigmas are prevalent in every society, and any identity or behavior can potentially be stigmatized by any given culture (Corrigan, Watson, & Barr, 2006; Phillips & Gates, 2011).

Stigma consciousness refers to a person’s chronic self-awareness of her or his marginalized status and the expectation that all social interactions will result in being further marginalized (Pinel, 1999; Pinel & Paulin, 2005). There is a difference between a perception that one’s identity is a stigmatizable identity—many LGB people know that much of society stigmatizes LGB identity—and a chronic self-awareness of that status and an expectation that all social interactions will result in stigmatization. Workers’ stigma consciousness is usually preceded by actual experiences of stigmatization, though this may not always be the case.

Worker means an individual who performs services for wages on a part-time or full-time basis. Finding rewarding and meaningful work is a fundamental human need. According to Article 23 of the Universal Declaration of Human Rights, “Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment” (United Nations, 1948, n.p.). Experiencing stigmatization at work infringes on the fundamental dignity, worth, and human rights of LGB workers; human services professionals should actively challenge all forms of discrimination against LGB workers (National Association of Social Workers, 2005; National Organization for Human Services, 1996).

Stigma Consciousness as an Attribute of LGB Workers

The concept of stigma has been of interest to scholars throughout history. Early Greek philosophers defined stigmas as bodily signs burned or cut into the body that alert the community about an individual’s moral failings (Ainlay, Coleman, & Becker, 1986). Erving Goffman (one of the most influential modern sociologists who studied the concept of stigma) offered a similar definition, noting that stigmas alert a society that the stigmatized individual has an attribute that
is “deeply discrediting” and bad (Goffman, 1963, p. 3). These attributes can be either visible or invisible and set an individual or group apart from others in the same social environment (Falk, 2001; Link & Phelan, 2001).

Society invents stigmas and each society agrees upon, to a certain extent, what can be stigmatized. Stigma is a social construction based upon prejudice or negative stereotyping (Corrigan & Penn, 1999) that separates individuals who “possess… some attribute or characteristic that conveys a social identity that is devalued in some particular context” (Crocker, Major, & Steele, 1998, p. 505); it generally influences others to treat the person with a stigmatized status negatively or differently (Burke, 2007). To the rest of society, the stigmatized person is “not quite human” (Goffman, 1963, p. 5); that is, she or he possesses attributes that make her or him different from the “standard” set by her or his social unit (Jones et al., 1984). In order for the stigmatizing label to have full effect, the stigmatized person must carry a label that is generally agreed to be “different” from the rest of society and be aware of and internalize that identity (Crocker et al., 1998; Page, 1984).

The stigmatized person has a mark or attributes that are linked with undesirable characteristics (Goffman, 1963; Jones et al., 1984). Goffman comments that when human beings come into contact with a person who is unknown and different, they may naturally perceive her or him to be less desirable. In extreme cases, stigmatizers may perceive the different person to be “thoroughly bad, dangerous, or weak” and may reduce the person from “a whole and usual person to a tainted and discounted one.” (p. 2-3). In most cases, the stigmatized person does not have characteristics that are universally good or universally bad. Those characteristics only become good or bad when the dominant societal group labels them as such and when the majority of individuals living within the society agree that this is a valid classification. Soon after society agrees that the attributes are bad, the stigmatized person’s attributes are identified, labeled as inferior, and then taken for granted as being reality (Link & Phelan, 2001). Only a small portion of society questions this reality. By virtue of the person’s characteristics or identity, she or he is perceived to be an inferior person that falls outside the social unit (Page, 1984; Stafford & Scott, 1986). To many people, it would not require a leap of faith to say LGB identity is still either inferior or a deviation from the norm, and this, among other factors, contributes to the stigmatization of LGB workers.

The extent to which the LGB person begins to believe her or his stigma pervades every interaction refers to stigma consciousness (Pinel, 1999). Workers with a high stigma consciousness may feel guarded at work because they worry that they will be the victim of stigmatizing attitudes and behaviors, and that they will be powerless to respond because there are no laws or policies prohibiting this type of conduct. Pinel (2005) has stated that targets of stigmatization recognize that their group membership plays a role in how others interact with them, and defines stigma consciousness as the extent to which targets expect to experience stereotyping and discrimination.
There is sufficient evidence that supports the theory that LGB individuals come to expect stigmatization in the workplace because it has occurred in other areas of their lives. Croteau and Thiel (1993) commented that LGB workers may or may not have actually experienced stigmatization in the workplace, yet they may have a generalized consciousness and anger about the LGB stigma that exists in society. In a quantitative study of stigma, rumination, and psychological distress, Hatzenbuehler, Nolen-Hoeksema, and Dovidio (2009) found that those who reported LGB stigma-related experiences spent a great deal of time ruminating over them. Regardless of whether or not LGB workers endorse, internalize, or believe the LGB stigma (which is still prevalent in society) is directed toward them personally, they are conscious that the possibility of stigmatization that pervades every social interaction.

Pinel and Paulin (2005) have asserted that the workplace is a relevant place to study the real-world consequences of stigmatization, and workers with stigmatized identities are acutely aware of the possibility of stigmatization at work. The workplace is a microcosm of the broader social environment, and although there are penalties for expressing stigmatizing views in some workplaces, a person who has discriminatory views outside the workplace is not likely to abandon those views only because she or he is at work. Similarly, although LGB workers may benefit from some protections against stigmatizing views in particular workplaces, their consciousness of experiencing stigmatization outside of work affects their perceptions about how their co-workers and supervisors perceive them. It is a burden that many LGB individuals carry with them to work.

Stigma consciousness negatively impacts the lives of workers who experience it (Boyce, Ryan, Imus, & Morgeson, 2007; Couture & Penn, 2003; Crocker, 1999). In a qualitative study of the life stories of gay men, Dooley (2009) found that LGB stigmatization played an enormous role in the lives of the men who were interviewed. The participants reported that occupation and employment was a primary force in their lives, and they were fully conscious of the repercussions of being open in the workplace. A similar stigma consciousness occurs among lesbians. In a study of lesbians who were out, Lewis, Derlega, Clarke, and Kuang (2006) found that stigma consciousness correlates with intrusive thoughts about their sexual orientation, negative mood, and lesbian-related stress.

Stigma consciousness also has both personal and interpersonal consequences. For example, Lewis, Derlega, Griffin, and Krowinski (2003) found in their study of 200 LGB individuals that stigma consciousness was a predictor of depressive symptoms. Stigma consciousness among LGB workers can affect not only the individual, but also their co-workers and the work product. In high-risk employment settings, such as those in which the LGB worker provides care for others or uses dangerous materials, the consequences of stigma consciousness can be quite disastrous. The negative consequences of stigma consciousness, particularly depression and loss of concentration on tasks, can conceivably place many people at risk—LGB workers and non-LGB workers alike.
To date, few studies have examined the impact of LGB worker stigma consciousness within human services organizations. Most empirical studies have examined stigmatizing attitudes within human services education, not within human services organizations themselves. For example, Logie, Bridge, and Bridge’s (2007) study found that social work students have predominately positive attitudes toward LGB individuals. However, the study also uncovered a small segment of students in human services fields who held stigmatizing attitudes and behaviors toward LGB people, particularly protestant and African American students. Ben-Ari’s (2001) study of the attitudes and behaviors of faculty in several human services disciplines toward homosexuality found that these members had low levels of homophobia, with religion being a significant predictor of negative attitudes and behaviors toward the LGB population. Empirical studies involving baccalaureate human services students have mixed results, with some studies indicating overwhelmingly negative attitudes and behaviors of human services workers toward LGB people (Kulkin, Williams, Boykin, & Ahn, 2009), and others generally positive attitudes and behaviors (Black, Oles, & Moore, 1998; Swank & Raiz, 2010). These studies, however, have not addressed the relationship between stigmatizing attitudes and stigma consciousness among LGB workers, whether they are human services professionals or workers in general.

LGB workers experience stigma consciousness as a group, yet there are differences in how workers expect to be stereotyped and/or discriminated against. Gay men as a group tend to have slightly higher levels of stigma consciousness than lesbians (Pinel, 1999), which may speak to society’s general attitude towards men who transgress traditional gender boundaries versus women who do so. Of course, these relationships are complicated by sexism against women, which tends to infiltrate most workplaces (Lyons, Brenner, & Fassinger, 2005). Additionally, workers may also have different levels of stigma consciousness due to specific work experiences of stigmatization, and when coupled with overt forms of harassment and discrimination (Szymanski, Kashubeck-West, & Meyer, 2008), stigma consciousness becomes a powerful attribute of the LGB worker.

Discussion and Recommendations

Human services professionals, activists, and others interested in social change should be actively working towards making systemic changes that address the issue of stigmatization and stigma consciousness. Of course, some professionals are already taking action, but that action has yet to induce broad social change. Below are recommendations for how human services professionals, activists, and others interested in social change should approach this problem:

(1) Be visible in the workplace. Agents of social change are not just professional helpers, human services professionals, or community organizers. Widespread change is usually initiated by people who are willing to be open and
honest in their day-to-day lives. Human services professionals who identify as LGB or LGB supporters must be visible in their workplaces and actively challenge discrimination against LGB workers and against other minorities whenever it occurs.

(2) Educate the workplace about stigma consciousness of LGB workers. LGB stigmatization impacts not only LGB workers, but all workers. Workplaces that marginalize certain employees have the potential for marginalizing others, particularly those who identify with other minority groups. Human services professionals in direct practice should openly talk about stigma consciousness with their colleagues. This could be accomplished either through formal and continual education about the intersection of multiple kinds of stigmas, or human services professionals who engage their colleagues in informal dialogue about the profession’s commitment to protecting the marginalized, including sexual minorities.

(3) Advocate for broad social protections for LGB workers. There is currently no federal employment discrimination act. Some states have been successful at passing employment protections; for example, the Illinois Human Rights Act recognizes sexual orientation identity as a protected class, but there is still a major gap in federal law. LGB workers can be arbitrarily fired on the sole basis of their sexual identity. Human services professionals can produce change by lobbying elected officials to propose and support widespread protections for LGB workers. If allies cannot be found among elected officials, human services professionals must become more politically active in order to increase the number of elected officials who are willing to advance social justice for historically marginalized communities and advance social justice in their communities.

(4) Refuse to do business with organizations that fail to protect LGB workers. In today’s economy, we can choose to purchase products and services from organizations that affirmatively protect their LGB workers and boycott businesses that marginalize their LGB employees. If human services professionals find themselves working for organizations that do not actively protect LGB workers, they must advocate for change. If such change cannot be achieved in their own workplaces, human services professionals should consider providing their services elsewhere.

(5) Create affirmative plans for hiring LGB workers. Human services professionals can promote affirmative workplace policies in a variety of ways. Professionals who are in positions to make hiring decisions should actively recruit LGB workers. A workplace with no visible LGB workers can set the stage for high levels of stigma consciousness. Workplaces that have difficulty recruiting LGB workers can create safe atmospheres by actively talking about LGB diversity beyond human resources training. Workplaces should also use inclusive language
in their day-to-day operations (the word “Married” on standardized forms should be replaced with “Relationship” status).

(6) Recognize that it is not possible (or even desirable) to separate one’s work from the rest of their life. LGB workers have often felt the need to completely separate work life from personal life. However, this leads to identity fracture and stigma consciousness. Human services professionals working in employee assistance programs should actively promote a work-life balance by encouraging LGB workers to be open and honest about their lives.

(7) Conduct further research on the problem of stigma consciousness among LGB workers. Human services and other social science researchers can affect change through their research and should conduct more studies on the experiences of LGB workers. In particular, human services researchers must investigate the intersection of multiple stigmatized identities. For example, human services researchers should examine the salience of race, sexual orientation identity, gender identity, and social class identity. Stigma consciousness is not a fringe issue, but rather a prominent issue that impacts a variety of workers in all industries.

(8) Consider the human services professional’s contribution to the problem of stigma consciousness of LGB workers. Human services organizations overwhelmingly support the rights of LGB workers; yet little data are available about LGB workers’ stigma consciousness within these organizations. Of course, acknowledging that stigma and stigma consciousness may be occurring within human services organizations may be tantamount to acknowledging that human services workers may themselves be violating their own ethical values. Nevertheless, human services organizations must acknowledge and uncover stigma-related experiences that could be occurring behind their own doors.

Summary

The extent to which the LGB person experiences, accepts, internalizes, and begins to believe societal stigmatization pervades every interaction is known as stigma consciousness. Stigma consciousness affects LGB workers and is a significant social problem. Human services professionals, activists, and others interested in change should begin taking action, if not already, to address this significant social problem.

A movement for extending civil rights to the LGB population is taking place in the United States. The repeal of DADT and the recent Supreme Court decision which declared bans on marriage equality to be unconstitutional have been historical steps addressing societal wrongs against LGB communities. These changes are incremental steps toward full equality for LGB communities. The lack of full civil rights protections for LGB people across the country, regardless of jurisdiction, remains a significant social justice issue. Employment protections
should not depend upon where an individual lives; they should be available to everyone.

By actively promoting equality in the workplace for their clients and colleagues, human services professionals, activists, and others interested in change play an important role in advancing human rights. Work is a fundamental right that allows individuals to enjoy the benefits of their communities. Stigma consciousness and lack of equality at work can infringe on those rights. Until society treats every worker with dignity and worth, human services professionals have much hard work ahead of them. Great social change is on the horizon; yet that change requires the consistent and dedicated commitment of human services professionals.

References


Promoting Wellness in Human Services Training: Infusing a Wellness Model Across the Undergraduate Human Services Curriculum

Lesley D. Riley, G. Gail Rouse

Abstract

This article examines how undergraduate human services programs may systematically provide opportunities for student self-development as recommended by the Council for Standards in Human Service Education [CSHSE] (2013). A potential approach to facilitating self-development is for human services educators to systematically infuse an evidence-based wellness model and formal assessments of student wellness throughout the curriculum. This process may prepare students for the personal and professional demands of human services fieldwork and post-graduate professional practice.

Introduction

Wellness is a concept that has been explored extensively over the last 50 years in several disciplines to include medicine, psychology, and counseling. However, the current authors are focusing on the definition presented by Myers, Sweeney and Witmer (2000), which defines wellness “as a way of life oriented toward optimal health and well-being in which mind body, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving” (p. 252). This definition is the basis of the Wheel of Wellness (WEL) model (Myers et. al, 2000) and the empirically based Indivisible Self (IS-Wel) model (Myers & Sweeney, 2005e). The later model and related assessments will be discussed as potential tools for human services educators to facilitate student self-development throughout undergraduate curriculum.

Wellness and the Human Services Profession

Neukrug (2013) identified wellness as one of eight characteristics that are theoretically related to the effectiveness of human services professionals. He asserted that adopting a wellness perspective is essential to reducing stress and preventing cynicism and burnout. He explained that stress reduction potentially reduces the probability of impairment when working with clients and recommended the utility of the Indivisible-Self model (IS-Wel), and the 5F-Wel inventory developed by Myers and Sweeney (2005d) as one method of assessing wellness for human services professionals. As more human services programs encourage students to engage in community-based advocacy and required fieldwork, the use of this model and assessment tool may potentially enhance the
wellness of students and create approaches for mitigating stress throughout their curriculum, particularly during their fieldwork when they are required to serve clients.

The recommendation to infuse wellness across undergraduate curriculums has been researched in other disciplines. For example, Curry and O’Brien (2012) suggested that increasing teacher retention begins with the movement toward a wellness standard in teacher education programs. The authors defined wellness holistically based on the research of Street (1994) and Myers, Sweeney and Witmer (2000). They asserted that teachers who are knowledgeable of personal wellness and who readily adhere to practices of self-regulation are better able to handle the multiple stressors of teaching. Additionally, the authors stressed that “infusing a wellness paradigm in teacher training programs may mitigate attrition rates and promote long term success” (Curry & O’Brien, 2012, p. 184). They provided case studies in which they contrasted teachers who developed a personal wellness plan with those who did not. It seems that a clearly developed wellness plan contributed to positive outcomes for new teachers.

Based on the existing research, it is potentially beneficial to consider a wellness-infused human services curriculum that may facilitate the development of human services professionals who intentionally practice holistic wellness. This type of curriculum is particularly relevant for undergraduate human services students who are immersed in academically rigorous programs. In addition to coursework, many programs in compliance with the Counsel for Accreditation in Human Services Education require a minimum of three hundred and fifty clock hours of onsite training (CSHSE, 2013).

During fieldwork experiences, students are introduced to site environments that potentially facilitate the development of case management and administrative skills in human services agencies. In addition, students may be completing other required courses, while balancing family and jobs outside of school. The demands associated with skill development and emerging professional responsibilities create challenges for students (Sweitzer & King, 2013), and this may impact their effectiveness with the agencies they serve. The study and application of the IS-Wel model and the 5F-Wel throughout the human services curriculum potentially serves as a strong foundation for effectively addressing the multiple demands that human services professionals face, and will potentially facilitate lifelong personal development and self-care approaches among human services professionals (Neukrug, 2013)

An Overview of the Indivisible-Self Model of Wellness

As discussed above, the IS-Wel model has been recommended as a potentially useful tool for undergraduate human services students. This model was developed by Myers and Sweeney (2005e) and is based on five factors of the self, which include the creative self, the coping self, the social self, the essential self, and the physical self. The model is also ecological in that it describes four contexts, which
include local, institutional, global and chronometrical as being vital to wellness. The aforementioned components of the indivisible-self model are measured using the Five Factor Wellness Inventory, which has a version for adults, the 5F-WelA (Myers & Sweeney, 2008). The authors stressed that the IS-Wel model allows individuals to assess their wellness and contemplate choices and behaviors that will increase their wellness across a variety of areas. These areas include the coping self, which encompasses factors such as leisure and stress management and the essential self, which includes spirituality, gender identity, cultural identity and self-care. In addition, the authors explained empirically that the components of the indivisible-self model actually interact. For example, change in one component of the model could potentially impact another component. The range of factors that are assessed by the 5F-Wel may facilitate the enhancement of self-awareness and the development of concrete wellness plans by providing an overview of individual strengths and weaknesses (Myers & Sweeney, 2008).

**Wellness Education and Assessment in Undergraduate Programs**

Hettler (1984) was one of the first researchers to extensively study wellness in undergraduate health care systems. He developed a theory of wellness that diverged from the model of treatment of disease to prevention of disease. His hexagonal model of wellness is based on six dimensions of wellness, which included social, occupational, spiritual, physical, intellectual and emotional. In addition, the Lifestyle Assessment Questionnaire was recommended to encourage students to examine choices and behaviors that could potentially lead to higher levels of wellness. Hettler strongly asserted that higher education should establish approaches to promote wellness early in the academic careers of students.

Myers and Sweeney (2005) explained that the study of wellness in undergraduate college students has spanned approximately 30 years using a range of models differing in theoretical orientation and components. The central focus on wellness programming in undergraduate programs has been on the promotion of health and physical dimensions of wellness rather than programs that emphasize holistic wellness. However, several studies (Choate & Smith, 2003; David & Richard 1999; Foster, 2010; Myers & Mobley, 2004; and Smith, Myers & Hensley, 2002) have infused models of wellness and assessments in undergraduate programs, which underscore the potential utility of this focus in undergraduate curriculum design for human services programs.

Myers and Mobley (2004) examined wellness of undergraduate students and compared traditional with non-traditional students. The voluntary participants in this study completed the 5F-Wel (Myers & Sweeney, 1999) in community centers and in undergraduate and graduate classes. The researchers found undergraduate students demonstrated lower wellness than non-student adults and that fewer differences existed in wellness between traditional and non-traditional students. They recommended college success courses and comprehensive programs on campuses as methods to endorse student wellness.
The researchers also emphasized that a focus on wellness and related behaviors during the undergraduate experience creates a foundation for better functioning across the lifecycle.

Smith, Myers, and Hensley (2002) as cited in (Myers & Sweeney, 2005) demonstrated how holistic wellness could be readily introduced in the curriculum. Smith and colleagues infused the Wheel of Wellness Model (Myers, Sweeney, & Witmer, 2000) and the WEL inventory in a career and life planning course where students also developed a wellness plan based on the model. They found that this systematic process enhanced student understanding of the interconnectedness of career choice and holistic wellness.

Choate and Smith (2003) conducted a mixed-method study on the impact of the Wheel of Wellness Model (Myers, Sweeney, & Witmer, 2000) in a first year success course for undergraduate students. The researchers introduced the model in a one-credit course that explored customary topics such as study skills. Students also completed the WEL inventory at the beginning of the class. Based on their initial results, students were instructed to select one target area that they wished to improve. During subsequent class meetings, students were provided with information and resources on wellness from the accompanying WEL workbook (Myers & Sweeney, 1998). Towards the end of the class, students completed the WEL for a second time and completed a paper that answered questions such as “How did the inclusion of a wellness model enhance your learning in the course?” (p. 184). The researchers found that the WEL data showed increases in targeted areas of wellness and overall wellness. In addition, the qualitative data analysis revealed that students reported that exposure to a wellness model in the course improved self-awareness, provided a clearer understanding of their strengths and weakness, and presented the application of explicit methods for change.

David and Richard (1999) studied the relationship between undergraduate perceived psychological well-being and quality of life based upon five predictor variables which included (a) spirituality, (b) work, recreation and leisure, (c) friendship, (d) love and (e) self-regulation, and two psychological well-being variables. The 5-factor holistic wellness model was measured using the Wellness Evaluation of Lifestyle (WEL) Myers, Sweeney, and Witmer (2000). The psychological well-being variables were measured with the Memorial University of Newfoundland Scale of Happiness (MUNSH) developed by Kozma and Jones (1980), which measures state and trait components of psychological well-being. The researchers found a significant relationship between following the aforementioned wellness model, which was measured by participation in wellness activities, and the results from the MUNSH psychological well-being inventory. Additionally, the researchers suggested that holistic wellness should be linked to accreditation, evaluation and assessment in university programs (David & Richard, 1999, p. 342).

Despite the extensive studies on wellness in undergraduate populations, there is a scarcity of literature exploring the value of integrating a single holistic wellness model and related assessments throughout an undergraduate human services
curriculum. The following outlines specific sections of the CSHSE standards, which are compatible with the infusion of a holistic wellness model in human services curriculums.

**Accreditation Standards by the Council for Standards in Human Service Education**

The most recent CSHSE (2013) standards provide clear guidelines for undergraduate human services programs to provide students with opportunities for personal development and to implement effective outcome measures. This section, beginning with standard 12, presents a brief review of the standards that are compatible with the infusion of a holistic wellness model, specifically the IS-Wel and interventions across the curriculum.

**Standard: 12 Human Systems**

This standard indicates that the curriculum shall include knowledge and theory of the interaction of human systems including: individual, interpersonal, group, family, organizational, community, and societal. In addition to the five dimensions of wellness, which include the creative self, coping self, social self, essential self and physical self, the IS-Wel model examines contexts, which include local, institutional, global, and chronometrical. The 5F-Wel inventory provides scores for the aforementioned contextual scales. Therefore, use of this model and assessment tool is compatible with standard 12.

**Standard 20: Self Development**

The self-development standard states that the program should provide experiences and support to enable students to develop awareness of their own values, personalities, reaction patterns, interpersonal styles, and limitations. The specifications for standard 20d emphasize that programs must demonstrate how knowledge, theory, skills, as well as strategies of self-care are included, analyzed, and applied in the curriculum (CSHSE, 2013). The infusion of a wellness model and an assessment instrument that measures components of wellness throughout the curriculum may facilitate this process. Wellness plans based on the results of the 5F-Wel inventory and use of supplemental materials such as the 5F-Wel manual provide numerous resources and strategies for self-care (Myers & Sweeney, 2005d). In addition, the results from the 5F-Wel assessment may be analyzed to guide curriculum changes and revisions.

**Standard 21: Field Experience**

During fieldwork experiences, students are required to demonstrate the application of skills and personal growth. This standard explains that bachelor’s level human services programs require students to engage in field placement experiences that require completion of a minimum of 350 hours in a range of human services settings. In addition, the fieldwork should provide an environment
and context to integrate the knowledge, theory, skills, and professional behaviors that are concurrently being taught in the classroom. It must be an integral part of the education process (CSHSE, 2013). Sweitzer and King (2013) explained that internships allow students to develop self-awareness and to enhance the personal qualities of dedication and openness. This developmental process is potentially challenging; therefore, it may be useful for human services educators to require students to formulate a personal wellness plan during their fieldwork. The wellness plan requirement may reinforce students’ professional behaviors and potentially enhance their work with clients.

**Ethical Standards**

The assessment of personal wellness and the implementation of a wellness plan as outlined by the IS-Wel model are compatible with the National Organization of Human Services Ethical Code (NOHS, 1996). NOHS statement 35 explains that “human service professionals strive to personify those characteristics typically associated with the profession (e.g., accountability, respect for others, genuineness, empathy, and pragmatism).” Statement 36 states that human services professionals foster self-awareness and personal growth in themselves. They recognize that when professionals are aware of their own values, attitudes, cultural background, and personal needs, the process of helping others is less likely to be negatively impacted by those factors (NOHS, 1996). The professional behaviors outlined in the aforementioned NOHS ethical codes, may be facilitated and mastered through use of the IS-Wel model and the 5F-Wel. In addition, this approach serves as a formal assessment method for program accreditation. Research by Milliken and Neukrug (2009, 2010) also addressed the importance of establishing standards to ensure program quality and responsible professional conduct outside of the academic environment. They asserted that ethical professionalism should address the behaviors, attitudes, and skills of human services workers in the field. This underscores the need for students to develop a systematic wellness plan that will possibly enhance self-awareness and professionalism during their fieldwork and support their transition into post-graduate professional practice.

**Infusing a Wellness Model Across the Human Services Curriculum**

A review of the literature reveals that there is also a potential benefit to linking wellness to accreditation, evaluation, and assessment (David & Richard, 1999). In addition, Myers and Sweeney (2005, 2011) stressed that many lifestyle changes that facilitate wellness are made independently; however, some changes require guidance from mentors, teachers, and mental health professionals. The current authors are suggesting an example of a systematic process for infusing a holistic wellness model in the undergraduate human services curriculum. This is potentially accomplished by facilitating the study of wellness utilizing the IS-Wel
model, the 5F-Wel assessment, and accompanying workbooks in specific courses throughout undergraduate human services curriculum. A focus on wellness as an integral component of the undergraduate human services curriculum may enhance self-development in students. The Indivisible Self Wellness Model supports the position of Neukrug (2013, p.15), which emphasized that to be competent as “helpers,” students will need to assess their wellness if they are to be effective in practice. The following diagram shown in Figure 1, presents a general framework that may assist human service educators with linking accreditation requirements, ethical standards, program outcomes, and the IS-Wel model in the human services curriculum. The framework as presented aligns with both the CSHSE (2013) credentialing and NOHS (1996) ethical standards.

Figure 1: Infusing the Indivisible Self Wellness Model Framework

As illustrated in Figure 1, the IS-Wel model may be seamlessly infused into a human services undergraduate curriculum. This may best be implemented in three phases. Phase one occurs at the beginning of the academic program in an introductory human services course, phase two occurs during the completion of core courses, and phase three occurs during either the capstone and/or fieldwork courses.

Phase One of the Wellness Framework: Introduction to the IS-Wel Model
Phase one commences with an introductory course in human services, where the topic of wellness and the IS-Wel model may be presented to students through required text books, additional readings, and guided class discussion. Students
will have the opportunity to self-administer the 5F-Wel and review their results. During the interpretation of their results, students will be encouraged to develop a wellness plan identifying two areas of change and use the 5F-Wel supplemental manual (Myers & Sweeney, 2005b, 2005f). This assignment may serve as the foundation of a wellness portfolio for human services majors that will continue to be developed throughout their coursework (CSHSE, 2013, Standards 12 and 20). In addition, this initial administration of the 5F-Wel may serve as a pre-test to be compared with a final post-test administration during fieldwork.

**Phase Two of the Indivisible Self Wellness Model Framework: Implementation in Core Courses.**

Awareness of self is central to wellness and the field of human services (NOHS 1996; CSHSE, 2013). In phase two, wellness may be covered in specific courses, such as interpersonal skills (Standard 17b, d), multiculturalism, group and ethics (Standard 13c, d, e & Standard 19d). Through the integration of learning activities to develop interpersonal skills, students may identify strengths and limitations in building quality relationships. For example, an activity suited for interpersonal skill building would be student engagement in group dialogue regarding the components of the IS-Wel model and the process of developing wellness plans. Processing values and beliefs with their peers may allow them to thoughtfully self-evaluate, consider diverse perspectives, and develop behaviors congruent with practice in the profession (CSHSE 2013, Standard 17b, d).

Multiculturalism courses provide students with opportunities to broaden awareness by guiding them to engage in experiential learning outside of their cultural groups. Research identifies the importance of cultural competence of human services students (Crowe, & Villalba, 2012; Neukrug & Miliken, 2008). Infusing activities such as volunteering and participation in a cultural event may strengthen students’ cultural competency, ethical responsibility, and support the cultural identity factor described in the IS-Wel model (Standard 13c, d, e & Standard 19d). These activities and assessments of students’ awareness may be captured through journaling, guided discussion, or a short self-reflection paper. It is expected that students should demonstrate increased self-awareness and wellness based on the 5F-Wel scores and through direct application in the field of human services.

**Phase Three of the Indivisible Self Wellness Model Framework: Capstone and Field Experience**

Wellness has increased significance during the capstone and fieldwork courses. During phase three, students may face greater interpersonal and intrapersonal challenges (Sweitzer & King, 2013). During the final fieldwork course, students may self-administer the 5F-Wel and analyze changes in their wellness scores throughout phases one and two of the curriculum. In addition, students may write a self-reflection paper on their experiences with the IS-Wel model and create a wellness plan that focuses on their professional development as they transition
to professional practice. The assessment of activities in phase three also provides a benchmark for human services educators to measure students’ awareness in self-care activities as outlined by CSHSE (2013) accreditation and NOHS (1996, Standard 21a) ethical standards.

Limitations and Future Directions for Integrating Wellness throughout the Curriculum

David and Richard (1999) discussed the requirement in higher education to advocate for students and to achieve retention goals. They emphasized a need to present the use of formative means of evaluation outcomes to campus administrators. Curriculum changes requiring costly assessments and materials are frequently met with resistance in academic settings where budget cuts and restrictions are ubiquitous. This underscores the potential utility for human services educators to present frameworks such as that illustrated in figure one for integrating a holistic wellness model and associated assessments in a human services curriculum. This also serves as formative approach for evaluation outcomes and may facilitate a “buy in” from decision-makers who are not aware of the potential benefits of systematically infusing wellness models throughout a curriculum.

Other potential challenges for utilizing a wellness model and assessments throughout a curriculum relate to student confidentiality and the competency of faculty members who would implement this process. Careful consideration should be given to ensure students are informed of the confidentiality of their wellness scores, and that scores will not influence grades. Prior to the data analysis for program outcomes, students should be informed that identifying material will be removed to protect confidentiality. This informed consent process is recommended when students declare the major in human services as well as throughout the curriculum. Faculty should also have knowledge of the IS-Wel model and the various administration formats for the 5F-Wel such as online, or pen and paper.

Choate and Smith (2003) asserted that student motivation to receive high grades on assignments may impact qualitative responses in papers and quantitative results from a wellness inventory. Conceivably, if the IS-Wel model is introduced throughout an entire curriculum, students will experience positive benefits of focusing on wellness and view the process as a vital component of their personal and professional development as opposed to a one-time course requirement.

Myers (2014) explained that wellness is somewhat of a “buzzword that is tossed about in pop culture and by various professions” (p. 33). However, in the counseling profession, holistic wellness is firmly grounded in the profession and supported by evidence-based research. In addition, the IS-Wel model is based on multidisciplinary theories that align with the multidisciplinary philosophy of the human services profession. This underscores the potential utility for recommending an evidence-based holistic wellness model that may inform human service educators during program evaluation.
Future directions for the infusion of a wellness curriculum include research with pilot groups of students in specific courses throughout the curriculum. This process may provide insight regarding best practices for introducing wellness topics in classes and approaches for administering the assessments such as pen and paper vs. electronic versions of the 5-FWel.

In addition, future researchers may want to examine wellness of human services students based on ethnicity, gender, age and social economic class. This aligns with Statements 19 & 36 of the NOHS (1996) ethical standards, which emphasize the importance for human service professionals to be aware of their cultural background and how their values impact others. Furthermore, research focusing on topics of diversity that impact the cultural identity factor described in the IS-Wel model may potentially address the role of diversity in determining and meeting human needs as outlined in CSHSE (2013) standard 12f.

Conclusion

Human services educators are charged to infuse opportunities for students to enhance self-awareness and personal development that will facilitate success throughout the undergraduate curriculum and in post-baccalaureate work as case managers and program administrators and/or in graduate training in human services. This responsibility is highlighted in the CSHSE (2013) standards and the NOHS (1996) ethical requirements. The current authors suggest the integration of the Indivisible-Self Model of holistic wellness IS-Wel (Myers & Sweeney, 2005) and the 5F-Wel inventory in a systematic three-phase approach throughout the undergraduate human services curriculum.

As discussed above, research on the use of holistic wellness models in other undergraduate disciplines (Choate & Smith, 2003; David & Richards, 1999) demonstrated that exposure to a holistic wellness model in a course accompanied by the development and implementation of a wellness plan increased wellness scores and enhanced self-awareness among students. Providing systematic and measurable opportunities to increase wellness among undergraduate human services majors may potentially mitigate challenges associated with the completion of rigorous programs of study, promote the development of professional behaviors, and serve as a foundation for a lifelong commitment to personal and professional development.

References


Abstract

This report discusses the use of an optional essay about Victoria Earle Matthews, the first African American social worker in Brooklyn, New York from the 19th century to connect a freshmen human services class to the history of the field. This exercise provided the students an opportunity to learn about a social worker’s life at that time and how the field has evolved in the 21st century. Student essays indicated a sense of inspiration given the challenges faced by Matthews back when resources were more limited than today. This report demonstrates a teaching technique that utilizes historical reflection, self-reflection, and goal-setting towards grounding freshmen in the field.

The Impact of Victoria Earle Matthews’ Life on Urban Human Services Students

“So in the history of a race lifting itself out of its original condition of helplessness, time is as necessary an element as is opportunity, in the assisting forces of humankind,” stated Victoria Earle Matthews in her speech at the 1897 International Society of Christian Endeavor Convention (as cited in Foner & Branham, 1998, p. 836).

Victoria Earle Matthews served as a role model for the young women of her time who had lived through challenges based on gender, race, and class. As a self-educated, formerly enslaved African American woman, Matthews led a life driven to address the social welfare and ills of American society (Foner & Branham, 1998). By creating the White Rose Mission settlement house on the Upper Eastside of New York City for young women, Matthews made a name for herself as a social reformer (Marable, 2013). She provided young women with safe housing and worked to instill them with pride and moral standards (Kramer, 2006). Matthews is believed to be the first African American social worker from Brooklyn, New York, and is recognized as one of the “forerunners of the emerging social welfare system” (Nsonwu et al., 2013, p. 2).

Brooklyn is both home to Matthews’ legacy and to the Health and Human Services Department at New York City College of Technology, City University of New York (CUNY), which trains students who seek a direct service career that addresses essential human needs. Understanding the history of human services and how it relates to their future work is critical to the development of students in this department, 90% of whom are Brooklyn residents. Johnson-Bailey (2012) used the term positionality to define the personal connection that people desire to have with unknown individuals in order to understand them. More specifically, “positionality, or social location, is a way of classifying other people, the unknown,
by placing them into groups, connecting them with what we know as a way of figuring out who people are and... who people are in relation to us, the known” (Johnson-Bailey, p. 260). Historical positionality has been shown to shape student learning processes (Blevins, 2011). By providing historical context to course material, students are better able to position themselves in their understanding of the past and draw historical parallels that shape their frame of reference (VanSledright, 1998). Seixas (1996) refers to this type of position as “temporal bearings” which enables learners to situate themselves so they can use their time in school to foster an opportunity to uplift themselves and the populations they seek to serve.

This essay describes a teaching strategy designed to encourage self-reflection and the embracement of one’s temporal bearings. The problem this report sought to address was how to work closely with human services freshman to grasp their “temporal bearings” (Seixas, 1996) by drawing connections to what is currently happening locally with respect to social concerns, why they were drawn to this field, the theoretical and historical underpinnings of the field, and what has been done in the past to impact similar social concerns. First semester students are required to complete an introduction to human services course designed to ground them with theoretical knowledge and build their historical understanding of the field. This report discusses how a reflective essay connected students to the current and past realities of social welfare and how the work of an historical figure has impacted them today as a human services student.

Method

Students within an introductory human services course had the option to write a reflective essay about the impact of Victoria Earle Matthews’ work on their life. The section included 30 students: 27 females and three males. The reflective essay, worth two points of extra credit, was discussed with students during the third week of classes after they received foundation instruction that defined the field of human services, the history of the human services field, and the various models of human services delivery. The three-page essay involved answering the question: How does the life of Victoria Earle Matthews impact you as a human services student in the 21st century? Students were provided with historical information about Ms. Matthews’ life and work on the class Blackboard page, and they were encouraged to look for additional information on the Internet. Students were given two weeks to complete the assignment.

The essays were reviewed for grammar, spelling, and clear articulation of ideas and history of the field. The essays were also reviewed for students’ positionality as it relates to the historical context of human services and a demonstrated heightened self-awareness within the assignment. The best essay was selected by the instructor and submitted to the City Tech Writer, the college’s annual publication of select student writing.
Results

Eight students submitted essays for the optional assignment. The top essay was selected from eight submissions. For this report, Institutional Review Board approval was received to share key details from the student essays. All names were removed from the submitted essays to secure student anonymity and confidentiality. The essays were randomly assigned a number from one to eight. Each essay started with some background on Matthews’ life and work, ranging from her early years as a slave in Georgia to her advocacy work in New York. This information served as an anchor for each essay, as it framed the period during which Matthews worked as an activist.

When reviewing the essays for comments related to positionality, student essay 1 indicated that, “always putting her community before herself, and with that being said it would be an insult to her legacy to say I would operate differently amongst my community.” The student comments in essay 2 drew parallels between the centuries by stating, “If Matthews can provide for [so] many people in the 18th century, I can definitely do the same in [the] 21st century.” The comments in essay 3 made reference to material learned in class and related it to the readings on Matthews’ life: “She showed us the four main themes and purposes of human services and as we know human services is a field where we meet people’s needs and improve the overall quality of services.”

Some of the comments in each of the submitted essays that reflect heightened self-awareness included statements of influence, motivation and inspiration. “Overall her life and work influences me that life has its struggles[,] but life is what we make of it.” [essay 8] “Her work ethics give me the motivation to do better and to ensure that I serve the public faithfully.” [essay 7] “We all can learn from her and know that if she was able to do it th[e]n we should make an effort and do the same or even much better.” [essay 6]

Students also made comments about being a helper and the value you of serving clients. “I want to make a change in someone’s life everyday because having someone who believes in you is just the starting point to help them achieve their goals well.” [essay 5] “As a human services professional, I learned from Matthews that when it comes to helping others, it’s better to start off with what you know as fuel to who you can help.” [essay 4] “She helped me to learn that I should always give back and encouraged me to always help others no matter what they’ve done or where they’ve came from, which I hope one day will be my clients.” [essay 3]

This essay was entitled “Inspiration” by the student: “I am given a chance every day to be like Mrs. Matthews. I am either helping my neighbor, or finding information for people who I am usually in contact with.” [essay 2] Another student discussed how to manage the challenges faced in the field. “From a personal standpoint when I feel the pressures of my everyday challenges when I am serving my mission’s responsibilities I will remember what Matthews did for the communities she served and how they influenced me in the 21st century.” [essay 1]
Discussion

The reflective essay assignment enabled students to gain historical insight on Victoria Earle Matthews, to share their thoughts and feelings about their chosen field, and to learn how they could improve their communities and society. The low response rate of 8 students could be attributed to the fact that the essay was an optional assignment. Each of the essays had comments that indicated the motivation, influence, and inspiration they identified from reading about Matthews’ life. The students’ historical positionality indicated their connection to Matthews’ professional work conducted during the 19th century in light of the racial and sociopolitical challenges that she faced. They also discussed the challenges they see in the human services profession today. The students drew parallels between the difficulties clients face in accessing services during Matthews’ time and the present, although in the 21st century there are greater resources available to serve those in need.

During the week, students engaged in a discussion regarding how the assignment had impacted them. The students repeatedly expressed that the life of Victoria Earle Matthews inspired them further to pursue their degree in human services.

This assignment created an opportunity to tie a piece of local history to the classroom experience. The life of Victoria Earle Matthews provides students with a source of inspiration and has spurred creative avenues for instructors to teach the history of human services. Such an assignment could be utilized across course sections to spark further conversations that are historically reflective, yet delve into the complexities and challenging issues of the human services profession. By tapping into the life of Mrs. Matthews as one of our unsung heroes, students and scholars alike can attempt to emulate her work.

Conclusion

This report discusses the process of engaging students in the history of human services by studying the life of a historical figure. Victoria Earle Matthews was selected as the historical figure because as a Brooklyn-based social worker, she was instrumental in improving the lives of girls and women in New York. Given the students are based in Brooklyn, it was essential for the students to make connections between the work they will be doing in the human services profession and the work that was done in the field over the past 100 years. Enabling students to gain an understanding of the history of human services in creative ways, helps to demystify the perception that the past has little value or bearing on their future work. The assignment challenged students to deeply explore the foundation of their classroom lessons and help to establish a level of respect for the profession. Future recommendations include the need for instructors to identify creative ways to bring history to life in the college classroom so students can understand and appreciate the legacy of the profession.
References


Using Kohlberg’s Model to Find Common Ground with Punishment-Oriented Adults

Kayla R. Waters

Abstract

Human services professionals are frequently called upon to encourage parents and other caregivers to adopt less punitive approaches when interacting with children. Punishment-based approaches tend to be counterproductive in promoting moral development with children and adolescents, but some adults are reluctant to try positive practices. This brief note describes how Kohlberg’s stage model of moral development can be used to encourage reinforcement- and empathy-based approaches.

Introduction

Human services professionals are frequently called upon to encourage parents and other caregivers to adopt less punitive approaches with children and adolescents. For example, the 2009 report of the national Committee on the Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults concluded, “In contrast to many punitive societal reactions to young people’s problem behavior, none of [the effective] interventions emphasizes punishment” (National Research Council & Institute of Medicine, 2009, p. 209). It has generally been found that relying on punishment as the primary strategy typically results in poorer moral development (Amato & Fowler, 2002; Bender et al., 2007; Gershoff, 2002; Walker & Taylor, 1991). Rather, effective programs emphasize support and positive reinforcement (e.g., Cline & Fay, 2006; Barkley, 1997; Gottman, 1997; National Research Council & Institute of Medicine, 2009).

Unfortunately, when well-meaning adults are under heavy pressure to promote child development, they may resort to counterproductive strategies (Grolnick, 2003), especially if they operate from a punishment-oriented belief system. This brief note illustrates how Kohlberg’s stage model of moral development can be used by human services professionals in collaborative work with these punishment-oriented adults.

Kohlberg’s Theory of Moral Development

Lawrence Kohlberg’s longitudinal research yielded a stage model of moral development whereby people gain higher levels of moral reasoning as they mature. Children at the lowest level (Stage 1) define morality based on avoidance of punishment. For children at this level, morality is based on choosing behaviors that will not be punished. Stage 2 morality focuses on personal rewards. At this level, moral decision making is based on choosing behaviors most likely to...
meet the child’s own needs. Stage 3 focuses on obtaining social approval; moral choices are designed to maintain interpersonal relationships. People at Stage 4 display internalized morality. They are capable of making choices based on common good, typically defined by societal rules (Colby et al., 1987; Crain, 1985; Kohlberg, 1969). The full model consists of 6 stages, but few adults and even fewer youth progress beyond Stage 4 (Dawson, 2002), so the final two stages are not described here. Interested readers are referred to Crain (1985) for additional details.

Early critics of Kohlberg were concerned about possible gender biases (Gilligan, 1982), but subsequent research has failed to find meaningful sex differences in moral reasoning (Dawson, 2002; Hayes, 1994; Jorgensen, 2006). Ultimately, several decades of cross-cultural, longitudinal, and cross-sectional research confirms the sequence, descriptors, and maturational acquisition of the stage-model (Edwards, 1994; Gibbs, 2006; Krebs & Denton, 2005).

Finding Common Ground through Kohlberg’s Model

Human services professionals who collaborate with parents and caregivers sometimes need to recommend that punishment-oriented adults change their discipline practices. Understandably, some people feel defensive under these conditions. Kohlberg’s model can be used to find common ground with punishment-oriented adults, thus promoting more effective collaborations.

A review of best practices by The National Research Council and Institute of Medicine (2009) indicates that collaborations are more effective when professionals acknowledge the perspective of parents. Stage 1 of Kohlberg’s model supports this process by codifying a fundamental belief of punishment-oriented adults: discipline does play an important role in moral development. The human services professional can present this formal model as an acknowledgement of the parent’s perspective.

Stage 4 of Kohlberg’s model opens up a conversation about the intentions of punishment-oriented adults, and articulates a common goal that is acceptable for most people who care for children: to promote internalized morality. This deliberate identification of a common goal can support collaborations in two ways. First, parents are more likely to see the human services professional as a potentially useful partner if a common goal is clearly articulated. Second, the professional is overtly reminded that the parent is operating with good intentions, even if some specific practices appear to be counterproductive.

Mapping a Path to Internalized Morality

Once some common ground has been identified, the collaborative process can address the path from current punitive practices to the common goal of internalized morality. While human services professionals understand that overly punitive strategies tend to undermine moral development (Amato & Fowler, 2002; Bender
et al., 2007; Gershoff, 2002; Walker & Taylor, 1991), some punishment-oriented adults resist positive approaches. For example, a parent may balk at the idea of positive reinforcement out of concern that a child will never learn to “do the right thing” without receiving a concrete reward.

Kohlberg’s model is useful because it directly addresses this type of concern. The goal is not to use Kohlberg’s model as a primary methodology for changing adult behavior, but rather as a framework for introducing evidence-based, positive approaches, such as reinforcement and empathy. Concrete reinforcement-based approaches can be described as consistent with Stage 2 (personal reward) moral development, while social reinforcement and empathy-based approaches can be labeled as Stage 3 (social approval) strategies. Both of these stages are presented as valid and acceptable, but Kohlberg’s model makes it clear that they are not the final goal of long-term moral development. Rather, if Kohlberg’s model is conceptualized as a map of moral development, then evidence-based positive approaches can be seen as steps along the path, rather than final destinations. For example, collaborative discussion prompts based on this model might include:

- If a child appears “stuck” at the lowest level of moral development, would positive reinforcement (Stage 2) help her move further along the path to internalized morality?
- Is a highly punitive approach causing stagnation at Stage 1?
- For a child who appears insensitive to punishment, is it possible he has outgrown Stage 1 and is ready for the next step?
- What types of punishment are consistent with social relationship goals of Stage 3 (e.g., time-out and restriction of privileges may be better than corporal punishment or degradation).
- Is the current adult-child relationship socially motivating enough to escort a child through Stage 3 to Stage 4?
- Does the child ever show evidence of Stage 2 or 3 moral functioning, suggesting that reinforcement- or empathy-based approaches may be successful?

Adults who have previously relied heavily on punishment may be willing to experiment with positive approaches if they see them as steps on a path toward the common goal of internalized morality. Furthermore, the stage model encourages one to look for small improvements, as opposed to demanding complete and immediate change. Finally, because Kohlberg’s model is based on stages of development, adults can learn to conceptualize a child by developmental level rather than “good” or “bad” moral character.

**Limitations and Future Directions**

Kohlberg’s stage model will not be a good fit for all parents and caregivers. For example, some people punish for reasons other than moral development, such
as negative emotional overflow, traumatic re-experiencing, or even sadistic tendencies. In these situations, Kohlberg’s model may not actually present a common goal of internalized morality, which would limit its utility. At the cultural level, the human services professional needs to pay particularly close attention to goodness of fit for clients from hunter-gatherer or non-capitalist Eastern European societies, as the validity of Kohlberg’s model with these groups has not be adequately researched (Edwards, 1994). Professionals must also be wary of promoting an overly simplistic view of moral development. Children (and adults, for that matter) will often operate at different levels of moral development depending on context (Krebs & Denton, 2005). If parents are not prepared for some inconsistency, they may become frustrated by a perceived lack of progress. Finally, while the author has practical experience supporting this approach, additional research is needed to determine its effectiveness, limitations, and applications.

References


Skillful Means: Expanding the Application of Mindfulness Practices in Human Services

John Paulson

Abstract

Several recent articles have provided general overviews of mindfulness practices, their historical roots in the teachings of the Buddha and their contemporary utilization in behavioral health and human services practice for a broad array of issues. This article will review additional practices from the mindfulness tradition that are increasingly being researched and utilized, as well as suggestions for inclusion in human services practice.

Introduction

Mindfulness-based interventions (MBIs) are now a well-established component of many contemporary treatment programs, including Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT) (Holt & Cottone, 2014). Most of these approaches consist of multi-week programs that cultivate mindfulness through core practices related to bringing mindful awareness to physical sensations, the breath, and to various daily activities, such as eating and walking (Segal, Williams, & Teasdale, 2013). These approaches have repeatedly been shown through multiple randomized controlled trials to be effective interventions for a wide variety of psychological and physical health conditions, including depression, anxiety, stress, chronic pain and hypertension, as well as for fostering and promoting improved mental health, coping abilities and quality of life (Gotink et al., 2015; Keng, Smoski, & Robins, 2011).

MBIs are increasingly being included in human services educational curricula (Lahikainen & Soysa, 2014). A recent article by Holt and Cottone (2014) reviewed the historical origins of mindfulness practices as part of the Buddhist tradition and established how these principles arose from the Buddha’s views on psychological suffering and his formulation of the Four Noble Truths and the Noble Eightfold Path as a means to alleviate suffering. In addition to the before mentioned core mindfulness practices in currently established programs, there is an ever growing utilization of various additional techniques to promote emotional health that are also rooted in the Buddhist tradition.

Mindful Qualities

Branching out from mindfulness practices are techniques for cultivating the Brahmaviharas, or heavenly abodes. These are also often referred to as The
Four Immeasurables since the capacity for cultivating and expressing these qualities is believed to be immeasurable. The Brahmaviharas are considered qualities of awareness that support the cessation of psychological suffering and promote psychological well-being. These qualities include experiencing and expressing loving-kindness, joy, compassion and equanimity (Hanh, 1998).

The traditions of the Buddha include techniques for systematically developing and strengthening these attributes (Sears, 2014). Loving-kindness practice aims to help the practitioner develop a sense of affirming warmth and regard through concentrating on and reciting, aloud or silently, phrases that express the wish that others experience happiness and not suffer. This sentiment is applied to a range of people and relationships, including the practitioner, her relatives, friends, mentors, and even individuals that she does not know and ones with whom she may experience difficulties (Gunaratana, 2011). There are several approaches for cultivating compassion, but the most popular practice is one from the Tibetan tradition called Tonglen. With Tonglen the practitioner identifies with suffering, theirs as well as the suffering of others, and cultivates the wish that the suffering of all beings be abolished. This can include imagining that suffering is a physical entity being released or purified, such as visualizing suffering as smoke or light (McDonald, 2005).

While still in the early stages, research is also now establishing the effectiveness of loving-kindness and compassion practices for a variety of issues with both clinical and non-clinical populations. Galante, Galante, Bekkers, and Gallacher (2014) recently conducted a review and meta-analysis of 22 studies utilizing loving-kindness based approaches and found that such approaches are generally effective at reducing depression and increasing mindfulness and compassion. Loving-kindness practices have more specifically shown benefits in reducing self-criticism (Shahar et al., 2015), increasing social connectedness (Hutcherson, Seppala, & Gross, 2008), and in reducing depression and PTSD symptoms among veterans (Kearney et al., 2013). A randomized controlled trial by Jazaieri et al. (2013) of their 9-week compassion cultivation training program found that participants experienced increases in mindfulness and happiness, as well as decreased worry and emotional avoidance. Neff and Germer (2013) also found in a randomized controlled trial of their 8-week Mindful Self-Compassion program that participants experienced decreased depression, anxiety and stress while also reporting increased optimism, happiness, life satisfaction and self-compassion.

Considerations for Inclusion in Human Services Practice

Human services practitioners utilizing mindfulness approaches in their practice need to pay attention to several ethical considerations. Many clients might react negatively to a term like meditation. In Buddhist historical records these practices are referred to as sati bhavana, meaning to cultivate or develop mindfulness, not mindfulness meditation as it is commonly referred to in current
descriptions. Referring to these approaches as mindfulness skills, as opposed to mindfulness meditation, may reduce resistance to their use. Since human services workers aspire to be sensitive to diversity issues and to respect clients’ wishes, if clients refuse to work with such approaches due to personal, cultural, or religious objections the human services worker should avoid insisting on the use of MBIs (Gunaratana, 2011; Sears, Tirch, & Denton, 2011).

The use of any intervention, including MBIs, requires that the practitioner receive adequate training and be competent in the application of chosen approaches (National Organization for Human Services, 2015). Several training standards have been proposed for competency with MBIs. A principle that has been repeatedly emphasized with regards to mindfulness practices is that practitioners need to have their own established, consistent mindfulness practice. This is vital so that practitioners operate from a perspective of direct experiential wisdom and not casually or haphazardly applying these practices as just techniques. Another proposed standard includes training in MBI delivery. The practitioner needs to learn not only how to introduce approaches, but also how to respond to questions and comments from participants. Building off the recommendation that practitioners maintain their own personal practice, it is also suggested that practitioners go through an MBI curriculum as participants (Sears, 2015).

Conclusion

Since MBIs are increasingly becoming part of several contemporary interventions for various emotional and physical health conditions it seems important for human services practitioners to become aware of these approaches. This seems appropriate for two reasons. First, in addition to their use in attempting to remedy emotional difficulties, MBIs are also being used to promote resiliency and wellness, which seems consistent with the core mission of human services. Second, while these approaches are often included in therapy programs that would require an advanced degree and training, the specific skills in and of themselves do not require any specific degree or license to teach. Thus, it is possible that human services practitioners might be called upon to utilize these skills with clients, such as part of a psychoeducational program. These skills, while not appropriate for every client and every need, provide an important addition to the milieu of resources and approaches that human services practitioners can draw upon to best serve the needs of their clients.

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doi:10.1371/journal.pone.0124344


doi: 10.1037/a0013237


doi: 10.1002/jts.21832


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