

Advances in Social Work



Indiana University
School of Social Work



Advances in Social Work is committed to enhancing the linkage among social work practice, research, and education. Accordingly, the journal addresses current issues, challenges, and responses facing social work practice and education. The journal invites discussion and development of innovations in social work practice and their implications for social work research and education. *Advances in Social Work* seeks to publish empirical, conceptual, and theoretical articles that make substantial contributions to the field in all areas of social work including clinical practice, community organization, social administration, social policy, planning, and program evaluation.

The journal provides a forum for scholarly exchange of research findings and ideas that advance knowledge and inform social work practice. All relevant methods of inquiry are welcome.

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Editorial

Seeing the Panorama of Social Work

James G. Daley

As Editor of *Advances*, I am offered a rare gift. I see a wide range of manuscripts that seek to expound on some aspect of Social Work. Some make the cut and become articles in *Advances*, while others are rejected because they need more work. All of the submissions are Social Work at its finest. All the manuscripts stimulate my thinking about how Social Work as a profession advances and towards what future. This issue is an excellent illustration of that stimulation.

This edition is a potpourri of interesting issues that affect social workers. Besel and colleagues insightful article describes how agencies and courts can effectively partner to foster program sustainability. Danis' article emphasizes the key factors that influence a social worker's effectiveness with battered women. Collins and Moore's article highlights an often forgotten but vital issue: the preference of African Americans to be addressed by their last name. Wilks and Spivey discuss how journal editors value reference list accuracy. Hodge illustrates theoretical ideas that underlie the spiritual assessment conducted by social workers. Sherr and Wolfer suggest ways that faith-based organizations can be incorporated into social work curriculum. Miller analyzes whether prisoners with mental retardation were able to adequately participate in their legal process. Half of the articles are empirical studies, while the other half are practice-focused. All of the articles address topics important to consider.

As I was piecing together this issue, I pondered past issues of *Advances* and the topics covered. Of course, the Spring 2004 issue focused on detailed descriptions of student assessment and various ways we strive to educate future social workers. The Spring 2003 issue included topics such as biophilia (person and environment link), hearing children of violence, and multi-cultural practice. Fall 2003 highlighted such issues as on-line practice guidelines, issues of rural and urban practices, risk and liability, and poetry therapy techniques. Spring 2002 issue covered managed care, kinship care, and research with African Americans. Within two short years, *Advances* has covered quite a range of topics. The Spring 2005 issue is being formed now, with leaders in the field contributing a diverse collection of views about the future of Social Work as a profession.

So what is my point? The high quality of scholarship captures the panorama that is Social Work. The profession is not just clinical precision or academic rigor. Though we have depth of expertise in our chosen practice setting, we must be constantly open to widening our lens of knowledge beyond our parochial setting. A social worker who works with cancer patients is pushed to consider issues such as using a person's first name when working with African Americans, or how to effectively conduct a spiritual assessment, or strategies to foster program sustainability, or how to use bibliotherapy with patients, or consider biophilic principles to enhance well being.

Regardless of the setting, a social worker reading *Advances* should feel challenged to think differently, to consider an issue not on our radar screen, to gain additional tips for practice. That is my goal. I strive to help expand the reader's perspective. In the special issues, the reader gets depth of a topic. In the regular issues, the reader gets a diverse collection.

We have been fortunate to have a wide range of manuscripts submitted for consideration. Each manuscript is critiqued by reviewers. As Editor, I take those accepted manuscripts and strive to build a diverse, stimulating issue. Whether administrator, clinician, or researcher, *Advances* offers useful articles.

So, to the reader, I offer this suggestion. Read each article and consider how it can make you a better social worker. This issue has lots to offer. Enjoy!

The Struggle to Survive: The Power of Partnerships in the Quest for Nonprofit Sustainability

Karl Besel
Ngoan Hoang
Richard Cloud
Seana Golder
Linda Bledsoe
Patrick McKiernan

Abstract: *This article provides information about a Youth Service Bureau's (YSB) experience in collaborating with court officials to expand services and a subsequent funding base. YSBs, like many other nonprofit human service agencies, have found that partnering with local governmental officials, especially judges, can enhance sustainability. Implications for strengthening partnerships between local nonprofits and county judges are discussed.*

Keywords: *Family courts, governmental funds, funding nonprofit organizations*

Obtaining and maintaining funding over an extended period is a critical issue in the survival of nonprofit agencies. However, systematic research about the survival of nonprofits was almost nonexistent until the 1990s. Most studies conducted on organizational behavior have focused on productivity or profitability, rather than survival (Peters & Waterman, 1982). Furthermore, the limited number of studies on organizational survival have typically used for-profit or public organizations for analysis (Sheppard, 1995). In light of the substantial role nonprofits such as Youth Service Bureaus (YSBs) play in addressing human service issues through a variety of court-related services, the ability of communities to provide quality programs is intricately linked to nonprofit sustainability and survival.

This article examined the process of creating and maintaining partnerships between local nonprofits and court officials to expand services and funding for addressing human service issues. In particular, the authors examined and provided information on how a YSB was able to obtain funding over an extended period of time.

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LITERATURE REVIEW

Throughout the 1990s, nonprofit agencies created or expanded services to implement many court-directed strategies. Possibly the most innovative local court creations were implemented by community-based nonprofit agencies. These innovations included the development and expansion of divorce education classes (Blaisure & Geasler, 1996), supervised visitation and exchange programs (Clement, 1998), and a host of juvenile justice programs (Kaye & Lippman, 1998). Until recently, however, little attention was given to how these typically small and budget strapped nonprofits acquire sustainable resources. While the number of studies on nonprofit survival has generally increased (i.e., Galaskiewicz & Bielefeld, 1998; Gronberg, 1993), relatively little is known about how court officials can work to enhance the survival of their greatest ally—the local nonprofit agencies.

The Relationship Between Agency Survival and Recent Policy Initiatives

Organizational survival has become increasingly important for nonprofit agencies over the past decade (Bocage, Homonoff & Riley, 1995; Jarman-Rohde, McFall, Kolar & Strom, 1997). Due to federal and state funding cuts that began during the Reagan Era, nonprofit organizations continue to explore innovative ways to sustain their operations (Motenko, et al., 1995). Typically, these strategies employ merging, decentralizing, or cost-cutting measures that parallel recent trends in the for-profit sector (Ortiz & Bassof, 1988; Strom-Gottfried, 1997).

Consistent with reductions in fiscal support for human services that took root in the mid-1980s, and political and policy changes that continued into the next decade, the 1990s witnessed a push toward nonprofits providing welfare-to-work programs. Federal granting institutions earmarked considerable funding for nonprofits to develop training, mentoring, and cultural sensitivity programs on behalf of welfare recipients (Family Services Report, 1999). In addition, nonprofit organizations were also being encouraged to expand their existing programming to address childcare, counseling, transportation, and housing needs so that welfare recipients would have the necessary resources to continue employment once they were adequately trained.

A multitude of federal grant opportunities have been available to nonprofit organizations that provide educational, job training, and other human services to low-income families since Welfare-to-Work legislation was passed (Family Services Report, 1999). At first glance, governmental strategies that provide significant monetary incentives for nonprofits to pursue welfare-to-work related programs give the appearance of systematic planning to promote sustainability and survival among nonprofit agencies. However, these legislative efforts do not adequately account for or address the previous difficulties in sustaining locally based nonprofits. For example, the Community Mental Health Centers Act of 1963 resulted in the creation of community-based mental health organizations that could be accessed by every American citizen regardless of income. Similar to welfare-to-work strategies, federal funds were granted to community-based mental health organizations, with the eventual goal of sustainability by local and/or state funding. Yet, many of these mental health agencies were forced to close operation (Greer & Greer, 1983). Ultimately, many of the surviving organizations had to

develop private sector growth strategies that made their services less accessible to low-income clients (Greer & Greer, 1983). Despite increased reliance on private sector practices such as collecting fees for services and third-party reimbursements, nonprofits continue to rely heavily on governmental sources for survival.

Nonprofits' increased reliance on public funds over the past 50 years has been termed "voluntary failure" (Salamon, 1987). According to Salamon (1987), American communities have traditionally relied on nonprofits to provide human services as a result of "market failure," or the inability of the private sector to deliver human services at a profit, especially within less affluent communities. As populations of American cities skyrocketed in the late 1800s, nonprofits that traditionally relied upon charitable giving for survival became increasingly dependent upon governmental grants and contracts to sustain their operations. Thus, voluntary failure was evident by the end of the 20th century as a result of the symbiotic relationship that had developed between governmental funders and these agencies. For example, the three largest religiously affiliated social service agencies in the U.S., Catholic Charities, Lutheran Social Services, and the Salvation Army, all receive more than half of their annual program revenues from governmental sources (Shafritz & Russell, 2003). The Bush Administration's Faith Based and Community Initiative that was passed this year seems to demonstrate that many federal officials (and their constituents) are in favor of perpetuating this trend of reliance on government funds by religiously affiliated nonprofits. In light of the history of past public policy initiatives such as the Community Mental Health Act, this recent initiative may do little to foster the long-term sustainability of these faith-based organizations.

Role of Local Governments in Nonprofit Survival

Although county governments have historically played a direct role in service delivery to incorporated urban areas, few studies have explored this area. Since the 1970s, counties have had a more significant role in funding social services than city governments (Peterson & Strachota, 1991). Most cities invest only small amounts in social welfare functions. In contrast, county governments spend upwards of 17% of their total budgets on current operating expenses for social services (Scheider & Park, 1989).

The expanded role of counties as providers of human services has been coupled with cutbacks in state and federal funds to support local communities. By the 1980s, federal support of local communities consisted primarily of funds for developmental services such as construction of interstate road networks (Petersen & Stracota, 1991). County governments that were already fiscally strapped became significant funding sources for local nonprofit organizations such as youth service bureaus. The growth and expansion of locally based United Way organizations and community foundations coincide with this reliance on county entities to fund human services.

Court-Related Nonprofits: A Brief History of Youth Service Bureaus

Youth Service Bureaus are a key example of community-based agencies that have consistently served family courts through a variety of human service programs. In most cases, these organizations have operated as nonprofit agencies at the city or

county level. Youth service bureaus were initiated throughout the U.S. following a funding recommendation by the President's Commission on Law Enforcement and Administration of Justice in the 1960s (IYSA Red Book, 2002).

Indiana's experience and the establishment of youth services bureaus provides an illustrative example of the process of creating and maintaining partnerships between local nonprofits and court officials to expand services and funding for addressing human service issues. In Indiana, many counties were able to establish youth service bureaus as a result of federal "start-up" grants. Federal officials provided funds to county-based youth service bureaus with the understanding that communities would eventually sustain these bureaus through local governmental bodies, United Ways, and other county-based funding institutions. County judges often initiated funding requests to governmental institutions to initiate bureaus and, in cases such as the Monroe County bureau, served as the agency(s) first presidents. Subsequently, bureaus such as the ones started in LaPorte and Porter counties had county judges working in tandem with the Women League of Voters in submitting initial funding requests to the federal government (Besel, 2000). At their peak as many as 45 bureaus operated in Indiana. When federal funding dried up in the middle 1970s, many of the bureaus were unable to generate enough local funds to continue services and were therefore forced to close operation. Many of the bureaus that survived the depletion of federal funds were able to exhibit significant growth during the late 1980s and early 1990s. *Furthermore, the number of bureaus operating statewide expanded significantly throughout the 1990s* (Besel, 2001).

The growth patterns and funding dilemmas of the Indiana youth service bureaus have run in tandem with national growth trends in the nonprofit sector. While the nonprofit sector as a whole experienced significant growth during the 1980s by increasing its share of total earnings from 6.4% (\$75.9 billion) to 7.8% (\$254.8 billion), as well as experiencing percentage increases in government payments from 1987 to 1992, human service organizations took the bulk of cutbacks in federal funding that occurred during the 1980s. Between 1977 and 1989, the social and legal services subsector share of total annual funds as a percentage of total funds for the nonprofit sector declined from 10.2% in 1977 to a low of 8.9% in 1987, then increased its share to 9.5% in 1989. Over this period, government support as a proportion of this subsector's total annual funds steadily declined from 54.3% to 41.4% in 1987, then increased slightly to 42.0% in 1990 (Hodgkinson, Weitzman, Toppe & Noga, 1992). In 1992, this subsector witnessed an increase of 50% with regard to governmental payments (Hodgkinson, Weitzman, Abrahams, Crutchfield & Stevenson, 1996). It is significant to note that this potential reversal in the percentage of funding received by human service nonprofits during the early 1990s still did not bring the social and legal services subsector up to the 1987 government funding level.

SETTING

Johnson County, Indiana, celebrated its 175th anniversary in 1998. Johnson County was settled early in the nineteenth century and the area soon grew to become an important agricultural and manufacturing center. As a result of the county's close

proximity to Indianapolis, the growth of the metropolitan area has had a lasting impact on Johnson County, especially during the 1960s and 1970s. The rapid growth of Indianapolis during this time period induced the construction of suburban tract housing in many areas around Greenwood in northern Johnson County. Within a 10-year time period during the middle 1970s and 1980s, the population of the Greenwood almost doubled (Division of Historic Preservation & Archaeology, 1985).

The significant growth experienced by Johnson County during this time was coupled with an increased demand for community-based efforts to prevent juvenile delinquency. The establishment of a county-based youth service bureau was viewed by community leaders and local citizens as an effective means of addressing status offenses and providing temporary shelter for youth who were often victims of abuse and neglect.

THE FUNDING EXPERIENCE

Efforts to begin a youth service bureau in Johnson County began in the midst of this period of rapid bureau expansion throughout Indiana. In June of 1976, a group of concerned citizens discussed the need for a shelter care facility that would serve as an alternative to placing juveniles in the county jail. The enthusiasm of this initial group sparked the mobilization of citizens throughout the county. With the assistance of the Indiana Juvenile Justice Task Force, the Johnson County Chapter of the Juvenile Justice Task Force was initiated in July of 1976. This community-based volunteer network began to formulate strategies for the provision of court diversion and shelter care services.

By October 1976, the Johnson County Youth Service Bureau (JCYSB) was incorporated and a nine-member board of directors was elected. Initial funding for bureau operations was provided through the federal Comprehensive Employment and Training Act (CETA) funds, the Indiana Department of Public Instruction, and a federal grant from the Law Enforcement Assistance Administration. When substantial federal grants available to Indiana youth service bureaus dried up during the late 1970s, JCYSB became more reliant on state and local sources for program funding. While the Bureau experienced significant shifts in service delivery strategies, including the closing of its shelter care facility in 1995, it has continued to rely on county-based funds for program sustainability. The process of acquiring funding from local institutions during the 1980s and 1990s often involved local judges (JCYSB Historical Report, 1996). Subsequently, these county judges often met with members of the Board of Commissioners the week prior to their budget hearings at the request of JCYSB board members (JCYSB Board Minutes, 1997, 1998). These "behind the scenes" meetings between county judges and Board of Commissioners members set the stage for the YSB being able to consistently secure program funding.

Bureau Dependency on County Funding

Table 1 demonstrates how dependent JCYSB was on county governmental funding during the early 1990s. Most of the county funding provided to the bureau throughout its history came in the form of per diem payments provided for the

agency's Youth Home. When the Youth Home closed in October 1994, the bureau witnessed a tremendous cut in annual revenue. While the small nonprofit agency was forced to implement new programming strategies as a result of its primary service closing, bureau staff and board members exhibited considerable success in acquiring new funding from their county government. This section provides a summary of three incidences in which county funding was secured for agency operations during the 1990s.

Table 1: *Bureau Revenue from County Government, 1990-1998*

Fiscal Year	Total Revenue	County	% County
1989-1990	273,420	173,325	63
1990-1991	259,930	180,640	69.5
1991-1992	257,197	159,315	62
1992-1993	330,615	243,013	74
1993-1994	237,137	141,509	60
1994-1995	158,816	399,580	25
1995-1996	150,111	-	-
1996-1997	156,686	-	-
1997-1998	205,944	*50,000	24

Source: Independent Auditors' Reports for Fiscal Years 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, and 1998.

**This revenue was actually federal revenue sharing dollars, initially earmarked for an independent living center. However, the Bureau had to submit a funding proposal to the Commissioners in 1998 in order to secure and utilize these funds.*

Saving the Safe Place/Host Homes Program

By the start of 1992, the Bureau's Safe Place/Host Homes program, a crisis intervention program that served primarily teenage runaways and other youth at risk for reoccurring abuse or neglect, was experiencing substantial funding difficulties. The program needed to generate \$18,000 in revenue in order to meet its annual budget. The bureau's executive director delegated the responsibility of securing revenue to alleviate this deficit to the Safe Place/Host Homes coordinator. The program coordinator quickly found that officials from local city governments viewed the funding of social services to be the responsibility of county government. When the coordinator began to approach elected county officials on an individual basis to elicit funding support, she found an ally in one of three members of the Johnson County Board of Commissioners. This Commissioner encouraged the coordinator to submit a written proposal to the Board of Commissioners for a formal hearing. After the \$18,000 funding request was approved by the Commissioners in order to alleviate the Safe Place/Host Homes' program deficit, one of the commissioners volunteered to present the proposal to the Johnson County Council for final approval. This action ultimately resulted in the bureau securing \$18,000 from county officials.

Rescuing the Bureau—Twice

As with most nonprofit human service agencies, the Bureau continued to exhibit a reliance on local governmental funding throughout the 1990s. In 1998, when it became obvious to the Bureau's professional staff and board members that county financial assistance was again needed due to a shortfall in the agency's operating budget, the Bureau's executive director contacted a county commissioner for advice. This former family physician and ally of the Bureau encouraged the director to submit a funding proposal to the Commissioners. Despite a heated debate between the agency's representatives and one of the commissioners during the hearing, the \$20,000 funding request was approved by a two-to-one vote. Since this funding request was acquired from the County Commissioner's discretionary account, approval from the County Council was not necessary.

Some of the Bureau's success in attaining county funding in November 1998 could be attributed to timing. The Bureau was fortunate to have the current county treasurer on its board; she encouraged agency staff to pursue funding toward the end of the calendar year since this is a time when discretionary funding from the County Commissioners was historically more obtainable. Although the agency's long time ally had retired from the Board of Commissioners before Bureau officials were able to submit an additional funding request, the timing of this proposal may have paid off again, as the \$12,000 request received unanimous approval from the Commissioners. A key difference between this funding hearing and the argumentative nature of the previous year's hearing was the absence of a debate on the details of the funding proposal. The Commissioner who had voted against the Bureau's request the previous year believed that state government, rather than county government, needed to be funding local nonprofits. This Commissioner also voiced concern about new funding requests potentially impeding the county's ability to cover construction costs related to the local jail. Some of the combativeness of 1998's hearing may have been avoided by steps bureau staff and board members enacted prior to the hearing. These steps included individual meetings held with each of the Commissioners prior to the hearing with the agency director and having an *experienced and highly respected local judge speak on behalf of the Bureau* at a monthly Board of Commissioners budget proposal hearing.

Discussion of Funding Success

The JCYSB's experience with securing funding is consistent with other studies that demonstrate nonprofit dependence on governmental revenue for survival (i.e., Galaskiewicz & Bielefeld, 1998; Gronberg, 1993; Salamon, 1987). In building upon this previous research, this study shows the vital role local governments play in sustaining community-based nonprofits. In order to attain funding from local officials, agency leaders must devise strategies that consist of mobilizing other local organizations in their defense, actively promoting their services, and negotiating satisfactory solutions to their fiscal needs. The dynamic process of negotiating and bargaining with public officials and identifying influential allies who will "make the case" for an agency's funding requests, requires that nonprofit leaders possess considerable political skills. These generic political skills may be more important in acquiring resources and subsequent survival than the technical or managerial skills required for day-to-day operational activities.

Judges as Service Consumers

As demonstrated by this case study, local public officials, specifically judges, play a key role in acquiring resources for court-related nonprofits. Constitutional scholar William Morrow (2000) views judges as the *only* public officials who consistently advocate on behalf of marginalized groups, such as homeless youth and children who are victimized by abuse. The history of judges advocating on behalf of disenfranchised groups can be traced to influential court decisions such as the *Brown vs. Board of Education* in 1954 (Morrow, 2000). Since judges often hold lifetime positions and many are appointed rather than elected, they do not have the same need to please constituency groups as state or national representatives and may therefore be more inclined to create laws that promote social justice.

In light of relatively long career tenures and considerable control over local resources (everything from courts to jails), judges often possess considerable influence over county and city budgets; this political clout can be employed to enhance the likelihood of a nonprofit being funded by local taxpayers. Since nonprofits continue to play an integral part in the comprehensive strategies implemented by family courts nationwide, it is definitely in the interest of judges to enhance their survival.

In light of the "make or break" role judges often play in resource acquisition, nonprofit administrators need to view these local officials as prime consumers of their services. As program consumers, judges need to be provided with regular statistics on program participants and be involved in significant programmatic changes. They also need to be considered primary advisors when services are being created and as key sources of praise and criticism when program evaluations are being administered. Thus, when agency directors view judges as consumers, it only seems logical to have them periodically evaluate programs through written reports. Ultimately, the more judges are included in the service delivery strategies of nonprofits, the more they will perceive themselves as consumers and, more importantly, be personally invested in the sustainability and survival of the agency(ies). As highly invested and active recipients of court-related services, judges will be more likely to advocate on behalf of nonprofits when new resources need to be acquired.

CONCLUSION

This article highlights the symbiotic relationship between human service agencies and local governmental institutions. In light of these findings, local judges who depend upon a wide variety of social services in order to operate family court systems should be viewed as natural allies in combating governmental cuts or, at least, in keeping these cuts to a minimum. Furthermore, judges should be viewed as service consumers and need to be kept apprised of program outcomes. Ultimately, judges possess the power and influence to potentially make or break an agency and are more likely to invest time in social service agencies than other officials such as state or local representatives. In these times of federal and state budget deficits and subsequent budgetary shortfalls experienced by many social service providers, agency leaders need to align with local judges "now more than ever," as the John Cougar Mellencamp lyric goes.

Once judges are on board with an agency's funding strategy, these local officials can be very effective in making the case for perpetuating or increasing agency funding. Program data that judges can employ to advocate for continued funding of court-related services include the following:

- Quantitative data that highlights the costs of providing community-based social services vs. the costs of detention, incarceration, or hospitalization. For example, the Johnson County Bureau compared the cost of providing a 24/7-crisis intervention program per runaway with the costs of incarcerating or hospitalizing a young person.
- Qualitative information in the form of anecdotes or case studies that reveal the "human side" of a child's experience with a community-based program. These narratives, coupled with statistical data, can convince county commissioners that social services need to be at least partially supported by taxpayer dollars.

A primary lesson to be learned from the Johnson County example is that qualitative information needs to be presented initially to funders as a vehicle for captivating their attention. Once their attention is gained, quantitative data, especially when presented in terms of cost savings to taxpayers, makes for a highly effective funding strategy.

These findings also suggest that social work courses need to prepare students for the highly competitive and diverse nature of social service delivery. Social work is not just about the provision of services to individuals, families, and small groups. Social work incorporates advocacy, community organizing, and organizational and social policy development (Brueggemann, 2002). In light of the most severe funding cuts many state and local governments have experienced in the last 50 years, nonprofit agencies must compete with for-profit hospitals and outpatients clinics and with local police departments and other governmentally funded services impacted by revenue cuts. Schools of social work need to implement innovative strategies for training emerging social work professionals to work effectively within the nonprofit world in the current political and economic climate. For example, through a series of required research classes, the Kent School of Social Work at the University of Louisville teaches master's level students to work with local nonprofits to evaluate and document programmatic outcomes and effectiveness. Each student is required to complete a research project in conjunction with a local agency over the course of two semesters during his or her second program year. These projects, which often take the form of program evaluations, assist cash strapped agencies in preparing outcome data for grants and other funding pursuits.

In summary, partnerships made between agency leaders and governmental officials, especially local judges, constitute a starting point for an organization's overall survival and growth strategy. Community-based agencies often play the silent partners in the symbiotic relationship between human service agencies and local governmental officials. While the high profile, typically sensationalized murder and other felony cases judges preside over are often featured as front page news, the efforts of agency staff who work in tandem with judges to ensure that the needs

of vulnerable children and families are cared for often go unnoticed. Indeed, the only time human service workers and their clients are typically featured in papers is when the social service delivery system fails to serve the public well, such as in cases of fraudulent or abusive behavior perpetrated by social service workers. Local judges who often bask in the rays of the media can shed some necessary light on the central role played by agencies in providing a host of court-related services for disenfranchised youth.

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Factors That Influence Domestic Violence Practice Self-Efficacy: Implications for Social Work

Fran Danis

Abstract: *This article discusses the results of an exploratory study to identify facilitating factors and barriers for practice self-efficacy with battered women. Based on self-efficacy theory, personal factors such as professional experience, academic preparation, personal experience, and continuing education training were explored with a random sample of licensed and degreed professional social workers. Professional experience ($\beta=.61$; $t=9.54$, $p=.000$) and academic preparation ($\beta=.26$; $t=4.29$, $p=.000$) were the strongest predictors of self-efficacy. These findings suggest that to advance the capacity of social workers to respond to domestic violence, social work education, practitioners, and researchers have a number of important steps available to take.*

Keywords: *Domestic violence, self-efficacy, social work practice, domestic abuse*

Surviving an abusive relationship can be a complicated process that has an impact on all facets of a person's life, including relationships with children, family, friends, neighbors, and employers. It may mean getting help from unfamiliar and complicated systems such as criminal and civil courts, law enforcement, legal services, social services, hospitals, employment, and housing services. The most difficult part of surviving may be finding someone with the knowledge and skills to effectively help negotiate the myriad of decisions needed to be made, emotions to sort through, and options to consider. Although we know that thousands of women are faced with this potentially lethal, complicated, and emotionally overwhelming problem every day, what we do not know is the capacity of professional social workers to assist battered women when they reach out for assistance.

This article presents the results of an exploratory study to identify facilitating factors and barriers for competent service provision to battered women. Based on self-efficacy theory (Bandura, 1986; 1997), personal factors such as professional experience, academic preparation, continuing education, and personal experience were explored. The implications for social work education, practice, and research are addressed.

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SOCIAL WORK RESPONSE TO DOMESTIC VIOLENCE

Domestic violence is a multifaceted problem that is defined as a pattern of coercive behaviors that involve physical abuse or the threat of physical abuse and may include repeated psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation, or economic coercion. Domestic violence refers to violence perpetrated by adults or adolescents against their intimate partners in current or former dating, married, or cohabitating relationships of heterosexuals, gay men, lesbians, bisexuals, or transgendered people. Domestic violence is one type of "family violence," a term that refers to all types of violence that occurs within a family, including violence towards adult partners, children, siblings, parents, and elders (Salber & Taliaferro, 1995). Domestic violence is also one type of "violence against women," a broad term that includes sexual assault, stalking, female genital mutilation, sexual harassment, and violence within intimate relationships. The terms domestic violence, domestic abuse, spouse abuse, woman abuse, and wife battering are often used interchangeably. Since the late 1970s, women who have been victims of abuse by their male intimate partners have been referred to as "battered women" (Walker, 1979).

In the vast majority of cases, domestic violence is committed by a man against his female partner. The National Violence Against Women Survey (Tjaden & Thoennes, 1998) estimates 5.9 million incidents of physical assaults against women annually, with approximately 76% of those incidents perpetrated by current or former husbands, cohabiting partners, or dates. Fourteen to 50% of all women will experience domestic violence by a male partner at least once in their lifetime (Straus, Gelles & Steinmetz, 1980). Nearly one in three of all female homicide victims were killed by their husbands, former husbands, or boyfriends. In contrast, just over 3% of male homicide victims are killed by their wives, former wives, or girlfriends (Bachman & Saltzman, 1995). Two studies conducted by the Centers for Disease Control (CDC) found that more than one-third of American adults have witnessed a man beating a female spouse or partner and 50% of all emergency room visits by injured women were the result of a partner's abuse (Rand, 1997).

The links between domestic violence and the use of public assistance (Raphael & Tolman, 1997), co-occurrence with child abuse (Edleson, 1999), substance abuse (Bennett, 1995), and prevalence among populations of homeless women (Browne & Bassuk, 1997) have been established. These prevalence studies establish domestic violence as a crosscutting issue with a high probability that professional social workers will encounter persons experiencing domestic violence in their caseloads. What is unknown is how social workers respond to survivors and victims of abuse.

Previous research looking at the beliefs and practices of service providers confirmed that many held stereotypical views about domestic abuse and battered women viewed abuse within the context of the interaction between family members, thereby, blaming the victim and placed primary importance on keeping the family together for the sake of the children. Through interviews, surveys, and reviews of case records, researchers found that social workers viewed violence as

their client's masochistic tendencies (Ball, 1977), blamed the victim (Dobash & Dobash, 1979; Davis & Carlson, 1981), failed to recognize abuse as a problem (Bowker, 1983; Hansen, Harway & Cervantes, 1991; Pagelow, 1981; Eisikovits & Buchbinder, 1996), and failed to make appropriate interventions and referrals (Bass & Rice, 1979; Davis, 1984; Ross & Glisson, 1991).

What could account for this history of bias and blame? What factors determine social work response to domestic violence? Davis and Carlson (1981) surveyed frontline workers in organizations likely to provide services to battered women in a three county moderate-sized metropolitan area. As compared to other service providers, family service workers tended to adopt victim-blaming attitudes. In a follow-up analysis, Davis (1984) looked at the factors that different groups of service providers believe impede an abused wife and her abusing husband from preventing subsequent acts of violence as well as service providers' recommendations for actions each party should take. Among Davis' findings were that professional experience, personal experience, and training were all positively correlated with each other, leading Davis to conclude that knowledge increases exposure and vice versa. Those with high levels of training were far more likely to have had high levels of professional experience. Training also led respondents to identify lack of services as a barrier to the wife's seeking change.

Davis and Carlson (1986) next looked at public school personnel, including school social workers. Findings from this study confirmed that the more professional and personal experience with domestic violence, the more knowledge of the subject. Tilden, Schmidt, Limandri, Chiodo, Garland and Loveless (1994) also found that the level of professional experience with domestic violence makes a difference in how social workers respond to battered women.

Although these findings date back to the 1970s, there are few published studies that address social work response to domestic violence in recent years. These dated studies also had a number of other limitations. They all used convenience samples of persons employed in social service agencies and made an assumption that persons employed by those agencies were professionals with an educational degree in social work. Earlier studies also failed to identify a theoretical framework that connects the various independent factors with the desired outcomes or dependent variables. For example: what is the mechanism that links the factors of education or past personal experience with domestic violence and translates them into the ability to respond to cases of domestic violence?

DOMESTIC VIOLENCE PRACTICE SELF-EFFICACY

This study used self-efficacy theory to develop the linkage between personal factors influencing the capacity and response of social workers to domestic violence. Self-efficacy "is the extent to which people believe they are capable of exercising influence and control over the events that effect their lives" (Bandura, 1994, p. 421). It is not just the skills that people have, but their judgment of what they can do with whatever skills they possess (Bandura, 1986).

Self-efficacy theory has been applied extensively to the training and development of helping professionals including social workers, psychologists, nurses,

and physicians. Within social work, the theory has been applied and tested within the context of hospital social work practice (Holden, Cuzzi, Spitzer, Rutter, Rosenberg & Chernack, 1996), teaching research skills to social work students (Holden, Barker, Meenaghan & Rosenberg, 1999), and teaching generalist social work skills (Holden, Meenaghan & Metrey, 2002). Self-efficacy has been found to predict subsequent behavioral outcomes (Holden, 1991; Abusabha & Achterberg, 1997), thus creating the link between perceived self-efficacy and the behavioral response.

Self-efficacy is context specific. For example, someone who works in child welfare may have high self-efficacy for working with children but low self-efficacy for assisting in end of life decision making for an elderly individual. Therefore, a global measure of self-efficacy cannot be applied to specific contexts. As this study is the first to apply self-efficacy theory in this specific domain, it was necessary to create the concept of domestic violence practice self-efficacy. Domestic violence practice self-efficacy was defined as the extent to which social workers believe they are capable of assisting battered women.

The research question guiding this study was what are the personal factors that facilitate or act as barriers to domestic violence practice self-efficacy? Based on prior literature, it was hypothesized that each of these factors: social work education, continuing education, professional experience, and personal experience would be positively associated with self-efficacy in this domain. Higher levels of each variable would result in higher levels of self-efficacy.

METHODOLOGY

A written survey was developed and pilot tested for content validity on 10 social work practitioners employed by a community-based domestic violence agency and work directly with battered women. Staff at a national organization that provides training and consultation on domestic violence also reviewed the survey. It was mailed to a random sample of 1,000 licensed social workers licensed by a large southwestern state's Board of Social Work Examiners. The SPSS random sampling function was used to draw a pure random sample. Resources limited follow-up to the survey to one reminder postcard and no financial or material incentives were available to help boost return rates.

The instrument used the definition of domestic violence outlined previously. The instrument contained a five point Likert-like scale (1 = not at all to 5 = a great deal) with questions relating to personal factors such as to what extent respondents had professional experience working with battered women and to what extent have you or members of your family been personally affected by domestic violence. In addition to asking for the highest social work degree completed, respondents were asked three questions that focused on social work education. These questions served as a substitute measure for knowledge of domestic violence and addressed the extent of specific coursework on domestic violence identification, assessment, and intervention; whether field placement experiences prepared them for working with battered women; and the overall extent that their formal social work education (both classroom and field) prepared them for working with battered women. To measure the impact of continuing education on self-

efficacy, respondents were asked, "How many hours of continuing education or in-service training on domestic violence have you received in the past two years?" Forced choice response categories include: 1) none, 2) 3 hours or less, 3) 4 to 8 hours, 4) 9 to 16 hours, and 5) 17 or more hours. These response groupings were chosen as they represent the length of standard conference sessions or continuing education workshops.

The survey measured domestic violence practice self-efficacy through an 11-item scale that has a reliability coefficient of .95. The scale contained questions on comfort and perceived capability level in identifying and discussing domestic violence with clients, assessing the level of danger the client is facing, and helping clients with safety planning and other interventions.

The mean of the self-efficacy scale was used to create a "self-efficacy mean" for each respondent. Missing values for individual self-efficacy items were replaced with the aggregate mean for that item. As only eight values out of a possible total 1,606 were missing, the method was considered appropriate (Mertler & Vannatta, 2002). The overall self-efficacy score was used for multiple regression analysis.

For multiple regression analysis, the three education items regarding coursework, fieldwork, and overall social work education preparation (field and course work combined) were blended to form a new variable, "academic preparation." Each of the three items comprising this new variable was highly correlated with one another. Together they created a multi-item scale with a Chronbach's Alpha of .78. The creation of this new variable reduced the overall number of personal factors from six to four items, thus creating a more parsimonious model. All variables were entered at the same time to allow the investigator to assess the relative contribution of each item to the total model.

FINDINGS

The surveys were returned from all areas of the state. The proportion of returns from each region of the state was approximately the same proportion as the total sample. Out of 987 deliverable surveys, 172 were returned. However, 26 returns were excluded from analysis due to lack of a social work degree and/or incomplete answers, leaving 146 usable surveys. Despite a 15% return rate, the sample size of 146, setting alpha at .05 and using the R-squared effect size of .60, set statistical power for this analysis at more than .95.

All respondents (N=146) had at least one degree in social work and were licensed as social workers in their state. The majority of respondents were European American (69%, n=101), women (84.6%, n=121) holding MSW degrees (79.5%, n=116). Respondents had a range of less than one year of experience to 52 years of experience since graduation with their highest social work degree. Nearly three-quarters of respondents (73.3%, n=107) indicated that they worked in a direct practice role, with a majority of respondents (60.3%, n=88) providing services to adults.

Respondents worked in diverse fields of practice including agency-based adult mental health (17.2%, n=25), private clinical practice (10.3% n=15), child and adolescent services (17.1%, n=25), child welfare (11.6%, n=17), medical social

work and services to persons with disabilities (19.1%, $n=28$), general adult services (9.7%, $n=14$), family services (8.9%, $n=13$), and domestic and sexual violence programs (3.4%, $n=5$).

Self-Efficacy: Respondents had an aggregate self-efficacy mean of 3.59 ($SD=.87$) for all items combined. Table 1 (Self-Efficacy Means & Standard Deviations in Descending Order) displays each of the 11 items.

Table 1: <i>Self-Efficacy Means & Standard Deviations in Descending Order</i>		
Item	Mean	SD
Comfort in discussing domestic violence	4.21	.86
Capability for identifying domestic violence victims	3.85	.84
Ability to identify domestic violence as an underlying cause of client problems	3.82	.93
Have necessary skills to discuss domestic violence with clients	3.82	.99
Ability to work with clients who are survivors of past domestic violence	3.79	1.04
Capable of helping battered women develop safety plans	3.61	1.17
Ability to work with clients who are currently being abused	3.60	1.09
Capable of assessing the level of danger that a battered woman is currently facing	3.34	1.13
Capable of assisting clients in same sex relationships	3.19	1.19
Capable of conducting culturally sensitive assessments of battered women	3.17	1.08
Capable of discussing legal options available to battered women	3.03	1.19

Professional Experience: Respondents' professional experience varied, with 92% having contact with battered women in their professional role and only 12 respondents reporting no experience working with battered women. Social workers in all practice settings had professional experience with battered women.

Personal Experience: The majority of respondents 56.5% ($n=82$) reported having personal experience with domestic violence, ranging from a little to a great deal. Less than half of the respondents 42.5% ($n=62$) were not personally affected by domestic violence.

Academic Preparation: More than half of all respondents (56%, $n=81$) recounted little to no social work coursework specifically addressing domestic violence identification, assessment, and intervention. Only 25% of all respondents felt that their field placement experiences moderately prepared them to deal with working with battered women. With regard to their overall social work education, more than half (56%) reported little to no preparation in working with battered women.

Continuing Education: More than half of all respondents (56%) had none to three hours or less of training on this topic, with 30% (n=44) receiving no training and 26% (n=37) receiving three hours or less.

Table 2 presents the means, standard deviations, and correlations among all of the variables.

Table 2: Means, Standard Deviations, and Correlations Among Measured Variables					
Variable	1	2	3	4	5
1. DV Practice Self-Efficacy					
2. Professional Experience	.73**				
3. Academic Preparation	.52**	.41**			
4. Personal Experience	.19*	.25**	.15		
5. Continuing Education	.36**	.41**	.28**	.23**	
Mean	3.59	3.12	2.39	2.22	2.43
Standard Deviation	.87	3.12	.91	1.38	1.30
Note: N=146, *p<.05, **p<.01, F1(16.10,4) = 50.27, p<.000					

Table 3 (Multiple Regression Analysis of Personal Factors on Domestic Violence Practice Self-Efficacy) shows the contributions of each individual personal factor. Together, personal factors accounted for nearly 59% of the variance (R Squared =.59). Of the four personal factors, only professional experience and academic preparation significantly contributed to the model, with professional experience accounting for nearly 61% of the total variance explained. Academic preparation accounted for nearly 26% of the total variance explained. Neither domestic violence training nor personal experiences are significant contributors, with personal experience showing a slightly negative but non-significant relationship.

Table 3: Multiple Regression Analysis of Personal Factors on Domestic Violence Practice Self-Efficacy			
Independent Variable	B	SE B	Beta
Professional Experience	.44	.041	.61*
Personal Experience	-8.23	.036	-.01
Academic Preparation	.24	.057	.26*
Continuing Education	3.13	.046	.05
R sq. = .59, Adjusted Rsq. = .58, *p<.05			

DISCUSSION

This study identified the personal factors that act as facilitators or barriers experienced by social work practitioners to domestic violence practice self-efficacy. Findings confirm that professional experience is a facilitating factor, and a lack of professional experience is a significant barrier to self-efficacy in this domain. As the strongest determinant of self-efficacy is performance or mastery experiences, the mean of this sample ($M=3.59$) reflects the findings that nearly 92% of respondents had professional contact with battered women. High contact with battered women is consistent with previous studies that found that social workers were the most likely professional group to be contacted (Hamilton & Coates, 1993) and that battered women have multiple service needs, requiring interaction with as many as 10 different societal institutions (Peled & Edleson, 1994). These findings are also consistent with other self-efficacy studies that show positive relationships between self-efficacy and professional experience (Holden, et al., 1999; Holden, et al., 1996). These findings are also consistent with previous studies linking professional experience with social work response (Davis & Carlson, 1986; Tilden, et al., 1994).

Since the personal experience of being battered or watching a member of your family battered is not the same type of performance, mastery, or vicarious learning experiences that serve as strong determinants of self-efficacy, this study fails to determine whether personal experience is a facilitating factor or a barrier to domestic violence practice self-efficacy.

Academic preparation is also a facilitating factor to self-efficacy, and a lack of social work education is a barrier to self-efficacy. Despite the relative importance of academic preparation to self-efficacy, 55% of all respondents identified little or no coursework specifically addressing domestic violence, 66% had little or no field experience, and 56% had little or no overall social work education preparation. As a substitute measure for knowledge, these findings are also consistent with Davis and Carlson (1996).

Specific continuing education training in domestic violence can also be considered a facilitating factor, but the lack of training may not necessarily be a barrier to self-efficacy. Although higher levels of continuing education were associated with higher levels of domestic violence social work self-efficacy, when controlling for all other factors, training was not significantly associated and only accounted for 5% of the variance explained. A contributing factor to this finding may be that most respondents (56%) had none or three hours or less of specific domestic violence training in the past two years. It may be possible that respondents had training previous to this time frame. Additionally, nothing is known about the extent of the training, its content, or how the training was delivered.

This study was exploratory in nature and used a non-experimental survey design based on self-reports from licensed social workers. As such, it holds all of the limitations of non-experimental research (Kerlinger, 1986). Mailed surveys, in particular, are hampered by the inability to check responses given, lack of depth of information generated, and inability to generalize from response rates commonly as low as less than 40% of the total sample (Fowler, 1993). Certainly that

was true of this survey; although responses were geographically representative of the state surveyed, a 15% return rate limits generalizability only to survey respondents. It may also be argued that the survey appealed to social workers with experience with domestic violence.

IMPLICATIONS FOR SOCIAL WORK EDUCATION, PRACTICE, AND RESEARCH

There are a number of implications for social work education, practice, and research that result from these findings. Academic preparation does make a difference and has more impact on self-efficacy than continuing education and, yet, there is a disconnect between what is taught or not taught in schools of social work and social workers' ubiquitous professional contact with battered women. A recent editorial in the *Journal of Social Work Education* challenges social work education to develop a comprehensive agenda to "ensure that we prepare competent and effective professionals with beginning knowledge, skills, and attitudes to address domestic abuse in a safe, culturally competent manner" (Danis & Lockhart, 2003, p. 220). The infusion of domestic violence content into foundation courses should be a primary goal of this agenda. To maximize self-efficacy, the content should be accompanied by opportunities for experiential exercises, particularly in universal screening, risk assessment, and intervention, including safety planning. Domestic violence self-efficacy can be tested before and after specific courses to test the effectiveness of course content and assignments in raising self-efficacy of social work students. Schools of social work can also increase opportunities for students to practice domestic violence related skills in child welfare, hospital emergency rooms, child and family counseling services, school, and substance abuse field settings.

The findings related to personal experience call for a number of considerations. Many social workers may have been exposed to parental violence as a child, involved in past or current abusive relationships themselves, or have been affected by domestic violence vicariously through friends, neighbors, and family members. Supervisors need to offer opportunities for staff to discuss their own personal exposure. This discussion may lead to consciousness-raising among staff about the nature of domestic violence and help to reduce the self-blame that many battered women feel (Levy, 1995). Employee assistance programs also have a responsibility to develop their capacity to respond to employees. Social work educators must also pay attention to the personal experiences of social work students. Research into social workers' personal experience of domestic violence is fundamentally important. Studies can be undertaken to learn more about the nature, intensity, severity, and duration (length of time, when it occurred) of social workers' personal exposure to domestic violence. An important issue to uncover is resolution of the violence (if any) and the role the social worker assigned to herself in escaping the violence. Will social workers who felt they were empowered to escape violence have higher levels of domestic violence practice self-efficacy compared to social workers who felt they did not have an active, effective role in escaping the violence? The impact of secondary victimization or compassion fatigue (Figley, 1995) on social workers who have been battered by intimate partners is an additional research area. Are social workers who have

already been personally affected by domestic violence more or less susceptible to secondary victimization in their practice with battered women?

Despite the relatively weak contribution of training to overall self-efficacy, training is the modality or intervention most often used to enhance the capacity of providers to respond to specific problems, new situations, and new technologies. Training is considered so important that many licensed social workers must demonstrate that they have received a minimal level of additional training in order to renew their professional licenses each year. In the state of Florida, social workers must receive one hour of domestic violence training to renew their licenses. Are there differences between domestic violence practice self-efficacy between social workers who are required to receive additional training in domestic violence and social workers in states that do not have such a requirement? And what difference does this training make to their clients?

Finally, given the study's limitations with regards to generalizability, this research should be replicated with an emphasis on increasing response rates and expanding the sample to include a more nationally representative sample of professional social workers.

CONCLUSION

Over the past 20 years, social workers have begun to improve their knowledge of domestic violence and their ability to respond appropriately to survivors of domestic abuse. Social workers have overall positive perceptions of the extent to which they are capable of addressing domestic violence. Personal factors such as professional experience, academic preparation, and continuing education training can facilitate domestic violence practice self-efficacy. Barriers to self-efficacy include a lack of professional experience and inadequate academic preparation. The findings from this study do not confirm whether personal experience is a facilitating factor or a barrier.

Implications for social work education, practice, and research recommended by this study's findings include more emphasis on preparing future social workers for the realities of their practice experiences by increasing specific course content and field experiences for students. The high percentage of social workers who have been personally affected by domestic violence suggests that social work educators and supervisors need to be sensitive to the needs of these workers and students. It is hoped that this study provides a baseline for future research regarding social work response to domestic violence and domestic violence practice self-efficacy.

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Cross-cultural Differences in Preferred Forms of Address: Implications for Work with African American Adults

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Abstract: *Using an individual's last name indicates respect and contributes to positive interaction with African American clients and adults of African descent. This paper discusses the importance of using social titles as a proper form of address during, and sometimes after, the initial professional relationship. Two case vignettes will highlight potential difficulties that non-African American practitioners may experience when using first names with African Americans within the professional realm. The vignettes include a scenario for a supervisor and a client.*

Keywords: *African American, social titles, professional relationship, social work*

Generally, people who are of African American heritage understand the importance of addressing African American adults with formal forms of address. This paper focuses on providing non-African American social work professionals with information regarding the intricacy of *initially addressing* African American clients and others of African heritage by their first names during the helping relationship. The current cultural trend is the over familiar use of first names by virtual strangers. Salespeople seem to embrace this gesture as a way to help individuals feel relaxed and closer to them or to express a level of ease and general friendship.

Likewise, the social work community is a microcosmic reflection of larger social practices. Because of the historical, political, and sociological context of slavery and racism, many African Americans, especially the older generation, still prefer the titles of Mr., Miss, Mrs., and Dr. In light of this history, many African Americans experience disrespect and feelings of invisibility. Franklin (1999) defines invisibility as an "inner struggle with the feeling that one's talents, abilities, personality, and worth are not valued or even recognized because of prejudice and racism" (p. 1).

As social workers prepare to work in a variety of practice settings, their effectiveness in developing rapport will depend on their success in fostering practical client, community, and professional relationships during the helping process. Similarly, social work schools should prepare students to understand how negative

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interactions can originate from casually addressing African Americans by their first names. In many instances, this blunder, which usually occurs during the initial phase of introductions and information gathering, may impede the worker's ability to effectively engage and establish a helping relationship. This paper highlights the benefit of addressing African American adults, especially clients, prior to establishment of the worker/client relationship, by the appropriate title and surname unless otherwise granted permission.

Two case vignettes will highlight potential difficulties that practitioners may experience when using first names with African Americans in a professional context. The vignettes include a scenario for a supervisor and a client.

THE HISTORICAL AND CULTURAL SIGNIFICANCE OF NAMES AND SOCIAL TITLES

Modes of address for African American families have historical, cultural, and psychological significance. Whether social work professionals use the first, last, nickname, or name with title should be evaluated in relation to the impact of establishing positive interpersonal and professional interaction with clients and community emissaries within the professional setting. It is helpful to understand the day-to-day challenges of feeling invisible, against the backdrop of slavery and racism, to maximize practitioners' success in conveying respect and dignity to African American clients (Bean, Perry & Bedell, 2002).

Research by Leissner (1997; 1998) exposes the practice during slavery of denying slaves fixed names, because they were legally defined as chattel with no civil or social rights. In a show of control and power, slave owners often withheld naming a slave until the slave was bought and took the name of his or her master. In many instances, slaves were assigned names that were meant to demoralize and humiliate them. For example, names such as Sambo, Gamesome, and Lies reflected slave owners' perceptions of the name-bearer's character (Leissner, 1997; 1998; King, 1998). Irrespective of age, and as another form of disavowing dignity, slaves were referred to as "boys" or "girls." For example, young white girls were addressed as Miss and slaves senior in years were called "boy" or "girl" as a way of stripping them of pride. In some cases, slaves were expected to answer to any name that suited the temperament or humor of the slave owner. The standard action was to give slaves only a first name. By stark comparison, white males and females were respectfully addressed formally and informally as Mr., Miss, or Mrs. (Leissner, 1997; 1998).

Jim Crow Era

Following the Civil War, slavery was replaced by other forms of subjugation called "Jim Crow." This quasi-legal system segregated and discriminated against black people from reconstruction through the mid-1960s (Rosenberg, 2002). It was based on the lead character in 19th Century minstrel shows whose style of dance mimicked a prancing crow. Jim Crow was a system enforced with threats of jail or lynching that sheltered whites with impunity, while black Americans were deprived of basic legal rights and dignities (Parker, 2002). Analogous to the established practices of slavery, the perpetuation of language that reinforced the inferior status of black people was equally promoted during this era. White people did

not address black people with the customary courtesy titles of respect. The standard protocol was to address blacks by their first names. Routinely, white children referred to older African Americans as "uncle" and "aunt" or by their first names. The youthfulness of the white child and the advanced years of the black person demanded of blacks a deference in the presence of whites that whites were not expected to reciprocate. These time-honored practices were vivid reminders that Jim Crow was slavery in everything except name (Yardley, 1998).

Professional Respect

Using the last name and appropriate title with African American clients is a way to set the stage for showing respect and increases the likelihood of positive interactions and satisfaction among social work personnel and clients. A level of awareness and understanding regarding proper deference and respect can enhance the helping relationship and increase workers' effectiveness. Thwarted interventions, slow starts, and tense communications can be significantly curtailed in favor of greater client flexibility and cooperation.

Most experts agree that when you respect someone, you recognize and acknowledge their worth and value on some level. Respect involves treating people in a way that reflects kindness and politeness. It means treating others as we would wish to be treated. Buss (1999) explains that what makes someone valuable is not whether he or she is a member of a privileged class, but that he or she is a person. Therefore, because human beings are worthy of being treated with dignity, treating them rudely undermines their belief in their own intrinsic worth. When a person is treated with disinterest, contempt, or a lack of respect, it conveys the message that the other person's concerns, feelings, and point of view do not matter (Buss, 1999). That is, that they have no intrinsic value.

In examining respect from the perspective of good or bad codes of etiquette, it is suggested that the system of manners plays a pivotal role in one's moral life, which helps us to avoid being discourteous, impolite, rude, inconsiderate, offensive, or insulting (Buss, 1999). Bad manners "undermine people's ability to acknowledge one another's dignity directly; it makes it difficult, if not impossible, for each person to assure every other that he appreciates the other's intrinsic value" (p. 804). This was the problem with the racist code of behavior. According to Buss (1999), the racist code of bad manners instructed whites, before and after the emancipation of slaves, not to acknowledge blacks as worthy of respect.

Carter's (2001) article on rudeness also supports the point of view that respect is a right due to each person by virtue of his or her humanity. Commenting on the informality of using first names, the following remarks were shared. "I was raised with the belief that calling a stranger by his first name is a privilege, not a right, and it is available only if bestowed. Calling people we have met by their first names is said to be part of the new informality of our day. But it is, I think, actually part of the new incivility, or perhaps what we ought to call the new rudeness" (Carter, 2001, p. 1).

The Helping Relationship

In general, the purpose of the client-social worker relationship is to help the client with identified needs and problems (Biestek, 1994). With the diversity of today's

client population, empathy and good casework relationship skills are stressed by schools of social work as a way for graduates to establish openness and bring coherence to the task of cultural sensitivity (Dyche & Zayas, 2001). As in other human endeavors, the social work literature is replete with publications that promote the importance of worker relationships that foster warmth and cooperation with clients. Social workers are taught to assume unconditional respect for the uniqueness of each client and the context of the client's life. The worker and the client reflect on experiential history, biological propensities, and the community of shared meanings embedded in the language of the client's everyday life. From this perspective, the use of first names may be social workers' response to building strong working relationships by creating friendliness and an environment to help ease any anxiety related to problem-solving.

CASE VIGNETTES

The following vignettes include a scenario of a supervisor and client with a person of other than African American heritage. These examples may help to clarify conceptualizations that have been previously discussed. These examples are based upon real experiences that have been shared with the authors.

Vignette #1—The Agency Supervisor

Mrs. Jeanette Wilson, age 60, has been a supervisor at a faith-based social service agency for the past 17 years. This agency operates under the auspices of the church of which she is a member. She manages a staff of 12 and has won numerous professional and community awards for her work in the area of children's services. She serves in various capacities within her church, such as head of the Women's Department, which is primarily responsible for the Christian education of the females who attend her church. There are 300 women from her congregation who participate in the Women's Department. Mrs. Wilson is regarded as a respected elder within her church and community. She has also been a field supervisor over 10 student interns throughout the years. The interns have come from various counseling professions such as social work, psychology, and counseling.

Amanda was assigned to Mrs. Wilson as a social work student intern. Amanda interned with her for one year during her senior year in college. After receiving the student's name from the field placement coordinator, Mrs. Wilson contacted Amanda by telephone for introductory purposes. She introduced herself as Mrs. Wilson and referred to Amanda by her surname. Amanda quickly replied, "My surname is not necessary Jeanette. Feel free to call me Mandy." Mrs. Wilson did not request to be called by surname but thought that if she referred to herself repeatedly as such throughout the remainder of their conversation that the student would catch on, but this did not happen. At one point in the conversation, the student requested Mrs. Wilson's agency address to send her some correspondence. As she repeated the address back to Mrs. Wilson, she began stating her name by spelling Jeanette. Mrs. Wilson interjected "Mrs." to which the student did not reply. Several days later, Mrs. Wilson received the correspondence. There was no "Mrs." preceding her name. She decided to address this with the student during their first supervisory meeting. Although she had never had this problem with any African American student, this was not the first time that this issue surfaced with non-African American interns.

This case poses several issues for consideration as well. Social work internships are designed to engage "the student in supervised social work practice and provide opportunities to apply classroom learning in the field environment" (CSWE, p. 7, 2001). Although helping students to link social work theory with practice is the primary objective of social work internships, the practicum provides the students an opportunity to demonstrate "that they are capable of integrating and applying the theoretical material that they have learned ...to a diversity of practice situations and populations" (Moore & Lott Collins, p. 173, 2001). The African American church can provide a student with a wealth of learning experiences, among which is the opportunity to broaden his or her understanding about the customs, beliefs, and traditions that exist among African Americans.

Although the services were provided in an African American religious environment, the student's practicum supervisor was very instrumental for both secular and non-secular activities, for which her community applauded her. Adullah (1998) noted that those within the counseling professions "must be able to appreciate the personal strength of Black women, who have historically survived the physical enslavement period, the psychological enslavement and the self-preservation strategies of survival through assimilation" (p. 203). Therefore, the practice of addressing African American adults by surname or title has a much deeper meaning within the African American community. It is done, in part, to symbolize the recognition of the numerous contributions that the elderly have made to the community. These contributions have been and are manifested in such ways as rearing grandchildren in the absence of biological parents and making their homes available to blood and fictive kin. They worked tirelessly towards the abolition of Jim Crow Laws and during the pre-Civil Rights era in which they often lost their lives due to race-hate violence that was perpetrated against them. Because of the great role that African American women have historically and presently play within their families and community, they are traditionally held in high esteem within their communities (Dhooper & Moore, 2001).

That the student's practicum occurred within an African American church is significant relative to the enormous social support that is provided by this institution to those it serves. Second only in importance to the African American family, the African American church is a place where African American people are affirmed and where the elderly are treated with respect and dignity (McRae, Carey & Anderson-Scott, 1998). For instance, as Head of the Women's Department and superior of the faith-based initiative of her church, Mrs. Wilson may likely have direct and frequent contact with her pastor and other church officials. As such, she may be influential in programmatic and civic decisions that are made by church leaders. Her voice may be important regarding the type of social work initiatives that her church supports. It could have proven beneficial to the student had she been made aware of this information by the person who coordinated her field experience prior to her initial contact with her practicum supervisor.

The authors have been careful to qualify that this social blunder could possibly have been avoided. Had this student's lack of sensitivity been based on an assumption that she may have made about the value of her supervisor based on race, then the issue is one of her not respecting an African American person who

assumes a supervisory role. Or, the student's behavior may have been demonstrating poor manners or a general practice of rudeness. This is an issue that she and her practicum supervisor need to explore.

Vignette #2—Family Services Client

Mrs. Ellen Nance is a 69-year old grandmother with four grandchildren. Faye and her six-year old son, Jason, reside with Mrs. Nance, because Faye has a debilitating physical disability. Her disabling condition results in limited mobility and reduced physical energy for day-to-day activities. However, Mrs. Nance maintains primary responsibility for her grandson.

Because of Faye's deepening depression and reduced parental involvement in school activities, Jason's grades declined. Seeking a hardship waiver, Mrs. Nance requested assistance from the school's social service unit so she could enroll Jason in the after school-reading program. Her request was two weeks past the deadline for applications. Alvin, a 25-year old school social worker with six years of social work experience, was assigned to assess the family's eligibility. Although this was a self-referral, the social worker expressed exasperation in working with Mrs. Nance during his monthly supervisory conference. Since supervisory conferences are utilized to foster professional growth, Mrs. Hendricks, a Caucasian supervisor, requested that the social worker discuss his concerns with the intention of helping him to process some likely reasons behind Mrs. Nance's terse response to questions during the home interview.

The case review supported that the family met the eligibility requirements and were appropriate for the program. However, Mrs. Nance's curt and passive engagement during the home interview created unnecessary delays in processing the paperwork for final approval. The assessment indicated that Mrs. Nance had retired from a job of 15 years as a housekeeper. The worker recalled that during his first contact Mrs. Nance referred to her former employers as those "so-called educated people that I worked for." She continued by remarking, "I gave them the best of my years but to them I was just another black person . . . there to clean up their mess and to act invisible to their superior acting ways."

Mrs. Hendricks probed further for information regarding the initial stages of the interview, the kinds of questions asked during the information gathering process, and the type of closure displayed at the end of the home visits. Mrs. Hendricks further explored the manner in which the social worker had addressed the client during the first visit. The worker acknowledged that Mrs. Nance was referred to as "Ellen" and considered that this might explain the communication barrier.

Following consultation with the supervisor, the worker used the final home visit to determine if the supervisor's assumptions were plausible. Practicing active listening, the social worker discovered that while Mrs. Nance referenced her employers as Mr. & Mrs., she instead was addressed as "Ellen" even by the three children in the home, who ranged in age from three to twelve. Inadvertently, in trying to show himself as being friendly, the social worker had created a replication of the same disrespect Mrs. Nance incurred in her employment with Caucasian employers. Verifying these perceptions with the client, the social worker was quick to offer a sincere apology for any unintended disrespect. This gesture reportedly lessened ten-

sion towards the end of the home visit. Because of these experiences, the social worker gained an understanding about historical and cultural social protocols from an African perspective.

Although Alvin introduced himself by his first name, Mrs. Nance silently objected to him assuming that he could also call her by her first name. To take such prerogative was a flashback to her years of "invisible" existence at the home of her employers. Although she was old enough to be a grandmother, her employment experiences relegated her to the role of a child. Especially infuriating was the fact that the children in her employer's home were not expected to show deference to her maturity and older age. Therefore, she resented a younger white male acting so familiar as if to dismiss her struggle and entitlement to be treated in an esteemed manner. From her cultural perspective, as a senior citizen, her age should serve as a mark of reverence and honor. Alvin's reference to her as "Ellen" sounded flip, informal, and lacking in dignity. Mrs. Nance openly shared that as a child she was taught to address all people over 18 by social title and surname and by "Yes, Sir, No, Sir—Yes, Madam, No, Madam." She also said that by virtue of their greater life experience, wisdom, and maturity, adults should be accorded respect by word and demeanor. From this point of view, Mrs. Nance attributes disrespect to moral and social decay tainted by racism. But other factors could have contributed to the way in which the social worker addressed the client, such as a lack of understanding about the importance and use of surnames when addressing African American clients, or again, as in the first scenario, a demonstration of poor manners.

IMPLICATIONS FOR SOCIAL WORK EDUCATION

Among the basic ethical principles of the profession of social work is the belief in the inherent worth and dignity of every individual. To that end social workers are to "treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity" (Longress, 2000). Included in cultural differences are a group's customs, traditions, and patterns of social interaction. As has been discussed, the use of surnames by African Americans when referencing one another, particularly the elderly, has its roots in a history of being marginalized and purposeful humiliation by members of the dominant culture. It is an empowering gesture that signifies respect and value for the humanity of the individual.

With respect to this issue, the task for social work educators is to: (1) educate themselves about the values and practices of diverse groups, (2) move students beyond being politically correct in their expression of "cultural sensitivity" to practicing cultural sensitivity wholeheartedly, and (3) convey to clients that difference does not mean deviant. Martinez-Brawley (2000) asserts, "While we have sought to teach 'cultural sensitivity,' we have often failed to make it more than 'a bag of tricks' or a cloak we carry around but do not necessarily apply from the heart" (p. 198).

Basic to the issue of the failure or refusal to address an individual in the manner in which he or she requests is lack of etiquette. "Good etiquette means knowing the rules that apply in any situation" (Masson, 2001, p. 18). Etiquette or the lack

thereof among college students is an issue that has been discussed for decades (Trout, 1998, A40J). A number of factors have been attributed to this. They include the lack of collegiality that students sometimes observe among faculty, the examples set for them by parents, the lowering of educational standards, and the effects of living in a capitalistic society where individuality and the preservation of self are esteemed over collectivism (Damon, 1995, Owen, 1995). Whatever the reasons for this insensitivity, it becomes the task of social work educators to make students aware of the cultural expectations of the clients with whom they work, provide them with avenues to experience the culture of others, and make them aware of the consequences of their behavior for both their clients and themselves. Clients may feel demeaned by a worker who shows limited understanding about their traditions. This can subsequently lead to negative perceptions about social workers and an unwillingness to enter into a helping relationship. The fact that this task is not easy cannot be overstated.

However, the challenge remains. If the profession is to produce individuals who can work effectively with a diverse array of populations, then "Social work in the academy must take more seriously the link between character and everyday behavior" (Martinez-Brawley, 2000, p. 208). Practitioners should therefore recognize the value of respectfully addressing African American adults, especially since such actions can build intercultural connections to African American clients, community networks, and professional stakeholders in culturally acceptable ways.

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Views of Reference List Accuracy from Social Work Journal Editors and Published Authors

Scott E. Wilks
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Abstract: *Objective: The study's purpose was to answer two research questions: (1) In the opinion of social work journal editors, how important is reference list accuracy? and (2) Who is primarily responsible for the accuracy of reference lists published in social work journals? Method: A sample of 119 authors and 26 journal editors was surveyed to ascertain their views on the above questions and additional items. Results: Regarding the importance of reference list accuracy, editors' responses (Likert scale) averaged between moderately and extremely important. Fifty-three percent of responding editors and 36.5% of authors reported that responsibility is shared between the editor/staff and manuscript authors; the remaining 47% and 63.5%, respectively, responded that responsibility falls upon manuscript authors. Responses from authors, mostly educators, revealed a greater-than-moderate importance (Likert scale) given to instructing students on the accurate construction of reference lists. Implications for social work education and journal publishing are discussed.*

Keywords: *APA, publication, reference, reference list, reference list accuracy*

Journal article reference lists serve several significant functions: (1) they provide background information on a particular area of interest; (2) they are used in assessing faculty production during contract negotiations; (3) they are used in constructing citation indexes; (4) they are used to evaluate the rigor of an article; (5) they are used in the development of journal, publisher, and author rankings; (6) they help to establish the credibility of an author as a researcher; and, perhaps most importantly, (7) they are used in the identification and location of an article that the reader wishes to consult (Asano, Mikawa, Nishina, Maekawa, & Obara, 1995; Fenton, Brazier, De Souza, Hughes, & McShane, 2000; Foreman & Kirchoff, 1987; Peden, 1991; Sweetland, 1989; Taylor, 1998). As Ritchie (1995) stated, "[R]eferences should be cited to support the importance of the topic under investigation, to trace the historical development of the topic, and to summarize the current state of affairs" (p. 2).

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In a study conducted by Spivey and Wilks (2003), results indicated that five leading social work journals suffered reference list error rates ranging from 29% to 57%. This study serves as a follow-up; the authors have conducted a survey of social work journal editors and authors in regard to their views on the importance of reference lists in scholarly work. The purpose of this study was to answer two research questions: (1) In the opinion of social work journal editors, how important is reference list accuracy? and (2) Who is primarily responsible for the accuracy of reference lists published in social work journals?

LITERATURE REVIEW

Rates of Error

Spivey and Wilks (2003) examined a stratified random sample of 500 references from the year 2000; references were obtained from volumes of the five most highly circulated social work journals (NASW Press, 1997): *Clinical Social Work Journal* (CSWJ), *Journal of Social Work Education* (JSWE), *Social Service Review* (SSR), *Social Work* (SW), and *Social Work Research* (SWR). Each of the references included in the sample was verified for accuracy in six fields: article title, author name(s), journal title, pagination, volume, and year. The breakdown of the rates of error was as follows: (1) CSWJ, 57%; (2) JSWE, 47%; (3) SW, 42%; (4) SWR, 31%; and (5) SSR, 29%. The overall rate of error found in the investigation was 42% (i.e., 206 of the 500 references had at least one error; there were 262 errors found in total). A search of social work literature has revealed that this is the only study of reference list accuracy in this field. Other fields, however, appear to acknowledge the importance of reference accuracy through a rich knowledge base in their respective bodies of literature, including medicine (De Lacey, Record & Wade, 1985; Evans, Nadjari & Burchell, 1990), nursing (Taylor, 1998), and psychology (Faunce & Job, 2001; White, 1987).

Causes of Error

Several reference list accuracy researchers have offered explanations as to the causes of the high error rates cited above. Sweetland (1989) discussed several comprehensive reasons behind the error rates. They include (1) failure to check material against original sources; (2) failure to recognize or acknowledge the importance of reference lists; and (3) failure to recognize or acknowledge the importance of reference lists. Prior to Sweetland, White (1987) had cited a lack of clear education as one of the main factors contributing to reference errors and also posited that pressure to publish may lead authors to neglect their reference lists when preparing to submit manuscripts. Fenton, et al. (2000) also concluded that the "carelessness and misuse of language" led to inaccuracies in references (p. 42).

Strategies to Minimize Error

Authors have proffered numerous suggestions for addressing the causes of inaccuracies and decreasing error rates. Fenton, et al. (2000) proposed:

- assessment of a certain percentage of a submitted manuscript's references as part of the acceptance process;

- placing a limit on the number of references allowed for a submitted manuscript;
- inclusion of the first page of each referenced article, or a complete copy of each reference article, in the manuscript submission package;
- utilization of reference software, such as *Endnotes*; and
- shared responsibility between authors, editors, and reviewers.

Fenton, et al.'s study, particularly the final point above, served as an impetus for the current study. In addition, Foreman and Kirchoff (1987) and Taylor (1998) encouraged authors to check each reference against the original source, and Foreman and Kirchoff further suggested that authors review each draft of a manuscript for errors to prevent them from becoming embedded in the work.

Who is Responsible?

The question of responsibility has been addressed by several researchers who have conducted investigations of reference list accuracy. Several of those researchers, including De Lacey, Record and Wade (1985); White (1987); Evans, Nadjari and Burchell (1990); Goldberg, et al. (1993); and Ritchie (1995) agree that the task of ensuring accuracy belongs to the author(s). As Foreman and Kirchoff (1987) stated, "the author cannot be absolved of primary responsibility for assuring that references are both complete and correct" (p. 182). Key and Roland (1977) offered a different perspective, assigning responsibility to journal editorial boards.

While the majority of researchers in this area have declared authors primarily responsible, several of these scholars recognize that there *is* a need for some degree of shared responsibility (that does not diminish the primacy of the author's role). De Lacey, et al. (1985) wrote, "[E]ditors should accept some responsibility for accuracy" (p. 885), while Fenton, et al. (2000) stated, "[A] certain accountability lies within the editorial panel of the journal" (p. 43). Goldberg, et al. (1993) also holds the position that "some degree of editorial oversight appears to be necessary" (p. 1453). In addition, Evans, et al. (1990) advocated a stronger role for peer reviewers.

The Role of Education

White (1987) and Sweetland (1989) both questioned the role of (or lack of) instruction as one of the causes of high error rates in reference lists. Furthermore, White stated, "[T]he problem is one that must be recognized and then solved by writers themselves, who also are, for good or ill, the major models for writers-to-be" (p. 291). As a means of redress, Sweetland encouraged the improved training of researchers (p. 301). Another researcher, Peden (1991), described a technique for educating students as both to the preparation of correct APA-style reference lists and to the importance of the accuracy of those lists. Peden exposed students to a method for teaching reference list construction that included a handout on APA references, six tests (three focused on identifying the type of material by its reference structure and three which required students to actually construct references), and a posttest as to the students' reaction to the instruction. In the posttest, students agreed that in comparison with learning the "importance of accuracy in research . . . it was equally important for them to learn accuracy in referencing" (p. 104). Peden concluded that, "developing and using this technique increased my

awareness and understanding of other aspects of writing beyond referencing . . . abilities that serve all of us well in our roles as authors, reviewers, and teachers" (p. 104).

METHOD

A purposive sample of authors was selected for this study: lead authors on articles published in the year 2000 volumes of the five journals reviewed in the Spivey and Wilks study (2003): *Clinical Social Work Journal*, *Journal of Social Work Education*, *Social Service Review*, *Social Work*, and *Social Work Research*. The vast majority of these authors were (at the time of the study) faculty members at various social work programs; thus, verification of mailing addresses was conducted through online websites of their respective employing academic institutions. Only those authors who were deceased or whose mailing addresses could not be verified via the Internet were excluded from the sample. A total of 119 authors were included in the sample.

An additional purposive sample was selected for the study: editors of highly circulated, peer reviewed social work journals. Contact information for editors was available in their respective journals. The number of journal editors—26 in total—was limited due to various motives. For one, the opinions of reference list accuracy within the social work profession have never been gauged, thus justifying the exploratory nature of this study. As such, a small subset of the larger population (all social work journal editors) was deemed appropriate (see Rubin & Babbie, 2001, p. 254) in this untapped area of social work research. Second, because journal circulation was an element involved in selecting the authors, for the sake of consistency, this component (specifically, *wide* circulation) was considered in selecting the editors. The cutoff was 1,000, meaning that only editors from journals with a 1,000+ circulation were qualified for selection (NASW Press, 1997). Third, their journals must be focused on content relating entirely (or almost entirely) to social work, as opposed to journals centered with other human service professions (e.g., *American Journal of Sociology* or *Psychological Review*). Finally, the editors' journals must subscribe to the APA publication style. To reiterate, after considering all of the aforementioned qualifications, the sample size of journal editors was 26.

There were two distinct questionnaire forms: one specifically for journal editors, the other for authors. The *editor questionnaire* consisted of five questions geared toward measurement of the importance of reference list accuracy and determination of views on responsibility. The author questionnaire was somewhat longer, 12 questions in total. Authors were also asked their opinions on responsibility; in addition, questions were included to discover authors' reference verification practices, whether or not they were university instructors, and whether, as instructors, they emphasized reference accuracy in their curriculum.

RESULTS

Response Rates

As stated in the previous section, the study surveyed 26 social work journal editors and 119 authors of published social work manuscripts. Eighty-nine of the

total 145 participants completed and returned the questionnaires, yielding a response rate of 61.4%. Isolating the two groups of participants, journal editors produced a higher response rate of 73% compared to the author response rate of around 50%. Next, we looked at descriptive statistics within editor and author questionnaires.

Editor Views

When asked about whom is primarily responsible for reference list accuracy, editors had one of three options: *editor/staff*, *manuscript authors*, or *shared responsibility*. Approximately 53% of responding editors reported that such responsibility is shared between the editor/staff and the manuscript authors. The remaining 47% responded that responsibility falls upon manuscript authors; as such, no editor reported that the primary responsibility of reference list accuracy rests solely upon her/himself or the editorial staff.

Two subsequent items on the questionnaire centered on editorial practices. Regarding substantiation for reference list accuracy, only 21% of responding editors reported that their journals maintain a formal procedure for verifying such accuracy in submitted manuscripts. Not surprisingly (in light of the previous statement), 21% of responding editors replied that manuscripts have been rejected for acceptance into their journals based primarily on reference list inaccuracies.

The remaining items on the editor questionnaire were based on a 7-point Likert response scale, ranging from *1-not important* to *7-extremely important*. First, editors were asked, "How important is reference list accuracy?" Second, editors were surveyed about the influence of reference list accuracy on a manuscript's probability of publication. For both items, responses averaged between moderately and extremely important. Exact numbers (means, standard deviations) are displayed in Table 1.

Table 1: <i>Importance/Influence of Reference List Accuracy</i>		
Item	Mean	Std. Deviation
Importance of Reference List Accuracy	5.8	1.01
Influence of Accuracy on Publication Chances	4.1	1.43

Author Views

The first item in the author questionnaire was identical to that in the editor questionnaire, inquiring about primary responsibility for reference list accuracy. Compared to 53% reported by editors, only 36.5% of responding authors reported that the responsibility is shared between editors and authors. The remaining majority (63.5%) responded that primary responsibility falls squarely on the shoulders of manuscript authors. It is interesting to note that no one, editors or authors, responded that primary responsibility for reference list accuracy lies exclusively with editors.

The next two items dealt specifically with reference list construction in manuscripts. Authors were asked whether or not they use any type of specialized com-

puter software in constructing reference lists; and, if usage was reported, authors were invited to document the specific software. Approximately 86% of responding authors reported no usage of such software; the remaining 14% credited the use of the following software programs: *ClarisWorks*, *Endnotes*, *Excel*, and *Prolite*.

The following two items focused on verification of reference list accuracy by checking against the original sources. In constructing their manuscripts, almost 80% of responding authors reported that they verify against the original sources. Less than half of the authors who responded, 43%, reported that any pressure to publish resulted in rushed verification of accuracy. In order to confirm that such pressure to publish does exist, instructors were asked to rate their feelings on this issue. Based on a Likert response method ranging from *1-no pressure* to *7-extreme pressure*, instructors as a group (n=59) reported a rather elevated amount of pressure to publish: mean=5.2, std. deviation=1.48.

The remaining items of the author questionnaire were geared toward their roles (if applicable) as instructors. An overwhelming majority of authors who responded, 93.7% to be exact, reported that they were an instructor at a college or university at the time of data collection. Those who confirmed their role as instructor were invited to complete the remaining items on the questionnaire; thus, the remaining statistics revealed in this section illustrate opinions only from the aforementioned respondents who disclosed their roles as academic instructors.

Respondents were asked to indicate the length of time that had acted as an instructor. Based on three options, the data revealed the following: approximately 71% reported *more than 10 years*; 27% reported *5-10 years*; and 1% reported *less than five years*. When asked whether or not they correct inaccuracies in reference lists when grading students' papers, 81% reported that they indeed correct students' reference list errors. Going a step further, instructors were asked to specify what type of inaccuracies they checked for in students' reference lists: specifically, content and/or format accuracy. (As was clarified in the questionnaires, please note that examples of *content* accuracy include accurate spelling of authors names, correct journal title, and exact page numbers; examples of *format* accuracy (APA) include hanging indent, double spacing, and proper italicization.) Over half of responding instructors reported checking for both types of accuracy within their students' reference lists. Table 2 illustrates the specific percentages of aggregate responses for each method of correction.

Table 2: Reference List Accuracy: Method of Correction in Students' Papers		
Option	Frequency of Response (%)	n
Do not check	11.9	7
Check for content only	8.5	5
Check for format only	20.3	12
Check for both content and format	59.3	35

Additionally, instructors were asked about specific information they provide for their students regarding the *APA Publication Manual*. Options included one or more of the following: incorporating the manual as a required text, handouts on

specific elements of the manual, and in-class presentations regarding elements of the manual. The largest portion of respondents, approximately 27%, reported giving no information to students. The next highest percentage of respondents, 18%, reported using the manual as a required text in their classes. Table 3 reveals the percentages reported by instructors for each option.

Table 3: *Information Provided to Students in Class*

Option	Frequency of Response (%)	n
No information given	27.1	16
APA Manual as required text	18.6	11
Handouts	15.3	9
Presentations	11.9	7
Required text & handouts	1.7	1
Required text & presentations	1.7	1
Handouts & presentations	15.3	9
Required text, handouts, & presentations	8.5	5

Lastly, using a 7-point Likert response system ranging from *1-not important* to *7-extremely important*, instructors' opinions were measured regarding the overall importance of instruction to students on reference list accuracy. Aggregate data from instructors' responses (n=59) revealed a greater-than-moderate importance given to instructing students on the accurate construction of reference lists: mean=5.0, std. deviation=1.52.

DISCUSSION AND APPLICATION TO SOCIAL WORK PRACTICE

The larger population of this study was easily identified: social work journal editors and recently published authors in social work journals. Because enumerating them would be nearly impossible (especially the authors), a purpose sampling technique was employed (see Rubin & Babbie, 2001, p. 254). Purposive sampling carries the same limitations as most non-probability sampling techniques. In practice, according to Rubin and Babbie (p. 259), there is less likelihood that a non-probability sample will be representative of the population from which it is drawn compared to a probability sample. Also, the sample size may be considered rather small. Justification for the sample size was explained in the Method section.

A primary limitation of a mail survey is the possibility of low response rate (Grinnell, 1997). Low rates may threaten measurement validity. This study, which included follow-up mailings, yielded a response rate of about 61%. According to consistent views of social work researchers (Babbie, 1995; Rubin & Babbie, 2001), this constitutes a "good" rate. Nevertheless, a higher response rate (preferably over 70%) would have been preferred.

There are others disadvantages to the self-administered survey. First, no assistance was available to any respondent if s/he needed clarification on a particular questionnaire item(s) (Grinnell, 1997, p. 352). Second, the questionnaire is useful

only with those respondents who have the physical capacities to complete it. Third, as with any survey research, this study provided information with little *context* of social life (Rubin & Babbie, 2001, p. 381). Information was obtained regarding views of reference list accuracy; however, a deeper, richer understanding of editors' and authors' opinions of reference lists (as revealed through qualitative data) remains unknown.

To reiterate, the primary purpose of this study was twofold: (1) to learn the degree of importance social work journal editors attributed to reference list accuracy, and (2) to learn who editors and authors believe is primarily responsible for this accuracy. The results of the survey showed that, based on the sample, journal editors consider accuracy of references important. The extent of this importance is made more evident in the finding that reference list accuracy is at least moderately influential in the chance a manuscript will be accepted for publication. As to the second purpose, editors seemed to favor shared responsibility between authors and themselves, while the majority of authors responded that they and their fellow writers were primarily responsible for reference list accuracy. It is rather telling, however, that although accuracy of references was rated as more than moderately important and editors tended to fall on the side of shared responsibility, only a small minority of editors reported that their journals had a formal procedure for checking reference accuracy.

The authors of the current study agree with the majority of editors who believed that responsibility should be shared. Ultimately, each actor, the author and the editor, has a role to play in the publication of a manuscript. It is the duty of the author to provide the editor with a sound, accurate manuscript (both in terms of content and references) and it is likewise the duty of the editor to provide consumers with a sound, accurate article. Inaccuracies within a publication cast doubt upon both the author and the journal, which is represented by the editor. Therefore, both participants in the publication process should have some degree of responsibility for the finished product. We would also encourage editors to consider instituting formal verification procedures, as this strategy has proven effective for journals in other disciplines (case in point: *Canadian Journal of Anesthesia*, see Bevan and Purkis, 1995).

Regarding the survey of authors, secondary issues, such as pressures to publish, checking original sources, computer software, and education were examined. White (1987) questioned the role of pressure to publish by an author's university of employment in rates of reference list error. On one hand, White's supposition was supported by the current study's findings: authors indicated that they felt more than moderate pressure to publish. On the other hand, less than half the authors reported that pressure to publish resulted in a rush to check references. The findings suggest that while there is pressure to publish, it has limited influence on the time devoted to verification of references.

Several authors (i.e., Foreman and Kirchoff, 1987; Sweetland, 1989; Goldberg, 1993; and Fenton, et al., 2000) have posited that failure to check references against the original sources has led to inaccuracies in reference lists. The results in this study fail to support this premise. The vast majority of authors stated that they do indeed verify references with the original materials. A more sophisticated

study than the one done here, however, will be needed to conclusively determine the causal link, if any, between failure to check original sources and inaccurate reference lists.

Fenton, et al. (2000) suggested the utilization of computer software as a strategy for reducing reference errors. Authors participating in this survey, however, indicated only minimal use of such software. We speculate that as computer technology becomes further ingrained in our professional work, we will see an increase in the availability and employment of software in the preparation of manuscript reference lists. The utilization, impact, and effectiveness of software in scholarly writing should be an avenue of future investigation.

Education is, without question, the most significant of the secondary issues addressed in this study. Those who have conducted research in the area of reference list accuracy, including White (1987), Sweetland (1989), and Peden (1991), stressed the importance of proper instruction in reference list construction and the role instructors-as-authors have as models for future scholars. In the current study, authors who are also instructors clearly agree with the above-named scholars. They rated importance of reference accuracy instruction as more than moderately important. The majority provided some form of information to their students, whether it was in the form of presentations, handouts, the APA manual, or some combination of the three. The majority also indicated that they check the accuracy of reference lists in student papers. The findings regarding education suggest at least two possible areas for further research:

- What form of information provided or method of instruction is correlated with increase in reference list accuracy in student papers? and,
- What impact does the provision of information have on students' attitudes toward the importance of reference list accuracy?

In a human service profession, such as the social work profession, where consumers of literature are faced with clients battling such issues as poverty, abuse, and mental illness, research pertaining to reference list accuracy may seem trivial. When we examine the purposes of reference lists, however, this triviality diminishes and their true importance is acknowledged. Reference lists are a testament to the work of scholars, they are evidence of a knowledge base in a given field of interest; moreover, reference lists are a sign of the professionalism, preparedness, and hard work put forth by scholarly writers. Inaccuracies cast a shadow upon references and, by extension, their producers. For our students, our consumers, and our own professional credibility, we should make every effort to ensure the accuracy of our published work, including references lists.

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Why Conduct a Spiritual Assessment? A Theoretical Foundation for Assessment

David R. Hodge

Abstract: *In spite of increased interest in spirituality, the concept of a spiritual assessment remains a questionable practice in the eyes of many social workers. This paper develops five rationales to underscore the importance of including spirituality in assessment. These reasons can be summarized as follows: spiritual assessment provides insight into clients' worldviews, serves as a vehicle to identify strengths, and demonstrates respect for client autonomy. In addition, the profession's ethics implicitly recommend the administration of a spiritual assessment and, for a growing number of accrediting organizations and agencies, it is explicitly recommended. This paper concludes by discussing the implications for practitioners and educators.*

Keywords: Assessment, spirituality, religion, spiritual assessment, religious histories

Assessment is a central component of direct social work practice. While numerous definitions exist, assessment can be understood as the process of gathering, analyzing, and synthesizing information into a concise picture that provides the basis for action decisions (Hepworth, Rooney & Larsen, 2002; Rauch, 1993). It is the assessment process that provides the foundation for the resulting therapeutic enterprise. The content areas explored during assessment provide the basis for, and give direction to, subsequent practice decisions.

Recently, interest in the topic of spiritual assessment has emerged, perhaps particularly among practitioners and students (Canda & Furman, 1999; Derezotes, 1995; Sheridan & Amato-von Hemert, 1999). Traditionally, however, the assessment of spirituality has been ignored (DeCoster & Burcham, 2002). Many social work practitioners believe that "the notion of spirituality is irrelevant to everyday life" or is even harmful (Gotterer, 2001, p. 191). Time constraints limit the material that can be covered during assessment, and professional consensus has traditionally suggested that domains other than spirituality be explored during the assessment process.

Echoing this line of thought, Clark (1994) has argued that social work education should not address spirituality. While many disagree with this perspective (Canda & Furman, 1999), Clark's views seem to reflect the professional

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reality that currently exists (DeCoster & Burcham, 2002). Studies have repeatedly demonstrated that most social workers have received little or no training in spirituality or religion during their graduate education (Canda & Furman, 1999; Furman, Benson, Grimwood & Franz, *in press*; Murdock, 2004; Sheridan & Amato-von Hemert, 1999). Given the central role that education plays in socializing future practitioners into what is considered accepted social work practice, the profession sends the message that spirituality is, at best, a marginal content area to be considered during the assessment process.

The question detractors implicitly ask—why should time be devoted to assessing spirituality?—is one that deserves an answer. The purpose of this paper is to answer this question. More specifically, this paper delineates the reasons why a spiritual assessment should be conducted, and concurrently, implicitly emphasizes the need for training so that social workers are equipped to perform such assessments in a spiritually competent manner. I begin by defining spirituality and religion, noting how these two constructs relate to spiritual assessment.

DEFINITIONS

Although various definitions of spirituality and religion exist, they are generally seen as distinct but overlapping constructs (Canda & Furman, 1999; Carroll, 1998). Ai (2002), for example, views them as interconnected but distinguishable concepts, a view shared by Miller, the chair of the National Institutes of Health (NIH) Working Group on Research on Spirituality, Religion and Health (Miller & Thoresen, 2003). Consistent with this understanding, spirituality can be viewed as ontologically driven, striving for union or relation with God, or ultimate transcendent reality, while religion can be understood to be the external expression of faith that unites an individual with a moral community (Joseph, 1988; Stanard, Sandhu & Painter, 2000).

Debate exists over whether spirituality or religion is the broader construct (Pargament, 1999), and much empirical work tends to treat the two constructs as synonymous (Miller & Thoresen, 2003). When referencing the others' work, I have generally followed the usage developed by the underlying author(s). In general, however, I view spirituality as the broader construct, particularly when referring to spiritual assessment. Based upon this understanding, a spiritual assessment incorporates religion. Personally oriented spiritual dimensions are explored, along with any community oriented religious dimensions that may exist as an expression of one's spirituality.

The reasons why social workers should be equipped to conduct a spiritual assessment are discussed next. These reasons, which are inter-related, can be summarized as follows: knowledge of clients' worldviews, interest in the strengths perspective, respect for client autonomy, professional ethics, and accrediting and agency requirements.

KNOWLEDGE OF CLIENTS' WORLDVIEWS

One of the purposes of assessment is to gather information about the client's worldview. Understanding how the client views reality assists practitioners in

building therapeutic rapport, suggesting interventions that are more likely to be adopted, and avoiding interactions that place the therapeutic relationship at risk. Interactions that are incongruent with clients' worldviews can result in clients terminating therapy or, in some instances, even cause harm to clients.

For many people, spirituality provides an interpretive framework for understanding reality that informs them of who they are and how they should live (Maslow, 1968). Put differently, for many individuals, spirituality is central to their personal ontology (Haynes, 2001). As observers have noted, clients' spiritual worldviews can affect attitudes and practices in a number of areas, including animals, child care, diet, marital relations, medical care, military participation, recreation, schooling, and many other areas of significance to social workers (Pellebon & Anderson, 1999; Rey, 1997).

It is important to note that spirituality is the salient organizing principle for a significant number of individuals. Approximately 95% of the general public profess belief in God or the Transcendent and 82% report that they feel the need to grow spiritually (Gallup & Lindsay, 1999). Approximately 60% of the public report that religion is very important to them, and approximately a third consider religion to be the most important influence in their lives (Walsh, 1999). Furthermore, interest in spirituality appears to be increasing (Miller & Thoresen, 2003).

In addition, the United States is becoming increasingly diverse in terms of its religious tapestry (Melton, 1999). For instance, the number of Muslims (Smith, 1999) and Hindus (Williams, 1997) has increased dramatically since immigration policies were changed in the mid-1960s. While secularists and adherents of main-line Protestant denominations may still dominate the centers of social power in the United States (Hunter, 1991; McCullough, Weaver, Larson & Aay, 2000), the underlying society is populated by an increasingly diverse array of religious worldviews.

As Pellebon and Anderson (1999) note, it is essential to understand the meaning of life from the perspective of spiritually based clients. Conducting a spiritual assessment provides a window into the client's worldview. To provide effective, client-centered services for persons for whom spirituality plays an important role in shaping their perceptions, spiritual assessment is a prerequisite (Richards & Bergin, 1997). This is particularly the case for those who adhere to non-dominant worldviews (Koenig, 1998; Richards & Bergin, 2000; Van Hook, Huguenot & Aguilar, 2001). If spiritual assessment is disregarded, therapy may, at best, fail to be as effective as it might otherwise be and, at worst, result in harm to the client. As has been noted among Hindus, for example, the application of typical Western secular values and related interventions may cause "confusion and further negative affect" (Reddy & Hanna, 1998, p. 393).

Put more positively, conducting a spiritual assessment affords practitioners the opportunity to gather the necessary information that can be used to build rapport and design strategies that clients may be more inclined to implement (Gottterer, 2001). By suggesting interventions that are congruent with, and even resonate with clients' spiritual worldview, clients' sense of ownership is enhanced, resulting in greater likelihood of client implementation and follow-

through (Hepworth, et al., 2002). This dynamic may be even more likely to occur if interventions are based upon clients' spiritual strengths.

INTEREST IN THE STRENGTHS PERSPECTIVE

Interest in the strengths perspective has continued to grow (Saleebey, 1997; 2000). This perspective emphasizes focusing on clients' assets rather than deficits during the assessment process. A measure of the strengths perspective's influence is that even traditional texts on social work practice emphasize that a key element of assessment is identifying clients' strengths (Hepworth, et al., 2002). Once strengths are identified in the assessment process, they can be operationalized to ameliorate problems.

While historically devout spirituality has often been equated with psychopathology (Ellis, 1980; Freud, 1964 [1927]), this opinion is no longer scientifically tenable. In the past few decades, a significant body of empirical research has developed, indicating that spirituality and religion are important assets (Koenig, McCullough & Larson, 2001; Johnson, 2002; Pargament, 1997; Plante & Sherman, 2001). In what is perhaps the best review to date, Koenig, McCullough and Larson (2001) examined more than 1,600 studies on the relationship between religion and physical and mental health outcomes. Religion was associated with a wide array of salutary outcomes.

General Social Survey (GSS) data suggests that religious strengths are relatively common among the general population (Davis, Smith & Marsden, 1998). Some 42% of the general public report finding strength and comfort in religion at least every day, with an additional 17% indicating that they find strength most days. Only 14% report that they never or almost never find strength in their religion. Similarly, some 54% of the population feel that their religious community is very helpful.

In addition, spiritual assets may be particularly salient among disadvantaged populations, which may help explain why historically spirituality has often been associated with psychopathology. Relative to the general public, research indicates that spirituality plays a heightened role among African Americans, Hispanics, women, people who are elderly, and people who are poor (Davis & Robinson, 1997; Gallup & Lindsay, 1999; Pargament, 1997).

For instance, when respondents in 23 nations were asked to rank the importance of God in their lives on a 10-point scale, American blacks recorded the highest score of any group—9.04 (Gallup & Castelli, 1989). Across an array of measures, black Americans exhibit higher levels of religious participation than white Americans (Taylor, Chatters, Jayakody & Levin, 1996). According to one study, approximately 70% of African Americans attend church or a place of worship at least two or three times a month (Chatters & Taylor, 1994).

As might be expected, various measures of spirituality and religion have been associated with a wide variety of salutary characteristics among African Americans, including academic achievement (Walker & Dixon, 2002), civic engagement (Smidt, 1999), empowerment (Calhoun-Brown, 1998), female leadership (Robinson, 1996), manhood development (Watts, 1993), recovery from

addiction (Turner, O'Dell & Weaver, 1999), coping among the elderly (Johnson, 1995), and women (Mattis, 2002), as well as resiliency among children (Haight, 1998), single mothers (Brodsky, 1999), the poor (Nelson, 1997), the elderly (Wallace & Bergeman, 2002), and victims of racism (Bowen-Reid & Harrell, 2002). Similarly, spirituality/religion have been associated with increased levels of interpersonal friendliness (Ellison, 1992), life satisfaction (Levin, Chatters & Taylor, 1995), physical and emotional health (Stolley & Koenig, 1997), positive self-perceptions (Ellison, 1993), quality of family life (Ellison, 1997), self-esteem (Maton, Teti, Corns & Vieira-Baker, 1996), and the ability to handle the stress associated with having a child with disabilities (Rogers-Dulan, 1998) and having an infant hospitalized with a serious illness (Wilson & Miles, 2001).

The importance of spiritual assets may become more pronounced during times of stress or difficulty, which may help explain why spirituality tends to play a more significant role among disenfranchised populations. Research suggests that spiritual coping resources may become more salient in the face of difficult situations (Pargament, 1997). This is important since social workers often encounter people when they are wrestling with problems.

Without a vehicle for identifying spiritual resources, however, spiritual strengths are likely to remain untapped, regardless of their importance in clients' lives (Ronnau & Poertner, 1993). Clients who are animated by their spirituality are often concerned about being misunderstood by social workers, who are often presumed to be secular and, consequently, may be disinclined to broach the topic themselves (Furman, Perry & Goldale, 1996; Lyles, 1992). Clients who are adherents of subordinate faiths may be particularly hesitant to discuss spiritual strengths, unless practitioners create a context that suggests some degree of spiritual competency on the part of the practitioner (Kelly, Aridi & Bakhtiar, 1996; Richards & Bergin, 2000).

Spiritual assessment helps create such a context by implicitly sending the message that spirituality is an important and valued resource that can be used to address problems. As Cascio (1998) notes, it legitimizes the topic of spirituality in practice settings. Furthermore, the skill sets employed in the assessment process (e.g., empathy, curiosity, and authenticity) can help set clients who may be worried about sharing an intensely personal topic at ease (Pellebon & Anderson, 1999). In short, spiritual assessment provides a mechanism for identifying important spiritual resources that may otherwise lie dormant. As will be discussed subsequently, it can also demonstrate respect for client self-determination.

RESPECT FOR CLIENT AUTONOMY

Respecting client autonomy is a central tenant of social work practice (Regehr & Antle, 1997). Not only is a client's right to self-determination a "hallmark of the profession" (Cascio, 1998), but effective therapy is understood to be predicated upon a non-coercive therapeutic atmosphere in which the desires of the client are valued (Cornett, 1992; Richards & Bergin, 1997).

Many clients desire to have their spiritual beliefs and values integrated into counseling settings (Arnold, Avants, Margolin & Marcotte, 2002; Larimore, Parker & Crowther, 2002; Privette, Quackenbos & Bundrick, 1994). According to Gallup

data reported by Bart (1998), 66% of the public would prefer to see a professional counselor with spiritual values and beliefs, while 81% wanted to have their own values and beliefs integrated into the counseling process. Among a sample of parents ($N=70$) whose children were receiving mental health services, 74% felt that spirituality was relevant to their child's problems and more than half (53%) felt that therapists should consider spirituality in treatment (Mathai & North, 2003).

Although more outcome studies are needed, some clinical trials have examined the efficacy of incorporating clients' spiritual beliefs into the counseling project. Consistent with the research cited in the previous section, these studies indicate that spirituality is an important asset that can be marshaled to help ameliorate problems. With Muslims, for example, cognitive/behavioral therapy modified with beliefs drawn from the Koran has been effectively used to address anxiety disorders (Azhar, Varma & Dharap, 1994), bereavement (Azhar & Varma, 1995a), and depression (Azhar & Varma, 1995b). This modality has also been effective in altering the characteristics and content of schizophrenic symptoms (e.g., auditory hallucinations) that have persisted despite the administration of anti-psychotic medications (Wahass & Kent, 1997). Similarly, positive outcomes have been found when treating depression among Christians (Hawkins, Tan & Turk, 1999; Propst, 1996), perfectionism among Mormons (Richards, Owen & Stein, 1993), neurosis among Chinese Taoists (Xiao, Young & Zhang, 1998), and stress among a religiously heterogeneous sample (Nohr, 2000).

Social workers have an obligation to respond to clients' desires to integrate their spirituality into therapy (Northcut, 2000). For those clients who want to integrate their spiritual beliefs and values into therapy, spiritual assessment provides a way to honor their right to self-determination. Spiritual assessment provides a forum for identifying relevant spiritual beliefs and practices that can be incorporated into various co-selected action strategies. Conducting a spiritual assessment demonstrates responsiveness to clients' aspirations to integrate spirituality, allowing social workers to fulfill a primary ethical value. While clients' right to self-determination is a central social work value, the profession's ethical code also lists a number of other standards that are pertinent to spiritual assessment.

ETHICS

Although professional codes of ethics are designed for many purposes, a primary function is to guide practitioners' conduct (Freeman, 2000). As the NASW Code of Ethics (1999) states, the Code socializes new practitioners to the profession's core values, which are manifested in a set of standards that should guide social work practice. Every task, including assessment, should be informed by the profession's ethical standards (Morales & Sheafar, 2004).

The NASW Code of Ethics (1999) lists four standards that explicitly mention religion (1.05c, 2.01b, 4.02, and 6.04d) and at least two standards that implicitly refer to religion (1.05a, 1.05b). Social workers are ethically bound to obtain education about religious diversity and the oppression religious people encounter in various forums (1.05c), avoid unwarranted negative criticism and derogatory language based upon religion (2.01b; c.f. 1.12), refrain from facilitating any form of religious discrimination (4.02), and actively work to prevent and eliminate reli-

gious discrimination (6.04d). Social workers should also recognize the strengths that exist in religious cultures (1.05a) and demonstrate competence and sensitivity in their service provision to such groups (1.05b).

The implementation of these standards in practice settings implicitly calls for a spiritual assessment. As noted above, it is difficult to recognize spiritual strengths without conducting a spiritual assessment to identify them (Ronnau & Poertner, 1993). Similarly, to avoid inadvertently discriminating or oppressing people of faith, it is frequently necessary to have some understanding of the client's spiritual worldview (Reddy & Hanna, 1998; Richards & Bergin, 2000).

Standards 1.05 and 6.04, in particular, have played a central role in the development of the NASW Standards for Cultural Competence in Social Work Practice (2001). Cultural Competence standard 4 instructs social workers to conduct a comprehensive assessment, noting clients' cultural norms and strengths, and utilizing the resulting information gained during assessment to develop culturally relevant intervention plans. In keeping with the Code of Ethics, religious cultures are specifically mentioned in the cultural competence standards.

In short, the NASW Code of Ethics (1999) standards that address religion implicitly highlights the need for spiritual assessment. Indeed, it is difficult to see how social workers can comply with the Code of Ethics in practice settings without conducting a spiritual assessment. Spiritual assessment can provide the necessary information that facilitates compliance with the ethical standards. While supplementary information, (e.g., an understanding of clients' spiritual cultures [Richards & Bergin, 2000]) and skill sets (e.g., knowledge of religious countertransference [Genia, 2000]) may be required to fully comply with the standards that address religion, conducting a spiritual assessment plays a foundational role in assisting practitioners conform to the profession's ethical values. While the values propagated in the Code of Ethics are intended to guide practitioners' conduct, the code also acknowledges that other factors, such as accrediting regulations and agency policies, should also guide social work practice.

ACCREDITING AND AGENCY REQUIREMENTS

As implied above, interest in spirituality has increased in many sections of society, including professional disciplines (Gallup & Lindsay, 1999). For instance, Koenig, McCullough and Larson (2001) report that more than half the medical schools in the United States are training physicians to address spirituality in the course of their medical practices. Animated by many of the reasons discussed above, recognition seems to be growing among the helping professions regarding the importance of spirituality in client care (Koenig, et al., 2001; Miller & Thoresen, 2003).

Accrediting organizations and agencies are reflecting this recognition by recommending that all clients receive a spiritual assessment. Perhaps the most notable example is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which is one of the major healthcare accrediting agencies in the United States. JCAHO accredits most hospitals and many other mental health providers in the United States.

JCAHO (2002) recommends that social workers conduct a spiritual assessment. At a minimum, assessment should determine the client's denomination and any spiritual beliefs and practices that are important to the client. The purpose of the initial assessment is twofold: to identify the effect of clients' spirituality on service provision, if any, and to determine if a further, more extensive spiritual assessment is required.

Thus, in an increasing number of instances, social workers are required to conduct a spiritual assessment. This rationale for conducting a spiritual assessment differs in character from the previously discussed reasons. The four reasons discussed above are based upon either an appeal to sound social work practice or professional ethics or some combination of the two. The final reason differs in the sense that appeal is absent. Conducting a spiritual assessment is important, because, in many cases, it may be part of the job description.

DISCUSSION AND IMPLICATIONS

The theoretical rationales discussed above have direct implications for both practitioners and educators. Ideally, social work practitioners should generally be conducting a spiritual assessment. In keeping with the JCAHO (2002) recommendations, initial assessment might consist of a brief exploration of spiritual beliefs, practices, and degree of involvement in a religious community, focusing on how these factors relate to the precipitating event that resulted in the social worker's presence. This brief assessment can be integrated into existing assessment protocols. In cases where the client's spirituality seems particularly relevant to the present context, a more complete assessment can be administered.

Although the frequency with which practitioners administer spiritual assessments is unclear, broad support for conducting a spiritual assessment seems to exist among practitioners and students. Among a national sample of NASW affiliated practitioners ($N=2,069$), almost 60% agreed that an exploration of spirituality and religion should be part of the intake/assessment process (Canda & Furman, 1999). Among a sample of graduate students drawn from two universities ($N=208$), approximately 93% of respondent students considered it appropriate to gather information on clients' spiritual backgrounds and roughly 68% reported conducting such as assessment themselves (Sheridan & Amato-von Hemert, 1999).

While social workers may be open to addressing spirituality in practice settings (Canda & Furman, 1999; Derezotes, 1995; Murdock, 2004; Sheridan, Bullis, Adcock, Berlin & Miller, 1992), it remains an open question how well trained they are to engage in such activities. Given that studies have repeatedly demonstrated that most social workers have received little or no training on spirituality or religion during their graduate education (Canda & Furman, 1999; Furman, et al., in press; Sheridan & Amato-von Hemert, 1999), it is unsurprising that research suggests that practitioners are unequipped to conduct a spiritual assessment.

In the study of NASW affiliated practitioners cited above, only 17% agreed that social workers in general have the knowledge to address spiritual issues (Canda & Furman, 1999). Summarizing their findings, the authors of the study concluded that, while many practitioners recognize the importance of spirituality, they do

not feel adequately prepared to address the topic in practice settings. In their examination of graduate students' attitudes about client religion ($N=124$), DeCoster and Burcham (2002) came to a similar conclusion. These researchers suggested that educators had not effectively integrated religious content into the curriculum, resulting in respondents who were uncomfortable assessing clients' religion.

As Cascio (1998) observes, in-service workshops, programs, and continuing educational forums are needed to acquaint practitioners with the information needed to conduct spiritual assessments in an ethically competent manner that respects client autonomy. Perceptions that spirituality can be pathological still exist, with the spiritual worldviews affirmed by African Americans, people who are elderly, and other disadvantaged populations likely being most at risk for being classified as pathological. Sheridan and Amato-von Hemert (1999) found that roughly 62% of respondent students believed that it was appropriate to share their own spiritual beliefs with clients. While more research is needed to explore this finding, it is possible that students who feel that others' spiritual beliefs are unhealthy may feel the need to challenge those beliefs in an attempt to convert clients to what they consider to be more beneficial beliefs. Training is needed to ensure that social workers respect clients' spiritual beliefs and refrain from attempting to change those beliefs that they consider pathological, dysfunctional, or simply wrong. By training practitioners to work within clients' worldviews, partnering with clergy members from the clients' faith, if necessary, the profession's commitment to autonomy can be respected.

Similarly, training is needed for faculty members who may also be uncomfortable discussing spirituality. As has been widely noted (Canda & Furman, 1999), content on spirituality and religion needs to be integrated into graduate education curricula. While one of the purposes of spiritual assessment is to illuminate clients' values, providing education about religious diversity as the NASW Code of Ethics (1999) prescribes, assists future social workers in understanding the process by providing them with a working knowledge of commonly held beliefs and practices (Richards & Bergin, 2000).

It is important to acknowledge that social work education is making progress in this area. The number of programs offering courses on spirituality is increasing. At least 50 programs now include content on spirituality, up from a handful in 1990 (Miller, 2001).

These efforts need to be expanded and built upon. While elective courses on spirituality serve an important purpose, ideally, all practitioners should be equipped to conduct a spiritual assessment in a spiritually competent manner as part of their graduate training. Given that assessment is a topic already discussed in practice courses, content could be expanded to include spirituality with minimal restructuring. Spirituality can be presented as one dimension of human existence, with students being taught to respect spiritual cultures in the same manner that they are taught to respect other cultures (Cascio, 1998).

As is the case with other expressions of diversity, an exploration of spirituality will not be relevant to some clients. For many clients, however, spirituality is an important life dimension, while for others, it is a central dimension that informs

all other areas of existence. For clients who fall into the latter categories, a spiritual assessment is critical for the provision of client-centered services that reflect the profession's ethical standards. Also critical is the need for social work education to equip future practitioners with conducting such assessments in a spiritually competent manner.

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Teaching Content on Social Work Practice with Religious Congregations: A Curriculum Module

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Abstract: *This pilot study represents an effort to implement and evaluate use of a curriculum module on Charitable Choice and social work practice in a faith-based organization. Using a nonequivalent control group design, repeated measures MANOVA showed significant differences between the treatment ($n=54$) and comparison groups ($n=53$) on knowledge and degree of comfort at posttest. Despite the use of a small sample ($n=107$) of MSW students at a public university in the Southeast, the findings provide initial support for further use and future evaluations of curriculum modules covering specific content on practice in faith-based settings.*

Keywords: *Religion, congregations, case, macro, practice, education*

Until the end of the 19th century, religious congregations and the organizations they spawned were virtually the sole providers of social services in the United States (Cnaan, 1999; Garland, Hugen, Myers, Sheridan, Sherwood & Wolfer, 2002; Salamon & Teitelbaum, 1984; Wineburg, 2001). The social work profession itself emerged out of the efforts of "friendly visitors" and founders of settlement houses, both of which worked under the auspices of congregational outreach. Congregations and their volunteers founded relief agencies, children's homes, recreation services, family and children associations, and mental health associations. In other words, religiously motivated volunteers preceded social work in almost every field of practice (Anderson & Ambrosino, 1992; Forte, 1997; Sherr, 2003).

Despite social work's origins, the nascent profession quickly embraced the scientific method in the early 1900s, spawning eight decades of social services largely disconnected from religious traditions. As the delivery of services became more systematic and social work became increasingly secular, religious congregations and other faith-based organizations (FBOs) silently continued providing a hidden safety net of services (Cnaan, 1999). Nevertheless, the role of congregations and their volunteers became increasingly marginalized and virtually ignored by the social work profession (Garland, et al., 2002).

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Since 1980, several converging factors have created a contemporary urgency for social work educators to prepare students for practice with faith-based organizations (FBOs). Over his two terms in office, President Reagan set forth a devolutionary era in social welfare policy that continues to this day. Then in 1996, Democrat and Republican leaders officially welcomed FBOs into the circle of service providers by including Charitable Choice in section § 104 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Castelli & McCarthy, 1998; Devita, Printz & Towombly, 1999; Sherman, 2000; Wineburg, 2001). More recently, in the 2000 Presidential election, both Al Gore and George W. Bush endorsed expanding the role of FBOs as major components of their social welfare strategy. Shortly after his inauguration, President Bush announced the formation of the White House Office of Faith-Based and Community Initiatives. Today, Charitable Choice and FBOs continue garnering bipartisan support as some on the Right see an opportunity "to cut public spending while maintaining a spirit of care," while some on the Left see a way "to circumvent bureaucratic administration of publicly funded services" (Cnaan & Boddie, 2002, p. 229).

BACKGROUND LITERATURE

Social work practice in FBOs may involve working with social systems ranging from large religiously affiliated international organizations to local religious congregations (Cnaan, Wineburg & Boddie, 1999). Of these, local congregations are by far the most numerous and widely dispersed in American society (Wolfer & Sherr, 2003). For this study, congregations can be defined simply as "local gatherings [of people] for religious purposes" (Harris, 1998, p. 602).

While no one knows exactly, there are more than 150 million people in American congregations (Linder, 2001). Roughly one third of people attend services weekly, another third occasionally, and one third attend rarely or not at all (Hodgkinson, Weitzman & Kirsh, 1990; see also Holifield, 1994). The total number of congregations in the United States range from a low of 200,000 to a high of 450,000 (Ammerman, 2001; Boddie, et al., 2001; Dudley & Roozen, 2001). By various counts, American congregations also represent more than 200 denominations (Cnaan, et al., 1999, p. 28) or nearly 1600 denominations (Warner, 1994, p. 58). Although the size of congregations vary considerably, more than half of the congregations in the United States have 100 to 400 members (Linder, 2001).

Typically, congregations have linkages to larger FBOs. In fact, they usually provide the base of support for larger FBOs in terms of both finances and personnel. Congregations also provide a variety of social services on their own. In the two most thorough assessments to date, Chavez, Konieczny, Beyerlein and Barman (1999) estimate that 57% of congregations offer at least one social service program, and Boddie, et al., (2001) estimate that 87% of congregations offer at least one social service program.

From a systems perspective, congregations are likely the first level of FBOs students will interact with in their professional practice. On one hand, students may work with individuals, groups, and families who are members of congregations. On the other hand, they may work with congregations themselves as community

organizations. Regardless of the level of practice, students must be prepared for competent practice with these macro level systems.

SOCIAL WORK'S RESPONSE TO RELIGIOUS CONGREGATIONS AND THEIR SOCIAL PROGRAMS

Until recently, social work scholars have tended to overlook the role of religious congregations in people's lives (Wolfer & Sherr, 2003). This is ironic given the social work profession's ecological and social systems perspectives. Commenting on the absence of interest, Wineburg (2001) laments:

The academic community skipped by the most dramatic shift in public policy in more than half a century...[And if the academic community is going to become effectively involved] it will be difficult without an over-arching analysis of the impact of the service contributions the people in these 300,000 congregations make, with their organizational arms reaching both inward to help their own members and outward to support sectarian and secular agencies in the nonprofit sector (p. 40).

In the last several years, however, social work literature has given limited but increasing attention to religion and religious congregations. Research on religion has focused primarily on the notion of religious beliefs as a tool for practitioners to use in building rapport with clients for whom religion is an important issue (Cnaan, Wineburg & Boddie, 1999). Furthermore, only a handful of studies exist on religious congregations as organizations providing social programs. While such studies are laudable efforts, they are primarily descriptive, with findings that are difficult to interpret. After a review of the literature, Wolfer and Sherr (2003) conclude, "the American religious world is decentralized in the extreme.... [Because of the difficulty in locating good sampling frames], it is difficult if not impossible to measure the various aspects of congregational life" (p. 44). Despite the methodological difficulties, there is growing consensus among social work scholars that: 1) the efforts of religious congregations are greater than previously imagined; 2) there is a lot more to learn; and 3) social workers, if informed about Charitable Choice initiatives and the willingness of many religious congregations to provide social services, can participate and provide leadership in coordinating partnerships with congregations to deliver effective service programs (e.g., Garland, 1992, 1998; Garland, et al., 2002; Cnaan, et al., 1999; Sherman, 2000).

EFFORTS TO PREPARE STUDENTS AND PRACTITIONERS

In light of the current context, efforts to incorporate content about religion, congregations, and Charitable Choice into the social work curriculum have been distressingly slow. In fact, recent research on social work education and religion reveals that the profession is still primarily assessing the place of religion in the curriculum (Casio, 1999; Kaplan & Dziegielewski, 1999; Sheridan & Hemert, 1999; Staral, 1999). The authors posit that the time for assessing the place of such content has passed and a new era of social welfare requires attention.

A few scholars offer different approaches for preparing students to practice with FBOs. Most notably, Loewenberg (1988) provides an overview of the history of religion within society, Netting, et al. (1990) describe integrating religious content

into the macro practice curricula, and Canda (1989) presents a comparative approach for integrating religious content into the HBSE curricula. More recently, Furman (2002) makes recommendations for schools of social work that want to infuse religious and spiritual diversity throughout the entire curriculum, and Ai (2002) endorses a multidisciplinary approach that covers an array of different theoretical and conceptual perspectives. Finally, Sherwood, Wolfer and Scales (2002) suggest using decision cases for infusing spirituality and religion content into the classroom.

Although each of the approaches represent innovative and laudable efforts to provide resources for social work educators, further research is needed to examine how to implement and evaluate teaching methods for integrating religious content in the curriculum. This study outlines an initial effort to implement and evaluate use of a curriculum module on Charitable Choice and social work practice in a faith-based organization. Specifically, it addresses the question: How will a module on social work practice in faith-based organizations affect students' knowledge about and comfort with such practice?

METHODS AND PROCEDURE

Given the above information, the authors developed, administered, and evaluated a curriculum module on Charitable Choice and religious congregations in six sections of a foundation level MSW macro practice course. The decision to introduce the module to students in a foundation macro practice course was prompted by the author's agreeing with Netting, et al. (1990) that: "Understanding local congregations and their enmeshment within the social service delivery system is important to any social work practitioner who hopes to effect community change" (p. 22).

The Curriculum Module

The module consisted of four components: a journal article reading, didactic instruction, small group work, and decision case discussion. The first component covered the basic provisions of Charitable Choice law. Charitable Choice has far reaching implications for social work practice as it opens the door for collaboration between religious organizations and public services. In a recent article, Cnaan and Boddie (2002) explain that having a basic understanding of the law will lay "a foundation for considering the implications for social work practice, education, and research" (p. 225).

In advance of the class session, the authors provided students with copies of a journal article and a decision case to read in preparation for the class session. The article assessed the potential benefits and challenges of Charitable Choice. More specifically, it discussed Charitable Choice in the current political context, the contradictory and limited research on implementation of the law, and encouraged social workers to attend to these developments (Cnaan & Bodie, 2002). The decision case highlighted the experiences of a licensed clinical social worker who was solicited by a church leader to meet with a family that had come to their church for help. What began as a one-time occurrence, eventually led to a decision about whether and how to advocate for systematic changes in the congregation's community outreach (author citation for published case).

Decision cases differ from the types of cases most often used in social work education. Merseth (1996) refers to the traditional type of cases as examples or exemplars. These cases depict practice situations with (usually) appropriate responses and serve to illustrate the application of theory or professional skill in concrete situations. In contrast, decision cases present students with dilemmas encountered by social workers in their professional practice. These cases provide explicit opportunities for students to practice making decisions and contemplate possible interventions. More than exemplars, decision cases present the complexities and ambiguities of actual social work practice (Sherwood, Wolfer & Scales 2002). Sherwood, et al. (2002) explain:

Rather than simply critique a professional's behavior, [decision] cases require that students use their analytic and critical thinking skills, their knowledge of social work theory and research, and their common sense and collective wisdom to identify and analyze problems, to evaluate possible solutions, and to formulate a preferred intervention (p. 5).

Borrowing from Carlson-Thies (2001), the authors' also created a one-page handout that covers the purpose of Charitable Choice (available from the first author). The handout specified how Charitable Choice attempts to: 1) encourage more States to contract with FBOs; 2) protect the unique character of religious organizations; 3) protect the religious freedom of potential beneficiaries; and 4) maintain separation of church and state. For instance, states that contract with any nonprofit organization must give FBOs an equal opportunity to compete for funding. Charitable Choice also affirms that FBOs can display religious symbols, use faith-based approaches in providing services, and can use religious criteria in staffing the programs. The religious freedom of recipients are protected by ensuring that alternative services are available for recipients who object to religious providers and affirms that recipients are not required to participate in religious activity as a precondition for receiving services. Finally, separation of church and state is maintained by requiring that government funds only be used for providing public service and not for inherently religious practices such as worship, Sunday school, or proselytization.

After a brief lecture on the basic purposes of Charitable Choice, students were divided into small groups of six to eight. Each group reviewed a specific section of the Cnaan and Boddie (2002) article. One group reported on the political evolution of Charitable Choice. They discussed how the law, although initially supported by Conservatives, now claims bipartisan support. They also discussed how the law remains controversial and is currently being challenged in state and federal court. The next group discussed the findings of several studies mentioned in the article. For instance, the group shared how few clergy were even aware that Charitable Choice existed. They also conveyed how slowly Charitable Choice was being implemented among most states. The last group summarized Cnaan and Boddie's call for social workers to carefully follow the implementation process of Charitable Choice to assess the potential benefits and consequences of the law.

The final component of the module was a class discussion of The Grace House Ministry (author citation)—the decision case specifically written for the module.

The case had several twists and turns that worked as step off points for examining social work practice with religious congregations. During the course of the class discussion, students were given opportunities to reflect upon practice issues such as: confidentiality, self-determination, dual relationships with clients (as both a member of a congregation and a social worker), and balancing a congregation's desire to provide needed services while respecting the specific characteristics of the congregation that may or may not conflict with social work values. Towards the end of the case discussion, students were prompted to consider two interrelated questions: 1) How close was the congregation to securing Charitable Choice funding? and 2) What concrete steps should the congregation take in order to receive funding?

The entire curriculum module required approximately 90 minutes of class time. The approximate timetable for each component was as follows:

- 10 minutes for reviewing the basic purposes of Charitable Choice;
- 20 minutes for meeting in small groups to discuss and summarize three sections of the journal article (Cnaan & Boddie, 2002); and
- 60 minutes for the decision case discussion.

Research Design

Using a quasi-experimental design, a convenience sample of MSW students was selected for the study. Students registered for one of six sections of a foundation level MSW macro practice course. A total of 116 MSW students enrolled in the six sections; however, nine students were not present at the posttest and were excluded from the study. After all students registered, three of the sections were randomly assigned as treatment groups ($n=54$, 50.5%) and three sections were randomly assigned as comparison groups ($n=53$, 49.5%). The six sections met once a week from 9 A.M. to 12 noon. Three sections met on Tuesday, the other three on Wednesday.

To minimize contamination from selection bias and to account for the Hawthorne effect, the first author handled all phases of implementing the curriculum module and administering the survey instruments to each of the sections at pretest and posttest. During the first three weeks of the Fall 2002 semester, the survey instrument was administered for pretest. The survey was re-administered for posttest at least six weeks after each pretest. This allowed enough time in-between measurements to reduce the possibility of any testing effects that might occur from filling out the same survey.

Students in both the comparison and treatment groups covered the standard material on FBOs within the context of ontological communities (Brueggemann, 2002) with their assigned instructors. Students in the comparison group were administered posttests after covering the normal course material. Students in the treatment group were administered posttests after covering the standard course material and the curriculum module. At the request of instructors, the first author presented the curriculum module to students in the comparison group after data was collected.

Survey Instrument

The survey, which was designed specifically for this study (see appendix), asked students to indicate their level of agreement on a scale of 1 (strongly disagree) to 4 (strongly agree) for a list of 10 different statements. The 10 statements comprised two subscales intended to measure students' knowledge of Charitable Choice and their degree of comfort working with religious congregations. A total score was calculated for each scale at pretest and posttest. Higher scores on the knowledge scale indicated better comprehension of the governing rules of Charitable Choice. Higher scores on the second scale indicated a greater degree of comfort working with religious congregations. Four additional questions asked for demographics—sex, age, ethnicity, and how often students attended worship services during the past year.

The survey was found to have an internal consistency of .81 ($n=116$). According to Nunnally (1978), this level of reliability is adequate for basic research. Although the survey appears to have face validity, efforts to establish more dependable measures of validity were beyond the scope of this study.

It was hypothesized that students enrolled in the sections comprising the treatment group would differ significantly from those in the comparison group in: 1) their increased knowledge of the governing rules of Charitable Choice; and 2) their increased comfort working with religious congregations.

Data Analysis

Data analysis consisted of three stages. In stage one, the data were entered and checked for entry errors, missing data, and outliers. All entry errors were corrected; the missing data consisted of only the nine excluded cases, and there were no extreme values on any single variable. In stage two, frequency distributions and chi-square analyses were used to examine the distribution of demographic categories between treatment and comparison groups. Finally, repeated-measures MANOVA was performed to assess the overall affects of the curriculum module over time, the overall difference between treatment and comparison groups over time, and the individual differences in knowledge and degree of comfort scores between the two groups over time.

FINDINGS

Demographic Characteristics

Table 1 presents the distribution of selected demographic characteristics of the 107 respondents by treatment and comparison groups. As the table reveals, there are no significant differences between the treatment and comparison groups in terms of ethnicity and frequency of attending worship services during the last year. There was, however, a significant difference between the two groups in terms of age. Although a majority of the respondents in both groups are age 20 to 29, more than 80% (81.1%, $n=44$) of the respondents in the treatment group are age 20 to 29, while only two-thirds (66%, $n=35$) of the respondents in the comparison group are age 20 to 29. Moreover, less than 6% (5.6%, $n=3$) of the respondents in the treatment group are age 30 to 39, while more than 20% (22.6%, $n=12$) of the respondents in the comparison group are age 30 to 39. Respondents age 40 and older appear evenly distributed between the two groups.

Table 1: *Distribution on Select Demographic Characteristics*

Variable	Treatment Group (n=54)	Comparison Group (n=53)	Significance
	n (%)	n (%)	
Gender			no analysis
Male	1 (1.9)	7 (13.2)	
Female	53 (98.1)	46 (86.8)	
Ethnicity			nonsignificant
Anglo American	34 (63.0)	36 (67.9)	
African American	17 (31.5)	11 (20.8)	
Other	3 (5.5)	6 (11.3)	
Age			$\chi^2=6.49$, $df=2$ $p=.039$
20 to 29	44 (81.5)	35 (66.0)	
30 to 39	3 (5.6)	12 (22.6)	
40 and older	7 (6.6)	6 (11.3)	
Frequency of attending worship services during the last year			nonsignificant
Twice a year and less	14 (25.9)	10 (18.9)	
Once a month to twice a year	17 (31.5)	16 (30.2)	
Two or three times a month	6 (11.1)	9 (17.0)	
Every week	17 (31.5)	18 (34.0)	

Table 1 also reveals that female students represent a large majority of the respondents in both groups. Male students, however, represent 13.2% ($n=7$) of the comparison group and 1.9% ($n=1$) of the treatment group. Chi-square analysis could not be completed since the treatment group had less than five males. The differences in age and gender reflect enrollment trends in this social work education program. However, the small sample and the preliminary nature of the study preclude further inferences.

Outcome Measures

As noted previously, repeated measures MANOVA was performed to assess whether the overall effects of the curriculum module resulted in significant changes over time. Wilks' Lambda ($F(2,104) = 13.35$, $p<.05$) allows the null hypothesis to be rejected. Thus, overall significant changes were discovered from pretest to posttest. Likewise, Wilks' Lambda ($F(2,104)=7.30$, $p<.05$) indicates overall significant differences between the treatment and comparison groups.

Table 2 depicts measures of the treatment and comparison groups at pretest and posttest. The means of the two groups at pretest were similar for both dependent measures. At posttest, the findings reveal a significant difference in knowledge measures between the two groups. Although knowledge scores were higher for both groups at posttest, students exposed to the curriculum module

Table 2: Measures of Knowledge and Degree of Comfort with MANOVA of Posttest Scores						
Measure	Pretest x̄ (SD) Range		Posttest x̄ (SD) Range		FTest of Posttest Score	
	Treatment	Comparison	Treatment	Comparison		
Knowledge	14.3 (1.5) 10 –19	14.1(1.7) 11-19	15.7 (2.0) 12 -20	14.6 (1.8) 11-19	6.0*	
Comfort	15.3 (2.5) 10 – 20	15.5 (3.1) 11-20	17.0 (2.3) 13 -20	15.3 (3.5) 10 -20	.9**	
*p<.05. **p<.01.						

scored significantly higher than students in the comparison group. In the same way, the findings reveal a significant difference in the degree of comfort measures between the two groups. Here again, students exposed to the curriculum module report a greater degree of comfort working with religious congregations compared to students in the comparison group. Interestingly, the posttest scores for the degree of comfort for students in the comparison group were marginally lower than at pretest.

DISCUSSION

The findings from this study must be interpreted with caution. The use of a small convenience sample of students as well as a nonstandardized instrument limits their generalizability. Furthermore, although data analysis reveals statistically significant differences in the hypothesized direction, the amount of improvement remains unclear. Conclusions regarding the practical development in knowledge about Charitable Choice or the degree of comfort working with religious congregations is not warranted. As an initial effort to implement and evaluate a curriculum module, however, this study begins to fill the need for empirical studies on teaching social work practice with FBOs.

Knowledge and Degree of Comfort

The curriculum module received preliminary support from this study. Although knowledge subscale scores increased for both groups, only the scores in the treatment group were significantly higher at posttest. Similarly, students in the treatment group reported a higher degree of comfort in working with religious congregations. Similar to knowledge scores, however, only students in the treatment group reported higher degrees of comfort working with religious congregations at posttest. The degree of comfort scores was actually lower for students in the comparison group at posttest.

The lower scores related to the degree of comfort subscale for students in the comparison group was an anomalous finding. At first glance, the authors’ expected that after completing a foundation level macro practice course, students would feel more comfortable working with all types of communities and organizations, including religious service providers. In hindsight, however, the authors suggest that it may be necessary to present specific material on religious providers as legitimate places for social work practice. Otherwise, students may never recognize their newly acquired knowledge and skills as relevant for working with FBOs.

CONCLUSION

The current module, with its emphasis on religious congregations as potential partners in delivering effective service programs, is ideally suited for courses focusing on organization and community development. Additional innovative modules on religion and spirituality need to be developed and implemented in other courses, including HBSE, social policy, and practice with individuals, groups, and families. More importantly, however, the efficacy of this and other approaches needs to be empirically evaluated. That being said, this study provides preliminary support for using the current module for teaching social work practice with religious congregations in a foundation macro practice course.

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Appendix				
Student Questionnaire on Social Service Programs and Policies				
<p>Please take a few minutes to respond to each item by indicating whether or not you agree with the following statements. Your participation is completely voluntary. However, if you decide to participate, be assured that your responses are strictly confidential. Please do not write your name anywhere on the questionnaire as we wish to keep your responses anonymous.</p> <p>Please mark an X or a ✓ in the box indicating the extent to which you agree with the following statements. Please mark only one box per question.</p>				
Knowledge	Strongly Agree	Agree	Disagree	Strongly Disagree
1. "Charitable Choice" is a provision designed by the federal government to encourage more religious congregations to offer social service programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. "Charitable Choice" permits a religious congregation to require clients to participate in worship ceremonies in order to receive social services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Social service programs offered by religious congregations primarily serve members of the same congregation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. "Charitable Choice" permits a religious congregation to receive government funds to help the poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. "Charitable Choice" allows a religious congregation to display religious art, scripture, religious apparel, and other symbols while delivering social service programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Comfort				
6. I would be willing to refer clients to a social program provided by a religious congregation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I would be willing to collaborate with a religious congregation to develop a social program for my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would be willing to receive services from a social program provided by a religious congregation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix (cont.)				
Student Questionnaire on Social Service Programs and Policies				
Degree of Comfort (cont.)	Strongly Agree	Agree	Disagree	Strongly Disagree
9. Social workers should be willing to work for a social service program run by a religious congregation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would be willing to work for a social service program run by a religious congregation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equal Access to Justice in a Rural Western State

Monte Miller

Abstract: *Twenty three inmates from a rural state penitentiary with mental retardation participated in a study on the differential treatment of persons with mental retardation by the criminal justice system. After obtaining informed consent, the inmates were screened for appropriateness for the study using the PPVT-R, a proxy test for IQ. The inmates were interviewed to obtain a social history and given the CAST-MR, an instrument that measures the competency of a person with mental retardation to stand trial. Results suggest participants may not have been competent to stand trial, learned most of what they knew about the criminal justice system while incarcerated, and had difficulty with interpersonal conflict and conflict with authority. The combination of these factors suggests that clients in the study may have been vulnerable to being coerced into confessing to crimes they did not commit. The presence of an advocate during criminal justice system encounters may benefit persons with mental retardation.*

Keywords: *Disabilities, mental retardation, rural, social justice, advocacy, criminal justice*

This article discusses one portion of a larger interdisciplinary study conducted in a rural Western state. The study's purpose was to determine whether persons with mental retardation understood the adjudication process. The study was exploratory in nature and sought to address the question: Do persons with mental retardation understand the adjudication process? Other concerns that were related to the initial question included the treatment of persons with mental retardation while interacting with the criminal justice system. Persons with mental retardation may be vulnerable to verbal, physical, and sexual assault during their encounter with the criminal justice system. The larger study included men and women from several correctional settings; however, this article investigates the experiences of men with mental retardation who were serving time in a state prison.

Adjudication is defined as the ability to hear and settle a case by judicial procedure (*American Heritage Dictionary*, 2000). The adjudication process, for purposes of this paper, includes this definition and the various stages of

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the process including initial questioning, arrest, interrogation, arraignment, trial, and sentencing.

Persons with mental retardation are over-represented in correctional facilities such as prisons, jails, and detention centers. Although persons with mental retardation represent between 1% and 2% of the general population, persons with mental retardation represent as much as 30% of the population in correctional facilities (Conley, Luckasson & Bouthilet, 1992; Petersilia, 1997). Ellis and Luckasson (1985) state that the criminal justice system has been and continues to be a place where persons with mental retardation are warehoused simply because society does not know what else to do with them. Despite societal progress indicated by legislation such as the Americans with Disabilities Act (ADA, 1990), the efforts of disability organizations, self-advocacy by persons with mental retardation, and media coverage of injustices towards persons with mental retardation, disproportionate numbers of persons with mental retardation in the criminal justice system persist in rural and urban environments (Everington & Fulero, 1999). The problem is pervasive and complex.

LITERATURE REVIEW

A review of the literature reveals a complex, systematic manner in which people with mental retardation become enmeshed in the criminal justice system. An initial concern is the definition of mental retardation. Although the disproportionate incarceration of people with mental retardation continues, there has been recent disagreement about defining mental retardation in the field of disability studies (Luckasson, 2000). A generally accepted definition is that persons with mental retardation have an IQ of less than 70, childlike thinking qualities, and problems adapting to new situations (AAMR, 1992; APA, 1994). It is worth noting that persons with IQ scores over the 70-point cutoff, such as a person with a score of 80, may have low cognitive functioning. Such a person may have many of the same difficulties as persons with mental retardation even though he or she lacks the "advantage" of having a defined disability. People in this category are also vulnerable and may "fall through the cracks" of the judicial system.

Persons with mental retardation have several characteristics that put them at risk for abuse or mistreatment while interacting with the criminal justice system (Keyes, Edwards & Perske, 1997). First, and perhaps most obviously, persons with mental retardation function at lower levels, both adaptively and intellectually, compared to persons without mental retardation. Second, persons with mental retardation can be impulsive, which can result in their committing acts that those without mental retardation refrain from committing. Finally, persons with mental retardation often become easily frustrated, exhibit a desire to please persons in authority such as law enforcement officers, and acquiesce to the wishes of individuals whom they perceive to be in positions of authority (Conley, Luckasson & Bouthilet, 1992; Everington & Fulero, 1999; Keyes, Edwards & Perske, 1997). While persons with mental retardation are certainly individuals and have individual characteristics, the previously listed tendencies are prevalent in the literature.

The combination of these characteristics can lead to unfavorable outcomes during the initial encounter with law enforcement personnel during interroga-

tion, arraignment, and adjudication, while serving time in a correctional facility, and after release. Persons with mental retardation are less likely to question lengthy interrogations, be susceptible to being led by an interrogator, and are likely to confess in order to please persons in authority (Petersilia, 1997). Persons with mental retardation are vulnerable at all points of encounter with the criminal justice system and are more at risk for sexual and physical abuse once in the correctional system (Pelka, 1997). Finally, often, there is no distinction made between persons with mental retardation and persons without mental retardation during probation or parole proceedings (Pelka, 1997; Petersilia, 1997). Thus, persons with mental retardation are released without a plan for supports and are reincarcerated at a higher rate than persons without mental retardation (Pelka, 1997; Petersilia, 1997). In a rural environment where many people know each other, this has the potential to play out in several ways. If the rural community perceives the person as a criminal, the chances of a lack of supports and reincarceration are greater. Conversely, if the service providers in a rural community utilize their familiarity with the person, a system of supports may be developed that can reduce the chances for reincarceration.

The study was conducted to explore the experiences of male inmates with mental retardation who were already incarcerated in a rural state prison and increase the awareness of the criminal justice system to the unique needs of persons with mental retardation. Persons with mental retardation are entitled to special accommodations by the Americans with Disabilities Act (ADA) during the adjudication process and while in correctional facilities (Petersilia, 1997). This study was specifically designed to determine whether the inmates understood the adjudication process.

METHOD

The research team consisted of a project coordinator, a representative from the state's Division of Developmental Disabilities, a psychologist with a doctorate in law (J.D.), a psychology professor, a social work professor, and a researcher from a multidisciplinary university agency. The project was interdisciplinary and collaborative across many organizational and agency boundaries.

The Department of Corrections (DOC) played a crucial role in the research study. First, the DOC conducted a file review of inmates in the state prison system to identify those with possible IQs of 80 or below. The DOC selected inmates with possible IQ scores of 80 or below, because the tests administered by the DOC were questionable in some cases. By raising the threshold for selection to 80, the research team sought to include as many appropriate inmates as possible in the study and ensure a sufficient pool of subjects for the research project. Then, the DOC asked these inmates for their initial consent to participate in this project. After obtaining the inmates' consent, the DOC allowed the research team to access the inmates' files.

The DOC identified 65 men out of a total state population of 944 male inmates. This constitutes 7% of the male inmate population, indicating that the percentage of inmates with mental retardation in the state prison was approximately three times greater than the percentage of persons with mental retardation in the

state's general population. Seven of the men chose not to participate in the study. Thirteen men could not participate, because they were in segregation for disciplinary problems or they incarcerated in another state due to overcrowding problems. The number of potential participants was reduced to 45.

The research team then examined the 45 files of the inmates who agreed to participate in the study. There were numerous problems with the files of the remaining 45 potential subjects. IQ scores used by the DOC were problematic, despite the willingness of the DOC to share the inmate files. Some files contained an IQ score but no information about which IQ test was used. Other files contained IQ scores from tests that were no longer considered valid. Some of the files contained no IQ score but indicated that the inmate had low cognitive functioning or possible mental retardation. Due to time and budget constraints, the research team used purposive sampling to select 23 inmates for the study. These 23 inmates either had no IQ score ($n=6$) or lower IQ scores ($n=17$) than other potential subjects from the original pool of 45 inmates. The rationale for this purposive selection was that inmates with no IQ scores or low IQ scores were likely to have low IQ scores and, thus, be at risk for having not understood their adjudication process. The Peabody Picture Vocabulary Test-Revised (PPVT-R) was used as a proxy test to assess these inmates' IQ later in the study (Dunn & Dunn, 1981).

After the research team reviewed the files of the 23 inmates, the DOC arranged a time and place for individual interviews with each inmate. Each inmate met with an interviewer who administered the Competency Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR). In an attempt to assist persons with mental retardation as they interacted with the criminal justice system, Everington and Luckasson (1992) developed the Competency Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR). The CAST-MR was initially tested for reliability and validity by Everington (1990) and again by Everington and Dunn (1995). Both studies showed the test to be a reliable and valid measure of a person with mental retardation's competency to stand trial with reliability and validity values of .80 or greater. Although the CAST-MR may assist some persons with mental retardation, there is concern that persons with low cognitive functioning may, in fact, score as competent to stand trial and yet not understand the adjudication process (Everington & Dunn, 1995).

The CAST-MR is administered through interview. It consists of three sections. Section I is Knowledge of Basic Legal Concepts. Section II is Skills to Assist Defense (client-attorney relationship). Section III is Understanding of Case Events. Sections I and II consist of multiple choice questions for which only one answer is correct. Section I contains 25 questions and Section II contains 15 questions. Each question is worth one point, making the maximum score on Section I 25 points and the maximum score on Section II 15 points. Section III consists of 10 open-ended questions that are scored 0, .5, or 1.0 based on the sophistication of the response. The maximum possible score on Section III is 10 points. The highest possible total score on the CAST-MR is 50. Clinical cut off scores for determining competency to stand trial are 14 points for Section I, 10 points for Section II, 7 points for Section III, and 30 points for the total CAST-MR (Everington & Dunn, 1995).

The interviewer also conducted a social history interview with the inmate, including open-ended questions about the inmate's family, education, employment, and memories about his most recent adjudication. The inmate was asked questions such as: Can you please tell me about your family? The social history interview served two purposes. It provided the interviewer with information about the inmate's cognitive and language abilities as well as documenting sources of support for the inmate such as family, friends, educators, and employers. The interviewer also asked the inmate to describe his last adjudication in as much detail as possible. This provided additional information to supplement the CAST-MR scores. In some cases, the interviewer obtained permission from the inmate to contact other people such as teachers or friends in order to clarify the information provided by the inmate.

Finally, the interviewer administered the Peabody Picture Vocabulary Test-Revised (PPVT-R) (Dunn & Dunn, 1981). The PPVT-R is a test of receptive language functioning and is highly correlated with IQ. It was used as a measure to assess the validity of the DOC IQ scores in the inmates' files. The PPVT-R score was used as a proxy score for IQ in cases where the DOC could not provide an IQ score.

Rationale for Multiple Research Methods

The CAST-MR was given to determine the competency level of the inmate to understand the adjudication process and to assess the practicality of using the CAST-MR as a screening test to assist criminal justice system personnel in identifying persons with mental retardation early in the adjudication process. The social history interview was used to further assess the inmate's cognitive and language abilities and obtain information about the services and supports that the inmate had prior to incarceration. The PPVT-R was administered as a comparative measure to the IQ scores in the inmates' files or, in the case of inmates with no IQ score in their files, to establish a baseline measure of cognitive functioning to serve as a screening instrument to identify potential study participants.

RESULTS

Sample Characteristics

The inmates' mean age was 39.5 ($sd=15.3$) years of age. Forty percent of the inmates were from traditional ethnic minority groups including four African Americans, three Native Americans, and two Hispanics. The remaining inmates ($n=14$) were Caucasian. Fifty two percent ($n=12$) of the inmates had a history of special education involvement. Seventeen percent ($n=4$) had received a GED. Only one inmate had a high school diploma. The types of crimes for which the subjects were imprisoned included property related (43%), person-related (35%), and drug related (17%). These percentages do not cumulatively equal 100%, because some of the inmates were imprisoned for multiple types of crimes.

IQ and PPVT-R Scores

The IQ scores obtained from DOC files ($m=73.3$, $sd=4.6$, $n=17$) were comparable to the PPVT-R scores ($m=72.9$, $sd=13.7$, $n=23$) for inmates who had an IQ score in their DOC files. This would seem to indicate the possible presence of mild men-

tal retardation or low cognitive functioning. An individual has mild mental retardation if his or her IQ score ranges from approximately 50-55 to approximately 70 and does not demonstrate adaptive behavior towards his or her environment (AAMR, 1992; APA, 1994). As explained by Luckasson (2000), the definition of mental retardation is questionable but the standards provide a guideline.

CAST-MR Scores

Scoring for the CAST-MR includes a total score and scores for the three sections. The mean total CAST-MR score for the sample was 45.1 ($sd=5.25$) out of a possible 50 total points. The mean score for Section I: Knowledge of Basic Legal Concepts was 23.6 ($sd=2.98$) out of 25 possible points. The mean score for Section II: Skills to Assist Defense (client/attorney relationship) was 12.2 ($sd=2.32$) out of 15 possible points. The mean score for Section III: Understanding of Case Events was 9.3 ($sd=2.98$) out of 10 possible points. These means were comparable to scores for the original norming study for the CAST-MR (Everington, 1990). According to the CAST-MR scores, all of the inmates should have been competent to stand trial *when this study was conducted*.

Item analyses revealed six questions in Section II: Skills to Assist Defense (client-attorney relationship) that had high error rates. A high error rate was operationalized as 20% or greater. Errors occurred when the inmate selected the wrong answer from the multiple-choice responses that were provided. For example, Item 35 states, "Let's pretend that you are in court and the prosecutor tells a lie about you and it makes you really mad! What would you do?" The responses for Item 35 are: a) "tell the prosecutor off," b) "tell your lawyer," and c) "refuse to answer anymore questions." The correct response for Item 35 was b) "tell your lawyer." Sixty five percent ($n=15$) of respondents checked b): "tell your lawyer." Thirty five percent ($n=8$) of the respondents checked response c): "refuse to answer any more questions." Thus, Item 35 had an error rate of 35%. Items 28, 31, 32, 35, 38, and 40 had error rates of 20 to 39%. These items are in Appendix A. The error rates for the other items in Section II of the CAST-MR were 11% or less.

Items with high error rates described interpersonal conflict situations involving the inmate and the defense attorney, judge, or prosecuting attorney. The items with high error rates also described conflict with a person in authority. Returning to Item 35, the correct answer was b): "tell your lawyer." All of the inmates ($n=8$) who responded incorrectly to Item 35 chose the passive response of "refuse to answer any questions." None of them chose the confrontational response of "tell the prosecutor off." For inmates who responded incorrectly, the passive answer accounted for 100% of the errors.

Item 38 demonstrates a similar pattern. Item 38 states, "What if you are in the courtroom and you hear your lawyer and judge talking about you and you do not understand what they are saying. What would you do?" The responses for Item 38 are: a) "pretend you understand," b) "ask you lawyer about it," and c) "demand that they talk to you." The correct response, b) "ask you lawyer about it," was checked by 65% ($n=15$) of the inmates. Twenty six percent ($n=6$) of the inmates who responded incorrectly to Item 38 checked response a) "pretend

you understand," while only 2 or 9% selected response, c) "demand that they talk to you." Once again, the majority of the inmates who responded incorrectly to Item 38 ($n=6$, or 75%) chose a passive response instead of a confrontational response.

Correlations

Correlational analyses revealed no significant correlation between IQ and total CAST-MR score ($r=.23$, $p>.10$). This result was unexpected, as previous studies have shown relationships between IQ scores and CAST-MR scores (Everington, 1990; Everington & Dunn, 1995). There was a correlation of .52 ($p<.05$) between the CAST-MR and PPVT-R scores. CAST-MR scores are usually related to PPVT-R scores. Both competency to stand trial and receptive language ability were expected to be related.

Social History Results

The data from the social history interviews were analyzed using content analysis (Rubin & Babbie, 2000). The research team used latent content analysis to look for consistent concepts in the transcripts. The interviews were audio recorded. Members of the research team listened to and rated tapes from the first three inmates to check for inter-rater reliability. Although the inmates scored well as a group on the CAST-MR, the interview data obtained during the social history portion of the research indicated the possibility of a lack of competency. While the inmates were willing to participate in the research and eager to discuss their lives, they had problems providing details about their adjudication process. They seemed to have difficulty expressing themselves, and their confusion and limited ability to respond suggested the possible presence of a cognitive impairment such as mental retardation or low cognitive functioning. As an example from the transcripts, one inmate commented:

He told the cop that I took a stereo...and I asked my lawyer to go back over to ask the court, and to have the cops go back over there and check this out...

The judge....that there wasn't, ah, that he couldn't order that to be done. So they, he, judge...the one sends to me up here and I was trying to fight it but every time I do, I get, I get turned around on it

The inmates did provide some insight into their understanding of the adjudication process beyond the information that was obtained from the CAST-MR. More than half of the inmates ($n=14$, 61%) indicated that they had learned what they knew about how the criminal justice system works in prison rather than from their attorney or judge during the adjudication process. For instance, one inmate said:

The attorney spent a little bit of time with me, uh, explaining...but at that time I really didn'tI didn't really...I understand the law a lot better now than when I did then. I didn't really understand the law a whole lot then. And, well, I knew there was a right and wrong, but as far as the law goes, that's about it.

Although the ability to learn about the adjudication process seemed to be present, the timing of the learning was unfortunate. Many inmates ($n=11$, 48%) mentioned taking actions such as signing confessions, accepting plea bargains, or providing self-incriminating information. Some inmates ($n=8$, 35%) reported a fear or dislike of their attorney, said they felt pressured into accepting plea agreements, and remembered being told that they should "take the deal." These situations all involve interpersonal conflict or conflict with another person and conflict with a person in authority. The combination of interpersonal conflict and conflict with a person in authority may set up situations wherein persons with mental retardation are likely to acquiesce to the demands of criminal justice system personnel.

DISCUSSION

Limitations

Before discussing the study's findings, there are several limitations that must be addressed. First, this study utilized a small, purposive sample in a rural Western state. The results of this small study are not generalizable. The data obtained from a rural sample may be different from data obtained from an urban sample. The small sample size may have skewed the data. Second, despite the DOC's willingness to assist with the study, IQ scores in the DOC files were of questionable validity. Some IQ scores were not referenced to an IQ test, while others used tests that are no longer valid. Many of the files did not indicate who administered the IQ test to the inmate, so the qualifications of the test administrator may have effected the scores. Taking all these factors into consideration, the validity of the IQ scores is questionable. Finally, this was an initial exploratory study. This research process was new for the research team, the DOC staff, and the inmates who participated. It is possible that the inmate interview process, including administration of the CAST-MR, the PPVT-R, and the social history interview, may have varied as the research team became more familiar with the interview process.

IQ and PPVT-R Scores

Despite these limitations, the findings of this study raise some questions. Both the IQ and the PPVT-R tests had similar means for the sample, which suggested that the sample may have had mental retardation or low cognitive functioning. This group of inmates scored slightly above the IQ cutoff score of 70 for mental retardation. Their scores on the PPVT-R were indicative of low cognitive functioning. Many of them provided accounts of not being able to display adaptive behavior, as demonstrated by excerpts from the transcripts and information in their case records. This combination of IQ and PPVT-R scores, along with a lack of adaptive behavior, indicate that this group had some level of mental retardation or at least low cognitive functioning.

CAST-MR Scores

With regard to the CAST-MR test, as a group, the inmates' scores indicated that they would have been competent to stand trial at the time of this study. Their competency when they actually stood trial is unknown. Their mean

total score on the CAST-MR of 45.1 (*sd*=5.25) is indicative of competency according to the CAST-MR (Dunn & Dunn, 1981; Everington, 1990). Their scores on the subsections would also suggest that they were competent in Knowledge of Basic Legal Concepts (Section I), Skills to Assist Defense (Section II), and Understanding of Case Events (Section III).

CAST-MR High Error Rate Items

The error rates on several CAST-MR items in Section II were quite high, ranging from 39% to 22% and are presented in Table 1.

Table 1: <i>High Error Rate Items in CAST-MR Section II: Skills to Assist Defense</i>	
CAST MR Section II Item	Error Rate
Item 40: What if you and your lawyer decide that you are going to say certain things when you are on the stand; then later on, you decide to change your story. What would you do?	39%
Item 38: What if you are in the courtroom and you hear your lawyer and judge talking about you and you don't understand what they are saying. What would you do?	35%
Item 35: Let's pretend you are in court and the prosecutor tells a lie about you and it makes you really mad! (emphasize) What would you do?	35%
Item 31: What if your lawyer asks you to do something you don't want to do, like getting a haircut? What would you do?	35%
Item 32: Lets pretend that you are in court and your lawyer asks you to tell a short part (emphasize) of your story. For example, he asks you to tell the court what you said to the police when they arrested you. What would you do?	22%
Item 28: What if you are in jail and another prisoner tells you it's OK to tell him the whole story because he won't tell anyone. What would you do?	22%

Error rates were 39% for Item 40, 35% for Items 38, 35, and 31, and 22% for Items 32 and 28. All of these items describe interpersonal conflict situations and conflict with authority with persons such as a defense attorney, judge, or prosecuting attorney. Item 28 does not involve persons such as a defense attorney, judge, or prosecuting attorney, but it does involve conflict, as defendants are usually told to not discuss their case with other prisoners. These results are consistent with the inclination of persons with mental retardation to exhibit a desire to please persons in authority and acquiesce to the wishes of individuals whom they perceive to be in positions of authority (Conley, Luckasson & Bouthilet, 1992; Everington & Fulero, 1999; Keyes, Edwards & Perske, 1997).

For instance, Item 38 reads: "What if you are in the courtroom and you hear your lawyer and the judge talking about you and you don't understand what they are saying." The correct answer is b) "ask your lawyer to talk about it later." Response c) "demand that they talk to you," is not acceptable during a court proceeding due to the risk of being placed in contempt of court. Also,

and perhaps more importantly, response c) is not a likely response for someone who doesn't understand the judicial process and is passive in order to avoid interpersonal conflict or conflict with authority. Taking the avoidance of conflict into account, the error rate of 35% for Item 38 is not surprising.

The interview comments seemed to support the desire to avoid situations of interpersonal conflict or conflict with authority. Approximately half ($n=11$) of the inmates made references to feeling coerced or pressured into accepting a plea agreement. Being told that they should "take the deal" was a recurrent theme in the interviews with the inmates. Some inmates expressed dislike or even fear of their attorney.

Social History Results

Although the study's findings are far from conclusive, the implication is that while the CAST-MR may have correctly indicated the inmates were competent to stand trial at the time of the study, they may not have been competent to stand trial *at the time of their actual trial and during the adjudication process*. The use of the CAST-MR and the social history interviews provided a more comprehensive assessment of the inmates' ability to understand the adjudication process than using just the CAST-MR or just the social history interview. The social history also helped to better describe issues such as conflict with attorneys or prosecutors and situations in which persons with mental retardation are coerced into accepting plea agreements or "deals."

CONCLUSION

Despite several limitations, this study provided some insight into areas of concern for persons with mental retardation who are interacting with the criminal justice system. The first concern is how to define mental retardation. It seems that there is some consensus that more than an IQ test is required and adaptive behavior should be considered (Luckasson, 2000). However, beyond these areas of agreement, the definition of mental retardation becomes nebulous at best. Despite this lack of consensus, it would seem the lack of adaptive behavior was problematic for the inmates in this study. Some inmates who may not be classified as having mental retardation because their IQ score is above the cutoff score of 70, may still have problems demonstrating appropriate and adaptive behavior during the adjudication process. These inmates with low cognitive functioning are also at risk when interacting with the criminal justice system. In fact, they may be at greater risk, because the Americans with Disabilities Act does not protect them because, technically, they do not have a disability.

Although previous studies have discussed differential impact for persons with mental retardation when they interact with the criminal justice system, currently, there are no standards for how to identify persons with mental retardation as they enter the system. The use of an instrument such as the CAST-MR may be a starting point for identifying the competency of persons with mental retardation to stand trial. However, standing trial is a point at which the person has progressed past several steps into the adjudication process. Questions remain concerning how to identify persons with mental retardation or low cognitive functioning *as they enter the criminal justice system* at points such as initial question-

ing, arrest, interrogation, arraignment, standing trial, and sentencing. Is it feasible to develop instruments or protocols to identify persons from this population at the numerous points of contact with the criminal justice system? Yet another, and perhaps more important question is, after criminal justice system personnel identify persons with mental retardation, how can the criminal justice system provide accommodations for them?

Setting aside the definition, identification, and accommodation issues, the findings of this study seem to indicate that the inmates may not have been competent to stand trial at the time of their trial. Many participants ($n=14$) reported learning about the criminal justice system while in prison. While it is encouraging that these men could learn more about the system, the timing of the learning is not in their best interests. The situation certainly does not advance social justice, as these men learned about the criminal justice system after they had been imprisoned.

The issues of conflict, both interpersonal and with authority, were recurrent themes in this study. The literature review illustrated that persons with mental retardation are prone to trying to please persons in authority and may acquiesce to the wishes of persons in authority in order to do so. The high error rates on the items that involved interpersonal conflict and conflict with authority in Section II of the CAST-MR, Skills to Assist Defense support this perspective. The social history data also supported the concepts of avoiding interpersonal and authority related conflict. The tendency to avoid conflict of multiple types places persons with mental retardation interacting with the criminal justice system in a very vulnerable situation.

Department of Corrections personnel were very cooperative in facilitating the conduct of this research. However, despite their cooperation, it is not difficult to imagine a situation in which a person with mental retardation might acquiesce and confess to a crime he or she did not commit in order to avoid interpersonal conflict and conflict with authority. While members of the law enforcement community are ethical and attempt to uphold justice, it is feasible that not recognizing that a person has mental retardation, combined with standard interrogation techniques, might in fact result in coerced and inaccurate confessions to crimes. Situations such as these put persons with mental retardation and the community at-large at risk by prosecuting innocent citizens and allowing criminals to remain free in the community.

What can social workers in rural environments do to provide support for persons with mental retardation as they interact with the criminal justice system? The role of advocate (Schatz, Jenkins & Sheafor, 1989) seems to be a logical place to start. A person with mental retardation could benefit greatly from an advocate, especially given that some of the participants in this study expressed dislike or even fear of their own defense attorneys. If persons with mental retardation sometimes fear their own defense attorneys, what level of fear might they have towards police officers, judges, or prosecuting attorneys?

A social worker with knowledge about mental retardation and the adjudication process could be brought into the adjudication process at an early stage, such as

when criminal justice system personnel think a person who is being questioned or arrested has limited cognitive abilities. In rural areas, the social worker is more likely to know at least some of the criminal justice system personnel, which could be advantageous to the client. Having an advocate early on in the adjudication process could have a very positive impact on the way in which persons with mental retardation interact with the criminal justice system and further the cause of social justice for this population. Social justice for persons with low cognitive functioning could be advanced in the same manner, although it would require additional social work skills at the mezzo and macro level to get recognition for this population. This issue leads to yet another question.

If persons with mental retardation receive an advocate, why shouldn't other populations who are over-represented in the correctional system have an advocate as well? From a social justice perspective, the answer would seem to be that many populations, such as people of color and persons of low socioeconomic status should in fact have advocates when interacting with the criminal justice system. The introduction of an advocate into the adjudication process is an intervention that is within the ability of social workers. The importance of such an advocate cannot be overemphasized as many states continue to use the death penalty on inmates with mental retardation (Olvera, Deaver & Earnest, 2000; Perske, 1997; Steiker & Steiker, 1998; Everington & Fulero, 1999). According to Everington and Fulero (1999), persons with mental retardation represent approximately 11% of the inmates on death row. Persons with mental retardation are not only a population at risk but also a population at risk of death. The other populations mentioned also face the risk of unjust incarceration or death. As a profession, we must not only acknowledge social injustice, but also pursue interventions that can tip the scales of justice in favor of populations at risk. The cooperation across disciplines and professions, including the Department of Corrections in this rural study, demonstrate that at least in this rural environment collaboration was possible to conduct the study and start the process of advocacy. Such collaboration may be more difficult in urban settings. This is an area in which rural social workers have the opportunity to take the lead on an important social justice issue.

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Appendix	
CAST-MR Items with High Error Rates; Section II: Skills to Assist Defense	
	Error Rate
40. What if you and your lawyer decide that you are going to say certain things when you are on the stand; then later on, you decide to change your story. What would you do? a. say what you want when you are on the stand b. tell the court to get you a new lawyer c. *tell your lawyer you would like to change the story	39%
38. What if you are in the courtroom and you hear your lawyer and judge talking about you and you don't understand what they are saying. What would you do? a. pretend you understand b. *ask your lawyer about it later c. demand that they talk to you	35%
35. Let's pretend you are in court and the prosecutor tells a lie about you and it makes you really mad! (emphasize) What would you do? a. tell the prosecutor off b. *tell your lawyer c. refuse to answer more questions	35%
31. What if your lawyer asks you to do something you don't want to do like getting a haircut? What would you do? a. *tell him you don't want to b. ignore him and do what you want c. fire the lawyer on the spot	35%
32. Lets pretend that you are in court and your lawyer asks you to tell a short part (emphasize) of your story. For example, he asks you to tell the court what you said to the police when they arrested you. What would you do? a. don't say anything about it b. *tell what you said to the police c. tell everything that happened	22%
28. What if you are in jail and another prisoner tells you it's OK to tell him the whole story because he won't tell anyone. What would you do? a. *tell him you can't tell b. start a fight with him c. tell him the story	22%