Conference Proceedings

2014 NOHS National Conference – Las Vegas, NV

Editor: Steve Cockerham
Assistant Editor: Linnea Bergvall

Editorial Review Board

Bill Garris

Jamie Kridler

Mary Langenbrunner

Teresa Brooks Taylor

Alice Walters

Table of Contents

Training University Faculty Advisors to Become "Trauma-Informed"

Yvonne Chase, PhD, MSW, LCSW & Laura Kelley, PhD, LPC

Abstract

The importance of having knowledge and understanding of trauma and its impact on individuals is an integral part of training therapists. However, the need to be familiar with trauma oriented interventions is critical for all human service professionals working in any setting, including community based agencies, schools, community colleges, and universities. For individuals who are not associated with the disciplines that incorporate training on trauma, their exposure to information on trauma and its effects is limited. University advisors are generally the initial point of contact for new students and may continue as the consistent point of contact for students throughout their time pursuing higher education. Given the incidents of violence on university campuses in the last decade and the rise in students identified as having serious mental health issues as a result of trauma, universities must go "beyond the gamble of chance" as the conference theme suggests and make a concerted effort to provide university advisors with the information to assist them in recognizing the signs of trauma and the knowledge to make referrals to appropriate resources, when warranted.

Introduction

This workshop, presented at the 2014 NOHS conference, had the following objectives: (a) to provide participants with a greater awareness of trauma and its effects, (b) to have participants identify their level of knowledge of trauma awareness, and (c) to utilize case examples to further the discussion of identification of trauma and "next steps" for university faculty and staff. A survey on trauma awareness was distributed and completed by participants as part of the workshop. This survey was part of a pilot project designed to assess trauma awareness among advisors at the University of Alaska / Anchorage (UAA), and we continue to gather information in expanding and refining efforts to identify materials for advisors that will assist them in becoming trauma informed. The survey was designed to assess their knowledge and awareness of trauma, their ability to recognize the signs of trauma in students they advise, and to create a self-assessment of their skill level in providing trauma informed advising. The purpose of distributing the survey in the workshop was to provide the participants with an understanding of the types of information gathered from advisors.

Significance

The massacre at Virginia Tech brought another reality to university campuses: the need to train professionals to identify students who are victims of trauma and, when possible, to connect them with resources that can help reduce the possibility of a crisis. In an article on campus violence, Mayhew and his colleagues noted that "…in every year between 1995 and 2002, approximately 479,000 college students ages 18-24 were victims of violent crime…" (Mayhew, 2011). The issue of trauma and violence on university campuses has become a global issue. A study of Jordanian universities, involving 885 students, investigated the relationship between bystanders who witnessed violence on campus and the development of post-traumatic stress disorder (PTSD). This study confirmed earlier findings that the effects of violence were not limited to victims but also to those who witnessed these incidents (Darma, 2014). For universities that failed to recognize and respond to the early signs of crisis, the costs have been high.

The effects of adult trauma have been studied with soldiers returning from combat since the Vietnam era; however, the long lasting effects of childhood trauma have become more evident as one considers violence in schools and on university campuses in the past decade. What has only recently been discussed to any great extent is the role of historical trauma, particularly with respect to indigenous populations. Researchers are finding that, even after generations have passed, the effects of massive trauma on a group of people have an impact on their descendants (Kimayer, 2014).

Learning deficiencies and academic performance problems have been identified as being among the effects of trauma. In many states, elementary and high schools have entered into collaborative relationships with mental health centers to identify and provide early intervention services to children diagnosed as "severely emotionally disturbed." While the label suggests serious issues with academic and behavioral performance, the vast majority of these children can be successful if trauma oriented interventions to address student learning and behavioral issues resulting from trauma are provided. The transition from a supportive, often small school environment in their community, to a community college or university setting where students find themselves having to function in a very different environment, can be difficult and increase the anxiety for students affected by trauma.

The approach to academic advising differs across the nation and often reflects the size of the institution. In some institutions, academic advisors are not attached to the program departments but are located in a centralized advising center. The advantages of this approach are that the center "sees" every student entering a degree program in the university, regardless of the discipline. The disadvantages are that the student does not establish a working relationship with someone in their department, academic departments may not have consistent contact with their students, and students affected by trauma may not be identified or assisted in finding appropriate resources.

        The University of Alaska (UAA) system has a large, multi-cultural student population
with a similar make-up as one would find in most open campuses. Advising relationships can
have a significant influence on a student's professional and personal development. As a result,
trauma informed advising, including an understanding of the cultural socialization processes in
multi-cultural relationships, is critical to the student's successful transition through their
university experience. The University of Alaska / Anchorage has had a CARE team in place for
several years. The team is a behavioral intervention team, and members of the team are a
support to students who are experiencing stress or other mental health issues. The chart below
illustrates the dramatic increase in referrals to the CARE team in the last two years. The referrals
regarding emotional well-being have increased by 253%. This is just one example of the
troubling trend that is occurring nationwide.

        Institutions of higher learning and accrediting bodies have a real interest in promoting
student success, retention, and graduation rates. Increasing trauma awareness and trauma
informed advising skills among academic advisors will assist in promoting student success and
reducing the possibility of violence on college and university campuses.

Trends in CARE Team Referrals

FY 2012:	FY 2013	FY: 2014
Reports: 193	Reports: 236	Reports: 354
Follow Up: 386	Follow Up: 504	F/Up: 2110

Many referrals have more than one Issue: 92

➤ **Risk Assessment:** 24% Increase — 42—Threats to Harm self or others, welfare checks
➤ **Intellectual Wellbeing:** unknown? — 66 – Crisis interfering with academic progress.
➤ **Emotional Wellbeing:** 253% Increase — 178 — Depression/Anxiety; not seeking counseling on own
➤ **Complaint/Disruption:** 31% Increase — 78 – Interfering with safety and environment of others-anger/threats/disruption
➤ **Physical Wellbeing:** 122% Increase — 82 – Homeless, food insecure, hospitalized, injured

Chart prepared by the UAA CARE team, 2014.

Theory

        The literature on the prevalence of post-traumatic stress disorder (PTSD) and treatment
modalities with various populations, including soldiers returning from combat assignments,
victims of child abuse and neglect, survivors of natural disasters, as well as university students
who have both witnessed and / or experienced violence or have other mental health issues, has
become abundant in the last two decades. Also, in recent years, more focus has been placed on

historical trauma, especially as it relates to indigenous peoples and other populations whose history reflects decades of past trauma (e.g., descendants of the survivors of Nazi concentration camps, descendants of slaves who were transported from Africa to America). The approaches to treatment have varied depending on the age of the client and the severity of the trauma. In recent years, trauma focused treatments have been more widely utilized. Among the theoretical approaches that are considered superior, based on experiences of therapists, are trauma focused cognitive behavioral therapy and eye movement desensitization and reprocessing (EMDR) (Wampold, 2010).

Conclusion

The impetus for an exploration of trauma awareness among university advisors grew from concerns, not only of violence on campuses across the country and its effects, but from the dramatic increase in referrals to behavioral intervention teams in universities. University advisors are the individuals who often have the most consistent contact with the majority of students on any college campus. As such, they should have sufficient information on recognizing the signs of trauma and knowledge of the resources on their campus and in the community so that appropriate referrals can be made in a timely manner, when necessary. Many universities are not prepared to address the mental health needs of their students or to provide staff and faculty the tools that are becoming essential if we are to ensure safety on present day campuses.

Glossary of Terms

The definitions relevant to this discussion of trauma are as follows.

Trauma is a response to a terrible event such as an accident, rape, or natural disaster, and immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and...physical symptoms...headaches or nausea. While these feeling are normal, some people have difficulty moving on with their lives (http://www.apa.org/topics/trauma).

Post-traumatic Stress Disorder (PTSD) is an anxiety problem that develops in some people after extremely traumatic events such as combat, crime, or natural disaster. People with PTSD may relive the event via intrusive memories, flashbacks, and nightmares; avoid anything that reminds them of the trauma; and have anxious feelings they didn't have before that are so intense their lives are disrupted (http://www.apa.org/topics/trauma).

Toxic Stress: Strong frequent and/or prolonged adversity-such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of the brain architecture and other organ systems and increase the risk of stress-related disease and cognitive

impairment well into adult years (http://developingchild.harvard.edu/key_concept/
toxic_stress_responses).

Trauma Awareness: Emotional Symptoms of Trauma: shock, denial, disbelief, anger,
irritability, guilt, sadness, confusion, anxiety, feeling disconnected and numb.

Physical Symptoms of Trauma: insomnia, nightmares, racing heartbeat, aches/pains, fatigue,
difficulty concentrating, agitation, and muscle tension (http://www.helpguide.org/
articles/ptsdtrauma/emotional-and-psychological-trauma.htm#signs).

Trauma Informed Advising: Create a safe environment, develop helpful connections and
positive relationships, and include advisee participation in decision making processes-employ
success oriented strategies (Bath, 2008).

References

Agaibi, C. & Wilson, J. (2005). Trauma, PTSD, and resilience: A review of the literature.
Trauma, Violence & Abuse, *6*(3), 195-216.

Armour, C., Karstoft, K., Richardson, J. (2014). The co-occurrence of PTSD and dissociation:
Differentiating severe PTSD from dissociative-PTSD. *Social Psychiatry*, *49*, 1297-1306.

Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth*,
17(3), 17-21.

Bonanno, C. & Levenson, R. (2014). School shooters: History, current theoretical and
empirical findings and strategies for prevention. *SAGE Open*, *4*(1), 1-18.

Brown, A., et al. (2010). Trauma centrality and PTSD in veterans returning from Iraq and
Afghanistan. *Journal of Traumatic Stress*, *23*(4), 496-499.

Chemtob, C., et al. (2011). Adolescent exposure to the World Trade Center attacks, PTSD
symptomology and suicidal ideation. *Journal of Traumatic Stress*, *24*(5), 526-529.

Cloitre, M.,et al. (2010). Treatment for PTSD related to childhood abuse: A randomized
controlled trial. *American Journal of Psychiatry*, *167*(8), 915-925.

Damra, J. & Ghbari, T. (2014). University violence in Jordan: PTSD consequences. *Journal of
Loss and Trauma: International Perspectives on Stress & Coping*, *19*(4), 364-374.

De Zulueta, C. (2007). Mass violence and mental health: Attachment and trauma. *International
Review of Psychiatry*, *19*(3), 221-233.

Frye, L. & Spates, C. (2012). Prolonged exposure, mindfulness, and emotion regulation for the
treatment of PTSD. *Clinical Case Studies*, *11*(3), 184-200.

Idsoe, T., Dyregov, A., & Idsoe, E. (2012). Bullying and PTSD Symptoms. *Journal of Abnormal
Child Psychology*, *40,* 901-911.

Kirmayer, L., Gone, J., & Moses, J. (2014). Rethinking historical trauma. *Transcultural
Psychiatry*, *51*(3), 299-319.

Mayhew, M., Caldwell, R., & Goldman, E. (2011). Defining campus violence: A
phenomenological analysis of community stakeholder perspectives. *Journal of College
Student Development, 52*(3), 1-11.

Nachar, N., et al. (2012). Assessment of the psychological predictors of health-related quality of life in a PTSD clinical sample. *Traumatology*, *19*(1), 20-27.

Seo, D., Torabi, M., & Blair, E. (2012). Campus violence preparedness of US college campuses. *Security Journal*, *25*(3), 199-211.

Planning Successful Educational Travel: Tetanus, Revolution, and "My Daughter Is *Where*?!"

Shoshana D. Kerewsky, PsyD, HS-BCP & Lauren Lindstrom, PhD

Abstract

Opportunities for educational international travel are increasingly popular with both human services students and programs; however, programs and the faculty/staff developing the international experience are not always aware of, or attentive to, the potential risks associated with these experiences. Anticipating, decreasing, and planning for potential problems can reduce risk and liability concerns. We describe a number of potential risk areas and suggest strategies to decrease their potential impact. We also identify typical institutional resources. A video link and two vignettes are provided for practice and to stimulate discussion.

Introduction

Many programs offer educational international travel options for their human services students. Such programs offer many benefits; however, the potential risks for both students and the institution are sometimes overlooked or insufficiently considered. The intention of this presentation was to highlight potential risks associated with these programs and provide potential means to decrease or eliminate them.

It is easy to be caught up in the excitement of educational travel opportunities for students. We often focus on the content of the experience, asking questions such as *Where will students go? What will they do? Whom will they meet? What will they learn?* For a trip to be successful, however, we also need to consider the permissions, policies, and documentation that will reduce the inevitable risks associated with travel. It is very much the case that "Enthusiasm for international activities often overshadows the very real liabilities that can accompany such endeavors" (Cure, n.d.). Ethically, legally, and for our students' safety, it is imperative that administrators and faculty anticipate the potential for problems as well as the benefits of international student experiences.

We focus here on faculty/staff-led travel. Often the college or university has an international or study abroad office that offers its own educational and field study or internship programs. An advantage of working within these programs is that liability is generally well-accounted. However, these experiences may be too general for human services students, or the human services program may want to exercise more control over student selection, pre-and post-travel briefing and processing, and activities and discussion during the trip. Faculty/staff-led travel meets these needs more effectively, but preparation and resources for risk management may be inadequate or non-existent.

It may be possible for faculty/staff to collaborate with the institution's international office. This is arguably the easiest solution if it is available; however, that office may charge a fee, for example, the time dedicated to your trip by the person who manages passports and medical clearance. In the absence of this option, consultation may be helpful, as may a lively imagination and the ability to generate worst-case scenarios. Our suggestions below are followed by scenarios intended to stimulate faculty/staff discussion and planning.

Any situation in which employees are *in loco parentis* will require some rigidity. None the less, we suggest generating rules and guidelines that are as robust and flexible as possible. Students and faculty in our undergraduate program have visited 22% of the world's countries for a variety of human services-related reasons. No single protocol will fit for each situation. For example, while the institution may require every student to complete a medical form, one of our international partners has offered medical and evacuation coverage that our risk management officer deems superior to the policy offered by our university.

An important factor when considering educational travel experience infrastructure and risk reduction is the inclusion of both administrators and risk management staff, whose viewpoint may be risk-aversive, and the faculty/staff involved, who may be more attuned to positive aspects of the proposed program. While faculty/staff may certainly be aware of and concerned about preventing risk, they may not be fully appreciative of the liability issues at an institutional level. In some cases, they may worry that disclosing risks with jeopardize their approval to offer the program; in some, they may distrust administration; some may simply be inattentive to detail. It may be important to include someone detail-oriented on the planning team if this is not a faculty/staff strength. To increase attention and compliance, administrators or those providing trip oversight should be able to provide a rationale for each requirement that illuminates the intention of preventing harm to students, employees, the people of the country visited, and the participating institution(s).

March (2013) makes a number of useful, pragmatic suggestions, including putting a travel policy in place, confirming that insurance is available and sufficient, using liability forms (such as an assumption of risk and release), using governmental resources, making copies of passports, and following warnings and advisories. This is a good start but very general and under-inclusive. We suggest, in addition, that the planning team or travel coordinator:

1. Establish a timeline for administrative permissions and trip preparation that includes a description of funding and other relevant constraints.
2. Consider providing academic credit associated with required classes/training and the trip, or explicitly stating that you are not doing so.
3. Establish (and enforce) trip eligibility requirements for participants, with attention to ADA and other relevant inclusion/exclusion criteria (for example, a participant must be enrolled or matriculated, legally associated with the university, or may be a community or family member; must be 18 or older; must pay deposit/fees by a deadline; must engage in active group fundraising; must have taken 2nd year

Spanish or higher; must pass a pre-trip class; must be in good academic and conduct standing, must be vaccinated, etc.).

4. Provide, and document completion of, forms and checklists identifying additional documentation required of participants and leaders (for example, valid passport and copy, visa and copy, air tickets and copy, documented medical visit, etc.). See the resource "Logistical Preparation" at the end of this article for more.

5. Establish consequences for participant failure to be/remain eligible, in writing, signed by potential participants—this is an aspect of informed consent! Include financial consequences, refunds, etc.

6. Be sure the leader(s)/participants can be contacted (for example, register the trip with the Department of State's STEP program).

7. Establish a protocol/hierarchical order of contacts for routine and emergency communication.

8. Establish consequences for participant failure to adhere to conduct and participations for the experience, in writing and signed by the student (for example, you will be returned home immediately at your own expense if you drink, etc.).

Although it may be aversive, it is critical to anticipate and ameliorate potential risks. This may be easier to practice using an example. A photo montage video of our recent trip to the Dominican Republic is available at https://www.youtube.com/watch?v=s8Ma4ecj438. It may be helpful to practice identifying potential risks, consequences, and liabilities that you hope were considered or addressed before the trip. (We wish to point out that the bare foot seen on the construction site does not belong to any of our students or faculty.)

International educational experiences may also pose risks to members of the community visited as well. Non-exhaustively, these may include breaches of privacy such as the posting of orphans' photos online without permission, disease transmission from unvaccinated U.S. students, theft, assault, aggressive and microaggressive interactions, and others. These warrant discussion with the faculty/staff leading the trip and preparing students for travel.

When the program has developed the preliminary items identified above, it is important to receive permissions and learn policies from higher administration and to be sure the drafted program-level protocols conform to institutional standards. The institutional Risk Management Office may have procedures and enact requirements for insurance, emergency evacuation and repatriation, and institutional-level agreements about behavior. The Study Abroad office may have policies and documents available as a model, or you may be able to use their online resources. In addition, your institution may have requirements for air travel ticket purchase and travel policies, especially for grant-funded travel.

After determining that the proposed program and unit-level requirements and policies align with the institution's, a more comprehensive procedural draft and forms may be constructed and formally proposed to the offices and administrators who may grant permission

or identify additional concerns. For example, we delayed a recent program in Russia due to unrest in the Ukraine. Though we were aware of this issue and following the news, we were also required to adhere to institutional policies governing international travel in relation to State Department advisories.

In developing participant conduct requirements, do not neglect your program's own documented policies and the NOHS ethics code. You may wish to include additional behavioral agreements in these documents as well as agreements about payment and post-trip responsibilities. For example, our institution does not have a policy forbidding of-age students to drink alcohol on its international trips. However, students on a recent trip to India were required to sign an agreement not to drink, which was the preference of the trip leader and the policy of the ashram whose programs and facilities they were using.

When travel is approved, policies are confirmed, and requirements and documentation are in place, it is still necessary to confirm the staffing and support, both on the trip and at the institution. It is necessary to consider what faculty/staff qualifications are required, whether faculty/staff or other chaperones will be paid (or, at some institutions, may not be paid), and whether a co-leader or assistant will accompany the trip. In some cases, faculty who have received grant funding for their travel or an award to conduct or support the trip, will need to be sure that the criteria and restrictions of the grantor are met as well. At times, this can be an uneasy fit with institutional demands. Do not exploit or inappropriately utilize administrative and secretarial staff members. Identify and use only appropriate support personnel. Identify pre-, in-, and post-trip responsibilities, and designate who is responsible for each in writing.

We recommend developing the educational and training requirements and providing them in writing to students prior to their decision to participate in the experience. There may be rules about whether credit can be granted for the trip itself. If this is not permitted for faculty/staff-led travel, it may be possible to offer classes before and after the trip or require non-credit training experiences. We find that students report the experience as most meaningful when they have pre-trip briefing, in-trip opportunities for guided discussion and meaning-making activities, and post-trip debriefing and opportunities to present their experiences to a broader audience.

It is worth emphasizing that reasonably anticipated potential risks must be articulated to all parties, from participant to institution, prior to permissions, agreements, payment, or travel. At the participant and leader level, these may involve issues such as threats to health, theft, or culture shock. At the program level, issues such as responding to ethical violations, health issues, behavior issues, and others may be most relevant. Institutionally, there may more formal legal/risk management issues as well as the threat to the institution's reputation if something goes wrong and is poorly managed. All parties must agree to the program's parameters.

Materials describing the program for students should also include an overview of the experience. This may include why this destination and these activities were chosen, how the experience is intended to benefit participants, what problems should be anticipated, and how these problems should be minimized. Potential participants should be prescreened using clear eligibility and goodness of fit requirements, then monitored for continued eligibility. We suggest

periodically circulating the list of accepted participants at faculty/staff meetings to confirm that they are in good academic and ethical standing, for example.

Whether in a class or required non-credit meetings, students (and perhaps faculty/staff trip leaders) should receive at least the minimal training reasonably needed for their comfort, their educational needs, and, of course, risk reduction. Topics should at least include information about the specific country or area, the regional history, local and national politics, customs, local culture, language (including basic conversational and help-seeking phrases), and the specifics of the experience. A broader orientation to "voluntourism" and discussions of beneficence and non-maleficence related to this experience will associate their ethical standards, the conduct requirements, and their reasons for participating in this experience more deeply. Topics such as privilege, how to make meaning of the experience, and how to bring the experience home to human services practice should also help students to make good decisions that reduce risk.

In addition, students need to be aware of more mundane risks. (Cure, n.d.) identifies these topics:

1. "Simple but frequent problems like lost passports, incorrect airline tickets, or participant health concerns….
2. "Pickpocketing, petty theft, assault, robbery, sexual assault, murder, and other serious crimes….
3. "Sexual and other forms of harassment….
4. "Traffic accidents….
5. Natural disasters…
6. Mental health issues."

It may be helpful to have students generate scenarios based on each of these common travel risks, then attempt to generate solutions to each other's vignettes. Based on our own experiences and imaginations, we would add to this list epidemics, serious injury, and protests and uprisings. Faculty/staff may also benefit from similar opportunities. One of the authors recently arrived at a foreign airport to discover that the airline on which she was booked was in collapse and her flight to join the student group had evaporated. This was not enjoyable at the time, but it is likely to be a constructive training scenario for faculty/staff.

Post-trip follow-up should include opportunities for participants to debrief over time. We have sometimes learned about student distress long after the fact, and although we would prefer to know about this earlier, we are glad for the ultimate disclosure and the opportunity to help ameliorate the student's difficulties. Post-trip classes and student presentations allow for more sophisticated, nuanced discussions about diversity and associating what students experienced with their own communities and local phenomena. Participants may wish (or be required by previous agreement) to engage in fundraising to support the next group, or may take on leadership roles (talking to the next cohort of participants, giving "TMI" talks, etc.). We are pleased to see some of our students participate in subsequent trips, both for their sakes and because they are more credible informants of risks and their management for their peers.

Students hoping to participate in the Peace Corps, AmeriCorps, Teach for America, or those planning to attend graduate programs, may be especially interested.

Of course, ethics issues and behavioral concerns that arise on the trip must be followed up. Faculty/staff leaders should debrief with each other as well as with other faculty/staff and administrators as relevant, both to be able to process the experience themselves and to generate constructive documentation of what did and did not work effectively, especially in relation to both the educational goals and risk reduction and liability.

Below we provide two vignettes for risk reduction and liability practice. All are fictional, and all contain elements comparable to our experiences but aggregated and disguised. We encourage readers to construct their own based on events related to their institutions, news articles, and fears. Anticipation and preparation will put many of those fears to rest.

Vignette 1

A trip leader is on a flight to an African country with 4 students, and another 6 students are on a different flight. The leader's flight is snowed in and the 6 students arrive alone after 28 hours. They do not speak the language or know what to do or where to go, but they know that their destination is about a 1-hour drive from the airport. Arriving the next day, the trip leader is relieved that the students made it to the village, but she learns that they hired motorbike drivers to get them there. Two students drank local water and must remain at their homestays for several days of misery while the group visits projects in other villages. Three students pet village dogs and get ringworm. One gets fleas as well. One may be pregnant, but she's not sure if she had sex because she was inebriated on a local substance that's not illegal in the US.

Vignette 2

A 19-year-old student who is politically active in the LGBTQI community goes on a trip to a country where homosexual activity is illegal and gay men are frequently targeted and beaten or arrested and given long prison sentences. The student arrives for the group's breakfast with a black eye and says he was harassed by the police when he went for a walk. He says he didn't do anything illegal, but did "hang around" outside what appeared to be a gay club. He is extremely upset but doesn't want to talk about it with the trip leader, saying that "You wouldn't understand, and anyway, we're here to look at educational systems, not to talk about my sexuality." After returning home, the trip leader gets an angry phone message from the student's mother. She says that her son was sexually assaulted by the police and wants to know why the leader didn't contact her immediately.

References

No author. (2013, March). Travel alerts, warnings, and advisories [web log post]. Available from
https://www.edurisksolutions.org/templates/template-
blogs.aspx?id=266&blogid=100&pageid=47

Cure, J. (n.d.). Who owns the risk of international programs? Business Officer (online
publication of National Association of College and University Business Officers).
Available from http://www.nacubo.org/Business_Officer_Magazine/Business_
Officer_Plus/Online_Articles/Who_Owns_the_Risk_of_International_Programs.html

Resources

The Center for Global Education. (n.d.). SAFETI (Safety Abroad First - Educational Travel
Information): http://globaled.us/safeti/

IE3 Global Internships: Logistical Preparation:
http://ie3global.ous.edu/accepted/logistical_preparation/

State Department Smart Traveler Enrollment Program (STEP):
http://travel.state.gov/content/passports/english/go/step.html

U.S. Embassy or Consulate: http://www.usembassy.gov/

Various Forms of Ongoing Education about Normal and Pathological Aging for Patrol Officers and Other Human Service Professionals

Susan Miedzianowski, PhD

Abstract

The study examined feedback from patrol officers regarding the relationship between knowledge of normal and pathologic aging and the preference of patrol officers to work with older adults, including those with Alzheimer's disease and related dementias (ADRD). Data were collected from 112 patrol officers in the State of Michigan using a web-based survey. Significant relationships were found between knowledge of aging or Alzheimer's disease and patrol officers' preference to work with older adults including those with ADRD. Patrol officers who had greater knowledge of aging and Alzheimer's disease were more likely to have a preference to work with older adults. This study demonstrated that knowledge influences the preference of patrol officers to work with older adults including those with ADRD. Patrol officers need to maintain a solid knowledge foundation of normal and pathological aging to meet the needs of the growing segment of this population

Key Words: Alzheimer's disease, older adults, patrol officers, preferences, training,

Introduction

Over the next several years, the population within the United States will experience a change, moving from a younger society to one that is proportionately older. This shift is projected to create changes in the frequency and type of interactions between patrol officers and older citizens. "Higher levels of exposure to older adults influence a more favorable and realistic perspective of functioning and comfort as well as likelihood to work with older persons" (Cherry, Allen, Jackson, Hawley, & Brigman, 2010, p. 282). With this societal change, patrol officers need to have extensive knowledge regarding normal and pathological aging that may affect their preference to work with the older population (Cupello, 2010; Sever & Youdin, 2006).

The duties of sworn patrol officers include obligations to answer assigned service calls regardless of the issue (Cupello, 2010; Lachenmayr, Denard-Goldman, & Brand, 2000; Michigan Commission on Law Enforcement Standards [MCOLES], 2006). Increased knowledge of both normal and pathological aging including, but not limited, to Alzheimer's disease and related dementia (ADRD) could result in improved attitudes among patrol officers (Hawley, Garrity, & Cherry, 2005). Allan and Johnson (2009) asserted knowledge improves attitude, although research has not established the existence of a relationship between patrol officers' knowledge of aging and ADRD and their preference to work with older adults, including those with ADRD.

Social Learning Theory

Lachenmayr et al. (2000) used social learning theory (SLT) to show that patrol officers who possessed increased knowledge about aging and ADRD were in unique positions to work with this population. They explained that SLT could be used to explain behavior as actions that occur as a result of knowledge and skills, self-confidence, and positive outcome expectations. SLT provides specific credence to the approach that observation and direct learning influence human thought, affect, and behavior (Latham & Saari, 1979). Additionally, SLT supports the concept that behavior among cognitive elements and various determinants within the environment results in reciprocal interactions (Latham & Saari, 1979).

Researchers (Cherry, Allen, Boudreaux, Robichaux, & Hawley, 2009; Hawley et al., 2005) stated that possessing fundamental knowledge of both normal and pathologic cognitive aging allows patrol officers to maintain appropriate expectations for older adults during daily interactions with the public. Effective interactions with older adults require patrol officers to have sufficient knowledge to perform accurate appraisals of cognitive competencies and follow through with appropriate interventions. Knowledge of the various aspects of aging, as well as those clinical conditions that influence cognition, could affect the ability of patrol officers to provide quality services to older adults within their communities.

Professional education for patrol officers to work with older adults, specifically those with ADRD, can be accomplished through different venues. Table 1 presents the different types of training in which patrol officers participate to learn about the aging process. With the exception of promotional and specialized training, patrol officers are expected to complete recruit training, inservice training, field training, and roll-call training.

Purpose of the Study

As the population continues to shift from younger to older, substantial changes regarding the frequency and types of interactions between patrol officers and older citizens within the community are also changing. Without an understanding of the aging process and its influence on their beliefs and biases, these officers may encounter obstacles when placed in situations for which their training was insufficient (Sever & Youdin, 2006). The purpose of this quantitative study was to examine feedback from patrol officers regarding the presence or absence of a relationship between the knowledge of normal and pathologic aging and its influence on the preference of the patrol officers to work with older adults, including those with ADRD. Two research questions are addressed in this study.

1. Does the perception of adequate knowledge and type of workplace training of aging and Alzheimer's disease and related dementias significantly predict the actual knowledge of aging and Alzheimer's disease and related dementias?

2. Is there a relationship between actual knowledge of patrol officers regarding aging and Alzheimer's disease and their preference to work with older adults and those with Alzheimer's disease and related dementias?

Methods

This study incorporated a non-experimental, quantitative survey approach to study patrol officers' attitudes and knowledge of aging related to their preference to work with older adults including those with ADRD. This type of study does not provide a treatment or intervention to the independent variable and allows generalization of the findings to the population of patrol officers in the state of Michigan.

Participants

The data were collected using an online survey with the link provided to a random sample of 619 law enforcement agencies in the state of Michigan. Completed surveys were submitted by 112 patrol officers working in police departments, sheriff's offices, tribal councils, and selected university campuses. Other types of law enforcement agencies were not included in the study because they did not perform community patrol duties on a routine basis.

A total of 112 participants were included in the study. The mean age of the patrol officers was 42.27 ($SD = 9.38$), with a range 25 to 67 years. The majority of the participants were male ($n = 97$, 87.4%) and Caucasian ($n = 103$, 92.8%). The largest group ($n = 29$, 26.6%) had completed some college, with 28 (25.8%) indicating they had graduate degrees. Table 2 presents the demographic characteristics of the sample. The participants had worked in law enforcement for an average of 18.24 ($SD = 9.78$) years, with a range from 2 to 43 years.

The patrol officers indicated the types of training they had received for working with older adults and those with ADRD. The largest group of patrol officers ($n = 57$, 62.6%) had participated in inservice training for working with older adults, with 53 (61.6%) reporting participation in inservice training for older people with ADRD. Other types of training are presented in Table 3.

Instrumentation

The online survey incorporated three tools to obtain information on the personal and professional characteristics of the patrol officers and determine their knowledge of aging and ADRD. A researcher-developed demographic survey obtained information on the personal characteristics of the participants, their participation in training, and their self-reported knowledge of training. Their preference to work with specific groups of people, including older adults and those with ADRD, was also obtained on the survey.

Palmore's Facts on Aging (FAQ2, Cupello, 2010; Hawley et al., 2005) measures the knowledge of "physical, psychological, social, and economic factors related to aging and to measure misconceptions regarding elderly people" (Wang et al., 2010, p. 743). The 25 items on the survey assessed actual knowledge of the aging process. Possible scores could range from 0 to 25 with higher scores indicating greater knowledge base of aging. The coefficient alpha was reported as 0.7 (Harris & Changas, 1994).

Alzheimer's Disease Knowledge Scale (Carpenter, Balsis, Otilingam, Hanson & Gatz, 2010) measures "risk factors, assessment and diagnosis, symptoms, life impact, care giving, and treatment and management" (Carpenter et al., 2009, p. 243). The items were rated as either true (1) or false (0). The scores were the total number of correct answers, with higher scores indicating greater knowledge of Alzheimer's disease. The reliability of this instrument was determined through test-retest interval ranging from 2 to 50 hours with a reliability coefficient of .81, $p < .001$ (Carpenter et al., 2009).

Data Collection

Data were collected using SurveyMonkey. After receiving approval from the Institutional Review Board, letters were sent to administrators at randomly selected law enforcement agencies in Michigan. The flyer included in the letter invited patrol officers to participate in the research by completing the online survey. The link to the survey was included on the flyer. Surveys were completed by 112 patrol officers.

Findings

The participants self-reported the adequacy of their knowledge using a 5-point scale, ranging from strongly agree to strongly disagree. Most of the participants indicated they either agreed or strongly agreed that they had adequate knowledge for working with older adults and those with ADRD (Table 4). The scores on the Palmore's Fact on Aging ranged from 0 to 15, with a mean of 7.27 ($SD = 4.02$). Possible scores on this scale could range from 0 to 25, with higher scores indicating greater knowledge of aging. The Alzheimer's Disease Knowledge Scale had actual scores ranging from 6 to 29, with a mean of 22.23 ($SD = 3.76$). Possible scores could range from 0 to 30, with higher scores indicating greater knowledge of Alzheimer's disease (See Table 5).

Stepwise multiple linear regression analysis was used to determine if participation in different types of training could predict patrol officer's actual knowledge of aging based on Palmore's Facts on Aging. Two types of training, inservice training and recruit training, accounted for 21% of the variance in actual knowledge of aging, $F(2, 109) = 14.38$, $p < .001$. The other types of training were not statistically significant predictors of actual knowledge of aging. Inservice training was the strongest predictor of actual knowledge of aging, $\beta = .38$, $r^2 = .18$, $t = 4.36$, $p < .01$. Recruit training explained an additional 3% of the variance in actual

knowledge of aging, $\beta = .19$, $r^2 = .03$, $t = 2.15$, $p = .03$. The other types of training and perceived knowledge of aging did not enter the stepwise multiple linear regression equation, indicating they were not statistically significant predictors of actual knowledge of aging (See Table 6).

Pearson product moment correlations were used to examine the relationships between actual knowledge of patrol officers regarding aging and Alzheimer's disease and their preference to work with older adults and those with ADRD. Statistically significant correlations were obtained between actual knowledge of aging and preference to work with older adults (r [101] = 23, p = .02 and preference to work with the oldest old (r [98] = .25, p = .01. The correlation between actual knowledge of ADRD was not related to the patrol officers' preferences to work with older adults diagnosed with ADRD. These findings provided support that patrol officers who had higher scores on actual knowledge of aging were more likely to prefer working with older adults and those diagnosed with ADRD.

Discussion

The different types of training and perceived knowledge of aging were used to predict actual knowledge of aging. Inservice training and recruit training were statistically significant predictors of actual knowledge of aging in a positive direction. Statistically significant positive relationships were found between the actual knowledge of aging and the preference to work with older adults (age 65 to 84), as well as the oldest old (age 85 and older) providing support for previous research that increased knowledge had a positive influence on preference to work with older adults.

Education is a tool and cannot be applied in a vacuum, but rather, performance and preference also may be tempered by experience. Including educational modules on aging in basic training and continuing as a component of on-the-job training could increase self-efficacy in patrol officers and influence their preference to work with older adults.

The study findings demonstrated a need to incorporate an educational component on the normal and pathological aging processes starting at the police academy level and continuing in other formats, such as multimedia and professional development presentations throughout the careers of patrol officers. Liederbach and Stelle (2010) stressed that policy improvement regarding inservice training should incorporate topics that emphasize more service oriented calls. Adopting policies to improve the knowledge base of patrol officers regarding aging and ADRD, the needs of older adults can be better served, allowing them to remain independent longer. Learning about the ongoing every-day issues of this group is needed to adapt to changing demographic trends successfully.

Limitations of the Study

   The primary limitation of the study was the use of patrol officers in the state of Michigan. The results may be different if the study had been conducted across a number of different states. The use of a computer-generated survey may have been a limitation because patrol officers are typically out in the field and spend limited amount of time in the office. The majority of participants were Caucasian men, which may limit the generalizability of the study to patrol officers from different racial/ethnic groups.

   Further research needs to be conducted to validate the findings of this study. Using a larger, more heterogeneous sample may provide additional perspectives on working with older adults and those with ADRD. Women tend to be more likely to be caregivers, and patrol officers from different ethnicities may have different cultural biases toward aging.

Table 1

Types of Training for Working with Older Adults

Type of Training	Description
Field training	This training, after completion of formal education, is done on the job, using a less formal process to orient inexperienced officers. Field training is usually accomplished through assignment of the new officer to work on the job under the supervision or mentorship of a more experienced officer. "Officers may encounter older populations during this stage and could potentially receive tips from the experienced officers about their understanding of these populations" (Sever & Youdin, 2006, p. 5)
Inservice training	This training is required for all officers regardless of rank. Active duty officers are usually required to complete a specified number of inservice training hours annually. Inservice training "could serve as a review of many of the issues covered in recruit training or it could center on contemporary issues involving specific populations" (Sever & Youdin, 2006, p. 5).
Promotional training	Training that is required of officers at the time of promotion to a higher rank. At this level, the training applies to the "protocol and standard procedures necessary for the position" (Sever & Youdin, 2006, p.5)
Recruit training	A formalized educational program that occurs in the beginning stages of the patrol officer's career (Sever & Youdin, 2006).
Roll call training	A common type of training that can occur on a daily basis within the departments. This type of training is generally conducted at the beginning of the shift and covers current events pertinent to work detail (Sever & Youdin, 2006)
Specialized training	Training provided to officers who have been selected to receive preparation for a specific issue that is critical to the community (Sever & Youdin, 2006)

Table 2

Frequency Distributions: Gender, Ethnicity, and Educational Level of the Participants (N = 112)

Gender, Ethnicity, and Educational Level	Frequency	Percent
Gender		
Male	97	87.4
Female	14	12.6
Missing	1	
Ethnicity		
African American	4	3.6
American Indian/Alaskan Native	1	0.9
Asian/Pacific Islander	2	1.8
Caucasian	103	92.8
Hispanic	1	0.9
Missing	1	
Educational Level		
High School graduate	27	24.8
Some college	29	26.6
Bachelor's degree	25	22.8
Graduate degree	28	25.8

Table 3

Frequency Distributions – Types of Training ($N = 112$)

Types of Training	Frequency	Percent
Types of Training for Working with Older Adults		
Roll call training	39	42.9
Recruit training	42	46.2
Promotional training	10	11.0
Inservice training	57	62.6
Specialized training	33	36.3
Field training	40	44.0
Types of Training for Working with Older Adults with ADRD		
Roll call training for ADRD	35	40.7
Recruit training for ADRD	34	39.5
Promotional training for ADRD	9	10.5
Inservice training for ADRD	53	61.6
Specialized training for ADRD	32	37.2
Field training for ADRD	35	40.7

Table 4

Frequency Distributions: Self-reported Adequate Knowledge to Work with Older Adults (N = 112)

Self-reported Adequate Knowledge to Work with Older Adults	Frequency	Percent
Adequate knowledge to work with older adults (general)		
Strongly agree	23	21.1
Agree	76	69.8
Disagree	8	7.3
Strongly disagree	2	1.8
Missing	3	
Self-reported adequate knowledge to work with older adults with ADRD		
Strongly agree	13	11.7
Agree	69	62.2
Disagree	25	22.5
Strongly disagree	4	3.6
Missing	1	

Table 5

Descriptive Statistics: Scores on Knowledge of Aging and ADRD

Scale	*N*	*M*	*SD*	Range Minimum	Maximum
Facts on Aging (FAQ2)	112	7.27	4.02	0	15
Alzheimer's Disease Knowledge	112	22.23	3.76	6	29

Table 6

Stepwise Multiple Linear Regression Analysis – Actual Knowledge of Aging

Predictor	Constant	*b*-Value	*β*-Weight	Δ r^2	*T*	Sig
Included Variables						
Inservice training	5.14	3.04	.38	.18	4.36	<.01
Recruit training		1.55	.19	.03	2.15	.03
Excluded Variables						
Roll call training			-.11		-1.29	.20
Promotional training			-.11		-1.19	.24
Specialized training			.02		.22	.83
Field training			.05		.54	.59
Perceived knowledge of aging			.03		.34	.74

Multiple *R*	.46
Multiple R^2	.21
F Ratio	14.38
DF	2, 109
Sig	<.01

References

Allan, L. J., & Johnson, J. A. (2009). Undergraduate attitudes toward the elderly: The role of knowledge, contact and aging anxiety. *Educational Anxiety, 35*, 1-14. doi:10.1080/03601270802299780.

Carpenter,B., Balsis, S., Otilingam, P. G., Hanson, P. K., & Gatz, M. (2009). The Alzheimer's Disease Knowledge Scale: Development and psychometric properties. *The Gerontologist, 49*(2), 236-247. doi:10.1093/geront/gnp023

Cherry, K. E., Allen, P. D., Boudreaux, E. O., Robichaux, M. L. & Hawley, K. S. (2009). Knowledge of memory aging in students, caregivers, and senior service providers. *Educational Gerontology, 35*, 541-552. doi:10.1080/03601270902821343

Cherry, K. E., Allen, P. D., Boudreaux, E. O., Robichaux, M. L. & Hawley, K. S. (2009). Knowledge of memory aging in students, caregivers, and senior service providers. *Educational Gerontology, 35*, 541-552. doi:10.1080/03601270902821343

Cupello, M. S. (2010). *Law enforcement knowledge of elder laws and beliefs about aging* (Master's thesis). Retrieved from ProQuest LLC. (UMI Number 1480367).

Harris D. K., & Changas P. S. (1994). Revision of Palmore's Second Facts on Aging Quiz from a true-false to a multiple choice format. *Educational Gerontology, 20*(8), 741-754. doi:10.1080/0360127940200802

Hawley, K. S., Garrity, A. W., & Cherry, K. E. (2005). Knowledge of normal versus pathological memory aging among police officers. *Educational Gerontology, 31,* 1-17. doi:10.1080/03601270590522161

Lachenmayr, S., Denard-Goldman, K, & Brand, F. (2000). Safe Return: A community based initiative between police officers and the Alzheimer's Association to increase the safety of people with Alzheimer's disease. *Health Promotion Practice, 1,* 268-278. doi:10.1177/152483990000100313

Latham, G., & Saari, L. (1979). Application of social-learning theory to training supervisors through behavioral modeling. *Journal of Applied Psychology, 64*(3), 239-246. doi:10.1037/0021-9010.664.3.239

Liederbach, J., & Stelle, C.D. (2010). Policing a graying population: A study of police contacts with older adults. *Journal of Crime and Justice, 33*(1), 37-68. doi: 10.1080/0735648X.2010.9721279

Michigan Commission of Law Enforcement Standards (2006). Statewide job analysis of the patrol officer position: Final Report. Retrieved www.michigan.gov/mcoles/0,4607,7-229--161687--,00.html - 31k - 2010-08-04

Sever, B., & Youdin, R. (2006). Police knowledge of older populations: The impact of training, experience and education. *Professional Issues in Criminal Justice: A Professional Journal, 1*(2), 35-54. Retrieved from https://kucampus.kaplan.edu/documentstore/docs09/pdf/picj/vol1/issue2/Police_Knowledge_of_Older_Populations.pdf

Wang, C.C., Liao, W. C., Kuo, P. C., Yuan, S. C., Chuang, H. L., Liao, H. Y., Elaine, M., Lee,
M. C., & Yen, C. H. (2010) The Chinese version of the Facts on Aging Quiz scale:
reliability and validity assessment. *International Journal of Nursing Studies, 47*(6), 742-
52. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/20022322

Social Media & Human Services: Is the Gamble Worth the Payoff?

Alice Walters, ABD

Abstract

Human service professionals practice in the context of their communities. Internet technology and social media have expanded the definition of community opening new communication channels. Practitioners may understand the need to enter the social media conversation but remain unsure of the best way to "play their cards" to leverage social media for human service goals. This paper explores the role of social media in human services including current research and practical application. Case study examples from non-profit organizations guide steps in social media use and generate practical tips to ensure the "gamble is worth the payoff" for human service professionals.

Introduction

Technology is changing the face of human service provision. Social media is the new frontier forging connection and conversation across geographic community divides. Practitioners may wonder if the payoff is worth the gamble of using emerging technology for human service goals. This paper explores how social media holds promise for assisting human services in a variety of contexts. Current research and ongoing evaluation contribute to successful human service application of social media. Case study examples from non-profits using social media provide valuable experience on the realities of social media use for human services. Integrating theory, research, and practice in social media and human services is a solid foundation for effective strategies. Explored below, is the significance of social media for human services, its benefits, challenges, practical strategies, and current research developments.

Significance

Social media includes a wide range of online communities. Merriam-Webster (2015) defined social media as electronic communication in online communities used to share information and ideas in a variety of formats. The various online sites for social media may be termed platforms, formats, or sites. The breadth of these social media applications continues to expand and change rapidly. One constant is the far-reaching effect of social media and its growing impact on social culture. Human service practitioners are prudent to address questions exploring the relevancy of social media to the profession.

Why is social media important to human services?

Research on social media use confirms perceptions that internet social networking sites attract a population from all demographic groups. The Pew Research Center (2015a, 2015b) investigation into social networking found:

- 58% of all adults are using at least one social media site
- 74% of online adults use social networking sites
- This percent holds steady across gender, race, age, income, and education
- Using social media by age group:

> 90% - ages 18-29
> 78% - ages 30-49
> 65% - ages 50-64
> 46% - age 65+

- The top reason for using social media is connecting to social relationships (66%)
- Facebook has the highest percentage of users at 71% of internet users
- Twitter, Instagram, Pinterest, and LinkedIn each claim approximately 25% of internet users

These findings indicate that the majority of online adults participate in social networking sites. Not surprisingly, younger age groups have higher rates of participation in social media. Facebook claims the greatest social media popularity but other sites seem to attract an equal distribution of members. Lastly, the value of the social relationship is central to all social networking formats.

What formats are available in social media?

Social media involves two primary components. The format is "social" when an interactive component is included. The social aspect of social media encourages discussion and contribution from viewers in an online community. The particular social media application will also include varying amounts of "media" or information. The information source may range from an individual opinion, a link to another source, or expertise that recognized in a professional environment. Social media may include:

- Blogs
- Email
- Websites
- Forums
- Video & Photo Sites

- Radio Blogs and Podcasts

There are many available online sites for each example of social media format. These sites each have particular structures and rules of use. Sites may develop and expire, or fall into disuse, rapidly in the online environment. Decisions about sites to use for human service applications may depend on the audience, the material shared, and the popularity of the site or platform. All formats offer some benefits for human services.

Social Media Benefits

Human service workers can leverage social media for achieving human service goals. Social media enlarges our sense of community. Geographic boundaries no longer confine human service issues to a particular location. Instead, social media provides the ability to reach a global audience. Social media is a valuable tool to advance goals in human services.

How can human services use social media?

Human service professionals may use social media for objectives of:

- Providing Information
- Fundraising
- Gaining Volunteers
- Enlarging Community
- Increasing Support
- Strengthening Networks

Researchers have found that social media benefits users. When human service workers employ social media, benefits extend to participants in the online community. Research from Pew Research Center (2015b) supported positive benefits for social media participants:

- Social networking sites help maintain close social ties.
- The average user of a social networking site has more close ties and is half as likely to be socially isolated as the average American.
- Facebook users are more trusting than others.
- Facebook users have more close relationships.
- Internet users get more support from their social ties and Facebook users get the most support.
- Facebook users are much more politically engaged than most people.
- Facebook revives "dormant" relationships.
- MySpace users are more likely to be open to opposing points of view.

A reciprocal benefit occurs when human service professionals use social media to promote humanitarian goals and participating online community members gain positive results. Successfully using social media is not without challenges, however.

Social Media Challenges

There are challenges to embracing and using social media in human services. "Newbie" users may be confused and overwhelmed by the variety of social media and their nuances. "Intermediate" level users may be familiar with a few tools but entrenched in habitual patterns and sporadic participation. Even "advanced" users comfortable with many social media formats and demonstrating frequent participation may need to develop new skills and learn to apply proven strategies of success. For human services, time constraints may impede every level of social media participant. Streamlining social media content is possible to maximize human service objectives. Understanding practical strategies of social media use may overcome challenges at every level of implementation.

Practical Strategies

Practical strategies for using social media in human services involve several principles. First, social media seeks to increase the engagement of online community members. Figure 1, below, illustrates an action trajectory. A community participant may first seek information, then become engaged in discussion or issues, and finally, be moved to take action for a cause. This model demonstrates the value of using social media to move participants forward in the trajectory to the next stage. Active participants may cycle through the trajectory repeatedly, as they gain new information, become further engaged, and decide to take additional action.

Figure 1. Trajectory of Action.

Action

Engagement

Information

Figure 1. Community participant trajectory of action. for a
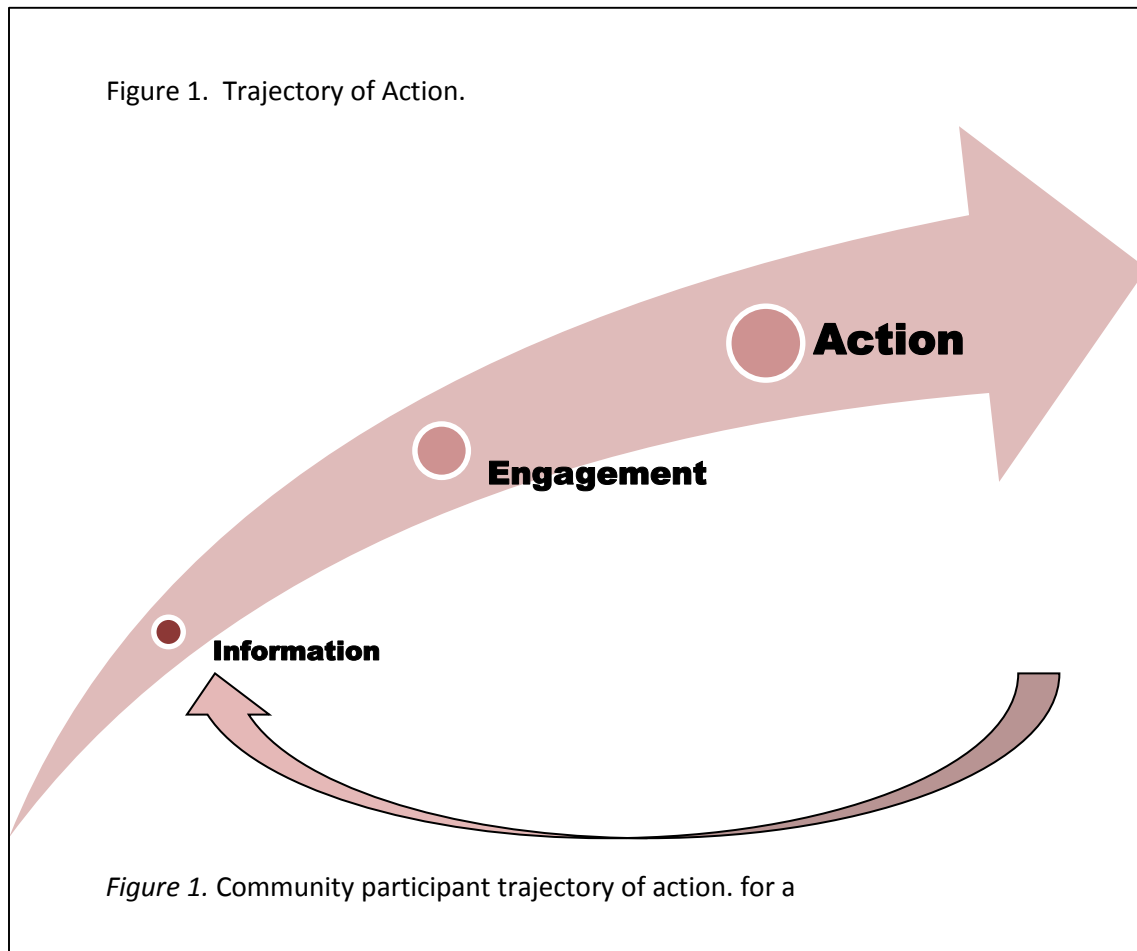
Using social media to move participants along the trajectory of action also requires applying additional principles. Human service workers need to understand the three components of content, format, and maintenance to improve their social media application.

What content should be included in social media?

The human service message flows from a mission statement. Consider the mission in your human service context. The social media message should clearly reflect the mission statement and be easily understood. Mission statements are best when simply articulated. All social media content should directly link to a specific and clear mission statement. The social media content should be:

- Concise
- Consistent
- Integrated

- Interactive

Social media content accommodates shorter amounts of information. Online community members seek brief but engaging content. Questions are often a successful strategy to invite dialogue. The content message should be consistent and integrated through all social media formats. Every post or photo requires evaluation for its contribution to portraying the "branding" of the mission. This means that content messages are continually building a perception in the minds of online viewers.

A primary concern is to generate conversation and interaction through the shared message. Your message should aim to combine your message (media factor) with an interactive element (social factor) suited for your audience. A one-sided conversation (are yours the only posts?) or lack of discussion is a "red flag" to tweak your content to invite comment. Below, Figure 2 illustrates an example of a content message from the Detroit area nonprofit, It Takes a Village, Inc. (ITAV). ITAV has a mission "to provide services that encourage children, adults, and families achieve their fullest potential."

Figure 2. Post Example.

It Takes A Village, Inc.
October 9

Hello Villagers...question...what do you see as the biggest social issue affecting our youth?

Like · Comment · Share

Figure 2. Example of social media post using a question.

This post presents a current perspective, opening dialogue, and integrates well with the mission of the nonprofit to improve children's lives. It is a successful example of social media content.

Who is the audience for your message?

The audience for your content message is specific. Identify the primary audience and consider any relevant demographic characteristics. Who is most interested (or should be) in your

message? A secondary audience should also be determined. Consider what you know about your audience. Get to know your audience better. Target content to your audience.

How are format decisions made?

There is a wide variety of social media formats available. Deciding on a particular format may be as simple as a user's familiarity or comfort level with a favorite format. The type of media may also determine platform choice. For example, YouTube accommodates video uploads. Media overlap is present in many sites, however, allowing multiple media forms on a single site. Demographics for a media site may also influence decisions on format. Choosing a format popular with a primary audience may guide social media decisions. Understanding the latest trends in social media use is helpful for making format choices. The Pew Research Center (2015a) identified several important findings on social media use.

- Facebook continues to be the most popular social media site.
- Facebook users are active with a majority posting daily.
- Facebook attracts 56% of older online adults (ages 65 and over).
- Facebook is the primary site for those using only one social media site.
- Increasing numbers of online adults use more than one social media site (52%).
- Half of young adults (ages18-29) use Instagram nearly daily.
- LinkedIn continues to attract college graduates and professionals.
- Pinterest attracts more women (42%) than men (13%).

These findings indicate that Facebook is a good choice for all social media users. Branching out to additional social media sites may depend on the audience and the type of social media form. Figure 3 demonstrates a post to Twitter for CASS-MIND Academy, a nonprofit using creative arts, innovative instruction, and mentoring to foster youth educational success.

Figure 3. Twitter Post.

Figure 3. A post to Twitter or "tweet" of a nonprofit organization event.

The inclusion of a photo adds a visual element to the post. This post is also a good example of connecting with current news events. Figure 4 demonstrates a message integrating two social media by CASS-MIND Academy.

Figure 4. Integrated Twitter Post.

Figure 4. A post to Twitter integrating social media.

This post uses one platform (Twitter) to direct community members to another social media site (BlogTalkRadio). This is a good timesaving strategy. The same content, with slight changes, works across different social media sites. Radio blogs are a less explored social media but have potential to reach additional audiences. BlogTalkRadio appears at: http://www.blogtalkradio.com/ Decisions on social media format for human services must also consider the role of maintenance or upkeep for the social media site.

How important is social media maintenance?

Maintenance of social media is the process of keeping content current. The frequency of posting may differ by format. It is important to incorporate "fresh" or new content frequently enough to capture the attention of online community participants. Sites that do not display new information do not attract or maintain attention in the social media context. A benefit of social media is the ability to adapt quickly to changing social conditions. For example, postings related to current news events may be the source of discussion. Different social media formats may be sensitive to varying frequency of new content but all social media requires regular maintenance for optimal impact.

Where do I start in using social media?

Using social media can be overwhelming. There are many available options. One of the best strategies is to begin with a social media that is most familiar. Building skills through practice at a reasonable pace will also manage initial time investment. Adapting social media to a personal style and reflecting the tone of the mission message is also important. Lastly, multi-tasking by using similar content across varying social media is a time saving practice. These strategies may assist initial ventures into social media. Considering the next steps in social media use is beneficial for human service professionals at every level of familiarity with social media.

What are next steps for social media use?

Basic familiarity with social media leads to planning next steps and increasing proficiency. In planning for future social media development, evaluation of social media attempts and results is critical. Two fundamentals guide social media evaluation for human services. First, furthering the mission of the human service context is critical. Second, evidence of satisfactory audience interaction should be present. Continual evaluation of these two areas will guide planning toward improvements. Expanding into new social media formats is an option to develop a comprehensive social media strategy. Next steps for social media

development in human services include evaluation, expansion, and remaining current on emerging research findings.

Current Research

Current research confirms the positive potential of social media for nonprofit organizations and achieving human services goals. Literature is building on social media applications. A few key findings have relevancy for human service goals. Research includes aspects of theory, nonprofit output, empowerment, and data analysis in social media.

What theories have contributed to social media understandings?

Theory on social media and human services addresses the functions of nonprofits in communities. Shier, McDougle, and Handy (2014) investigated theories underlying nonprofit generated community engagement. These authors found support for social capital theory, political/economic theory, and stakeholder theory. Nonprofits enhanced social capital networks, increased political and economic influence through inclusion, and responded to a wide net of stakeholder influence (Shier, McDougle, & Handy, 2014). Theory is important for understanding the variety of nonprofit roles in community development and the mechanisms of achieving those functions.

Nonprofit methods to reach human services goals rely on resource management. Investigators have explored resource management theory and nonprofit social media use. Zorn, Grant, and Henderson (2013) observed that few nonprofits were active in social media. Resource mobilization theory accounted for deficiencies and barriers in the resource chain that explained low social media participation of nonprofits. Challenges to using social media resources included limited understanding of social media, staff attrition, budget constraints, lack of technological experience, time limitations, and hardware deficiencies (Zorn, Grant, & Henderson, 2013). Overcoming barriers to social media is central to expanding human services applications. The variety of social media uses for human services extends beyond nonprofit community engagement and resource development. Nonprofits have opportunity to use social media for additional purposes.

How do nonprofits use social media?

Nonprofits may use social media for a variety of purposes. Social issue advancement, advocacy, education, networking, donor drives, fundraising, volunteer recruitment, community development, and cross-community initiatives have all been nonprofit social media objectives (Irving & English, 2011; Shier, McDougle, & Handy, 2014). Direct methods employ social media in a clear connection to the nonprofit mission while indirect methods may promote community goodwill more tangentially by participation in community activities. Nonprofits used social media to pool resources in both inter-organizational cooperation and less often,

across neighboring community involvement (Shier, McDougle, & Handy, 2014). Accompanying such beneficial uses of social media are nonprofit deficiencies in social media use.

The newness of social media has contributed to nonprofit deficiencies in utilization. Nonprofits are operating with archaic methods of communication that are not translating to the social media environment. Stone and Wilbanks (2012) commented that current nonprofit donors seek accountability and transparency through easily accessible online information. Their study of nonprofit websites found failure in reports of audit procedures, board governance, and ethical guidelines that increased donor uncertainty and reduced potential resources. Irving and English (2011) also noted website inaccuracies destroyed organizational credibility and communicated greater risk to potential donors. These nonprofit social media deficiencies coalesce around a failure to build and maintain trustworthy relationships in their participatory communities. Failure to expand content to new platforms is another mistake nonprofits may make.

Many nonprofits fail to recognize and use the popularity of social media to their advantage. Nonprofits may be behind the times if they restrict themselves exclusively to organizational websites. Social media platforms provide a larger audience than website traffic for nonprofits (Waters & Jones, 2011). Using social media video has the benefit of integrating marketing elements of audio, visual, and voice for a stronger message but participatory engagement is also key. Limited nonprofit participation across platforms is a barrier to reaching human service goals.

Social media deficiencies have serious consequences for nonprofits in human services. At best, nonprofits miss opportunities to engage potential participants in their mission. At worst, nonprofits damage their reputation and turn participants away through low quality attempts at using technology. Today's tech savvy consumer, participant, or donor holds high standards for electronic communication. Poorly designed websites, missing or outdated information, one-sided dialogue, unresponsive communication, or absence from popular sites are all red flags signaling to community members that a nonprofit may not be reliable or trustworthy. Central to nonprofit social media presence are values of openness, honesty, trust, and communication. Nonprofits may also strengthen values of empowerment through using social media.

How does social media contribute to empowerment goals?

A core value in human services is empowerment of marginalized populations. Human service nonprofits advocate and work to empower a variety of minority populations. Social media has the ability to assist in human services empowerment objectives. Globalization is a current reality and the outreach of social media beyond geographic boundaries is one facet contributing to other globalization trends. Human service professionals that share the stories of the marginalized have the ability to bring issues to a world stage. This type of advocacy marshals influence by spreading knowledge to more people around the globe. Irving and English (2011) discussed social movement education and activism identifying nonprofits as significant to championing the causes of the disenfranchised. These researchers discovered the majority of studied nonprofits (61%) did not include minimal educational materials accessible from online

websites, however. Nearly 40% of examined nonprofits had no identifiable call to action through instructions on volunteering or joining the organization (Irving & English, 2011). Clearly, nonprofits in human services can do better.

Coupled with organizational failures are tensions in participation for the marginalized. Global access to social media gives voice to increasing diversity of perspectives. Ward and Wasserman (2010) examined the ethics of social media's increased lay participation. They recommended tolerance toward less formal contributions and divergent perspectives beyond the mainstream. Despite the promise of increasing participation of the marginalized in social media, there remain concerns about the digital divide and barriers to technological access. Westernization, power differentials, control over content, and cultural misconceptions are challenges facing equality in the social media domain (Irving & English, 2011; Ward & Wasserman, 2010). Dialogue on these issues must infuse human services approaches to social media. This dialogue requires foundation in the contributions of well-designed research in the field.

What data analysis methods are emerging in social media?

Social media research includes both traditional research methods and newer methods developing to capture increasing data complexity. Traditional quantitative, qualitative, and mixed methods designs appear in literature on social media. Giglietto, Rossi, and Bennato (2012) provided a summary of social media literature and observed interdisciplinary overlap with examples of ethnographic, statistical, and computational perspectives. These researchers recommended mixed methods research to address the complexity of data and noted the potential of automatic semantic analysis to aid in data screening procedures (Giglietto, Rossi, and Bennato, 2012). Jurgens (2012) advocated for network analysis and community detection as data analysis strategies to meet challenges for comprehensive overviews of social media interaction. Research involving social media complexity benefits from the integration of data analysis strategies and development of new methodologies. The excitement of social media as an available and prolific data source is propelling new advances to capture community activity and data complexity.

Conclusion

Communities of all types are the framework supporting human services work. Social media developments show great promise for assisting human service professionals in strengthening and expanding community networks. Knowledge of social media significance, benefits, challenges, practical strategies, and current research maximize social media application in human services. The "gamble" of participating actively in social media for human service goals is likely worth the "payoff." Contributions from theory, research, and practice on social media are game changers providing knowledgeable direction and yielding a smart return on investment.

References

Giglietto, F., Rossi, L., & Bennato, D. (2012). The open laboratory: Limits and possibilities of using Facebook, Twitter, and YouTube as a research data source. *Journal of Technology in Human Services, 30*(3/4), 145-159. doi: 10.1080/15228835.2012.743797

Irving, C. J., & English, L. M. (2011). Community in cyberspace: Gender, social movement learning, and the internet. *Adult Education Quarterly, 61*(3), 262-278. doi: 10.1177/0741713610380448

Jürgens, P. (2012). Communities of communication: Making sense of the "social" in social media. *Journal of Technology in Human Services, 30*(3/4), 186-203. doi: 10.1080/15228835.2012.746079

Merriam-Webster. (2015). *Social media.* Retrieved from http://www.merriam-webster.com/dictionary/social%20media

Pew Research Center. (2015a). *Social media update 2014.* Retrieved from http://www.pewinternet.org/2015/01/09/social-media-update-2014/

Pew Research Center. (2015b). *Social networking fact sheet.* Retrieved from http://www.pewinternet.org/fact-sheets/social-networking-fact-sheet/

Shier, M. L., Handy, F., & McDougle, L. M. (2014). Nonprofits and the promotion of civic engagement: A conceptual framework for understanding the "civic footprint" of nonprofits within local communities. *Canadian Journal of Nonprofit & Social Economy Research / Revue canadienne de recherche sur les OSBL et l'économie sociale, 5*(1), 57-75. Retrieved from http://www.anserj.ca/index.php/cjnser

Stone, W. S., & Wilbanks, J. (2012). Transparency and accountability: A look at non-profit internet website content. *Insights to a Changing World Journal* (3), 79-86. Retrieved from http://franklinpublishing.net/insightschangingworld.html

Ward, S. J. A., & Wasserman, H. (2010). Towards an open ethics: Implications of new media platforms for global ethics discourse. *Journal of Mass Media Ethics, 25*(4), 275-292. doi: 10.1080/08900523.2010.512825

Waters, R. D., & Jones, P. M. (2011). Using video to build an organization's identity and brand: A content analysis of nonprofit organizations' YouTube videos. *Journal of Nonprofit & Public Sector Marketing, 23*(3), 248-268. doi: 10.1080/10495142.2011.594779

Zorn, T., Grant, S., & Henderson, A. (2013). Strengthening resource mobilization chains: Developing the social media competencies of community and voluntary organizations in New Zealand. *Voluntas: International Journal of Voluntary & Nonprofit Organizations, 24*(3), 666-687. doi: 10.1007/s11266-012-9265-1

Showtime: Pop Culture's Impact on Society's View of the LGBTQ Population

Hope Comer, Jamie D. Bower, MPhilEd, MSEd., & Narketta Sparkman, PhD

Abstract

Popular culture is an influential aspect that shapes society. Popular culture's impact on society's view of the LGBTQ population was examined in the context of video media representations. Students at a Mid-Atlantic university (n = 7) were presented with representations of LGBTQ individuals in television media during two focus groups. Participants completed pre-and-post-test qualitative surveys regarding their impact and perceptions. Responses were coded to identify themes of the target populations. Misrepresentations, perpetuated stereotypes, changing perspectives, advocacy, personal connection, differing types of media representation, and lack of representation were themes identified throughout participant responses about the varying popular culture mediums.

Keywords: popular culture, culture, LGB, LGBTQ, impact, view, perception

Introduction

We live in a society that is inundated with popular culture. Media, in some fashion, is a part of almost everyone's daily routine, and because of this, popular culture is a powerful and influential force for each individual in our society (Croteau, Hoynes, & Milan, 2012; Gross, 2001). Television is a "key source of information about the world," (Gross, 2001, p. 6). Media coverage and portrayals, regardless of quality and accuracy, are highly modeled and valued by those who partake in any form of popular culture. Unfortunately, there are several groups of individuals that "suffer unequal treatment both in and outside the media," and one of those groups is the LGBTQ community (Croteau, Hoynes, & Milan, 2012, p.212). Several studies indicated that the influence popular culture has on individuals both within and outside the LGBTQ community is striking, as LGBTQ individuals were likely to be portrayed in a negative, homophobic, or stereotypical manner (Croteau, Hoynes, & Milan, 2012; Cowan & Valentine, 2006). Portrayals of LGBTQ individuals in the media have been increasing and are becoming less stereotypical over time, but realistic portrayals are still quite rare (Croteau, Hoynes, & Milan, 2012; GLAAD, 2012).

That being said, not all of popular culture has a negative impact on society. Popular culture has been shown to help some LGBTQ individuals who are in the process of forming their sexual identity. Positive and realistic portrayals can be beneficial to individuals who seek information about sexual identity, especially to those who are coming out as LGBTQ (Bond,

Hefner, & Drogos, 2009). Overall, it is important to realize that popular culture has the power to make changes in societal beliefs about LGBTQ individuals, but this depends on the quality of portrayal of such individuals in the various forms of visual media.

This phenomenological research study sought to explore the impact of various portrayals of LGBTQ individuals, within popular culture, on self-identified LGBTQ individuals at a mid-Atlantic university. Researchers hoped to discover personal experiences and opinions surrounding popular culture and to gain information about the depiction of LGBTQ populations in various forms of media.

As a result, the researchers' purpose was to have a better understanding of how the LGBTQ community and allies of the community perceived LGBTQ portrayal in the media and how media shapes or changes one's beliefs and attitudes about this community. This research was also conducted as part of the National Organization of Human Services (NOHS) Conference presentation and may be used in future manuscript publications.

Literature Review

Popular culture, or the culture of everyone in society, is defined as the cultural world around us (Wilson & Wilson, 2001). This includes our attitudes, habits, actions, what we eat and wear, our buildings, roads, and means of travel, our entertainment and sports, our politics, religion, and medical practices, and our beliefs and activities and what shapes and controls them; in other words, it is the world we live in (Wilson & Wilson, 2001). Naturally, such an overreaching influence can often be a topic of controversy. At the helm of one of those controversies is the representation of the LGBTQ population in popular culture.

According to a Williams Institute review conducted in April 2011, approximately 3.8% of American adults identified themselves being in the LGBT community; further, 1.7% identified as lesbian or gay, 1.8% bisexual, and 0.3% transgender. This corresponded to approximately nine million adult Americans, roughly the population of New Jersey, identifying as LGBT (Gates, 2011). However, percentages regarding this population are often unreliable and fluctuate according to acceptance and increased awareness. For example, the National Survey of Sexual Health and Behavior conducted in 2009 produced the highest estimate of adults identifying as LGB at 5.6% (Gates, 2011). Regardless of the range in percentages, this population represents a significant portion of the United Stated population.

Despite a growing presence and visibility, this does not mean LGBT individuals are represented properly in society. Out of 101 movies released in 2012, only 14 contained identified LGB characters and none contained transgendered characters (GLAAD, 2013). In fact, representations of transgendered individuals in the media have been years behind the curve (GLAAD, 2013). Notably, only 4% of those films from 2012 contained LGBT individuals in significant roles (GLAAD, 2013). Instead, LGBTQ individuals are likely to be portrayed in a negative, homophobic, or stereotypical manner (Croteau, Hoynes, & Milan, 2012; Cowen & Valentine, 2006).

As the culture surrounding the LGBTQ community progresses, changes in popular culture are taking place. Portrayals of LGBTQ individuals in the media have been increasing and are becoming less stereotypical. Even so, realistic portrayals are still quite rare (Croteau et al., 2012; GLAAD, 2012) and those that are present in media are often very subtle. Advertisers, afraid of alienating the heterosexual target market have had to find ways to speak to homosexual consumers that may go unnoticed, e.g., gay "window dressing" or "gay vague" images (Borgerson, Isla, Schroeder, & Thorssen, 2006).

Although popular culture has the power to elicit a negative impact on the perceptions of LGBTQ individuals, it has also been known to help individuals in the process of forming their sexual identity (Bond et al., 2009). Through continued exploration, understanding, and acceptance of the negative perceptions portrayed, popular culture can be used as a tool to fight for equality. As society continues to shift towards acceptance of LGBTQ individuals, popular culture may begin to reflect the negative and positive realities of being LGBTQ in today's world.

Method

Participants

University students (4 females, 3 males; age range: 22-43 years) were recruited with emails and flyers posted throughout the campus of a Mid-Atlantic university. Participants ranged from freshman to senior level students who were exposed to a range of 10-40 hours of social media weekly. Five of the seven participants identified as European American/White while two identified as African American/Black. Participants were part of two separate focus groups. Participants in the first focus group identified as Pansexual (n = 1) and Gay (n = 3); participants in the second focus group reported their sexual orientation to be heterosexual.

Procedure and Materials

This study, phenomenological in nature, was examined from the social constructivist paradigm. Researchers were looking to examine how popular culture impacts society's views of the LGBTQ population, how accurate the depictions of LGBTQ are in the media, and in what ways do the depictions of this population impact society. Two focus groups were conducted, during which participants were presented a slideshow containing facts and statistics about LGBTQ and popular culture. Additionally, the slideshow contained video representations of various LGBTQ portrayals on current television shows. Participants were then asked to write responses to questions pertaining to the impact the video clips had on them and their perceptions of the accuracy seen in popular culture. Responses were collected at the conclusion of the presentation. In order to identify themes present within the data, the first two authors initially coded responses independently. Then, the two authors consensus coded to determine accuracy of identified themes.

A pre- and post-test self-report questionnaire was designed for the study. The pre-test consisted of eight demographic questions (e.g., age, gender identity, sexual orientation, education level), and fifteen questions focusing on the type of popular culture each participant is exposed to, and how LGBTQ populations are depicted in each of those forms of media. The post-test was comprised of five questions focused on the participants' perceived belief or accuracy of the depictions they viewed during the study, and society's depiction of the LGBTQ population and the role the media plays in shaping these perceptions. Questions included:

- Were there hidden messages?
- How accurate was the depiction?
- How do these depictions impact society?

Results

Analysis centered upon identifying themes within participant responses during the focus groups. Themes that were identified included target populations, misrepresentations, perpetuating stereotypes, changing perspectives, advocacy, personal connection, different types of media representation, and the lack of representation present in popular culture.

Target Populations

The university's location in a southern, more conservative state is notable given that participants may not have as much exposure to the LGBTQ population. Younger generations are becoming dependent on social media; data from pre- and post-test questionnaires showed that those between 16-25 years of age are most susceptible to accepting the representations of the LGBTQ community shown in popular culture. This group was also more likely to be impacted due to personal experiences forming a sexual identity. The increase in technological dependence may enlarge the reach and impact of popular culture on identity formation and views of the LGBTQ population.

Misrepresentation

Popular culture is often misrepresenting the LGBTQ community and utilizing their character roles for shock value. LGBQ identified individuals are often dramatized, overemphasized, and romanticized in the media. LGBTQ characters are often portrayed with stereotypical behaviors and jobs and in play roles that are joking or comical in nature. Likely seen as characters prone to being misunderstood, group generalizations lend to LGBTQ characters being portrayed as victims.

Perpetuating Stereotypes

The stereotypes of the LGBTQ community are perpetuated in popular culture and have a strong influence on the perceptions of viewers. The mixture of ignorance and limited additional knowledge about this community leads to the acceptance of these stereotypes as truth. The result of such polarized opinions can often be seen in the bullying of LGBTQ youth and adults.

Changing Perspectives

Though popular culture has historically led to negative perceptions of the LGBTQ community, accurate representations are limited. Individuals in popular culture who personally identify with the LGBTQ community offer appropriate empathy and portrayals regarding the difficulties in coming out, fleeting family support, and labeling. Though popular culture is slowly changing depictions of the LGBTQ community, on screen and throughout other media, changes are moving in the right direction.

Advocacy

Media play a large role in society's treatment of the LGBTQ population, having the power to create empathy, awareness, and equality throughout society. As on-screen representations of LGBTQ individuals are growing and the fight for equal rights continues, influential advocates such as Ellen DeGeneres are utilizing popular culture as an avenue to promote social change.

Personal Connection

LGBTQ representations in popular culture may also aid in the development of personal connections with those represented in the media. The self-disclosure of personal experiences with struggles faced by LGBTQ individuals in powerful media positions has the potential to create a strong sense of unity and understanding. Popular culture is also playing a role in normalizing feelings and reinforcing that the amount, or quality of, exposure as an LGBTQ individual or to the LGBTQ community is a personal choice.

Different Types of Media Representation

The first forms of popular culture that come to mind include television, movies, and social media, but there are a variety of other media through which portrayals of LGBTQ individuals are impacted. According to participants, books may present a more accurate depiction than any other form of media. Additionally, it seems that LGBTQ individuals are

seldom represented on television in an accurate way. There is also representation in commercials or ads, but they have, in the past, had very little impact on participants' perceptions.

Lacking Representation

With the extensive impact popular culture has on perceptions of LGBTQ individuals, many aspects are underrepresented in the media. Individuals who identify as transgender are hardly seen in any popular culture mediums. Representations of loving LGBT families and realistic relationships are also consistently missing in popular culture. While changes are being made to better represent this population, the reality of the struggles faced by LGBTQ individuals is lacking in representation.

Conclusion

Media, in some fashion, form part of almost everyone's daily routines. Popular culture continues to be an influential force impacting perceptions of members of society. The LGBTQ community remains one group that is portrayed in a negative, homophobic, and stereotypical manner throughout media. Therefore, more research is needed to understand the impact popular culture has on society's view of the LGBTQ population. This research has only begun to collect data and scratch the surface of understanding the dynamics present. As the LGBTQ population moves to the forefront of the equal rights movement, it is imperative that the impact popular culture has on society's perceptions of LGBTQ individuals be examined. Future research can provide insight and a deeper understanding of the need for change in society.

References

Bond, B., Hefner, V., & Drogos, K. (2009). Information seeking practices during the sexual development of lesbian, gay, and bisexual individuals: The influence and effects of coming out in a mediated environment. *Sexuality & Culture, 13*, 32-50.

Cowan, K. & Valentine, G. (2006*). Tuned out: The BBC's portrayal of lesbians and gay people.* London, UK: Stonewall.

Croteau, D., Hoynes, W., & Milan, S. (2012). *Media/Society: Industries, images, and audiences* (4th Ed.). Thousand Oaks, CA: Sage.

Gates, G. J. (2011). *How many people are lesbian, gay, bisexual, and transgender?* Retrieved from The Williams Institute website. http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf

GLAAD. (Fall, 2012). *Where we are on TV: 2012-2013.* Retrieved from: http://www.glaad.org/publications/whereweareontv12

Gross, L. (2001). *Up from invisibility: Lesbians, gay men, and the media in America.* New York, NY: Columbia University Press.

Experiences of Civilian Male Military Spouses: A Phenomenological Study

Tonya L. Porter, PhD

Abstract

The number of active duty military women with families continues to increase, creating a unique phenomenon where husbands are left behind during deployment to manage children and spousal relationships while redefining gender roles. The results of this study revealed male spouses lacked support for and recognition of their changing roles, acted stereotypically with respect to not seeking help, were treated stereotypically by others, formed deeper relationships with their children, and learned to support their wives through commitment and deliberate communications. Implications of the research provided a foundation for supportive programs designed specifically for men to foster healthy marital relationships and avoid devaluing masculinity of males in this unique phenomenon.

Introduction

Little is known about the nontraditional union between a civilian man and female active duty service member; in particular, how they exchange their gender roles while responding to the challenges of being married in a military society. In 2011, the U.S. military was comprised of more than 200,000 women on active duty status (Women in Military Service for America Memorial Foundation, 2011). As this number increases, so will the number of men married to servicewomen. While a greater number of women in uniform with families continue to emerge, a unique phenomenon of husbands as the primary caretaker of the children, in conjunction with being the spouse left behind, emerges.

The masculine cultural ideal of the military, which seems prevalent to the present, devalues qualities and characteristics of civilian male military spouses since this is not how the military envisions the role of a spouse. In addition, with the lack of visibility or recognition to the military culture, the U.S. society overall too often overlooks the civilian male spouses' plight and fails to understand the experiences endured. Consequently, it is not understood in the general public. Despite the lack of comprehension, it does affect society as a whole. These unknown experiences and challenges of civilian military male spouses left behind are necessary to investigate and do contribute to educate what is lacking in existing knowledge and literature.

Significance

Military life is comprised of recurrent moves, extended and multiple deployments, long and unpredictable duty hours, and significant periods of absence for the active duty spouse

(Dimiceli, Steinhardt, & Smith, 2010; Park, 2011). Consequently, time away from home and issues of separation may negatively affect marital relations and their families (Dimiceli et al., 2010; Huebner, Mancini, Bowen & Orthner, 2009; Merolla, 2010). Challenges for those left behind include changes in family roles, loneliness, emotional adjustment, role overload in acting as both parents, opportunities for communication, spouse infidelity, and a sense of inconsiderateness of the military concerning personal wellbeing and the safety of their families and deployed spouses (Di Nola, 2008; Palmer, 2008). These issues become more difficult with lengthier geographical separations which interfere with couples' relationships in developing the quality necessary to thrive and the ability for them to survive.

During deployments, Allen, Rhoades, Stanley, and Markman (2010) indicated that military couples encounter several challenges relating to each other due to distance. They experience a roller coaster of different emotions, as each family member has to restructure home life. Communication suffers, and couples may avoid topics that can cause additional stress or perhaps refuse to address matters at all.

Existing literature on the subject matter encompasses the impact of deployments on military wives and children to include their physical and mental wellbeing and coping abilities as well as the need for accessible and supportive services (Allen et al., 2010; Wegner, 2011). However, none of these studies addressed males being the left behind spouse.

Participants

The selection criteria was based upon a homogenous, purposeful, and snowball sample to specify a population of left behind civilian male spouses. Each candidate was self-identified as a military spouse of an active duty enlisted or officer military member who experienced at least one deployment. Participants were not asked to self-identify their ethnicity. Their ages ranged from 30 to 48 years with an average age of 40. With regard to the length of marital relationships, there was a range of 3 to 15 years with an average of 10 years. The wives of these participants were active duty U.S. Air Force service members affiliated with one of six military installations located in the Midwest of the United States. Participants were not asked to provide their wives' number of years in the military. Of the 12 participants, six were married to officers and the remaining six were married to enlisted members. All study participants reported having at least one child in their care during the time of deployment.

A Transcendental Phenomenological Approach

Use of a transcendental phenomenological approach laid the foundation to understand the real life experiences of civilian male spouses who have experienced at least one deployment of their wife. This study describes the experiences of being a husband and father throughout the deployment of his active duty wife. It is to understand the roles, functions, and responsibilities which the left-behind civilian male spouse experiences as he makes an effort to live up to the

tasks and responsibilities of this unique role. Also provided is an in-depth understanding of what a male must undertake to be a husband and father during a deployment of his active duty military wife.

In understanding human experience as depicted by male spouses who experienced the phenomenon of being left behind because of deployment, factors were revealed that affected relational maintenance and gender role strain. Further knowledge about how male military spouses manage life responsibilities and the primary care of children during deployments can enable professional communities to understand the roles, functions, and responsibilities that military husbands experienced as they maintain the tasks and conscientious commitments of their unique role. This can lead to recognition and acceptance for the left behind male military spouse in the role of a caregiver.

Theoretical Framework

Gender Role Strain

Gender Role Strain (GRS) paradigm is an important theory to explore in this study because it enhances the knowledge of masculine gender role and its influence on how men think, feel, and act. The application of this model was used to explain the left behind civilian male spouse's experience as a partner and caregiver (Pleck, 1995).

Relational Maintenance Behaviors

Relational maintenance behaviors are strategies which are founded upon the communicative process that couples employ to enhance relational characteristics such as commitment and satisfaction to preserve intimacy or closeness (Canary & Dainton, 2006). Stafford and Canary (2006) identified five relational maintenance behaviors (positivity, openness, assurances, social networking, and task sharing) which can be used to sustain relationships throughout the cycle of deployment.

Civilian Male Military Spouse

As the military becomes a more attractive career alternative for women, a new family design has emerged and continues to evolve that includes an active duty wife and civilian husband. A proportion of active duty members include 77% or close to 705,487 men, who are married, and 11% or about 93,580 married women on active duty (Department of Defense, 2011). The shortsightedness of any association to the past with the assumption that a military spouse is only "female" can no longer be considered valid. This may have been a unique view originally, but the present military observation and definition has changed somewhat and is

undergoing change to allow for a truer vision of reality, life, and marriage relationships (Stanley et al., 2010).

Deployment, the New Normal

Deployment is the temporary assignment in which military personnel are moved to a specified location in order to accomplish specific military operations (Booth et al., 2007). This assignment causes the military members to be away from their families and their permanent duty stations. In modern military families, geographical separations, specifically deployments and extended deployments, are common features of the military lifestyle throughout the total force. Lincoln and Sweeten (2011) noted nearly 2 million active duty military personnel have deployed to Iraq and/or to Afghanistan, and of that number, close to 100,000 members have had more than one deployment.

Results

The participants in the study expressed the importance of staying connected in an effort to retain and preserve a healthy marriage during a deployment separation. Having a form of communication with their military wives throughout the period of deployment provided support, confidence, trust, and commitment in their marital relationships. By maintaining close connections through frequent communication, whether through a telephone call, email, a letter, or perhaps Skype, participants experienced an increase of feeling connected to their military wives. Despite the inability to have face-to face contact, these study participants spoke about having a deeper level of intimacy and being more satisfied with their relationship.

The military spouse and family members were required to play a supportive role for the female active duty military member's career and to be the primary caregiver for the family. The participants in this study wanted to support their deployed wives, which in turn helped the participants develop a deeper level of appreciation for their wives and what they do, for time with their children, and for their marital relationships. The separation also influenced the participants' ability to listen more closely and attentively to their children and their wives.

In response to deployment, study participants found that they had to take on a new role and additional duties while their military wives had to relinquish some of their responsibilities at home in order to focus on the mission of their deployment. These participants openly accepted the primary care provider role in the family and the challenges of having to balance sole responsibility for childrearing and career demands for the duration of the deployment. Participants were able to manage life responsibilities while as the primary care of their children without the assistance of his military spouse, or others.

I also found from the interviews that these civilian male spouses strengthened paternal relationships with their children during the absence of their military wives. The study participants described their experience as a pleasing opportunity to develop, bond, and/or grow a

closer connection with their children. They found themselves open to parenting responsibilities and having an active role in their children's lives. Overall, participants embraced the opportunity to establish a strong relationship with their children during their wives absence and were able to maintain strong bonds upon her return.

Recommendations

Military and public policies should be more geared toward supporting this group of unique men who are the primary caretakers of their children. For instance, supervisors and employers need to implement more opportunities for flexible work schedules and to develop parental or family leave policies to allow men who are the primary caretakers of their children to remain at home when necessary (Cabrera, 2010). Also, educational institutions such as childcare facilities, elementary through high school, playgroups, and support groups for dads, should address and meet the needs of men who care for their children. In addition, interest groups of likeminded fathers could be created for support.

As of 2011, there were 328,821 members serving in the Air Force (DoD, 2012). About 14.5% were active duty females. Reviewing existing demographics revealed that those active duty females accounted for 45.7 % of married persons. With the number of marriages and family members of active duty personnel, it is likely for conflicts to arise stemming from military demands placed on both the active duty members and their families. Because of the changes in family structure, such as the amount of nontraditional military families (i.e., women who are the only military member), the military needs to relook at families within its institution. It is essential to target these couples from all branches of the armed forces in future data gathering efforts via surveys and/or focus groups to gain an understanding of their challenges and concerns.

In an attempt to help military members maintain their marriages and families, each branch of service provides a host of resources. One set includes psychoeducational classes that target communication skills in an effort to support the couple in retaining and preserving a healthy marriage. Despite the assistance and resources that may be available, there is not a clear cut distinction they will be used. In addition, it is uncertain whether military installations offer gender-specific classes. A question remains whether these resources fulfill the needs of civilian male military spouses as well as they do for civilian female military spouses.

These findings qualify the struggle female and male military members may deal with on a daily basis; however, they also emphasize the question of role reversal on the part of civilian male spouses who are left behind during their wives' deployments. A valid recommendation that I believe should be instilled into the military culture is the distinction of recognition of the left behind civilian male spouses that is lacking. This acknowledgement will certainly render an awakening within the military communities and open doors for support, most definitely involving policy changes across the entire military forces.

Conclusion

This research study accomplished this recognition, capturing the essence of the unique phenomenon of being a military civilian male spouse with young children and being left behind during deployments. The civilian male spouses in this sample have adapted successfully to the challenges of the military lifestyle, its culture, and their role as primary caregiver. The spouses fully understood, accepted, and embraced their role as a "man spouse, manning the homefront" while accepting the limitations on their personal lives and careers essential to their role. Although these spouses were employed, all agreed and accepted the notion that their wives' military career took precedence, and they would usually accompany them on their assignments.

As a result, the civilian male spouse who has a deployed military wife is not readily understood or recognized in the general public, let alone in the military. Despite the lack of comprehension or recognition, the military and society as a whole is unaffected, therefore, making a necessity to investigate and document the experiences lacking in the existing literature. This study contributes to existing literature concerning the growing and significant population of left behind civilian male spouses during the deployment of their military spouses who have to manage children and cope with their marital relationships while having to redefine their roles as males. The research provides a foundation for supportive programs to foster healthy marital relationships and gender role identity in this unique set of circumstances.

References

Booth, B., Segal, M., Bell, B., Martin, J., Ender, M., Rohall, D., & Nelson, J. (2007). *What we know about Army families: 2007 update.* Fairfax, VA: Family and Morale, Welfare, and Recreation Command.

Cabrera, N. J. (2010). Father involvement and public policies. In M. E. Lamb (Ed.), The role of the father in child development (5th ed., pp. 517–550). Hoboken, NJ: Wiley.

Canary, D. J., & Dainton, M. (2006). Maintaining relationships. In A. L. Vangelisti & D. Perlman (Eds.), *The Cambridge Handbook of Personal Relationships* (pp. 727-743). New York, NY: Cambridge University Press.

Department of Defense. (2011). *Strengthening our military families: Meeting America's commitment.* Retrieved from http://www.defense.gov/home/features/2011/0111_ initiative/Strengthening_our_Military_January_2011.pdf

Department of Defense. (2012). Demographics Profile of Military Community (DPMC). Retrieved from http://www.militaryhomefront.dod.mil/12038/Project%20 Documents/MilitaryHOMEFRONT/Reports/2012_Demographics_Report.pd

Lincoln, A. J., & Sweeten, K. (2011). Considerations for the effects of military deployment on children and families. *Social Work in Health Care, 50*, 73–84. doi:10.1080/00981389.2010.513921

Pleck, J.H. (1995). The gender role strain paradigm: An update. In R.F. Levant, & W.S. Pollack

(Eds.), *A new psychology of men* (pp. 11-32). New York: Basic Books.

Stafford, L., & Canary, D. J. (2006). Equity and interdependence as predictors of relational maintenance strategies. *The Journal of Family Communication, 6*(4), 227-254. doi: 10. 10.1207/s15327698jfc0604_1

Stanley, S. M., Allen, E. S., Markman, H. J., Rhoades, G. K., & Prentice, D. L., (2010). Decreasing divorce in US Army couples. Results from a randomized controlled trial using prep for strong bonds. *Journal of Couple & Relationship Therapy, 9*(2), 149-160. doi: 10.1080/15332691003694901

Women in Military Service for America Memorial Foundation, Inc. (September, 2011). Statistics on women in the military. Retrieved from http://www.womensmemorial.org /PDFs/StatsonWIM.pdf

Intimate Partner Violence & Spirituality:
A Narrative Perspective on "Beating the Odds"

Alice Walters, ABD

Abstract

Intimate partner violence (IPV) remains a staggering social problem affecting individuals, families, and communities. Negative effects of IPV extend to health, education, justice, and economic outcomes. The role of spirituality in IPV victim recovery is developing in research. Bryant-Davis & Wong (2013) found spirituality a positive coping method and intervention for IPV victims. Narrative research has potential for understanding the influence of spirituality over the life course in IPV victims. Continued development of narrative research with IPV victims may lead to increasing positive coping skills for victim recovery.

Introduction

Intimate partner violence (IPV) is a significant social problem negatively affecting individuals, families, and communities. It is defined as intimidation, assault, sexual assault, and/or abusive behavior in a controlling intimate relationship (National Coalition Against Domestic Violence, 2014). Strategic intervention is necessary to address the complexity of IPV. Initiatives benefit most from careful evaluation across the intersection of theory, research, experience, and practice for this area of social concern. Latest developments exploring the role of spirituality in IPV victim recovery bring many of these critical factors together in efforts to improve outcomes. Narrative methods offer therapeutic and research understanding of "beating the odds" of the IPV experience. Below, I explore the IPV victim experience and aspects of significance, theoretical perspective, spirituality and coping, cross-cultural factors, narrative methods, future research, and implications for practice.

Significance

The negative impact of IPV is broad. Effects range from individual consequences to family dysfunction and extend to broad societal detriment. IPV affects health, education, justice, and economic outcomes. Statistics support the devastating effects of IPV.

- 1 in 4 women (24.3%) and 1 in 7 men (13.8%) will experience domestic violence in their lifetime (Centers for Disease Control and Prevention, 2014).
- In a given year, over 10 million men and women will be victims of IPV (National Coalition Against Domestic Violence, 2014).

- 85% of IPV victims are women, most between 18-24 years old (Bureau of Justice Statistics Crime Data, 2003; National Coalition Against Domestic Violence, 2014).
- 24.4 million men and women have reported being stalked (National Coalition Against Domestic Violence, 2014).
- 81% of women stalked by an intimate partner are also physically assaulted by that partner; 31% are also sexually assaulted by that partner (National Coalition Against Domestic Violence, 2014).
- Victims of IPV are more likely experience a wide range of adverse health effects including: headaches, chronic pain, trouble sleeping, activity limitations, asthma, irritable bowel syndrome, diabetes, poor physical health, and poor mental health (Centers for Disease Control and Prevention, 2011).
- There are 16,800 homicides and $2.2 million (medically treated) injuries due to intimate partner violence annually, with cumulative costs reaching $37 billion (National Center for Injury Prevention and Control, 2003).
- Homicides involving IPV include 20% of victims who were not the intimate partners themselves, but family, friends, bystanders, or emergency responders (National Coalition against Domestic Violence, 2014).
- The cost of intimate partner violence exceeds $8.3 billion each year (National Coalition against Domestic Violence, 2014).

The reach of IPV often remains hidden by the stigma and shame of those involved. Available statistics demonstrate the severity of documented case outcomes. The extensive effects of IPV have prompted theoretical discussion.

Theoretical Perspectives

Theoretical perspectives on IPV represent a range of approaches. Feminist views often predominate. Explorations of theory on identity or self-conceptualization and therapeutic change have also emerged in IPV research. Each of these theories offers valuable insight into the dynamics of IPV recovery.

Feminism

Feminist theorists investigate how social structures contribute to gender inequality and the experience of IPV. The continued social disadvantage of women and their disproportionate IPV experience is a global problem (Silverman & Raj, 2014). Feminist theory was developed to explain the continuation and pervasiveness of the IPV social problem. Feminism has broadly examined societal practices for underlying assumptions that directly or indirectly support gendered IPV (Brosi & Rolling, 2010). Influencing IPV study are feminist themes identifying male power and dominance in social and political contexts (Oke, 2008). Feminist researchers found patterns of patriarchal privilege, male dominance, feminized oppression, and cultural

gender norms reinforcing female submission as factors affecting IPV incidence (Belknap, 2010; Oke, 2008; Santos, Goncalves, & Matos, 2011). Feminist theory has value for exposing cultural norms that contribute to reduced female agency and power differentials between genders. Contrasting the social perspective of feminist theory are intrapersonal theories of identity formation in the IPV experience.

Identity Theory

Identity formation is a central component affecting the IPV experience. Research supports that self-concept differs for IPV victims. IPV victims demonstrated increased negative self-statements, loss of identity, low self-esteem, and negative self-change compared to other women (Lynch, 2013). Theories describing identity processes have addressed the complexity of self-image through a variety of constructs. Kacen (2011) found support for Extended Self Theory that explained the codependent relationship between batterer and victim in IPV. The IPV dyad shared identities as extended selves that formed a dysfunctional bond through cycles of violence, guilt, and increasing isolation (Kacen, 2011). Lynch (2013) applied self-in-relation theory to describe the process of self-change an IPV victim experiences to cope with identity threat. Victims changed self-concepts by shifting to meet partner demands and decreasing their ability to consider their own needs in defensive strategies (Lynch, 2013). Poor self-concept and identification with the perpetrator contributes to IPV victim dysfunction. Identity conceptions in IPV emerge as consequences of violent relationships and in self-preservative acts. Identity also has a place in therapeutic recovery.

Therapeutic Change

Identity and self-conceptualization affect many aspects of the therapeutic change process. For IPV victims, the process of re-forming identity may be central to recovery and new behaviors (Oke, 2008). Narrative therapy has integrated positioning theory to describe a process of re-positioning the self in an alternate more adaptive life narrative (Santos, Goncalves, & Matos, 2011). The IPV victim must make dramatic changes in both belief and behavior to negotiate recovery. IPV victims may struggle with modifying self-conceptualizations.

The therapeutic path toward a new self-concept has challenges. Santos, Goncalves, and Matos (2011) examined a poor outcome in IPV therapy for insight into IPV recovery factors. The poor outcome case study revealed difficulty assimilating a new identity. Fewer re-conceptualization statements and more discussion of the problem narrative occurred in poor outcome therapy sessions compared to a good outcome case (Santos, Goncalves, & Matos, 2011). The change process for IPV victims includes navigating new self-identity using a variety of coping skills. Spirituality is one coping mechanism that has gained increasing attention in IPV research.

Spirituality & Coping

Spirituality is a source of strength and coping for many victims of trauma. The role of spirituality in IPV victim recovery is beginning to appear in the literature. Bryant-Davis and Wong (2013) found spirituality a positive coping method and intervention for a broad range of traumatized victims. These authors described religiosity as part of ethical mental health treatment plans that supported diversity and client religious beliefs in the recovery process (Bryant-Davis and Wong, 2013). IPV victims relied on various forms of religious support for their recovery. Victims in disadvantaged communities found clergy a resource when other services were not available (Bryant-Davis & Wong, 2013; Lettiere & Nakano, 2011). Religious beliefs in divine justice, retribution, sustenance, faith, forgiveness, and prayer were all elements of IPV victim coping strategies (Brosi & Rolling, 2010; Bryant-Davis and Wong, 2013; Lettiere & Nakano, 2011; Ting, 2010). Difficulties may also be associated with positive spiritual coping.

Religious tensions emerged for IPV victims struggling with religious doctrinal mandates. Religious teachings prohibiting divorce and emphasizing wifely duties conflicted with abusive dangers (Brosi & Rolling, 2010). These findings emphasize the complexity of the IPV experience. Spirituality and religious support may offer either strengthened coping or complicate recovery for IPV victims. Interaction with cultural, religious, familial, and personal belief systems affects the totality of the IPV outcome. IPV comparisons across international experience provide important knowledge of cross-cultural factors.

Cross-cultural Factors

International research into the IPV experience provides valuable information on diversity. Key findings for IPV recovery integrating spirituality and narrative approaches have spanned Mexico (Belknap, 2010), Brazil (Lettiere & Nakano, 2011), with African immigrants to the U.S. (Ting, 2010), and compared Mongolian and Australian victims (Oke, 2008). Similarities across cultures included patriarchal gender norms (Belknap, 2010; Oke, 2008; Ting, 2010), benefit in spiritual coping (Bryant-Davis and Wong, 2013; Lettiere & Nakano, 2011; Ting, 2010), and the centrality of identity re-conceptualizations to IPV recovery (Oke, 2008). The IPV experience displays remarkable resemblance internationally as victims confront challenges, apply coping skills, and build identity in recovery. Cross-cultural comparisons also yielded several distinctions in IPV recovery.

Researchers attributed some differences in IPV victim experience to cultural factors. In Mexico, researchers found changing attitudes toward male dominated cultural norms in younger women who resisted traditional patterns of gender roles (Belknap, 2010). This ability to reject patriarchal tradition was a component of IPV victim recovery in Mongolia and Australia with a noted difference (Oke, 2008). Strong Mongolian family ties accounted for better outcomes in IPV recovery for Mongolians compared to Australians (Oke, 2008). These findings indicate that

changing social attitudes and increased family support buffer negative IPV outcomes. Cultural conventions affect the experience of IPV in additional ways.

Cultural definitions and practices influence the IPV experience. Cultural acceptance of violence toward women differs nationally. In some areas, acceptance of IPV is a cultural norm. IPV victims did not consider abuse as criminal when they accepted entrenched social ideas of male domination and violence toward women (Ting, 2010). Cultural acceptance of women's disadvantage was a barrier to IPV recovery and differed by nationality (Ting, 2010). Finally, Ting (2010) discovered differing national patterns of formal help-seeking dependent on both resource availability and cultural acceptance toward informal support systems in a country of origin. These findings demonstrate that cultural context can affect the IPV victim experience differently. Narrative methods of inquiry offer benefits toward further understanding of similarities and differences in the IPV victim experience.

Narrative Methods

Narrative methods provide advantages for investigating IPV victim experiences. The narrative research method is a qualitative approach suitable for exploratory research and in-depth analysis into participant life stories (Oke, 2008). Narrative research contextualizes experience in a life chronology. Participant life stories, personal meanings, and narrative identity are central narrative research elements (Riessman, 2008). These factors contribute to benefit for IPV research.

IPV research includes several studies using narrative methods. Researchers used narrative methods to explore IPV aspects of victim identity (Kacen, 2011; Lynch, 2013; Santos), cultural comparisons (Brosi & Rolling, 2010; Oke, 2008; Santos, Goncalves, & Matos, 2011), and assessing coping strategies (Brosi & Rolling, 2010). Researchers have combined qualitative inquiry and narrative methods using grounded theory (Lynch, 2013) and phenomenological analysis (Brosi & Rolling, 2010; Kacen, 2011). These findings suggest broad application and scope of narrative methods for IPV research. Detailed narrative research into IPV victim life stories provides important context for understanding the experience and recovery. The unique integration of narrative research and narrative therapy with IPV victims may enhance recovery.

There is a close link between narrative research and narrative therapy. Oke (2008) discussed the healing effects of narrative research as narrative therapy when scholars validated IPV victim stories in the research process. Validation involved empathy and empowerment as IPV victims reflected relationally with researchers (Oke, 2008). The process of composing life stories and developing new storylines of recovery was therapeutic for IPV victims (Oke, 2008). Even cases with less desirable outcomes supported the connection between the narrative voice and storied meanings to recovery efforts (Santos, Goncalves, & Matos, 2011). Narrative research may be a therapeutic process for IPV victim participants. The benefits of narrative methods for IPV theory and practice suggest its development in future research.

Future Research

Future IPV research using narrative methods may expand knowledge of victim experiences. IPV theories include feminist perspectives on patriarchal norms, identity formation processes, and steps in therapeutic change each contributing to understanding victim recovery. The role of spirituality for IPV victim coping along with cross-cultural nuances is beginning to develop in the literature. Despite these research contributions, there is a research gap in understanding the influence of spirituality over time with IPV victims. Narrative methods provide opportunity to explore the depth of IPV victim stories in recovery. The narrative approach offers a developmental chronology to examine influences of spirituality across time in IPV victims through life stories and personal meanings. A proposed research design includes research questions, data sources, and data analysis strategies to address research gaps.

Suggested research questions are:

- RQ1: To what extent do spirituality influences change over life course for an IPV victim?
- RQ2: To what extent do spirituality influences remain stable over life course for an IPV victim?
- RQ3: How do life events affect spirituality and the IPV victim experience?

These research questions reflect the open-ended exploratory nature of the qualitative narrative research design. Sampling for data sources to explore these qualitative research questions would be selective.

Proposed Data Sources

Data sources for the proposed research would include interviews with IPV victims with identified spiritual influences. Research participants meeting criteria might volunteer from recruited recovery support groups. This purposive sampling would increase the richness of expected data on the topic of spirituality and IPV victim recovery.

Proposed Data Analysis

Data analysis would include identifying major themes and chronological life events through the constant comparative method of qualitative coding and narrative analysis of storied elements (Oke, 2008). Member checking through read-aloud narration with participant feedback can ensure trust-worthy analysis and serve toward participant empowerment through validation (Oke, 2008). Research expectations based on the literature might reveal both positive and negative spiritual influences in IPV recovery. Findings of such proposed research has implications for human service practice.

Implications for Practice

The proposed research on IPV victim experience and spirituality would contribute to social change goals by exploring the positive and negative effects of spirituality through the life course of a victim. This knowledge may assist human service practitioners with insight on dynamics of life course spirituality to increase positive coping in IPV victims. The power of story, identity, resilience, and spirituality contribute to understanding IPV recovery. These aspects are unique contributions to the future of IPV research and practice. Human service professionals can assist IPV victims in "beating the odds" through successful coping to recovery. This process requires strategic application of theory and research to professional practice. Narrative research may contribute to IPV treatment that ethically and comprehensively addresses all aspects of victim context including the role of spirituality in recovery.

Conclusion

IPV remains a social problem with far-reaching negative effects on individuals, families, and communities worldwide. The complexity of IPV requires integration of theory and research applied toward comprehensive solutions. Theories on feminism, identity, and change inform a victim recovery process that is largely similar across cultures with occasional minor distinction. Spirituality is an emerging area of study in IPV victim recovery. Tensions in IPV victim religious experience and a gap in understanding spirituality over time suggest future research designs. Narrative research demonstrates benefit as a methodology to reveal themes of chronological life events in spirituality and IPV victim recovery. Further research on the role of spirituality in IPV victim recovery has practice implications to assist IPV survivors in positive coping. Attention to spirituality in IPV recovery has potential to help IPV victims "beat the odds" and facilitate recovery. The spiritual narratives of IPV victims, identified positive coping strategies, and lessons of resilience are insights to guide human service efforts in alleviating this social problem.

References

Belknap, R. A. (2010). As time goes by we improve a little more: Relationship expectations of young women in Mexico. *Health Care for Women International, 31*(10), 873-890. doi: 10.1080/07399332.2010.503292

Brosi, M. & Rolling, E. (2010). A narrative journey for intimate partner violence: From victim to survivor. *American Journal of Family Therapy*, *38*(3): 237-250. doi:10.1080/01926180902961761

Bryant-Davis, T., & Wong, E. C. (2013). Faith to move mountains: Religious coping, spirituality, and interpersonal trauma recovery. *American Psychologist, 68*(8), 675-684. doi: 10.1037/a0034380

Centers for Disease Control and Prevention. (2014). *Intimate partner violence: Consequences.* Retrieved from http://www.cdc.gov/violenceprevention/intimatepartnerviolence/ consequences.html

Centers for Disease Control and Prevention. (2011). *National intimate partner and sexual violence survey: 2010 summary report.* Retrieved from http://www.cdc.gov/violenceprevention/nisvs/summary_reports.html#2

Kacen, L. (2011). The 'Extended Self' and 'It' in the dynamics of violent relationships: Learning from personal life stories on social conflicts. *Journal of Family Violence, 26*(1), 31-40. doi: 10.1007/s10896-010-9339-z

Lettiere, A. & Nakano, A. (2011). Domestic violence: Possibilities and limitations in coping. *Revista Latino-Americana de Enfermagem*, *19*(6), 1421-1428. Retrieved from http://www.scielo.br/scielo.php?script=sci_serial&lng=en&pid=0104-1169&nrm=iso

Lynch, S. M. (2013). Not good enough and on a tether: Exploring how violent relationships impact women's sense of self. *Psychodynamic Psychiatry*, *41*(2), 219-246. doi: 10.1521/pdps.2013.41.2.219.

National Center for Injury Prevention and Control.(2003). *Costs of intimate partner violence against women in the United States.* Retrieved from www.cdc.gov/violenceprevention/pdf/IPVBook-a.pdf

National Coalition Against Domestic Violence. (2014). *Domestic violence*. Retrieved from http://www.ncadv.org/resources/FactSheets.php

Oke, M. (2008). Remaking self after domestic violence: Mongolian and Australian women's narratives of recovery. *Australian & New Zealand Journal of Family Therapy*,*29*(3), 148-155. doi: 10.1375/anft.29.3.148

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage Publications, Inc.

Santos, A., Goncalves, M. M., & Matos, M. (2011). Innovative moments and poor outcome in narrative therapy. *Counselling & Psychotherapy Research, 11*(2), 129-139. doi: 10.1080/14733140903398153

Silverman, J. G., & Raj, A. (2014). Intimate partner violence and reproductive coercion: Global barriers to women's reproductive control. *Plos Medicine*, *11*(9), 1-4. doi:10.1371/journal.pmed.1001723

Ting, L. (2010). Out of Africa: Coping strategies of African immigrant women survivors of intimate partner violence. *Health Care for Women International, 31*(4), 345-364. doi: 10.1080/07399330903348741

Behavioral Addictions:
A Closer Look at Compulsive Gambling and Sexual Acting Out

Lynann Butler

Abstract

Compulsive gambling and problematic sexual behaviors are often overlooked in the discussions about addiction, which tend to focus on the misuse of drugs and alcohol. This paper examines the etiology of behavioral (or process) addictions, specifically gambling and sexual addiction, as well as the risks & consequences and treatment strategies involved with these behaviors.

When people hear the word "addict," they usually think of a person who uses substances such as drugs; they think of heroin, cocaine or alcohol. This paper explores another set of struggles entirely, that of behavioral – or process - addiction, specifically to gambling and sex. Chemical and behavioral addictions share common elements including tolerance, withdrawal, and biochemical changes in the brain. They both require attempts to limit use (or behavior) and involve the addict continuing in the addiction despite negative consequences. It is also not uncommon for people to struggle with multiple addictions, some chemical and some behavioral.

The definition of tolerance is needing more and more of a substance to get the same effect (NIDA, 2007). For example, a person who has never had a drink of alcohol will most likely feel the effects of a beer or two. However, once a person is drinking fairly regularly they will need to drink more beer to get the same buzz. Similarly, with process addiction the affected person will need more and more to get the same rush; this often involves spending either more time or money looking at pornography online, for example, or cruising for prostitutes, or getting further into debt due to gambling. It also often involves taking more risks to stay engaged in these and other activities (Carnes, 1992).

Withdrawal is a well-known feature in chemical addiction. Many people can relate to the irritability of a smoker who is trying to quit or have heard of people getting the shakes (the Delirium Tremens, or DTs) when quitting chronic use of alcohol. Less well known are the struggles people face when limiting or quitting process addictions; the discomfort felt when trying to limit the behaviors that paradoxically caused so many problems and provided such an escape for a period of time.

Biochemical changes occur in the brain with behavioral addictions, especially as an anticipatory response; the excitement of the next roll of the dice, the possibilities offered by the next spin of the roulette wheel or slot machine, and the anticipation of the next sexual "hook up." This response floods the body with a variety of chemicals, including high levels of dopamine (which, as part of the reward circuit in the brain, is connected with pleasure, novelty, and

motivation), serotonin (associated with mood, impulsivity and tolerance for delayed gratification), epinephrine (arousal and excitement), opioids (urges and pleasure), cortisol (a stress hormone), and others (Packard, 2007). Interestingly, some gambling activities have a shorter course of addiction due to their time frame; in other words, it takes longer to wait for a horse to get all the way around the track than it does for the slot machine to spin or the card game to proceed. Because this feedback loop is shorter, there is more time for the chemical dumps to affect the body (Fong, T., 2007).

Another common feature shared in both process and chemical addictions is the person's attempts to limit their use (or behavior) and their continued use despite negative consequences. In other words, the gambler or sex addict (much like the alcoholic or drug user) tries to quit but finds himself unable. Or, she experiences consequences – job loss, strains to relationships, lack of trust, loss of self-respect, loss of freedom – but is unable to limit or stop her behavior despite those consequences (Mayo Clinic, 2007).

It is difficult to detect if a person struggles with a gambling problem. With chemical addictions one can provide a urine screen, hair sample, or breathalyzer for evidence via lab analysis. For less scientific proof, bloodshot, glassy eyes are often a telltale sign, or the individual may smell like alcohol or marijuana, for example. There is no such physical evidence for a gambling disorder. While there are deaths associated with this problem, they are not listed on death certificates. When someone has spent two or three days gambling (without sleep) and is then involved in a motor vehicle accident, the death certificate does not underscore the connection. If the gambler commits homicide and/or suicide as a result of their significant financial losses, the death certificate does not reflect that. If the person keels over from a heart attack because they have been neglecting their health in favor of the game, that story is not told. The public therefore has little idea of the scope of the issue and often has little awareness that a person can be "addicted" to gambling (Fong, 2007).

So why can some people go to Las Vegas, for example, spend $20 or so on slots or the roulette wheel, simply walk away and be finished, and the person next to them resorts to check fraud and faces jail time as a result of the behaviors associated with their addiction? How can it be that one person celebrates the rare win by cashing out and using the money to buy dinner while those nearby pour it all back…and then continue to lose money as they chase their losses? The answer might surprise you.

Some research has shown that biological predisposition plays a part in process addiction (Packard, 2007). If a person's parent has a gambling disorder or has a chemical addiction, the child is more likely to struggle with addiction as well. Combine a parent's substance abuse problem with other complicating factors such as abuse, and the offspring, struggling to cope with the stressors, finds comfort in gambling; 40% of gamblers are adult children of alcoholics, 41% have a history of abuse, and 41% have parents who gamble (Packard, 2007). Interestingly, location plays a hand in someone's likelihood of developing a gambling addiction as well; people who live within a 50 mile radius of a casino are at higher risk of developing a gambling problem (Fong, 2007).

The financial and relational toll that problem gambling takes on individuals and society is staggering. The average debt accrued when a person finally seeks help is around $45,000. The divorce rate within the first year is 25% for men and 90% for women, and suicide rates are a staggering 15 times higher than in the general population. There is also a strong connection between chemical dependency and gambling; 24% of problem gamblers have a co-occurring drug problem and 52% have a problem with alcohol (Packard, 2007).

There is an interesting connection to crime associated with gambling including anecdotal tales of accountants, tax collectors, book keepers, and other "white collar criminals" with access to money who embezzle or "cook the books" to cover their illegal use of corporate funds for gaming. (Interestingly, embezzled money is still taxable under federal law as a result of the 1942 law designed to deter and punish Mob dealings, Indiana Law Journal, 1955). Other crimes are less obvious; consider the case of the young man who stole CDs from the library and then "fenced" them (sold the stolen goods), or the woman who left her infant in the car while she ran inside to gamble…leaving the baby to die in the vehicle (Personal Interviews). Gambling leaves a wake of destruction in its path for those who are unable to participate moderately.

Sex addiction also causes significant consequences for those unfortunate enough to suffer the disorder. These consequences include sexually transmitted disease, unwanted pregnancies, and grief for the unborn babies from those pregnancies. People experience job loss, lewd conduct arrests, divorce or relationship disruption, and lowered self-worth. There have been cases of individuals (often women) who are chasing love and fly across the country to meet someone with whom they established a connection on line and find themselves victims of physical and/or sexual assault. Even death can result from the high risk behaviors often associated with sexual acting out (Carnes, 2001).

Just as gambling isn't about the money but the anticipation, so it goes with sexual addiction. Many who engage in this activity describe the sex as often less than satisfying but the chase and anticipation as the seductive elements (Weiss, 2007). An addicted person may spend an inordinate amount of time masturbating (to the point of exhaustion or injury), looking at pornography, researching the biographies of prostitutes online, cruising for sex, etc. The time and money spent on this endeavor comes at a cost to personal relationships. People with this affliction spend an increasing amount of time pursuing, engaging in, and recovering from sexual exploits and describe an inability to stop their behavior (Carnes, 1992).

A person's arousal mechanism is believed to have been developed between the ages of 5 and 8. While this does not mean that a child is aware of what arouses them, it does mean that an otherwise healthy sexuality can be hijacked by early childhood experience. If, for example, someone is repeatedly sexually abused, they might begin to pair the sensation of fear or terror with arousal. This is sometimes explained by the expression, "what fires together wires together" (Neibling, 2004). One anonymous victim described the shame she experienced when her father molested her over the course of several years. Despite the unwanted physical attention, her body responded to the touch and as an adult she paired shame with arousal; she

sought out situations with male lovers to, in a sense, recreate the feelings of shame (and therefore arousal) (Carnes, Phil Donahue interview).

It is a common experience for sexual addicts to experience shame, deceit, and isolation as a result of their thoughts and behaviors. Addicts believe that they can control their behavior (much like a chemically addicted person who says, "I can quit whenever I want"). Addicts rationalize their behavior with such beliefs as "*everyone* looks at porn," or "I didn't have an affair…it was just a chat room! It wasn't even a real person!" These beliefs help the addict minimize the extent of their behaviors and their resulting consequences. They make common a unique experience and trivialize the sometimes devastating effects such behaviors can elicit.

While many of these behaviors are not necessarily condoned by society, they are not seen as wildly egregious, either. There is therefore a distinction between sexual addiction (called Level l) and sexual offending (of which there is a Level II and III). A Level II Sexual offense consists of behaviors such as exhibitionism, voyeurism, frottage, or "taking liberties" through unwanted touch. Interestingly, there are different expectations, levels of acceptance, and consequences for men than women in many of these behaviors (Weiss & Schneider, 2006). Women are often encouraged to reveal themselves publicly (consider strip clubs, wet tee shirt contests, flashing breasts at Mardi Gras, etc.) whereas men are seen as disgusting and lewd for public disrobing.

Level II sexual offences also encompass dangerous or illegal sexual encounters or professional misconduct; for example, a clergy, physician, or therapist abusing their power through sexual relations with their congregation or patients (Carnes, 2001). Viewing child pornography (via pictures or online) also falls under this category as there is no direct victim (For clarification, a child was victimized in the making of the pictures to be certain, but the person viewing the photos did not directly victimize anyone.). This level of offense is seen by prosecutors and the public as nuisance offences, and the perpetrators are often viewed as rather pathetic. This is in stark contrast to the third level of sexual offending in which there is clearly a victim. Behaviors in this category include rape, incest, and child molesting, all of which carry grave consequences both to the victim and to the perpetrator (Neibling, 2004). While not all sex offenders are addicts, certainly not all sexual addicts are offenders.

One feature of the last few decades has had a remarkable impact on both gambling and sexual addiction - the internet. Cyberspace allows several important elements to these addictive experiences, including anonymity, accessibility, and availability. Anyone with an internet connection has access to online gaming or sexual material previously only available at casinos or adult bookstores. There is very little risk to being seen while online as opposed to cruising for prostitutes, frequenting strip clubs, or massage parlors; these come with the risk of being recognized. It is also much easier to deny wrongdoing or problematic consequences. After all, if a person is gambling online, they don't see actual money leaving their hands. It comes out of their bank account. If they are engaging in sexual activity online, it is much easier to deny because it wasn't a "real" affair, although it is just as upsetting for the person's partner when they find out (Weiss, 2003).

This has become such an issue that cybersex has been called "the crack cocaine of sexual addiction." In cyberspace, people are exposed to elements they would not have been exposed to under traditional methods. For example, if a person rents a pornographic video, that is the extent of the material they see. However, if the person goes online, they are now exposed to pop up boxes that offer all manner of images not previously sought after by the individual. That consumer may now be exposed to pornography involving younger and younger girls, for example; so while the person did not originally gravitate to child pornography, after viewing a site that used 18 year olds who *looked* much younger, they now may have added that to their repertoire.

So, what does treatment look like for behavioral addictions? Many are more familiar with methods used in chemical dependency; first supporting the client through detoxification (sometimes using medication) then helping the individual identify their triggers to use a substance, strengthening their coping mechanisms and perhaps participation in a 12 step program like Alcoholics Anonymous, or AA. There are, in fact, support groups available for the process addictions examined in this brief; the 12 step programs available for sex addiction fall under a variety of names including SA (Sexaholics Anonymous), SAA (Sex Addicts Anonymous), and SLA (Sex and Love Anonymous).

For the gaming addict, there is Gamblers Anonymous, or GA, which supports problem and compulsive gamblers by asking 20 questions to help identify if there is in fact a problem. Some questions include, "After a win, do you have a strong urge to go back and win more?"; "Have you ever sold anything to finance your gambling?"; "Have you ever considered self-destruction as a result of your gambling?" and "Has gambling ever made your home life unhappy?"(Gamblers Anonymous). Those familiar with the 20 questions of AA will find the themes familiar. There is also a 12 step for family members affected by gambling (much like Alanon and AlaTeen for partners and children of alcoholics), called GamAnon.

In addition, some treatment providers prescribe medications to reduce preoccupation, help manage mood and cravings, and to help block urges. The inherent challenge with this form of treatment is that many medications, including anti-depressants, can take 4-6 weeks to be effective. When one of the major symptoms of a person's disorder is impulse-control, fighting impulsivity can be a challenge (Fong, 2007).

Counseling is another recommended course of treatment (often with, as opposed to in lieu of, medication). One technique many addiction counselors find helpful is the concept of urge surfing; helping the client to recognize the strong "craving" as a wave, the uncomfortable urge to gamble can then be thought of as manageable ("I know this wave will pass…. I can get through the trough to the top of the wave again…this will pass."). Just as there will be other waves in the ocean, so will there be cravings, but this concept allows the patient a bit more control and predictability during times of craving. Identifying triggers is an important component as well, whether this is hearing quarters being dropped in a soda vending machine (triggering memories of the casino experience) or driving by a pawn shop or check cashing store. The more self-awareness the addict can gain, the more tools they will possess for their recovery process.

It is important to note that abstinence is the recommended strategy in gambling addiction treatment; moderation is not a recommended goal (MayoClinic, 2007). A person with a gambling problem can employ self-exclusion from casinos. By volunteering to be put on this list the individual is giving the specific casino permission –indeed asking the casino- to refuse them entry. This process, once enacted, cannot be taken back. This permanent self-exclusion uses face-recognition technology to identify the person on the list; then casino workers request the person leave the premises.

Another important component in gambling addiction treatment and recovery is the financial piece. There are a number of tips and strategies that can be employed to assist in this process. Debtors Anonymous is another 12 step program that can assist people in recovery to consolidate debt and learn to better manage their finances. Partners of the individual with a gambling problem may want to lock cash and valuables such as jewelry in a safe deposit box to avoid having the jewelry pawned. They might consider discarding credit card and loan offers that arrive in the mail and ask friends and family to no longer give or lend money as this enables the problem. If the person has stopped gambling, they may be the ones to make this request of family and friends. They may also choose to cut up credit cards, remove their name from the cards, or have them stored in a place where they do not have access (Anthes & Neiser, 2000).

Keep in mind that married partners are responsible for the gambler's debts wherever their name appears (on a joint credit card or mortgage, for example) *whether or not they were aware of the gambling issue*. Families are greatly affected by the actions of addicts; there have been anecdotal stories of people gambling away their child's college fund, opening secret post office boxes, having multiple credit cards – even falsifying bank statements so their spouses do not know the extent of the problem (Personal Interviews).

The goal of treatment in sexual addiction, unlike gambling, is not abstinence. While abstaining from all sexual activity is often an important part of treatment initially, the issue is viewed as being similar to an eating disorder (Carnes, Phil Donahue). So while a person can be abstinent from a substance like cocaine, for example, the body cannot go without food and was not designed to go without sex permanently. In fact, the brain's reward circuits are specifically wired for thirst, hunger, and sex, making treatment complex. The individual is learning new arousal mechanisms that are healthier and less destructive.

In conclusion, process addictions are prevalent but not as recognized as chemical addictions. They share a similar etiology, risks, and consequences. While often not recognized as addictive, the behaviors of sex and gambling can be quite problematic to those who suffer them compulsively. Treatment and support is available, however; no one need face these challenges alone.

References

Anthes, W., & Neiser, B. (2000). *Personal financial strategies for the loved ones of problem gamblers*. National Council on Problem Gambling.

Carnes, P. (1992). *Don't call it love: Recovery from sexual addiction.* New York, NY: Bantam.

Carnes, P. (2001). *Out of the Shadows; Understanding sexual addiction* (3rd ed.). Center City, MN: Hazelden.

Fong, T. (2007). UCLA Gambling Studies Program, Conference.

Gamblers Anonymous.

Indiana Law Journal. (1955). (Volume 30, Issue 4), Maurer School of Law, Indiana University. Retrieved from: http://www.repository.law.indiana.edu/cgi/viewcontent.cgi?article= 2648&context=ilj

Mayo Clinic. (2007). *Compulsive gambling.* Retrieved from: http://www.mayoclinic.com/print/ compulsive-gambling

National Institute on Drug Abuse (NIDA). (January, 2007).

Niebling, G. (2004). Care NetCounseling.

Packard, M. (2007). *Motivational Factors in the Treatment of Gambling Disorders*. [Conference]. Problem Gambling in Colorado; Precursors to Change.

Personal Interviews/Testimonies (confidential).

The Phil Donahue Show. (1987). (Guest: Patrick Carnes).

Weiss, R. (2003). Cybersex Addiction Screening Test.

Weiss, R. (2007). Sexual Addiction Conference Presentation.

Weiss, R. & Schneider, J. (2006) *Untangling the web: Sex, porn and fantasy in the internet age*. Carefree, AZ: Gentle Path Press.

An Association between Methamphetamine Use and Symptoms of Depression

Ann M. Melvin, PhD, CRC, LCPC, CADC

Abstract

According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), 3.3 million adults with a substance use disorder also had a major depressive episode. Of this 3.3 million, only 7.9% received treatment for both mental health and substance use problems. Research has indicated that very few treatment facilities are designed to address the co-occurrence of substance abuse disorders and mental health disorders. This study examined the relationship between methamphetamine use and symptoms of depression. Research has shown a connection between methamphetamine use and reported increase in symptoms of depression (Semple, Patterson, & Rant, 2005). Study participants were from the Southern Illinois Methamphetamine Project. All data collection was anonymous with no identifiable information. Of the 232 participants surveyed, results indicated methamphetamine use as a predictor of symptoms of depression. The results are supportive of the need for integrated services within the substance abuse and mental health treatment providers.

Introduction

SAMSHA (2014), reports that 8.9 million people have a co-occurring mental health and substance use disorder. Of those 8.9 million people, 55.8% have not received treatment (SAMHSA, 2014). The implications of untreated co-occurring disorders have a major impact on society:

- Homelessness
- Incarceration
- Violence
- Suicide
- Hepatitis
- HIV

There is a significant need for human service professionals to be able to properly treat and refer clients with co-occurring disorders. Best practice indicates that integrated treatment is the most effective treatment for co-occurring disorders (SAMHSA, 2014).

Need for Integrated Treatment

- All parties have been asking for at least 15 years
- Clients have difficulty navigating through both systems

- Clients are often told to get one disorder under control before they can be treated for the other

Benefits of Integrated Treatment
- Reduced substance use
- Improved psychiatric symptoms and functioning
- Decreased hospitalization
- Increased housing stability
- Fewer arrests
- Improved quality of life

Method

Study Design

For this study, I utilized existing records from a rural substance abuse treatment program in Illinois. Access to this particular set of data was a result of collaboration on a federally funded grant project between Southern Illinois University and the treatment agency. The treatment program was funded by the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Administration (SAMHSA). A Binary Logistic Regression analysis was used to examine the confounding variables and the predictor variables association with the dependent variable.

Procedure

The Government Performance and Results Act (GPRA) created by CSAT was the instrument used for data collection and a required part of the grant for accountability. The GPRA survey was used to collect data at intake, six-month follow-up, and discharge. Each participant was coded at the agency and identifying information was not used in this study.

Participants

The grant began in 2008 and ended in 2011 the total number of participants for this grant was 232. No participants were excluded in this study. Participants were referred to the program through the criminal justice system, Department of Children and Family Services (DCFS), and self-referral. Participants of this specific program met diagnostic criteria for methamphetamine dependence.

Data Analysis

Binary Logistic Regression analysis was chosen for two reasons: (1) the dependent variable is dichotomous, and (2) a logistic distribution assists in a "clinically meaningful interpretation" of the results (Hosmer & Lemeshow, 2000). These researchers distinguished

logistic regression from general linear regression by the presence of a dichotomous dependent variable. The predictor variable is depression, which will have two levels (either yes client has experienced depression or no, client has not experienced depression).

Results

Block Two illustrates where the predictor variable of meth use was entered into the analysis. Meth use was significant (Wald = 7.682, p =.006, Exp(B) = .277) and is illustrated in the table below. This means that the odds of using meth and experiencing depression are .277 better than the odds of not using meth and experiencing depression.

Block Two

Variable	Wald	df	Sig.	Exp(B)
Gender	10.8	1	.001	1.189
Parole/Prob.	.269	1	.604	.841
Employment	.481	1	.488	1.189
Meth Use	7.682	1	.006	.277
Constant	.059	1	.808	1.382

Conclusion

This research emphasizes the need for substance abuse treatment programs to screen for co-occurring disorders and be able to properly treat both disorders. Separate treatment is very common in the U.S. and clients report difficulty navigating through the system to receive care for both disorders (Drake, Essock, Carey, Minkoff, Kola, et al., (2001). Drake et al., also suggest that clients are often turned away from services because of their co-occurring disorder which helps explain the high number of people who do not receive treatment. Due to the prevalence of co-occurring disorders, integrated treatment needs to be implemented in all agencies. Specifically, substance abuse treatment programs should be able to recognize the correlation of specific drugs to specific mental health issues in order to build a treatment plan that addresses both.

References

Drake, R. E., Essock, S. M., Shaner, A., Carey, K. B., Minkoff, K., Kola, L., et al. (2001). Implementing dual diagnosis services for clients with severe mental illness. *Psychiatric Services, 52*(4), 469-476

Hosmer, D. W., & Lemeshow, S. L. (2000). *Applied linear regression.* Hoboken, NJ: John Wiley and Sons.

Semple, S. J., Patterson, T. L., Rant, I. (2005). Methamphetamine use and depressive symptoms among heterosexual men and women. *Journal of Substance Abuse, 10*(1), 31-47

Substance Abuse and Mental Health Services Administration (2014, October). *Co-Occurring disorders.* Retrieved from http://media.samhsa.gov/co-occurring/