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# Perspectives on Social Work

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## Table of Contents

<b>From the Editor</b>	3
<b>An Initial Inquiry into the Impact of Privatization on Social Work in the United States</b> <i>Scott Graybow, City University of New York</i>	5
<b>Learning to Teach Through Self-Awareness and Acceptance</b> <i>Lynn M. Squicciarini, University of Kentucky</i>	13
<b>Leaving Your Comfort Zone: Lessons from a First Year TA.</b> <i>Terri Powell, University of Kentucky</i>	20
<b>Social Work Implications of the Family Violence Option</b> <i>Soonok An, University of Georgia</i>	26
<b>Harry Hopkins: Social work legacy and role in New Deal era policies</b> <i>Marcos J. Martinez, Arizona State University</i> <i>Elisa Kawam, Arizona State University</i>	36
<b>The CV Builder</b>	43
<b>Guidelines for Submissions</b>	45
<b>Call for Reviewers</b>	46

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## **From The Editor**

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It is very exciting for me to serve as editor of the Fall 2014 issue of Perspectives on Social Work! Seeing this issue from beginning through completion has been such a rewarding learning experience and a great opportunity to support scholarship. After more than ten years of existence, our journal remains unique, in that, doctoral students within the Graduate College of Social Work continue to manage the review process, and doctoral students external to the college serve as reviewers. Our reviewers are located throughout North America and represent various social work programs. This collaboration includes a blind-review process that maintains high scholastic achievement and fidelity to an equitable manuscript review process, supporting results of high quality and relevant social work knowledge.

Evidence-informed knowledge is powerful and is crucial for the advancement of our social work profession. Having worked as a social worker in micro, mezzo and macro settings has expanded my awareness of the importance of evidence in clinical work, community program development and as an advisor to political leaders. I constantly recall the images and narratives of the families I have served, and I am reminded of the human element and the need for a person-in-environment perspective.

As social workers, we are the voice of the disadvantaged, and we inform fellow researchers and practitioners of the effectiveness or ineffectiveness of interventions and social services. We become the negotiators during budgetary hearings and we are the brokers who request the necessary aid to help families meet their daily needs and achieve self-sufficiency. We are also major providers of mental health services. At each of these levels of impact, best practices are vital.

Practice informed by research is best practice! Therefore, I appreciate the enthusiasm and diverse interests of our contributing authors. Scott Graybow's article leads this issue and focuses on potential challenges with the privatization of social work in the United States. His words challenge us to consider how our profession might be impacted by this business trend. Lynn Squicciarini shares her experience of growth and details how she used her clinical skills to strengthen her teaching skills in the classroom. She shares how the clinical skills of listening and use of self-awareness helped her develop as an instructor. Another early teaching experience is shared by Terri Powell, who offers a lighthearted journey through her experiences as a first year teaching assistant. She encourages authenticity, reliability, self-awareness and innovation in the classroom. Then, Soonok An challenges the social work profession to advocate on behalf of victims of domestic violence within existing federal policy and offers recommendations to case workers who provide assistance to families in need. Finally, Marcos Martinez and Elisa Kawam provide a historical piece on Harry Hopkins, linking his efforts and accomplishments to advancements in the field of social work.

Collectively, these articles challenge us to evaluate and reflect on our current practices and to utilize our unique social work skills in the delivery of equitable human services and competent teaching. I encourage my fellow doctoral colleagues to continue to conduct, replicate, critique, and contribute to social work research and knowledge. It is because of our commitment to advocacy, our service to the most vulnerable, and our ability to evoke empathy and heighten awareness of societal injustices that I remain optimistic about the scholarship and future of our social work profession. I hope these articles provide you a piece of intellectual stimulation and I wish you a prosperous new year!

*Maurya, Glaude, M.S.W., L.C.S.W.*  
*Editor*

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# **An Initial Inquiry into the Impact of Privatization on Social Work in the United States**

*Scott Graybow, M.Phil., L.C.S.W.*

## **Abstract**

*Although there is considerable research about the impact of privatization upon other professions, at this time there is no recent research and little remote research on the matter of client and staff outcomes following privatization of social workers in social service agencies in the United States. This is troubling in light of the fact that, generally speaking, privatization has harsh effects upon the emotional and material well-being of marginalized and oppressed communities. Concerning social work, the privatization of state social work in the United Kingdom has had profoundly negative effects. This evidence suggests there is a fundamental incompatibility between social work, its mission and values, and the theory and practice of privatization. For this reason, the paper concludes there is a pressing need to address the dearth of scholarly material currently available concerning the possible effect of privatization upon social work in the United States and its relationship to issues such as professionalization.*

*Keywords: social work, privatization, United States, United Kingdom, social welfare*

## **Introduction**

Privatization is the process of transferring responsibility and resources for the provision of communal services from the public sector to private sector (Abramovitz, 1986; Henig, 1990; Katrougalos, 2010; Starr, 1988). Privatization impacts all types of government services and has had a particularly deep and lasting effect upon the health, mental health and social services sectors (Abramovitz, 1986). Its effect upon these sectors has played a large role in redefining how services are funded, the manner in which interventions are chosen and the macro-level methods used to implement new policies (Keane, Marx & Ricci, 2001; 2002). There is no recent research and little remote research on the matter of client and staff outcomes following the privatization of social workers in social service agencies, though. That is, the effect of privatization upon the manner in which social work is practiced and the extent to which it achieves its goals in social service agencies today are underrepresented topics in the scholarly literature. The existence of the resultant lack of knowledge is deeply troubling. Without such knowledge, we are unable say to what extent privatization is occurring in social work and we do not know whether or not that process is having negative outcomes similar to those experienced elsewhere.

We do know, however, that there is a considerable amount of theoretical evidence suggesting social work and privatization are ideologically incompatible in light of their differing approaches to the issue of how social welfare should be conceptualized (Abramovitz, 1986). Specifically, whereas social work has historically upheld the traditional view that social welfare should operate outside the realm of the free market, privatization maintains that all aspects of society should be subject to the ups and downs of the market (Starr, 1988). Additionally, evidence from the United Kingdom suggests the privatization of social work services results in practical and ethical dilemmas that hinder the effectiveness of social workers and negatively

impacts client outcomes (Carey, 2006; Drakeford, 2000; Harris, 1998; Lymbery, 1998; Postle, 2001).

This paper provides a scholarly introduction to the phenomenon of privatization and a thorough review of the literature on the topic as it relates to social work. It concludes that the lack of knowledge about the impact of privatization upon client and staff outcomes following the privatization of social workers in social service agencies in the United States is highly problematic. This scarcity of crucial knowledge should be considered an area of inquiry in need of immediate scholarly attention from social work academics, policy makers and practitioners.

### **Privatization in the Context of the Social Work Profession**

A working definition of the term privatization is found in Executive Order 12803 – Infrastructure Privatization, which was signed by President George H. W. Bush on April 30, 1992. It defines privatization as, “the disposition or transfer of an... asset, such as by sale or by long-term lease, from a state or local government to a private party” (EO 12803, 1992, p. 1). Examples of services of relevance to the profession of social work that have been privatized include social service systems, foster care systems, prisons, public education systems and pensions (Abramovitz, 1986; Motenko, Allen, Angelos, Block, DeVito and Duffy, 1995; Genter, Hooks & Mosher, 2013; Young, 2011). Recent examples of research on the topic of privatization are Zalzman and Mann’s (2007) research on the privatization of alcohol sales, Mesa and Montecinos’ (1999) work on the privatization of social security in Chile, Young’s (2011) work on Canadian pension privatization, work by Quercioli, Messina, Basu, McKee, Nante, and Stuckler, (2003) documenting the privatization of healthcare in Italy, and Genter, Hooks, and Mosher’s (2013) study on prison privatization in the United States.

In the United States, the issue of privatization is hotly debated around the movement of social workers into private practice. Since the publication of Specht and Courtney’s (1994) book, *Unfaithful Angels*, debate has raged within the profession about the ethical and practical repercussions of social workers leaving employment in the government and not-for-profit sectors to take up employment as for-profit, private mental health practitioners. This paper seeks to go beyond this narrow definition of privatization by applying a more far-reaching definition of the term, one that explores the phenomenon of privatization from the perspective of the effect of replacing publicly funded services with privately funded services.

From this perspective, privatization is a phenomenon that touches on a range of social science theories but remains highly relevant to the theory and practice of American social work. For example, the push towards privatization is couched in the language of efficiency and productivity, two things that might be attractive to those who, like Flexner (1915) and Toren (1972), have expressed concern that social work fails to meet the requirements necessary to call itself an independent profession. Since Flexner’s 1915 address to the National Conference of Corrections and Charities, social work has suffered with what Baylis (2004, p. 56) refers to as “neurotic doubt” over the question of whether or not it is a profession and, if not, what it must do to become one.

Abraham Flexner (1915) wrote that social work does not meet the six requirements of a profession. He identified the six elements of a legitimate profession as: 1) intellectual operations with practice autonomy; 2) skills derived from educational experience; 3) practical and well defined goals; 4) possession of an educationally communicable technique; 5) self-organization; and, 6) altruistic motivation (Flexner, 1915). Using these criteria, Flexner argued that examples of pursuits that meet full criteria for a profession are medicine, law and engineering. Social work is in touch with many professions, but is not a profession itself due to lack of specificity in aim.

Others have defined social work as a 'semi-profession' (Toren, 1972). In *Social work: The case of a semi-profession*, Toren (1972) describes four types of professions. Established professions such as medicine and law are built on theory and bound by practice autonomy. New professions such as engineering, chemistry and accounting are grounded in original theory. Semi-professions such as social work replace theoretical study with acquisition of technical skills and, finally, would-be professions require neither study nor acquisition of technique. Toren (1972) places social work in the semi-profession category because, in his opinion, it lacks a clearly developed theoretical knowledge base.

Support for or against privatization within social work might be considered to be part of yet another ongoing discussion, this one on the matter of where the profession should focus its attention. Should it focus on micro or macro practice? Should it focus on case management interventions that emphasize direct practice in the tradition of Mary Richmond, or should the profession focus on large, radical, macro efforts to achieve change at the community level in the tradition of Jane Adams? Privatization, which stresses efficiency via the use of quantitative analysis, places great value on measurable outcomes that conserve resources and, as such, might favor the former over the latter.

Privatization's proponents present it as a means to obtain improved outcomes quicker, with greater flexibility and at less expense (In the Public Interest, 2014). They argue that as a market-based model it holds participants to a level of accountability that is not seen in government and as such privatization also promotes professionalism and improved customer service. It can therefore be associated to a third ongoing discussion in social work, this one about the presumed need for increased professional status vis a vis other helping professions. In other words, privatization might appeal because it claims to offer easy access to a level of professionalism that would further social work's status vis a vis other professions such as nursing, psychology and psychiatry.

Lastly, the arguments for and against privatization raise issues of fairness and bring to the fore basic ideas about how society ought to be arranged and the goals it should seek to achieve. These matters also speak to the concerns of social work, which is focused on undoing societal injustice and oppression (Brandell, 2011). Starr (1988) writes that besides promoting policies that lead to the transfer of power, funding and responsibility from the public sector to the private sector, privatization also signifies, "another kind of withdrawal from the whole to the part; an appropriation by an individual or a particular group of some good formerly available to the entire public or community" (p. 3). This, Starr concludes, means privatization is not merely an issue of policies concerning the withdrawal of power from government; it is a discourse on "the privatization of individual involvements and the privatization of social functions and assets" (p.

3). Traditionally, social work's contribution to this discourse has been to offer its support for the contention that social welfare must remain exempt from the ups and downs of the market (Abramovitz, 1986). Privatization argues the opposite; in its appraisal of the ideal social order all members of society – even the poor and the agencies/professionals who care for them - should be prone to the benefits (and the risks) of exposure to the effects of the free market.

The phenomenon of transferring responsibility and money from public to private hands has been a part of the United States' heritage since Colonial times. Abramovitz (1986) writes the history of privatization in the United States can be divided into four eras, only one of which saw any progress against the trend towards privatization. The first era was from Colonial times to the time of the New Deal. During that era, responsibility for caring for the poor and destitute was contracted out to the individual who put in the lowest bid. Gradually, many of these individual contracts were replaced by services provided by voluntary agencies, private organizations and charitable institutions that survived on public subsidies to operate and achieve their social missions. The second era, that of the New Deal, saw a movement away from privatization in favor of government operated programs such as Social Security, the Works Progress Administration and the Tennessee Valley Authority. By the 1960s, though, privatization had made a comeback in response to fears that public programs had begun to pose a threat to private market growth. In the late 1970s and early 1980s the final and current stage of privatization began. Like other eras of privatization, the emphasis was on transferring power and responsibility from the public sector to the private sector.

In practice, the manner in which privatization occurs happens along a continuum (Starr, 1988). Privatization occurs implicitly when government simply ceases to provide funding and other support for a program or issue it formerly helped. At the other extreme of privatization, government may explicitly sell or lease publicly owned assets to members of the private sector. In the middle are two other options. In one scenario the government ceases to provide services but continues to finance them. Examples of this would be publicly funded school-choice vouchers in lieu of public schools or social services provided by a private agency funded by a contract with the city, state or federal government. Another scenario of privatization is privatization via deregulation, which allows for the private sector to have a more direct impact upon a publicly owned asset (Starr, 1988).

Concerning recent research that details the outcome of privatization, the results seem to indicate that privatization is associated with a range of harmful outcomes upon the types of individuals most likely to be social work clients, namely women, minorities, substance abusers, the mentally ill, people who are socially or economically oppressed, people who receive government services and people who utilize the social safety net to avoid poverty due to lack of available alternatives. Studies that show the shortcomings of privatization include Zalzman and Mann's (2007) research on the privatization of alcohol sales, which details how privatization is linked with an increase in suicide mortality rates. Mesa and Montecinos' (1999) work on the privatization of social security in Chile found that privatization has a profoundly negative impact on women's economic security. Young's (2011) work on pension privatization in Canada had similar results; privatization results in significant economic inequalities for women. Work by Quercioli et al. (2003) found that privatization of healthcare spending did not lead to decreases in the rate of avoidable mortalities in Italy. Lastly, Genter, Hooks, and Mosher's (2013) study on

prison privatization in the United States found that privatization is linked with downturns in the number of employment opportunities in communities near newly privatized prisons.

### **Current Research on Privatization, Social Welfare and Social Work**

The sole study presently available on the topic of privatization and social work in the United States that involves human subjects is a qualitative, exploratory study by Motenko et al. completed in 1995. The study was the first of its kind and remains the only one to ever interview American social workers and social work clients to get their perspective on the impact of the privatization of social work services. The study was conducted between September 1991 and May 1992 across nine social service organizations in Massachusetts that were being privatized. Data was collected via observation of social worker and client interactions and via unscripted qualitative interviews with a sample of nine social work clients.

The study divided its findings into six categories, which were each explained and reinforced with examples of interviewer observations and direct quotes from clients. The study found that privatization was associated with higher documentation requirements, deterioration of the work environment, cutbacks in essential services leading to unmet treatment goals, more severe client conditions, and increased client demand for inappropriate services. In the discussion, the authors noted how they were taken aback by the level of demoralization experienced by clients and social workers alike in the face of cutbacks associated with privatization. The authors conclude that the ideology behind privatization, that of individualism, is inconsistent with the principles and worldview of the social service agencies where the interviews took place.

The study's small sample size, combined with its use of unscripted qualitative interviews, raises questions about the generalizability of its conclusions. As a piece of qualitative research, the study's strengths are found in its effective way of teasing out themes from the lived experiences of a sample without losing touch with the complexity and nuance of the details of the phenomenon of interest. Its shortcomings are that its findings are not generalizable nor can they be proven to be fact, that is, they are not empirical results upheld by rigorous statistical methods. In summary, while the article does an effective job of shedding light on the lived experience of social workers and clients experiencing first-hand the effects of privatization, its small sample size and research methodology hinder its ability to serve as a piece of writing that offers the final say on the issue of privatization and its impact on social work in the United States.

While little else is known about the current state of affairs between social work and privatization in the United States, the opposite is true in the United Kingdom. There, extensive research by Carey (2006), Drakeford (2000), Harris (1998, 1999), Lymbery (1998), and Postle (2001; 2002) has provided a detailed picture of the privatization of social work. Writing about the overall effect of privatization on social work, Carey (2006) states, "the privatization of state social work has failed both the social work profession and, more generally, client groups and communities" (p. 919). Similarly, Garret (2008) argues that privatization creates a conflict between policy expectations and ethical responsibilities. He says social workers must take the side of ethics and oppose neoliberal transformations. In his eyes, privatization is not an

opportunity to engage in new and helpful methods of social work practice, but a threat to the ethical tenets that make social work what it is.

In the United Kingdom, the push towards privatization was based on the argument that exposing social services to the ups and downs of the free market would engender competition between service providers, which would lead to the provision of cheaper and more effective services. In lieu of the social welfare utopia envisioned by privatization's proponents, what developed following the privatization of state social work in the United Kingdom was a mass of under-funded, inefficient and overly-bureaucratic agencies, many of which no longer provide the basic level of social work services they previously offered prior to privatization (Drakeford, 2000).

Following privatization, fewer agencies offer programs geared towards prevention and social workers spend fewer hours in the field and more hours in the office doing paper work (Carey, 2006; Lymbery, 1998; Postle, 2001). Labor issues have arisen; positions previously filled by full-time, permanent social work employees are now more likely to be filled by contract, fee-for-service workers who earn considerably less. Other changes associated with the privatization of the United Kingdom's state social work services identified in the literature include an increase in the number of means tested programs resulting in social exclusion and poverty for more people, increased perceptions among social workers and clients that clients are being objectified and commodified, and changes to the content of social work education (Drakeford, 2000; Carey, 2006).

### **Conclusion and Recommendations for Future Research**

It is clear, then, that the privatization of state social work in the United Kingdom has caused disarray and heightened rather than resolved the debate over whether privatization is an effective means of promoting a more functional society. While United States social work differs from social work in the United Kingdom in significant ways, the compelling data coming out of the United Kingdom is anecdotal evidence suggesting that privatization could be having a harsh impact upon social work here in the United States. At this time there is a near total absence of scholarly research on the matter of client and social worker outcomes following privatization of social workers at social service agencies in the United States. This article seeks to be an initial attempt to remedy that lack of knowledge by providing a thorough introduction to the topic of privatization and reviewing the little we do know about the effect of privatization upon social work in the United States.

The issue of privatization relates to the field of social work in many ways. Theoretically, privatization and social work each share a strong interest in the matter of how society is arranged. Privatization is about the process of deciding what in our society is public and what is private, about what we can expect society to provide to us and what we must be responsible for providing to ourselves (Henig, 1990; Katrougalos, 2010, Starr, 1988). Therefore, it is safe to say that privatization is a phenomenon that speaks to our basic ideas about how we think society ought to be arranged, what its goals ought to be, and what responsibilities individuals should have vis a vis the community and vice versa. These matters pertain directly to issues relevant to

social work, which seeks to undo societal injustice and is deeply concerned with matters of access to resources, equality, and fairness.

In practical terms, the debate over privatization can be couched in the ongoing debates about what direction the social work profession should take (micro vs. macro), the concern social work is not a profession that grew out of Flexner's comments made in 1915, and the perception that social work needs to improve its professional image vis a vis other helping professions. Proponents of privatization argue it promotes professionalism and provides faster, more flexible service at lower costs. Such claims may speak to social workers who remain concerned about social works' presumed deficits in the area of whether it is indeed a true profession and who, like proponents of licensing, wish to see it obtain an improved status vis a vis other professions such as nursing, psychology and psychiatry.

Most importantly, the article's review of the scholarly literature revealed the existence of an absence of knowledge about the matter of social work and client outcomes following privatization of social workers in social service agencies in the United States. It compared this shortage of information with the wealth of information about the topic coming out of the United Kingdom. There, the evidence suggests that privatization of social work is negative. Specifically, privatization is "highly bureaucratic, exploits labor and is profoundly ineffective at responding to the needs of vulnerable adults and children" (Carey, 2006, p. 918). As such, it appears that social work and privatization could be incompatible, and from a practice perspective the privatization of social work potentially leads to ethical and practical dilemmas that undermine social workers' ability to provide services that are consistent with the values and principles of the profession.

Looking forward, it is hoped that the data mined from the scholarly literature reviewed here will be a catalyst for future inquiries into the question of how privatization impacts the practice of social work in the United States. It is believed the data reviewed herein is sufficient anecdotal and theoretical evidence to support future studies. Such studies have the potential to influence the theory and practice of contemporary social work as well as the welfare of the clients the profession seeks to serve. These future studies might first occur in the form of qualitative studies using grounded theory, followed by quantitative studies reaching a larger number of social workers and social work clients who have been or will be exposed to privatization.

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# Learning to Teach through Self-Awareness and Acceptance

Lynn M. Squicciarini, L.C.S.W.

## Abstract

This article is an account of my first teaching experience as a PhD student. It is the story of my personal journey toward self-discovery in which I learned to integrate my clinical social work skills into my teaching. This article details a variety of emotions and struggles experienced both by my students and myself. This narrative describes how I came to be a more conscientious instructor, how I learned to link lessons from the clinical world to my teaching, and how my learning process included significant advances of self-discovery and personal growth. Through this experience, I came to understand that pedagogy and clinical techniques can dovetail, demonstrating the need to individualize interventions, build community with stakeholders, and foster trusting relationships.

**Keywords:** *teaching, instructor, self-discovery, clinician, social work*

## Learning to Teach through Self-Awareness and Acceptance

When I agreed to serve as a graduate teaching instructor, I felt like I had embarked on a journey with no map and an ill-defined destination. This article is my story of self-discovery and growth as a first year doctoral student in the field of social work who was teaching for the first time. What follows are the annals of my decision to enter a PhD program along with details about my initial trepidations of becoming an instructor and the experiences I had in finding solace in the act of teaching from a clinical perspective.

My first opportunity to teach came unexpectedly. The suddenness left little time to prepare for the transition from being a student to being student-instructor. Likewise, the students in my assigned class were as unprepared as I was for my entrance into their classroom. This led to considerable discord and tension on both interpersonal and intrapersonal levels. As I struggled to find my footing as an instructor, I realized the importance of integrating my background as a clinical social worker into my role as an instructor. Through this experience, I gained a heightened awareness of the need to remain cognizant and acknowledge not only my own thoughts and feelings, but also those of my students. In short, I began teaching from an instructor-centered perspective where teaching was all about me, my need to get through a lesson, my need to give the students information, and my desire to teach well. I have since come to realize I should be more learner-centered where teaching is about the students, their experiences in the classroom, and our journey to learn and grow *together*.

Before I begin my story I feel it is important to discuss several concepts behind the art of becoming an instructor. Thoron, Myers, Harder, Stedman, & Roberts (2012) wrote that doctoral students are not required to show the same level of competency in their ability to teach as they are in their ability to conduct research. Additionally, when discussing first semester teaching experiences, Sandi-Urena, Cooper & Gatlin (2011) wrote “despite the training efforts” (p. 97) one graduate teaching assistant described their experience as having been ‘thrown to the wolves’ (p.

97). In contrast, Fairbrother (2002) reflected on her own teaching experience as a graduate teaching assistant. She noted how she felt “more secure in my teaching responsibilities than in my research work” (p. 354). Fairbrother however, experienced “an intensive tutorial system ... where peer teaching and sharing were integral” (p. 354) to her undergraduate degree in education. Realities such as these raise questions about how graduate teaching assistants are trained and the methods that may improve the quality of their instructional experiences.

Gray and Buerkel-Rothfuss (1989) found a majority of graduate teaching assistants receive one week or less of training before they begin teaching a course on their own. Additionally, other researchers have found that graduate teaching assistants are traditionally mentored about how to teach (Brown-Wright, Dubick, & Newman, 1997; Park, 2004). Graduate students are increasingly becoming the instructors of record, however there is little evidence showing that graduate teaching assistants are prepared before instruction begins (Calonge, Chiu, Thadani., Mark, & Pun, 2011; Jones, 2008; Thoron et al., 2012).

Thoron et al. (2012) stated that training about how to teach can greatly affect new faculty members’ confidence and competence. For many, it can take several years to gain these skills. Faculty members reported that teaching as a graduate student increased their confidence in teaching, yet it left the desire for additional professional development (Thoron et al., 2012). One area of professional development that is often lacking for graduate teaching assistants is that of self-reflection. Fuhrman, Fuhrman & DeLay (2010) noted how students and teachers place more emphasis on how they *feel* during the course than on what they learn which indicates the importance self-awareness in understanding how to become both a *good* teacher and a *good* learner. Thus, graduate teaching assistant training might benefit from self-reflective practices (Calonge et al., 2011).

Bransford et al. (2000) reported that “developing teaching competencies is often the result of three different types of experiences: 1) personal experience, 2) peer-to-peer experience, and 3) professional development opportunities” (p. 1). It is the notion of ‘personal experiences’ that led me to think about how I utilized my experiences to professionally grow both as a social work clinician and as a graduate teaching instructor. Cornelius-White (2007) wrote, “person-centered education is a counseling-originated, educational psychology model ... [additionally] positive teacher-student relationships are associated with optimal, holistic learning” (p. 113). Cornelius-White further stated that “positive relationships, non-directivity, empathy, warmth, and encouraging thinking and learning are the specific teacher variables that are above average compared with other educational outcomes” (p. 134). One common method used by practitioners to develop self-awareness is reflective practice. Reflective practice has been noted to be necessary to sustain behavioral change (Osterman & Kottkamp, 1993). It is the cycle of awareness and analysis of problems that encourages knowledge seeking, introspection, and ultimately, behavioral change.

Hattie and Timperley (2007) offered three questions to encourage self-awareness: “Where am I going? (What are the goals?), How am I going? (What progress is being made toward the goals?) and Where to go next? (What activities need to be undertaken to make better progress)?” (p. 86). In reality however, Rasanen and Korpiaho (2011) noted how doctoral students often focus on one task at a time as they proceed through their program. They suggested

incorporating identity work into training so that graduate teaching assistants are more aware of what they are doing and why they were doing it. Additionally, Zeichner and Liston (1987) found that graduate teaching assistants who were taught self-reflection did not change their views of teaching. They did however become “more aware of themselves and their environments” (p. 25). These graduate teaching assistants also became “more skilled in articulating and implementing their perspectives” (p. 36). When instructors are encouraged to use their own judgment, the learning experience is deeper (Zeichner & Liston, 1987). Social workers who are taught the art of critical self-reflection gain perspective of both the internally- and externally- created construction of the situation they and their clients face (Morley, 2004). This awareness enables social workers to empower their clients through education and insight, allowing the client to take control of their situation rather than the social worker giving power to the client (Morley, 2004). The research noted above supports the need for critical self-awareness both for social workers in the field and social workers as instructors.

### **My Journey from Clinician to Instructor**

After many years working as a clinician I came to a crossroad in my life and I was unsure of where to go and which direction to take. On a whim, I applied to a PhD program in social work at a mid-Western research university. From there, I started the next leg on my life journey.

I did not plan to become a professor. In fact, I have a strong aversion to being in the spotlight and being the center of attention. Prior to graduate school I was a practicing licensed clinical social worker (LCSW) and I hadn't given much thought to teaching. On the rare occasion when I did, I was terrified. When I applied to a doctoral program, I knew that teaching and research were two aspects I would eventually have to master. However, the opportunity to teach came much earlier than I had anticipated.

As an LCSW, I enjoyed working with clients and supervising other therapists and staff, but I felt there was more that I could / should be doing. Despite a professor suggesting I pursue a PhD seven years prior to enrolling in my doctoral program, I did not give it any concerted thought. In fact, I frequently stated that I would never put myself through the grueling process of a doctorate program. Yet there I was - defiantly ignoring all of my past hesitations and applying for admissions into a doctoral program. During the admissions interview, I candidly discussed my need to gain experience in both teaching and research and how I had avoided both for the duration of my career.

Given these fears, my advisor and I agreed that I should not teach until my second year. Hence, I happily began my coursework and passively listened to my classmates talk about their teaching experiences, their students, and their preparation of lessons. Three weeks into my second semester, I received an unexpected request from my advisor asking if I would be willing to teach a course that was already in progress. I learned that the assigned instructor was unable to continue teaching the course but would remain involved to support me. While surprised, I thought that having two instructors in the room would help me transition into the role of a graduate teaching assistant. I was provided a copy of the syllabus and the textbook and started teaching the following week. The first lesson went surprisingly well. I felt confident with the material and relaxed lecturing in front of a class. The students were engaged, asked questions,

and actively participated in the discussions. For that moment, I was grateful I only had a few days to prepare myself for the experience. I even had the fleeting thought that this semester was going to be fun.

What I did not take into account at the time was that the students were surprised by the sudden change in instructors. While I was facing my fears and focusing on preparing the next lesson, I failed to grasp how this change, just four weeks into the semester, might impact the students and how they might process my presence. I naively assumed that it did not matter *who* taught the course, only that *someone* stood in front of them twice a week, lectured, answered their questions, and directed their projects.

The tensions in the class however soon heightened. As the course progressed and I trudged through the content, it felt as if several of the students were intentionally disruptive. Students were doing things such as talking across the table to each other during lectures and not participating in activities. Being new to the classroom I assumed I just needed to find a way to better engage the students and maintain their attention. Despite my efforts at adjusting my teaching style as well as the tasks, the hostility and defiance continued.

Several weeks after class started, I was made aware that the students viewed my entry into their classroom much like a coup d'état. They were under the impression that I had joined the class as an assistant to the instructor and believed I had intentionally pushed the instructor of record out of her position. After I came to this realization, I failed to directly address their misinterpretation thinking it would all come to pass. At the time, I did not realize how the change, along with no explanation, had broken the students' trust. At the time, I did not comprehend how the change must have made them feel. Hence, the semester proceeded with me trying to guide them through the course but it never felt as if we were in the struggle together. At the end of the semester I believe there was a collective sigh of relief that we had all made it to the end but I do not believe the students integrated the information. There was no sense of satisfaction or accomplishment. It was just over.

While actively engaged in teaching the course I was naïve to the fact that I had not earned my role as the leader in the learning experience. Pace (2007) addressed this issue when he wrote that traditionally, teachers are automatically assumed to be the leaders and students are expected to obey their directives. However, with a learner-centered approach to teaching it is no longer expected that the teacher's authority is automatic. Teacher-student relationships are constructed much like within the person-centered approach in social work practice where relationships are developed over time through interactions (Cornelius-White, 2007). Through reflecting on my first teaching experience, I realized that I neglected relationship development and had anticipated respect by proxy of my role.

In addition to the difficulty of having an instructor change several weeks into the semester the course pushed the students beyond their comfort zone. The class required the students to change their mode of thinking. Until my course, the social work curriculum had been focused on working with individuals (i.e., micro social work). My course was a practice course developed to expand students' ability to understand, identify, and promote community advocacy (i.e., macro social work). Thus, students struggled to conceptualize the differences, work

together as teams, and develop their own programs and policies. Acknowledging that the students were fearful and were having a difficult time transitioning should have been my first step. Additionally, each student was on an individual journey. Each had unique life experiences and learned differently. Thus each student uniquely conceptualized the material. Had I been reflective during the course and focusing on the intrapersonal facets of the teacher-student relationship, I believe it could have been a more productive and smoother transition for us all.

### **Getting Back to My Roots as a Clinician**

As I look back at that first semester, it was a feat of pushing and pulling the students along and trying to get them to accept that I was there to teach the content I had been instructed to teach. It was only through retrospection and my own self-awareness that I was able to acknowledge that the experience was a one sided interaction with me providing information and them struggling to learn without any sense of purpose. I realized that I attempting to engage with students who did not trust me. The students were in fact enrolled in a mandatory class that may have been of little personal interest. As a clinician, I emphasize the importance of building relationships, maintaining open communication, and working in collaboration with clients to develop their own sense of control in their experiences and their growth. Through self-reflection, I had to accept that I failed to take into account my students' feelings and questions regarding the change in instructors. I did not nurture the interactive relationship.

By relying on my clinical experiences and training I realized I needed to work more collaboratively with my students. I had to find a way to lead and support them through the learning process in a way they felt empowered and in control of their learning experience. Much as I would with a client, it was necessary to engage the students and build rapport before they could trust me with their fears and anxiety.

What an epiphany! Despite journaling and talking about the experiences with my colleagues, I was not being reflective *myself*. The entire teaching process felt heavy. At the beginning, I told myself that I did not know what I was doing and that I did not know how to teach. I felt very little excitement, confidence, or fulfillment as a teacher. However, rather than run from that initial experience, I started attending all of the teacher trainings I could find and began reading books on how to be an effective professor. The one that really enlightened me was Parker J. Palmer's (2007) book titled *The Courage to Teach*. Palmer promotes self-awareness and acceptance. He describes how the best teachers identify both their strengths and weaknesses. As a clinician and as a teacher, Palmer's (2007) statement, "identity and integrity have as much to do with our shadows and limits, our wounds and fears, as with our strengths and potentials" (p. 13), resonated deeply with me.

Palmer's (2007) writings encouraged me to take a step back and analyze my own teaching experiences. Through this awareness I learned I needed to ground my teaching in what I did know and that was how to be a clinician. In my role as a clinical therapist, I allowed myself to be both vulnerable and confident. I needed to find a way to critically analyze my own teaching as an act of reflective practice and professional growth. Thus I began looking at my classroom and myself from a different perspective. I recognized that I was frustrated that the students were not sharing my passion for social work. I was bothered by their lack of apparent effort to study

and learn the material. I was focused solely on how I felt about the process and thus neglected to see the experience from their perspective. By changing my outlook, I gained empathy for the students and I found love of teaching.

The more I read the more I become mindful of what I am doing. I began to reframe the classroom situation much as I would if I had been working with a client. I was trained in the person-centered approach, which entails quickly developing a relationship with the client and ensuring the objectives and goals for treatment are based on the client's reality (Wong, 2010). Thus, I learned to stop and think about the experience from the student's perspective. I disrupted the connection they had with the initial instructor and did not take the necessary steps to build rapport and trust with them by entering an established classroom and not addressing the change directly or providing the students the opportunity to process their feelings. While their focus was on obtaining an 'A' at the end of the semester, my focus was on ensuring they learned and conceptualized the material. I now realize there could have been a way to merge the two. I do not believe in pouring knowledge into a student. In retrospect however, I think that was the approach I took. In contrast, I needed to find a way to better address and acknowledge their goals and fears while supporting them and moving forward with the material as a team.

I have since grown in the knowledge that learning to teach is not simply about knowing the material and lecturing to students. An integral piece in learning to teach includes finding yourself and developing your own method while using what you know and being who you are. Just as with each client, no two students are the same and no two semesters are the same. It is my responsibility to attend to their goals and fears and walk with them through the experience. It is much easier to tackle fear and step beyond what you know if you feel that you are not alone in the experience. I hope my students take this experience into their careers as social workers and realize that many of their clients will be coming from a similar place of fear. As future social workers, they cannot do the work for their client, but they can support and motivate the client toward their goals.

My journey of self-discovery continues with each class I teach. I realize that teaching is not a stand-alone skill. In fact, teaching is much like being a clinical social worker. Being a good instructor requires continual self-awareness and the ability to co-construct a trusting relationship with the students while supporting them through their individual learning processes and acknowledging my own process. While I once stood in fear, I now find myself in front of a class allowing students to teach me how to be a better instructor- and thoroughly enjoying the entire process.

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# Leaving Your Comfort Zone: Lessons from a First Year TA.

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## Abstract

Teaching offers personal and professional challenges. With these challenges come vulnerable moments and times that one must step outside one's comfort zone. This may be the only way to grow and to live an authentic life. Personal teaching experiences are offered and five tips are shared to help new instructors enjoy and survive the classroom. The tips are intended to help prepare the next generation of social work professors.

**Key words:** *teaching, experience, social work, humor*

## Introduction

My first semester teaching was an adventure. At times the challenges moved me way out of my comfort zone. However, taking risks and stepping outside one's comfort zone may be the only way to grow and to live an authentic life. The late Dr. Stan Dale (transactional analyst, radio announcer, founder of the Human Awareness Institute) is often quoted as describing comfort zones as "plush lined coffins. When you stay in your plush lined coffins, you die" (August, 2014, para. 2). To share knowledge and experience with the next generation of social workers, to become a university professor and a researcher is the fulfillment of a life-long dream. So you, too, made the choice to become vulnerable, take risks, and move out of your comfort zone. Here are 5 tips for surviving and enjoying your first semester teaching based on my experiences. I hope you find them helpful. You may identify with my adventures, you may not. We are a diverse group of dedicated individuals pursuing education to solve serious social problems stemming from poverty, inequality, social injustices and more. If you do not identify with my experiences, you may find them humorous. You are invited to do so. The problems we seek to address are serious but we need not always be so. The survival tips are presented in reverse order for a Hollywood dramatic effect.

## #5. Embrace Technology

If like me, you have been off campus for more than a decade and a half, new teaching technologies carry a big learning curve. In much of my clinical practice and agency work, we lagged behind the latest technological advances. Thank goodness for a basic familiarity and experience with laptops and smart phones. Beginning the semester, there were presentation programs to learn, either Microsoft Power Point or Prezi. For classroom management, Blackboard, the electronic course management system, and Safe Assign, the plagiarism checker, all needed to be mastered. Excel spreadsheets from the Registrar and smart classrooms that come in PC and Mac versions had to be understood and utilized. Adobe Connect web conferencing and Wiki interactive assignments are teaching tools that were mercifully saved for next semester's learning. But help has been available. My experience has been that faculty, staff and fellow teaching assistants (TAs) are happy to answer questions and help you get going.

Non-traditional sources of help were available, too. Halfway through the semester my 14-year-old granddaughter came over to tutor me on several of the fancier Power Point features. She knew a surprising number of tricks and showed me how to add sound effects to slides and how arrange lines of text to appear one at a time on a slide. Midterm feedback received from my students indicated that my granddaughter-enhanced Power Points were more engaging than my earlier efforts and were preferred by my students 2:1. You may wish to use any sound effects sparingly. Not only can get this cheesy quickly, the added sounds are much louder emanating from the classroom speakers than from the mini speakers on your laptop at home. I used an explosion sound as a topic transition marker *once*. Once was enough as I scared myself silly when that slide appeared with a BOOM! The students were amused.

#### **#4. Go With the Flow. Stuff Happens**

On the first day of class, my plan included lecturing with an enthusiastically prepared Power Point presentation which included a hyperlink to a riveting and relevant YouTube video. Practicing my embrace of technology, the students were going to be assigned to several small groups for their upcoming projects via the random assignment tool available in Blackboard. The first obstacle to present itself that day was the surprise of discovering my assignment to a Mac version of a smart classroom. As a PC user, closing already open program windows via those little red, yellow, and green lights was about all the Apple skills I had. It was challenging enough to log the previous professor off the system and myself on. Lowering the screen and starting the projector had not been covered in training and I was out of Apple skills. One of my students grinned and pointed out the wall switch behind me labelled “screen.” That was one problem solved with only a little embarrassment. A few moments later, a helpful student recruited by me from the office next door pointed out why the projector would not turn on. Hanging from the ceiling was a web of bare wires where the projector ought to be. My observation skills had decreased as my anxiety had increased. Since there was no projector to actually turn on, that helpful young man took the time to show me how to start the projector had there been one and then he politely left the class. No audio/visual PowerPoint presentation was available for that first day and no riveting/relevant YouTube video to impress and engage them would be shown either. Furthermore, random assignments to groups had to be accomplished the old fashioned way, with names drawn from a hat. Students pitched in by making group membership lists and by drawing their names from one of their very own hats. We made do. They were dismissed a little early that first day, with extra time to go buy books. They didn’t seem to mind.

In addition to the inevitable technology failures, other stuff happens. On another occasion we found that the speakers for the sound system had been unhooked and no one could figure how to plug them back in. The wiring behind the MAC computer looked like tangled yarn. That class period was rearranged for a think/pair/share discussion and an in-class writing activity instead of whatever had been planned using technology.

On two different occasions, our classroom was locked. The first time was disconcerting as usually there was another class in there ahead of us. When I arrived, my students were mulling about in the hall waiting for the early class to dismiss so we could go in. When it was past time for them to come out, we tried the door and discovered it was locked and no one had even been in there. It took a few minutes to find someone in the building who could locate a custodian with

master keys. We started class a few minutes late that day. This was a warm-up for the next occasion of being locked out of our room. The second time was final exam day and as it was near the holiday break, there were fewer custodians around. Luck was with us though; we found a custodian. She let us in and the exam did start on time. It is good to arrive early for class and better still to know who has the master keys.

### **#3. Learn Your Personal Lessons**

Life is a series of lessons. Lessons are repeated until learned. This is rule four from *If Life is a Game, These are the Rules*, a book written by Cherie Carter-Scott in 1998. Her list of 10 rules for being human has been a helpful tool for many years. In my experience, lessons are indeed repeated until learned. What happens after one lesson is learned? Dr. Carter-Scott answers in rule five: Learning does not end. We move on to new lessons. These are the lessons repeated during my first semester. Your lessons will likely be different, but you may identify.

**Don't take yourself too seriously.** This is always good advice. It is similar to the famous epigram of Elbert Hubbard, turn of the century American writer, philosopher and publisher, who said "Don't take life too seriously. You'll never get out alive" (Hubbard, 1917, p.109). Taking myself too seriously blocked my creativity, produced anxiety, and generally got in my way.

Just before patting myself on the back for a job well done posting the Exam 1 study guide to Blackboard *an entire 10 days prior to the exam*, I noticed the syllabus read that students would have access to the study guide 14 days before any exam. In order to be fair with students and give them the study time that they were assured of in the syllabus, Exam 1 had to be moved. This involved moving a project due-date, flipping a lecture and a movie as well, so that new material wasn't presented prior to the exam. As the new exam date approached, there was a class period when all my students expressed confusion about their due dates for everything. Only three class periods had changed to accommodate the rescheduling of Exam 1, and minimal project due dates were involved. Those changes had already been reviewed in class and also updated on the master syllabus which was posted on Blackboard. The classroom became tense and the students were grumbling. Feeling anxious, I began thinking, "This is all my fault. I'm a bad instructor." That was followed by feeling shame and an old negative voice in my head started telling me, "You don't belong here." I froze and felt panicky. After a deep breath or two, Tuckman's 4 Stages of Group Development came to mind (Tuckman 1965): Form, Storm, Norm, and Perform. Aha, perhaps this was the storming phase! It wasn't about *me*. This was a natural group development process. Meanwhile, the room had grown silent during those long, thick seconds. My next decision was to break the silence by overstating the obvious, "Wow, this is tense." We all laughed. Relaxed again, we reviewed the syllabus together until everyone clearly understood their due dates. The class showed a spirit of cooperation and helpfulness that day. That level of tension was never repeated.

**Face your fears.** At my university, there is a two-day orientation for all new TAs to complete prior to the first teaching assignment. In this training, my fear of judgment was faced through a microteaching exercise which included videotaping and peer feedback. All 9 members of my small group were from different disciplines. We each had to choose a particular style of teaching to model (lecture, discussion, or active interactional learning), prepare a 15 minute

mini-lesson on whatever educational topic we chose, present this while being videotaped, watch the videotape at home and then receive a written critique from all peers and the group leader. This was way out of my comfort zone. However, it was not optional. The feedback was fair and helpful. My peers were kinder to me than I was to myself. The videotaping experience did make the first day of class less stressful by comparison. It would logically follow that surviving team critiques would have made my faculty observation/feedback later in the semester less stressful. But no, that was not entirely true.

The faculty observation was also fair and helpful. Yet, the shaming voice was back in my head that day. Stronger and a little meaner than the first time. The most challenging lesson for me this semester was struggling with the return of that belittling inner voice saying, "You aren't good enough." Working in my comfort zone of clinical practice for 15 years, that voice had been quiet but I recognized it from childhood and early adulthood. Through a combination of hard work, life experiences, and therapy of my own, I had thought it was gone.

Thankfully, I found Brené Brown's lectures on TED TALKS and her books after that. Dr. Brown became a refreshing new resource. A social worker and a researcher on shame and vulnerability, Dr. Brown's 2010 book *The Gifts of Imperfection* has been #1 on the New York Times Bestseller List. That book, along with *I Thought It Was Just Me, But It Isn't: Making The Journey From "What Will People Think?" to "I Am Enough"* (Brown, 2007) are on my bedside table. Reading those books has provided me strength, comfort and practical tips on confronting shame. In her work she proposes that empathy has healing power for shame and the two most powerful words to hear when you are struggling is, "me, too!" (Brown, 2012, 19:22).

## **#2. Get to Know Your Students**

Listening to students, learning their names, their educational interests, and something about their personal lives is important. It has been a challenge for me to remember names. That's something I have never been very good at. Faces, details about people, and, oddly enough, phone numbers, are easily held in my head but not names. Learning student names is a sign of respect and caring; it demonstrates listening skills and sets an important tone reflecting dignity and worth of persons and the importance of human relationships.

To help with remembering names and tracking other details, there are inexpensive and free downloadable attendance applications. I found mine in the Google Play store and installed it on my android phone. After entering class data such as student names, section numbers, email addresses etc., the class took selfies which were then uploaded to the application. All the data were also downloaded onto my laptop. When answering students' emails or grading their papers, their faces were visible via their photos. The program also held the demographic information from the 3x5 index cards filled out in class on the first day: hometowns, majors, practice interests, etc. This helped with learning who they were as individuals and made the grading process more personal.

## **#1. Show Up**

Be the real you. I'm a Humanist and an Existentialist. Two of my heroes are Rogers and Yalom. Carl Rogers claimed that in order for a person to "grow," he/she needs an environment

that provides genuineness (openness and self-disclosure), acceptance (being seen with unconditional positive regard), and empathy (being listened to and understood) (Rogers, 1980, p. 115-116). Irvin Yalom (1980) underscored the importance of authenticity and instilling hope in the therapeutic process. Although they both wrote about essential characteristics of effective therapists and therapy encounters, these are essentials for a classroom instructor to model as well. While my awareness and competence regarding pedagogical complexities will be developed in future semesters, this is what I bring to the table now. My experiences regarding authenticity involved my overall approach, such as sharing the occasional (riveting and relevant) stories from the field. Once or twice over the semester social workers that I personally worked with visited my class and shared their work experiences as well. Students responded well to this. Sometimes it was tempting to show all that I know and act like an expert, using diagnostic language to impress them. On a daily basis, I reminded myself why I want to be an academic. It is not to build a career. There are people I still want to help and a solution I want to be a part of. That grounds me.

At the end of the first term, the official feedback I received from students was good enough, on par or slightly above the university mean on all measures. The emails from a handful of students saying that I made a difference were deeply appreciated. Since there may be future semesters without such warm fuzzies, those were placed in a folder for occasions when I will need them. Additionally, hearing a kinder voice in my own head saying, “You made it. Good job,” was both personally meaningful and welcomed. The faculty feedback that was most helpful was the honest observation that I seemed to be finding my lecturing style. My faculty observer shared that it took some time for her to develop her style as well. Her authenticity, vulnerability and empathy were deeply appreciated. Best of all, I have been asked to teach again for another semester!

So my adventures this first semester were worth it. My desire to be of service to the next generation of social workers, to become a university professor and researcher increased through the challenges I survived by coming out of my comfort zone. Some of the tips gleaned from my experiences may have relevance to you: embrace technology, go with the flow, learn your personal lessons, get to know your students, and show up. To become an academic is to increase your ability to learn while doing.

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# Social Work Implications of the Family Violence Option

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## Abstract

*This paper explores the impact of the Family Violence Option on the roles and related responsibilities of social work practitioners in identifying victims of domestic violence, assessing their service needs, and building an organizational culture of routine screening and relevant assessment for domestic violence. Family Violence Option is a federal law that routinely identifies victims of domestic violence and waives certain requirements for the identified victims in the Temporary Assistance for Needy Families (TANF) program. TANF programs do not screen for domestic violence nor implement protocols of the Family Violence Option, but promoting social work values and roles into the program may improve the implementation of domestic violence screening. The role of advocate is particularly important, so it needs to be emphasized more at all levels of action within the system to respond to domestic violence.*

**Keywords:** *social work, domestic violence, Family Violence Option*

## Background

The Family Violence Option was inserted into the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 as the PRWORA revised program requirements for recipients of the Temporary Assistance for Needy Families (TANF) (Legal Momentum, 2004). Those requirements include mandated work or work-related activities, enforced child support from a biological father of a child, and lifetime limits (Legal Momentum, 2005). The purpose of the Family Violence Option was to assist TANF applicants and recipients who had or were experiencing domestic violence. Two distinctive factors supported the rationale of the Family Violence Option in TANF: 1) domestic violence that had occurred in lifetime with more than half of the TANF recipients and within the past 12 months for one of nine to three women among the recipients (Gallagher, 2011); and 2) victims of domestic violence had more than two barriers that kept them from meeting TANF requirements (Brush, 2004; Casey, 2010). TANF requirements could increase the risk of safety issues and program sanctions in TANF for victims of domestic violence (Casey, 2010). At present, the Family Violence Option requires state and local TANF offices to routinely screen for domestic violence in order to identify victims of domestic violence and in turn, waives certain requirements for the identified victims (Government Accountability Office, 2005; Georgia Department of Human Services, 2013; North Carolina Department of Health and Human Services, 2013). Such temporary waivers to or exemption from TANF requirements are called good cause waivers (Cooke & Burke, 2003). The Family Violence Option defines domestic violence as “being battered or being subjected to extreme cruelty,” specifically as an intimate partner being subjected to physical, sexual, and mental abuse and to related threats, and experiencing the neglect or the deprivation of medical care (Davies, 2001, p. 5).

Despite routine screening protocol during the last two decades, the TANF application and assessment processes have only partially identified victims of domestic violence (Levin &

Zeisel, 2009; Lindhorst & Padgett, 2005). Additionally, only few identified victims have been connected to domestic violence advocates for in-depth need assessment and/or relevant services or other supportive services. Approximately three to thirty percent of 792 TANF applicants who received TANF in four states between 1999 and 2000 were screened for domestic violence (Meyers & Lurie, 2005; Lindhorst, Meyers, & Casey, 2008), and between October 2007 and September 2008, less than 1% of 54 referrals from 16,017 households were made to have an in-depth assessment for relevant supportive services in Washington D. C. (Levin & Zeisel, 2009). None of the disclosed victims received good cause waivers. In Maryland, good cause waivers were as granted to less than 1% of TANF recipients among 554 identified victims of domestic violence between March 1998 and June 2000 (Hetling, 2011). Overall, TANF programs reveal serious and constant implementation gaps to identify victims of domestic violence, assess the service needs, and/or grant good cause waivers.

Identifying victims of domestic violence and serving them with quality services is important to social work, which promotes human functioning and improvement of social conditions (Sheafor & Horejsi, 2006). The action system in TANF may need planned changes. Planned changes are comparable to intervention goals, and they could be facilitated through differing levels of interventions from *micro* to *macro* (Miley, O'Melia, & Dubois, 2013). Action systems refer to people, groups, organizations, or communities that work with or through in order to influence both the client and its own system (Sheafor & Horejsi, 2006). Review of intended changes by the Family Violence Option in the role of action systems will help social workers understand how action systems respond to domestic violence and what needs to be done for improving the action systems' response to domestic violence.

In order to understand impact of the Family Violence Option on the social work roles, the author first identified two specific roles at each of the *micro*, *mezzo*, and *macro* levels of social work interventions relevant to domestic violence screening in TANF. Subsequently, the following components will be also elaborated based on the review of government reports, empirical studies, or other relevant publications: (1) the potential impact of the Family Violence Option on such roles and responsibilities; and (2) the social work implications of the specific roles and responsibilities.

### **Relevant Social Work Roles in the Family Violence Option**

The Family Violence Option describes preventive approaches with regard to two types of barriers faced by domestic violence victims; 1) Compliance with TANF requirements such as time limits, work responsibility, or child support enforcement complicates TANF recipients' ability to escape domestic violence, and 2) Such compliance unfairly penalizes individuals who are or have been victimized by such violence or who are at risk for experiencing further domestic violence (Legal Momentum, 2004). The impact of domestic violence on the lives of women who received TANF included physical/mental health impairments, substance abuse, human capital deficits, perceived work discrimination, and interference with work (Lyon, 2000; Meisel, Chandler, & Rienzi, 2003; Tolman, & Rosen, 2001). Women who comply with TANF requirements due to the hardships influenced by domestic violence may find it very difficult to leave TANF successfully and attain self-sufficiency. Nested in TANF programs, the Family Violence Option is involved in "social enhancement" practice and its services emphasize the

“growth of clients in a particular area of functioning” (Morales & Sheafor, 2004, p. 16). Therefore, ensuring domestic violence screening in a TANF program improves the victims’ basic rights for receiving relevant support.

Support of victims of domestic violence in TANF appears to require social work roles in their action systems and relevant interventions are feasible at three levels of social work practice; namely, micro, mezzo and macro. *Micro* practice requires direct practice skills for social workers and enhances interactions between clients or small groups (Sheafor & Horejsi, 2006). *Mezzo* practice fosters changes in a medium-sized system, such as formal groups or organizations, and social workers may or may not strongly require building intimate, working relationships as they do in the *micro* practice. *Macro* practice involves work with the large systems, such as organizations, communities, or institutional and social environments as a whole (Sheafor & Horejsi, 2006).

Intervention goals for action systems to adequately support victims of domestic violence are primarily based on the problems in the area of screening outcomes for domestic violence. Table 1 summarizes those identified problems and the suggested changes at each implementation level of the Family Violence Option. The identified problems include; (1) in *micro* level intervention, TANF applicants are inconsistently screened for domestic violence and some may not receive a waiver and/or a referral service for further assessment and support (Hetling, 2011; Lindhorst et al., 2008; Lindhorst & Padgett, 2005); (2) In *mezzo* level intervention, TANF caseworkers are not given training opportunity to respond to domestic violence (Carrington, 2005; GAO, 2005; Hagen & Owens-Manley, 2002; Lindhorst & Padgett, 2005); and (3) In *macro* level intervention, structural barriers against the mandatory screening for domestic violence are detected, such as lack of evidence-based practice, funding, or other organizational capacity (Lindhourst et al., 2008; Saunders, Holter, Pahl, Tolman, & Kenna, 2005).

Specific roles in action systems can enhance changes regarding the identified problems in domestic violence screening in TANF to eliminate the identified problems. In *micro-level* intervention, case management and client advocacy roles are critical to provide TANF applicants with an equal opportunity to be screened for domestic violence and notified about good cause waivers, and consequently to be connected to services based on their needs and self-determination. Case management role optimizes client functioning by providing services in a professionally competent manner based on clients’ multifaceted needs (NASW, 1992). Advocacy role upholds clients’ inherent right to access relevant recourses and services that they are entitled to at the level of direct practice (NASW, n.d.). In-agency or off-agency domestic violence advocates can take part in case management and advocacy roles for domestic violence screening and relevant needs assessment.

In *mezzo-level* intervention, training and facilitating roles are essential in order to enhance frontline TANF caseworkers’ professional knowledge, attitudes, and beliefs of domestic violence, and competency in professional behaviors in assessing and responding to the needs of victims of domestic violence. The caseworkers’ professional competence and personal assumptions should not restrict the victim’s opportunities to seek safety and economic security by receiving TANF assistance. In social work, trainers indirectly improve clients’ functioning and rights through direct interventions of peers, usually within an organization (Miley et al.,

2013). Educational training and/or supervision from a state to a local and between or within local agencies are required to improve frontline knowledge and behaviors related to victims of domestic violence. The same target changes can be promoted through facilitating clients or organizational groups to share their needs and actively promote and encourage their participation in the change processes (Miley et al., 2013; Postmus, 2000). Any direction of training and/or focus groups between TANF supervisors and frontline caseworkers and community victim support advocates would be beneficial to improve *micro* and *mezzo*-level interventions, including knowledge acquisition about the training need of frontline caseworkers.

Likewise, in *macro-level* intervention, effective administration and policy advocacy roles are fundamental to eradicate structural barriers that restrict the victims' opportunities to seek safety and economic security and hinder evidence-based practice. In social work, administrators plan, implement, and evaluate services, policies, and problems in social organizations (Brueggemann, 2006). Policy advocates pursue social justice to induce changes in situations where client development is impeded and clients are disempowered due to barriers in laws, rules, budgets, and policies (Cummins, Byers, & Pedrick, 2011). Together, administration and policy advocacy roles can facilitate organizational readiness and culture for routine screening for domestic violence. Administrators of the Department of Health and Human Services in each state can strengthen implementation protocol for the Family Violence Option by establishing job expectations for frontline and supervisory workers for domestic violence-related services and monitor their performance based on administrative records of TANF recipients, and allocate budget funds for other roles in *micro and mezzo levels* of social work practice.

Table 1. Problems, Target Intervention Changes, and Roles of Social Work Practitioners

	<b>Identified Problems</b>	<b>Target Changes</b>	<b>Roles of Social Workers</b>
<b><i>Micro</i></b>	Inadequate screening Barriers to access of services	Equally identify and assess the risk due to domestic violence	Case manager and client advocate
<b><i>Mezzo</i></b>	Lack of training Incompetent and insensitive screening	Enhance professional competence and proper knowledge, attitudes, and beliefs in identifying victims of domestic violence, assessing their needs, and providing relevant services	Trainer and facilitator
<b><i>Macro</i></b>	Resistance to routine screening Lack of accountability of the effectiveness of domestic violence screening	Eradicate structural barriers at the organizational levels and ensure evidence-based practice	Administrator and policy advocate

## Evidence of Targeted Changes in the Identified Roles

The Family Violence Option has expanded responsibilities that are particularly important to social work in response to the needs of victims of domestic violence who apply for TANF. The expected changes after the implementation of the Family Violence Option are displayed in Table 2 and they are compared to the responsibilities before the Family Violence Option. No evidence of role performers' response to the expected changes was written in parentheses in Table 2. In short, domestic violence screening and relevant case managing, advocating, training and administrative responsibilities were entirely new expectations for diverse role performers after the implementation of the Family Violence Option. However, only partial roles and/or responsibilities are determined by state protocol and are actually performed.

TANF application and assessment processes in every state in the U.S. have established program protocol to implement mandatory, routine screening for domestic violence, as well as to consider granting of good cause waivers (GAO, 2005). States independently or collaboratively work with domestic violence advocates; so some states such as New York and Georgia mandatorily refer identified victims of domestic violence to a domestic violence advocate for further assessment and recommendation for good cause waivers (Georgia Department of Health Services, 2013; New York State Office for the Prevention of Domestic Violence, n.d.).

Despite the state protocol related to domestic violence screening, the relevant roles and responsibilities are not actually performed. State screening rates ranged from 2.8% to 11.5%, with Georgia being the exception with 28.8% (Lindhorst et al., 2008), and two administrative data sources, including five states identified only 0.31% and approximately 2% of the clients as victims of domestic violence, respectively (Hetling, 2011; Lindhorst et al., 2008). In California, identified victims of domestic violence never received information about their eligibility for victim support services and were denied access to receiving good cause waivers (Gallagher, 2011). In different counties, notification rates of good cause ranged from 33.3% to 45.9% in 2000-2001 (Goodwin, Chandler, & Meisel, 2005). Despite huge variations, TANF application and assessment processes still failed routine notification of good cause. Only 1.2% of TANF applicants were both screened and notified of good cause during their eligibility screening interviews (Lindhorst et al., 2008).

Current evaluation of how expected roles and responsibilities regarding the Family Violence Option are performed addresses two types of tentative conclusions. First, those roles and responsibilities especially in *micro-level interventions* have been studied and they appear to be inadequately performed. Second, other roles and responsibilities such as trainer, facilitator, and administrator are invisible in state protocols of domestic violence screening and understudied for their performance. They need to be more actively performed.

Table 2. Impact of the Family Violence Option on Social Work Roles/Responsibilities in TANF

	Role Performers	Evidence of the Changes in Responsibilities	
	After the Family Violence Option	Before the Family Violence Option	After the Family Violence Option
<i>Micro</i>	Frontline eligibility caseworker	TANF eligibility screening and assessment	TANF eligibility screening and assessment Mandatory screening for domestic violence (Mandatory notification of good cause) In-depth domestic violence assessment for good cause or making a mandatory referral to a domestic violence advocate for further assessment
	Domestic violence advocate	Assisting in TANF application	Responding to a referral from TANF for domestic violence assessment and making a recommendation for the decision of granting good cause waivers (Providing other victim support services)
<i>Mezzo</i>	Domestic violence advocate	Assisting in TANF application	(Training TANF caseworkers and/or supervisors for domestic violence screening and referral services) (Facilitating a focus group (i.e., caseworker))
	TANF supervisor	N/A	Training and supervising TANF caseworkers for domestic violence screening and referral services (Facilitating a focus group (i.e., caseworker))
<i>Macro</i>	Administrative level of staff in TANF	N/A	(Setting clear job expectations for TANF caseworkers and supervisors) (Monitoring outcomes of domestic violence screening) (Securing funding) Collaboration with victim support agencies in community
	Policy advocate in various settings	High demand for domestic violence screening	Conducting research for evidence-based practice (Advocacy for enhancing administrative level of practice)

### Recommendations

As reviewed, target changes regarding identified roles and responsibilities of social work are difficult to be achieved without first strengthening the implementation protocol and applying it to the TANF domestic violence screening across the board. In *micro* practice, TANF caseworkers may put domestic violence screening as a minor priority within the entire TANF application and assessment processes. However, this action system needs to be equipped with value-based practice, which is the focus of social work practice for vulnerable populations (NASW, 2008). Value-based practice in respect of clients' self-determination needs to be cultivated in TANF application and assessment processes to help victims of domestic violence who apply for TANF make informed decisions regarding their service options. Informed

decisions for good cause waivers may be only available for the victims who are screened for domestic violence, provided information of good cause waivers, and assessed for the need for good cause waivers. Routine notification of good cause waivers needs to be mandated like routine screening for domestic violence to ensure TANF applicants' self-determination to disclose domestic violence and apply for good cause waivers. Undeniably, a significant portion of potential victims of domestic violence decided not to disclose abuse (Lindhorst & Padgett, 2005). However, their decision was partially guided due to their perception of the potential risks and uncertainty of the consequences of their disclosure (Lindhorst & Padgett, 2005). Likewise, approximately 97% of the victims who disclosed domestic violence did not seek good cause waivers (Fontana, 2000), but it is unlikely that decision was well informed through relevant assessment processes and information of good cause. The TANF application and assessment processes, therefore, should promote the opportunity for clients' informed, self-determination of disclosure and the use of good cause waivers.

Sharing responsibilities from *mezzo-* and *macro-*level practitioners can substantiate advocacy roles for value-based practice at the *micro-*level. TANF program supervisors could collaborate with domestic violence advocates to clarify the frontline roles and responsibilities for domestic violence screening and to resolve any concerns or challenges. Training and supervision need to be reinforced and routinized regarding domestic violence screening. Regular training targeting frontline TANF caseworkers was only available in three states (GAO, 2005). The TANF administrator should promote value-based practice at both *micro-* and *mezzo-*levels of practice. Multifaceted tasks are important, such as funding, hiring qualified workers, clear job descriptions, training and supervision, monitoring worker performance, program evaluations, and overall organizational readiness. Without sharing the social work values of professional competency and social justice from all levels, the targeted changes to remove barriers to service access by the victims of domestic violence within TANF are unrealistic.

There is a critical task that policy advocates confirm and re-confirm the assumption of the Family Violence Option that it is difficult for victims of domestic violence to comply with TANF requirements, and some victims may benefit from good cause waivers (Bloom, Loprest, & Zedlewski, 2002; Brush, 2004; Casey, Davies, Gifford, & Menard, 2010; Legal Momentum, 2004; North Carolina Department of Human Services, 2013). While policy advocates still maintain the same assumption, they need to corroborate. There is need for further study of the following: (1) who benefits from receiving good cause waivers from any of the TANF requirements or (2) the impact of routine screening and assessment methods for domestic violence on identifying the need for good cause waivers. Undoubtedly, without solid evidence of the assumptions of the Family Violence Option and victims' service needs, policy advocates' voices will continue to be unheard.

## **Conclusion**

It may be difficult to filter social work values and skills into current TANF action systems, as a social work degree is not often required for qualifying as frontline caseworkers (Stockbridge-Munsee Community, 2014; Washoe Tribe of Nevada and California, 2012). However, there are still paths available to enhance value- and skill-based practice. Domestic violence advocates who directly work with TANF action systems can supplement such roles by

advocating for the needs of victims of domestic violence and participating in TANF worker-trainings. Outside the TANF agencies and beyond the role performers, as they did in 2011 (NASW, 2011), the National Association of Social Workers should have an agenda for policy advocacy regarding TANF reauthorization with proper domestic violence screening and barriers to comply with TANF requirements among victims of domestic violence. Social workers need to pay attention to the TANF application and assessment processes to identify and support victims of domestic violence and to raise a collective voice for relevant changes in implementing behaviors as well as in the action systems.

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# Harry Hopkins: Social Work Legacy and Role in New Deal Era Policies

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## Abstract

The early 20<sup>th</sup> century was rife with much social, political, and economic change both positive and negative. During this time, social work became a profession, cemented by great minds and visionaries who sought a better society. Harry Hopkins was one such visionary: he was a model leader in social service provision and was one of the New Deal architects. This essay considers the roots of Hopkin's influence, his experiences operating large federal agencies, his work in the Franklin Delano Roosevelt administration during the Great Depression and into World War II, and the dedication and commitment he displayed throughout his career as a public servant.

**Keywords:** social work, Harry Hopkins, New Deal, FDR Administration

*"Now or never, boys—social security, minimum wage, work programs. Now or never."* –Harry Hopkins (Sherwood, 1948 as cited in Goldberg & Collins, 2001, p.34)

## Introduction

At the turn of the century and into the decades of the early 20<sup>th</sup> century that followed, the United States saw a time of great struggle and change. Known as the Progressive era, the years between 1875 and 1925 were marked by the obtainment of labor rights for workers and children, the Women's Suffrage movement, U.S. involvement in World War I (1914-1918) and the subsequent economic boom, and establishment of the social welfare system (Goldberg & Collins, 2001; Kawam, 2012; Segal, 2013). This time period encompassed major cultural and social trends that included a redefinition of womanhood (e.g., flappers), the rise of Jazz music, prohibition of alcohol, the Harlem Renaissance, and the penning of *Mein Kampf* by Adolf Hitler (Hakim, 2006). However, economic opportunity during the 'Roaring 20s' was not distributed evenly among the public as gaps in wealth and economic disparity increased, culminating in the largest stock market crash that U.S. had ever experienced in 1929 (Figueira-McDonough, 2007).

Given the economic and social foundation that was laid during this time, the Progressive era inspired the establishment of social work as a dignified profession most notably through of the Settlement House movement and Charity Organization Societies. The leaders of these movements, Jane Adams and Mary Richmond respectively, in addition to other numerous social workers such as Wilbur Cohen, Whitney Young Jr., Martha Eliot, Richard Cloward, Charlotte Towle, Dorothy Height, Sophia Breckenridge, Bertha Reynolds, Francis Perkins, and Harry Hopkins were responsible for the legitimate advancement of social work, particularly pushing social work ethics in the development of social policy (Chapin, 2011; Schneider & Netting, 1999). During the nascent stages of the Franklin Delano Roosevelt (FDR) Administration, Harry Hopkins, Frances Perkins, and Dorothy Kahn were crucial to the planning and passing of New Deal policies, which significantly expanded the power of the federal government in providing

welfare programs to those in need (Dolgoff, Feldstein, & Skolnik, 1993). As representatives of social work values and ethics such as service, integrity, uplifting society through aid, and political action, these social workers understood what the key societal problems were and what could be done to help. In this manner, social workers might be considered the gatekeepers for social progression and a better future for all (NASW, 2008).

One such gatekeeper was Harry Hopkins. He was an advocate for the socially and economically dispossessed and was relentless in his dedication to uplifting society (Hopkins, 1999). Hopkins' leadership, political savvy, and decisiveness in providing emergency relief left a legacy and model for future generations of social workers and social service providers. Hopkins managed to bridge disparate bureaucracies to foster cooperative and positive work environments. Aside from his spirited motivation and promotion of collegiality among staff, Hopkins was methodical in the way he addressed social ills, including those brought on by the Great Depression. Together these traits of passion, focus, and teamwork undoubtedly made him effective as a social service administrator and as one of FDR's closest advisors.

The development of Hopkins' quality characteristics and social work skills were rooted in his experiences as a youth, his education at Grinnell College, and his work with state and federal governments. Thus, the purpose of this essay is threefold: (a) to discuss the historical contributions that Harry Hopkins made as a social work leader and policy reformer (Adams, 1977; Hopkins, 1999; McJimsey, 1987); (b) to understand Hopkins' traits and qualities that promoted his effectiveness in social change; and (c) to learn from Hopkins' passion, approach, and actions as it relates to social workers in the present day.

### **Taking Root: Early Influences**

Born in Iowa in 1890, Harry Hopkins was the youngest of four siblings. His father, David 'Al' Hopkins, was a city councilman and his mother, Anna Hopkins, was a schoolteacher. Hopkins' political savvy has been attributed to his father and grandfather, who was also a noted politician. Both deeply religious, Al and Anna fostered a sense of community in their family through frequent church attendance multiple times throughout the week. Anna and Al stressed to their kids the importance of social responsibility, service to others, and intolerance for injustice (Adams, 1977). As role models to emulate, Al and Anna had a profound influence on Harry and his siblings, which enabled them to develop a critical consciousness and awareness not normally seen in young children (McJimsey, 1987).

Gaining an early understanding of the plight of others prompted three out of the four Hopkins children to enter into the social service field: Harry and his oldest sibling, Adah, became social workers while another sibling became a medical doctor. Adah herself was a successful and efficient administrator of various state social welfare programs, which had a substantial influence on Harry's decision to go into social work. Through her work in agency leadership, Adah's vision provided the blueprint for neighboring counties in the reduction of administrative costs in providing relief to those who most needed it (Hopkins, 1999; McJimsey, 1987). Using Adah's collective and pragmatic action as an example, Harry developed a deeper sense of duty and dedication to macro social work and community building, which laid the groundwork for his career in championing marginalized and vulnerable groups (Adams, 1977).

## **High School and Grinnell College: Social and Political Foundations**

As an outgoing student and gifted athlete in high school, Harry helped others whenever possible. He even spearheaded a friend's campaign for school president, despite the fact that his friend was the underdog and had little chance of winning. Unsatisfied with this potential outcome, Harry remained committed and loyal to the campaign, which resulted in the eventual victory for his friend (Adams, 1977). This particular experience, most notably his persistence, was something that Harry referred back to during his future political campaigns and work in the White House (Adams, 1977; McJimsey, 1987). Upon completing high school, Harry attended the same school Adah had attended, Grinnell College (Hopkins, 1999), which was key in his development. Grinnell College, a small liberal arts institution founded in 1846 by congregational ministers, was known for its progressive position on social services and was at the center of the Social Gospel movement during the 1890's (Luker, 1977). Since Grinnell's core mission was rooted in the Social Gospel, the application of Christian principles to alleviate social problems was a consistent thread in Harry's education (White & Hopkins, 1976).

With Grinnell's focus on social progress, Harry expanded the way he constructed knowledge into his understanding of and passion for serving others while promoting the public good (Adams, 1977), critical factors that led to his success as a public servant and social work leader. For example, professors and administrators at Grinnell, who were at the cutting edges of their respective fields, cultivated a unique intellectual environment by promoting critical thinking and applied problem to social problems. Harry learned how the U.S government and the British parliamentary system worked; that the true purpose of social science was applying it to social problems; the importance of understanding the historical and individual contexts; and the Christian ethic of love thy neighbor (Adams, 1977; Hull, 2013; McJimsey, 1987; Steiner, 1914; Whelan, 1994). Further, through his studies Harry developed the belief that state and local governments were responsible for the welfare and wellbeing of its citizens, especially when unemployment was high, and that the ability to work and meet one's basic needs were not privileges but rather rights (Adams, 1977).

### **Growing Tall: Professional Social Worker and Administrator**

After graduation from Grinnell, Harry planned on starting a newspaper with a friend in Montana. However, per the advice of a professor he instead chose to pursue a job lead at Christadora Settlement House in New York City (Adams, 1977). Harry was indeed hired and for the first time he experienced direct contact with ethnically diverse populations. Thanks to his education at Grinnell, Harry was methodical and pragmatic in understanding the plight of his clients, meaning he recognized key influential factors at micro, meso, and macro levels, which was novel thinking at that time. Despite his effectiveness at Christadora, Harry often wondered how such abject poverty could exist right next to incredible wealth and affluence (Adams, 1977; Hopkins, 1999). Christadora helped Harry critically think about vulnerable populations and in doing so he developed an intersectional understanding of economics and social conditions.

With these socio-economic macro concepts in mind, he left the settlement house and obtained a job with the Association for Improving the Condition of the Poor (AICP). Not long after starting at AICP, he became a supervisor for the tuberculosis clinic where he further saw

the economic and health disparity, as well as overall lower quality of life (Adams, 1977). At the time, the AICP was experiencing a large increase in relief applications, which Hopkins reasoned was from lack of employment opportunities combined with fractured and inconsistent aid from other welfare providers in the area (McJimsey, 1987). Understanding that receiving aid from multiple sources may still not be enough to exist, Hopkins put forth a radical notion: instead of agencies and organizations struggling to provide assistance, the government should develop initiatives to create jobs and uplift those in poverty (Goldberg & Collins, 2001). This idea of centralized public aid would have great influence in his work with Roosevelt in the White House. In fact, Harry was able to obtain a large revitalization grant for the AICP, which employed many people who were in need of work (Adams, 1977; Hopkins, 1999; McJimsey, 1987), thus laying the groundwork for later New Deal employment policies under President Roosevelt's guidance.

### **Road to the White House: Prelude to the New Deal**

In 1914, Harry campaigned for and helped John Mitchel win the Mayoral race in New York City. Upon winning, Mitchel passed initiatives providing temporary work for jobless men and established a Board of Child Welfare (Adams, 1977). Harry was appointed as the Executive Secretary of this Board and was very active in recruiting staff and volunteers, communicating with city officials, attending conferences, and holding weekly meetings with his work team (McJimsey, 1987). Harry, who demonstrated his integrity and loyalty as a public servant by placing the need of the people before politics in the provision of services, was known for nurturing and preserving relationships with others who were also committed to social change (Adams, 1977; McJimsey, 1987). These relationships proved crucial as Harry went on to lead other large organizations such as the American Red Cross Division of Civilian Relief, American Red Cross Disaster Relief of the Gulf States, and the New York Tuberculosis Association (NYTA) where he pioneered new community based health programs (Adams, 1977; McJimsey, 1987).

During his time with the Red Cross, Harry was able to increase communication between local chapters and save money, created volunteer training programs, and provided a shared sense of purpose and culture to his staff (Adams, 1977; Hopkins, 1999; McJimsey, 1987). Harry's collective approach to problem solving and genuineness was unique to his leadership as he was able to inspire loyalty, optimism, and dedication during times of emergency and crisis. These experiences of and characteristics would be critical during the tumultuous and infamous first 100 days of the Franklin Delano Roosevelt (FDR) Administration.

While attending the first International Social Work Conference in Europe in 1928, Hopkins first met FDR. The two formed an instant bond as they shared the same passion for service, justice, and poverty relief; the pair became quick friends and Harry served as FDR's personal advisor during his campaign for Governor, which he eventually won (Austin, 2000). Upon his gubernatorial election, FDR charged Hopkins to establish an unemployment relief agency to provide jobs for displaced workers; known as the Temporary Emergency Relief Administration (TERA), this endeavor served as the model for the Federal Emergency Relief Administration (FERA).

As a result of Harry's interagency collaborative work with state agencies, he came into contact with Francis Perkins, who would eventually become FDR's Secretary of Labor. Much

like his bond with FDR, Perkins and Harry became instant friends, cemented together through their commitment to service and pursuit of social justice (Kawam, 2012). Similarly, Harry also grew close with Eleanor Roosevelt, another social worker concerned with the plight of vulnerable populations. Later, when FDR was elected president, Eleanor insisted that Harry be part of his cabinet (Adams, 1977). Eleanor would also be a fiery proponent of Perkins' and Harry's New Deal policies given their track records, specifically their quick and decisive actions in delivering aid to those in need (Ware, 1981).

### **Standing Strong: National and Global Impact**

In 1933, FDR was elected the 32<sup>nd</sup> President of the United States, yet there was little time to celebrate: knowing the fragility of the country, FDR immediately brought Harry, Perkins, and others together to begin brainstorming potential ideas for major relief legislation, culminating in the New Deal (Chapin, 2011; Kawam, 2012; Walsh, 2009). One of the major ideas proposed was specific to Harry's specialty: centralized aid for local unemployment relief (Adams, 1977). Harry's diversified experiences in crisis and relentlessness undoubtedly supported President Roosevelt in passing the largest social welfare legislation in U.S. history (Sherwood, 1948). Eleanor's support of Harry also proved valuable as she insisted that he oversee New Deal policy efforts with minimal interference from politicians (McJimsey, 1987).

Harry spearheaded the creation and administration of reform efforts concerning the banking industry as well as in the creation of the Workers Progress Administration (WPA), FERA, and Civil Works Administration (CWA) (Fisher, 1980; Kawam, 2012; Segal, 2013). After just seven months into Roosevelt's presidency Harry was appointed the administrator for FERA, the first program of its kind to share direct costs with the state in providing services to the Civilian Conservation Corps (CCC). Importantly, FERA provided unemployment relief in national and state parks and through the construction or renovation of hundreds of thousands public buildings, airports, roads, and bridges (Axinn & Levin, 1992; Fisher, 1980; Piven & Cloward, 1993). Demonstrating his prowess in this position Harry was soon appointed to lead the WPA (Segal, 2013). Within hours of accepting the position, Harry allocated over 5 million dollars to several states, ultimately employing millions of Americans nationwide (Axinn & Levin, 1992), and marked the first time in U.S. history that there was wide sweeping national support concerning anti-poverty and general welfare efforts (Goldberg & Collins, 2001).

The New Deal broke all records in American history for relief provision, laying the groundwork for social programs today (Piven & Cloward, 1993). After his work on the New Deal, Harry became the Secretary of Commerce in 1938 yet was forced to resign in 1940 due to complications from stomach cancer (Sherwood, 1948). Despite his resignation, Harry remained FDR's closest confidant and even became one of his foreign diplomats and war advisors during World War II. Harry, rumored to be honest and blunt but respected by the majority of the White House, did not hesitate to let FDR and his cabinet know how we felt on particular issues (Sherwood, 1948). In his role as personal advisor and foreign diplomat to FDR, Hopkins traveled the world and established important relationships with many world leaders including the UK, Russia, Egypt, and Iran (Adams, 1977; Hopkins, 1999; McJimsey, 1987). Due to his honesty and openness regarding FDR's war plans, both Winston Churchill and Joseph Stalin had deep respect and trust for Harry's judgment of international politics (Adams, 1977).

## Death of Harry Hopkins: Takeaway for Social Workers

Sadly, Harry Hopkins, only 56 years old, passed away from stomach cancer in 1946. As FDR's closest friend, advisor, and part architect of the New Deal, Harry dedicated his career to social work values such as social justice and bettering the social welfare of society. His ability to foster relationships and his collective approach to problem solving gained him the trust and loyalty of many and provided a framework for social workers aiming to work in governmental and non-governmental arenas. He developed a deep understanding at an early age of the interplay between economic conditions and social problems and his exemplary work provides an important example for social workers. His ability to integrate social work values and collaboration, particularly in the development of social policy and social service provision, is an inspiration for social workers aspiring to work in government today, especially given his influence at the highest level of government, something not experienced by social workers since FDR. Harry Hopkins, one of the early leaders in social work thought and major contributors to the modern United States social welfare system, continues to provide a relevant model for social workers today and for many years to come.

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**Keo-Meier, B.** (2014) *Community Primary Health Care*. Presented at the 2014 Australian and New Zealand Professional Association for Transgender Health Biennial Symposium: Adelaide, AU.

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Berger Cardoso, J., Fowler, M., Scott, J., & **Barros Lane, L.** (2015, January). *Parenting in the Context of Deportation: A Study of Undocumented Families in Texas*. Oral presentation to be presented at, The Social and Behavioral Importance of Longevity. New Orleans, LA.

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**Washburn, M.** (In press). Identity synthesis or identity schism? [Review of the book Conservative Christian beliefs and sexual orientation in social work: Privilege, oppression and the pursuit of human rights by A. Dessel & R. M. Bolen] *Research on Social Work Practice*.

## Shu Zhou

### Presentations

**Zhou, S.** (2014, July). *U.S. child protection and parenting tips (in Chinese)*. Workshop presented to the Smile Angel Foundation, Beijing, China.

**Zhou, S.** (2014, July). *Give child a world village: Working with ill children and their families (in Chinese)*. Workshop to the Beijing Smile Angle Children's Hospital, Beijing, China.

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## Wenjun June Zhu

### Publications

**Zhu, W.J., & Cheung, M.** (2014). Multiple relationship-management roles among communicators in not-for-profit organizations. *Human Service Organizations: Management, Leadership, & Governance*, 38, 423-434.

Cheung, M., Delavega, E., & **Zhu, W.J.** (2014). Trilingual relaxation journey. In M. Cheung, Therapeutic games and guided imagery, Volume II: Tools for professionals working with children and adolescents with specific needs and in multicultural settings. Chicago, IL: Lyceum Books.

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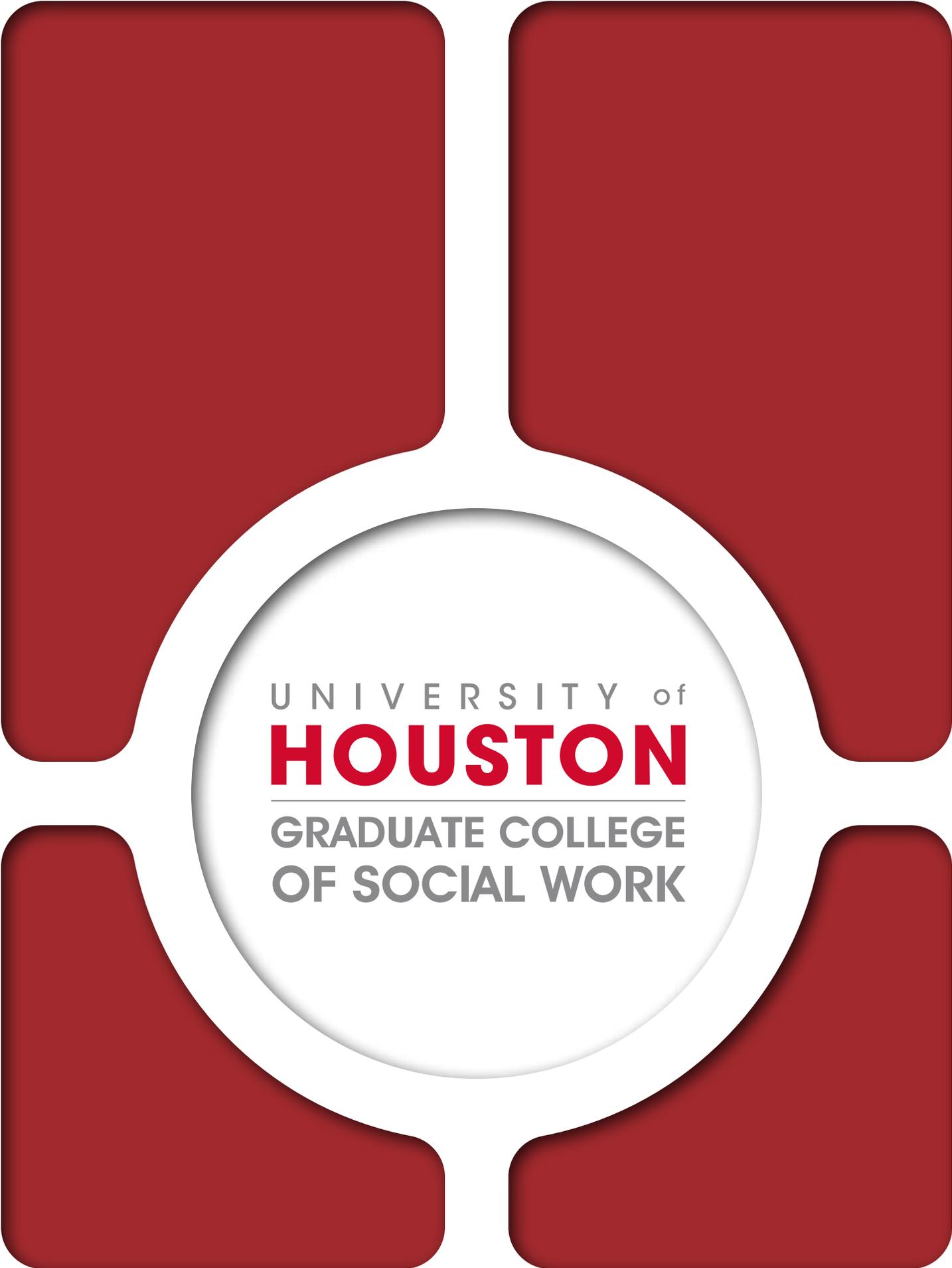
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