

# Perspectives on Social Work

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Graduate College of Social Work



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**Special Issue: Social Work Education, Practice & Theory**

# Perspectives on Social Work

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***Perspectives on Social Work***  
Graduate College of Social Work  
University of Houston  
Houston, TX 77204-4492  
[Journal@sw.uh.edu](mailto:Journal@sw.uh.edu)

# Perspectives on Social Work

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## **Preface**

Dear Readers of the *Perspectives on Social Work (PSW)*,

I am excited to share some great news about the changes we have made to *PSW*. At *PSW*, we love change! We decided to make significant changes because we are trying to emulate as closely as possible the peer review process of top scientific journals. First, we decided to no longer have Calls for Submission every fall, spring, and summer semesters. Therefore, we are now accepting submissions on a rolling basis. This will allow prospective authors to submit their manuscripts at any time. In addition, this will allow the peer review process to be more efficient to provide timely submission updates. Second, we have added a new Editorial Board position. Co-Editors are doctoral students who are invited by the Editors-in-Chief to learn the ins-and-outs of supervising the entire publication process for one- to two- semesters before they transition to becoming the Editor-in-Chief. This will allow for a seamless transition and helps build confidence in the newly appointed Editor-in-Chief. Please welcome Traber Davis Giardina as our new Co-Editor-in-Chief!

Another needed change was to the submission guidelines. We have increased the page limits, enforce a strict APA 6<sup>th</sup> edition guideline, and require documentation of institutional human subjects approval for all empirical studies prior to publication. As we have reached an unprecedented number of submissions over my past few years as Editor-in-Chief, we were constantly in dire need of competent reviewers who were willing and available to meet the needs for an efficient peer review process. Although we have always had doctoral social work students at other universities assist us by being outside reviewers, we decided to increase the number of outside reviewers to meet the needs of the journals. We recently sent out a Call for Reviewers. We received an overwhelming response! Based on their CVs, we will be able to select the most qualified and well-suited reviewers for unsolicited manuscripts. Lastly, we made changes to the format of *PSW* to make it current, appealing and readable.

It is with great pleasure to introduce this special issue of *PSW* for the Fall 2010 issue. The six articles that were chosen for this issue were selected based on a common theme: Social Work Education, Practice & Theory. The lead article in this issue is by Elizabeth Lasky, LCSW and Jennifer Herbert, MPS, who are from Yeshiva University. Their article entitled, "The Relationship between Social cohesion and Electronic Aggression: A Theoretical Approach to a Contemporary Social Problem," provides a conceptual framework that uses adolescent developmental theory and the conceptualization of social cohesion to understand cyber-bullying among adolescents. The next article, "Work Should Be a Valid component of Social Work Intervention," provides recommendations for by incorporating employment/unemployment into social work education to improve employment policy and the economy. This article was written by Elizabeth Van Houtte, Ph.D. who was a doctoral candidate from

Widener University at the time of submission but has since graduated and now affiliated with Lakehead University in Ontario, Canada.

Following, is an article by Jennifer L. Root from the University of Toronto entitled, “Goal Consensus is More than Just Agreement: Improving Therapeutic Relationships with Women who Experience Intimate Partner Violence.” In this article, the author identifies therapeutic goal consensus as an important factor for consideration by social workers working with women clients who experience intimate partner violence (IPV). The author suggests that goal consensus may be a means to improve self-worth and agency for women who experience IPV, as well as decrease fear and isolation. Next, two University of Texas at Austin doctoral social work students, Katherine L. Montgomery and Jeremy T. Goldbach, systematically reviewed 167 articles to explore the concept of self-esteem. In the article, “Empirical and Conceptual Application of Self-Esteem: A Review of the Literature,” the authors provide a conceptual and empirical analysis of the literature and provide significant practice and research implications.

The last two articles are reflection pieces on evidence-based practice (EBP) and doctoral education, respectively. Lindsay D. Shepard from the University of Utah wrote “Reflections on Evidence Based Practice Criticisms: Updating Today’s Social Worker.” In this article, the author addresses the EBP criticisms by providing its potential benefits and limitations to the field of social work and social interventions. The final article, “Reflections on Doctoral Education in Chicago,” was written by Trevor G. Gates, LCSW, CADC from the University of Illinois at Chicago. This article provides a unique comparison between undertaking the doctoral social work program and the social justice issue of homelessness. The author makes recommendations for students on adapting to social work doctoral programs.

I hope these articles will help you identify how your research interests inform social work practice, policy, education, and future research. Please enjoy this issue of PSW!

~Monique R. Pappadis, M.Ed., CHES, CCRP  
*Editor-in-Chief*

## **From The Editors**

We are pleased to present the Fall 2010 Issue of *Perspectives on Social Work*. Submissions for the issue reached record levels and represented a wide range of topics from a diverse array of doctoral students. We have seen the quality of submissions rise and our job has become more difficult as we have had to select fewer articles to be published from among so many interesting and worthy choices. We appreciate the efforts of all doctoral students who have submitted manuscripts, as well as those who have contributed to our peer review process by reading and commenting on the submissions. This journal would not be possible without the contributions of the writers and reviewers as well as the members of the Editorial Board. We would like to welcome the newest members to the editorial board and congratulate them on their efforts in the review process: Jacquelynn Duron, Larry Hill, Ph.D., Keisha Plowden, and Traber Giardina.

Furthermore, we would like to give a special thanks to those who accepted our invitation to review submissions for this issue. With your numerous personal commitments and deadlines, we appreciate your efforts in reviewing articles during a busy semester. The invited reviewers for this issue include: Roberta Leal, Grace Loudd, Gargi Bhowmick, Saralyn McIver, Hyosu Kim, and Nadia Kalinchuk. Outside reviewers are invaluable members of the review process and must be acknowledged for their support in *Perspectives on Social Work*. The invited outside reviewers for this issue include: Ray Woodcock (Indiana University-Purdue University), and Marva Augustine (Indiana University).

We thank you all for your dedication and hard work in making *Perspectives on Social Work* a success!

Best regards,  
Monique Pappadis, David V. Flores, & Traber Giardina

**Shaping Transitions: A Social Work Perspective in Research**  
**The 6<sup>th</sup> Doctoral Social Work Student Research Symposium**  
**Abstracts**

**A Theoretical Framework of the Relationship between  
Socioeconomic Status, Stress, Coping Style, and  
Health Status for African American Men**

*Tawana Cummings*  
*University of Houston*

*Men in the United States tend to have more health problems and poorer quality of life, contributing to shorter life spans than women. Among men, Black men's health status and health outcome are consistently lower than White and Hispanic men. The disproportionate rate in which Black men are affected by diseases and have poor health outcomes can be attributed to health disparities. Black men have the biggest barriers to improvement of their health such as lack of access to health care services and a broad range of social and environmental factors that affect their health status. Studies have found that Black men may be at an increase risk of diseases and illnesses due to their socioeconomic status. There have also been indications that as the socioeconomic status of Black men increases, their health status does not improve unlike their White counterparts. There is little research in this area to determine potential reasons the health status of Black men does not improve as income rises into the middle-class. A possible explanation of the health status of Black men not improving as socioeconomic status increases can be examined by exploring the stress levels and the coping style of Black men. Existing studies have shown that stress is associated with long-term negative effects on the health of individuals. The manner in which Black men cope with stress may be a factor to help reduce the detrimental health effects of Black men. A framework utilizing the theory of fundamental social causes and theory of stress and coping will be used to discuss the relationship between socioeconomic status, stress, coping style, and health status of Black men. The suggested implication to social work practice is development of effective coping interventions for Black men at different socioeconomic status levels. Future research includes determining evidence based coping interventions that may be effective in reducing stress levels in Black men.*

**Experiences with Infant Mortality as Reported by  
Middle Class Black American Women:  
In Their Own Words**

*Lisa Paisley-Cleveland*  
*City University of New York*

*Consistent strides in healthcare in the United States have resulted in significant benefits to the overall population. However, recent research findings demonstrate that the morbidity and mortality rates for racial and ethnic minorities in the United States are consistently higher than for non-minorities. The disparities are persistent across medical diagnosis. Much of the research*



*suggests that access to health care plays a significant role in such health care disparities. However, more recent research demonstrates that even when equivalent levels of health care are accessed, minorities are still likely to receive inferior health care services and interventions. The issue of Black Infant Mortality (BIM) appears to mirror the findings of disparities in poor health care and poor medical outcomes for minorities in the United States. The BIM rate (13.60) is almost twice for all women (6.8) and more than twice the rate for white women. The BIM disparity holds even when access to care is not an issue, with black- American women still having poor birth outcomes more than twice the rate of white women. This exploratory qualitative study sought to understand - when variables such as income, education, and marital status are similar, why do Black-American Middle-class women still deliver babies who die before age one twice as frequently as white women? This research targets middle-class black American women, eliminating socio-economic and access to care issues. The study sought to surface new answers through the experiences of eight black middle-class women who have been through the experience of infant loss, and with all things being equal, should not be part of a group experiencing BIM at twice the rate of their white counterpart group. The primary findings thus far, are consistent with research, which demonstrates the significant role of stress, from the time of pre-conception and throughout the entire pregnancy experience. Additionally, there are other findings, which may be important markers for women and their doctors in the prevention of poor birth-outcomes. Implications for clinical practice, specifically around patient/doctor communication and stress reduction are also discussed.*

## **Runaway and Homeless Youth Voice: Effective Programs and Practices**

*Don Schweitzer*

*Portland State University*

**NATURE OF RESEARCH:** *Runaway and homeless youth (RHY) are among the most disadvantaged and underserved youth in the U.S. with very little research on how programs can best meet their needs. Well-meaning providers, advocates, and policy makers have developed programs and services they feel meet the needs of these youth. Yet the literature is clear on the underutilization of these services, thereby exacerbating an already perilous situation for these youth. Focus groups with RHY were conducted around the state of Oregon asking, what are programs doing right with regards to services? Using participatory action research (PAR) methods, this project is hiring RHY to analyze those transcripts, hypothesizing that by having youth interpret these meanings, a level of insight and understanding will be obtained the researcher would have overlooked and to help insure that interpretations are congruent with RHY experiences.* **METHODOLOGY:** *This project contains two elements, 1) data analysis by RHY, and 2) investigating the process of conducting PAR with RHY. In the first element, content analysis will be conducted. After organizing the data with descriptive, pre-assigned codes, the youth will individually code the data for symbolic and definitional concepts. Afterward, youth will present their analyses to the other youth and categorize their findings as either consensus (group agreement of the finding was achieved) or emergent (consensus not achieved). For the second element, these youth will participate in a focus group and be asked about the process.* **THE SIGNIFICANCE OF THE RESULTS & IMPLICATIONS FOR SOCIAL WORK:** *The significance of this project is twofold. First, understanding what RHY programs are doing well from the perspective of RHY is critical to improving utilization of these services and developing effective*



*interventions. The findings from this project begin to create a knowledge base that can inform social workers in direct service and program administration, and as policy makers. Secondly, findings will encourage the inclusion of youth in the development of the programs, policies and research that directly affect their well-being.*

**Examining the Impact of Neighborhood Physical Environmental Features as Ecological Risk Factors in the Production of PTSD Symptoms: Africentric Ethnic Identity**

*Angela S. Henderson*

*Howard University*

*This cross-sectional research study will examine the impact of neighborhood physical environmental features (aesthetic quality and safety concerns) as ecological risk factors in the production of posttraumatic stress symptoms. The mediating effect of Africentric ethnic identity as a socio-cultural, protective factor on the relationship between aesthetic quality and safety concerns and posttraumatic stress symptoms will be additionally assessed. Randomly selected African-American adolescents (13–17 years) from urban neighborhood environmental settings (located in the northeastern region of the United States) will participate in the study. It is hypothesized that: (1) higher displeasure with aesthetic quality and safety concerns increases the prevalence of posttraumatic stress symptoms; and (2) higher endorsement of Africentric ethnic identity by adolescents decreases displeasure with aesthetic quality and safety concerns, thereby, leading to a reduction in posttraumatic stress symptoms. Therefore, it is assumed that poorly constructed urban, neighborhood environments (ecological systems) may function as risk factors in the production of detrimental psychological conditions like posttraumatic stress. Furthermore, Africentric ethnic identity may operate as a socio-cultural, protective factor embedded within the ecological system that offsets the impact of hazardous neighborhood physical environmental features. As a result, the prevalence of posttraumatic stress symptoms exhibited by adolescents decreases. Based on participants completion of self-administered surveys, descriptive and inferential statistics (Independent t-test, Analysis of Variance, Linear Regression Model, and Structural Regression Model) intend to be generated in determining if any significant linkages existed between the variables. By assessing the impact of physical environmental factors, social workers can gain a deeper understanding of how the presence, structure, quality, and quantity of urban, neighborhood features can be detrimental to adolescents and cause posttraumatic stress. Moreover, social workers can provide leadership in decision-making and public policy to ensure that viable urban, neighborhood environments are created to enhance the psychological functioning of youth and adults around the country.*

**Examining the Decision Making Process of African Americans  
as it Relates to Service Use for Depression**

*Rosalyn Denise Campbell  
University of Michigan*

*Research shows that African Americans diagnosed with major depressive disorder (MDD) experience more severe symptoms, have higher rates of chronicity and experience poorer outcomes when compared to other racial/ethnic groups. Despite the severity of the depression experience, African Americans are the least likely to seek and receive services. Much of the research on the under-utilization of services among African Americans focuses primarily on financial and structural barriers to care. Other studies examine impediments related to the availability and appropriateness of services. A paucity of research looks at whether or not African Americans even view the use of mental health services as a viable option for addressing MDD. This paper will examine the decision-making process of African Americans when determining whether or not to seek services for depression. It will review and critique relevant health belief theories and behavior models aimed at understanding how individuals make sense of illness and treatment. By examining the decision-making process of African Americans' as it relates to service use for depression, we can better understand why those who have access to care do not utilize available services. This knowledge can then inform interventions aimed at increasing service use and improve the quality of life of African Americans with depression.*

**A Review Examining the Potential Impact of  
Sexual Self Schema on Condom Use among Adult Black Women  
and Implications for a New Approach to Future Research**

*Grace Loudd  
University of Houston*

*The Centers for Disease Control and Prevention (CDC) reports Black women, 25-45, to be a leading group in contracting HIV at significant rates when compared to women from other ethnic groups. No one can explicitly conclude why Black women are so heavily affected by HIV but epidemiologists cite two primary reasons impacting the growth as high risk heterosexual sex and injection drug use. Reports indicate that the majority of Black women currently infected or those most at-risk for infection fall within the high risk heterosexual sex category. This review proposes examining the impact of Anderson and Cyranowski's cognitive variable, sexual self schema (SSS), on condom use among adult Black women ages 25-45. Self schema is a long standing variable that have been used to better understand how individuals perceive themselves and how it impacts their behavior as well as their surroundings. SSS is a more recent variation of this variable and have been successfully used to predict the likelihood of recovery among women with sexual dysfunction and breast cancer, to name a few. The conceptual framework is based within an understanding that a healthy sexuality goes beyond reproduction and disease prevention to include satisfaction, pleasure and sexual well being. The theoretical models supporting this framework include Bandura's Social Cognitive Theory and Crenshaw's Intersectionality Theory. This study is significant because all research supports the effectiveness of condoms on significantly reducing the spread of HIV and other sexually transmitted diseases*

*however the research is not as solidified when it comes to understanding which variables affect Black women's willingness and ability to use condoms and why. Since ethnicity alone does not necessarily predispose one to contracting the HIV virus, researchers are attempting to address this gap in knowledge by examining both behavioral and social factors that impact Black women's lives. Implications of this study would allow a better understanding of how Black women perceive their own sexuality and further empower them within their respective sexual environments. Prevention programs could then be tailored to specific audiences based on what they need rather than a one size fits all approach to safe sex.*

**Difficulties and Implications of  
Measuring Abstract Constructs in Social Work Research:  
The Example of Grief**  
*Corrine Walijarvi*  
*University of Houston*

*This presentation will use the example of grief to illustrate issues that arise in social work research involving an abstract construct for which a clear definition and comprehensive model have not yet been developed. The author will also identify the implications for researchers and practitioners of the development of specific types of measurement instruments. The author will synthesize relevant research from the past decade that raises issues of measurement in the field of grief and bereavement. The author will discuss some of the reasons for the lack of a consensus regarding a definition of grief and the lack of agreement among researchers with regard to a comprehensive model of grief. An example that will be discussed is the disagreement among researchers regarding critical psychological processes that are involved in adapting to or recovering from the death of a loved one. The author will also discuss approaches that are currently being used to measure specific aspects of the grief experience. The author will highlight the history of the development of the Inventory of Complicated Grief-Revised, which has been developed to measure the presence of grief symptoms. The implications of this measurement for the bereaved and for social work practitioners will be discussed. Among the implications are the likelihood of the creation of a new diagnostic category in the DSM-V, and the likelihood of the development of specific interventions intended for those with high levels of grief symptoms. The author will identify alternative models of grief, including models that focus on resilience and personal growth. The author will discuss the current status of research regarding adaptation to grief, and identify current approaches to measuring adaptation. Other issues discussed in the presentation will be the ethical concerns related to conducting research with a vulnerable population, difficulties in designing controlled studies in the field of grief, and issues related to selecting relevant time frames for measurement. The discussion is intended to help social work researchers identify ways of addressing the measurement of abstract constructs.*

**The Use of Theory in Examining the Relationship among  
Risk Factors and Condom Use  
in Postmenopausal Women**

*Alexis Rose*

*University of Houston*

*In the past decade the prevalence rate of HIV/AIDS among older adults has quadrupled, yet no specific intervention exists to educate this population about condom use. Postmenopausal women, who do not perceive a need for protection or possess the skills or power needed to negotiate the use of condoms with their partners, are highly vulnerable. Both males and females over the age of 50 contribute 15% of new cases of HIV/AIDS and one fourth of all HIV/AIDS cases are in people over the age of 50. When including all postmenopausal women, these numbers are higher as some enter menopause prior to 50. Possible factors contributing to the high prevalence rate in postmenopausal women is the lack of condom use, lack of condom use self-efficacy, negative partner attitudes, negative self-attitude towards sexuality, and lack of sexual protection knowledge. The scant literature fails to explore the relationship among these factors in postmenopausal women. This presentation proposes a conceptual framework incorporating elements from modified theory of reasoned action, theory of planned behavior, ecological system theory, and health belief model to examine the relationship these factors have on predicting condom use in postmenopausal women. Such a conceptual framework must exist prior to conducting research to ensure said research is able to make correct interpretations. Social workers are needed when examining these relationships and how these factors may predict condom use in this population, but must be do so within the realm of a theoretical framework. This will give credence to the findings, thus increasing the likelihood of creating a specific, evidence-based intervention for this population. Social work researchers must have a stake in the awareness of condom use in this population, as this population remains susceptible and unaware of their risk due to lack of concern. This framework has future implications in terms of research design in determining the relationship these factors have with condom use in postmenopausal women.*

## **Brief Biographical Sketches from Select Members of the Editorial Board**

### **Monique R. Pappadis, M.Ed., CHES, CCRP Editor-in-Chief**

Monique is a Ph.D. candidate in the Graduate College of Social Work at the University of Houston. Her dissertation examines the impact of cognition, impaired awareness, identity, and coping on psychosocial adjustment to traumatic brain injury. She is currently a graduate teaching assistant and co-teaches Research Methods for Social Workers at the University of Houston. She has been working for nearly nine years in traumatic brain injury research at TIRR Memorial Hermann Hospital. She was recently inducted into the TIRR Research Council as an Investigator for her contributions to the field of rehabilitation. She is a certified health education specialist and a certified clinical research professional. She received her Master's degree in Health Education from the University of Houston. She has co-authored 8 peer-reviewed publications. She has done a total of 18 presentations at several local, national, and international conferences. She has also developed health educational materials for persons with TBI and their families. She has received the University of Hong Kong Student Award for Outstanding Abstract for her abstract titled "Perceived environmental barriers of persons with traumatic brain injury." She co-authored a presentation selected for the David Strauss, Ph.D., Memorial Award for outstanding poster presentation by The American Congress of Rehabilitation Medicine Brain Injury Interdisciplinary Special Interest Group (BI-ISIG). Her expertise includes advanced quantitative and qualitative methodology and statistical analysis. Her current research interests include psychosocial adjustment to disability, traumatic brain injury, ethnic minority health disparities, and mental health disparities among women and ethnic minorities with disabilities.

### **David V. Flores, MSW, MPH, CPH Editor-in-Chief**

David is a PhD graduate student with a Master's Degree in Social Work from University of Houston and a Master's Degree in Public Health from University of Texas Health Science Center's School of Public Health. David was recently granted the Doctoral Fellowship Award in Clinical Training from the Council on Social Work Education's Minority Fellowship Program (MFP), provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). David is currently a research assistant at the University of Houston's Center for Drug and Social Policy Research. His career goal is to become a researcher and academician working to elucidate disparities in under-served minority populations, more specifically, Latino communities. To achieve this goal, his doctoral training in Social Work will provide him with the tools for research, grant writing, and intervention development with the aims of providing consistent long-term care and resources for at-risk populations. Through his doctoral program, He will expand his research knowledge, develop clinical skills, and enhance his knowledge of health, mental health, drug abuse problems, and treatments with the goal of helping people and communities in need.

**Traber Davis Giardina, MA, MSW  
Co-Editor-in-Chief**

Traber is currently a second year PhD student at the University of Houston. She received her Masters of sociology from the University of New Orleans in 2005 and her Masters of social work from the University of Houston in 2007. She is currently a research coordinator at the Houston Center for Quality of Care and Utilizations Studies at the Michael E. DeBakey Veterans Medical Center and Baylor College of Medicine. Her research experience includes patient safety, utilizing qualitative methods in health service researchers, and health information technology.

**Josephine Tittsworth, LMSW**

Josephine was recently awarded the Dee McKellar Award by the Houston Transgender Unity Committee on May 1, 2010. She also produced the *Second Annual Texas Transgender Nondiscrimination Summit* held at Rice University in Houston, Texas from July 20-23, 2010, which received funding from the Hollyfield Foundation in Houston. She was invited to lecture along with A. Lev on "What social workers need to know about gender identity: Transgender, transsexual, and gender non-conforming experience" at the NASW Specialty Practice Sections CEU Teleconference on January 13, 2010. She has also taught the English 4341: Queer Theory course during April 19-23, 2010 for Professor Maria C. Gonzalez, Ph.D. at the University of Houston. She has presented "Creating Transgender-Inclusive College Policies and Practices" (2010, February) at the Creating Change Conference in Dallas, TX with G. J. Beemyn and K. Stewart, sponsored by the National Gay and Lesbian Task Force. She received acceptance for presentation on "Transgendered Nondiscrimination Summit" (2010, September) with K. Stewart at the Southern Comfort Conference in Atlanta, GA.

**Melissa I.M. Torres, MSW**

Melissa is a third year PhD student at the University of Houston's Graduate College of Social Work. Her research interests include Latino populations, global AIDS, human trafficking, and conflict/crisis response, all from a feminist perspective. In November of 2010, she received a certificate of congressional recognition presented by Congresswoman Sheila Jackson Lee for her participation as a panelist at the U.S. Department of Labor Women's Bureau's 90th Anniversary conference. In February of 2011, Melissa was delegated to the United Nations 55th Commission on the Status of Women by the Women's International League for Peace and Freedom. Melissa is currently a research assistant at the University of Houston's Center for Drug and Social Policy Research.

**Alexis Rose, MSW**

Alexis Rose, MSW, is a teaching fellow and fourth year doctoral student at the University of Houston, Graduate College of Social Work. She is currently a research fellow at The Methodist Hospital's Department of Obstetrics & Gynecology. Her appointments and studies at these two

institutions have allowed her to explore her research interest of reducing STDs in women, particularly older women and Latinas.

### **Larry Hill, PhD**

Dr. Larry Hill recently received his Ph.D. in social work from the University of Houston's Graduate College of Social Work in July 2011. He recently accepted a Research Professor position with the UH Office of the President, where he will help to establish the university's Center for Community Outreach and Engagement as well as work on initiatives and research related to Sustainability and Green Jobs. Dr. Hill's recent public scholarship has included establishing a framework for managing university-community engagement for U.S. metropolitan universities as well as universities in rural Africa. He also worked as a program evaluator and statistician for the past nine years and founded Prism Data Analytics immediately after completing his Ph.D. This consulting group provides universities, organizations, businesses, professors, as well as doctoral students with the technological and statistical tools to complete their research projects.



## **The Relationship between Social Cohesion and Electronic Aggression: A Theoretical Approach to a Contemporary Social Problem**

*Elizabeth Lasky, LCSW and Jennifer Herbert, MPS  
Yeshiva University*

### **Abstract**

*The relationship between electronic aggression (cyber-bullying) and adolescents falls at the intersection of two theoretical frameworks: the theory of adolescent development and the theoretical construct of social cohesion. In this article, the discipline of psychology helps to provide information about adolescent development, specifically the significance of group involvement, and the sociological perspective informs about group involvement and social cohesion as a social phenomenon. The marriage of these two theoretical backdrops is instrumental when studying social phenomena in adolescent peer groups. In this paper, social cohesion, viewed in a theoretical context, will compliment developmental theory and will be applied to the study of adolescent electronic aggression.*

### **Adolescent Development & Group Formation**

In the body of theoretical research that makes up developmental psychology, there are several theories that explore the unique period of development that exists between childhood and adulthood, called adolescence. Erik Erikson's (1950) stage theory of development provides a unique way of understanding adolescent development and the phenomenon of group formation in adolescents. Erikson characterizes eight stages of development that one passes through in sequence from birth to adulthood. At each stage, Erikson identifies one major conflict that an individual may experience. He explains that at best, one successfully navigates this conflict as he/she continues through subsequent developmental stages. Newman and Newman (2003) explain, "Predictability is found in the sequence of psychosocial stages, in the central process involved in the resolution of the crisis at each stage, and in the radius of significant relationships" (p 58). According to Erikson (2005), failure to resolve a particular conflict may lead to maladjustment.

The typical adolescent may experience many challenges, such as identity formation, autonomy from parents, social stresses, and emotional strains (Newman & Newman, 2003). Another expected change associated with adolescence is a social change in relation to the peer group (Newman & Newman, 2003). Erikson identifies the major psychosocial crisis of adolescence as identity versus role confusion, which may arise as adolescents begin to form peer groups.

The peer group becomes a central structure in adolescence. As children move from childhood into adolescence, they become increasingly concerned with their perception of how others view them. Adolescents typically begin to spend less time at home and more time with their social group. Friendships may take on a new meaning as adolescents begin to count on their friends for social support more than they did in the past. It is during this stage that the adolescent tries to achieve autonomy from his/her parents (Newman & Newman, 2003). Newman and Newman (2003) explain "new layers of peer relationships, sometimes known as the

clique and the crowd begin to take shape” (p. 307). Adolescents want to be part of a group and alienation is feared.

According to Erikson, as one reaches adolescence, s/he is ready to create group affiliations, even if it will require compromises and sacrifices (Erickson, 1950). The specific rituals and behaviors of a particular social group become confirmation of membership and identity with that particular group. As adolescents begin to explore these affiliations and partnerships, they may even begin to exclude others. Erikson (1950) goes on to say that “young people can also be particularly clannish and cruel in their exclusion of those who are different” (p 262). He explains this behavior and intolerance of others as a defense against the risk of role confusion (Erickson, 1950).

### **Social Cohesion and Adolescent Development**

Cohesion is a term that refers to groups. Social cohesion, group cohesiveness, network formation, and group solidarity are all overlapping components in the phenomenon of groups (Friedkin, 2004). Members of a socially cohesive group are likely to defend and uphold group standards. Those in a highly cohesive group are more invested in the group compared to those in a less cohesive group. This may breed “better attendance, participation, and mutual support” (Yalom, 1995, p. 48). Groups may become more cohesive when the members feel positive attitudes towards others in the group. Interpersonal interactions can help to maintain, or break, social cohesiveness (Friedkin, 2004).

Currently, social cohesion is an ill-defined term (Chan et al., 2006). Many researchers in the fields of sociology, psychology, and economics are challenged to create a formal definition (Friedkin, 2004). Social cohesion is yet to be given a singular definition (Chan et al., 2006; Forrest & Kearns, 2001; McMillan & Chavis, 1986; Zani, Cicognani, & Albanesi, 2001). Some definitions of social cohesion focus on group solidarity while others focus on social capital (Chan et al., 2006). As more disciplines become involved in the discussion of social cohesion, it becomes more difficult to create a concise explanation and definition of it.

Some authors (Chan et al., 2006; Forrest & Kearns, 2001; McMillan & Chavis, 1986) agree that there are different dimensions of social cohesion. Even though the exact dimensions may vary, these authors believe that social cohesion is made up of multiple components. Forrest and Kearns (2001) identify the aspects that make up social cohesion as a “Sense of morality and common purpose; aspects of societal control and social order; the threat to social solidarity of income and wealth inequalities among people; groups, and places; the level of social interaction within communities and families; and a sense of belonging to place “ (p. 2128). Zani, Cicognani, and Albanesi (2001) quotes McMillan and Chavis (1986) who say that sense of community is made up of four dimensions. They are membership; influence, fulfillment of needs and emotional connection and support (p. 476).

Chan, Ho-Pong, and Chan (2006) define social cohesion in the following way:  
Social cohesion is a state of affairs concerning both the vertical and the horizontal interactions among members of society as characterized by a set of attitudes and norms that includes trust, a sense of belonging and the willingness to participate and help, as well as their behavioral manifestations (p 290).

Chan et al. (2006) explains that vertical interactions are interactions between members of society and authority figures, such as the government, and horizontal interactions are those

among members of society. Essentially, social cohesiveness is a measure of how well members of a group “stick together” (Chan et al., 2006). Chan et al. (2006) suggest that members of a socially cohesive group simultaneously meet the following three criteria:

1. They can trust, help and cooperate with their fellow members of society;
2. They share a common identity or a sense of belonging to their society;
3. The subjective feelings in 1 and 2 are manifested in objective behavior (p. 289)

Both psychological and sociological perspectives acknowledge the importance of peer group membership and the possible associations and correlations it can have with behavior problems in adolescents. As discussed above, a sense of group belonging can be of great importance to normative adolescent development. Contemporary literature adds to the body of research on adolescent development and the need for group membership. Beam, Gil-Rivas, Greenberger, and Chen (2002) identify integration into a peer group, or social cohesion, as a protective factor in the prevention of behavior problems. They suggest that when peer group membership is valued by an adolescent, a lack of social cohesion may contribute to the risk of behavior problems affecting that adolescent; behavior problems are more significant for adolescents who value group membership but do not have a positive sense of group belonging and do not feel they hold any positive group affiliations.

Newman, Lohman, and Newman (2007) studied three aspects of peer group membership in adolescence: peer group affiliation, the importance of group membership to the individual, and a sense of peer group belonging. They studied behavior problems in adolescents against a backdrop of peer group affiliation and the need for group membership, noting several differences between males and females. The authors suggest that the adolescents in their sample who reported that peer group membership is very important to them, generally had a positive sense of peer group belonging. These same adolescents reported fewer behavior problems than adolescents who said group membership is important but did not have a positive sense of peer group belonging (Newman, Lohman, & Newman, 2007). This suggests that when adolescents value peer group membership, a lack of positive sense of group belonging seems to be one contributing factor to behavior problems.

Because adolescents spend most of their time in school, it becomes the setting in which many groups form. Social networks develop easily in schools because of similar interests, the amount of time students spend together, and the desire to belong to a peer group. Membership in a peer group begins to inform adolescents’ identities and the way in which they may make decisions. It becomes challenging to define and identify adolescent peer groups. Membership in such groups can shift quickly. Groups often share unique interests. When adolescents begin to form cliques and groups in social settings, there are bound to be some who do not fit in, either by choice or by the exclusion of others. Some adolescent groups may condone and publicly participate in aggressive behavior (Newman et al., 2007, p 245). Erikson (1950), among other theorists, says that adolescents who do not affiliate themselves in groups sometimes experience a sense of isolation and rejection. Some researchers seem to agree that rejected youth often become withdrawn and may be more likely to be victimized by their peers (Newman et al., 2007, p 245). Oftentimes other people tend to interact with them less for fear of being affiliated with the victim and treated in a similar way.

While group identity can contribute to adolescents’ successful participation in the development of identity, some research indicates that social exclusion can sometimes have a negative affect on adolescent development, and has been associated with problems in adjustment

(Newman et al., 2007). This includes rejection, social exclusion, and even the perception of being excluded from desired relationships or peer groups (MacDonald & Leary (2005) as cited in Newman et al., 2007, p. 244). Social pain and devaluation can be very distressing to adolescents and can have social consequences for the individual.

### **Social Cohesion and Bullying**

There is a small but important body of literature that focuses on the relationship between the social context of peer groups, bullying, and aggression (DeRoiser, Cillessen, Coie, & Dodge, 1994). A social cohesion framework can be applied to these studies. Bullying is “when a student is repeatedly exposed to negative actions on the part of one or more other students” that creates an imbalance of power (Olweus, 2001, p. 24). If a school culture views bullying as acceptable, there will likely be a higher level of bullying because there is a moral approval of the act and bullying has become more normative (Williams & Guerra, 2007). Williams and Guerra (2007) suggest that if students feel they have more social ties to their peers, they are less likely to be in a bullying scenario. Williams and Guerra (2007) found that “If students believe that bullying is acceptable and if they feel disconnected and unsupported at school and by peers, they should be more likely to engage in all types of bullying behavior, including internet bullying” (p. 15). Those who do not feel part of a cohesive group may be more likely to exhibit a behavior that is not in the best interest of others.

Salmivalli, Ojanen, Haanpaa, and Peets (2005) found that peer relationship schemas affect social behavior. Being part of a peer group is an important part of adolescence and being part of a group that promotes a feeling of trust and a common identity can contribute to, and may dictate, social behavior. This study shows that children who do not feel like they are part of a group are more likely to be further isolated and socially withdrawn. This study supports that idea that there is a relationship between feeling part of a socially cohesive peer group and bullying.

A social cohesion framework has been applied to several different research studies that focus on peer groups and aggressive behavior. Espelage, Holt, and Henkel (2003) discusses the concept of group membership in light of aggression and delinquency in adolescence. This research also underlines the connection between social cohesion and bullying behaviors. Selective association (when children who hold the same qualities are attracted to one another) is relevant to the discussion on bullying and social cohesion. Children may affiliate themselves with other children who bully at the same frequency (Espelage, Holt, & Henkel, 2003). Being a member of a peer group allows for the opportunity to feel connected to others. Members often build an identity through the peer group and demonstrate behaviors that support the interests of the group.

DeRoiser et al. (1994) examined the relationship between “aggressive episodes” and “social cohesion” (p. 1070, p. 1071). DeRoiser measured group cohesion by studying behaviors that he believed to reflect the level of cohesion among group members, including “attending the same activity, maintaining physical proximity or visual contact, and mutual conversation” (De Roiser et al., p.1071). DeRoiser et al. (1994) found that groups that had a lower level of social cohesion had a higher likelihood of the group members being aggressive. This suggests that cohesive groups may promote a friendly environment. Moreover, this study shows that group context can influence aggression, which warrants further study in this area.

Zani et al. (2001) believe that as social researchers employ more ecological perspectives of development, the environmental and social context of adolescents is “an issue of considerable theoretical interest” (p 486). Zani et al.’s (2001) research examined the relationship between the

adolescent's feelings of safety, their perception of social support, and their sense of community. Zani et al.'s (2001) study examined the relationship between peer groups in schools and electronic aggression. The results from this study suggest that social support plays a part in an adolescent's sense of safety. They found that group membership and being in the company of friends also tended to reduce the adolescent's fear of victimization more than when the adolescent was alone. The sense of belonging, the sense of community, and the sense of being surrounded by a social group positively correlate to an adolescent's feeling of safety. Studies like Zani et al.'s (2001) are ways in which the framework of social cohesion can be applied to the study of adolescent peer groups. The research that exists illuminates the need for more such studies that look at adolescents, aggression, and violence within a social context.

### **Conclusion**

The importance of peer groups, as outlined above, substantiates the need for further study about social cohesion and electronic aggression. Because adolescents thrive in cohesive groups, there is a need for further investigation in this area. Against the backdrop of developmental psychology, a social cohesion framework clearly explains the importance of group membership in adolescence. The relationship between social ties and various types of violence and victimization is becoming better understood through empirical research. The knowledge base must continue to grow by examining the relationship between social cohesion and electronic aggression. Traditional concepts and notions of social cohesion are becoming increasingly challenged by electronic communication. In response to the growing use of the Internet and the use of technology by adolescents who bully, there should be a growing focus in research and literature addressing electronic aggression in the context of social cohesion.

### **References**

- Beam, M., Gil-Rivas, V., Greenberger, E., & Chen, C. (2002). Adolescent problems, behaviors and depressed mood: Risk and protection within and across social contexts. *Journal of Youth and Adolescence*, *31*, 343-357.
- Chan, J., Ho-Pong, T., & Chan, E. (2006). Reconsidering social cohesion: Developing a definition and analytical framework for empirical research. *Social Indicators Research*, *75*, 273-302. doi:10.1007/s11205-005-2118-1
- DeRoiser, M. E., Cillessen, A. H.N., Coie, J. D., & Dodge, K. A. (1994). Group social context and children's aggressive behavior. *Child Development*, *65*, 1068-1079.
- Espelage, D., Holt, M., & Henkel, R. (2003). Examination of peer-group contextual effects on aggression during early adolescence. *Child Development*, *74*, 205-220. doi:10.1111/1467-8624.00531
- Erikson, E. (1950). *Childhood and society*. New York: W.W. Norton & Co., Inc.
- Forrest & Kearns. (2001). Social cohesion, social capital and the neighborhood. *Urban Studies*, *38*(12), 2125-2143.
- Friedkin, N. (2004). Social cohesion. *Annual Review of Sociology*, *30*, 409-425. doi:10.1146/annurev.soc.30.012703.110625
- McMillan, D. W., & Chavis, D. M. (1986). Sense of community: a definition and theory. *Journal of Community Psychology*, *14*, 6-23.
- Newman, B. M., & Newman, P. R. (2003). *Development through life: a psychosocial approach*. (7<sup>th</sup> ed.). Belmont: Brooks/Cole.

- Newman, B., Lohman, B., & Newman, P. (2007). Peer group membership and a sense of belonging: their relationship to adolescent behavior problems. *Adolescence*, 42(166), 241-263.
- Olweus, D. (2001). Bullying at School: tackling the problem, *The OECD Observer*, 225, 24-26.
- Salmivalli, C., Ojanen, T., Haanpaa, J., & Peets, K. (2005). "I'm OK but you're not" and other peer-relational schemas: Exploring individual differences in children's social goals. *Developmental Psychology*, 41, 363-375.
- Williams, K., & Guerra, N. (2007). Prevalence and predictors of Internet bullying. *Journal of Adolescent Health*, 41, S14-S21. doi:10.1016/j.jadohealth.2007.08.018
- Yalom, Irving D., (1995). *The theory and practice of group psychotherapy*. New York, New York: Basic Books.
- Zani B, Cicognani, E, & Albanesi, C. (2001). Adolescents' Sense of community and feeling of unsafety in the urban environment. *Journal of community & applied social psychology*. 11, 475-489.

**Liz Lasky** is a licensed social worker and works full time coordinating the Relationship Abuse Prevention Program in a South Bronx middle school. Lasky is finishing her doctoral studies in New York City and is currently involved in research and direct practice related to Bullying and the Internet, with a specific focus on social cohesion, self-esteem and electronic aggression. She has counseled and trained hundreds of people about relationship abuse and bullying. Visit her at [www.lizlasky.com](http://www.lizlasky.com) or on twitter @lizlasky.

**Jennifer Herbert** holds a Masters of Professional Studies and is a practicing Art Therapist in New York City. Herbert primarily works with women and children who have experienced and/or witnessed domestic violence. She also runs art therapy groups for children in low-income neighborhoods in New York City. Herbert's academic interests and conference presentations focus on many areas including trauma, domestic violence, using art as a therapeutic instrument and bullying. Herbert is also a professional photographer and painter. Visit her work at [www.jennyherbert.com](http://www.jennyherbert.com).

## Work Should Be a Valid Component of Social Work Intervention

Elizabeth Van Houtte, Ph.D

Widener University

Chester, PA

Lakehead University

Orillia, Ontario, Canada

### Abstract

*The most recent financial crisis in America has had a lasting effect on the citizens, institutions and polices of the nation. In their day-to-day interventions with clients, social workers are witness to the clinical effects of this meltdown on individuals, families and communities. Still, the profession sustains a philosophical partition between the clinical interventions it provides and the precipitating factors of the economy. Historically, social work was closely aligned with other professions and institutions for influence of government policies around employment reform and poverty amelioration. Such interest in a direct approach to the effects of economic circumstances on people has waned, in favor of an individualistic view and treatment of social problems. This article reviews the scant literature on this topic and includes comments from previous researchers who suggest that social workers, social work education and social work curricula have studiously avoided issues related to employment policy and the economy. Finally, with the profession of social work being well represented in the current federal administration, the article offers a challenge to the profession to address social justice issues related to unemployment and employment.*

The most recent economic crisis and subsequent financial melt down affected almost every person and family in North America. According to the National Association of Social Workers (NASW), social workers noticed the impact of an economic catastrophe, witnessing an increase in demand for services across modalities. Early in its formation, social work practice and methods were shaped by the effects of economic factors on the health and well-being of clients. Through attempts to eradicate direct and indirect effects of poverty, social workers specifically addressed employment and unemployment within the larger sphere of social inequity and political suppression (Ehrenreich, 1985). This article discusses the role taken (or not) by the profession of social work in bringing work into the therapeutic milieu.

Reich (2009) provides a comprehensive historical perspective of social work's commitment to address employment and economic issues. Clearly, the interest has waned over the decades. The descent from a growing disinterest, to what appears to be a full absence during the most recent economic crises, indicates a distancing of the current practitioner from her predecessors. "The link between the macro-economic system and the family micro-economic system ought to be apparent but has been denied by the helping profession" (Jones, 1991, p. 102). This is evidenced by the present-day failure to acknowledge work-related issues and the effects of employment and unemployment into individual interventions. As Reich (2009) suggests, these are social justice issues, the essence of social work practice. A review of the literature using the key words *social work*, *unemployment* work and *economy* supports the notion that social work, as a profession, has little interest in the role of work as a therapeutic milieu. Moreover, the limited literature on this topic is dated and coincides (for the most part) with poor economic times. For example, literature dated from the 1980's and early 1990's depict articles and researchers interested in social work and its relationship with unemployment. Other than



Reich's historical perspective (2009) interest appears to fade after that, with the most recent professional article on work almost a decade old (Reisch & Gorin, 2001). Why does social work appear to ignore the impact of employment on individuals and their environment?

### **Social Work and Employment in Perspective**

The National Association of Social Workers (NASW), published "Social Work Speaks to the Economy" (NASW, 2009). The report shed light on what the profession has identified as critical issues to be addressed during an economic crisis. It admits that, in the most recent economic meltdown, client financial troubles created an increase in clinical social work interventions. Despite this, the report fails to discuss how, or whether, social workers can facilitate alleviation of the individual financial crises that are often masked by the various presenting issues. It fails to address how work can often be a therapeutic resolution to individual and family predicaments. This position appears to betray the origin of the profession perhaps suggesting either a lack of knowledge or disinterest. Social work emerged during the latter years of the industrial revolution with a central purpose of addressing poverty in its myriad forms. Early pioneer Jane Addams' philosophy was that "social workers not only help people but also study the conditions under which they live" (Franklin, 1986, p. 510). Addams was unwavering in her attempt to make issues of unemployment and employment a public responsibility. Further, she adopted the notion that social workers needed to be involved in workplace conditions and the effects of those conditions on society that the profession was the 'social conscience of society' (Franklin, 1986). One clear effect of workplace conditions (or economic conditions) is the absence of work and income, and the effect of that on individual clients.

Mary Richmond, as the originator of the concept of social *casework*, promoted interventions whereby the individual, rather than societal conditions, received 'treatment' through methods calling for specific skills, knowledge and protocols (Franklin, 1986). This shift in focus was the beginning of decades of redefining the efficacy of employment as an individual intervention.

During the Great Depression of the 1930s, Francis Perkins worked within the Roosevelt administration to establish social policy that addressed the primary cause of familial and individual distress of the period. The lack of employment resurrected the concerns of the early social activists. Perkins, citing the importance of work in social interventions, devised economic safety nets and supports to alleviate the trauma and discord caused by lack of income. Her interest in unemployment and working conditions are evident in the Social Security Act, National Labor Relations Act, Civilian Conservation Corps, Fair Labor Standards Act - including child labor laws – and numerous New Deal policies and regulations (Downey, 2009).

### **Why Unemployment is a Social Work Concern?**

To work and contribute is an essential human activity that provides purpose and meaning. Employment brings more benefits than income alone. In America, a job defines a person's role in society; it brings an identity and a social network. It is common to engage in a therapeutic relationship with clients presenting problems such depression, anxiety, substance abuse, family conflicts and numerous other disorders, where the underlying circumstance is unemployment or under-employment. In several other fields - corrections, disability, and substance dependency - employment is found to be a defining element of recovery and reentry into a productive participation in society. The clients who utilize social services, regardless of modality (welfare, child welfare, individual and family counseling) frequently are the same people facing

employment problems (Briar Lawson, 2009). Yet, social work views unemployment as a temporary phenomenon with assistance tending to be crisis oriented (Macarov, 1988).

In her book "Social Work and the Unemployed" (1988), Katharine Hooper Briar recommended that occupational problem strategies, including job development and job search, be an integral part of an intervention. Hooper Briar suggested that occupational problem solving incorporates two beneficial processes: the assessment and stabilization of presenting symptoms and the acquisition of a source of income and personal identity.

In the traditional, and still current social work educational curriculum, this skill set is rarely developed. Social work education and training continues to equivocate the knowledge and skill criteria needed to attend to employment and its relationship to healthy functioning citizens.

### **Employment and the Education of Social Workers**

In a recent discussion surrounding social work and employment, several issues rose. Among these were the fact that little, if any, discussion or research has been presented on the topic since the earlier discussions of the 1980s and 1990s.

Riches (1989) suggested that the profession cares to know very little about the labor market and views unemployment as a macro economic policy issue, ignoring that it surfaces regularly as a factor in individual practice. Social workers' views on joblessness are 1) unemployment is considered too political for social work, 2) the invisible unemployed (women, older workers, people with disabilities or mental illness) are not seen as experiencing unemployment in its truest sense, and 3) the impact of unemployment on the individual is devalued as a rationale for client referral.

Michael Sherraden (1985a) was a voice on employment issues during the 1980's, with his seminal work on the importance of asset development in the eradication of poverty. He espoused that there is "no single social welfare issue more basic or more 'preventative' than employment" (p. 5). In an email conversation, Sherraden agreed that social work has been absent from the topic of employment/unemployment concerns and stated that the profession has shifted to mental health issues and psychological problems. He further noted that social workers have accepted a back seat in the debate (Sherraden, 2009).

In an effort to spur the profession to build an interest in work as an intervention, Sherraden developed a framework to better understand employment/unemployment policy options (Sherraden, 1985a). Twenty years later, based on the continued avoidance of this topic in social work education and curricula, work is still not an accepted intervention strategy alongside other clinical methodologies (Sherraden, 2009).

Michael Reisch (2009) agrees that career preparation remains focused on individual mental health and medical based practice. He believes that there is lack of a political agenda within social work that would seek greater ongoing partnership with employment advocates and specialists, such as the labor movement and employment services. Such partnerships need to be established even during times of largess, so as to be ready during times of need.

With the exception of its formative years, and during times of severe economic crisis, the relationship between social work and economics has been tenuous (Brucker, 2009). Katharine Briar Lawson (2009) claims that social work has preferred to focus on individual issues on the assumption that these are more concrete and present identifiable and treatable problems. She suggests that social work education has been resistant to including employment topics in curricula. Unemployment is unlikely to go away and, thus, will always be a concern for social work (Sherraden, 1985b). Riches (1994) noted, "Unemployment needs to be understood as a

central reality that requires a variety of responses.” Social Workers must know how to manage the toxic effects of an ailing economy on the most vulnerable citizens.

The current economic crisis (2009) has affected a different group, otherwise considered economically secure, adding them to the roles of those living and attempting to cope with personal and financial instability. Social workers now face interventions with a *nouveaux poor* population as well as the more traditional poor. The acknowledged stress and divisive effects of sudden poverty among typically well-to-do groups should be viewed as an example of the effect of unemployment on clients at all levels of income, but it is not. It seems, rather, that the need for therapy among this population is viewed as unusual and out-of-the ordinary; that this group has suffered more from the economic downturn than do those who encounter unemployment and lack of work on a regular basis. This disparity calls for continued research and discussion.

### **Social Work Education and Employment**

Tully et al. (2005) discuss the BSW curriculum policy statement of 1992, which states, in part: “[p]rograms of social work education must provide an understanding of the dynamics and consequences of social and economic injustice, including all forms of human oppression and discrimination...” (Tully et. al., 2005, p. 21). The curriculum policy addresses macro-economic issues and cycles in terms of social injustice and oppression. It does not address the intimate effect of micro-economics (e.g., household income, employment) on treatment or intervention.

Ehrenreich (1985) notes that many have historically pursued the MSW in order to enter the fiscally sound realm of private counseling, “They fled the profession’s traditional institutions for private practice, which grew dramatically” (Ehrenreich, 1985, p. 208). Yet, to be effective in clinical social work, one must be able to grasp common economic principles and apply them (Tucker, 1974). Neglecting important factors, such as employment, is to be remiss, thereby bringing about injustice to clients (Akabas & Gates, 2000).

Social work education must take responsibility for developing the competencies needed to address the effects of under- and unemployment. Reisch and Gorin (2001) implore educators to include topics related to the labor market, the legal and regulatory framework for employment, and the socio-cultural significance of work. They also suggest that direct practice courses could include topics on the ramifications of unemployment that lead to the reason clients seek out services. There are clear examples of how the profession could prepare itself to interface employment and economic issues both on the micro and macro levels. For example, social workers must be up-to-date on, and interact with, services linked to the labor market. These include career counseling and development through the publicly funded One Stop Career Centers, vocational and psychiatric rehabilitation services, and various state and national groups dedicated to employment. In addition, conversations around job search efforts, including career exploration and job interviews need to be present in any intervention with under- or unemployed clients. The connection of social work interventions to any of these areas fulfills the purpose and beliefs instilled in the profession by its founders over a century ago.

### **Conclusion**

In his keynote address to the Democratic Leadership Council (1991), then-Governor Bill Clinton stated, “Work is the best social program.” In this statement, Clinton accepted that work is an essential element of public welfare policy. In addition, the government’s role in addressing employment problems has typically been accepted and recognized by the profession of social

work. However, the profession has seemed to exclude itself from any role in this process; an opportunity to reverse this trend is here.

In 2009, NASW supported the American Recovery and Reinvestment Act, which is designed to provide assistance to states to prevent cuts to essential services to low-income families. More importantly, they report that a number of social workers have been appointed to key governmental positions including the Chief Economic policy advisor in the Office of the Vice President (NASW, 2009). There are currently nine social workers represented in Congress. In light of this representation of the field, the time may be ripe for social workers to once again become leaders in social welfare policy and incorporate work and employment in the therapeutic model, just as Addams, Perkins and Hopkins did many decades ago.

### References

- Akabas, S., & Gates, L. (2000). A social work role: Promoting employment equity for people with serious and persistent mental illness. *Administration in Social Work, 23*, 3/4.
- Briar Lawson, K. (2009). Personal conversation with author.
- Brucker, E. (2009). Economics and Social Work Lecture provided on May 31, 2009 to Doctoral Social Work Class at Widener University.
- Clinton, W. J. (1991). Keynote address May 6, 1991, Democratic Leadership Convention. Cleveland Ohio.
- Downey, K. (2009). *The Women Behind the New Deal: The Life of Frances Perkins, FDR's Secretary of Labor and his Moral Conscience*. Doubleday Publishing Group, New York.
- Ehrenreich, J. H. (1985). *The Altruistic Imagination*. Ithaca, NY: Cornell University Press.
- Franklin, D. L. (1986). Mary Richmond and Jane Addams: From moral certainty to rational inquiry in social work practice. *Social Service Review, December*, 504-525.
- Hooper Briar, K. (1988). *Social Work and the Unemployed*. Silver Springs Maryland: National Association of Social Workers Inc.
- Jones, L. (1991). Unemployed fathers and their children: implications for policy and practice. *Child and Adolescent Social Work, 8*(2), 101-116.
- Mascorov, D. (1988). Reevaluation of unemployment. *Social Work, January/February*, 23-28.
- National Association of Social Workers. Retrieved from [www.nasw.org](http://www.nasw.org). July 21, 2009.
- Reisch, M., & Gorin, S.H. (2001). Nature of work and future of the social work profession. *Social Work, 46*(1), 9-19.
- Reisch, M. (2009). Email correspondence with author.
- Reisch, M. (2009). Social workers, unions and low-wage workers: a historical perspective. *Journal of Community Practice, 17*, 50-72.
- Riches, G. (1989). Unemployment and the state: Implications for Canadian social work education, practice and research. *Canadian Social Work Review, 9*(1), 9-23.
- Riches, G. (1994). Rising unemployment, shrinking public welfare: Canadian and Australian comparisons. Implications for social work in the 1990's. *Australian Social Work, 47*(2), 3-12.
- Sherraden, M. W. (1985a). Employment policy: A conceptual framework. *Journal of Social Work Education, 21*(2), 5-14.
- Sherraden, M. W. (1985b). Chronic unemployment: A social work perspective. *Social Work, September – October*, 403-408.
- Sherraden, M.W. (2009). Email correspondence with author.

- Tucker, M. A. (1974). Interfacing economics with social work education. *Journal of Education for Social Work, 1*(1), 96-104.
- Tully, G., Nadek, M., & Lesser, M. (2005). Providing economic content for the 21<sup>st</sup> century BSW student. *Journal of Teaching in Social Work, 25*(3/4), 19-34.

**Elizabeth M. Van Houtte, Ph.D, MSW, CPRP** is currently a sessional instructor in the School of Social Work at Lakehead University, Orillia, Ontario, Canada. She has spent the last 25 years working in Community Mental Health, specializing in the development and implementation of vocational and rehabilitation programs both in the United States and Canada. She is a firm believer in the power of work. Dr. Van Houtte recently obtained her doctoral degree in Social Work at Widener University in Pennsylvania. Her research is titled “The Effect of Level of Counselor Education on Clients Receiving Services in the Public Vocational Rehabilitation System in New Jersey” examines the value of counselor competency when assisting people with disabilities to attain meaningful employment.

## **Goal Consensus is More than Just Agreement: Improving Therapeutic Relationships with Women who Experience Intimate Partner Violence**

Jennifer L. Root  
University of Toronto

### **Abstract**

*The working relationship between social workers and women who experience intimate partner violence (IPV) needs to be positive and supportive if we want to create real opportunities to help women be safe. Developing and implementing safety plans with women can be challenging for social workers when there is not shared agreement of what it means to be safe from IPV. The aim of this paper is to explore goal consensus, a common factor recognized as an essential element of the working alliance and therapeutic contract, as a mechanism for optimizing the working relationship between social work practitioners and women who experience IPV. Using Mackrill's framework the construct of goal consensus will be examined with particular focus on its contribution to better understanding women's 1) self-worth, 2) isolation and fear, and 3) agency within the context of help-seeking. The author suggests a shift in the current definition of goal consensus may go a long way in creating positive working relationships between social workers and women who experience IPV.*

The working relationship between social workers and women who experience intimate partner violence (IPV) needs to be positive and supportive if we want to create real opportunities to help women be safe. First described by Bordin (1979) as a key element of the therapeutic relationship or working alliance, the concept of goal consensus will be explored as it relates to improving individual outcomes for women who experience IPV. Exploring the applicability of goal consensus is important, especially within the context of working with women who experience IPV, as operationalizing women's safety plans can be challenging for social workers when there is not shared agreement of what it means to be safe from IPV. The aim of this paper is to explore the relevance of goal consensus to social work practice with women who experience IPV. First, the merits and limitations of goal consensus as an effective component of the working relationship between social workers and women will be reviewed. Second, using Mackrill's (2010) framework, goal consensus will be explored as more than simply an agreement on therapeutic goals between a social worker and a client. Meaning, the process and mechanics of goal consensus will be examined with particular focus on its contribution to 1) self-worth, 2) isolation and fear, and 3) agency.

### **Significance of Goal Consensus to Help-Seeking and Safety Decisions**

The potential safety or risk posed by women's decisions to stay or leave an abusive relationship has been reviewed in the literature, with some suggesting a decision to stay can be dangerous (Few & Rosen, 2005) or protective (Bell, Goodman, & Dutton, 2007; Koepsell, Kernic, & Holt, 2006) and a decision to leave can be dangerous (Johnson & Hotten, 2003) or protective (Bell et al., 2007; Koepsell et al., 2006). There continues to be no clear consensus among researchers, or social workers, that one approach elicits a more favorable outcome (i.e.

less potential for further violence and abuse) than another. Even with seemingly inclusive empirical findings, social workers often consider the approach of leaving (or attempting to leave) to be a greater demonstration of safety-decision making, (and protective of future harm) than other safety decisions. Furthermore, social workers often imagine physical safety, and reducing the threat of future physical harm, to be the primary goal of women's safety-decision making and help-seeking efforts. However, there is no empirical evidence indicating the elimination or minimization of physical harm is the *primary* motivation for women's safety-decision making and help-seeking. While this is undoubtedly an important component in women's safety-decision making (Stith, Smith, Penn, Ward, & Tritt, 2004), it is likely not the only factor contributing to a woman's active resistance to the violence and abuse she may be experiencing. Predominant social work understanding of help-seeking behaviour remains dichotomous (i.e. stay vs. leave) and represents a significant barrier to social work practice with women who experience IPV. Both social workers and women recognize talking about violence is an extremely difficult task and often can be a potential risk for further harm. However, this may not be the only reason women are hesitant to seek help beyond their friends and family. When women choose to connect with formal sources of support, such as a social worker, a women's advocate, or a physician, the working relationship can be a source of positive support, but it may also serve as a negative experience if her safety decisions, and by extension her goals, are considered to be ineffectual by helping professionals.

### **Goal Consensus**

As described by the psychological and therapeutic literatures, the term *goal consensus* typically refers to the therapist-patient (or as it applies to social work, the social worker-client) agreement on goals or expectations to be addressed during treatment (Orlinsky, Grawe, & Parks, 1994; Tryon & Winograd, 2001). The recognition of goal consensus as a common factor, more specifically as an essential element of the working relationship among social workers and clients, was with respect to the operationalization of the *therapeutic contract* and an established *working alliance*. Bordin (1979) identified goal consensus as one of three primary components of a positive working alliance between therapists and patients along with agreement on the methods used to achieve the stated goals and the sense of trust and attachment between therapist and patient. A number of studies based on Bordin's concept of the working alliance, including the development of the Working Alliance Inventory (Horvath & Greenberg, 1989), report goal consensus is a significant component of treatment based on positive outcomes (Horvath, 2005; Schnur & Montgomery, 2010).

### **Mechanics of Goal Consensus**

While the definition of goal consensus appears simplistic and can be summed up as an agreement on therapeutic goals, the actual mechanics or procedure(s) involved in arriving at goal consensus can be quite complex. Arriving at goal consensus often requires the social worker and client to be engaged in constant shared decision-making for the duration of the working relationship. Tryon and Winograd (2001) described a somewhat cyclical process of frequent goal identification, negotiation, discussion, and review. They suggest social workers work with clients to identify topics of importance and those that resonate with their attributions of blame for their difficulties. In fact, they state "when therapists communicate in these ways, patients feel understood, and the stage is set for cooperative therapeutic collaboration, a mutual commitment to goals, and involvement in the therapeutic process" (Tryon & Winograd, 2001, p. 387).



Mackrill (2010) echoed the sentiments of Tryon and Winograd (2001), yet takes his explanation of the mechanics of goal consensus to another level. Beyond simple goal agreement, Mackrill posits the exercise of arriving at goal consensus (i.e. working through the process of setting of goals), can it and of itself, be just as important as identifying and seeking to achieve the goal. He states, “The ongoing negotiation of goals with the client is a crucial means of empowering the client, helping him or her learn to negotiate goals, and feel more positive about his or her future” (2010, p. 104). Essentially, Mackrill suggests the process of goal consensus offers the opportunity to implicitly focus the client’s attention on the significance of the goals. From his perspective, goal consensus would be used to illicit opportunities for client’s to explore and reflect on their sense of self, what is/is not valued, expectations, fears, challenges, etc. The potential advantages of applying Mackrill’s expanded understanding of goal consensus as it applies to women’s self-worth, isolation and fear, and agency will be explored.

### **Applying Mackrill’s Understanding of Goal Consensus Self-worth**

Generally speaking, the working relationship between social workers and clients often includes exploring difficulties some women may have related to their sense of self-worth. More specifically, the psychological and emotional forms of abuse women experience in violent relationships can severely damage self-esteem and self-worth. As a result of this compromised self-worth, some women may be unable to fully articulate or identify personal goals, or find it difficult to value the goals they may have for themselves. Creating space for women to feel valued, and by extension having their personal goals valued, is an opportunity created by the concept of goal consensus. For example, asking a woman about her safety plan (her plan to stay safe would be her goal) lets her know her decisions and choices are valued by the social worker. By asking questions about how she arrived at this goal (creating “safety”), what staying safe means to her, how she has stayed safe in the past, what she will do to stay safe in the future, the social worker begins the process of working towards goal consensus, but more importantly, explicitly supports and values the goals she has set for herself already. This approach has the potential to directly attend to feelings of low self-esteem and self-worth purely by exploring the possibility of finding agreement on therapeutic goals.

### **Isolation and fear**

Goal consensus may provide an opportunity to explore another frequently occurring experience for women who are in violent relationships: isolation and fear. Perpetrators of IPV are typically coercive, controlling, and fear-provoking in their behaviour towards their partner. These abusive behaviours often contribute to women feeling isolated, alone, and afraid. Some women may be able to identify their own isolation and fear, while others may not. Furthermore, as it relates to their personal goals (whatever they may be), perpetrators will often devalue and ridicule their merit to such a degree that women begin to view any goal as problematic. Even goals of personal safety become problematic, meaning women may become convinced their goal of a life free from violence is unachievable. Given the deeply entrenched feelings of isolation, fear, and devaluing, social workers will need to cognizant of the personal risk and vulnerability women are likely struggling with when confronted with the suggestion of setting personal goals in therapy. Being asked by a social worker to share a personal goal requires women to be vulnerable; there is the possibility she will re-experience a negative reaction to her goal, thereby re-experiencing isolation and fear. For example, for a woman who chooses a safety plan which keeps her in close proximity to her abuser (because in her estimation she can monitor his triggers

more closely and manage his reactions more acutely), this short-term goal may not match with the safety goals of a child protection social worker. If the response from the social worker is negative, she may continue to devalue and problematize her goals in other parts of her life. However, if the social workers response is positive, exploring the rationale and hopes for her safety decision, there may be an opportunity to further develop the strong working relationship. In this case, goal consensus, via the process of setting personal goals, offers a chance to 1) honor the vulnerability and risk women take sharing their personal goals and 2) potentially repair some of the isolation and fear surrounding women's goals of creating safety. Having a social worker or another helping professional respond in a supportive and non-judgmental manner with respect to personal goals may positively relate to how women will create and express their goals in the future.

### **Agency**

Closely tied to isolation and feelings of self-worth, agency is another important area to be explored when working with women who experience IPV. Agency is defined as a person's recognition of their impact on the world and their ownership over making changes in their life (MacMurray, 2004). Focusing on goals asks women to consider their role in changing things in their lives, for instance their agency over decisions about how to best stay safe. While social work practitioners know women who experience IPV are active participants in resisting and responding to the violence in their lives (regardless of how their strategies are interpreted by others), their agency in making these decisions may be restricted or unrecognized. Creating space to discuss goals, places women in a position to explore their agency in goal setting and decision-making.

### **Other Fields of Social Work Practice**

While the primary purpose of this paper has been to explore the application of goal consensus to social work practice with women who experience IPV, the potential for this common factor to cut across all fields of social work practice should not be underestimated. By virtue of being a common factor, goal consensus, as both a component of a successful therapeutic alliance and as a process for exploring client challenges, could easily be incorporated social work practice with children, families, and individuals. Social workers within the health, mental health, child welfare, social service, education, research, and academic fields would benefit from the implicit and explicit opportunities discussing goals creates in terms of developing and operationalizing the therapeutic contract.

### **Conclusion**

Goal consensus is a recognized common factor in therapeutic relationships between social workers and clients. While typically understood to be a positive outcome of a shared agreement on therapeutic goals, an emerging change in the literature suggests social workers need to view the process of goal consensus as a means of challenging the various ways clients interact and view themselves and the world they live in. This shift in the definition of goal consensus may go a long way in creating positive working relationships between social workers and women who experience IPV, as sometimes there is a disconnect between the identified goals of women and the goals of social workers. Noting this disconnect may be important to the authenticity of the working relationship, but it should not be focused on in such a way as to damage or inhibit the self-worth, freedom, and agency of the women we work with.

## References

- Bell, M. E., Goodman, L. A., & Dutton, M. A. (2007). The dynamics of staying and leaving: Implications for battered women's emotional well-being and experiences of violence at the end of a year. *Journal of Family Violence, 22*(6), 413-28.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16*, 252-260.
- Few, A. L., & Rosen, K. H. (2005). Victims of chronic dating violence: How women's vulnerabilities link to their decisions to stay. *Family Relations, 54*, 265-279.
- Horvath, A. O. (2005). The therapeutic relationship: Research and theory [An introduction to the special issue]. *Psychotherapy Research, 15*, 3-7.
- Horvath, A. O., & Greenberg, L. (1989). The development and validation of the working alliance inventory. *Journal of Counseling Psychology, 36*, 223-233.
- Johnson, H., & Hotton, T. (2003). Losing control: Homicide risk in estranged and intact intimate relationships. *Homicide Studies, 7*(1), 58-84.
- Koepsell, J. K., Kernic, M. A., & Holt, V. L. (2006). Factors that influence battered women to leave their abusive relationships. *Violence and Victims, 21*(2), 131-147.
- Mackrill, T. (2010). Goal consensus and collaboration in psychotherapy: An existential rationale. *Journal of Humanistic Psychology, 50*(1), 96-107.
- MacMurray, J. (2004). What is action? Proceedings of the Aristotelian Society, Suppl.17 (1938, 69-85). In E. MacIntosh (Ed.), *John MacMurray: Selected philosophical writings* (pp. 31-46). Exeter, UK: Imprint Academic.
- Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 270-376). New York: Wiley.
- Schnur, J. B., & Montgomery, G. H. (2010). A systematic review of therapeutic alliance, group cohesion, empathy, and goal consensus/collaboration in psychotherapeutic interventions in cancer: Uncommon factors? *Clinical Psychology Review, 30*, 238-247.
- Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D. (2004). Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and Violent Behaviour, 10*, 65-98.
- Tryon, G. S., & Winograd, G. (2001). Goal consensus and collaboration. *Psychotherapy, 38*(4), 385-389.

**Jennifer Root, MSW**, is a PhD student at the Factor-Inwentash Faculty of Social Work, University of Toronto. For over 10 years, she has worked as an advocate and community researcher in the anti-violence against women field. Her current research is focused on examining the intersection of help-seeking strategies, fear, and love within violent intimate partner relationships.

## **Empirical and Conceptual Application of Self-Esteem: A Review of the Literature**

*Katherine L. Montgomery and Jeremy T. Goldbach  
The University of Texas at Austin*

### **Abstract**

*For approximately a century, the topic of self-esteem has been an increasingly popular subject in academic writing and social work practice. This article discusses the findings from a review of 167 articles that either conceptually or empirically explored the topic of self-esteem. Findings indicated that self-esteem is not well operationalized, and its use in literature is inconsistent and ill-defined. A widely accepted definition and conceptualization of self-esteem has not been established; thus, corresponding measurement tools are varied in purpose and definition. Despite recognition of a poorly defined and measured concept, researchers have continued to measure self-esteem and have made causal inferences regarding assessment and intervention strategies. Consequently, this confusion leads to unreliable methods for assessment and intervention. Further research is needed to clarify the definition of self-esteem, create conceptual consensus amongst professionals, and determine more consistent implications for practice and future research.*

The impact of self-esteem on human behavior has been discussed by social work practitioners and academicians for decades. Numerous studies have attributed varying levels of self-esteem to multiple social, behavioral, and interpersonal problems (Blaine, Rodman, & Newman, 2007; Cohane & Pope, 2001; Jumper 1995; Kling, Hyde, Showers, & Bushwell, 1999; Taylor & Montgomery 2007; Twenge & Campbell, 2001; Uziel, 2007), topics all of understandable concern to social workers. However, the dimensions of the term self-esteem, its operationalization, measurement, and applicability in health promotion and social work remain in question (Goodson, Buhi, & Dunsmore, 2006). The authors hypothesize that these discrepancies result in misleading measurement and interpretation, potentially leading to inaccurate clinical assessment and treatment approaches for clients. Therefore, this review examines the conceptual and empirical application of the term self-esteem and potential implications for its misuse in social work research and practice.

### **Background and Relevance of Self-Esteem**

Self-esteem has been examined and interpreted for over a century (Kling et al., 1999). It has been empirically connected to hundreds of variables that are of particular interest to social workers, written about in thousands of publications across a variety of fields (i.e., psychology, sociology, social work, education, medicine, and business), and has become a term heard in households, therapy sessions, business offices, probation departments, educational settings, athletic events, and a multitude of other environments (Alavi & Askaripur, 2003; Ando, Tsuda, & Moorey, 2006; Ciarrochi, Heaven, & Davies, 2007; Gotwals & Wayment, 2002; Valliant, Jensen, & Raven-Brook, 1995).

A simple search in PsycINFO for articles containing “self-esteem” produces more than 32,000 articles, revealing the first article including the topic of self-esteem was published in

1805. In the 1960s, however, discussions of self-esteem increased substantially in professional journals. It was during this time that the first and most widely utilized measure of self-esteem was developed by Morris Rosenberg (Rosenberg, 1965).

To illustrate the increasing importance of self-esteem in academic literature, a simple count of annually published articles was conducted. Between January 2000 and December 2004, 5,725 articles were published, and between January 2005 and December 2009, 6,645 articles were published. In total, 12,370 publications containing the topic of self-esteem have been published just in PsycINFO over the past decade, constituting over a third of all published articles from the initial search. Thus, the topic of self-esteem is clearly of increased relevance to researchers, educators, and practitioners.

While the topic of self-esteem has been predominately influenced by the field of psychology, social workers draw heavily from this work. Many of the theoretical frameworks to which social workers adhere involve the concept of self-esteem and its impact on behavior (Greene, 2008). Thus, given the relevance and utilization of the concept of self-esteem in the field of social work, the authors sought to understand the extent to which discord existed in the definition, conceptualization, and measurement of self-esteem in conceptual and empirical literature.

### **Methodology**

For feasibility purposes, the rigor of a comprehensive systematic review was not employed; however, a systematic method was utilized in attempts to attain comprehensive results. To assist the operationalization process, a common dictionary definition was used. According to the Merriam-Webster Online Dictionary (2008), self-esteem is defined as “a confidence and satisfaction in oneself: self-respect.” Using this definition, the authors searched a common social service database, PsycINFO, with the following search terms: “self-esteem,” “self-confidence,” “self-satisfaction,” and “self-respect.” The search produced a sample of 33,981 articles. For feasibility purposes, inclusion and exclusion criteria (described below) were used to focus the analysis.

### **Conceptual Analysis**

To meet inclusion criteria for the conceptual analysis of self-esteem, the articles had to have (a) been published in a peer-reviewed journal and (b) been a meta-analysis, systematic review, or literature review. One hundred-sixty-seven articles were available and met inclusion criteria for the conceptual sample. Each article was analyzed for three components: (a) definition, (b) conceptualization, and (c) measurement of self-esteem.

### **Empirical Analysis**

To meet inclusion criteria related to the empirical application of self-esteem, articles had to have (a) been published in a peer-reviewed journal, (b) been a meta-analysis or systematic literature review, (c) empirically examined the relationship between self-esteem and at least one additional variable, (d) identified methodology, and (e) reported all included studies. Thirty-two (n=32) publications met the inclusion criteria and comprised the final empirical sample.

Once articles were separated, they were each assessed for five components: (a) number of included studies; (b) specificity of described relationship between variable(s) and self-esteem; (c) inferred findings from measurement tool utilized; (d) whether inconsistency in definition,

measurement, and/or conceptualization was noted in literature review; and (e) whether the study solely utilized self-esteem measurement tools to measure self-esteem.

## Conceptual Article Results

### Definition of Self-Esteem

**Self-esteem and self-concept.** Of the articles reviewed, the term “self-concept” appeared more often than any other self-descriptive term in relation to self-esteem. Several authors used the two terms interchangeably with little to no differentiation between the two (Haney & Durlak, 1998; Juffer & Van IJzendoorn, 2007; Lee, 2006). Some authors rationalized that the two terms distinctly complemented each other (Blyth & Traeger, 1983; Butler & Gasson, 2005; Davis-Kean & Sandler, 2001). Of the authors who did offer a rationale, explanations were inconsistent. Most frequently, researchers considered self-esteem to be a domain within self-concept (Garaigordobil, Perez, & Mozaz, 2008; Perry, Silvera, Neilands, Rosenvinge, & Hanssen, 2008). Other researchers, however, described just the opposite: self-concept as a domain of self-esteem (Miyahara & Piek, 2006). A high level of variance existed in how the two terms were used and resulted in confusing language and application to the professional setting.

**Other self-descriptive terms.** A number of discrepancies in the literature were also related to alternative self-descriptive terms, which authors often used interchangeably with self-esteem. Terms such as self-evaluation, self-respect, self-regard, self-worth, self-acceptance, self-approval, self-attitude, self-satisfaction, self-feeling, self-efficacy, self-schema, self-view, and self-image were all noted as interchangeable terms in the literature (Goodson, et al. 2005; Miyahara & Piek, 2006). In one example, the author listed the terms “self-concept, self-confidence, self-worth, self-image, and self-assurance” and noted “hereafter called ‘self-esteem’” (Juffer & Van IJzendoorn, 2007, p.1070). In this article, the authors gave no explanation regarding how the five self-descriptive terms shared the same definition with self-esteem. It appeared as though it was enticing for researchers to rely on a “common sense” understanding of self-esteem, and therefore they believed interchanging terms did not warrant explanation.

### Conceptualization of Self-Esteem

**Global and domain specific self-esteem.** Perhaps the most frequently accepted conceptualization of self-esteem was the recognition of two types of self-esteem: global and domain specific. Many researchers described global self-esteem as a person’s overall self-esteem, while domain specific self-esteem referred to a changing self-esteem given the specific environments (Neiss, Sedikides, & Stevenson, 2002; Rubin & Hewstone, 1998). Some examples of specific environments studied included school/academic settings, home environment, and peer/social life (Coopersmith, 1981). When self-esteem measures were first identified and tested, they were primarily global (Winters, Myers, & Proud, 2002). However, Winters et al., (2002) further noted that recent evidence has suggested that the need for domain specific self-esteem measurement has called into question the validity and use of global scales.

**Implicit and explicit self-esteem.** Krizan and Suls (2008) noted that explicit self-esteem is “conventionally thought to reflect the operation of the rational, reflective system,” while implicit self-esteem was thought to “reflect the operation of the experiential, impulsive system” (p. 522). Some researchers suggested that in order to fully capture an individual’s self-esteem, both implicit and explicit measures must be examined. In the past decade, several measurement tools have been developed in attempts to measure implicit self-esteem by observing the automatic responses individuals have in reacting to different stimuli (Krizan & Suls, 2008).

Fazio and Olson (2003), however, questioned the reliability and validity of implicit measures, noting surprisingly low correlations among implicit measures. In reviewing the literature on the most commonly used scales to measure self-esteem, no implicit measures were listed.

***Trait and state self-esteem.*** Rubin and Hewstone (1998) defined trait self-esteem as “the product of self-evaluations made over a relatively long period of time”, whereas state self-esteem was defined as “the product of self-evaluations carried out in the immediate present” (p.42). Some researchers believed that these two types of self-esteem coexisted and, similar to explicit and implicit, both must be measured to define a person’s self-esteem (Mruk, 2006). It is difficult, however, to determine where a conceptual line or connection may be drawn to ascertain how trait, state, implicit, explicit, global, and domain specific self-esteem might work together to provide a framework upon which researchers may build. There seemed to be a great amount of both overlap and discord between the six terms as they were utilized in the literature.

### **Measurement of Self-Esteem**

Blascovich and Tomaka (1991) noted that over 200 measurements have been developed to measure self-esteem. Most were considered to be of questionable quality and were short-lived (Butler & Gasson, 2005). The five most utilized self-esteem measurement tools were the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965), the Coopersmith Self-Esteem Inventory (SEI; Coopersmith, 1981), Tennessee Self-Concept Scale (TSCS; Fitts & Warren, 1996), Peirs-Harris Self Concept Scale (PHSCS; Piers & Harris, 1969), Harter Self-Perception Profile for Children (SPPC; Harter, 1985), and Harter Self-Perception Profile for Adolescents (SPPA; Harter, 1988). By far, the RSES and the SEI were cited most frequently. While each of these measures has gained recognition and popularity, each was considerably different from the other due to the interpretation in definition. This is a finding that is similar to that of Winters and colleagues’ review of self-esteem measurements (2002).

***Cultural sensitivity.*** Of particular interest to social workers, there has been an increasing concern that self-esteem measures have not been sensitive to cultural differences and have been primarily designed for Western society (Butler & Gasson, 2005; Pyszczynski et al., 2004). Recent researchers have discussed the differences of cultural values in Eastern and Western civilization and corresponding effects on self-esteem. For example, a prevalent norm of Western culture is individualism, while Eastern culture strongly emphasizes responsibility to the group. This fundamental distinction between cultures has offered a vastly different lens through which ideas about the role of self have been viewed. Several researchers have questioned the lack of cultural sensitivity in existing self-esteem measurements.

***Faulty self-assessment.*** One of the articles that met conceptual inclusion devoted significant attention to the issue of faulty assessment. Due to the important findings and substantial implications this article offered regarding self-esteem, it was deemed relevant to devote a small section to highlight their review. Dunning, Heath, and Suls (2004) conducted a systematic review examining the use of self-report across several different disciplines. Findings suggested that people have often over or underestimated themselves and did not accurately account for the influence of fear and anxiety. In addition, those that were considered to be highly “self-aware” have often reported something different than what the reality has been or will be. In an example, the authors discussed a study of assistant professors who were denied tenure. They found that the amount of time professors reported was needed to overcome the shock, versus the actual amount of time it took to recover, were vastly different. Assistant professors were, in fact, much more resilient than they had initially reported (Dunning et al., 2004). Taking



this study into account, self-esteem measures may be facing an additional problem. Almost all of the measurements utilized have been self-report and, further, all of the more valid and most widely used measures have been *solely* based on self-report.

## **Empirical Article Results**

### **Measurement Tools**

In line with previous research, results indicated that the RSES was the most commonly utilized measurement tool across studies. While there were nine scales used most frequently, over 31 different scales were identified. Of the thirty-one identified, however, only three of the scales used to measure self-esteem were actually labeled as “self-esteem” measurement scales. Furthermore, only 9% (n=3) of the studies solely utilized “self-esteem” scales. Most of the other tools were identified as self-concept, self-perception, or self-worth scales. In each of the articles (n=32), the results from the measurements were used to infer causality – or lack thereof – regarding a relationship with self-esteem.

### **Relationship with Self-Esteem**

Each article concluded that there was either 1) a relationship, 2) no relationship, or 3) a mixed relationship reflecting results between self-esteem and the observed variable(s). Sixty-three percent (n=20) concluded that there was a relationship, 9% (n=3) concluded no relationship, while 28% (n=9) concluded that the results were too varied to report one way or another. Interestingly, of the reported results in the individual articles that stated there was a relationship between self-esteem and the observed variable(s), seven of the 20 (35%) articles had, in fact, mixed results. It appeared that the researchers of the seven articles had a sufficient number of studies to calculate a weak effect size and, thus, concluded that the relationship was present but weak.

### **Inconsistency Discussed**

Although existing literature has clearly recognized the inconsistency in the definition and conceptualization of self-esteem, only 22% (n=7) noted this issue in their literature review section. Furthermore, three out of the seven that did mention the inconsistency of self-esteem reported mixed results. The remaining 78% (n=25) described the relationship between self-esteem and the observed variable(s) without alluding to the discrepancies in definition, conceptualization, or measurement. Therefore, the vast majority of articles reviewed made causal inferences regarding the relationship, or lack thereof, between the concept of self-esteem and the observed variable(s) without regard for the instability of the definition of self-esteem.

## **Discussion**

The findings from this review are of great concern and suggest a need for further research on the definition, conceptualization, and measurement of self-esteem. After a century of research, this review reveals that there is no common agreement on the definition and conceptualization of self-esteem among researchers from multiple fields. Further, scientists have developed hundreds of measurement tools to measure a phenomenon that cannot be accurately defined. More than three-fourths of the articles studied in this review made no reference to the discrepancy in defining and conceptualizing self-esteem. Without greater attention to these

issues, researchers will continue to measure the effects of self-esteem incorrectly and conclude potentially spurious and false results.

### Practice Implications

Social work clinicians often implement services targeted to assess and/or change a client's self-esteem (Gleason, 2008; Turner, 2011). These findings illustrate, though, the importance of a cautious interpretation when including the concept of self-esteem in assessment or treatment planning. Currently, there is little certainty in truly knowing if there is any relationship between self-esteem and behavior. Thus, social work clinicians should view self-esteem assessments and interventions through a skeptical lens until further consensus has been developed.

### Research Implications

As social workers, one of our greatest challenges is to bridge the gap between research and practice. While it may be argued that self-esteem is too complex to define and measure, if we continue to use self-esteem as a theoretical foundation in working with clients, it is important that a measure be developed. Bridging the gap between research and practice can be difficult; however, the use of a word so commonly accepted in practice warrants more precise, explicit, scientific definition and study. As social workers, we operate from a theoretical lens that would support this endeavor. From a generalist and systems perspective (Hutchinson, 2010), social workers advocate for interdisciplinary collaboration. Experts in self-esteem research must come together and develop an agreed upon definition and conceptual framework from which future research may be built. It is only then that we can begin to understand how the widely studied phenomenon of self-esteem actually impacts human behavior and social science.

### References

- Alavi, H., & Askaripur, M. (2003). The relationship between self-esteem and job satisfaction of personnel in government organizations. *Public Personnel Management, 32*, 591-600.
- Blaine, B. E., Rodman, J., & Newman, J. M. (2007). Weight loss treatment and psychological well-being: A review and meta-analysis. *Journal of Health Psychology, 12*, 66-82.
- Blascovich, J., & Tomaka, J. (1991). Measures of self-esteem. In J. P. Robinson, L. S. Wrightsman, & F. M. Andrews (Eds.) *Measures of personality and social psychological attitudes* (p. 115-160). San Diego, CA: Academic Press.
- Blyth, D., & Traeger, C. (1983). The self-concept and self-esteem of early adolescents. *Theory Into Practice, 22*, 91-97.
- Butler, R. J., & Gasson, S. L. (2005). Self-esteem/self-concept scales for children and adolescents: A review. *Child and Adolescent Mental Health, 10*, 190-201.
- Cohane, G. H., & Pope, H. (2001). Body image in boys: A review of the literature. *International Journal of Eating Disorders, 29*, 373-379.
- Coopersmith, S. (1981). *SEI: Self-esteem inventories*. Palo Alto, CA: Consulting Psychologists Press.
- Davis-Kean, P.E., & Sandler, H. M. (2001). A meta-analysis for preschool self-concept measures: A framework for future measures. *Child Development, 72*, 887-906.
- Dunning, D., Heath, C., & Suls, J. (2004). Flawed self-assessment: Implications for health, education, and the workplace. *Psychological Science in the Public Interest, 5*, 69-106.

- Fazio, R., & Olson, M. (2003). Implicit measures in social cognition research: Their meaning and uses. *Annual Review of Psychology, 54*, 297-327.
- Fitts, W. H., & Warren, W. L. (1996). *Tennessee Self-Concept Scale*. Los Angeles, CA: Western Psychological Services.
- Garaigordobil, M., Pérez, J., & Mozaz, M. (2008). Self-concept, self-esteem and psychopathological symptoms. *Psicothema, 20*, 114-123.
- Gleason, E. T. (2008). *Strengths-based school social work: The role of youth development*. Ann Arbor, MI: ProQuest.
- Goodson, P., Buhi, E. R., & Dunsmore, S. (2006). Self-esteem and adolescent sexual behaviors, attitudes, and intentions: A systematic review. *Journal of Adolescent Health, 38*, 310-319.
- Gotwals, J., & Wayment, H. (2002). Evaluation strategies, self esteem and athletic performance. *Current Research in Social Psychology, 8*, 84-101.
- Greene, R. R. (2008). *Human behavior theory and social work practice* (3rd ed.). New Brunswick, NJ: Transaction Publishers.
- Haney, P., & Durlak, J. A. (1998). Changing self-esteem in children and adolescents: A meta analytic review. *Journal of Clinical Child and Adolescent Psychology, 27*, 423-433.
- Harter, S. (1985). *Manual for the Self-Perception Profile for Children*. Denver, CO: University of Denver Department of Psychology.
- Harter, S. (1988). *Manual for the Self-Perception Profile for Adolescents*. Denver, CO: University of Denver Department of Psychology.
- Hutchinson, E. D. (2008). *Dimensions of human behavior: Person and environment* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage Publication.
- Juffer, F., & Van Ijzendoorn, M. (2007). Adoptees do not lack self-esteem: A meta-analysis of studies on self-esteem of transracial, and domestic adoptees. *Psychological Bulletin, 133*, 1067-1083.
- Jumper, S. A. (1995). A meta-analysis of the relationship of child sexual abuse to adult psychological adjustment. *Child Abuse & Neglect, 19*, 715-728.
- Kling, K., Hyde, J., Showers, C. J., & Bushwell, B. N. (1999). Gender differences in self-esteem: A meta-analysis. *Psychological Bulletin, 125*, 470-500.
- Krizan, Z., & Suls, J. (2008). Are implicit and explicit measures of self-esteem related? A meta analysis for the Name-Letter test. *Personality and Individual Differences, 44*, 521-521.
- Lee, B. (2006). Caring-self and women's self-esteem: A feminist's reflection on pastoral care and religious education of Korean-American women. *Pastoral Psychology, 54*, 337-353.
- Miyahara, M., & Piek, J. (2006). Self-esteem of children and adolescents with physical disabilities: Qualitative evidence from meta-analysis. *Journal of Development and Physical Disabilities, 18*, 219-234.
- Mruk, C. J. (2006). *Self-esteem, research, theory, and practice*. New York: Springer Publishing Company.
- Neiss, M. B., Sedikides, C., & Stevenson, J. (2002). Self-esteem: A behavioral genetic perspective. *European Journal of Personality, 16*, 351-368.
- Perry, J., Silvera, D., Neilands, T., Rosenvinge, J., & Hanssen, T. (2008). A study of the relationship between parental bonding, self-concept and eating disturbances in Norwegian and American college populations. *Eating Behaviors, 9*, 13-24.
- Piers, E.V., & Harris, D.B. (1969). *Manual for the Piers-Harris Self-Concept Scale*. Nashville, TN: Counselor Recording and Tests.

- Piers, E.V. (1984). *Piers-Harris Children's Self-Concept Scale Revised Manual*. Los Angeles, CA: Western Psychological Services.
- Pyszczynski, T., Greenberg, J., Solomon, S., & Arndt, J. (2004). Why do people need self-esteem? A theoretical and empirical review. *Psychological Bulletin*, 130, 435-468.
- Rosenberg, M. (1965). *Society and the adolescent self image*. Princeton, NJ: Princeton University Press.
- Rubin, M., & Hewstone, M. (1998). Social identity theory's self-esteem hypothesis: A review and some suggestions for clarification. *Personality and Social Psychology Review*, 2, 40-62.
- Taylor, T. L., & Montgomery, P. (2007). Can cognitive-behavioral therapy increase self-esteem among depressed adolescents? A systematic review. *Children and Youth Services Review*, 29, 823-839.
- Turner, F. J. (2011). *Social work treatment: Interlocking theoretical approaches (5<sup>th</sup> Ed.)*. New York: Oxford University Press.
- Twenge, J., & Campbell, W. K. (2001). Age and birth cohort differences in self-esteem: A cross temporal meta-analysis. *Personality and Social Psychology Review*, 5, 321-344.
- Uziel, L. (2007). Individual differences in the social facilitation effect: A review and meta analysis. *Journal of Research in Personality*, 41, 579-601.
- Winters, N. C., Myers, K., & Proud, L. (2002). Ten-year review of rating scales. III: Scales assessing suicidality, cognitive style, and self-esteem. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41, 1150-1181.

**Katherine L. Montgomery, MSSW**, is a third-year doctoral student in the School of Social Work at The University of Texas at Austin. With approximately ten years of experience in working with at-risk youth and families, Katherine's primary area of interest coalesces around translational research impacting the prevention and treatment of juvenile delinquency. Funded by the RGK foundation, Katherine is currently serving as the principal investigator of her dissertation study entitled *Efficacy of a school-based intervention with at-risk adolescents: A randomized controlled trial*. Corresponding information can be sent to Katherine Montgomery at [kmontgomery@mail.utexas.edu](mailto:kmontgomery@mail.utexas.edu).

**Jeremy T. Goldbach, LMSW**, is a Research Associate with BAI, and a doctoral candidate at the University of Texas at Austin. Jeremy completed his Masters degree at UT-Austin and has been funded through Fellowship under the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), specializing in Prevention Science. Jeremy's research interests involve cultural competence in prevention practice, with a special focus on sexual and ethnic minority youth. Jeremy may be contacted at [jeremy.goldbach@gmail.com](mailto:jeremy.goldbach@gmail.com).

## Reflections on Evidence Based Practice Criticisms: Updating Today's Social Worker

Lindsay Dianne Shepard  
University of Utah

### Abstract

*As the emphasis on evidence-based practice and evidence-based research in the field of social work continues to grow, it is increasingly pertinent that today's social worker is well-versed in its on-going debate, its theoretical strengths and limitations, its store of resources, and the state of its current adoption. As such, this essay specifically explores the arguments associated with resistance to and issues of changing to the evidence-based practice model, namely that the field is not prepared in terms of resources for such an overarching paradigm change. This concern is addressed as objectively as possible, acknowledging both the preparation and potential benefits of evidence-based practice, but also the reality of its limitations. Ultimately, this exploration is intended to dissolve misconceptions of the adaptation to evidence-based practice, minimize unnecessary resistance to change, and finally, achieve an increased understanding of the pending limitations of applying evidence-based practice to the field of social work and to social interventions.*

As the emphasis on evidence-based practice and evidence-based research in the field of social work continues to grow, it is increasingly pertinent that today's social worker is well-versed in its on-going debate, its theoretical strengths and limitations, its store of resources, and the state of its current adoption. Mullen and Streiner (2004) expressed in their review of the evidence for and against evidence-based practice, "It is probably safe to say that no innovation has generated as much argument and heat as the introduction of evidence-based practice (EBP) and policy" (p. 111). On the pro-side, EBP is heralded as a substantial advancement toward better practice and policymaking in healthcare, education, criminal justice, and human services (e.g., Gambrill, 1999; Gibbs & Gambrill, 2002; Gray, 2001; Macdonald, 1999; Marshall, 1995; Sackett, Richardson, Rosenberg, & Haynes, 1997; as cited in Mullen & Streiner, 2004). The counter-argument, however, maintains certain reservations and criticisms of EBP. Straus and McAlister (2000) developed an extensive classification of the criticisms against evidence-based medicine, which most reviewers cite extensively as indicative of the counter-arguments and misconceptions of EBP in general; these limitations and misperceptions are summarized as follows:

Two types of limitations were identified: those applying to medical practice in general (shortage of coherent, consistent scientific evidence; difficulties in applying evidence to the care of individual patients; and barriers to the practice of high-quality medicine) and those applying specifically to EBM (the need to develop new skills; limited time and resources; and paucity of evidence that EBM works). Criticisms resulting from misperceptions of EBM were identified as being that it (1) denigrates clinical expertise, (2) ignores patients' values and preferences, (3) promotes a "cookbook" approach to medicine, (4) is simply a cost-cutting tool, (5) is an ivory-tower concept, (6) is limited to clinical research, and (7) leads to therapeutic nihilism in the

absence of evidence from randomized trials (Straus & McAlister, 2000; as cited in Mullen & Streiner, 2004, p. 114).

Certainly each counter-argument merits particular attention and address towards the resolution of concerns and the absolution of conflict regarding EBP. However, this essay will specifically explore the arguments associated with resistance to and issues of changing to the EBP model, namely that the field is not prepared in terms of resources for such an overarching paradigm change. This concern will be addressed as objectively as possible, acknowledging both the preparation and potential benefits of EBP, but also the reality of its limitations. This focus was chosen because of its recurring appearance in preliminary readings of expert reviews of EBP criticisms, but only general and surface level exploration. Ultimately, this review is intended to dissolve misconceptions of the adaptation to EBP, minimize unnecessary resistance to change, and finally, achieve an increased understanding of the pending limitations of applying evidence-based practice to the field of social work and to social interventions; thus the final desired outcome is for researchers, professionals, policy-makers, and students to feel inspired and empowered to work toward the resolution of the issues currently impeding the potential benefits of EBP.

### **Misconceptions of EBP Resources**

As indicated by Straus and McAlister (2000) above, a criticism of EBP is that resources are too limited and that there is not enough “coherent, consistent scientific evidence” (as cited in Mullen & Streiner, 2004, p. 114). While this is a valid concern and consideration, this criticism is in part misconstrued. While EBP is a young field, there is a foundation of valuable research that predates its inception. In fact, Gibbs & Gambrill pointed out that “almost two decades ago, a randomized control trial demonstrated the efficacy of electronic means to locate evidence regarding questions of concern in social work practice” (Gibbs & Johnson, 1983; as cited in Gibbs & Gambrill, 2002, p. 463), meaning that the resources and research access have been in existence for quite some time. And as for the present, resources and provisions are increasingly being made available. Gibbs and Gambrill (2002) identify that “advances in electronic bibliographic databases and in ways to access them have made EBP possible” (p. 461). Furthermore, Chalmers (2003) describes some of these EBP resource advances: “The advent of electronic publishing has transformed the potential for providing the detail required and allows systematic reviews to be updated when additional data become available and improved in other ways when ways of doing this are identified” (p. 12). He also goes on to discuss how both the Cochrane Collaboration and the Campbell Collaboration are “exploiting the advantages of electronic media,” by making their resources and systematic reviews publicly available promptly after submission (Chalmers, 2003, p. 14). To all of these advances, Mullen and Streiner (2004) also distinguish that while “EBP is most prominent in the United Kingdom, Canada, and the United States, it is now popular in many Northern European countries, including Sweden, Finland, Norway, Denmark, and the Netherlands, where outcome measurement and effectiveness in public services are increasingly seen as important by governments and citizens” (Mullen, in press; Mullen, 2003a, 2003b; as cited in Mullen & Streiner, 2004, p. 112); the field of EBP is developing and growing in terms of resources as well as in contributing bodies. Thus, these reviewers address concerns related to the youth of EBP and its available resources, by demonstrating recent developments and informing practitioners of the wealth of provisions at their disposal.

The response of these reviewers to this concern, however, is far from exhaustive; in fact, it is merely introductory. Many other EBP developments and resources are coming forth. In terms of education and research training, both the University of Oxford and Harvard University have developed EBP graduate research programs in the past few years (Department of Social Policy and Social Work, University of Oxford, 2007; Harvard School of Public Health, Harvard University, 2008). The number one and number four, according to US News & World Report (2008), Masters of Social Work programs, at Washington University in St. Louis and Columbia University respectively, affirm a foundation and leading position in evidence-based research (George Warren Brown School of Social Work, Washington University in St. Louis, 2008; School of Social Work, Columbia University, 2008). Additional research groups in Crime and Justice, Education, and Social Welfare have been developed as part of the Campbell Collaboration since its inauguration in 2000 (Chalmers, 2003). Many EBP journals have been founded in recent years (Chalmers, 2003) and even the Journal of Social Work Education has produced a special issue on “Promoting and Sustaining Evidence-based Practice” (JSWE, Fall 2007). There has been a marked increase in research conducted to EBP standards, centres have been formed for the dissemination of research to policymakers and practitioners, online databases have become increasingly easy to access, and reference books have become more available (Mullen & Streiner, 2004). Thus, the counter-argument criticizing the unavailability and underdevelopment of EBP resources is an unfortunate misconception. In terms of the wealth of EBP resources and the growing expanse of its following, some of the antagonism asserted by EBP criticism is misconstrued and unnecessary. Hopefully, the dissemination of this information will minimize unnecessary resistance to the changes proposed by EBP.

### **Limitations of EBP Resources**

However, all of these listings demonstrating the development and growth of EBP resources are not to insinuate that the full adoption of EBP in social work and social interventions is requisite at this time; rather, it is to correct the misconception regarding the unavailability or limited availability of resources and subsequently, minimize unnecessary resistance to change. The further direction of this essay will be to look more specifically at the changes to social work and social interventions required by EBP and explore the validity of the counter-argument concerns. Mullen and Streiner (2004) introduced one of the most difficult obstacles for the adoption of EBP to social work and social intervention when they explained,

EBP ranges in meaning from, on the one hand, some recognition of the need to use research findings to aid in practice decision making to, on the other hand, a paradigm shift (Gambrill, 2003). We take the position that EBP requires a major philosophical and technological change for the field, rather than simply an incremental increase in the use of research in decision making. Accordingly, we consider EBP to encompass both evidence-based practices as well as an *evidence-based process*. (p. 112)

As distinguished by Mullen and Streiner (2004), the adoption of EBP in social work and social interventions is more than gradually referring more and more to research in decision making. Nor is it as simple as using the resources; rather, it involves a “paradigm shift” that requires adapting the entire process. As Gibbs and Gambrill (2002) explain, “It requires changes in how we locate and integrate research into practice” (p. 453). As Gibbs and Gambrill (2002) further outline, EBP involves an entire process where “evidence-based professionals pose specific answerable questions regarding decisions in their practice, search electronically for the answer, critically appraise what they find, carefully consider whether findings apply to a

particular client, and, together with the client, select an option to try and evaluate the results” (p. 453). While this process plausibly offers a multitude of benefits to social work and social interventions by combining practitioner expertise and client preferences with the best evidence, the likelihood of changing such processes on a macro-level seem improbable. In fact, Gibbs and Gambrill (2002) recognize that “encouraging practitioners to be evidence based may clash with expected behaviors in authority-based agencies” and that it may be unfavourable for them to ask questions regarding the effectiveness of their agency’s services (Gambrill, 1999; as cited in Gibbs & Gambrill, 2002, p. 468). Thus, the change to EBP in social work and social services engages whole agencies as well as their practitioners, the logistics and reality of which present a very real concern with EBP. The criticism of EBP that it lacks the resources is partially founded in that there are not systems or tools developed to aid in the transition. The pending paradigm shift frankly requires further research and preparation.

Another relevant counter-argument to EBP likewise needs to be further addressed and researched; it is in reference to both the quality and quantity of available research. As Gibbs and Gambrill (2002) state, “Although many authors include term *evidence based* in their titles, their content does not reflect the process outlined above (e.g., see Corcoran, 2000; Vandiver, 2002). Some authors use the term *evidence based* to refer to research reviews that do not reflect the level of critical appraisal called for in key sources describing evidence-based practices (e.g. Sackett et al., 1997)” (p. 457). Thus, although it has been noted that evidence-based resources are growing in quantity and availability, that does not directly infer that this research meets requisite standards of evidence-based quality. Furthermore, though research access is improving, Mullen and Streiner (2004) inquire “whether there are enough high-quality studies so that evidence-based decisions can be made” (p. 114). Though EBP asserts the significance of research, few studies have explored this possibility. Certainly, the quality and quantity of EBP research should be assessed and evaluated before asserting it as the premium. This considered, Chalmers’ (2003) recommendation to produce more “rigorous, transparent, up-to-date, replicable evaluations of policy and practice” through the conduct of 1) systematic reviews of existing research and 2) additional research, proposes a starting point (p. 1); if followed by practitioners, researchers, agencies, and students, both the quality and quantity of EBP resources can be improved. Until that point of researched and evaluated development, however, the criticism of the quality and quantity of EBP research stands.

### **Conclusion**

Thus, it is hoped that this objective review of the criticisms revolving around resistance to the changes proposed by EBP has dissolved misconceptions and minimized unnecessary resistance to change, but also achieved an increased understanding of the pending limitations of applying EBP to the field of social work and to social interventions. It is certainly difficult to maintain a consistently optimistic outlook when encountering such issues of development and implementation, but As MacIntyre and Petticrew (2000) defined: let us not fall prey to “unjustified defeatism in the face of apparent operational or ethical problems” (p. 803). Clients, agencies, and practitioners alike merit the quality of informed, evaluated, and seasoned practice proposed by EBP. May researchers, professionals, policy-makers, and students feel inspired and empowered to work toward the resolution of the issues currently impeding the potential benefits of EBP.



## References

- Chalmers, I. (2003). Trying to do more good than harm in policy and practice: the role of rigorous, transparent, up-to-date evaluations. *Annals of the American Academy of Political and Social Sciences*, 589 (Sept), 22-40.
- Department of Social Policy and Social Work, University of Oxford (2007).  
<http://www.spsw.ox.ac.uk/students/prospective/courseinfo/msc-mphil-ebsi.html>
- George Warren Brown School of Social Work, Washington University in St. Louis (2008)  
<http://gwbweb.wustl.edu/research/Pages/Overview.aspx>
- Gibbs, L., & Gambrill, E. (2002). Evidence-based practice: Counterarguments to objections. *Research on Social Work Practice*, 12, 452-476.
- Harvard School of Public Health, Harvard University (2008).  
<http://www.hsph.harvard.edu/academics/master-of-public-health-program/current-students/degree-concentrations/index.html#qm>
- Journal of Social Work Education* (2007). 43(3), 361-462.
- MacIntyre, S., & Petticrew, M. (2000). Good intentions and received wisdom are not enough. Editorial, *Journal of Epidemiology and Community Health*, 54, 802-3.  
<http://jech.bmjournals.com/cgi/content/full/54/11/802>
- Mullen, E.J., & Streiner, D.L. (2004). The evidence for and against evidence-based practice. *Brief Treatment and Crisis Intervention*, 4(2), 111-121.
- Oakley, A. (1998). Experimentation and social interventions: A forgotten but important history. *BMJ*, 317, 1239-42. <http://bmj.bmjournals.com/cgi/content/full/317/7167/1239>
- Sackett, D. L., Rosenberg, W. M. C., Muir Gray, J. A., Brian Haynes, R., & Scott Richardson, W. (1996). Evidence based practice: what it is and what it isn't. *BMJ*, 312, 71-72.  
doi:10.1136/bmj.312.7023.71
- School of Social Work, Columbia University (2008).  
[http://www.columbia.edu/cu/ssw/admissions/pages/programs\\_and\\_curriculum/index.html](http://www.columbia.edu/cu/ssw/admissions/pages/programs_and_curriculum/index.html)
- Straus, S.E., & McAlister, F.A. (2000). Evidence-based medicine: A commentary on common criticisms. *Canadian Medical Association Journal*, 163, 837-841.
- US News & World Report (2008). Best graduate schools: Social work. <http://grad-schools.usnews.rankingsandreviews.com/grad/sow/search>

**Lindsay Dianne Shepard** received a BA from Brigham Young University in English, Women's Studies, and African Studies in 2007 and an MSc from the University of Oxford in Evidence-Based Social Intervention in 2009. She is currently working towards a Master's and Ph.D. of Social Work at the University of Utah.

## Reflections on Doctoral Education in Chicago

Trevor G. Gates, LCSW, CADC  
University of Illinois at Chicago

### Abstract

*Doctoral education in social work can be an arduous journey, especially for new doctoral students. Dusting off knowledge of research, statistics, and other concepts can be challenging for new social work doctoral students and future social work researchers. Despite the scholarly rigor required of students, their journeys pale in comparison to the daily struggles of the homeless, and others in society who are disadvantaged. This article reflects upon one student's experience as a newly matriculating doctoral student, a popular pop song from the 1980's, and homelessness in Chicago, IL. Strategies for managing the pressures doctoral education are explored.*

### Reflections on Doctoral Education in Chicago

Doctoral education in social work presents vast opportunities for learning, both inside and outside of the classroom. Returning to the University for my doctoral education was always part of my plans as a professional social worker, and I was excited about the possibility of getting started, albeit tense about the process of dusting off some of my research knowledge from my Master of Social Work (MSW) program. Applications were filed, decisions were issued, and I ultimately made the decision to continue my studies at the Jane Addams College of Social Work at the University of Illinois at Chicago. Jane Addams College of Social Work (JACSW), in the spirit of its pioneering social activist namesake, strives to meet the needs of the poor and the oppressed, and among other objectives, serves the often marginalized and disadvantaged members of the greater Chicagoland area (JACSW, n.d.). In this article, I will discuss my first week at JACSW and the unconventional opportunity for learning in the City of Chicago.

### First Week of Study

During my first week in the doctoral program, the stress level was high among my cohorts and I. Several of us in my cohort had long deposited much of our knowledge about statistics and research methods to the recesses of our minds, to be retrieved on the day that we return to our studies. My MSW program, like many I suspect, provided students in the clinical track with a complex yet cursory knowledge of research and statistics. That knowledge was sufficient for many MSW students, who would pursue careers as clinical social workers and therapists, and for those masochists among us who would go on to pursue doctoral studies, a baseline level of competence in preparation for our training as future social work researchers. Though several of the faculty members at JACSW did a superb job of easing our worries, I imagine that several in my doctoral cohort had nightmares about measuring association, testing regression hypotheses, and two-way analysis of variance as we trudged through our first week of study (Norisus, 2008).

As I traveled to the University on that first week of study, my mind was on the verge of explosion, partly due to the onslaught of readings, as well as tinkering with preliminary research ideas, typical activities of doctoral study. As I stood waiting for my train, the Jackson stop on

the infamous Chicago “L” or elevated train, blaring from the platform was the theme song to the film *Rocky III*, the song “Eye of the Tiger.” Lamenting his difficulty coping with life on the streets, middle-aged African American man, his collection can nearly empty, bellowed the words to the song:

“Rising up, back on the street  
Did my time, took my chances  
Went the distance, now I'm back on my feet  
Just a man and his will to survive” (Survivor, 1982).

Apparently living with chronic behavioral health issues and without a permanent place to live, the man moved his arms with zeal, with passion, claiming the strength of the song as his own. Concepts of statistics aside, it was in that moment that I was reminded of my purpose as a clinical social worker and future social work researcher. Fretting about statistical concepts and research methods seemed like a miserable comparison to this man’s struggle to survive.

### **Resilience and Survival**

The capacity and resilience of the homeless in coping with the daily stressors associated with homelessness is well documented in social welfare literature. Sociologist Douglas Harper (2006) documented the struggles and triumphs of American homeless or “tramps,” as he calls them, through his photographic and narrative journey jumping trains throughout the United States. Harper’s subjects were characterized as victims of alcoholic and mental illness, but with remarkably keen abilities to find migrant work, survive the elements of the streets, and lead independent lives. Finding and accessing social services, scavenging their environments for basic necessities, bartering/selling, and asking others for money or “panhandling” demonstrates the ability of the homeless to lead often incredibly vulnerable but surprisingly resilient existences (Borchard, 2005). People who are homeless consistently are exposed to violence, come from families who are abusive, and negotiate their ways through oft-hostile worlds, while maintaining a resourcefulness that enables them to survive on the streets (Kennedy, 2007).

People who experience homelessness are at times successful at navigating their worlds, and develop the capacity to overcome homelessness, should that be their goal. Proel’s study of homeless older adults describes a Catholic organization that assists the elderly without permanent homes to achieve their goals of housing stabilization, of meeting their own nutritional needs, and finally overcoming substance and behavioral health issues (2007). Adolescents who experience homelessness are sometimes able to return home, connect with other family, or find safe places should they desire to leave the streets (Nebbit, House, Thompson, & Pollio, 2007). Researchers found that drawing upon intrinsic strengths, spirituality, and other societal resources can be helpful in overcoming the barriers associated with homelessness, and in propelling individuals towards a path of greater permanency (Bender, Thompson, McManus, Lantry, & Flynn, 2007). Some access the support provided through shorter-term solutions, such as shelters, while continuing to struggle with mental health, chemical dependency, or other psychosocial barriers that leave the homeless vulnerable and outside the bounds of traditional social service systems (Hicks-Coolick, Peters, & Zimmermann, 2007). Yet others, often those who struggle with mental illness, benefit from their music, either through more traditional music therapies (Dinsdale, 2007), or like my unintended subject, remain the homeless singer on the subways of the major cities, finding strength in their song and capacity to survive.

### Discussion

Struggle and survival certainly have different meanings depending upon one's circumstances, one's lot in life. The doctoral student in social work struggles over dusting off her/his knowledge from MSW research courses past, at the same time navigating responsibilities of partners, children, and paying the mortgage. On the other hand, the homeless person battles in some cases with addiction, mental illness, or other disabling conditions, while navigating a world that is often hostile, brutal, and cold. Doctoral students in social work have, in many cases, the luxury of warm places to live, reasonably edible food to eat, and support systems that enable us to achieve our goals. The homeless have disproportionately difficult lives, making the concept of fretting over statistics class seem like utter madness. We experience a great deal of advantage that our brothers and sisters on the streets simply do not enjoy.

As I begin to uncover some of the mysteries of the research process, the complexities of statistics, I am reminded of my unintended subject that day on the Chicago "L" train, singing about his strength and ability to survive the harsh reality of homelessness in Chicago. Doctoral students in social work must remember the importance of our purpose, in promoting economic and social justice (JACSW, n.d.) and of our commitment to promoting well-being in the lives of our clients (National Association of Social Workers, 1999). And while the full nature of the problems of homelessness, especially the ever growing problem of homelessness among LGBTQ youth, are certainly complex and perhaps outside the purview of this article, I am nonetheless reminded of the importance of our mission as social workers. We must never forget as future social work researchers the complex realities and the incredible strength of our clients, especially the homeless. Becoming a successful student of statistics and social work researcher can often feel like an impossible feat, but is pale in comparison to the resilience and strength of our clients. And as the homeless man sang his brave rendition of the *Rocky III* theme:

*"Rising up, straight to the top  
Have the guts, got the glory  
Went the distance, now I'm not gonna stop  
Just a man and his will to survive  
The eye of the tiger"* (Survivor, 1982).

Helping clients improve their lives, or helping them live their lives most successfully, even should their goal be remaining on the street, remains our mission. We have much to learn from our clients and their capacities to survive.

### Recommendations

Pursuing a doctoral education in social work is a difficult journey, yet is one that can be managed. New doctoral students should make learning to navigate the process a top priority upon entering the program. Below are specific strategies that are helpful in adapting to your new role in the doctoral program:

1. *Evaluate your own motivations for being in a doctoral program, and work towards meeting that objective.* Not every doctoral student envisions a career in research. Some students enter programs with a teaching career in mind. If learning to be an excellent teacher is your priority, seek out opportunities for teaching early in your program.

2. *Find a faculty mentor.* Identify a faculty member who you admire as an educator, social worker, and individual. Your mentor should challenge you, yet encourage and nurture you. Avoid those who challenge you but fail to nurture you.
3. *Identify a fellow doctoral student mentor.* Find a fellow doctoral student who is a cohort or two ahead of you who you admire as a student, social worker, and individual. Mentoring from a fellow student who has gone through the process is a vital strategy to help you learn to navigate the challenges of your program.
4. *Aim for personal balance.* Your doctoral program will demand as much time and energy as you can give. However, focusing your attention on your studies to the exclusion of other activities is unwise. Devote an adequate amount of energy to your studies, but do not neglect other interests and activities that you had prior to entering the program.
5. *Explore your new home.* If you have relocated for your doctoral program, take the opportunity to explore your new home. Spending time observing people on the train or in local establishments can give you a taste of some of the social problem affecting the community. Take advantage of the cultural activities of the city, such as theater and sporting events.
6. *Continue to practice as a social worker.* Though your doctoral program will likely discourage you from working full-time, especially if you are a full-time doctoral student, consider continuing to work as a part-time social worker. Continuing to work in the field not only keeps your social work practice skills current, but also keeps you connected to the social problems within your community. Additionally, if you are teaching while studying, your “real world” practice examples will be invaluable to your students.
7. *Keep your doctoral studies in perspective.* Though your doctoral studies will be a challenging journey, remember that your studies are just one moment in time. You will be successful, and will move on to other things. Do not fail to forget those individuals, like the person in my example, who face far greater challenges than course papers and statistics.

### Summary

Returning to school for a doctoral education in social work provides both classroom and extracurricular opportunities for learning. Success in your program requires, not only mastering the content, but also mastering the *process*. Remembering your reason for entering a social work program—to make a difference with individuals, families, and communities, and to address social problems like homelessness—will help you make a real difference within your program and within your community.

### References

- Bender, K., Thompson, S., McManus, H., Lantry, J., & Flynn, P. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child & Youth Care Forum*, 36(1), 25-42.
- Borchard, K. (2005). *The word on the street: Homeless men in Las Vegas*. Reno, NV: University of Nevada Press.
- Dinsdale, P. (2007). Healing power of song. *Nursing Standard*, 21(46), 20-21.
- Harper, D. (2006). *Good company: A tramp life*. Boulder, CO: Paradigm Publishers.
- Hicks-Coolick, A., Peters, A., & Zimmermann, U. (2007). How "deserving" are the most vulnerable homeless? *Journal of Poverty*, 11(1), 135-141.

- Jane Addams College of Social Work (n.d.). *About Jane Addams College*. Retrieved from <http://www.uic.edu/jaddams/college/aboutJACSW.html>
- Kennedy, A. C. (2007). Homelessness, violence exposure, and school participation among urban adolescent mothers. *Journal of Community Psychology, 35*(5), 639-654.
- National Association of Social Workers (1999). *Code of Ethics*. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>.
- Norusis, M. J. (2008). *SPSS 16.0 Guide to Data Analysis*. Upper Saddle River: Prentice Hall.
- Nebbitt, V. E., House, L. E., Thompson, S. J., & Pollio, D. E. (2007). Successful transitions of Runaway/Homeless youth from shelter care. *Journal of Child & Family Studies, 16*(4), 545-555
- Proehl, R. A. (2007). Social justice, respect, and meaning-making: Keys to working with the homeless elderly population. *Health & Social Work, 32*(4), 301-307.
- Survivor (1982). Eye of the tiger. Lyrics. *Rocky III: Original Motion Picture Soundtrack*. Capitol Records.

**Trevor G. Gates** is a doctoral candidate at Jane Addams College of Social Work, at University of Illinois at Chicago. Trevor is interested in lesbian, gay, bisexual, transgender, and queer issues in social work practice, and is working on his dissertation on the workplace experiences of lesbian, gay, and bisexual workers in Chicago. Correspondence can be addressed to the author's attention at 1040 W Harrison St (M/C 309), Chicago, IL 60607. Email: [tgates3@uic.edu](mailto:tgates3@uic.edu).

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