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Perspectives on Social Work

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From The Editor

It is my great privilege to present to you the Spring 2014 issue of Perspectives in Social Work. To my mind, what makes PSW important is its dedication to advancing social work scholarship in two parallel ways. First, the journal seeks to publish high quality manuscripts addressing topics important to the social work profession at large. Second, Perspectives in Social Work provides a pedagogical stepping-stone for emerging academic professionals is social work. Personally, working on the journal brought me a unique exposure to the processes of academic publishing hard to come by in regular coursework. No less important, I have been granted an insight into the exciting work pursued by my colleagues at other institutions across the country.

The scholarship of our contributing authors ranges across the field of social work. We have received submissions from several institutions across the U.S. Manuscripts have reflected active research on issues important to the profession at large – such as the impact of policy on work with vulnerable populations, the history of the social work profession, and assessment tools in clinical practice. Submissions have also reflected the concerns of emerging academic professionals – particularly the intersections of race, justice, and mindfulness in the social work classroom. As a journal dedicated to supporting the work of emergent scholars, we have worked to support each of our contributors along their path to publication. Through rigorous review and revision it has been gratifying to see authors hone the expression of their ideas into the solid scholarly articles presented in this issue.

The unsung heroes of this process of course, are our peer-reviewers. As with our contributing authors, our reviewers represent a cross-section of institutions. Without their dedicated work, none of this would be possible. The incisive critique and thoughtful recommendations of our reviewers truly drive the process. It has been my great pleasure to facilitate the conversations between authors and reviewers. I have learned a great deal from my colleagues in doing so – not just about effective writing, but responsible scholarship as well.

In sum, my time with PSW has been incredibly enriching and rewarding. It is my dearest hope that our contributing authors and reviewers have gained as much as I have from the experience. The impressive depth of scholarship of my colleagues instills in me great hope for the future of the social work profession.

Sincerely,

Anthony Minter, MSW

Where is Spirituality in Social Work?

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Abstract
This article is a critical analysis of the existing literature on spirituality in the profession of social work. The NASW Code of Ethics (2003) and CSWE Educational Policy and Accreditation Standards (2008) acknowledge the importance of spiritual values and practices for the positive functioning of people. This analysis of the literature offers a forum for dialogue about the role of spirituality in social work education and practice. Greater understanding of spirituality and its value to diverse people in society is necessary for social workers to practice cultural competence social work. There are key approaches to education and practice that may hold much promise for enhancing social work's commitment to a holistic understanding of the human condition, respect for diversity, and competent and ethical social service.

Keywords: spirituality, religiosity, cultural competence, spiritually sensitive social work

> My experience with spirituality in social work practice is inherent in the professional use of self. As I work with urban families I listen, show empathy, acceptance, and provide encouragement. I make assessments which include the African-centered perspective and demonstrate cultural competence – C. Cotton.

> As a clinician I have embraced spirituality in my own practice. I respect differences of my clients and try to incorporate their spiritual preference in the treatment. It is my role to help them come to resolutions in ways that are meaningful and practical for them – J. Vaughn.

> When thinking about incorporating spirituality in the social work profession, I am reminded how much spirituality affects my own life. It has shaped who I am and the way I see things. Without it, it would be impossible for me to continue on this lifelong fight for social justice – T. Baldwin.

As illustrated in the quotes above, spirituality may be defined, interpreted, and embraced in different ways across social work professionals and clients; nonetheless, spirituality remains integral to the health and well-being of both clients and practitioners. Social work as a profession prides itself on its ability to embrace and celebrate people from all walks of life, recognizing their unique experiences and lifeways, whether temporal or spiritual. An important lifeway that has served as a sustaining force in the lives of many people from across cultures is spirituality (Hodge & Limb, 2010). Today, the profession of social work continues to witness a resurgence of interest in spirituality which began in the late 1970s. The creation of professional journals dedicated to the discussion of this topic, increased search for spiritual experiences, the establishment of professional organizations including the Society for Spirituality and Social Work, and increased infusion of spirituality contents into social work curriculum reflect this

resurgence of interest in spirituality (Sheridan, 1999). "Spiritually-sensitive social work" (Sheridan, 2001) has also emerged as a key approach to practice that may hold much promise for enhancing social work's commitment to a holistic understanding of the human condition, to respect for diversity, and to competent and ethical social work service.

Although the NASW Code of Ethics (2003) and CSWE Educational Policy and Accreditation Standards (2008) acknowledge the importance of spiritual values and practices for the positive functioning of people, social work education and social work practice have somehow been inconsistent in teaching and utilizing these basic professional beliefs in practice (Canda, 2012). The inconsistency in the conceptualization of spirituality as well as the "either or" debate on the definition and the often interchangeable use of the constructs of spirituality and religiosity has contributed to the confusion and sometimes the inconsistency in the teaching and utilization of spirituality as a basic professional belief (Koenig, 2009; Nelson-Becker, 2003).

This discussion of the literature on spirituality in the context of the social work profession offers the opportunity for advancing the dialogue about the role of spirituality in both social work education and practice. Also discussed in this article are factors that may hinder or facilitate the integration of spirituality into the continuum of social work education to practice and vice versa.

Review of Relevant Literature

Spirituality is generally described in the social sciences as a multi-dimensional complex phenomenon (Bailly & Roussiau, 2010; Gall et al., 2005; Kalkstein & Tower, 2009; Pickard & Nelson-Becker, 2011). The historical references to spirituality have included the concept of religion; thus, they have been used interchangeably. In the past decade, what is written about these concepts of spirituality and religion has yielded "little systematic conceptualization" (Hill, 2000, p. 52) as spirituality has been perceived as esoteric and religion as apparent. The multiplicity in definitions of spirituality across disciplines, let alone cultures, has also contributed to confusion and disagreements, and perhaps inconsistency in its use in education and practice.

Social work as a profession evolved during an era in which philanthropy, charity, egalitarianism, and the protestant work ethic permeated society. Although social work does not endorse a particular religious faith or spiritual practice, the NASW Code of Ethics (2008) does ascribe to values which have the underpinnings of moral and religious principles inherent in the major world religions of Judaism, Christianity, and Islam. In the social work literature, spirituality is often described as subjective. Some perceive spirituality as an extension of the self and as inherent in human nature whereas others understand it as a concept that is transferred through social and cultural exchange. Regardless of perception, an essential component of spirituality which offers some clarification to its meaning is that spirituality is deeply personal, referencing interconnectedness and universality, and living life as if its essence were vitalistic not mechanistic, being governed by transcending forces (Boykin & Toms, 1985).

In the profession of social work, spirituality is essential to understanding the nature of human beings as bio-psycho-social-spiritual beings and as an encompassing principle that guides our understanding and service to humanity (NASW Code of Ethics, 2008). To this end, it is

imperative to be mindful of the many types of spirituality (i.e. the spirituality of Christians, Muslims, Native Americans, Hispanic Americans, etc.) and healing practices as possible contributions to social work education and practice.

Theoretical Framework

Many theoretical frameworks are discussed in the literature pertaining to spirituality and religiosity. A few theories have been selected to frame this discussion including Jungian theory, African-centered perspective, strengths perspective, and psychosocial theory. These theories and perspectives provide a multi-dimensional lens through which to consider spirituality in social work. For instance, Sermabeikian (1994) explored Jungian psychology as a spiritual framework for understanding spirituality from the perspective of social work. In Jungian psychology, spirituality as a universal concept can facilitate perspectives beyond religious and philosophical differences (Hill, Pargament, Hood, McCullough, Swyers, Larson, & Zinnbauer, 2000). The humanist aspect of this theory offers a therapeutic benefit to social work and aids practitioners in conceptualizing spirituality in working with clients. Canda (Lecture, 2012) refers to spiritually sensitive social work as central to the understanding of spirituality and addressing the ways in which social work practitioners, clients, and communities seek a sense of meaning, purpose and connectedness as they strive toward their highest aspirations, maximizing their strengths and resources and working to overcome personal obstacles and environmental blocks. Compassion is deemed an essential component of working with clients. The practitioner that is spiritually sensitive shows compassion and empathy, but not "enmeshment" (Canda, 2012).

Furthermore, Lawrence-Webb and Okundaye (2007) offer the African-centered paradigm as a critical perspective on spirituality. In their work, the meaning of spirituality was explored in the lives of African American caregivers. Results affirmed the historical significance of spirituality as well as religiosity to the survival of African Americans in general as well as social work practitioners and educators who are of African American heritage. Effective social work practice that addresses psychosocial stressors among African Americans requires the integration of empowerment, ego psychology, and Afrocentric perspective (Lawrence-Webb & Okundaye, 2004).

Comparatively, Hodge (2001) examined the strengths perspective as a theoretical framework for defining spirituality in clinical social work. Using an interpretive anthropological framework as an assessment tool, spiritual strengths were identified by social workers and their clients as inclusive of rituals, supports and participation in faith-based communities, and the individual's relationship with the "ultimate" or higher power, which facilitates coping. Integration of the multiple aspects of spirituality in social work with individuals and groups was perceived as a significant strength in clinical social work (Hodge, 2001).

Moreover, Ai (2002) explored theories by Erikson and Kohlberg relative to spirituality in social work practice. Spirituality was found to have more significant meaning in social work than religion alone and therefore, fundamentally contributive to the primary mission of the social work profession to enhance human functioning and well-being. In general, psychosocial theories define spirituality in terms of meaning, purpose and connectedness which provide significance to the underlying values and ethics of social work as a profession.

Connecting these theories and perspectives together, the NASW Code of Ethics calls on social workers to demonstrate respect and sensitivity toward clients' religious beliefs and practices. Because the need for spiritual fulfillment is a universal experience and spirituality has significant impacts on shaping an individual's journey, social workers must enhance their multicultural attitudes, skills, and sensitivity toward issues of gender, race, and other aspects of diversity (Kamya, 2000). Likewise, the CSWE Educational Policies and Accreditation Standards emphasize the necessity of critiquing and applying of theories and knowledge to understanding the multiple dimensions of the self, including spiritual development. Understanding spiritual development is a critical aspect of fully understanding the person in environment which informs social work intervention and further evaluation.

Spirituality for Client and Professional

Social work practice without the spiritual dimension is incomplete (Gotterer, 2001). As a profession that is rooted in spirituality (Gilbert, 2000), social work must continue to maintain and uphold the ethics of the field through its strategies and approaches to practice. Because spirituality is a very complex domain, social work uses a holistic framework to assist clients, while incorporating a strengths perspective (Barker & Floersch, 2010; Cascio, 1998; Leung, Chan, Ng, & Lee, 2009). In other words, social work embraces spirituality because it can be a major strength of the client and it focuses on promoting the growth of the individual and the greater good of the community (Cascio, 1998). As a major strength of clients, spirituality is an important cultural consideration, especially among African Americans and Native Americans who are often seen as a few of the most spiritual groups in the country (Gotterer, 2001; Hodge & Williams, 2002).

According to the literature, several themes exist relating to holistic strategies and approaches to dealing with spiritually-related ethical dilemmas. These approaches include assessment and practice models, interpersonal skills of the social worker, and understanding how a client utilizes spirituality. Relative to assessment, there are multiple ways to assess a client's spirituality and provide spirituality-based services. For example, in working with Native American clients, Hodge and Limb (2010) indicated that spiritual assessments may include spiritual genograms, histories, timelines, and eco-maps (Hodge, 2005). Furthermore, Cascio (1998) discussed methods of intervention including Gestalt techniques, journaling, bibliotherapy, metaphor, and various forms of prayer-like meditation. Spiritually-based cognitive therapy has also been as effective as traditional forms of therapy in dealing with anxiety disorders, depression, and bereavement (Hodge, 2005). Knowledge of spiritual resources in the community is important to assisting clients in culturally appropriate ways (Cascio, 1998). As such, social work practitioners are encouraged to collaborate with clergy and other spiritual leaders in the community (Gilbert, 2000) to advocate against discrimination of all clients, particularly emerging oppressed groups such as Muslims, LGBTQ individuals, immigrants, and so forth.

Critical to the helping process is the interpersonal skills of the social worker, particularly the professional use of self. One of the main themes identified in the literature relates to self-awareness as a means for one to begin to understand the spiritual values and beliefs of clients (Gilbert, 2000). Self-awareness is an important starting point in achieving cultural competence relative to spiritual diversity. That is, as differences in values occur, social workers do not need

to change their own spiritual beliefs, but rather understand and respect the client to avoid imposing one's beliefs upon the client (Barker & Floersch, 2010; Cascio, 1998; Gilbert, 2000; Gotterer, 2001; Hodge & Williams, 2002). Also vital to self-awareness are being sensitive and nonjudgmental towards clients (Cascio, 1998; Gotterer, 2001). Genuineness, care, respect, support, and warmth are all qualities that illustrate spiritual competence (Hodge, 2005).

Relevant to the continuous development of skills and knowledge of social workers is training. In cultural competency training, each culture presents unique examples of values, beliefs and practices that could richly inform professional service. For example, the movement toward professional training of Black social workers embraced a holistic approach known as the Afrocentric paradigm which emphasizes group survival (Carlton-LaNey, 1999). The Afrocentric perspective categorizes a "quality of thought and practice" that is rooted and centered in the cultural image, interest, life experience, history, and traditions of people of African ancestry. This paradigm places an emphasis on personalizing the professional relationship which encourages the worker to participate emotionally with the client. The Afrocentric paradigm recognizes the spiritual or nonmaterial aspect of human beings (Carlton-LaNey, 1999).

Critical to informing the development of spiritually respectful social work practice is the countless accounts of people using their spirituality for multiple purposes including coping with deaths, tragedies, and life; and in general, for a sense of hope, meaning, and inner strength (Cascio, 1998; Gilbert, 2000; Gotterer, 2001). Hodge and Limb (2010) argued that there is a positive link between spirituality and wellness, in terms of both physical and mental health. This ideology is embraced by people across cultures and communities. Among the diverse communities in which spirituality is a foundational element for survival is the African American community. Work on race relations and spirituality was an influential tool for the very existence of Black people in the U.S. (Martin & Martin, 2002). In the 19th century, race relations work advanced the survival, liberation, and well-being of Black people; this was a form of social work. Spirituality was used to deal with oppression, promote interracial cooperation, increase cultural diversity, and most importantly to maintain sanity in the Black community (Martin & Martin, 2002).

Analysis and Discussion

The existing literature speaks to the importance of spirituality in the profession. The literature indicates that principles of spirituality are built into the social work profession across a continuum from education to practice and vice versa. Further development of this principle in the profession is needed. Nonetheless, spirituality in social work is eclectic and incorporates theories of humanism, ego psychology, empowerment, the strengths perspective and Afrocentric perspective, to name a few. These theories and perspectives serve as a guide that informs spiritually sensitive practice. Of importance is the client's spirituality which can provide a blueprint of how social workers can help build souls and restore functioning and well-being.

The literature also states that spiritually sensitive social work, code of ethics, and relevant theoretical frameworks simultaneously serve as a guide for the social worker who provides spirituality related assessment, planning and intervention. Greater understanding of the

evolution of spirituality and its value to diverse people is a daunting task for social work professionals who are the drivers of cultural competence and spiritually sensitive practice.

Implications for Social Work Research, Practice, Policy and Education

Several implications for research, practice, policy, and education are offered to advance the dialogue about the role and place of spirituality, without definitional restrictions, in professional social work education and practice. First, additional research is needed to explore what works and what does not work relative to incorporating spirituality or religiosity into a client treatment plan. A critical component is client feedback on understanding and respecting spirituality/religiosity in the client-social worker relationship and modifying services accordingly. Future research is also needed to challenge the traditional bio-psycho-social-spiritual model of assessment by exploring the spiritual component of the self as part of a sociocultural model. Further development of evidence-based practice theories of spirituality/religiosity that expands across cultures is also needed.

Second, social workers have begun to adapt some relatively familiar methods/techniques to use in exploring spirituality with clients. Nevertheless, negative connotations and misunderstandings of the nature of spirituality as important to clients remain among segments of the profession. Recommendations include the development of campaigns, policies and procedures that promote in-service programs, workshops, and continuing education programs that target increases in understanding and relevant applications of spirituality/religiosity in the field. Training is needed on how to practically incorporate a spiritual perspective into professional practice such as with clients with chronic illness (HIV/AIDS, cancer), end of life care needs, and disaster relief, to name a few. Policies can allot funding for these developments and initiatives.

Third, social work education is in a prominent position to train a workforce knowledgeable and skilled in responding to clients with strong spiritual and religious backgrounds which can be utilized to promote health and well-being. Given the increased cross-cultural connections of the 21st century, social work curricula need to clearly reflect respect for spirituality and religiosity of clients as integral to social work practice. For example, social work education can expand the contents on spirituality and religiosity in program activities and the curriculum/classroom level through independent courses or the infusion of spirituality/religiosity contents throughout the curriculum. Courses focusing on social work ethics may benefit from the inclusion of ethical dilemmas with spirituality in practice, provided through required readings, media, and assignments. Practice courses may also include opportunities for developing interpersonal skills that are respectful of a client's spirituality or religiosity as well as creating a safe space for clients to explore possible spiritual strategy in their lives. Overall, further developments are needed on spiritualty and religiosity in the profession of social work from education to practice and vice versa.

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Investing in What Works: How Social Workers Can Influence Policy to Reduce Pregnancies among Homeless Youth

Stephanie Begun, MSW

Abstract

Numerous factors make homeless youth one of the most highly vulnerable youth populations. One such challenge is pregnancy, as homeless youth pregnancy rates are far higher than those of their housed peers. Policies such as the Personal Responsibility Education Program's Innovative Strategies competitive grant mechanism, have been implemented to explore how evidence-based approaches may ameliorate pregnancy prevalence among various groups of high-risk youth. To date, however, no programs have been adopted to specifically target pregnancy reduction among homeless youth, a high-risk youth population that often displays unique causes and risks regarding pregnancy. This overview examines how social workers and other individuals involved in the policy-making process may work to further adapt and promote Innovative Strategies for use with homeless youth populations. In doing so, promising health and life outcomes could be afforded to one of the most vulnerable and underrepresented, while least visible youth populations.

Keywords: unintended pregnancies; homeless youth; health policy; high-risk youth

Overview

As part of the Patient Protection and Affordable Care Act (2010), the Personal Responsibility Education Program (PREP) was created to provide grants for comprehensive, age-appropriate, medically accurate sex education programs to reduce pregnancies and sexually transmitted infections [STIs] (Patient Protection and Affordable Care Act of 2010). To qualify, grantees must replicate evidence-based programs that also emphasize life skills, responsible decision-making, both abstinence and contraception for pregnancy and STI prevention, and conduct culturally responsive programming (Patient Protection and Affordable Care Act of 2010). PREP funding totals $75 million annually, and is jointly administered within the U.S. Department of Health and Human Services (HHS) by the Administration on Children, Youth, and Families (ACYF), and Family and Youth Services Bureau (FYSB).

Within PREP, $10 million of annual funding was designated for an *Innovative Strategies* (PREIS) grant program, which aims to reduce pregnancies specifically among high-risk, vulnerable, and culturally under-represented youth populations (ages 10 to 20), including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant women under the age of 21, and youth residing in areas with high birth rates for young parents (Patient Protection and Affordable Care Act of 2010). For organizations that are awarded competitive grants, one of 31 evidence-based curriculum models identified through an HHS-conducted systematic review must be implemented (FYSB, 2012a). To date, 13 programs in 12 states have been allocated grants ranging from $400,000 to $934,000, respectively, to explore innovative strategies within high-risk youth populations (FYSB, 2012a). PREIS is overseen by FYSB in collaboration with the Office of Adolescent Health's (OAH) Teen Pregnancy Prevention Research and Demonstration Program (FYSB, 2012a).

While a serious need exists for programs that reduce pregnancies among vulnerable youth, the commitment of $10 million in annual funding is inadequate. The competitive grant allowance has been fully disbursed, and merely a dozen programs have received support to engage in PREIS approaches. Since there are many categories of high-risk youth included in PREIS eligibility parameters, insufficient funding means that programming may not be adequately implemented (or implemented at all) in each vulnerable population category. For example, none of the existing grantee programs specifically target homeless youth, a group that experiences some of the gravest risk factors regarding pregnancies (FYSB, 2012b). This evaluation thus explores the following hypothesis: *If PREIS funding is increased for purposes of implementing and testing evidence-based programs to reduce pregnancies specifically among homeless youth—a group that faces some of the highest risk factors and likelihoods for pregnancy—then pregnancies within this population will decrease.* In addition to improving this group's health and life outcomes through pregnancy reduction, additional positive outcomes will occur, such as improved maternal-child health outcomes and health care cost savings. Social workers could play an important role in raising awareness among policy decision-makers regarding the unique prevention needs and risks specifically faced by homeless youth. While also advocating for increased PREIS funding for use with homeless youth, social workers could promote the importance of implementing and adapting programs for more relevant and practical use within this population. Social workers could also educate and encourage agencies and organizations that work with homeless youth regarding PREIS funding opportunities as means by which promising pregnancy prevention interventions may be implemented and tested.

Pregnancies Among Homeless Youth

Homeless youth have been defined in different ways by governmental agencies and private services. For the purposes of this evaluation, the broadest federal definition of youth homelessness is used and includes, "an individual who is less than 21 years of age, for whom it is not possible to live in a safe environment with a relatives, and who has no other safe alternative living arrangement" (42 U.S.C. § 5732).

Approximately 1.6 million youth are homeless in the United States (Ringwalt, Greene, Robertson, & McPheeters, 1998). Homeless youth pregnancy rates are five times higher when compared to their housed peers (Greene & Ringwalt, 1998). National and regional studies report that over 50% of female homeless youth indicate past or current pregnancies (Anderson, Freese, & Pennbridge, 1994; Halcón & Lifson, 2004; Tucker et al., 2012; Winetrobe et al., 2013), and at least 10% of female homeless youth are pregnant at any given time (Herndon et al., 2003). Moreover, approximately 73% of pregnancies to homeless youth are unintended (Gelberg, Leake, & Lu, 2001). Repeat pregnancies are also a challenge, as approximately 30% of one study's sample showed that young homeless women participants had been pregnant two or more times (Halcón & Lifson, 2004), with a separate study indicating that about 50% of the women in the sample had been pregnant four or more times (Bassuk & Weinreb, 1993).

Homeless youth often have few legal means to earn sufficient money to meet their basic needs, and many homeless youth view their exchange of sex for food, clothing, and shelter as one of their only viable options for survival on the streets (Anderson et al., 1994; Halcón & Lifson, 2004). In addition to increased risks for unintended pregnancy, homeless youth are thus

also at greater risk of contracting HIV and other STIs (Gangamma, Slesnick, Toviessi, & Serovich, 2008; Solorio et al., 2008), and exhibit higher rates of HIV compared to their housed peers (Beech, Myers, Beech, & Kernick, 2003).

While the vast majority of homeless youth pregnancies are unintended, studies suggest that some homeless youth intentionally seek to become pregnant, as pregnancy and parenthood are viewed as solutions to obstacles they face. As such, pregnancy is perceived as a conduit toward accessing health care and other social services that they often lack (Tucker et al., 2012). In addition, pregnancy and parenting have been described as motivating factors for positive life changes, and create bonds in lieu of relationship voids and feelings of abandonment that homeless youth have often experienced in their respective families of origin (Thompson, Bender, Lewis, & Watkins, 2008; Tucker et al., 2012). For example, in a large representative survey of homeless youth, 21% of the respondents agreed that they would like to become pregnant within the next year, and an additional 25% of youth reported indifference regarding the possibility of pregnancy within the next year (Winetrobe et al., 2013). Pregnancy and pro-pregnancy attitudes, however, are associated with longer homelessness duration (Halcón & Lifson, 2004; Milburn, Rotheram-Borus, Rice, Mallet, & Rosenthal, 2006; Slesnick, Bartle-Haring, Glebova, & Glade, 2006; Thompson et al., 2008; Tucker et al., 2012), and youth who have been homeless for longer timeframes are more likely to show pro-pregnancy attitudes (Tucker et al., 2012).

Furthermore, pregnancy risks are amplified as homeless youth are more likely to begin sexual intercourse at younger ages, and are more likely to have multiple sex partners (Greenblatt & Robertson, 1993). As many as 70% of all homeless youth disclose that they have engaged in unprotected sexual intercourse (De Rosa, Montgomery, Hyde, Iverson, & Kipke, 2001; Rice, Milburn, & Rotheram-Borus, 2007; Tevendale, Lightfoot, & Slocum, 2009; Tucker et al., 2012), with substance use prior to sex also commonly reported (Kral, Molnar, Booth, & Watters, 1997; Tucker et al., 2012). Incidents of rape and sexual victimization are frequent occurrences in homeless populations, thereby increasing pregnancy risks (Stewart et al., 2004), and such victimizations are predictive of repeated experiences of sexual and other physical re-victimization (Whitbeck, Hoyt, & Ackley, 1997). Homeless youth also experience high rates of intra-familial incest prior to leaving home, which sometimes results in pregnancy (Haley, Roy, Leclerc, Boudreau, & Bolvin, 2004). Other youth enter homelessness after becoming pregnant, as they are forced out of their homes by parents or guardians as a result (Meadows-Oliver, 2006).

Homeless youth pregnancy is an important concern for a myriad of reasons. First, the mental and physical stresses of both pregnancy and raising a child(ren) have been found to make women's departures from homelessness more difficult (Webb, Culhane, Metraux, Robbins, & Culhane, 2003). Also, life on the streets has been shown to exacerbate mental health problems (Cauce et al., 2000), particularly in a population that is more likely to screen positive for challenging mental health diagnoses (Bassuk, Buckner, Perloff, & Bassuk, 1998).

Additionally, homeless women of any age are less likely to receive prenatal care and other reproductive health screenings compared to housed women (Chau et al., 2002). Pregnancies that occur while homeless are more likely to result in increased birth complications, and newborns are more likely to be born preterm, at low birth weights, and with neurological and physical problems resulting from prenatal nutritional deficits (Chapman, Tarter, Kirisci, &

Cornelius, 2007; Little et al., 2005; Oliveira & Goldberg, 2002; Stein, Lu, & Gelberg, 2000). While pregnancy may also result in negative health consequences for any homeless woman, the ramifications are particularly pronounced in younger women, as they have been shown to suffer from more acute as well as chronic health problems resulting from pregnancy (Bassuk & Weinreb, 1993; Crawford, Trotter, Sitter Hartshorn, & Whitbeck, 2011).

There are many negative externalities associated with pregnancies to youth in general, whether housed or homeless. Pregnancies to teens and young adults are frequently accompanied by many personal and social costs, and such inequalities experienced by teen mothers are often also intergenerationally reflected in their children. According to the Centers for Disease Control and Prevention [CDC], teen mothers are 50% less likely to complete high school, and are more likely to become single parents (CDC, 2012). Teen mothers are also more likely to remain in poverty and rely on public assistance for longer periods of time (Terry-Humen, Manlove, & Moore, 2005). Children born to teen mothers are less likely to be educationally prepared for kindergarten, and are more likely to have behavioral problems and chronic medical conditions, drop out of high school, give birth as a teenager, become incarcerated at some point during adolescence, and become unemployed or underemployed as an adult (CDC, 2011).

Such pregnancies are also costly, particularly those that are unintended. The total medical cost to taxpayers related to unintended pregnancies (to all women, whether housed or homeless) totals between $9.6 and $12.6 billion annually (Monea & Thomas, 2011); and the costs of prenatal care, labor and delivery, postpartum care, and one year of infant care associated with births resulting from unintended pregnancies totals $11.1 billion in publicly-funded costs to Medicaid and CHIP programs (Sonfield, Kost, Benson Gold, & Finer, 2011). The same study found that 51% of births paid for through such programs were the result of unintended pregnancies. A Brookings Institution (2011) study further examined prenatal, postpartum, and infant care costs associated with publicly-funded unintended pregnancies, and the direct costs of each pregnancy ranged between $7,764 and $10,056. Efforts toward reducing such pregnancies are not only endorsed by leading scientific organizations, but program outcomes are highly measurable through public health markers, such as numbers of live births, maternal-child health outcomes, the number of pregnancies that are voluntarily terminated, and consumer usage of contraceptive methods. Outcomes are also easily measured through cost savings. For example, research indicates that for every $1 spent on contraceptive or pregnancy prevention services, almost $6 in medical costs are saved (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012).

Using Evidence-Based Programs as Blueprints for Success

Because programs that have received PREIS funding are still in their infancy, limited information exists regarding the impacts they are having so far. However, logical parallels and predictions may be drawn from preliminary successes observed in some of the 31 evidence-based curriculum models that were approved for use in PREIS programs. These precedents may be used by social workers as advocacy tools regarding the need to implement such approaches and adaptations to existing models in homeless youth populations and by potential grantee organizations that serve homeless youth.

For example, *It's Your Game: Keep it Real* is a community-based, culturally-relevant, evidence-based curriculum model that has found, through longitudinal and experimental research design, that teens in the intervention group were significantly less likely than teens in the control group to initiate sex over the course of a 24 month study (Suellentrop, 2011). This model is currently in use with foster care youth who participate in a PREIS-funded program in Nebraska (FYSB, 2012b). As traditional school-based youth pregnancy prevention models are not typically the most practical fit for work with populations that frequently fluctuate between state care or among placements, such as foster youth, *It's Your Game, Keep it Real* was chosen as an intervention approach to be further explored through PREIS funding (FYSB, 2012b). Because of transience and unstable housing status, preliminarily promising results obtained from the Nebraska-based intervention should be highlighted as a potentially compelling and transferrable fit for use with homeless youth, who display similar challenges in terms of effective service delivery and outreach because of transience, unstable housing, and a lower likelihood of being present in school-based settings (Ringwalt et al., 1998).

Another possibility of applying PREIS-approved evidence-based programs to interventions with homeless youth is through the use of *Andersen's Behavioral Model of Health Service Use*, a long-standing theoretical model that has been tested in a multitude of ways with vulnerable populations regarding their use of health services and engagement in health-promoting behaviors (FYSB, 2012b). Gelberg, Andersen, and Leake (2000) tested the model in a study with homeless individuals, and found they are significantly more likely to obtain care if they believe it is important, and most notably if they have access to health-related resources to do so. Furthermore, *Teen Options to Prevent Pregnancy* (T.O.P.P.), which is based directly on Andersen's model, is currently being used in an Ohio-based PREIS grant program. T.O.P.P. is a randomized trial that further assesses the efficacy of a combination of telephone-based care coordination and mobile contraceptive services to reduce educational, attitudinal, and logistic barriers to contraceptive use and adherence (FYSB, 2012b). While this initiative aims to reduce pregnancies, it also has goals of preventing repeat pregnancies among parenting, low-income women, ages 10 to 19 (FYSB, 2012b). Because Andersen's model has been shown to be effective elsewhere in work with homeless populations, and its derivative, T.O.P.P. is being employed among vulnerable youth who are transient and who have previously been pregnant, this is another intervention that should be considered for use with homeless youth. Because homeless youth are often considered a *hidden* population and lack stable contact information (Ringwalt et al., 1998), and because of the aforementioned repeat pregnancy rates among homeless youth (Bassuk & Weinreb, 1993; Halcón & Lifson, 2004), such programming demonstrates logical and potentially compelling relevance to homeless youth.

While myriad critiques of evidence-based practice exist, in this case, it's plausible that an erosion of trust in evidence-based practice could be an unintended consequence of having promising programs in place and simply failing to comprehensively use them with their intended audiences. For instance, homeless youth are one of the highest-risk demographic groups regarding pregnancies, while current PREIS-funded programs focus on pregnancy reduction within other eligible vulnerable youth groups. As such, nothing innovative is being tested to reduce pregnancies specifically among homeless youth through federally-funded, evidence-based approaches. It is thus unlikely to see a decline in homeless youth pregnancies, and reduced support for both evidence-based curricula as well as government-funded competitive grant

programs could be the unfortunate outcome of PREIS when considered from a homeless youth pregnancy issue-perspective. This outcome could yield funding stream reductions for evidence-based approaches, in addition to further problem prevalence and its associated ramifications.

Furthermore, homeless youth comprise perhaps the only high-risk youth category (as defined by PREP *Innovative Strategies* eligibility) that does not otherwise have some level of guaranteed health care access and coverage through Medicaid, CHIP, and/or Title IV-E funding, that for example, youth in foster care or vulnerable youth who still live with their family of origin or legal guardians typically possess (National Association for the Education of Homeless Children and Youth, 2011). As such, expanding coverage of PREIS grant opportunities for programs regarding homeless youth does not suggest taking resources from one vulnerable group to give to another. Rather, as success stories continue to emerge from current grantee programs, agencies such as Medicaid, CHIP, and Title IV-E programs could contribute to funding further prevention-based PREIS programs. In doing so, the individualized needs of the many groups of vulnerable youth that fall under such auspices, respectively, could be more narrowly targeted while more comprehensively served.

Conclusion

An important onus exists upon social workers to advocate for homeless youth, who experience some of the gravest experiences and outcomes associated with pregnancy. By illuminating the unique factors that make this population particularly vulnerable to such outcomes, policy-makers as well as agencies who serve homeless youth may become more educated about and encouraged to fund, implement, adapt, and test PREIS pregnancy prevention programs specifically for homeless youth. In doing so, pregnancies among homeless youth may be reduced, maternal-child health outcomes improved, health care costs saved, and homeless youth may be afforded tools by which their health and life outcomes are optimized.

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Alignment of Early Childhood Programs in Colorado: Review of a Legislative Response

Samantha Brown, MA, LPC

Abstract

A dearth of coordination and collaboration among early childhood services can have negative consequences for children and families. Alignment of developmental programs for young children is shown to mitigate adverse outcomes and improve access to early childhood care and education. Several policies have been introduced that help to ensure children receive adequate resources in an effort to improve their physical and mental health, development, school performance, and family environment. On May 7, 2013, Colorado Governor Hickenlooper signed House Bill 1117 (2013), which requires the alignment of several early childhood programs under the Colorado Department of Human Services (CDHS). This article describes problems associated with fragmentation of early childhood programs, Colorado's mission to address these problems through more effective and streamlined systems of care, and how such an approach has promise for implementation in additional states. Implications for social work professionals are also discussed.

Keywords: alignment, Colorado, early childhood, policy, service coordination

Coordinating and streamlining early care for children and families is fundamentally important. In the United States, the system of early childhood services is generally fragmented (United States Department of Health and Human Services [USDHHS], 2003), often resulting in adverse consequences for children and families (Bai, Wells, & Hillemeier, 2009). Historically, fragmentation of these services at the national level has introduced challenges for states trying to develop effective and efficient early childhood systems to better serve young children (USDHHS, 2003). However, recent efforts to improve partnerships among early childhood organizations show promise both nationally and statewide. The State of Colorado is at the forefront of coordinated systems of care among early childhood programs through the implementation of House Bill 1117 (2013).

On May 7, 2013, Colorado Governor Hickenlooper signed House Bill 1117 (2013), "Alignment of Child Development Programs," which requires the streamlining and coordination of several early childhood programs under the Colorado Department of Human Services (CDHS), specifically the Nurse Home Visitor Program, Tony Grampas Youth Services Program, Colorado Children's Trust Fund, and Family Resource Center Program. These programs address multiple needs of young children, including early learning, child health, child mental health, and family support. The bill aims to improve outcomes for children by:

> Providing services or work with other programs to provide a continuum of services to ensure that, as they develop, these children have access to the services and supports they need to grow into healthy, educated adults who are well-prepared to positively contribute to their society. (Colo. Gen. Assembly, HB 1117, 2013).

The State of Colorado has made significant efforts to address the national shift to align early childhood programs by strengthening partnerships across several agencies that serve young children (CDHS, 2012). It is well recognized that exposure to adverse social factors (e.g., abuse and neglect, poverty, inadequate prenatal care) has deleterious impacts on a child's social, emotional, and developmental functioning (Jaffee & Maikovich-Fong, 2011), thereby increasing the need for access to early childhood care. Research demonstrates that child and family outcomes can be mitigated when collaboration exists among early childhood services (Bai et al., 2009). This article describes the problems associated with fragmented systems of care, as well as how House Bill 1117 (2013) aims to address outcomes for children and families through improved interagency partnerships.

Consequences of Fragmentation

Lack of program coordination and collaboration can result in myriad problems for children and families seeking early child development services. In a study conducted by the United States General Accounting Office (GAO; 2000), several issues were found when multiple agencies were involved with the management of early childhood care. Among the 69 federal programs that provided or supported early childhood education and care for children under the age of five, service fragmentation and overlap often occurred (GAO, 2000). Division between early childhood programs may duplicate or leave gaps in services, contributing to inefficient and ineffective service delivery (USDHHS, 2003). Furthermore, siloing these programs may increase administrative costs with each agency having its own reporting system, rules, and regulations (United States Department of Education [USDE], 2012).

Vulnerable children involved in early childhood systems are often exposed to higher rates of trauma and other risk factors, such as experiencing economic hardship or residential mobility (Robbins, Stagman, & Smith, 2012; Snyder et al., 2012). Approximately 16% of U.S. children are affected by poverty in combination with another risk factor, while 20% of young children are affected by three or more risk factors (Robbins et al., 2012). Children impacted by multiple adversities are also more likely to experience school failure, maladaptive behaviors, and emotional and behavioral challenges at a young age (Bücker et al., 2012; Synder et al., 2012).

Caregivers exposed to deleterious environments are also likely to experience unfavorable outcomes, subsequently impacting their children and increasing service need. Pregnant women who experience insufficient personal, psychological, or financial resources and who are unable to access prenatal services are at an increased risk to develop poor maternal health consequences (Issel, Forrestal, Slaughter, Wienerot, & Handler, 2010). High-risk pregnant women require assistance and support, and if deprived of these resources, their children's mental and physical health can be negatively affected (Issel et al., 2010). In particular, there may be problems associated with maternal-infant interactions, an increased risk for child abuse and neglect, and a decline in developmental and cognitive progress in children (Kearney, York, & Deatrick, 2000).

The aforementioned risk factors, coupled with insufficient access to services, may threaten overall family health. Moreover, streamlined resources and access to early intervention services for young children and families are not always available, which may in turn exacerbate the negative consequences experienced by children and families. Introduction of House Bill 1117

(2013) is Colorado's effort to help combat these problems with the goal that children and families who are exposed to multiple risk factors will have better access to effective and efficient programs that will help them thrive.

Alignment of Early Child Development Programs

Early childhood authorities have recognized that no single child-serving agency has the ability to provide all the services and supports needed by families (USDHHS, 2008). This knowledge has contributed to efforts that strengthen interagency coordination among early childhood care and education programs. Implementation of policies designated to advancements in systems of care for children and families has been shown to promote child well-being and lead to more positive life-long outcomes (Dahl & Lochner, 2012), specifically through home visitation and other early childhood programs (Hinrichs, 2010; Howard & Brooks-Gunn, 2009).

Streamlining early childhood services is shown to improve children's psychosocial functioning and increase service use for families (Bai et al., 2009). Hurlburt and colleagues (2004) found that the intensity of coordination between child welfare and early childhood agencies was related to improvements in children's internalizing and externalizing problem behaviors and service use. Findings from this study also demonstrated improved equity of access to services across racial and ethnic groups. Specifically, increased strength of program coordination was associated with decreased differences in service use among white and African American children (Hurlburt et al., 2004).

In the State of Colorado, relationships between education, mental health, child welfare, and other service organizations are generally weak and reflect a lack of partnership. Historically, "the support systems and services that comprise Colorado's early childhood systems have been spread across multiple public agencies" such as the departments of education, human services, public health and environment, health care policy and financing, and higher education, as well as various private entities (Colo. Gen. Assembly, HB 1117, 2013). Alignment of child development programs in the State of Colorado has proved to be a difficult feat, with a similar bill proposed in the Senate in 2012, but failing by a four to three vote (Colo. Gen. Assembly, SB 130, 2012). Early childhood program alignment was then re-introduced in Colorado's 69th legislature and successfully passed.

Under the current version of House Bill 1117 (2013), the programs that will be aligned include Colorado's Nurse Home Visitor Program, Tony Grampsas Youth Services Program, Colorado Children's Trust Fund, and Family Resource Center Program. The goals and outcomes of these programs are provided in Table 1. Of particular importance, the bill asserts a coordinated service delivery system under CDHS with designated funds for each of the aforementioned programs. Additionally, unified guidelines and standards are to be established in order to improve eligibility requirements that allow for more children and families to receive services.

Table 1
Early child development programs

Program	Goals	Outcomes
Nurse Home Visitor Program	Improve health by providing education and resources to first-time, low-income mothers and their children.	Reduce the amount of drug use and abuse by mothers and the number of incidents of child abuse and neglect.
Tony Grampsas Youth Services Program	Improve community-based programs that target youth and their families.	Reduce the number of incidents of youth crime and violence and the occurrence of child abuse and neglect.
Colorado Children's Trust Fund	Obtain grants intended to reduce and prevent child abuse.	Reduce the occurrence of child abuse and neglect.
Family Resource Center Program	Provide grants to community members to create or maintain family resource centers.	Increase access to community centers for vulnerable children and families.

Note: Summarized from House Bill 1117 (2013)

House Bill 1117 (2013) also reauthorized the Early Childhood Leadership Commission (ECLC), which is responsible for oversight of the aligned programs by making recommendations and advising funding sources. The governor may allocate funds to the ECLC to help the development of efforts to increase school readiness, access to early education programs, and information sharing among early childhood programs (Colo. Gen. Assembly, HB 1117, 2013). The ECLC is responsible for adequate implementation of the policy and to ensure that the service delivery systems will improve "prenatal health, child health, child mental health, early learning and family support and parent education" (Colo. Gen. Assembly, HB 1117, 2013). Alignment of these programs also impacts Colorado's workforce and aims to provide support to persons who currently deliver early childhood services and create additional employment opportunities.

Discussion

Through the recognition that children benefit from stable and nurturing families, as well as coordinated systems of care (Bai et al., 2009); professionals in the State of Colorado have integrated this knowledge into their policies, programs, and practices. Problems associated with children's health and education are largely preventable, but are often exacerbated by inadequate or insufficient access to services (Felitti, 2009). The passage of House Bill 1117 (2013) helps to

address these barriers through the implementation of streamlined systems with long-term goals focused on alleviating the negative consequences associated with fragmented systems of care.

Similar initiatives are being adopted nationwide in an effort to increase children's success and well-being. Related early childhood alignment policies are being executed in cities such as Boston, Hartford, San Antonio, San Jose, and Seattle, with improvements documented in areas of child health and education (National League of Cities, 2013). Moreover, government entities at the macro systemic level are actively assessing state-level cross-agency coordination of services for vulnerable children and families (USDHHS, 2008). For example, the U.S. Children's Bureau conducts Children and Family Service Reviews in which it is demonstrated that systems of care show promise in ameliorating children's mental health and educational needs (USDHHS, 2008).

Collaboration among early childhood programs increases support and decreases duplication of services for children and families (USDHHS, 2008). With coordinated systems of care, children are more likely to receive high quality services that meet their multiple needs (USDHHS, 2008). While the State of Colorado has made advancements in agency collaboration among a few of the promising early childhood development programs, improvements to Houses Bill 1117 (2013) may be necessary in which partnerships with juvenile justice, child advocacy, and parent empowerment programs occur to further address the complex needs of vulnerable families.

Limitations to House Bill 1117 (2013) include implementation fidelity and financial issues. Established measures that will help determine if better coordination among Colorado's early childhood programs are actually occurring and improving the delivery of services are needed. Quantifying results from early childhood program alignment is important to demonstrate improved outcomes for children and families and may draw conclusions to potential service gaps. Furthermore, it is uncertain if the funds designated to the ECLC as well as each early childhood program will be sufficient to accomplish the policy's goals of improved service coordination and access for vulnerable children and families.

Implications for Social Work

Early childhood development programs provide many opportunities for service delivery from social work professionals. Social work professionals associated with these programs can serve as change agents by making child health, well-being, and education a priority. Specifically, they can collaborate with caregivers and other service providers in helping young children have access to a multitude of resources (Azzi-Lessing, 2010). Social work professionals can also assess if these interagency collaborations are implemented in a manner that help the overall system of care function effectively and meet the needs of the children and families they serve (USDHHS, 2008).

<div align="center">

Conclusion

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Streamlining early childhood programs helps to achieve service collaboration and improved access to resources for children and families. Through the implementation of House Bill 1117 (2013), the State of Colorado has made efforts to address fragmentation among early

childhood programs in order to provide greater support to meet the needs of children in areas of early learning, health, mental health, and family functioning. While the strategies for program alignment introduced in House Bill 1117 (2013) seem promising, the process by which alignment occurs will need to be monitored and evaluated to ensure the goals of coordination and access to services are met. If alignment of early childhood programs is successful, those in need of support are likely to benefit from strengthened and efficient services that are focused on alleviating and preventing poor outcomes among children and families.

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Distributive Justice and Equity in Grading:
A New Instructor's Reflections

Molly Malany Sayre, MSW, LSW

Abstract

The author reflects upon early teaching experiences to identify a conflict between minimal distributive justice, or the distribution of goods that ensures all individuals have an acceptable level of that good (Deutsch, 1985), and grading of students' assignments. Instead of addressing the unequal distribution of college preparedness among her students, the author's grading reflected and potentially reinforced educational, racial, and economic inequalities. In agreement with Anastas (2010), an ethic of social justice is recommended for use in social work education. Social work educators can provide greater access to resources (e.g., the instructor's time) for students experiencing disadvantages that affect their academic performance.

Keywords: social work education, distributive justice, social justice, grading, underprepared college students

Introduction

Before my first semester of teaching, a Facebook friend who was beginning college posted that she was excited to have scheduled a class with a professor who reportedly dismissed his classes early and brought students homemade cookies. I realized then that this was not what I wanted my students to say about my classes. I began my teaching with an aim to be an engaging lecturer, an encouraging advisor, and a demanding grader. I was unaware that the last of these aspirations, my desire to maintain consistently high standards in grading, would conflict with my guiding value as a social worker: social justice.

Social justice is related to distributive justice, which is the fair distribution of goods (Deutsch, 1985). Goods can be distributed based on a variety of criteria, such as merit, effort, or need, and it can be argued that each distribution is fair and therefore, just. Minimal distributive justice is a way of distributing goods so as to ensure an adequate minimum to all. It was evident that not all of my students had acquired an adequate minimum level of educational preparedness for college coursework. This paper is a reflection on my experience of grading underprepared college students, which was in conflict with the social work profession's value of social justice.

Relevant Theory and Research

As Brookfield (1998) describes, one's teaching is informed by reflection upon one's own learning history, the learning experience desired for those in one's class, the knowledge of colleagues, and one's theoretical perspective. Each of these elements shaped the way I approached grading. For instance, in my own learning experiences, I had little respect for teachers that I deemed "easy" graders. If high grades were not a challenge to receive from a teacher, I assumed that this reflected the teacher's inability to distinguish between the excellent and the average. Consequently, as a teacher I set out to award the highest grades to only the highest-level work.

Second, the classroom experience I desired for my students affected my grading (Brookfield, 1998). Since I wanted to encourage students' effort and development of skill, I treated high grades as an incentive for students to submit quality assignments. As Anastas (2010) notes, "Teachers who 'go easy' on students, individually or collectively, are not helping students learn…" (p. 245). Further, I expected my current students to talk about the course and my teaching with future students, and I did not want those reports to attract students looking for an "easy A." Rather, I wanted students with high expectations for their courses and themselves to fill my classroom.

As the semester progressed, I found myself relying heavily upon my more experienced colleagues and supervisors to discuss grading (Brookfield, 1998). I frequently asked my supervisor, are my expectations reasonable? Should I be concerned that the lowest exam grade was *that* low? The consistent response was that neither my expectations nor my students' performance were extraordinary. Rather, my experiences as a new instructor were normalized as common to the department and higher education, generally.

The final "lens" that Brookfield (1998) identifies for reflection upon one's teaching, "the lens of theoretical, philosophical, and research literature," was where I discovered an unanticipated value conflict (p. 197). By the end of the semester, it was clear to me that the final grades of my students reflected social and economic inequalities that had affected their performance in the course. The ethical principle, "Social workers challenge social injustice" (National Association of Social Workers [NASW], 2008) suggests that social work education should not perpetuate injustices previously experienced by students. Disadvantaged students were less prepared or underprepared to succeed in the course, and this inequality was reflected in students' final grades. The distribution of grades in my course conflicted with my general professional value of social justice and with minimal distributive justice, a specific aspect of social justice.

While such a conflict is not discussed in the social work literature, the literature on underprepared college students is pertinent to the dilemma of grading and distributive justice. Taking a broad view, Astin (2000) observed that remedial education of underprepared students is in conflict with the value institutions place on the excellence of admitted students for the purpose of resource acquisition.

> [Higher education institutions] have become so preoccupied with our individual 'excellence' – competing with other for the 'best' students and faculty we can get – that we tend to lose sight of the fact that we are really part of a larger community of institutions that is collectively supposed to serve a very basic and critical public purpose: to education the citizenry of the state. (Astin, 2000, p. 137)

Perhaps colleges and universities are more interested in attracting top students than producing academically and vocationally successful students—that is, students with adequate academic skills to fulfill professional aspirations and participate in civic life. This would explain an institution's dismissive posture towards underprepared students.

Generally, this body of research explores individual, instructional, and institutional factors that are correlated with the academic success of underprepared college students. At the individual level, Barbatis (2010) found that family support, participation in co-curricular activities, and student-faculty interaction were related to the persistence of underprepared students. In the classroom, various instructional topics and methods have been evaluated for their role in the success of underprepared students, including video supplemental instruction (Hurley, Patterson, & Wilcox, 2006); specific study techniques (Cukras, 2006); and extended length recitations, peer-led team learning groups, and peer-mentored study groups (Shields, Hogrebe, Spees, Handlin, Noelkin, & Riley, et al., 2012).

At the institutional level, Deil-Amen (2011) found that when some students are identified as needing to take remedial courses and designated as "remedial students," this masks the needs of other underprepared students who meet benchmarks that prevent them from placement in remedial courses but still struggle academically. "[Nonremedial students] constitute a potentially marginalized and certainly at-risk population who are overlooked due to our focus on categorizing and contrasting along the remedial/nonremedial and the two-year/four-year divides" (p. 64). Sherwin (2011) found that several systemic changes at a tribal, open access college improved the experience of underprepared students, such as providing training to faculty specific to serving underprepared students, improving the accuracy of academic advising, and offering technology assistance. Hughes, Gibbons, & Mynatt (2013) recommend use of narrative career counseling to assist underprepared students to address challenges in their academic progress and role conflicts, while Mortensen (2006) suggests psychosocial mentoring by faculty, especially following academic failure or disappointment, and offering encouragement to struggling students to obtain social support.

Though the literature on underprepared students and remedial education covers interventions for individual students, classes, and institutions, it does not directly speak to grading or distributive justice. These reflections can contribute to the conversation on this subject within social work education. Given the importance of both academic success and social justice to the profession, the topic of distributive justice and grading needs to be addressed.

Minimal Distributive Justice

Distributive justice, generally, is concerned with the distribution of goods, be they material or intangible (Rawls, 1971; Deutsch, 1985; Fleischacker, 2004). In society, distributive justice can relate to distribution of food, health care, education, pollution, wealth, opportunity, or any other goods that affect well-being. A number of values can be used to justify the fair distribution of goods (Deutsch, 1985). For instance, a society could distribute health care based on ability to pay, or according to reciprocal arrangements with providers, or depending on level of need. One value orientation that can direct the distribution of goods is "so that none fall below a certain minimum," which is minimal distributive justice (Deutsch, 1985, p. 3). In terms of health care policy, emergency health care is supposed to be distributed according to minimal distributive justice in America. All who access hospitals for emergency health care are to be treated without regard to ability to pay, thereby providing a minimum level of wellness.

Put another way, minimal distributive justice is the distribution of goods with the goal of addressing deficiencies in that good. This concept is especially relevant to the profession of social work.

> Social work can be conceived as a profession engaged in alleviating deprivation in all its varieties, from economic to psychological; social workers identify people who fall below the social minimum in any justice-related good and intervene in order to help them rise above that minimally accepted level. (Wakefield, 1988, p. 194)

The value of minimal distributive justice can be clearly observed in a variety of social work practice contexts. In the past, I have employed this value when providing extra measures of security to supervised visitation sessions for clients who had experienced domestic violence, as well as when offering sliding fee scales for mental health services to low income clients. These practices ensured that my clients received the minimum level of a social good (helpful services) despite barriers to distribution of it (e.g., inability to pay).

As a social work educator, however, I struggled to reconcile the differences in educational preparedness among students—the absence of minimal distributive justice—with the practice of holding all students to the same standards when grading (Brody, 2012). By providing all students with comparable access to the educational resources at my disposal (e.g., lectures, feedback on assignments, office hours), I was operating as though my students' prior access to educational resources had been distributed to ensure a minimum level of academic readiness. My students' final grades, however, reflected social and economic barriers to the distribution of education, not an adequate minimum level of it.

Inequalities Reinforced by Grading

Three types of inequality were evident in the grades of my students: educational, racial, and economic. Educational inequality was apparent in that some students did not know how to summarize an author's ideas, how to paraphrase while avoiding plagiarism, how to cite sources, or how to construct a reference list. I believe some students had never been adequately taught these skills, so my evaluation of their writing was in effect an evaluation of their high school or college English education more than an evaluation of the students' intellectual or writing abilities. The presence of students in my course who were unprepared for college-level writing is far from an isolated incident. Of students who took the 2010 ACT (originally an acronym for American College Testing [ACT, 2014]), a standardized college entrance test, 33.7% received scores that indicated they were not ready for college-level English courses (National Center for Education Statistics [NCES], 2011). My grading reinforced the unjust distribution of educational opportunity found among my students.

Next, racial inequality was evident in students' final grades. There were 14 students in my class, including five African-American students and one biracial individual. Collectively, the African-American students finished the course with a D average, as compared to a B average for non-African-American students and a C average for the class as a whole. At first, I was concerned that this was due to some subconscious bias on my part. However, after reviewing my grading for consistency, it was clear this was not the case. Instead, I believe the racial inequality

seen in my students' grades is another manifestation of the educational inequality found in society, which was not unique to this class. Not only were one-third of students who took the ACT in 2010 underprepared for college-level English, as discussed previously, but this was found disproportionately among racial minority students (NCES, 2011). My assumption is that the African-American students in my class had not received the minimum acceptable level of educational opportunity, and students' grades reflected and reinforced this discrepancy.

My grading also highlighted the economic inequalities among my students. The average grade for students who stated that they were employed was 68.5%, as compared to the non-working students' average of 78%. This is consistent with the research of Hawkins, Smith, Hawkins, and Grant (2005), who found "the average number of hours worked and perceived work interference with studies were statistically significant negative predictors of self-reported overall grade point average" (p. 23). It is likely that the students who had to work had less time and energy for assignments than the unemployed students. My grading reinforced the economic disparities between students who needed the income from employment while in school and those who did not.

Like most universities, my university provides institutional resources to address these inequalities. The university's writing center is available to assist students with all the problems seen in my students' papers, and minority students have university staff available to them specifically to support their academic achievement. My efforts to connect students with these resources were somewhat fruitful. Students who acted upon referrals received higher grades than those who did not, but those who did not go to the writing center, for example, cited work responsibilities as prohibiting them from going. In these instances, economic inequality prevented remediation of educational inequality. Whether due to economic needs, cultural practices, stigma, or other reasons, my students' reluctance or refusal to access resources outside the classroom reshaped my understanding of my responsibilities as an instructor.

Minimal Distributive Justice and Social Work Education

Anastas (2010) recommends an ethic of social justice in social work education. As proposed by Stefkovich (2006), this ethic "calls for equal access to tangible and intangible goods but offers greater access to those who are socially disadvantaged" (Anastas, 2010, p. 240). The academic resources that I make available to students (e.g., constructive feedback, individual tutoring appointments) can be distributed based on need. This is helpful when approaching the social inequalities among students discussed above and is also in line with our ethical requirement to challenge social injustice by promoting equal access and opportunity (NASW, 2008). While I make resources for academic success available to all students, the value or ethic of social justice both permits and requires me to allocate resources under my control—namely, my time—more liberally to students who are at a disadvantage.

As suggested by Anastas (2010), I can continue to utilize the value of minimal distributive justice in my work with students in my practice as a social work educator. As with clients, I can engage students by viewing them as individuals with unique needs and remembering details of their narratives. I can assess their needs and pay attention to barriers to academic success. Once identified, I can intervene to promote students' abilities to overcome

barriers. Interventions may include referrals to campus services, but when barriers also prevent access to these, interventions may include writers' workshops and study sessions. I can evaluate the success of interventions by determining if students' barriers to academic and professional success have been reinforced or mitigated by the education provided in my courses. In sum, my values as a social worker can continue to guide me as a social work educator, albeit before assignments are submitted, not while grading them.

Grades as Social Goods

Decades ago, Kirschenbaum, Napier, and Simon (1971) provided an argument for considering students' grades themselves as social goods, in the sense that the standards of distributive justice apply to the distribution of grades.

> When we grade, we are using potentially very dangerous numbers... especially when the grades these days can determine who gets sent to Vietnam and who stays behind, or when our grading systematically screens out black kids from getting some of the benefits in this world of ours. (p. 162)

While military conscription is no longer an immediate concern, students' grades can determine future opportunities or lack of them. This is especially true in professional education, which has the added responsibility of gatekeeping (Anastas, 2010). For clients to benefit from effective and ethical interventions, their social workers must have the knowledge and skills to provide those services. Therefore, students' grades in social work courses are important determinants of who becomes a social worker and who does not.

It is all the more unfortunate, then, when a student's lack of educational preparedness or other inequality is reflected in her or his final course grade. While remedial education may be in conflict with a college's desire for prestige, it is still surprising that effectively addressing academic deficits and other barriers, and producing capable professionals despite them, is not a greater source of pride (and therefore, recipient of resources) for institutions with the mission of education (Astin, 2000). Especially in a social work program, if academic skills (e.g., writing) are inhibiting a student's progress towards a professional goal, the professional value of minimal distributive justice might compel a social work educator to provide interventions that promote the student's success.

Personal Implications

In some ways, my value conflict between minimal distributive justice and grading is not resolved. The tension remains between varying levels of preparedness among students and the perception that grades must be completely objective to be fair.   In an important way, however, I now understand that to remain true to my personal and professional values, I must design interventions that meet the diverse needs of my students. I may have to meet with students more often, outside of class, or even allow them to submit ungraded drafts to help them to improve their writing. Further research is needed to understand how social work educators can promote equal access and opportunity for disadvantaged social work students. Perhaps more importantly,

further reflection is needed within the profession to clarify the role of social justice in social work education.

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The CV Builder
University of Houston, Graduate College of Social Work

Perspectives on Social Work congratulates the following doctoral students on their accomplishments during Fall 2013 through spring/summer 2014.

CONGRATULATIONS TO OUR MAY 2014 GRADUATES!!!

Dr. Jacquelynn F. Duron
Dr. Amanda Ford
Dr. Traber Davis Giardina
Dr. Joy J. Malbrough
Dr. Elizabeth McIngvale-Cegelski
Dr. Holly Kay Oxhandler
Dr. Monique Renae Pappadis
Dr. Yolanda Ruth Villarreal

Lynley Carr

Publication

Achenbaum, W. A., & **Carr, L. C.** (in press). A brief history of aging services in the United States. *Generations*.

Maurya Glaude

Award

2014   University of Houston Cougars Athletic Alliance, Board of Director's Scholarship

Rebecca Mauldin

Award

2014   Dr. Fernando J. Zuniga y Rivero Doctoral Fellowship
2014   Association for Gerontology Education in Social Work Pre-Dissertation Fellow

Publications

Parrish, D.E. & **Oxhandler, H.K.** (In press). Social work field instructors' views and implementation of evidence-based practice. *Journal on Social Work Education.*

Oxhandler, H.K. (2014, April). Prayer corner: Infusion. *Catalyst, 57*(2), 4.

Presentations

Duron, J.F., **Oxhandler, H.K.**, & Parrish, D.E. (November 2013) *Feasibility of Virtual Reality Exposure Therapy for Adolescent Social Anxiety.* Poster presented at the annual program meeting of the Council on Social Work Education, Dallas, TX.

Flores, D.V. & **Oxhandler, H.K.** *Spiritual and cultural competency in geriatric and palliative medicine.* Boomer Care Blue Book Lecture Series: The Division of Geriatric and Palliative Medicine, University of Texas Medical School, Houston Texas, February 2014.

Oxhandler, H.K. (December 2013). *Social Workers' Integration of Clients' Religion/ Spirituality In Practice: Preliminary Findings from the Religious/Spiritually Integrated Practice Assessment Scale.* Presented at the University of Houston Social Work and Research Conference, Houston, TX.

Oxhandler, H.K. & Militello, P. (October 2013). *The virtue of gratitude: Research, barriers, and practices in social work.* Sixty-minute workshop presented at the annual meeting of the North American Association of Christians in Social Work, Atlanta, GA.

Parrish, D. E., Washburn, M., **Oxhandler, H.K.**, Torres, L.R. & Ma, A. (June 2014). *Social workers' perceptions of barriers and supportive factors to engagement in the evidence-based practice process in real world practice context.* Poster presented at the International Conference on Practice Research, New York City, NY.

Washburn, M., Parrish, D. E., **Oxhandler, H.K.** & Ma, A. (June 2014.) *Barriers and supportive factors to social workers' use of evidence based practice.* Presented at Contemporary Social Work: From education to practice. City University of Hong Kong, Kowloon, Hong Kong, June 19-21st, 2014.

Awards

2013-2014   Dr. Fernando J. Zuniga y Rivero Doctoral Fellowship in Gerontological Social Work

2013-2014   Gulen Institute Doctoral Fellowship

Yi Ren

Publications

Ren, Y., Pritzker, S., Leung, P. (2014, In Press). Examining Children's Health Equity under the Chinese Basic Medical Insurance System: A Comparison between the United States and Mainland China. *International Social Work*

Presentations

Narendorf, S., **Ren, Y**. Swank, P. (March 2014).*Patterns of Psychotropic Medication Use during the Transition to Adulthood.* 27th Annual Children's Mental Health Research and Policy Conference: Tampa, Florida.

Washburn, M., **Ren, Y.,** & Kao, D. T. *The Role of Health Insurance in Promoting Health Equity for Chinese Children: A Rural/Urban Comparison.* Presented at the 2014 Conference on Social Work and Social Sustainability in Asia. City University of Hong Kong, Kowloon, Hong Kong. June 19th-20th, 2014.

Award

2014-2015   Gülen Institute Pre-dissertation Fellowship, Gülen Institute

Richard Wagner

Doctoral Student Representative, Graduate College of Social Work Dean Search Committee

Micki Washburn

Publications

Parrish, D. E. & **Washburn, M**. (In press). DSM5: Changes and implications for children and adolescents. *NASW Newsletter, CAYA NASW Specialty Practice Section.*

Bordnick, P. S. & **Washburn, M.** (In press) Virtual reality applications for drug and alcohol assessment and treatment. In P. Sharkey (Ed.). *VR Technology for Health and Clinical Applications (Series Two).* New York, NY: Springer

Presentations

Washburn, M., Ren, Y., & Kao, D. T. *The Role of Health Insurance in Promoting Health Equity for Chinese Children: A Rural/Urban Comparison.* Presented at the 2014 Conference on Social Work and Social Sustainability in Asia. City University of Hong Kong, Kowloon, Hong Kong. June 19th-20th, 2014 (Refereed).

Parrish, D. E, **Washburn, M.,** & Torres, L. R. *Bridging the Research and Practice Gap Through Enhancing Factors Facilitating Evidence Based Practice Behaviors.* Paper for the Council on Social Work Education 59th Annual Program Meeting. Global Social Work – the World is Here. Dallas, TX. November 3 2013. (Refereed)

Washburn, M. & Parrish, D. E., *Evidence Based Practice Behaviors: Implications for Third Party Reimbursement.* Paper for the Society for Social Work Research 18th Annual Conference: Research for Social Change: Addressing Local and Global Challenges. San Antonio, Texas. January 15th – 19th, 2014. (Refereed).

Award

2013   Gulen Institute Pre-Dissertation Fellowship
2014   Gulen Institute Dissertation Fellowship

GUIDELINES FOR SUBMISSION

In order to be considered for publication in *Perspectives on Social Work*, all submissions must meet the following criteria:

- The first author must be a currently enrolled doctoral student.
- Editors will consider manuscripts from disciplines outside of social work. The manuscript must be relevant to the field of social work (e.g., social justice issues, equality, international social work, public health issues).
- Only original work will be considered. Editors will consider work that has been published elsewhere or is currently under consideration on a case by case basis as long as it is the student's original work and has not been copyrighted elsewhere.
- Only electronic submissions are accepted. Submissions should be e-mailed as a Microsoft Word attachment to the following e-mail address: swjourna@Central.UH.EDU
- Submissions for the featured articles should be 6 – 10 pages in length with not less than one-inch margins and 12-point font. Submissions for book reviews may be 3-5 pages. Submissions must be double-spaced. The recommended page limits exclude references and tables.
- If you plan to submit an empirical study with human subjects ensure there has been an IRB review and notate the approval in your paper.
- Submissions must meet APA guidelines (6th Edition) for text, tables, and references.

Feedback Guidelines

The editorial staff encourages thoughtful responses from readers focusing on scholarly debate and dialogue. Please send feedback to swjourna@Central.UH.EDU with "Feedback" in the subject line.