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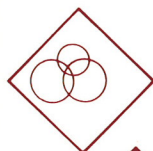
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## EDITORIAL

As you may have noticed, there've been some changes made. Norman Goroff, our Founding Editor and Publisher, has decided that putting the *Journal* out by himself while trying to maintain his University's extension program in upper New England is too much work. Norm has published the *Journal* at the University of Connecticut since its beginning; he and Ralph Segalman, the other Founding Editor, shared the editing chores. Six years ago, they turned that responsibility over to me; but Norm continued to do the publishing. Since this separation of offices has been a constant source of confusion to our authors, subscribers, and even ourselves, moving the publishing operation to Western Michigan University seemed a natural step. What made it possible was the willingness of Ed Pawlak and Danny Thompson, who served as editors in 1983-84 while I was in England, to help shoulder the new load. Danny will handle subscriptions and oversee general business matters. Ed will deal with the typesetters and printers and help with editing. The three of us will attend to editorial matters and to planning and developing the *Journal*. Together, we will be able to attend more accurately and promptly to the needs of authors and subscribers. It may be too much to ask, but we may even be able to bring the *Journal* out on time.

When we decided to make the move, we also decided it was time for a new look. Camera-ready copy has served us

well and computer printing is getting better, but we all agreed that the look of set type was what we wanted. So we asked Western Michigan University for a temporary infusion of capital to finance the extra expense. The sponsors of the Editorial Office for the last six years, Phil Kramer, Director of the School of Social Work, and Dave Chaplin, Chair of the Department of Sociology, backed us. Bill Burian, Dean of Health and Human Services, and Bruce Clarke, Dean of Arts and Sciences, added their support, though both had tight budgets this year. Then, with the counsel of Don Thompson, Assistant Vice President and Chief Research Officer, we approached our President, Diether Haenicke. He agreed to a three-year participation in our efforts. During that time, we hope to increase subscriptions to the point where we can cover the higher cost of operation. We have been recognized for a long time as a group who nurture and make accessible high quality scholarship. We also publish more and cost less than any comparable journal. With a new physical appearance, we should be an irresistible bargain. If you're not already a subscriber, what more could you ask?

As I write this, we are still working out what Volume 14, Number 1 will look like and trying to estimate when it will appear. We will do our best to make Norm Goroff, Ralph Segalman, and the other Founding Mothers and Fathers proud of us. They decided there was a need for a journal focused on the social scientific study of social welfare. Our survival through thirteen years which have been less than generous either to education or the human services is a testimony both to the accuracy of their vision and to their hard work. We will do our best to carry on both. By the way, you may notice that the back inside cover indicates that JSSW prefers the manuscript style of the American Sociological Association. Yet, this issue has articles with different styles. We are in a transition phase. We will have a uniform style in Vol. 14, No. 2.

BOB LEIGHNINGER

# INDIVIDUAL EXPERIENCE AND CRITICAL CONSCIOUSNESS: SOURCES OF SOCIAL CHANGE IN EVERYDAY LIFE\*

DAVID G. GIL, PROFESSOR OF SOCIAL POLICY

Center for Social Change  
Brandeis University

## INTRODUCTION

Social scientists tend to interpret social change as the result of collective action. However, all collective action is at some level and time initiated and carried out by individuals, who, of course, are rooted in particular social contexts. A theory of social change needs to derive, therefore, not only from the study of collective action, but also from the study of individual initiation of, and involvement in, social change oriented practice.

The following observations on individual involvement in social change practice are based on personal experience and study over several decades. They are not a theory of social change but merely subjective contributions to the development of such a theory. I will first summarize a set of assumptions I have come to accept concerning societal evolution, continuity and change. Next, I will sketch one particular approach derived from these assumptions, which social change oriented individuals may want to pursue in everyday life. Finally, instead of listing references throughout the text, I will suggest a selection of sources which I found helpful in studying societal evolution and change, for readers interested to explore these issues further.

\* Based on a presentation at the 36th annual meeting of the Society for the Study of Social Problems, New York City, N.Y., August 29, 1986.

## SELECTED ASSUMPTIONS CONCERNING SOCIETAL EVOLUTION, CONTINUITY AND CHANGE

Social orders evolved and are reproduced and transformed over time, by inter-actions and inter-communications of their members with one another and with their natural settings, in pursuit of survival in the face of relative scarcities of life-sustaining resources;

Human actions, inter-actions, and communications are motivated by basic needs (biological, psychological, spiritual, social) and are oriented toward survival and development of innate potential; survival and development depend on satisfaction of basic needs;

Any social order is a relatively stable, yet temporary, solution to the problems of existence in particular natural environments, at particular stages of socio-cultural and technical-scientific development;

Social orders have evolved by trial and error in contexts of comprehensive ignorance and resource scarcities. Once evolved, social orders reveal strong conservative tendencies to maintain established patterns, practices and relations. While social orders are not viable unless survival of large segments of their population is assured, they tend to vary in the extent to which different individuals and classes can meet their basic needs, and can attain optimal development of their innate potential;

Physical, emotional and social health of humans is related to the extent to which they can realize their basic needs; health and development depend therefore largely on the structures, values and dynamics of social orders which affect the extent to which individuals and classes can realize these needs; health and development depend also on the unique attributes of individuals;

Social orders have been organized throughout history along a continuum ranging from egalitarian-cooperative-communal patterns to inegalitarian-competitive-

individualistic ones. Pre-agricultural societies tended to be organized by the former set of principles, largely because the absence of an economic surplus during that early stage of technological development inhibited the emergence of significant inequalities among individuals and groups. Following the discovery of agriculture, some 10,000 years ago, which gradually led to an economic surplus and to spatial and occupational divisions, social, economic and political inequalities evolved in many, but not all, societies. Wherever inegalitarian ways of life were established, their origin seems to have involved coercive processes, as it is unlikely that people chose voluntarily to be disadvantaged, exploited and oppressed relative to others in their society. Once initiated, inegalitarian patterns seem to have required constant coercion and threats of coercion for their maintenance. However, physical coercion gradually came to be supplemented by ideological indoctrination which led to apparently willing submission and conformity to the demands of dominant classes by exploited and oppressed classes. Inegalitarian patterns of social life tended to intensify over time, whenever they evolved, and to permeate eventually all aspects of social existence;

Individual and collectively shared consciousness evolved along with the creation and reproduction of patterns of social life. Once evolved, consciousness and its interpersonal and intergenerational communication, became important means of maintaining and reproducing established patterns of social life. However, consciousness and its communication are also *potential means for reflecting upon established ways of life, criticizing them, and initiating changes in them*. Social changes from fragmentary-incremental to comprehensive-radical are always products of critical consciousness which can lead to non-conforming communications, actions and relations, initiated by individuals, transmitted to groups, and expanded into social movements. However, probabilities are usually low for individuals to develop critical con-



sciousness concerning their society's way of life, and to risk initiating major changes in consciousness, communications, and actions. This is due to a conservative tendency which the human species seems to have developed since early stages of social evolution. Several social-psychological factors seem to underlie this tendency: a sense of security derived from familiar patterns of life which work somehow to satisfy perceived needs and interests of people; fear of the unknown, and of untried solutions to existential problems; considerable ignorance and limited experience and skills; habit and inertia; and a tendency to deal with perceived problems as isolated fragments, by discrete steps, rather than by examining the societal context from which the problems arise and readjusting that context in order to prevent the problems at their sources. The conservative tendency of human societies seems also to emerge from interactions of biological, social and psychological factors inherent in the physical and mental immaturity of children, their powerlessness and economic and emotional dependence in relation to adults, and their limited capacity for critical reflection and consciousness during stages of life when they are socialized into established ways of life and ideologies of their societies;

As a result of processes of socialization, established ways of life come to be perceived as "the correct way of life." Non-conforming thoughts, communications, and actions are, therefore, viewed as threats and tend to be prohibited, repressed, and punished, while conforming thoughts, communications, and behavior are encouraged and rewarded. In societies which have been divided coercively into hierarchically structured, privileged and disadvantaged classes, the interests of powerful, privileged classes in the preservation of the societal status quo, become a further important source of resistance to the initiation of change by individuals and groups. Elaborate systems of rewards and sanctions tend

to be developed in such divided societies to reinforce status-quo conforming behaviors and consciousness, and to discourage and repress status-quo challenging consciousness and actions;

In the United States, a society divided along class, race and other dimensions, several ideological themes have emerged as major obstacles to the initiation by individuals of fundamental social change. These themes include:

- A. An ideology which equates freedom with "free enterprise" and asserts that the U.S. is a free and democratic society whose way of life reflects the choices of the people as expressed in elections;
- B. An ideology of "meritocracy" and "open social mobility" which asserts that people are free to better their conditions of life by working hard and by using their innate capacities. Those who fail ought not to blame the social order but only themselves for not trying hard enough, or for being inherently less capable than those who succeed. Everyone gets their "just desert"; ergo, those who get little, do not merit more, for they are not good enough;
- C. An ideology which asserts that humans are by nature selfish and evil and cannot be trusted; hence one has to look out for one's own interests in competition with everyone else, and every other group. Also, human nature is posited by this ideology as constant, rather than flexible and adaptable to evolving social conditions, and social change is therefore deemed impossible. Pursuing social change is consequently considered futile, naive, utopian, and a waste of time and energy which could be spent in efforts to advance oneself.

These ideological themes and their corollaries tend to be absorbed and reinforced throughout all stages and settings of socialization and through life-long encounters with institutional messages and practices shaped by these themes. As a result, people tend to feel powerless to initiate collective action toward fundamental change. They tend to channel their energies instead into atomized, individualistic efforts to get the most for themselves within the established way of life in competition with everyone else and every other group. Col-

lective action which is essential to achieve significant social change tends thus to be replaced by a maddening "rat-race," climbing hierarchical ladders toward material success and social prestige.

THE INDIVIDUAL AS SOCIAL CHANGE ACTIVIST:  
CHALLENGING IDEOLOGICAL HEGEMONY THROUGH  
"EXPLORATORY ENCOUNTERS" IN EVERYDAY LIFE.

In spite of the powerful conservative tendencies of human societies, their ways of life and ideologies have never been static, but have always undergone changes, usually gradually but often at accelerated rates. Social change has resulted from different sources including demographic processes, environmental conditions, technological and scientific developments, internal societal cooperation and conflicts, and interactions with "foreign" societies. In all these processes, critical thought, communications, and action by individuals have usually played important parts.

How do individuals become involved in social change movements? Some may become involved spontaneously as a result of reflection on personal experiences, especially oppressive and traumatic ones, which may lead to new insights concerning one's social situation, and which may then propel one to act. Alternatively, encountering critical thought and insights of others, in person or through literature, art, and other media, may induce individuals to examine their own experiences and social situation, and may motivate them to join social change oriented movements. When spontaneously aroused critical consciousness is reinforced and supported by encounters with the critical thought of others, the likelihood increases for individuals to join movements for social change.

Of these possibilities, one seems especially relevant to individual involvement in social change practice: *consistent injection of critical thought, which challenges dominant ideologies and views of social reality, into everyday human encounters in social and occupational spheres.* Struggles to transform prevailing ways of life into alternatives shaped by values of social, economic, and political equality, involve different strategies such

as movement building, organizing around special issues, electoral politics, etc. Individual activism in everyday life is often overlooked as a viable social change strategy. And yet, were it practiced consistently by growing numbers of activists as a complement to more conventional approaches, it might become a powerful element of a comprehensive strategy for fundamental social change.

As conceived here, individual activism in everyday life is intended to facilitate the emergence and spread of critical consciousness. It does so by introducing critical questions and observations, which challenge dominant ideologies and views of social reality, into conversations at workplaces and other social situations, and into professional relations in settings providing human services, education and health care. This approach derives from the assumption that social orders are maintained and reproduced by people's actions in everyday life and by their consciousness which guides these actions and is, in turn, reinforced by them. Hence, a necessary, though not sufficient condition of fundamental social change is that large segments of a society overcome the ideological hegemony of the established way of life over their consciousness. A potentially effective means toward such transformation of consciousness could be to confront and challenge prevailing ideologies and modes of thought in human encounters of everyday life.

Individuals who choose to practice this approach toward social change should search consistently for opportunities in everyday situations, at work and in other social settings, to initiate meaningful explorations of personal and social conditions, and of links between personal problems and societal dynamics. Such explorations can facilitate the emergence and expansion of critical consciousness around everyday events and encounters, and can enable people to transcend the usual meaninglessness of polite and superficial social exchanges. Activists who choose this approach ought to be tactful and considerate of the dignity, thoughts, and feelings of people whom they are trying to engage in exploratory discussions. They should avoid alienating jargon and anything

which may be perceived as elitism, arrogance, pressure, and indoctrination. People must be free to reach their own conclusions, in their own way and time, and must not be presented with ready answers. A Socratic, dialogical approach, involving thoughtful, focused questions and observations concerning relevant situations, issues and experiences, seems to be an appropriate model for facilitating meaningful and productive discourse.

The relationship between activists who initiate such exploratory encounters and people who participate in them, ought to be egalitarian, informal, and free of hierarchical and authoritarian elements, irrespective of the positions people hold in existing formal organizations. In this way, the social context of the exploratory discourse would negate symbolically the structures and dynamics of the existing way of life, while affirming symbolically, and prefiguring possible alternative patterns for human existence, where everyone is to be free and equal, regardless of individual occupational roles. Thus, through substance and style, exploratory encounters should help people to unravel and overcome an intrinsic function of existing organizations and enterprises—the perpetuation of the established way of life, its institutions, values, ideological themes, and dominant consciousness.

The strategy of exploratory encounters toward critical consciousness can be incorporated not only into informal relations at workplaces and in other social settings, but also into professional practice in human services, health care, and education. In this way, formal relations and encounters between “providers” and “users” of services can become means for exploring, challenging and criticizing rather than affirming and validating the institutional status-quo, its dominant assumptions, and ideological themes.

Activists practicing the strategy of exploratory encounters toward critical consciousness should create local support groups and regional and country-wide networks to share and evaluate their experiences and to provide support for one another in their often lonely pursuits. Also, since these efforts are likely to encounter resistance from administrators of

status-quo committed settings, activists may need the support groups and networks to organize collective defensive action. The support groups and networks ought, in turn, be integrated into local, regional, and countrywide units of political movements working for liberation and social change. For the practice of exploratory encounters is merely one among many components of comprehensive efforts toward social transformation. The role of political movements is to coordinate these different components into a coherent strategy.

People, who will expand and change their consciousness as a result of exploratory encounters with social change activists may eventually want to join social change support groups and movements, and may choose to carry on the practice which has been meaningful in their own experience. They may also channel their formerly blocked, but now released energies, and their anger against oppressive institutions whose dehumanizing dynamics they have come to understand, into constructive projects such as workplace unions, worker cooperatives, community organizations, other forms of cooperation, and social change movements.

In preparing for social change practice in everyday life, activists need to explore, critically and honestly, on their own or jointly with others, their social reality and experience. Such explorations are likely to reveal the extent to which the material, biological, psychological, and social needs of many people tend to be frustrated at work, at home, and in other social situations, and how these frustrations are conditioned by the structures and dynamics of the social, economic, political and ideological context in which workplaces, homes and social life are now embedded. They are also likely to discover that their consciousness mirrors prevailing, dominant ideological themes, that they tend to blame themselves for their limited personal achievements and unsatisfactory conditions, and that they assume that the social context which constantly frustrates their basic needs cannot be altered by human action.

As such explorations deepen insights into individual reality and the societal context, one may gradually risk to discuss



these matters with family members, co-workers and other social contacts. Such discussions may help others to engage in similar explorations, and are likely to reveal that people are not alone in their frustration and alienation, but that others share similar experiences and feelings. Gradually, society in the United States may no longer seem as free, fair, and democratic as claimed, but oppressive, exploiting, and controlling, especially when psychological dimensions are considered, rather than merely material ones. For people may live in satisfactory conditions in a material sense, but may nevertheless feel alienated, lonely, insecure, and unfulfilled in non-material aspects of their lives.

Once one has begun to communicate with family members and others about these issues, one may be ready for a further step: to organize support groups similar to the consciousness-raising groups of the women's liberation movement. Such groups would meet regularly to discuss and analyze experiences and feelings, to help members with efforts to confront and challenge the consciousness and ideology of co-workers and others whom they encounter in everyday life, and help them deal with the conflicts that may result. With support from such groups, individuals may deepen their commitments to social change, and they may take on an identity of social change activist and political organizer in addition to their existing personal and occupational roles. It is important that support groups come to understand social change as being in the interest of everyone whose development and self-actualization are obstructed by the structures, values, and dynamics of the prevailing way of life, and not merely in the interest of materially exploited and deprived classes.

## SUMMARY AND EPILOGUE

Starting with the assumption that fundamental social change requires that large segments of a population overcome the hegemonic ideologies of the established institutional order, I have sketched here a strategy for individual activism aimed at facilitating the emergence and spread of

critical consciousness by means of informal, exploratory encounters in everyday life, at places of work and in other social settings, and formal exploratory encounters in systems of human service, health and education. Such encounters are intended to enable growing numbers of people to develop a penetrating analysis of the oppressive dynamics of our present way of life and insights into possible alternatives, based on principles of equality, cooperation, community, freedom and democracy. These encounters should also help people overcome their sense of powerlessness, their tendency to blame themselves for their difficulties, and the fallacious notion that comprehensive social change is impossible since people are by nature mean and selfish and will not cooperate in efforts to transform oppressive social institutions into their opposites.

Whether the proposed strategy can work is not known. What is known, however, is that without a fundamental transformation of consciousness, an institutional revolution toward comprehensive human liberation cannot take place. Hence we need to experiment with a variety of approaches which may promote the necessary, large-scale transformation of consciousness. Based on my own practice over several decades, I tend to think that the approach suggested here can make significant contributions toward that end, provided growing numbers of activists will engage in it consistently with a sense of commitment, analogous to a "secular mission."

While resistance, threats and sanctions will be encountered by activists pursuing the proposed approach, these obstacles may not be insurmountable, provided we insist on exercising existing civil and political rights, do not act provocatively in an immature fashion, and develop appropriate mutual supports and defenses. What has inhibited this strategy is not resistance, threats and sanctions by status-quo committed institutions, but lack of interest in this approach by activists, and anticipation of repressive measures. We have not tested this approach widely, and we therefore do not know how far we could actually go, before someone

would try to stop us. We seem to stop ourselves out of fear long before we have reached the limits of the possible. Practice alone can tell us how far we can proceed.

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# AFDC ENCOUNTERS JOINT CUSTODY: BUSINESS AS USUAL IS NOT THE SOLUTION

JAN L. HAGEN

School of Social Welfare  
Nelson A. Rockefeller College of  
Public Affairs and Policy  
State University of New York at Albany

*In the fifty years since its enactment, Aid to Families with Dependent Children (AFDC) has become increasingly difficult to administer efficiently and equitably. Most recently, this increasing complexity is illustrated by eligibility determinations for divorced families having joint custody of the children. A recent national survey of state agencies administering AFDC programs reveals a diversity of approaches in determining eligibility under the continued absence requirement for joint custody situations. As illustrated by these joint custody cases, the meaningfulness as well as the usefulness of the continued absence requirement for AFDC eligibility has become increasingly questionable in terms of responding to the welfare of financially needy children. Additionally, the continued absence requirement appears to negate the potential advantages of joint custody for poor families by precluding financial assistance from the AFDC program.*

The welfare of children was a developing concern at the turn of the century and led to such social reform activities as the 1909 White House Conference on Child Dependency, the establishment of the Children's Bureau, the passage of the Maternity and Infancy Act (better known as the Sheppard-Towner Act), and the enactment of mother's aid or widow's pensions in many states. These child welfare concerns culminated in the enactment of Aid to Dependent Children as part of the original Social Security Act passed by Congress in 1935. At the time, most children were considered dependent

because of the loss of their father through death. The original impetus for the Aid to Dependent Children program was directed toward "fatherless and other 'young' families without a breadwinner" (Report of the Committee on Economic Security, 1935, p. 25). In order to be eligible for benefits, the program required that a child be both financially needy and deprived of parental support or care. The chief concern was for children who had lost their father through death. Loss of paternal support or care because of divorce, separation, or unwed parenthood was not a frequent occurrence and, thus, not a common reason for receiving program benefits.

In more recent years, this pattern of eligibility based on deprivation of parental support has reversed itself. With the growth in coverage provided through the social insurance provisions of the Social Security Act, children who lose a breadwinner through death often are provided financial support through survivors' benefits. Now, the majority of AFDC children are eligible under the deprivation of parental support or care requirement because of the continued absence of the parent from the home due to divorce, separation, desertion, or unwed parenthood. Given these changing reasons for deprivation of parental support or care, the administration of AFDC has become more difficult.

The continued absence of the parent from the home requirement poses increasingly difficult problems in the administration of AFDC because determining what constitutes continued absence has become increasingly complex. This difficulty is most clearly illustrated when a divorced parent who has joint physical custody of the children applies for AFDC. This article examines the trend toward the joint custody of the children following a divorce, reviews the federal regulations for "continued absence", and illustrates the administrative difficulties for determining AFDC eligibility in these circumstances.

#### JOINT CUSTODY

During the past several years, the joint custody of children following divorce has become an increasingly popular

option for parents. Because it allows both parents to continue an on-going relationship with the child, joint custody is promoted as serving the best interests of the child. Currently over one half of the states have a joint custody option in their divorce statutes. These statutes are highly varied, however, and range from initiation of a joint custody arrangement by the parents to a presumption by the court that joint custody is the preferred arrangement unless the parents request an alternative custody situation.

The term "joint custody" is ambiguous and subject to several interpretations. It may refer strictly to a sharing of legal custody by the parents. This insures that each parent has a say in major decisions related to the child's education, medical care, and religious training. More commonly, joint custody, sometimes called co-parenting, refers to shared legal custody as well as to shared physical possession and control of the child. The actual physical possession and control of the child thus fluctuates between the parents. This arrangement allows for a great deal of flexibility in meeting the needs of the child. Ideally, bitter custody disputes between the parents are avoided and the child maintains a meaningful relationship with both parents. The actual arrangements for physical custody may range from the more traditional divorce arrangement of living with one parent and visiting with the other to spending equal amounts of time living with both parents. It is this latter joint physical custody arrangement which has the greatest potential for conflicting with the AFDC eligibility requirement that the child be deprived of parental support or care due to continued absence.

#### THE FEDERAL REGULATIONS

Deprivation of parental support or care due to continued absence of the parent from the home exists, according to the federal regulations, "when the parent is out of the home, the nature of the absence is such as either to interrupt or to terminate the parent's functioning as a provider of maintenance, physical care, or guidance for the child, and the known or indefinite duration of the absence precludes count-

ing on the parent's performance of the function of planning for the present support or care of the child. If these conditions exist, the parent may be absent for any reason, and may have left only recently or some time previously. . . ." (45 C.F.R. 233.90 (c)(1)(iii) 1982).

The federal legislation for AFDC also requires that the child be living with specified relatives. The meaning of living with a given relative "in a place of residence maintained . . . as his . . . own home" is specified in the federal regulations as being "a home in the family setting maintained or in process of being established, as evidenced by assumption and continuation of responsibility for day to day care of the child by the relative with whom the child is living. A home exists so long as the relative exercises responsibility for the care and control of the child, even though either the child or the relative is temporarily absent from the customary family setting" (45 C.F.R. 233.90(c)(1)(V)(B) 1982).

The AFDC eligibility for a child who is in the joint custody of both parents is not addressed in the federal regulations nor have federal policy interpretations on the matter been particularly helpful to the state public welfare agencies (Hagen and Hoshino, 1985). The federal policy interpretations issued by the regional offices of the Social Security Administration simply reiterate that the states are required to apply the same criteria of deprivation and "living with" to all AFDC applicants, regardless of the custody arrangement. The federal examples given for joint custody, however, deny AFDC eligibility if the child is physically with one parent for five days and with the other for two, or if the child is physically in the home of each parent for portions of each month. Such absences are not regarded as continuous and both parents are considered to be exercising their parental function.

The state agencies have not found this interpretation helpful in responding to the diversity of joint custody arrangements. Instead, the state agencies have found it necessary to develop their own guidelines for eligibility determination in instances of joint custody, assuming the other eligibility criteria are met. With each state attempting to be

responsive to this new social trend of joint custody and still remain concerned with the welfare of children, a variety of interpretations have emerged in determining eligibility in joint custody cases.

### DETERMINING ELIGIBILITY

A recent national study on each state's policies regarding AFDC and joint custody surveyed all 54 public welfare units administering AFDC programs (Hagen and Hoshino, 1985). Twelve of the responding 51 agencies already have developed a formal policy for dealing with eligibility determination in cases with joint custody arrangements. Most of the states with a formal policy evaluate each case individually to determine if there is continued absence of a parent and/or if the child is deprived of parental support. In general, a child who spends 50 percent or nearly 50 percent of each week or month with each parent would be considered ineligible for AFDC. However, deprivation due to continued absence may exist, and therefore AFDC eligibility, if the child spends two or more months with one parent and then two or more months with the other. Beyond this, however, a great deal of variation in the bases for eligibility exists among the states.

In handling joint custody cases, with or without a formal policy, states overwhelmingly rely on a case-by-case determination with particular emphasis given to the child's actual situation. The decree granting joint custody is not accepted as evidence that joint custody exists in fact. Although the federal regulations regarding continued absence of a parent are central in eligibility determinations, states vary in the emphasis placed on such elements as residing in the home, with whom the child lives, who is the primary caretaker, the degree of deprivation of parental support or care, and interruption or termination of parental functioning. Based on survey responses, key factors in eligibility determination appear to be the amount of time the child spends with each parent, the parental functioning, and the child's residence. The current practice allows for a great deal of administrative discretion in making eligibility determinations in joint custody

cases. Often, determining parental functioning and the child's primary caretaker is a matter of judgment. Such determinations are time consuming as well as expensive and must be made without the advantage of guidelines because the actual arrangements are highly individualized.

The complexity of administering AFDC in joint custody cases is compounded by children alternating between parents on a semi-weekly, weekly, bi-weekly, and monthly basis. Additionally, case examples from survey respondents mentioned the child going from one state to another, further complicating eligibility determination. In another arrangement, the parents alternated residing in the child's home on a weekly or bi-weekly basis. As the respondent noted, "it is very difficult to determine which parent is 'absent' from the home."

The complexity of AFDC eligibility determination for joint custody cases is further illustrated in welfare fair hearings or welfare appeals. Twenty-eight percent of the responding units have had hearings focusing on joint custody. Although the actual number of hearings has been relatively small, one or two hearings for most states, their potential significance in the issue should not be overlooked. As a respondent pointed out: "... the absence of federal regulations has placed the entire burden of policy development upon the state agency. In this case, the policy may well be determined through a fair hearing decision or court order."

A review of selected hearing decisions from several states raises a number of interesting points. In one situation, a hearing officer overruled a denial for assistance based on a custody arrangement in which a child spent time equally with each parent on alternate weeks. The hearing officer found eligibility to exist based on a factual determination of the child's primary custodial parent who assumed financial responsibility for the child and maintained the child's primary residence. In the opinion, the officer noted that "the department's present position would appear to deny the potential benefits of joint custody to children of certain low-

income parents." Another hearing decision pointed out that "no time limit has been established in the regulations concerning the actual living arrangements of the child in the home. In the absence of such a time criteria the mere fact that the child lives with one of the parents 50 percent of the time does not cause [the appellant] to be ineligible for AFDC assistance." Both decisions are in direct opposition to guidelines used by several states.

Determining the child's primary "home" was crucial in another decision. While acknowledging that the child spent 40 percent of the time with the father, the hearing officer deemed the child's home to be the mother's because the child lived there the majority of the time. Further, the officer stated: "The AFDC regulations do not anticipate that children may have more than one home at one time. The father has been continuously absent from their mother's home for almost three years and this test of deprivation is met."

Respondents to the survey were asked to give their opinions and general views on the joint custody situation. Thirty-five (69 percent) of the respondents answered this section of the questionnaire. Ten of the respondents viewed joint custody as a positive trend because the child's overall interest may be better served. A joint custody arrangement helps preserve the child's relationship with each parent and does not relegate one parent to an outsider. Some of these respondents, however, went on to note not only the increased complexity of eligibility determination for AFDC but also the potential harm to the child which may result. By jeopardizing eligibility for AFDC because deprivation of parental support or care cannot be established, the child may be potentially harmed if both parents have limited income. While the child's emotional well-being may be served, the financial well-being of the child may be compromised.

## CONCLUSIONS AND DISCUSSION

The continued absence of the parent from the home as a requirement for AFDC eligibility may work to the disadvan-



tage of financially needy children and their caretakers if the parents jointly share the physical custody of the children on a regular basis. Once again, the eligibility requirements for AFDC, and the state interpretations of these requirements, may be viewed as contributing to family instability. In this instance, AFDC policy may subvert a divorced couple's attempt, or the court's attempt, to provide for the child's best interest by continuing the child's relationship with both parents. The policies may contribute to the development of families with only one active parent instead of allowing both parents to continue functioning in their parental roles. In other words, the policies may foster the development of single-parent families instead of one-parent households, an important distinction for divorced families made by Ahrons (1980). If the parents persist in their efforts to develop one-parent households rather than single-parent families, the family is, in effect, penalized by being denied AFDC eligibility. The only alternative for many of these families is the state or local general assistance program, a program designed for short-term use, often with significantly lower levels of financial assistance.

The issue of joint custody and AFDC eligibility poses a difficult and perplexing situation for public welfare agencies as they attempt to balance the federal requirements with changing patterns of family need while efficiently administering the AFDC program. Charged with accurately and efficiently administering a program designed for needy children within the requirements and guidelines of the federal government, the state is confronted with developing an equitable policy to handle the needs of children in joint custody.

The most frequently proposed alternatives for welfare reform are negative income tax plans and work-and-welfare strategies. Both the Nixon and Carter administrations have proposed plans in these categories. President Nixon's Family Assistance Plan, an example of the negative income tax approach, called for a federally financed and administered cash assistance program for all families with dependent children whose income fell below a specified level. Unlike AFDC, this

plan would have included two parent families with children. The problem of determining whose income or what portion of income should be credited with supporting the child in joint custody would remain, however.

President Carter's proposal for welfare reform, The Program for Better Jobs and Income, represents a work-and welfare strategy. This proposal created two categories, the non-working poor, including the aged, blind, disabled, and single parents with young children, and the working or employable poor. President Carter's plan, unlike previous proposals, included all low-income individuals as well as families. Under this plan, joint custody arrangements would have complicated determining which parent was to be regarded as the single parent. It would appear, however, that either or both parent would have been able to benefit since the program proposed inclusion of all low-income individuals and families.

Both the Nixon and Carter plans presumably would have removed the need for any eligibility criteria regarding deprivation of parental support or care and continued absence of the parent from the home. In part, then, the current difficulty in determining eligibility in instances of joint custody would have been eliminated. To the extent that approaches to welfare reform include two parent families and remove any eligibility criteria regarding deprivation of parental support or care and continued absence of the parent from the home, the current difficulty in determining eligibility in instances of joint custody is eliminated and a more equitable plan is created. Any program in which eligibility is determined strictly on the basis of financial need would help reduce the complex, and sometimes discretionary, nature of eligibility determinations.

A more fundamental change in the traditional approach to income maintenance would be a move away from means-tested programs to programs based on assumed or attributed need. In this context of AFDC and joint custody, an assumed need alternative is a children's allowance program. Children's allowances, which have been adopted in all indus-

trialized countries except the United States, provide cash benefits directed to all children as beneficiaries. Although need would not have to be established, it again would appear necessary in joint custody cases to determine which parent would receive the payment, or a portion of the payment, on the child's behalf.

An alternative for assisting women with children, including divorced women, is to prevent poverty in the first place. A recently proposed comprehensive strategy for service to AFDC families included child support enforcement as well as increased job opportunities and adequate pay for women, the latter two regarded as sufficient to prevent poverty for many families (Miller, 1983, p. 610). The inequality in earning power has been regarded as the primary explanation for the overrepresentation of women in welfare programs (DiNitto and Dye, 1983, p. 208). While greater attention to the enforcement of child support can be expected in the near future, equality in the labor market for women is a more distant prospect. All three measures, however, not only would help prevent poverty but also would reduce the economic hardships that may be imposed by having the joint custody of a child.

During the fifty years since its enactment, AFDC has become an increasingly complex and difficult program to administer equitably and efficiently. Although the tremendous growth in the program during the past twenty years is partly responsible, a key role also has been played by the changing family structure in American society. As the AFDC program has attempted to respond to this changing situation, the meaningfulness and utility of the continued absence requirement for eligibility has become increasingly questionable in terms of responding to the welfare of financially needy children. By potentially excluding those children in joint custody arrangements, the continued absence requirement negates the benefits of allowing children to maintain relationships with both parents. The diversity in state interpretations of the continued absence requirement and the amount of administrative discretion necessary to determine eligibility in

joint custody situations further contribute to the inequities of the AFDC program. A reexamination of the continued absence requirement is in order if the welfare of all children is to be addressed by the AFDC program. Basing AFDC eligibility solely on financial need according to a national standard would help promote greater equity within the AFDC program.

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# ROLD AMBIGUITY AMONG FOSTER PARENTS: SEMI-PROFESSIONALS IN PROFESSIONALIZING ORGANIZATIONS

KENNETH J. MIETUS, PH.D.

Western Illinois University

MICHAEL D. FIMMEN, PH.D.

Western Illinois University

*Because foster parent role ambiguity has been viewed primarily as a micro-level phenomenon, efforts to reduce its negative consequences have emphasized ameliorist solutions which attempt to alter the behavior of individuals. We suggest that consideration of role ambiguity as a macro-level phenomenon provides a sounder basis for developing long-range solutions which can alter the structure of foster care organizations in ways which will complement existing ameliorist strategies. As semi-professionals, the work-role expectations of foster parents are seen as being contradictory to the goals of a professionalizing organizational structure. The transitional nature of this professionalizing process, and the contradictions which it generates, are discussed. Some consequences are evidenced by empirical data obtained from a state-wide study of a public foster care organization.*

Are foster parents professionals or are they paraprofessionals? Are they employees or are they clients? The ambiguity surrounding the role of foster parents has been a persistent theme in the foster care literature for almost two decades (see, for example, duFresne, 1967; Gottesfeld, 1970; Maluccio, 1973; Cutley and Aldridge, 1973; Eastman, 1982). The literature suggests that role ambiguity has been reflected by a variety of factors including professional attitudes, placement agreements, board rates, financial benefits, legal standing and legal rights under federal and state statutes.

In reality, the expectations for the foster parent role have never been formally defined with any degree of consistency

and have instead been identified as the role that the foster parent carried out in practice (Carbino, 1980:5). Depending upon the circumstances, the foster parent is at one time client, while at another time colleague; a contracted service provider and a member of the child treatment team. Consequently, contradictory expectations exist among caseworkers, foster parents and foster care staff which, in turn, produce varying consequences for a variety of program operations. In an effort to ameliorate these contradictory expectations, diverse and often highly particularistic solutions to the problem of role ambiguity have been suggested. These include contracting (Galaway, 1976), staff stabilization (Eastman, 1982), and training (Galaway, 1972). While each of these strategies are valuable in their own right, we suggest that they reflect the image of role ambiguity as a micro-level phenomena and thereby lead to solutions which are both too short-term and particularistic to substantially reduce foster parent role ambiguity.

#### ROLE AMBIGUITY AS A RESPONSE TO TRANSITION

Foster parent role ambiguity is not a condition which is totally rooted in the social or psychological characteristics of individual foster parents, caseworkers and agency staff. Rather, it can be partially explained as a response to the transitional character of American society and culture in general and of child welfare agencies in particular. Indeed, numerous studies have indicated that role ambiguity is a source of stress for many persons in the American labor force.

In addition, role ambiguity may be viewed as a symptom of certain contradictions that are typical of any large and complex organization. As such, some degree of role ambiguity is always going to be present in large and complex organizations such as our nation's foster care systems. The fact that role ambiguity is as pronounced as it is in some systems may suggest that certain features of those systems are experiencing more dramatic change and contain more dramatic contradictions. In any case, role ambiguity is not to be viewed so much as the primary problem but rather as an in-

indicator of insufficiently articulated system components.

Some foster parent role ambiguity can be explained by the fact that many foster care agencies have experienced significant transition during recent years. One aspect of this transition has been exhibited by agency responses to external forces which are beyond their capacity to control or predict, e.g., the political/economic climate, migratory shifts in the population, increasing numbers of adolescents and neglected children, heightened public awareness of child care/child abuse issues. These kinds of external forces have placed considerable strain upon the system of foster care, requiring it to distribute resources in ways which will respond effectively and efficiently to increased demands for diverse types of child care services.

A second part of the transition has been internal, involving organizational growth, technological development, frequent personnel change and professionalization at nearly every level of our nation's child welfare agencies. Such professionalization is considered necessary and desirable, but it has not fully occurred in all systems and is occurring at different rates within many systems.

It is our contention that the professionalization process itself, while viewed as a desirable and necessary element for the improvement of foster care (see, for example, Appelberg, 1967; Reistroffer, 1968; Stone, 1969; Dorgan, 1974) is a process which has inadvertently exacerbated the condition of foster parent role ambiguity.

## THE PROFESSIONALIZATION OF FOSTER CARE

All complex organizations which employ large numbers of professionally trained personnel reveal structural strain and contradictory role expectations. One common contradiction is that which results from the organization's need to exercise administrative authority, and its need to rely upon professional authority.

For the purposes of this study, a professionalized organization will be characterized as having a high proportion of professionals on its staff (at least 50 percent) and one in



which professionals have superior authority over the major goal activities of the organization. It is also useful to distinguish between those organizations employing professionals who have a long training period (five years or more) and those employing professionals whose training is shorter (less than five years). The former may be considered full-fledged professional organizations while the latter, semi-professional organizations (Gross and Etzioni, 1985:135).

In full-fledged professional organizations, tensions are typically reduced by dividing responsibilities. The primary goal activity, delivery of specialized services, is controlled by those trained as service delivery professionals. Administrative activities are controlled by those who come into administration either from the ranks of service delivery specialists or who are professionally trained administrators. While this arrangement does not totally eliminate tension, role ambiguity is often reduced when the ranks of administration contain a large proportion of persons who emerged from the ranks of the primary service delivery professionals. Such administrators are more often sensitive to the working conditions and problems of those who are out in the field. Conversely, the professionals who are out in the field are more likely to communicate openly with their supervisors because they have similar experience and training backgrounds and because the service delivery professionals perceive themselves to be professional equals to their supervisors. Communication in such organizations tends to be greater (Hage, et al., 1971) and role ambiguity less pronounced.

In contrast, most public foster child care organizations are not full-fledged professional organizations, particularly at the level of primary service delivery. Given their training backgrounds, most foster parents, are clearly semiprofessionals.

Semiprofessionals generally have not had formal training prior to entry into their profession. The training that has been acquired is typically non-standardized, of shorter duration less mandatory, and only minimally certifiable than that received by full-fledged professionals. Also important,

"semi-professional" work is usually carried out under conditions that are less autonomous than that of professionals. Semiprofessionals typically work under conditions of close supervision, i.e., under narrow span-of-control conditions with one supervisor (generally a full-fledged professional) monitoring the activities of no more than 10 - 12 subordinates. While the upper levels of many public foster care systems have made substantial progress in the transition from semi-professionalized to professionalized organization, the process has yet to occur fully at the primary service delivery level, i.e., at the level of the foster parent. The uneven distribution of this professionalizing process is a structural condition which, we argue, contributes substantially to the condition of foster parent role ambiguity.

#### STRUCTURAL CONDITIONS WHICH CONTRIBUTE TO ROLE AMBIGUITY

An examination of the supervisor-subordinate relationships in the organizational structure of many public foster care systems reveals that the span-of-control ratios at the caseworker-foster parent level are generally quite broad. Under the best conditions, caseworkers typically oversee about 25-30 families and their foster children (Mietus and Fimmen, 1984). Given certain preconditions, this type of structure can be very effective and efficient. It operates most efficiently when the deliverer of the special service (in this case, the foster parent) possesses highly specialized knowledge that is not only extensive but fairly standardized among all service deliverers. Extensive, standardized and specialized knowledge is typically acquired after five or more years of formalized training and an apprenticeship period spent under closely supervised conditions (Wilensky, 1964). These are characteristics which structurally define the occupational status of professional.

As a general rule, organizations which utilize a large number of professionals as primary service deliverers require less explicit rules and regulations specifying the manner and method to be used in the performance of work activities

(Zey-Ferrell, 1979:201). The role expectations of professionals have been developed and internalized through the lengthy process of formal training. They do not need to be told how to perform operations as much as they need to be told how to use the organization as a system to access the resources they need to perform their work more effectively.

Professionals thus operate very effectively under broad span-of-control conditions. Having systematically internalized a substantial body of task performance knowledge, they require less closer supervision and fewer operative rules, i.e., rules governing task execution and workflow. Organizations which utilize large numbers of trained professionals (e.g., hospitals, universities, some social service agencies) generally exhibit broad span-of-control structures. Under these structural conditions, delivery of service in a manner consistent with departmental or agency policy is more effectively and efficiently accomplished than under conditions of close supervision.

While semi-professionals are typically more effective under narrow span of control conditions, a broad span-of-control condition between caseworker and foster parent is a far more typical pattern in our public foster care system. Indeed, many caseworkers and caseworker supervisors would likely agree that it is undesirable, perhaps even "unprofessional", to supervise foster parent activities too closely. Consequently, caseworker and foster parent communication is infrequent. When close supervision does occur, it is conducted primarily under conditions of crisis and tension. This is a pattern that is typical of organizations utilizing a broad span-of-control while providing routine delivery of services.

This broad span-of-control, low supervision condition, demands that foster parents exercise considerable latitude and discretion in the performance of their responsibilities. While regulative information is provided, (how to file requests for expense reimbursement, etc.), the information most often requested by foster parents is operative in nature (e.g., "How to Discipline a Foster Child Who has Trashed your Living Room"). The preference for operative over regu-

lative rules is a consistent expectation of semi-professionals (Zey-Ferrell, 1979:201).

Most semi-professional knowledge comes from on-the-job training, supplemented with unregularly scheduled and unsystematically developed in-service training. Although this knowledge is less systematically acquired than is professional knowledge, it is no less strongly internalized. As a result, it is knowledge which can be unpredictable and often applied in ways which are inconsistent with agency policies. Narrow span-of-control with closer supervision is best suited under such conditions. When semi-professional knowledge is applied under supervisory conditions that are more appropriate for the application of professional knowledge, i.e., broad spans-of-control, role ambiguity and system tensions are an inevitable outcome.

## CONCLUSIONS

Foster parents do not generally perceive of themselves as trained foster care specialists and by most structural standards, they are not. Rather, they are concerned and thoughtful people who care about children and want to help them (Mietus and Fimmen, 1984:109). But while their motivational level is high and their overall skill as natural parents is quite good, their general level of foster parenting skill is quite low. Most do not even view foster parenting as a specialized skill—nearly 65 percent view foster parenting the same as parenting their own children (Mietus and Fimmen, 1984:64). Most enter the foster care system with their role expectations pre-defined, i.e., "I already know how to raise kids, I've raised — of my own." And while many view themselves as substitute parents rather than specialized care providers, they do expect to be treated as professionals and are often required to act as such.

In spite of their status as semi-professionals, the broad span-of-control situation which exists in most foster care systems provides foster parents with minimal supervision. This condition structurally reinforces the expectation that they should exercise autonomy. This desire for autonomy, a sub-

jective definitional characteristic for most professionals (Pavalko, 1971:23), was so intense in one system that 75 percent of the foster parents felt that caseworker visitation should occur no more often than once per month (Mietus and Fimmen, 1984:93). Yet, in this same system, 70 percent of the foster parents listed various aspects of the foster parent role as being the most difficult part about being a foster parent (Mietus and Fimmen, 1984:111).

Foster parent role ambiguity appears to be a condition that will persist so long as semi-professionals are positioned in structures that are more appropriate for professional primary service providers. Two solutions must be considered; reduce the supervisory ratio by narrowing the span-of-control between caseworkers and supervisors or professionalize the foster parent status through recruitment and training.

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## OLDER BLACKS' PREDICTIONS OF THEIR SOCIAL SUPPORT NETWORKS\*

BRENDA CRAWLEY,

The University of Kansas  
School of Social Welfare

*Predicting resources for one's later years is risky and evokes feelings of vulnerability. Findings from a study of older blacks reveal that while race and culture may predispose clients to prefer certain resources, such as spouses and children, others realistically expect kin and friends to care for them. The heterogeneous nature of the black elderly suggests an open posture be maintained in assessing support resources for those who face short- or long- term care needs.*

Predicting resources for one's later years is frequently risky and can evoke feelings of vulnerability. The most common means for engaging in predictive behavior for one's later years is through pre-retirement and retirement planning (Butler and Lewis 1977; Shank 1985; Atchley 1976; Meier 1975). The usual areas of such planning include finances, housing, and leisure. To a lesser extent persons may plan for education, post retirement work, and relationships.

The riskiest predictions occur in projecting one's human support resources in old age. Whereas an individual may engage in financial planning by obtaining stocks, bonds, and CD's or purchase retirement property, it is not within an in-

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dividual's control to purchase or guarantee another's length of life or willingness to provide support services. Nonetheless, individuals do place strong emphasis on who they anticipate will be available to assist with their care in the later years. Elderly minorities particularly may feel the need to predict such resources because they have frequently been deprived of access to participation in society's more formal social service systems (Taylor 1985; Chatters, Taylor and Jackson 1986).

Humans are anticipatory creatures. Social scientists have documented how individuals plan their behaviors and lives around desired outcomes (Epstein 1979; Cline and Richards 1960). Not only is prediction practiced but some research has demonstrated that persons can be fairly accurate in their predictions of interpersonal relationships and the behavior of others (Epstein 1979). Young persons plan for a college education in anticipation of the rewards of a satisfying career and higher lifetime earnings. Couples plan for the addition of children to their family unit. This event broadens beyond the purview of the potential parents to an ever-widening sphere of individuals which includes potential grandparents, aunts, uncles, nieces, nephews, and cousins. Each anticipates the meaning and presence of the new person to her or his life. Each allocates a measure of emotional and perhaps even monetary resources to be used for the future event. As mentioned, persons are expected to project years into the future to determine financial, health, and social conditions (Shank 1985). Whether a person anticipates turning to informal or formal support systems is influenced by use of, access to, and availability of such systems.

#### USE OF FORMAL OR INFORMAL SUPPORT SYSTEMS

Certain groups of aged use formal support resources more readily than do other aged groups. The urban elderly have been found more likely to use formal support systems than rural aged (Nelson 1980; Goodfellow 1983). White elderly, in contrast to hispanic or black elderly, have been shown to turn more frequently to formal support systems.

Reasons for use or non-use varies along the dimensions of accessibility, social status, health, awareness, availability, stress, existence of other support systems, and value systems (Moen 1978).

Conventional wisdom suggests that race is a causal explanation in the use of informal support sources by elderly blacks. Multran found that variables such as health, marital status, number of young persons in the household, and socioeconomic factors were able to account for almost two-thirds of the difference in elderly black and white parents receiving support from their families (1985). She concluded, however, that her data did not disprove that race, as expressed in values about giving and receiving help, could be a viable explanation for the fact that more black elderly rely on informal resources.

This would be consistent with the results found by Taylor (1985), Jacquelyn Jackson (1979), and Hobart Jackson (1981). These and others suggest that decades of socioeconomic deprivation and the mutual experience of oppression have forged survival alliances between the generations and within black families (Jackson 1985; Ford 1981; Wentowski 1981). For example, while the black elderly may have little or no income to contribute to their younger relatives, they offer babysitting, chore, and meal preparation services. In return, young families offer their elders shelter, food, and emotional-psychological support.

#### LACK OF OPPORTUNITY

In light of recent changes resulting from the civil rights movement, it is sometimes forgotten or overlooked that today's aged blacks are life-long victims of discrimination and racist practices. The impact of the 1960s and early 1970s has more significantly reverberated to younger members of minority groups. Hobart C. Jackson, the late chairman and founder of the National Caucus of the Black Aged, said the following:

Elderly Blacks bring to their older years a lifetime of economic and social indignities, a lifetime of struggle to get and keep a

job (more often than not at unskilled labor), a lifetime of overcrowded and substandard housing in slum neighborhoods, of inadequate medical care, of unequal opportunity for education, and the social and cultural activities that nourish the spirit. Added to this third-class citizenship is a lifetime of watching their children and grandchildren learn the high price that must be paid for just being Black in America (1981, p. 85).

They have not received "equal protection under the law" nor "equality in the medical and support services that should be available to them."

Black aged cannot always count on formal systems of services. It has been cited that some aged blacks have been denied benefits or caused considerable difficulty in obtaining financial support (Jackson 1979). Black elderly have been found to constitute the lowest portion of nursing home residents. One reason cited for their underrepresentation includes mistrust of professional caregivers. Additionally, maintenance of a strong tradition of home care of older members by black families, the impact of institutional barriers such as discrimination and racism, and cost constraints play a role. It has also been found that black families' inclusion of their aged members have been supported and strengthened by informal support systems such as the church, social organizations, and kinship networks. These extra-familial sources provide social and emotional incentives for maintaining the tradition.

#### AVAILABILITY OF SUPPORT RESOURCES

Black social scientists using a national probability sample of elderly black Americans found that among black elderly couples spouses relied heavily on each other, never married individuals were more likely to select friends and neighbors, and elderly blacks with children chose them as helpers second only to spouses (Chatters, Taylor and Jackson 1986). As with Wolf, et al.'s findings, distance and frequency of contact played a key role in the selection of children as helpers (1983). An additional finding of Chatters, et al.'s research was that black elderly in the south operated in a "larger

helper network" inclusive of not only spouses and children but siblings, friends, and neighbors (1986). The black elderly experience of helper selection was based on marital status, socioeconomic level, helper availability, and perceived as well as preferred helper availability (Taylor 1985; Multran 1985).

## DATA AND METHODS

Data for the present study were obtained on 165 blacks sixty years of age and older in conjunction with a 1985 Gerontological Society of America summer research fellow project in Omaha. Respondents were randomly selected from census tracts which identified "saturation areas" of blacks aged sixty years and older. Face-to-face interviews were conducted by trained interviewers.

## SAMPLE CHARACTERISTICS

Of the 165 respondents, 28.5 percent were male and 71.5 percent were female. Approximately 50 percent of blacks had annual incomes of less than \$5,000. Almost 30 percent fell within the range of \$5,000 to \$7,499. Very few had incomes in excess of \$10,000. This sample is in line with the national picture of about 50 percent of elderly blacks being in or near poverty. As would be expected, more females (56.7%) than males (28.8%) were well below the poverty line.

Blacks in the sample closely resemble the age categories in the 1980 census data. According to census figures for Omaha, "young old" (60 to 64 years of age) constitute 29.0 percent; "old" (65 to 74 years of age) constitute 44.0 percent; and the "old old" (75 years of age and older) make up 27.0 percent of older blacks. Also, following the national picture, black females were more likely to be widowed than were males. The patterns were as follows: females – married 25.4 percent (30); never married 25 percent (3); widowed 58.8 percent (69); separated or divorced 12.7 percent (15); other .8 percent (1); for males respectively – 47.8 percent (22); 4.3 percent (2); 30.4 percent (14); 17.4 percent (8); 0 percent. Finally, one third of the sample indicated their health was fair. Approximately one half rated their health more positively than

fair. In descending order, 27.3 percent rated good, 12.7 percent rated very good, and 6.1 percent used the excellent rating. At the other end of the continuum, 15.8 percent experience their health as poor, while less than five percent view theirs as very poor.

### EXPECTED SUPPORT SOURCES DURING ILLNESS

This analysis focused on identifying respondents' perceptions of resources for care should long- or short-term illness occur, and the identification of the expected helper. Interviewers asked the following questions:

#### Short-Term

If you were sick for several weeks, do you have a family member, friend or neighbor who could take care of you?

Is that person your spouse, another family member, a friend or neighbor, or someone else?

#### Long-Term

In the future, if serious illness should require extensive care for you, in what one place would you want to receive that care? Would you want to be cared for in your own home with your spouse or family, in a nursing home, in a son's or daughter's home, in an apartment complex where health care is provided, in some other setting?

### FINDINGS

Regarding long-term illness: two thirds of the sample preferred care in their own home with spouse or family, 16.2 percent in an apartment complex where health care is provided, 8.8 percent in nursing home and 4.7 percent in their children's home; and 3.4 percent selected the other category. When analyzed for differences by sex the most interesting finding is that not one male preferred living in his children's home. The remainder of choices are shown in Table 1.

Additional analysis by age, marital status and income reveal several patterns. 1. Regardless of age, care was preferred in one's home with a spouse or family members. Among older respondents, i.e., ages 70 and above, the second most preferred source (over one-fifth) was an apartment.

TABLE 1  
AGED BLACK RESPONDENTS'  
PREFERRED CARE ARRANGEMENTS BY SEX

	Males		Females	
	%	N	%	N
In home with spouse and family	74.4	(32)	62.8	(67)
In nursing home	9.3	(4)	8.6	(9)
In son's or daughter's home	0	(0)	6.7	(7)
In apartment complex with health care	11.6	(5)	18.1	(19)
Other	4.7	(2)	2.9	(3)
Total	100.0%	(43)	99.1%*	(105)

\*Due to rounding error.

TABLE 2  
LONG-TERM ILLNESS AND PREFERRED  
SUPPORT SYSTEMS BY INCOME STATUS

	N	Home with Spouse & Family	In Nursing Home	In Son's or Daughter's Home	In Apartment Complex	Other	Total
Income							%
0-2,499	19	52.6	5.3	5.3	31.6	5.3	100.0
2,500-4,999	42	54.8	14.3	7.1	16.7	7.1	100.0
5,000-7,499	38	68.4	7.9	5.3	15.8	2.6	100.0
7,500-9,999	17	70.6	17.6	5.9	5.9	—	100.0
10,000 & over	16	93.7	—	—	6.3	—	100.0

As can be seen, all income levels prefer to be in their homes with spouse and family. Almost one-third of the lowest income group opts for the apartment complex where health care is provided. For the remaining income groups, care outside of a son's or daughter's home is the preferred choice.

complex where health care is provided. 2. The greatest variation in preferred long-term support system care arrangements was among the separated/divorced. The separated/divorced equally selected home care with family *and* independent living in an apartment complex with health care. Aside from one person who indicated other, the remainder selected nursing home care. 3. The pattern of preferred support among various income levels as shown in Table 2.

Regarding short-term illness: Four-fifths of the respondents selected assistance from spouses and other family members, 15.3 percent friends or neighbors, and 4.0 percent someone else. As with long-term illness, analysis by age, marital status and income were undertaken.

The highest expectation of non-family support occurs among those 65-69 years of age. Approximately one-fifth selected friends or neighbors. A pattern reflecting the experience of widowhood and its impact on expected support is noted by the decreasing selection of spouses as the age range drops from 60-64 years of age where 41.9 percent of respondents anticipate spouse assistance to only 8.8 percent of those 75 years of age and older expecting spouse assistance.

As would be expected from other research findings, married individuals overwhelmingly selected their spouses as the anticipated support for short-term illness (73.2 percent). Though the numbers for the never-married are too small to be statistically significant, it should be noted that the never-married expect to rely primarily on family members and friends/neighbors respectively, 50.0 percent and 25.0 percent. The same pattern exists for the widowed *and* the separated/divorced, i.e., family members and friends/neighbors respectively, 74.2 percent and 19.7 *and* 54.5 percent and 36.4 percent.

Low income (\$0 to \$4,999) respondents did not select

their spouses as the first line of support. They do, however, expect family members to contribute to their care—66.0 percent. Those with slightly higher incomes (\$5,000 to \$9,999) also preponderantly select family members for support. Those at the lower end of this range, i.e., \$5,000 to \$7,499, anticipate spouse assistance twice as frequently as those at the higher end—respectively, 32.3 percent and 12.5 percent, while those in the \$10,000 and above brackets anticipate support by only spouses and family members.

### SUMMARY AND DISCUSSION

The overwhelming preference for spouse and family care indicates that service delivery systems must examine the total marital, family, and kinship milieu of older blacks to assess what realistically constitutes a viable support resource both for short- and long-term needs. Responses by lower income people suggest that particular attention be focused on using as broad a definition of family members as possible. Friends and neighbors must also not be overlooked as probable supports (Wentowski 1981; Cohen and Rajowski 1982). A history of use of such persons is increasingly supported by growing research data (Chatters, Taylor and Jackson 1986; Wolf, et al., 1983; Morris and Sherwood 1983–84). We do not currently know enough about the characteristics of such helpers, i.e., who they are, exact nature of the relationship, duration of the relationship, and the best way, e.g., money or non-monetary rewards, to elicit their involvement. However, as researchers and service providers learn more about such persons, their findings will elucidate the best interventive strategies.

These findings suggest that in addition to socioeconomic variables, factors such as duration of care influence expectations as to support resources. The emphasis on independence as expressed in the desire for an apartment with health care provided suggests that service systems would be on sound footing to seek to maintain aged minorities in independent living for as long as possible. Independence is obviously desired by all aged. It should also be noted that



while not selected by many, care in a nursing home was indicated by some blacks.

In light of research which indicates the adequacy of individuals' perceptions of interpersonal behaviors and accuracy of predicting behaviors, the predictive selection of support systems by aged black respondents can represent more than wishful thinking. Rather, respondents are informing researchers and service systems of a preferred type of care. Two anecdotal responses illustrate the point.

"If you had asked me this five years ago I would've said I expected my husband to take care of me. But he is dead now, something I couldn't have known, but you know I prefer to have my family care for me whether it's my children or sisters and brothers. I just think it's right that family help each other. Especially when you're old. No, before I go to the nursing home I'd let my kin help me." (A "young old" black female widow.)

"I don't want to burden anybody. People have their lives to live. Even my husband. I don't want him to get broke down taking care of me. That's what nursing homes are for. Nobody wants to go to them but you can't ask your folks to give up everything for you." (A "young old" married black female.)

Person A is reflecting a decided preference for informal resources, whereas person B is clearly indicating that formal support is desired.

Thus, while race and culture may predispose clients to prefer certain resources, the heterogenous nature of the black elderly as a group suggests that an open posture must be maintained in assessing support resources for those who face short or long-term care needs. Because there is a traditional reliance on family members it must not be overlooked that some individuals will desire non-family resources that maintain and enhance independence. Additionally, while few individuals of any race willingly seek institutional care it may, under certain conditions, be the choice of some. Those who provide services to elderly blacks must focus on the individualization of treatment based on factors inclusive of but

also beyond race, e.g. socioeconomic status, income level, marital status, age, and treatment preference (Ford 1981).

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# SETTING FUNDING PRIORITIES IN THE VOLUNTARY SECTOR: A CASE STUDY FROM THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES

SAUL ANDRON

Jewish Federation Council of Greater Los Angeles

*Resource scarcity has emerged in the 1980's as a dominant theme in the human services. Although we are acutely aware of the impact that funding cutbacks have had upon human service agencies and their programs, relatively scant attention has been given to the funding body itself as the focus of analysis. The ways in which the funding body addresses the issue of resource distribution under scarcity conditions is of critical concern to the social welfare field. This paper analyzes one model adopted by a large voluntary fundraising and funding organization—planned priorities-setting—to provide a strategic and rational framework for guiding allocations decisions.*

## INTRODUCTION

Resource scarcity has emerged in the 1980's as a dominant theme in the human services. Governmental and philanthropic funding for human service programs has diminished in various degrees and has resulted in serious pressures and disruptions in human service agencies. Human service managers and administrators are confronted with challenges of designing creative strategies to ensure organizational survival and promote program enhancement and growth even during these austere times. Similarly, the human service worker, engaged in day-to-day interaction with clients, has needed to adapt to restrictive eligibility criteria and service regulations brought on in part by declining agency resources.

This phenomenon of human service agencies reacting

and responding to funding cutbacks, both at the organizational and professional levels, has received considerable attention recently in the professional literature (Finch, 1982; Friesen and Frey, 1983; Levine, 1980; Pawlak et al., 1983). Undoubtedly, the issue represents a do or die proposition for many human service providers. For some, the skills, tenacity, and strategies developed by agency administrators has made the difference between program stagnation and decline and program development and growth.

As a consequence of the funding crisis, the funding body, either governmental or philanthropic, inevitably becomes the target of considerable agency frustration. However, the funding body itself is caught in a seemingly inextricable predicament of rarely, if ever, having sufficient funds to satisfy the wants and dreams of its beneficiary agencies. Whether funding bodies are conscious of it or not or whether they wish to admit it or not, their allocation decision-makers are inevitably thrust into predicaments wherein some form of priorities-setting is inescapable and mandatory. The ad hoc priorities-setting might be very informal, whimsical, and principally the exercise of instincts, gut reactions, and informed intuition but nevertheless the expression of priorities is an unavoidable part of the allocations game. Allocators are constantly pressed and pressured to apply their value judgments to guide decisions about which programs and agencies should receive increased, the same, or decreased funding support. Without exercising some priorities judgments, however imperfect, allocators would conceivably be paralyzed by a form of "allocations gridlock" in their inability to distribute the relatively limited funds entrusted to them.

Although we are acutely aware of the impact funding cutbacks have had upon human service agencies and their programs, relatively scant attention has been given to the funding body itself as the focus of analysis. The funding organization is also a victim of insufficient resources. It faces agonizing choices about allocations decision-making which impact an entire network of human service agencies dependent upon it for support. The ways in which the funding

body addresses the issue of resource distribution under scarcity conditions is therefore of critical concern to the social welfare field.

The challenges that present themselves to voluntary funding organizations are direct and profound. How have these bodies responded to this critical dilemma of finite resource levels and unbounded agency aspirations and needs? What strategies have they adopted to affect a satisfying and equitable distribution of limited funds among beneficiary agencies? What have been the consequences of these new strategies for the funding bodies themselves and the network of agencies under their support? While these issues are not altogether new to the voluntary funding sector, they have become more immediate and urgent in light of the prevailing political and ideological climates which have generated a revolution in the role of government in meeting the basic human needs of the American population. As a consequence of this revolution, pressures are being placed on the voluntary sector to enlarge its responsibility for the support and delivery of human services. However, the significant retreat of government support has not been replaced by the voluntary sector. This reality has intensified the struggle among voluntary funding and allocating bodies to stretch funds among beneficiary organizations in a fashion that strives to yield the maximum impact on the needs of the community. Thus, voluntary funding bodies inevitably face difficult choices as to which organizations and programs merit funding support and at what level.

This paper focuses on one model adopted by a large voluntary fundraising and funding organization to address these complex dilemmas. The model centers on planned priorities-setting to provide a strategic and rational framework for guiding allocations decisions. Specifically, the paper considers the priorities planning model designed and implemented by the Jewish Federation Council of Greater Los Angeles (JFC). This priorities plan, the Community Priorities System (CPS) is discussed in terms of the following dimensions: 1. rationale and premises, 2. goals and objectives, 3. methods

and procedures, 4. outcomes, 5. application plan, 6. implications for the JFC system. The paper concludes with some general thoughts on priorities setting and its place in human services planning within the voluntary sector.

#### JEWISH FEDERATION COUNCIL – AN ORGANIZATIONAL OVERVIEW

Before delving into the specifics of the Jewish Federation Council's priorities plan, it would be helpful to present a brief overview of the Federation and its functions. The Jewish Federation Council of Greater Los Angeles serves the Greater Los Angeles Jewish community as the central fundraising, planning, budgeting, and administrative body for a broad array of agencies and institutions. The Federation is a voluntary association of contributors, agencies and organizations dedicated to the promotion of Jewish welfare and unity. The JFC communal agency network encompasses sixteen direct beneficiary agencies which provide a wide range of health, educational and social welfare services. Beneficiary agencies retain their individual autonomy but their budgets and programs are subject to annual review and approval by the JFC Planning and Budgeting Committee. Final approval of allocations is made by the JFC Board of Directors.

The challenges presented by the huge geographic dispersion of the Los Angeles Jewish community have engendered a unique regionalized dimension for the JFC. The five regional offices of Federation engage in campaign, leadership development, outreach and community relations activities, and cooperative planning with beneficiary agencies operating within the local geographic areas. In addition, the regions' Planning & Budgeting Committees provide input into the overall Federation allocations process through the review of selected agency budgets.

#### RATIONALE FOR THE COMMUNITY PRIORITIES SYSTEM

The process of distributing limited dollars often forces agonizing and Solomon-like choices upon well-intended volunteer allocators. The pain associated with making difficult

choices among competing claims on communal resources coupled with the growing frustration wrought by the allocations process itself gradually led to an increasing interest within the JFC for systematic priorities planning. In addition, there were emerging trends within the Los Angeles Jewish community which were not perceived by Federation leadership as yet influencing and stimulating new service priorities and directions on the part of beneficiary agencies. The 1979 *Los Angeles Jewish Population Study* had documented some of the major changes. The Jewish community was growing in population size, but household size was shrinking; the single and elderly populations were increasing; Jews were dispersing over tremendous geographic areas; and Jewish identification was eroding.

The constellation of problems and needs facing individual Jews and the Jewish community had also become more diverse and complex. New target groups in need of both traditional and new types of services were identified. Changing social and economic conditions had, in some cases, exacerbated the problems of certain groups, particularly the more physically and emotionally vulnerable and at-risk populations. Jewish educational needs, both formal and informal, demanded new and creative initiatives.

These changing demographic patterns and needs demanded that the JFC systematically re-examine how to most effectively service the community with the limited resources at its disposal. Limited campaign growth was a constant and sobering constraint reminding everyone involved that the allocations system could not anticipate a significant infusion of new dollars.

In 1981, the JFC officers determined that these changing demographics and expanding needs, coupled with the increasing resource limitations and pressures facing the organized Los Angeles Jewish community, necessitated a new approach to the allocation of JFC dollars. In response to this state of affairs, the JFC officers recommended that a comprehensive Community Priorities System (CPS) be developed outside the context and time frame of the allocations process



to provide formal guidelines for disbursing Federation funds within the community. The overall goal of CPS was to develop a rank ordering of current and potential services which would be applied in a direct and formalized fashion in the yearly JFC allocations process. The Planning & Budgeting Committee was mandated to provide overall direction and guidance to the priorities setting project as well as to design the specific methods and procedures for priorities development.

Priorities alone, however, were never envisioned as a panacea for the difficult process of determining agency allocations under conditions of inadequate resources. Nor were priorities heralded as a substitute for that process. Rather, the development of a validated list of community priorities was viewed as a tool to guide the annual allocations review process in the most informed, systematic and creative fashion possible.

#### PRIORITIES PLANNING – PAST EXPERIENCES

Over the years both the government and private sectors have implemented a variety of strategies to develop funding priorities among competing programs and agencies. These efforts were motivated primarily by resource scarcity pressures and accountability concerns. In the 1960's and 1970's state and federal government entities introduced elaborate and complex budgeting and planning models, most prominent among them Planning, Programming and Budgeting Systems, or PPBS, and Zero-Based Budgeting. Essentially, these tools were attempts to develop cost-benefit analyses of alternative program approaches for accomplishing stated objectives. Program alternatives would then be ranked in priority order based on these evaluations. These program rankings would thereby guide allocations decisions. While in theory PPBS offered the rational ingredients for introducing priorities-setting into budgetary calculations and decisions, its demise was hastened by overwhelming technical and measurement problems and a strongly resistant political environment among the various government agencies and

bureaucracies involved. In the final analysis, the primary goals of changing budgetary procedures and influencing actual resource allocation decisions were never achieved (Wil-davsky, 1979, p. 19-6).

Local United Way organizations have led the way in the voluntary sector in implementing a host of priorities-setting models. These models range from the formulation of policy statements giving high or low funding priority to particular elements in the community, to the more common format of rank ordering of program services, agencies, community needs and problems, geographic areas, population groups, or some combination of these factors.

The increasing popularity of formal priorities plans in the early 1970's prompted the national office of the United Way to produce a monograph entitled *The Painful Necessity of Choice: An Analysis of Priorities Plans and Policies in the United Way Movement* (1974). This valuable document combined theoretical considerations and descriptions of the nature and types of priorities plans with very practical guidelines, procedures and criteria for the design and implementation of a formal priorities planning project. *The Painful Necessity of Choice* focuses on priorities plans as "a method of systematizing value judgments and making them explicit in the expectation that the results will influence allocations decisions. There is no standardized format or single method that is inherently best or universally applicable because the essence of a plan is judgmental" (United Way of America, 1974, p. 3). The JFC's priorities plan shared this special interest in priorities development as a strategic tool to influence the allocation of JFC funds. The design of CPS was particularly influenced by the lessons and guidelines summarized in *The Painful Necessity of Choice*.

Unlike its United Way counterpart, the Jewish federation movement across the United States has had limited experience with developing formal priorities plans. While the constraint of limited resources and the reality of expanding community needs have brought the term "priorities" into focus among local federation leadership, only a few federa-

tions have actually turned to formal priorities setting as a potential solution to the allocations dilemma. The Cleveland Jewish Federation established one of the first and most systematic priorities-setting processes. The priorities-setting model ultimately adopted by JFC incorporated proven elements of other priorities plans as well as specific features designed to accommodate the unique structural dimensions and value orientations of the JFC and its leadership.

## CPS METHODS AND PROCEDURES

### Committee Structure

The development of community priorities by JFC represented a community effort with extensive lay and professional participation from leaders of JFC, principally the Planning & Budgeting Committee and subcommittees, the JFC Regions, beneficiary agencies and other individuals with expertise in long-range planning and service delivery. It served as an important vehicle to promote greater accountability and responsiveness of JFC to its various constituents and publics in the allocation of funds and delivery of services. A diagram of the CPS committee structure is shown below. The Planning & Budgeting Committee established the Community Priorities Committee as a special subcommittee to provide overall leadership and direction to the priorities development project. Two technical subcommittees were also created and their functions are noted below.

### Community Priorities Committee

#### Services Classification Subcommittee

1. Identify and define the service categories constituting the components of the classification system.
2. Develop specific definitions for the service categories.

#### Criteria Subcommittee

1. Identify and define the criteria utilized for establishing priorities.
2. Develop procedures for applying the criteria to produce the priority rankings.

## Work Plan

The Community Priorities Committee adopted a work plan to guide the priorities-setting process. The plan laid out the specific steps for the development of community priorities and the application of these priorities to the annual JFC allocations process.

1. A decision of the items to be *ranked*, i.e., identification and definition of the components of the classification system.
2. Determination of the explicit criteria to be used for the ranking process.
3. Design of the method by which the criteria are to be applied, i.e., the ranking procedures.
4. Determination of the nature of the rank order to be produced, i.e., a single continuum, groupings from high to low priority.
5. Determination of the composition of the group(s) which will carry out the ranking process, i.e., ranking teams.
6. Development of a format for presenting to the ranking teams demographic and needs assessment information and any other community input data.
7. Implementation of the ranking process by the ranking teams.
8. Design of the plan for the application of the community priorities to the JFC allocations system.
9. Completion of the Community Priorities report and presentation to the overall JFC Planning & Budgeting Committee, Executive Committee and Board of Directors.

Twenty-eight service categories and definitions were developed by the Services Classification Subcommittee. These covered the range of direct services provided by JFC departments and agencies as well as a few services not generally part of the ongoing JFC delivery system. These twenty-eight service categories became the "building blocks" for the priorities setting process.

Criteria selection constituted the most important and time-consuming component of the Criteria Subcommittee's work. Criteria essentially represent value judgments of individuals which are made explicit for the purpose of judging the relative merit and priority of a variety of services. The JFC Community Priorities System, as with other priorities plans, can be distinguished by virtue of the criteria selected. They provide the plan its uniqueness and special character.

After extensive examination of alternative criteria, the subcommittee recommended four criteria to be used for ranking the service categories:

1. Does the service address a vital need?
2. Does the service have an impact on the problem/need it is designed to resolve/address?
3. Does the service strengthen the Jewish community?
4. Does the service represent a fiscally sound and appropriate investment of JFC funds?

A number of subcriteria were delineated for each broad criterion to provide the ranking groups a clear frame of reference when undertaking the service rankings. A key word was developed for each criterion to facilitate speedy recall.

### Design of the Ranking Procedures

The Criteria Subcommittee, utilizing a modified Delphi process, decided that the four criteria would be given equal value in the ranking process. Therefore, the criteria were not weighted one against the other. The assessment of each service category on each criterion was expressed along a four-point scale with the following choice of designations: *Not At All*, *Minimally*, *Adequately*, *Substantially*. These four designations were assigned corresponding numeric values, ranging from 1-*Not At All* to 4-*Substantially*.

The adoption of these terms and their corresponding numeric values promoted uniformity and consistency of approach by the various groups that undertook the ranking process. The numerical values were used as a way of determining the final recommended priority ranking level.

Adopting the Los Angeles United Way approach, the

Criteria Subcommittee determined that each service category would ultimately be assigned to a recommended priority ranking category. The four categories represent different levels of JFC funding support:

*Preferential Support.* Services recommended for highest level of support and eligibility for a special funding pool.

*Ongoing Support.* Services should be maintained with continued JFC support.

*Reduced Support.* Services recommended for reduced or lower level of JFC support.

*No Support.* Services recommended for no support are of lowest priority for JFC funding or not appropriate for such funding.

Rank scores ranged from 0 to 12, 12 being the highest rank. The highest rankings translated into Preferential Support, the lowest rankings into No Support, with the high-middle rankings falling into Ongoing Support, and the low-middle rankings falling into Reduced Support. A numeric ranking guide was designed and used by the Planning & Budgeting Department staff to convert individual raw rank scores into Recommended Ranking levels. A service category ranking form was designed which incorporated the list of criteria, their key words, the four assessment designations and numeric values, a ranking score box, and a section for written comments from ranking team members.

### Data Collection and Presentation

An informed priorities-setting process is predicated on the availability of a valid and current data base for use by the groups designated to produce the service rankings. A solid data base was important to assist rankers in judging the need and relative priority of social and communal services delivered by JFC and its network of agencies. The integration of the data base in the Community Priorities System enhanced the credibility and validity of the overall ranking process and bolstered the integrity of the service rankings themselves. A multidimensional data collection strategy was adopted. It incorporated needs assessment data, demographic profiles, and

relevant programmatic, fiscal and service delivery information about each of the twenty-eight services ranked.

Separate service information sheets were developed for each of the twenty-eight services ranked. This particular presentation format promoted speedy reference and easy comprehension of the data. The profiles highlighted the most pertinent findings from both the *JFC Regional Needs Survey Report* (Jewish Federation Council of Greater Los Angeles, 1983) and the 1979 *Los Angeles Jewish Population Study* in a concise and direct fashion. In addition, the service profiles contained other support information about the service category including user statistics, agency background materials, needs assessment and demographic data gleaned from other relevant research, and primary funding sources for the service area.

### Service Category Ranking Process

The Community Priorities Committee approved a two-stage approach to the implementation of the service rankings. First, it mandated the formation of separate ranking teams in the five JFC Regions. The nucleus of each ranking team was the regional Planning & Budgeting Committee, plus selected members from the regional boards and other regional committees. These ranking teams were selected by the regional lay and professional leadership. In each Region, ranking team members were instructed to rank the twenty-eight service categories according to their priority in their particular Region, based on the four assessment criteria.

The service category ranking process culminated with a full-day ranking session carried out by the JFC Central Ranking Team. This body was composed of the following groups: 1. JFC Planning & Budgeting Committee, 2. JFC Executive Committee, 3. Five JFC Agency Presidents.

This central body was instructed to rank the service categories according to their priority for the Greater Los Angeles Jewish Community based on the four criteria. As an important informational input a summary table of the recommended service rankings from the five regional ranking

teams was distributed to all central ranking team members.

The ranking process at the regional and central JFC ranking sessions followed the same format. The service categories were considered in a random fashion and ranked individually by ranking team members. Ranking team members reviewed appropriate support documents, including the appropriate service profile; ranked the service privately on the basis of the four criteria, thereby producing a rank score; provided a brief rationale statement, and submitted their completed ranking forms for tabulation by staff. A second round of ranking was conducted for those service categories where consensus on the priority ranking was not initially achieved. If, by the end of the ranking session, seven or more of the service categories fell in the Preferential Support level, an additional round of ranking of these services was conducted. This resulted in a numeric priority ordering of the services designated for preferential funding support.

#### SERVICE RANKING RESULTS

The service ranking sessions held by the five JFC regional ranking teams and the JFC central ranking team produced recommended priority ranking levels for the twenty-eight service categories. Services were assigned to one of four priority levels—Preferential Support, Ongoing Support, Reduced Support, No Support.

Six of the twenty-eight services were ranked by the JFC central ranking team for Preferential Support. These are: 1. Community Relations Services, 2. Educational Support Services, 3. Financial Aid to Jewish Education, 4. Housing Services, 5. Informal Jewish Education, 6. Volunteer Services. Twenty services were ranked for Ongoing Support, two services for Reduced Support. No service categories were ranked for No Support by the JFC central ranking team.

#### APPLICATION PLAN – IMPLEMENTING COMMUNITY PRIORITIES

The value of any priorities plan is measured by the degree of its direct impact on allocations decisions. The Com-



munity Priorities Committee devoted considerable attention to devising an explicit plan for the integration of the service rankings into the JFC allocations system. The plan ultimately approved instituted certain modifications in the format used by JFC and its agencies in preparing budgets and allocations requests as well as changes in the review process by the Planning & Budgeting Department.

The revised allocations system was designed to introduce the Preferential Support service rankings resulting from the priorities setting process in a direct fashion. For this purpose, a novel funding level was introduced into the allocations system—Tier III. Tier III was designated as the expansion level of funding. It was reserved exclusively to fund new and expansion program proposals falling under service categories ranked Preferential Support. These six priorities therefore served as screeners to determine eligibility for funding consideration from the Tier III funding pool. The amount reserved for this Tier III Priorities Development Fund was a function of the base budget call figure and the dollars made available as a result of this designation.

The purpose of the Tier III allocations level was to stimulate and support JFC and its agencies in launching new programs and expanding current programs deemed of highest priority by the JFC Community Priorities System. The Priorities Development Fund was designed to provide the initial funding stimulus for these high priority programs.

#### IMPLICATIONS FOR FEDERATION SYSTEM

CPS represents a major systems change for JFC and its process of distributing funds to its local beneficiary agencies. Any systems change of such major proportion cannot expect a totally problem-free implementation. It has taken a great deal of flexibility, patience and commitment among Federation and agency professionals and lay leadership alike to promote a relatively smooth transition to this new approach to allocations decision-making. Nevertheless, certain modifications were introduced in the second year of its application to overcome minor technical difficulties. The revised

allocations format has proved, however, to be relatively simple, easy to understand, non-mechanical and flexible. It has built upon the strengths of the most recent JFC allocations review processes, including the designation of an across-the-board budget call (Tier I), the presentation of JFC and agency budgetary information in program budgeting format, and the generation and distribution of a special circumstances fund based on explicit funding guidelines and evaluation criteria (Tier II). Building on these familiar and accepted foundations, the community priorities were introduced as a new and critical dimension through their Tier III application.

The concept of priorities funding has permeated the mindset of the allocations decision-making process, even under conditions of scarce allocable dollars. This is an important point. Even though the annual allocations base has shown only marginal growth over the past few years, the designation of funds exclusively for priority program development has served as a catalyst to beneficiary agencies to assess their current array of services and shift funding emphases. In some cases, it has stimulated agencies to launch new and creative program initiatives in accordance with the designated community priorities. These overall community priorities have begun to serve as a stimulus for internal agency program appraisal and program development. The pace of these developments has varied among the agencies. These trends are most pronounced in those cases where an agency's internal program priorities and the overall community priorities converged both in substance and timing to take advantage of the new priorities funding pool introduced in the allocations system.

After two years' experience, it is evident that JFC is firmly committed to a formal system of community priorities and their promotion through the annual allocations process. While the JFC priorities plan (and any other priorities plan, for that matter) has not totally resolved all conflicts and eliminated tensions arising from allocating inadequate funds, it has set in place a more orderly and planful approach for allocating resources under scarcity conditions. As such, CPS

represents a valuable systems management tool which has promoted a more creative and satisfying allocations decision-making experience for the lay allocating committees.

Further, CPS and the revised allocations system have solidified the program budgeting format adopted by the JFC system. Agency service offerings are organized and presented according to the broad categories included in the services classification system. Descriptions of specific programs, service statistics, program successes and problems are summarized for each service category. There is greater focus in committee deliberations upon substantive service delivery issues and trends in a single agency and across a network of agencies falling within a common field of service. The program budgeting format has promoted an educated lay leadership, an understanding and appreciation of agency services, and has helped pinpoint critical issues and dilemmas.

Knowledge about how federation dollars are distributed programmatically within the community and among its network of agencies has also increased. The merged programmatic and allocations information, along with the service priorities themselves, have been gradually introduced as a means to stimulate growth in the annual fundraising campaign. The strategic integration of the CPS into the annual fundraising drive requires attention to more fully actualize CPS' potential as a campaign catalyst.

It is important to emphasize that while CPS has introduced a new framework for allocations decision-making, the service priorities alone do not control, by any means, the entire funds distribution process. Only Tier III funding is determined by the service priorities in their role as eligibility screeners for funding consideration. In actuality, the allocations system during the most recent funding cycle was seriously handicapped due to the very limited amount of funds available for priorities development.

The Tier III level of funding has represented a very small proportion of the total funds distributed each year to agencies. It does represent, however, an important new vehicle

for agency growth and innovation, albeit not the exclusive vehicle.

The allocations data for the past two years also demonstrate sensitivity to ongoing agency program maintenance and administrative needs in other than priority areas, as well as new program initiatives and directions reflected in Tier III funding. This balanced approach recognizes the value of sustaining the current proven infrastructure of services to the extent possible as well as promoting new program development and growth in response to high community priorities, even given a limited allocations base. The community priorities and the revised allocations system have successfully institutionalized these dual concerns and allocations goals, thereby meeting the expectations set forth by the priorities planning endeavor. An orderly and creative framework for allocations decision-making has been established.

A priorities plan represents one technique for confronting allocation problems. Despite the similarities among many priorities plans, they are unique to each organization and its operating philosophy. The rationale, design features and implementation strategy for any priorities plan should reflect the needs and value orientations of the leadership commissioning the plan. The pros and cons of priorities planning should be carefully weighed in advance in the context of the specific problems facing the organization's allocations system. The funding pressures facing most voluntary funding organizations today are enduring and demand creative and bold responses. Given the right organizational circumstances, the potential benefits of introducing a well conceived priorities plan within the voluntary sector are enormous.

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# STRESS OF THE CAREGIVER: EFFECTIVE MANAGEMENT OF DEMENTIA PATIENTS IN HOSPITAL AND COMMUNITY SETTINGS

RUTH E. DUNKLE

MICHAEL NEVIN

School of Applied Social Sciences  
Case Western Reserve University

*This study explores the management problems among elders with dementia and their medical and family caregivers. Twenty-five patients were interviewed as well as professional health care personnel and a family member. Findings indicated that professional assessment facilitates home caregiving but has little bearing on successful coping by the caregiver. Variability of coping relates to the strategy employed.*

Currently, dementing illness affects 2-4 million people; this number is expected to increase by 50 percent during the next 25 years unless major advances are made in the prevention and treatment of these illnesses.<sup>1</sup> What components comprise the treatment of these types of illness is uncertain, but most sources agree that the behavior of the affected individuals is determined by three factors: neuronal pathology, somatic health, and the quality of the personal and social support system.<sup>2</sup>

The primary form of irreversible demetia in middle aged and older persons is Alzheimer's Disease, which is characterized by a deterioration of the patient's capacity for self-care and of the ability to cope with the physical and social environment. There are, however, large individual differences in the rate of change and course of illness ranging from an abrupt decline and plateau to relatively stable behavior with only small decline before rapid deterioration.

The majority of older persons with dementia live in the community and not in institutions,<sup>3</sup> with a family member being the most common care provider.<sup>4</sup> The strain this poses for the family can be immense. In a recent study, families identified a wide variety of problems in care provision ranging from toileting to meeting psychological needs.<sup>5</sup> The variation is due to numerous issues, including biological factors involving the extent of brain degeneration as well as constitution and heredity, and psychological factors like compensation and environmental stress which should be viewed socially, psychologically and medically.<sup>6</sup>

This paper addresses primarily the caregiver and the ways in which each handles the stress of particular situations. Morycz notes that problems presented by older individuals in various stages of dementia are frequently allowed to assume crisis proportions because caregivers either do not understand or deny the condition and because there are few community resources available to provide the necessary help.<sup>7</sup> Clearly there are problems in the patient-caregiver relationship that contribute to the problems the caregiver faces. Two studies have reported physical violence, memory disturbances, catastrophic reactions, and sleep disturbances reported in elderly dementia cases.<sup>8</sup> Caregivers also report problems for themselves citing depression, anxiety, family conflict, loss of friends, guilt, and difficulties assuming new roles and responsibilities.<sup>9</sup> It is clear that the family's reaction is not usually attributable to a single factor.<sup>10</sup>

With the numerous problems facing the family, one recognizes no single pattern of caregiver behavior; families cope differently. Some initially deny the relative's cognitive impairment while others "doctor-shop" looking for a diagnosis that will disclaim the dementia.<sup>11</sup> Other families place unrealistic expectations on their ability to provide care, and one report suggested that families will often insist on providing home care even when professional advice is to the contrary.<sup>12</sup> Many families can even tolerate low-performing individuals for long periods of the time.<sup>13</sup> In fact, for some careproviders, care for the patient often gives purpose to an

otherwise meaningless existence.<sup>14</sup> Obviously, however, tolerance may vary among families.

But even with the variety of familial responses to the caregiving process, the financial, physical and psychological resources of the caregiver become strained as home care continues and deterioration progresses. Dementia, especially that of the Alzheimer's type, involves the family in a manner most other illnesses do not. The long extended nature of the disease process, the cognitive changes that ultimately annihilate the elder's capacity for self-help and which may result in the elder's objecting to being helped, as well as the personality transformation of the older person into someone the family no longer recognizes, place unparalleled psychological, social, and physical demands on the caregivers.<sup>15</sup> It is this situation of living with a long continued neurological disorder that is the most difficult for the family to bear.<sup>16</sup> Disrupted social and psychological ties and uncertain expectations make caretakers vulnerable to stress and the accompanying psychological and physical problems which follow.<sup>17</sup> In one study Macmillan observed that when increasing strain on the families went beyond a certain level, irreversible rejection of the elder occurred and no further help was provided by the family to the elder.<sup>18</sup> The variability in behaviors of dementing persons has made it problematic for careproviders in the community to provide the appropriate environment for care. In an attempt to understand the varying behavior patterns of dementia patients and identify intervention strategies that might improve effectiveness in caring for this population in the community, a sample of hospitalized dementia patients and their familial and hospital caregivers was studied.

This exploratory study of management problems among elders with dementia and their medical and family caregivers was conducted with the cooperation of University Hospitals of Cleveland, Ohio, and the Judson Park Retirement Community in Cleveland. Twenty-five elders diagnosed with a dementing illness were interviewed. Sixteen of the 25 were hospitalized in the Neurology Unit of University Hospitals, while nine resided in the health unit of the retirement com-



munity. The patient and a family member were interviewed by a research assistant. This was a sample of all dementing elderly patients receiving care during a five-month period in these two settings. A semi-structured interview schedule was used to collect most of the data. Also, some data were retrieved from medical records.

Dementing persons are not a homogeneous group from either an etiological or a behavioral perspective. Patients with identical diagnoses will differ in their behavioral patterns because they may be in various stages of the disease process; they may have as well preexisting personality and cognitive differences. Some combinations of behavior exhibited by patients are more likely to be difficult for caregivers than are others. The following questions were asked:

1. What are the behavior patterns of dementing elders?
2. What behaviors are the most problematic?
3. What management strategies are the most effective for family and staff?
4. What is the experience of the caregivers of dementing elders in the caregiving situation?

Data were collected on the following variables:

1. *Patient characteristics*, which included age, sex, race, source of payment, and involvement of relatives and/or significant others. Psychotropic medications, when utilized, were also recorded.

2. *Patient diagnosis*, which refers to the medical and psychiatric diagnoses contained in the medical records at the time of the study, especially the type of dementia, if known.

3. *Patient functioning*: Both physical and mental impairments of sample patients were assessed, utilizing two short, widely used screening devices, the Mini Mental Status Exam and the Katz Index of ADL, (Activities of Daily Living).<sup>19</sup>

4. *Patient behaviors*, which included a wide range of deviant and/or dysfunctional behaviors associated with dementia, many of which are regularly observed by professional caregivers. Measures of these behaviors were made for each patient in the study by nursing personnel, utilizing a revised version of the Ward Behavior Inventory.<sup>20</sup> This instrument

lists 240 potential behaviors on which degree of maladaptation is rated for each patient. Each was rated as to occurrence and frequency of behaviors itemized in the Inventory. In addition, primary caregivers were asked to identify what they regarded as the most problematic behaviors of their dementing relatives. In follow-up interviews by telephone one month after discharge, the caregivers of Neurology Unit patients were asked to reassess these behaviors in light of professional interventions. Management of patients recommended at the time of discharge was identified, and caregivers were asked if these recommendations were being used, and, if so, whether the management was effective.

5. *Careprovider's management problems* were assessed by asking hospital and family careproviders what problems they had and how they dealt with them.

6. *Impact of dementia on family caregiver*: caregivers were asked what feelings they had regarding the care of their demented relative.

## FINDINGS

### Description of Subjects:

Sixteen women and nine men participating in this study had a dementing illness. The mean age of participants was 78 years. Among them, 60 percent were widowed, 4 percent were divorced, and 36 percent were married. Sixteen subjects were Caucasian and nine were Black. A majority of the subjects had diagnoses of Alzheimer's Type Dementia (60%). Other diagnoses included MultiInfarct Dementia (16%), simple "Dementia" (8%), and organic brain syndrome (4%). Another 8 percent were demented as a consequence of Parkinson's Disease. Two were receiving tranquilizers, and another two received mood elevators. Nine were taking anti-psychotic drugs on a continuing basis, while four were taking psychoactive medications of various other kinds. The remaining eight were receiving no psychoactive drugs at all. Most subjects required at least some assistance in daily living as measured by the Katz' ADL Scale.

### Management Issues.

In order to develop a better understanding of management issues of elderly demented patients, the interviewer asked family members what behaviors and combinations of such were noted, whether these included a decline in memory function, neglect of hygiene, increase in denial of symptoms, depression, belligerence, hearing or language impairment, withdrawal, and increased anxiety. Caregivers were asked to name what they perceived to be the three most problematic behaviors in order of magnitude prior to hospitalization or moving to the health care unit at Judson Park. A considerable variety resulted. (See Table 1.)

TABLE 1  
RATINGS OF PROBLEMATIC BEHAVIORS  
BY FAMILY MEMBERS

Problematic Behavior:	Most N	Second Most N	Third Most N
1 Bathing	1		3
2 Dressing		2	
3 Medication	1		1
4 Memory	2	3	6
5 Remaining in bed		1	
6 Eating	2	5	2
7 Housework	2	2	
8 Hostility	2	2	
9 Wandering	3	3	
10 Various others	11	6	13

Family caregivers felt that their success in managing the most problematic behavior was "high" (42%), "some" (20%), and "none" (38%). On the "second most problematic behavior," management success was "high" (33%), "some" (29%), and "none" (33%), while on the "third most prob-

lematic behavior" success was "high" (19%), "some" (52%), and "none (29%). (Percentages do not total 100 due to missing information.)

Staff on the Neurology Unit and in the health unit of Judson Park, also asked to identify problem behaviors of the patients with dementia using the Ward Behavior Inventory compiled by nursing personnel, indicated behaviors which were highly consistent with those identified by caregivers before hospitalization. "Usual" behaviors occurring in more than 50 percent of the sample included: needs help with dressing; needs help in washing; has to be helped in bathroom; shows no interest in magazines, radio, or television; doesn't move about unless directed into some activity; and must be directed to take part in activities. "Occasional" behaviors occurring in more than half of the subjects were: acts bewildered and confused; has to be reminded what to do; resists or refuses to follow directions; and ignores people or objects around him or her.

A series of relevant management procedures were already in place, both at University Hospitals and at Judson Park, and were applied in a more or less standard way to all patients. They may be summarized as forms of physical restraints, and as assistance with various essential activities such as eating and toileting. Measures such as catheterization were routine for incontinent persons. A number of behaviors, however, appeared not to be managed at all. Affective states, for example, which in themselves were not disruptive, tended to be either disregarded or dealt with in passing by a solicitous question or two. The more agitated states were quelled by medication.

#### Follow-up:

Following discharge from the Neurology Unit, the family members of the 16 patients were reinterviewed to determine if the discharge plan was helpful in subsequent care of the dementing elder and to determine management procedure effectiveness since discharge. Measurement of problematic behaviors and interventions at follow-up showed that 21 per cent of the states, for example, which in themselves were not

effective," 21 percent thought them "little" effective, and 54 percent felt that their procedures were highly effective. Since caregivers expressed limited feelings of effectiveness in managing the elders with dementia, caregiver coping is of obvious concern. All 16 caregivers felt that their elder's illness had had an effect on their own feelings; they noted increased helplessness, anger, sadness, worry or denial. Many felt that they needed more support from others, needed to pay more attention to the elder or felt an increased sense of obligation. Fifty percent of the sample experienced at least three or more of these effects.

Some efforts to work with families during the period of hospitalization was made by hospital staff. The results of these efforts appear to be that families were more likely to use community resources after hospitalization than before, and a number reported improvements in their abilities to manage problematic behaviors.

Dementia is, of course, apart from assessment and medication, not so much a medical as a management issue, and, in fact, most insurances make no provision for maintenance of the person with dementia, a point raised by a number of respondents. Family functioning, as has been suggested, may alter dramatically on account of dementia, however. Despite considerable variation in the reactions of families in this study, it is clear that the stresses generated by new demands for coping and adaptation were felt by everyone. Many expressed feelings of isolation, of being overburdened, of conflicts with other family members in questions of responsibility and management, and, in general, the need for support, both within the family itself and from elsewhere. It is, therefore, significant that the data indicate that only a minority of families sought any assistance in the community.

Discharge planning involved multiple considerations in most cases. Family time availability was the greatest single factor, particularly for patients who were returning to family living. Although there is a need for a more active approach to family counseling and education, some effects were clearly achieved in that social services were much more utilized in

the period following discharge than had been previously the rule. Receptivity to and cooperation with advice given at the time of hospitalization was high. Both findings suggest that patients and families are often receptive to the recommendations for hospital personnel, and, in addition, that such advice and education is, when given, effective.

While the results of this study indicate the advantages of professional assessment and education to facilitate home caregiving, it does not answer the larger issue concerning the variability in families' capacities to cope with a dementing illness. Many other studies—this one as well—readily identify problematic behaviors of the elders and their various effects on the caregiver. What we need to understand better is how people cope and what coping process is effective.

Interviews with caregivers in the hospital and at home provided a glimpse into the coping process. Pearlin and Schooler identified three types of coping: 1. Responses that modify the situation or eliminate the source of strain, 2. Responses that control the meaning of the experience before it becomes stressful, and 3. Managing the stress once it exists.<sup>21</sup> While, the majority of caregivers use a combination of these types as the dementing illness progresses and behavior changes, the most popular type is coping with the stress once it exists. The caregivers could readily identify the problematic behaviors and repeatedly exercised an effort to deal with them. Repeating things endlessly for memory problems as well as continuous prompting to eat are examples of such coping behaviors. The caregivers also coped at times by eliminating the source of stress and deciding to institutionalize the elder.

That decision, though, is often a difficult and painful one to make. This type of coping also includes the caregiver who denies there is a problem or another who says that "I have learned to turn him off and sit on the porch." The second type of coping process, responding in a way to control the meaning of the event before it becomes stressful, may be the most successful approach to coping for the caregiver. Being able to say "Things could be worse" or "We're all in the

same boat" or to ignore selectively problem areas and magnify what is gratifying in the caregiving relationship are all ways to control the meaning of the experience after it occurs but before it emerges as stressful. One daughter said that she tells herself and her mother that "Her mother has a big strong daughter to depend on," thus minimizing problem areas and magnifying a strength in the caregiving relationship. Of course, the meaning can be altered in a more negative direction which impedes successful coping, such as the caregiving husband who was hostile toward his wife and described her as "Bossy and uncooperative," saying that she would improve "when she had a mind to."

Unfortunately, failure in coping by a family member is viewed as an individual's failure. Pearlin and Schooler warn that some coping functions only help endure what cannot be avoided and "coping failures, therefore, do not necessarily reflect the shortcomings of individuals; in a real sense they may represent the failure of social systems in which individuals are enmeshed."<sup>22</sup>

In summary, all caregiving families cope with strain. While successful coping involves the processes used by the caregiver, it also involves the broader social system in which the caregiving is rendered. Professional institutional settings like the acute care hospital in this study should provide information on management techniques and available resources for the caregivers. But as important is the use of effective coping strategies by the caregiver. While three types of coping are used by caregivers, it is clear that flexibility is the key to success. The caregiver who only copes with the stress once it exists or only copes by eliminating the source of stress has placed obstacles in the way of caring for a dementing elder. At times these techniques may be helpful, but they need to be used in conjunction with altering the meaning of the event before it becomes stressful. It is only this last type of coping—altering the meaning—that touches the psychological dimensions of caregiving, thus helping the caregiver face the responsibility and loss involved in providing care to a dementing elder.

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# THE IMPACT OF PROGRAM CENTRALIZATION ON THE UTILIZATION OF SOCIAL SERVICES: THE CASE OF THE SSI PROGRAM

YOSSEF MELLER

Paul Baerwald School of Social Work,  
Hebrew University, Jerusalem

NANCY MUDRICK

Maxwell School Health Studies Program,  
Syracuse University

*When the Old Age Assistance (OAA), Aid to the Blind (AB), and Aid to the Permanently and Totally Disabled (APTD) caseloads were converted to SSI in 1974, only cash payments were transferred to the Social Security Administration; social services remained available through public welfare agencies. This paper assesses the extent to which the service utilization of low income aged and disabled persons changed with the social service delivery system changes associated with the implementation of SSI. We found that the proportion of persons receiving social services decreased slightly between the last year of the old programs and the first year of SSI. The decrease in utilization was among those who received few services before SSI while the proportion receiving many services increased after SSI implementation.*

In 1973 disabled and aged public assistance recipients received both cash payments and social services as part of their Old Age Assistance (OAA), Aid to the Blind (AB), or Aid to the Permanently and Totally Disabled (APTD) benefits. Only the cash benefit was maintained when these programs were collapsed into the Supplemental Security Income (SSI) Program in 1974 and their administration transferred to the Social Security Administration. However, social services remained available to SSI recipients through state public assistance agencies. This meant that with the implementation of

SSI, the delivery structure of social services for aged, blind and disabled public assistance recipients was dramatically altered since those who required both cash and services now had to deal with a minimum of two agencies instead of one.

The purpose of this paper is to discuss the changes in the receipt of social services by low income aged and disabled persons which may have resulted from the initiation of the SSI program.

SSI federalized the cash benefits to dependent aged, blind, and disabled persons as a means of achieving its objectives of increasing the adequacy of the cash payment, increasing horizontal equity through uniform eligibility criteria, and increasing administrative efficiency by shifting administrative responsibility to the well-regarded Social Security Administration (Tissue, 1977; Trout & Mattson, 1984). SSI has generally been positively evaluated in terms of meeting its goals. Fifty-five percent of recipients reported increased income after implementation of SSI with the poorest recipients experiencing the largest increases in monthly income (Schieber, 1978). Recipients also like SSI because it is less stigmatizing than the previous welfare programs (Ozawa, 1978). Finally, states have been relieved of the administrative burden and much of the costs they experienced prior to the initiation of SSI.

There is no direct theory upon which one can draw to predict the impact of the centralization of cash benefits on the utilization of social services. However, the separation of financial aid from service provision in public welfare agencies is an event with potentially similar effects because, like SSI, separate processes now provide welfare recipients with cash and services. An evaluation of the impact of the separation of services found lessened utilization of services when cash and service needs were determined separately (Piliavin & Gross, 1977). Service use appeared to diminish because workers no longer initiated contacts for recipients in need of assistance and because there was less knowledge about available services and greater inconvenience in obtaining them.

It seems likely that the conversion to SSI resulted in

diminished accessibility to and receipt of services by low income aged, blind and disabled persons. Instead of a single agency where both cash and services needs are handled, SSI recipients must interact with at least two separate agencies with separate eligibility procedures. The federalization of cash assistance and standardization of eligibility handling within the local Social Security office implies increased physical distance between beneficiaries and service centers, increased travel time to the service and a decreased ratio of service providers to clients. Furthermore the local Social Security office staff, even when reached, could no longer provide technical assistance to recipients of SSI in regard to their need for social services. Since many of these recipients have mobility and communication difficulties, these changes in the delivery structure may have adversely affected their access to and use of services.

We have formulated our expectations regarding the impact of conversion to SSI on the utilization of services into two hypotheses:

1. The conversion of public assistance (ABD) programs to SSI resulted in a decrease in the social services used by aged, blind, and disabled public assistance recipients.
2. SSI recipients most likely to be receiving several social services are those who were receiving services prior to conversion to SSI.

## METHOD

Our data for this analysis come from the Social Security Administration's Survey of Low Income Aged and Disabled (SLIAD). This survey was conducted in order to assess the initial impact of SSI. Respondents were interviewed twice: once in the Fall of 1973 and a year later in the Fall of 1974 after SSI had been in operation almost a year. Our study sample consists of 11,359 cases, 5,192 aged and 6,167 disabled persons who were welfare recipients in 1973 and were converted to SSI in 1974. (For a more detailed description of the SLIAD survey see Barron, 1978.)

The analysis of service use is based on reported receipt of

the following ten services: housework help; home delivered meals; legal assistance; physical therapy; visiting nurse; social counseling; job finding; glasses and dentures; braces and wheel chairs; homefinding and moving. While services in addition to these may have been received, our data limit us to these ten. This list does, however, include the services most frequently provided prior to the initiation of SSI (Urban Systems, 1976).

## RESULTS

Table 1 shows that in the first year of SSI fewer aged and disabled persons received social services than before SSI. Prior to SSI, 54.6 percent of the aged reported they did not use any services while after conversion 61.3 percent of them did not receive any services. Nearly forty-three percent of persons with disabilities received no services under APTD and AB; after transferring to SSI, 51.5 percent received no services. These differences of 6.7 percent and 8.9 percent are statistically significant.

TABLE 1

THE QUANTITY OF SOCIAL SERVICES RECEIVED  
BY AGED AND DISABLED  
PUBLIC ASSISTANCE RECIPIENTS BEFORE AND AFTER SSI\*

Number of Services	Aged		Disabled	
	1973	1974	1973	1974
No service	54.6	61.3	42.6	51.5
1-4 Services	45.1	35.6	55.9	42.6
5 and more services	0.3	3.1	1.5	5.9
Total Percent	100.0	100.0	100.0	100.0

\* Percents based upon weighted data. 1973 data are before SSI; 1974 data are from the first year of the SSI Program.

When the change in the total quantity of services delivered is examined, we find decreases among both aged and disabled persons. A total of 3208 services are reported received by the aged in 1973; they report receiving a total of 2856 services in 1974. The total number of services received by disabled persons drops from 5338 in 1973 to 4416 in 1974. This decrease in the total number of services received is not evenly distributed. For those receiving one to four services, there was a 9.5 percent decrease among the aged and a 13.3 percent decrease among the disabled. The proportion of recipients receiving more than four services increased after conversion to SSI by 2.9 percent among the aged and 4.4 percent among the disabled.

One explanation for the fact that the proportion receiving few services decreased while the proportion receiving many services increased may be that because fewer persons approached public welfare agencies (or had others approach public welfare on their behalf), those who did come in contact with the agency received a greater quantity of services. The Mix of Services Utilized by the Welfare Aged and Disabled, show small but consistent reductions in the proportion of persons receiving any particular service (see Table 2). Among the aged, the most utilized services in 1973 were glasses, dentures or hearing aids and housework help. The same pattern remains in 1974 though with a slight decrease in utilization of glasses, dentures, or hearing aids (0.1%) and a slight increase in housework help (0.6%).

The most utilized services by persons with disabilities in 1973 were glasses, dentures, or hearing aids, treatment or counseling, physical therapy and moving or home-finding aid. The same pattern remained in 1974 but there were decreases in the utilization of these services.

Comparison of services utilized by aged and disabled recipients in 1973 and 1974 reveals that in each year the rate of utilization by the latter was higher in most service categories and that they experienced a greater decrease in the utilization of services after conversion to SSI. Both groups increased their service utilization only in two categories, home deliv-

ered meals and housework help, while the aggregate utilization of each of the other services was approximately 1 percent lower in 1974 than it had been in 1973.

All in all, these findings moderately support our predictions that social service use after SSI would be lower than service use before SSI and high service utilizers would increase their use of services.

## DISCUSSION

These data from the year before and the first year of SSI document that overall there was a decrease in service utilization. We have associated this decrease with the change in the social service delivery structure experienced by SSI recipients. We found also that under SSI it would be easier to continue to receive services rather than obtain services for the first time, receipt of several services before SSI was a good predictor of service receipt after SSI.

Since the period covered by our data, social service delivery for all persons has undergone a profound change. The Title XX legislation takes SSI recipients into account by requiring that at least 3 of the services offered under Title XX be aimed at the SSI population. A report by the Social Security Administration estimates that in early 1976 11 percent of the aged, 21 percent of the blind, and 12 percent of the disabled on SSI received social services (U.S. DHEW, 1978). While the percentage receiving services varied among the States, the percentage receiving services was reported to range from 1 percent to 29 percent. A study of only aged SSI beneficiaries in seven states reports that between 3 percent and 33 percent also receive social services under Title XX (U.S. Comptroller General, 1979). Both reports list health-related services, homemaker/chore services, counseling, transportation, and protective services as the most frequently provided.

These estimates are substantially lower than the estimate of service receipt we report for the period prior to Title XX. It is likely that part of the difference can be attributed to decreased utilization of social services by SSI beneficiaries.

TABLE 2  
PERCENTAGE OF WELFARE AGED AND DISABLED  
RECEIVING SELECTED SOCIAL SERVICES<sup>1</sup>

Social Services	Aged		Disabled	
	1973	1974	1973	1974
Legal Assistance	3.2	2.7	8.3	6.6
Physical Therapy	5.1	5.1	10.0	9.6
Glasses, Dentures or Hearing Aid	24.0	23.9	30.0	25.9
Brace, Wheelchair or Walker	5.0	4.6	6.0	5.7
Home Delivered Meals	2.4	3.6	1.8	2.1
Visiting Nurse, Home Health Aid	5.0	4.7	5.6	5.0
Housework Help	11.0	11.6	7.7	8.4
Treatment or Counseling	1.0	0.7	10.8	8.4
Job Finding Assistance	0.1	0.1	4.8	3.6
Homefinding, Moving Aid	5.0	5.0	9.2	8.3
R <sup>2</sup>	.281*		.382*	

<sup>1</sup> The table represents percentage of the welfare aged and disabled responding "yes" in each category of service. The question they were asked was whether they received or did not receive these categories of service. Percents based on weighted responses.

<sup>2</sup> Correlation between the number of services received in 1973 with the number of services received in 1974.

\* Probability < .01



Compared to the other beneficiaries of Title XX social services, aged and disabled SSI recipients are disproportionately limited by physical and mental handicaps which may act to decrease their ability to request and utilize services. The bureaucratic separation of their cash and service benefits may pose an additional barrier to receipt of their entitled share of public social services.

In our comparison of service receipt in 1973 with receipt in 1974, we wish to assess whether under SSI aged and disabled welfare recipients experienced a degraded or improved access to services. These data do not allow us to make this assessment free of certain threats to internal validity (Campbell and Stanley, 1966). It is possible that a change in service use such as we measure occurs between any two years and that the conversion to SSI had no impact on service use. Unfortunately, we have no data for a comparable two year period either prior to or following the years of the SLIAD survey. Alternatively, it is possible that we have measured a real change in service use, but one which is related to factors other than SSI. We feel this second threat is not likely to be the case inasmuch as our data are national and based on fairly large samples. Changes which did occur in service programs between 1973 and 1974 at the national level were a direct consequence of the initiation of SSI. These changes include the mandate that vocational rehabilitation agencies offer services to certain disabled SSI recipients; an integral part of the SSI legislation. Finally, although the data are more than ten years old, we feel their analysis is still of interest. Since our focus is not merely the particular effect of conversion to SSI on the use of services, but the more general issue of the relationship between service delivery structure and service utilization, the SLIAD data are appropriate to our needs.

Our findings are similar to results reported by studies on the separation of social services and income maintenance (Piliavin & Gross, 1977; Cnaan, et al., 1987). Once more it is indicated that program centralization as well as separation may have led to decreased utilization of social services an

issue relevant to the situation of public welfare recipients and policies of service delivery.

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# THE EFFECT OF CHANGES IN THE FEDERAL DISABILITY PROGRAMS ON STATE AND LOCAL GENERAL ASSISTANCE PROGRAMS

COURTNEY SCHERER PETERSEN

Maryland Institute for Policy Analysis and Research  
University of Maryland Baltimore County

ERIC R. KINGSON

The Gerontological Society of America, on leave  
from the School of Social Work and Community Planning  
University of Maryland at Baltimore

*Since early 1981, there has been a large-scale removal of persons from the SSI and Social Security disability programs as a result of the Social Security Disability Amendments of 1980. This article reports on the findings of a national survey designed to determine whether the removal of persons from the federal disability programs had an impact on state and local General Assistance programs and the extent to which older recipients of General Assistance are in need of long-term income assistance for health and other reasons.*

*Some states and jurisdictions have noticed an increase in applications as a result of federal cutoffs and tightened administrative policies which is an indicator that state and local programs are sensitive to changes in federal policies. Since General Assistance programs are serving persons terminated from federal disability programs and a significant number of older clients who are in need of long-term income assistance, this article suggests that consideration should be given to modifying the disability criteria for the SSI program, at least for older persons.*

## INTRODUCTION

General Assistance Programs, a disparate assortment of state and/or locally-funded income support programs, are the "safety net" of last resort for a small but significant number of persons who fall through the federal "safety net". This group is composed primarily of persons with health prob-

lems, limited skills and/or persons who are not employed and who do not meet the criteria for the Supplemental Security Income (SSI), Social Security Disability Insurance (DI) programs or other federally-supported income maintenance programs.

In spite of the fact that the latest available data indicate that approximately 1.3 billion persons received General Assistance benefits in September, 1983 (Social Security Bulletin, 1985) and that program costs exceeded 1.4 billion dollars in 1980 (Social Security Bulletin, 1984), relatively little is known about general assistance programs and their clients. There has been little federal interest in these in these programs as they receive no federal funds in most cases. States typically have very limited resources for research, and General Assistance budgets are smaller than those of other income transfer programs and consequently generate less attention.

The absence of literature on General Assistance programs reflects a lack of interest in this client population. In addition, the benefit levels in most locations are very low which suggests that these clients are of minimal interest and are held in low esteem.

However, since the Social Security Disability Amendments of 1980, more attention has been focused on these locally supported programs. Some governors and state officials, in condemning the termination of thousands of persons from the rolls of the SSI and Social Security DI programs, claimed that an additional burden was being transferred from the federal government to that of states and local jurisdictions. So, for example, in testimony before the House Select Committee on Aging, Michael V. Reagan, Commissioner of Iowa's Department of Social Services stated that while state welfare administrators support the concept of periodic review of beneficiaries in federal disability programs as implemented since March, 1981:

. . . this eminently reasonable practice has had perverse, unintended effects as many disabled persons have been wrongfully removed from the rolls . . . The impact of the problem on states has not been insignificant. State administrators report

increasing requests for general assistance and AFDC from individuals previously receiving SSDI . . . State funds and personnel are being diverted from other essential services to support special efforts to protect the disabled . . . (Reagan, 1983).

This paper provides information which 1. helps identify the impact of changes—mainly the implementation of Continuing Disability Reviews—in the administration of the SSI and Social Security disability programs on state and local General Assistance programs; 2. describes General Assistance caseloads—particularly with respect to the employability and health status of recipients of aid. The findings presented in this paper are based on a survey conducted from July through September, 1983 of administrators of state and local General Assistance programs. The data are based on a sample of convenience. Consequently, although the study provides interesting insights, the study should be considered exploratory since the findings are not generalizable to the universe of General Assistance programs and program participants.

This article first provides background on the changes that occurred since March, 1981 in the administration of the Social Security and SSI disability programs. Next the methodology is described. The main section of the paper presents findings from the study. The paper concludes with a discussion of the policy implications of these findings.

## BACKGROUND

As background, it is important to understand what Continuing Disability Reviews (CDRs) are and the controversy surrounding these reviews. The Social Security Disability Amendments of 1980 mandated that the disability status of non-permanently disabled persons receiving Social Security or Supplemental Security Income (SSI) disability benefits be reviewed periodically, at least every third year. Prior to the implementation of these amendments, disability reviews—termed “medical reviews” or “medical diary reviews”—were made less frequently.

To date, the periodic reviews have only been made on

the DI cases and those DI cases in which there is a joint entitlement for SSI. Medical reviews had been conducted on DI, SSI and joint entitlement cases for many years before the 1980 Disability Amendments. Both of these reviews are commonly lumped together under the term "Continuing Disability Reviews".

From March, 1981 until the reviews were suspended in 1984, approximately 1.2 million Social Security and SSI disability cases were reviewed as a result of the periodic reviews mandated by the 1980 Disability Amendments and the medical reviews which had previously been conducted for many years (Congressional Quarterly, 1984). As of November, 1983, recommendations were made to terminate approximately 475,000 of these cases. According to Social Security Administration estimates, as of that date about 193,000 of these cases had been terminated. About 160,000 had been reinstated after appeal and another 120,000 were still in the appeals process. By September, 1984, when almost all the administrative appeals were completed, about 260,000 of the cases reviewed from March, 1981 through November, 1983 had been terminated (Kingson, Larson, Petersen, Rivelois, forthcoming).

The CDRs have been very controversial. The 1980 Disability Amendments, passed with the support of the Carter Administration, mandated these reviews:

to clean up an estimated \$2 billion in program waste. But disability groups and their allies in Congress have said the reviews were undertaken with unnecessary zeal and charged the administration with attempting to trim the \$18-billion-a-year program as part of its overall effort to reduce the size of Government (Congressional Quarterly, 1984).

States, through their disability determination agencies, are responsible for administering the CDRs. By mid-1984 the CDR process had practically collapsed. Because of the actions of federal courts and state legislatures, over one-half of the states stopped doing these reviews. In March, the House of

Representatives passed (419-1) a bill designed to reform the CDR process. Two weeks later, the Social Security Administration placed a moratorium on all CDRs. In May, the Senate passed (99-0) its version of the bill (Congressional Quarterly, 1984).

The final version of the bill which was signed into law in October, 1984 as the Disability Benefits Reform Act of 1984:

1. clarifies the circumstances under which beneficiaries can be terminated from the program—generally requiring the government to produce evidence of medical improvement;
2. allows individuals to collect benefits throughout most of the appeals process, though pay-back to the government may be necessary if the appeal is lost;
3. requires publication of new standards for evaluating mental disabilities;
4. established a procedure whereby an estimated 175,000 persons whose benefits had previously been terminated as a result of CDRs will be notified of their right to appeal under the new procedures mandated by the new law.

Given these changes, it would seem that the controversy surrounding the SSI and Social Security Disability programs would dissipate. However, it has not. There continues to be controversy over the Social Security Administration's formal policy of limited non-acquiescence. Under this policy, the Social Security Administration will ignore court rulings at the first administrative appeal level and will not apply the court's findings to others at the first appeal level. Only those who appeal to the administrative law judge level will have circuit court findings applied to their cases. A U.S. district judge in New York barred the Social Security Administration from following this policy in New York. It remains to be seen how the agency will respond to this challenge to its non-acquiescence policy (New York Times, 1985).

The Social Security Administration has not yet issued final regulations governing the 1984 amendments. It is not clear yet how the regulations will guide the administration of the "medical improvement" criterion. There are misgivings in some quarters that the agency might require a de-novo de-



termination of eligibility prior to evaluation of medical improvement. If this is the case, the controversy will certainly continue.

The continuation of this controversy makes the data we are presenting particularly interesting because these data suggest that changes in the SSI and Social Security disability programs affect the cost of state and local programs. These data serve as an indicator of the sensitivity of state programs to changes in federal policies. Moreover, the findings on the health status and employability of General Assistance clients suggest that perhaps SSI disability standards might appropriately be loosened rather than tightened, at least for older persons.

#### DESIGN OF THE STUDY

By surveying administrators of General Assistance programs, we wished to answer several questions. First, we wanted to learn if administrators thought that the terminations from the Social Security and SSI disability programs had increased the rolls of General Assistance programs. Second, we wanted to get an indication of the health status and employability of general assistance recipients. These data would suggest the extent to which General Assistance programs are a long-term disability program.

We sent a survey questionnaire requesting both statistical and impressionistic data to each state department of public welfare, to the District of Columbia, and to the welfare department of the largest jurisdiction in each state. While some states do not administer General Assistance programs, the researchers included all states in case some of those states collected information on local General Assistance programs. We also requested that respondents forward any reports that had been conducted on the General Assistance program in their jurisdiction.

The response was sufficiently large to give a reasonable picture of the kinds of data available from governments on general assistance programs and their clients, and of administrators' perceptions of the impact on their programs of SSI

and DI cutoffs and tightened eligibility criteria. Nineteen states, including the District of Columbia, sent fully completed questionnaires, and seven sent answers to some of the questions. An additional fifteen states responded that either there was no state General Assistance program or that G.A. programs were locally administered and that they were thus unable to furnish any data. Twenty-one local jurisdictions returned completed questionnaires with one additional county responding but only able to answer one question. Additionally, some states and local jurisdictions submitted reports and statistics on their programs. There are only 12 states from which we have no state or local data: Massachusetts, Alaska, Arkansas, Georgia, Idaho, Montana, Missouri, Tennessee, Wisconsin, Alabama, West Virginia.

It is worth noting that in response to most survey questions, the local jurisdictions had a lower percentage of "don't know" responses and were generally more likely to answer the various questions. Perhaps this is because it is the local jurisdictions which actually administer most General Assistance programs and see the clients.

Despite the good response, it is important to note that the findings are based on a sample of convenience. For this reason and because general assistance programs are so varied, it is difficult to generalize from these data to the universe of General Assistance programs. Also, it should be mentioned that the survey instrument was designed to ascertain general, rather than detailed, programmatic information and that General Assistance programs are constantly subject to revision due to political and financial pressures.

In spite of these limitations, the data provide a useful source of information about General Assistance programs at a point in time in which the eligibility criteria of SSI and Social Security were being tightened.

## FINDINGS

In discussing the findings, we first discuss the perceptions of administrators regarding the effect that tightened eligibility standards for SSI and Social Security Disability

programs had on General Assistance rolls in their locales. Then we present data on the characteristics, particularly age, health, and employability characteristics, of General Assistance recipients, and the difference between the older and younger General Assistance clients.

Our concern for the characteristics of General Assistance recipients, particularly their health and employability, was related to our hypothesis that to some extent, and perhaps to a very significant extent for clients aged 50 and older, General Assistance programs provide long-term support to a significant number of disabled and partially disabled persons who are not eligible for SSI or DI. Consequently, one would expect these local programs to be affected by tightened standards of the federal disability programs.

### Effect of Tightened Disability Administration

The data indicate that many states and local administrators of General Assistance programs believe there has been some increase in the G.A. caseload as a result of terminations of disability beneficiaries since March, 1981. For example, respondents in 11 out of 18 local jurisdictions and 5 out of 12 states that answered "yes" or "no" to this question reported that there had been a noticeable increase in applications from persons recently terminated from the SSI or Social Security disability programs (see Table 1).

Information on the magnitude of this effect is fairly scarce. Los Angeles County estimated that 1 percent of their caseload are terminees from SSI or Social Security disability programs. Preliminary analysis of data from another part of our study shows that approximately 4 percent of a sample ( $n=1043$ ) of applicants (including both new applicants and continuing clients who must reapply) to Baltimore City's General Assistance Program during October, 1983 report that they were recently dropped from either the Social Security or SSI disability programs (Kingson, Laron, Petersen and Rivois, forthcoming). A New York City Department of

TABLE 1

DISTRIBUTION OF WHETHER JURISDICTIONS NOTICED AN  
INCREASE IN APPLICATIONS FROM PERSONS RECENTLY  
DETERMINED INELIGIBLE TO CONTINUE  
RECEIVING SSI OR SOCIAL SECURITY  
DISABILITY INSURANCE

Increased Applications from Terminated Recipients	Jurisdictions	
	State	Local
Yes	5	11
No	7	7
Don't Know	4	4
TOTAL	17	22

Human Resources internal report entitled "Analysis of 1982 Home Relief Caseload Increase" analyzed the increase in its General Assistance population (Home Relief Program) between December, 1981 and December, 1982. During that period, the case openings caused by "end of other assistance" (excluding AFDC and AFDC-U) rose by 155 percent to 7,565, a jump of 4,592 cases, that they report almost exclusively represented persons who had lost SSI.

Fewer General Assistance program administrators perceived an impact on their caseload because of other Social Security administrative changes such as tightened administration of initial eligibility criteria. Three out of the eleven states and eight out of the fifteen localities that answered "yes" or "no" to our question reported that there had been an impact on their program (see Table 2).

TABLE 2

DISTRIBUTION OF PERCEIVED IMPACT ON CASELOAD  
BY ADMINISTRATIVE CHANGES (OTHER THAN  
CDI TERMINATIONS) IN THE SSI OR  
SOCIAL SECURITY DISABILITY INSURANCES

Presence of Impact on Caseload	Jurisdictions	
	State	Local
Yes	3	8
No	8	7
Don't Know	6	4
TOTAL	17	19

Although states may not have precise figures on the impact of administrative changes, recent actions indicate that states believe there has been a substantial impact with a cost to the clients of the federal disability programs in their states. As of June, 1985 at least twenty-one states had refused to administer the disability review process as prescribed by the Department of Health and Human Services.

#### General Assistance Programs and Client Employability

To complement the data on the impact of changes in the federal disability programs, we sought to determine the extent to which General Assistance programs are disability programs. An important distinction between General Assistance programs is whether they serve only the disabled. Some General Assistance programs serve only those with a medically proven disability; others also serve persons who are unemployed and have a financial need for assistance but have no disability. Table 4 shows the percentage of the General Assistance caseload administrators in the jurisdictions re-

sponding to this questionnaire consider employable. In some cases this is an estimate; in other, it is based on the official designations of the clients.

The data suggest that there is considerable variation among the states in the percentage of General Assistance clients perceived to be employable. Eight of the eighteen states and four of the eighteen local jurisdictions responding to this question report that no one in their caseload is employable. Six of the states and ten of the local jurisdictions report that half or more of their caseloads are employable (see Table 3).

TABLE 3  
DISTRIBUTION OF PERCENTAGE OF  
GENERAL ASSISTANCE CASELOAD THAT IS EMPLOYABLE

Percentage of caseload that Is Employable	Jurisdictions	
	State	Local
0	8	4
1 - 24	3	2
25 - 49	1	2 <sup>1</sup>
50 - 74	4	6
75 +	2	4
Don't Know	2	1
Other	-	1 <sup>2</sup>
TOTAL	20	20

<sup>1</sup> New York City noted that 21% of clients aged 50 and over are employable (New York, 1982).

<sup>2</sup> Clark County, Nevada, stated that 50% of those over 50 are employable.

A substantial portion of administrators of General Assistance programs believe that General Assistance rolls are sensitive to levels of unemployment. Eleven out of the 17 local jurisdictions and eight out of the fifteen states that answered "yes" or "no" to this question report that there is a relationship between General Assistance rolls and high unemploy-

ment. Those answering in the affirmative included agencies whose programs serve employable persons such as New York City and Los Angeles, as well as jurisdictions which exclude "employable" persons such as the District of Columbia. Cuyahoga County (Cleveland, Ohio) stated that two investigations showed a definite correlation between unemployment and the size of the General Relief caseload. Los Angeles County Department of Public Social Services (1982) reported that their General Assistance caseload nearly doubled between May, 1980 and May, 1983 during which time the county's level of unemployment increased from 6 percent to 10 percent. The bulk of the Los Angeles client increase was the result of adding employable persons to the General Assistance program which increased their employable segment from 20 percent to 35 percent of their General Assistance population.

Since our study focussed primarily on older General Assistance recipients, those aged 50 and over, we asked states several questions regarding the employability of their older clients. A large proportion of those states and localities who made an estimate of the number of older General Assistance clients unable to work because of their health stated that 50 percent or more of their older recipients are unable to work (see Table 4). This varying assessment of employability occurs, in part, because the eligibility criteria for General Assistance programs are not uniform.

Exploring the employability of General Assistance clients a little further, we asked what percentage of the older clients were unlikely to work because of a combination of factors such as age, skill level, health and local unemployment. Nine out of the ten states and eleven out of the thirteen local jurisdictions which provided estimates reported that over 50 percent of their older clients are unlikely to find employment for such reasons (see Table 5).

Older clients constitute a significant proportion of the General Assistance population in some locales. Percentages ranged from one and one-half percent in Wyoming and two percent in Concord, New Hampshire to 75 percent in Utah

TABLE 4

DISTRIBUTION OF THE PERCENTAGE OF GENERAL ASSISTANCE  
CLIENTS AGED 50 AND OVER WHO ARE UNLIKELY TO  
WORK BECAUSE OF THEIR HEALTH

Percentage of Older Clients Unlikely To Work	Jurisdictions	
	State	Local
1 - 24	1	1
25 - 49	—	—
50 - 74	3	6
75 +	5	6
Don't Know	7	5
TOTAL	16	18

and 70 percent in Norfolk, Virginia. Older clients comprise more than 20 percent of the caseload in 50 percent of the local jurisdictions and in 65 percent of the states (see Table 6). Based on the data, we estimate that roughly 20 to 35 percent of General Assistance recipients nationwide are age 50 and over.

### Comparison of Older and Younger Clients

Finally, we wanted to know if there was a difference between younger persons who receive General Assistance and the older client. We expected states and localities to report that, at minimum, the client aged 50 and over would, on average, have poorer health and a resultant need for a longer period of assistance.

Indeed, the data strongly suggest that some differences do exist between the older and younger clients (see Table 7). Local jurisdictions in particular noted that differences are present especially in the areas of health, sex, employability



TABLE 5

DISTRIBUTION OF THE PERCENTAGE OF CLIENTS,  
AGED 50 AND OVER, UNLIKELY TO FIND WORK BECAUSE  
OF A COMBINATION OF FACTORS SUCH AS AGE, SKILL  
LEVEL, HEALTH, LOCAL UNEMPLOYMENT

Percentage of Older Clients Unlikely to Find Work	Jurisdiction	
	State	Local
1 - 24	1	1
25 - 49	—	1
50 - 74	1	2
75 +	8	8
Not applicable	1	1
Other*	—	1*
Unknown	8	6
TOTAL	19	20

\* Other = "great majority"

and length of stay on the rolls, with state administrators having a higher frequency of "don't know" responses.

Unfortunately, as a result of the survey design, the nature of the differences are not always clarified. However, a sufficient number of jurisdictions sent reports with information that indicate the probable direction of the differences—mainly that the older clients have poorer health, are less employable, and receive assistance for longer periods of time.

Perhaps most surprising is the reported sex differential in the different age cohorts. Ten of the local jurisdictions and four of the states reported that there were differences in the proportions of men and women in the older and younger groups. Two local jurisdictions and one state replied the

TABLE 6  
DISTRIBUTION OF THE PERCENTAGE OF  
GENERAL ASSISTANCE CASELOAD AGED  
50 AND OVER

Percentage of Caseload Age 50 +	Jurisdiction	
	State	Local
1 - 20	6	10
21 - 40	10	7
41 - 60	—	1
61 - 100	1	2
TOTAL	17	20

younger group had more women but three states and four local jurisdictions, including the large cities, reported that their older caseloads had a larger percentage of women. Data from other aspects of our study suggest that this relative increase in women among the older General Assistance is due partly to the larger number of widows at the older ages and especially to the "graduation" of some women (perhaps the least healthy) from AFDC to General Assistance when their children lose their dependent status (Kingson, Petersen, Downey, Joyce, Kasner, and Sowers, 1983).

Eleven of the local jurisdictions and five of the states noted a difference in the employability of the older client. Those making comments all stated that the older clients were less employable. The data for Chicago, for example, showed that of General Assistance clients aged 16-49, 6 percent are unemployable while 20 percent of the clients aged 50 and over are unemployable (Illinois Department of Public Aid, 1983). While data were not provided to link the unemployability to health problems, each of the nine jurisdictions

TABLE 7  
DISTRIBUTION OF DIFFERENCES BETWEEN CLIENTS AGED 50 AND OVER  
AND YOUNGER CLIENT POPULATION-SELECTED CHARACTERISTICS

AND YOUNGER CLIENTS

Presence of a Difference between Older & Younger Clients	Characteristics				Length of Stay on Rolls
	Race	Sex	Health	Employability	
STATES:					
Yes	2	4	5	5	2
No	5	3	2	4	2
Don't Know	11	11	11	9	14
TOTAL	18	18	18	18	18
LOCAL JURISDICTIONS:					
Yes	5	10	8	11	11
No	7	5	5	3	2
Don't Know	10	7	9	6	7
TOTAL	22	22	22	20	20

which stated the older clients had more health problems, suggesting that for a percentage of General Assistance clients health stands in the way of employment.

As one would expect, if older clients are less healthy and less employable, eleven of the local jurisdictions and two of the states noted a differential in the length of stay on the General Assistance rolls. With the exception of Concord, N.H., all comments stated that the older client needed assistance longer. Los Angeles reported that clients over age 50 average a benefit period of 21 months while clients under 50 have an average benefit period of 10 months. Wayne County, Michigan (Detroit) reported that with the exception of those who go on to the rolls of a federal disability program, older clients are generally on longer. Norfolk, Virginia reported

the younger persons helped are usually expected to regain their health and return to work, while the older population has been found to have more long-term illnesses or disability and do not usually return to work.

Length of time on assistance in Michigan generally increases with age, with clients aged 21-30 receiving assistance for an average of 9.7 months; clients aged 51-60, 20.8 months; clients aged 61-65, 18.9 months (Michigan Department of Social Services, 1982).

In our study, eight of the local jurisdictions and four of the states estimated that over 25 percent of the clients aged 50 and over needed long-term assistance. However, it should be noted that eleven of the sixteen states and six of the local jurisdictions that provide long-term assistance report that they could not make such an estimate.

The majority of respondents to the questionnaire, and a very high percentage of those responding from local jurisdictions stated that they believe the long-term General Assistance client would be best served by SSI or another type of income maintenance program for a number of reasons. Of course, it should be noted that this response is not too surprising since that arrangement would be to the financial advantage of states and localities. Even so, their points are well

taken. Many wrote that their programs were not designed to support long-term clients and that their funding is insufficient to maintain such clients. Some jurisdictions limit benefit periods to only a few months. Several jurisdictions point out that their General Assistance policy requires administrative procedures such as periodic reviews or reapplication which are inappropriate for persons with chronic disabilities (see Table 8).

### SUMMARY AND CONCLUSIONS

The survey of state and local jurisdictions during 1983 reported here was based on a sample of convenience and, as such, primarily points to the need for further research. However, the response by General Assistance administrators was such as to suggest that:

1. General Assistance rolls were increased by persons terminated from the Social Security and SSI Disability Pro-

TABLE 8

DISTRIBUTION OF THE PERCENTAGE RESPONDING THAT  
LONG-TERM GENERAL ASSISTANCE CLIENTS WOULD BE  
BEST SERVED BY SSI OR ANOTHER  
INCOME MAINTENANCE PROGRAM

Whether Long-term Clients Should Be on Another Program	Jurisdiction	
	State	Local
Yes	9	16
No	0	1
Don't Know	5	4
TOTAL	14	21

grams as a result of medical and periodic disability reviews;

2. A sizable percentage of General Assistance clients are not employable for health and other reasons;
3. On average, the older General Assistance participant is less healthy, less employable, more likely to be female and more likely to have received benefits longer than the younger participant.

The data reported in this study appear to support the contentions of some state welfare leaders that changes in the administration of the Social Security and SSI disability programs linked to Continuing Disability Reviews have resulted in increased state and local welfare costs. While it is not possible to estimate with any accuracy the cost of these changes to state and local General Assistance programs from the findings reported in the study, these costs would appear to be neither so great as to represent a substantial portion of program costs, nor so small as to be inconsequential to the state and local jurisdictions involved. The pressure that some states have exerted on the Social Security administration to change procedures used in the periodic and medical reviews of continuing disability cases may result in savings to state and local General Assistance programs.

Continued concern on the part of state and local General Assistance administrators seems appropriate in light of these findings, and in light of the fact that the DCRs will begin again. Under new regulations, the CDRs may continue to be controversial and to have negative effects on disability clients and applicants, and, concurrently, on the budgets of state and local governments which administer General Assistance programs.

Related to the issue of the CDRs and federal standards for disability, are the findings of this study which suggest that a substantial portion of state and local General Assistance participants, especially those aged 50 and over, may need long-term assistance. At issue then is whether the federal government, and some state and local governments as well, are ignoring a sizeable population of persons who are

in need of long-term income assistance and are not adequately served, or are not served at all.

While many locales provide General Assistance benefits, there are inequities between states, and even between localities in the same state, in terms of the extent to which General Assistance programs serve as a safety net for persons who are not eligible for federally assisted cash income maintenance benefits. In many locations there appears to be no governmental safety net at all for these persons; in others, the benefit level, and/or duration of benefits, are severely limited.

If it can be further documented by other studies that a significant percentage of older General Assistance clients are indeed unemployable for health and other reasons, then it would be appropriate to give serious consideration to a liberalization of SSI disability criteria applied to older applicants.

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# PROFESSIONAL AUTONOMY IN COMMUNITY MENTAL HEALTH CENTERS

WILLIAM E. BUFFUM

University of Houston - University Park  
Graduate School of Social Work

*Professional community mental health workers want considerable autonomy in doing their work, but too much autonomy can lead to frustration and less satisfaction with work. This finding of a study of 93 mental health professionals in three community mental health centers is in sharp contrast with a comparison group of 60 professionals in a chemical plant. The article cautions against the direct translation of research on all professionals to community mental health professionals.*

Professional community mental health workers are commonly thought to have considerable freedom in doing their work. Feldman (1975) refers to community mental health centers (CMHCs) as ships without captains because of the difficulties that administrators have in controlling the work of their employees. Some CMHC professionals appear to operate on a private practice psychotherapy model and have little identification with the CMHC and its organizational goals.

The importance of work autonomy for producing productivity and satisfaction in both professional and non-professional employees is well established in the organizational literature. The primary proponents are Hackman and Oldham (1974, 1975, 1976), who have developed an assessment instrument, the Job Descriptive Index, which is widely

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used around the world. The results in numerous reports have confirmed the importance of having high work autonomy especially among employees who desire enriched, growth-producing jobs.

Professional CMHC employees should conform to these well established assumptions. In theory, autonomy is the key feature of all professional practice with the medical profession as the prototype for others (Friedson, 1971; Larson, 1977). In settings such as CMHCs, where jobs cannot easily be routinized and directed by rules manuals, management theories suggest hiring professionals who are educated to make decisions based upon general knowledge and professional values (Ketterer and Buffum, 1980; Buffum and Ritvo, 1984). Sarason (1977) points out that professional careers are viewed, albeit inaccurately at times, as the route to escape the drudgeries of routine jobs and to achieve all of the ideals of the good life.

With this well documented principle in hand, two prominent mental health researchers applied the Job Descriptive Index to a study of CMHCs and, surprisingly, did not find a significant relationship between work autonomy and job satisfaction (Sarata and Jeppesen, 1977). In fact, the association was no where near achieving statistical significance. How can this be explained? Is this result a statistical accident or is there something unique about CMHC professionals?

One possibility is that the relationship between work autonomy and job satisfaction may not be linear. For example, work autonomy could be a positive force up to a point, but too much autonomy might result in lack of direction, little supervisory feedback, loss of team spirit, and a reduced sense of one's own professional accomplishments. CMHC professionals might have too much autonomy in relation to the ambiguities inherent in their work.

Another possibility is that there are important differences between CMHCs and the business and industrial organizations which have been the settings for almost all of the previous research on this subject. Maloof (1975) cautions about this very possibility, and Kouzes and Mico (1979) suggest

that the client service orientation of human services professionals may reduce the impact of work autonomy. They argue that professionals who are client-service oriented may achieve their satisfactions through this service and, therefore, be less affected by organizational constraints upon their autonomy.

A final consideration is that the findings of Sarata and Jeppesen are confounded by problems in measurement. They, like Hackman and Oldham, assume that work autonomy is a unidimensional concept that can be measured by using a global scale to capture its meaning. Although this approach is attractive because of its simplicity, the global approach to measurement is probably inaccurate. Logically, one may feel considerable autonomy in some aspects of work, and have little autonomy in others. Global scales require that the respondent make an overall judgment about diverse dimensions, and each person may do this in a unique way.

The purpose of the present study was to gain a greater understanding about work autonomy in CMHCs and to explain the discrepant findings of Sarata and Jeppesen (1977). To accomplish this, the following hypotheses were examined:

1. *CMHC professionals have significantly more work autonomy than comparably educated non-human service professionals in private enterprise.*
2. *The association between work autonomy and job satisfaction is not as strong for CMHC professionals as for professionals in private enterprise.*
3. *The multi-dimensional measurement of work autonomy is a significantly more powerful predictor of job satisfaction than is a global measure.*

Through the examination of these key hypotheses, greater understanding of the concept of work autonomy and its unique role among CMHC professionals were sought.

## METHODOLOGY

### Concepts and Measurement

*Global work autonomy* refers to the amount of discretion that one has in doing one's job. If employees can function independently, without constraints, then they have high

work autonomy. Conversely, if they have numerous constraints, they have low work autonomy. This global conceptualization assumes that workers make overall assessments of their jobs, which results in a summary judgment about the amount of work autonomy that they experience.

Since jobs have several dimensions (McCormick, 1976), workers could experience high autonomy in some aspects of their jobs and low autonomy in others. Thus, it is important to consider work autonomy as it is found in specific dimensions of jobs. Aiken and Hage (1966) draw our attention to the concept of *formalization*, which they define as the "degree of work standardization and the amount of deviation that is allowed from standard" (p. 499). Formalization is itself comprised of several dimensions, according to Aiken and Hage. These are (a) *job codification*, which refers to the degree to which the work is regulated by policies and procedures, (b) *rule observation*, referring to the degree to which work is monitored for rule compliance, (c) *rules manual*, which refers to the presence of a rules manual which applies to the work, (d) *job description*, referring to the degree to which there is a complete written summary of the job, and (e) *specificity of job description*, referring to the extent to which there are explicit expectations which prescribe performance.

While formalization refers to externally derived constraints on autonomy, there are also constraints which are inherent in the work itself. Some jobs are routine, while others seemingly have little repetitiveness either because of the diversity of clients or because of the variety of intervention approaches employed. Perrow (1967) uses the term *technological routinization* to refer to the number of exceptions recognized in the raw materials of work, and Glisson (1978) adds that the uniformity of the incorporated intervention and problem-solving procedures is also a component of this concept.

Another dimension which is critical to work autonomy is *participation in decision making*. Meaningful participation requires influence, and this concept refers to the degree to which power, both formal positional power and informal in-

fluence, is concentrated (Buffum and Holland, 1980). Conceptually, the rationale for arguing that participation in decision-making is a dimension of work autonomy is that a critical aspect of autonomy is the ability to have a sense of control over the conditions of one's work. One cannot have a high degree of work autonomy without also having a high degree of control over one's work.

The theoretical model of Hackman and Oldham (1976) holds that work autonomy has an effect on productivity, turnover, absenteeism, and job satisfaction. Because the focus of the present study was work autonomy, only job satisfaction was included as a dependent variable. This decision was made because of the researcher's prior work with this variable (Buffum, 1981). *Job satisfaction* refers to the degree to which employees have a positive affective orientation towards their work, as it is accomplished within an organizational context (Price and Mueller, 1986; Locke, 1976). Job satisfaction is generally considered to be a multidimensional concept, with five of the potential dimensions receiving the greatest attention. These are satisfaction with 1. the *work itself*, 2. the *pay*, 3. the *promotional opportunities*, 4. *co-worker relationships*, and 5. the *supervision* (Dunham and Smith, 1979).

#### Research Design and Analysis Plan

This research employed a cross-sectional survey approach, but added a comparison group of professional chemists to a sample of community mental health professionals. The model called for testing the significance of relationships in both samples, and then testing for differences between the groups. These differences were assessed with simple t-tests, the Fisher's Z to test for the significance of the difference between the strengths of the associations among variables (Guilford and Fruchter, 1978). Fisher's Z is used when coefficients of correlation are uncorrelated, as in this situation in which there are two correlations between the same two variables derived from two different, unmatched samples.

Next, a series of multiple regressions using hierarchical designs were used to examine the contributions of the inde-

pendent variables on the dimensions of job satisfaction. First, decision-making influence, formalization, and technological routinization were entered at step one. Next, global work autonomy was entered. This was done separately for each of the five job satisfaction dimensions and separately for the two sampled groups. This approach made it possible to see the unique effects of global autonomy on job satisfactions after the hypothesized autonomy dimensions were removed. The residual effect of global work autonomy was not expected to be significant.

### Measurement

Global work autonomy was measured using Oldham and Hackman's original Overall Autonomy and Job Responsibility Scale from their Job Descriptive Index (1974). Based on the work of Aiken and Hage (1966), a new Scale of Decision-Making Influence was developed. This scale has ten items which tap both participation and influence in decision-making, and produce satisfactory reliability estimates with this sample. Cronbach's alpha reliability coefficient was .87 and the Spearman-Brown split-half coefficient was .77. The appendix contains summary statistics for this scale.

Technological routinization was measured using another new scale which was based on the work of Lynch (1974) and Glisson (1978). This Work Predictability Scale had twelve items which were selected to capture the major aspects of professional technologies on a routine to non-routine continuum. A factor analysis of this scale revealed that two items did not load with the others. These two items were separated and interpreted as a measure of clarity in knowing the precise applications of a technology in various situations. The two-item scale was called Technology Applicability, and had an alpha reliability estimate of .52. The remaining eight items in the Work Predictability Index, which were referred to as the Routine Technology Scale, had acceptable alpha reliability ( $\alpha = .77$ ) and corrected split-half reliability ( $r = .52$ ).

Formalization was measured using the basic items in the Aiken and Hage index (1969). Slight modifications were

made in the fifteen item, five scale index with no apparent compromise of the index's reliability as reported by Dewar, Whetten, and Boje (1980). The appendix contains summary statistics for these scales.

The dependent variable, job satisfaction, was measured using the Job Satisfaction Index, which is based on the widely used Job Descriptive Index (Smith, et al., 1969) and developed by Holland, et al. (1981). The five index scales have been shown to have better reliability than the original JDI (Buffum and Konick, 1981).

### Samples

The respondents in this study were 93 professional employees in four community mental health centers and 60 professionals in a single chemical laboratory. All of the professional mental health employees in the CMHCs were included, and the response rate was over 95 percent. The CMHCs were purposively selected to represent a diversity in size of budget, number of staff, and urban-rural mix. The professional chemical laboratory employees were a convenience sample from a single company. They were selected simply to provide a point of reference when examining the CMHC sample. By major demographic characteristics, the two groups were not significantly different, and all research sites were located in a single-mid-western state. The response rate for the chemical company professionals was similar to that of the CMHC group, the high return due largely to the presence of the investigator at each field site for one to two days.

### RESULTS

The first hypothesis suggested that there would be a difference in work autonomy between community mental health and chemical company professionals. Indeed, the two groups did differ significantly on the global work autonomy measure with the CMHC professionals scoring higher than the Chemical plant group,  $t = 2.02$ ,  $p < .05$ . Having a maximum score of 5.0, the mean scores for both groups were seemingly high,



$x = 4.24$  &  $4.06$ . Examining the hypothesized specific dimensions of work autonomy, the two groups again differed significantly in the predicted directions on the Scale of Decision-Making Influence,  $t = 2.12$ ,  $p < .05$ , and on the Routine Technology Scale,  $t = -2.45$ ,  $p < .05$ . The CMHC professionals perceived themselves to have greater decision making influence and less routineness in their work technologies than did the chemical plant professionals. Interestingly, the two groups did differ significantly on any of the Formalization Index scales. Table 1 summarizes these data.

Next, the strength of the associations between global work autonomy and job satisfactions were examined by comparing the zero-order Pearson correlation coefficients produced from the two groups. Indeed, using this global work autonomy measure, the two groups did differ significantly on two of the five Job Satisfaction Index scales, Opportunities for Promotion,  $z = 2.05$ ,  $p < .05$ , and Supervision,  $z = 1.66$ ,  $p < .05$ . In both instances, the association was weaker in the CMHC group than in the chemical plant group. As can be seen in Table 2, the magnitude of the differences between correlation coefficients is substantial for all of the Job Satisfaction Index scales. The approach used to determine significance was conservative, and a more liberal approach would show the other correlation differences to be meaningful. The job satisfactions of CMHC professionals seem less affected by global work autonomy than the satisfactions of their chemical plant counterparts, except for satisfaction with co-workers where the pattern is reversed. Only this latter finding does not support the second hypothesis.

The third hypothesis of this research was that the global work autonomy concept is actually a complex conceptualization comprised of several dimensions, notably participation in decision-making, technological routinization and formalization. To test this hypothesis, the method of multiple regression was used. First, a regression model was designed to determine the extent to which the dimensions accounted for the variance in global work autonomy. This was done sepa-

TABLE 1

MEANS, STANDARD DEVIATIONS, AND SIGNIFICANCE TESTS  
FOR DIFFERENCES BETWEEN  
93 CMHC PROFESSIONALS AND 60 CHEMICAL COMPANY  
PROFESSIONALS

Scale	CMHC		Chemists		Tests	
	Mean	SD	Mean	SD	F <sup>1</sup>	t <sup>2</sup>
Global Work Autonomy	4.24	.512	4.06	.565	1.22	2.02*
Decision Making Influence	3.72	.594	3.05	.674	1.29	2.12*
Work Predictability						
- Routine Technology	2.39	.595	2.64	.628	1.12	-2.45*
- Technology Applicability	3.84	.615	3.77	.639	1.08	.68
Formalization						
- Job Codification	2.98	.634	3.12	.701	1.22	-1.24
- Rule Observation	1.75	.685	1.91	.548	1.56	-1.57
- Specificity of Job Description	2.74	.565	2.75	.487	1.35	-.14
- Rule Manual	2.91	1.061	2.71	.911	1.36	1.23
- Job Description	3.12	1.041	2.85	1.260	1.46	1.37
Job Satisfaction						
- The Work Itself	3.90	.493	3.90	.571	1.34	.02
- The Pay	2.86	.844	3.03	.642	1.73*	-1.37
- Opportunities for Promotion	2.94	.645	3.03	.788	1.49	-.71
- The Supervision	3.89	.638	3.68	.636	1.01	1.99*
- Co-Worker Relations	4.10	.526	3.59	.556	1.12	5.64**

\* p < .05    \*\* p < .01

<sup>1</sup>F-test of the homogeneity of variances

<sup>2</sup>t-test of the significance of the difference between means (two tailed)

rately for each group. The result was that the dimensions accounted for a high portion of the variance in global work autonomy in both groups, 43% in the CMHC employee group and 63% in the chemical company group,  $R^2(6,90) = .43$  and  $R^2(6,57) = .63$ . Next, the hierarchical regression model was used to determine the contribution of global work autonomy to job satisfactions after the dimensions were entered. Again, this was done separately for both employee groups. The result was that the increments in  $R^2$  due to the addition of global work autonomy after entering the dimensions were not significant in any instance. These results are presented in Table 3.

TABLE 2  
TESTS OF DIFFERENCES BETWEEN  
CORRELATION COEFFICIENTS BETWEEN  
GLOBAL WORK AUTONOMY AND JOB SATISFACTIONS

Job Satisfactions	Group	Pearson r	Fisher's z	Sdz <sup>1</sup>	z <sup>2</sup>
The Work Itself	CMHC	.494	.542	.169	1.04ns
	Chem.	.611	.718		
The Pay	CMHC	.162	1.63	.171	1.47ns
	Chem.	.392	.414		
Opportunities for Promotion	CMHC	.325	.337	.171	2.05*
	Chem.	.597	.687		
The Supervision	CMHC	.390	.412	.169	1.66*
	Chem.	.598	.233		
Co-Worker Relations	CMHC	.434	.465	.169	1.37 ns
	Chem.	.229	.233		

\*  $p < .05$

<sup>1</sup> Standard error of the difference between Fisher's Zs

<sup>2</sup> Standardized z scores with significance levels using  
a two-tailed test

TABLE 3

INCREMENTS IN MULTIPLE COEFFICIENTS OF DETERMINATION  
DUE TO GLOBAL WORK AUTONOMY IN THE PRESENCE OF  
EIGHT SPECIFIC DIMENSIONS OF WORK AUTONOMY

JOB SATIS- FACTION	R <sup>2</sup> with 8 Specific Dimensions	r <sup>2</sup> With Only Global Dimensions	R <sup>2</sup> With All 9 Dimensions	R <sup>2</sup> Incre- ment	F Ratio*
The Work Itself					
CMHC	.468	.244	.488	.020	ns
Chemists	.606	.373	.607	.001	ns
The Pay					
CMHC	.122	.026	.133	.011	ns
Chemists	.359	.154	.393	.034	ns
The Opportunities for Promotions					
CMHC	.315	.106	.319	.004	ns
Chemists	.491	.356	.520	.029	ns
The Supervision					
CMHC	.478	.152	.479	.001	ns
Chemists	.609	.358	.618	.009	ns
The Co-Workers					
CMHC	.281	.188	.312	.031	ns
Chemists	.358	.052	.387	.029	ns

\* The F-Ratio tests the significance of the increment in R<sup>2</sup> due to the addition of Global Work Autonomy to the predictive model.

The sample size for the CMHC respondents was 93; and for the chemist group, it was 60.

## DISCUSSION

Although complaints are commonly heard from community mental health employees about bureaucratic constraints on their work autonomy, this study shows that they actually perceive themselves to have greater autonomy than one professional comparison group from private enterprise. Certainly this evidence is not overwhelming and could be a result of the unique characteristics of the chemical company professionals; but it is one piece of evidence which challenges traditional assumption.

Another finding which adds to this understanding is that both global work autonomy and the specific dimensions of autonomy have a substantially weaker relationship with job satisfactions in the CMHC professional group than in the chemical company professional group. Although substantially stronger than the  $-.02$  correlation between work autonomy and job satisfaction reported by Sarata and Jeppesen (1977), there seems to be some consistent differences between the way that work autonomy affects CMHC professionals and the way it affects private sector professionals. One possibility is that work autonomy is important to both groups, but CMHC employees to a greater extent derive their satisfactions from other sources. This explanation is supported by the stronger pattern in the CMHC group between autonomy and satisfaction with co-workers. Presumably, CMHC professionals are oriented toward interpersonal relationships, while chemical company professionals are more oriented toward the technological procedures and non-human products. Constraints on work autonomy which affect co-worker relations, and one might also speculate about worker-client relations, are more important to the CMHC professionals. This interpretation would speak well for the human orientations of CMHC professionals and their willingness to maintain job satisfaction in the face of organizational constraints.

That participation in decision-making, technological routinization and formalization, which were conceptually considered to be dimensions of work autonomy, are better

predictors of job satisfactions than global work autonomy is not surprising if only because of the greater predictive capacity of three (actually eight) variables than one variable. Yet, that global work autonomy drops out of the predictive model when the dimensions are entered first does suggest that the global concept is less useful than is the dimensional approach. The global approach obscures the reasons for differences between sampled groups, while the dimensional approach allows one to examine the differing contributions of various constraints upon a dependent variable.

One major caution in accepting these results is that the sampled groups are not random and may not be generalizable. Conservatively, the finding of this research should be considered to be initial evidence that there are important differences between CMHC professionals and professionals in industry such that caution should be exercised in generalizing the results of research in business and industry to community mental health programs.

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## APPENDIX

## SUMMARY STATISTICS FOR NEW MEASUREMENT INSTRUMENTS\*

## Scale of Decision Making Influence

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Number of Items: 12	Alpha Reliability: .87
Response Format: 5 Point Likert	Corrected Split-Half: .77
Scale Mean: 3.61	Scale Variance: .435

Evidence of Validity: Accurately discriminated among job levels ( $F(3,159) = 4.6, p < .001$ ), and organizations ( $F(4,159) = 2.4, p < .05$ ).

## Routine Technology Scale

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Number of Items: 8	Alpha Reliability: .77
Response Format: 5 Point Likert	Corrected Split-Half: .73
Scale Mean: 2.59	Scale Variance: 1.213

Evidence of Validity: Accurately predicts associations between global work autonomy ( $r = -.25, P. < .001$ ), decision making influence ( $r = -.29, P. < .001$ ), and satisfaction with work ( $r = -.16, p. < .05$ ). Loads on separate factor from Technology Applicability Scale.

## Technology Applicability Scale

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Number of Items: 2	Alpha Reliability: .52
Response Format: 5 Point Likert	Corrected Split-Half: .52
Scale Mean: 3.83	Scale Variance: .568

Evidence of Validity: Accurately predicts associations between global work autonomy ( $r = .39, p. < .001$ ), decision making influence ( $r = .36, p. < .001$ ), and satisfaction with work ( $r = -.39, p. < .001$ ). Loads on separate factor from the Routine Technology Scale.



## FORMALIZATION INDEX

	Job Codifi- cation	Rule Obser- vation	Rule Manual	Specificity of Job Description	Job Descrip- tion
Number of Items:	5	2	1	6	1
Response Format:	All have 5 item Likert formats				
Scale Mean:	3.03	1.80	2.90	2.78	3.05
Scale Variance:	.489	.391	1.093	.288	1.346
Alpha Reliability:	.77	.75	NA	.47	NA
Corrected Split-Half:	.76	.76	NA	.42	NA
Evidence of Validity:	The scales have construct validity as is evidenced by weak inter-scale correlations.				
Rule Observation:	.01	—			
Rule Manual:	-.23	-.25	—		
Specificity of Job Description:	.11	.12	.00	—	
Job Description:	-.31	.27	.32	.10	—

\* Results from 175 professionals in four Community Mental Health Centers and a chemical plant. Scale items are available from the author.

# SYMPOSIUM ON "PROFESSIONAL ACHIEVEMENT IN SOCIAL WORK"

ROBERT D. LEIGHNINGER, JR.

## INTRODUCTION

This Symposium is an experiment. It is an attempt to have an argument over a piece of controversial research in a way that will clarify both the methodological and ideological issues involved.

The centerpiece of the Symposium is the article by Specht, Britt, and Frost which follows. It was submitted to the *JSSW* and rejected by both reviewers. I knew that the research had already caused a stir at its first conference presentation and I felt it would become a weapon in battles over reform of undergraduate social work education. I heard the work attacked and defended for what seemed to me the wrong reasons. Too often in research, we see only the conclusions and not the assumptions which undergird the research and the methods which lead to the conclusions.

When I saw the reviews, I thought our reviewers had raised some important questions about research methods and politics. Their efforts convinced me that this argument should not be kept out of our pages but waged in a careful way within them. I asked the reviewers to let me overrule their recommendations and to expand on their criticisms. I asked the authors to consider these criticisms and respond.

All readily agreed, though it is beyond the normal call of duty.

While these exchanges were going on, a paper by Fortune, Green and Kolevzon on a related topic appeared and was accepted for publication. The authors agree to allow it to become part of the Symposium. It would have been nice to involve them and their reviewers in the dialogue, but that might have taken another year; so it is included by itself.

It may be too much to hope that a discussion such as this will improve the quality of the struggles over undergraduate education, but this is our intent. We would appreciate your reactions.

# PROFESSIONAL ACHIEVEMENT IN SOCIAL WORK

HARRY SPECHT

DORIS BRITT

University of California, Berkeley

CHARLES FROST

New Mexico State University,  
Las Cruces

*The authors report on a study of the professional achievements of 719 recently graduated California MSWs. Respondents are assigned an achievement score which is an index based on responses to seven questions. The scores of low achievers and high achievers are compared to analyze associations with: validating factors (e.g., salary), personal factors (race and gender), and pre-MSW factors (e.g., undergraduate education).*

There are many different ways by which to improve the quality of professional practice. This may be done on the job by introducing systems of accountability, in-service training, and program evaluation; professional associations utilize licensing, codes of ethics, journals, and courses in continuing education. In professional education, several means are used including systems of accreditation, statements of educational policy, curricula review, and exit examinations. However, an adequate assessment of the value and effectiveness of professional education requires a linkage between what happens to students in professional education and how graduates perform as professionals, both on the job and in other professional activities. Therefore, it is essential that educators examine what becomes of the products of their efforts.

This paper is an analysis of associations between some of the characteristics of students and the extent of their professional achievements in social work. Our analysis is based on

ratings of the professional achievements in social work of 719 MSW graduates of seven California MSW programs<sup>1</sup> between 1977 and 1981.

## EDUCATION AND ACHIEVEMENT

Research on the subject reveals that there is a positive association between education and achievement, but there is not yet clarity as to why and how this occurs.<sup>2</sup>

### Achievement

The most frequently used measure of achievement is economic productivity which is usually based on salaries graduates receive in their first jobs.<sup>3</sup> Other measures of achievement include whether graduates go on to work for advanced degrees, the type and quality of graduate schools they attend, and the prestige of their occupations.<sup>4</sup> Some studies report the use of more subtle (but difficult to measure) qualities such as intelligence, initiative, and responsibility demonstrated by graduates in their professional work.<sup>5</sup> Most studies by social workers on this subject measure achievement during or immediately after the educational experience by using grade point average and performance in field work.<sup>6</sup>

There is a good deal of overlap between the concepts of *achievement* and *leadership*. The latter is frequently measured in terms of communication skills<sup>7</sup> or the degree to which the professional carries supervisory and managerial responsibilities.<sup>8</sup> Karger argues that those professionals who deal with ideas exert a high degree of control over the profession: "Scientific symbols and social work research are used to enforce a division of labor with its attendant status classifications, and those symbols are manipulated to maintain and reproduce both the culture and hierarchy of the social work profession."<sup>9</sup>

### Education

In addition to the completion of a degree, quality of education is measured by such factors as SAT and GRE scores, prestige of the educational institution attended, quality of the

faculty, student-faculty ratio, and library and research expenditures per student.<sup>10</sup>

### Other factors

There appears to be, as Solmon and Taubman state it, "No good explanation of what in particular education does to make a person more productive. . ."<sup>11</sup> The kind of education a person receives and his subsequent achievements are heavily influenced by such factors as family and social class backgrounds<sup>12</sup>, genetic endowment<sup>13</sup>, the prestige of the institution attended<sup>14</sup>, race, sex, urban/rural residence, and regional residence.<sup>15</sup> There does seem to be some agreement, though, that education is a powerful socialization process that significantly affects the ways in which professionals behave in their careers. As Bucher and Stelling put it in their report of a study of students of psychiatry, internal medicine, and biochemistry: "The nature of the outcomes of professional socialization—i.e., the specific professional identity, commitment, and sense of career—is largely determined by the character of the socialization process."<sup>16</sup>

### THE STUDY

In our study of professional leadership we chose to deal with the question of "professional achievement" rather than questions of what professionals *do* (i.e., practice) and *how well* they do it. This choice was made because, first, we do not believe there are suitable instruments to measure the quality of professional social work practice. Second, one of our assumptions is that the characteristic that most distinguishes professionals from others is a capacity to *think* about, *make judgments* about, and *integrate knowledge* in their work. This characteristic is, of course, also difficult to measure. However, it is demonstrated, we believe, when professionals *conceptualize* and *write* about their work, and by the extent to which they *communicate* with and *synthesize knowledge* about practice and programs for others.

We believe that professional achievement emerges over time and cannot be identified at the point of completion of a

degree. Presenting and publishing papers, and holding office in a professional association, for example, are professional activities that most MSWs do not engage in straight away after graduation. More likely, these professional achievements crystalize within five or more years after completion of the MSW. Thus, the population we have studied—MSW graduates of the classes of 1977 to 1981, who were out of school only for from one-to-five years—would be less likely to demonstrate professional achievements than many of their counterparts who had graduated before 1977. We expect, therefore, that the degrees of achievement of these cohorts of graduates will become stronger over time.

That we have dealt only with fairly recent graduates of seven California schools seems to us not to be a significant limitation of the study. That is, social work education in California is not very different from the rest of the country. We believe also that the respondents (Rs) having been in the field for only one-to-five years is not a significant limitation from the perspective of social work education. Educational institutions should be most interested in the achievements of their *recent* graduates because they are the most current representation of the effects of the educational program that is currently in operation. The longer the period of time since graduation the less likely there is to be a relationship between an alumnus's education and the current program of his or her school.

The indicators we use for professional achievement are as follows:

1. Does the R attend conferences?
2. Does the R participate in continuing education programs?
3. Has the R presented one or more papers at a conference?
4. Does the R hold office in a professional association?
5. Is the R's primary professional task concerned with *communication* or with *practice*? (*Communication* tasks are those concerned with supervising, teaching, administering and planning programs, and research; *practice* tasks are concerned with providing counseling, casework, group work, and psychotherapeutic services to clients.)

6. Has the R enrolled in an advanced degree program after completing the MSW?
7. Has the R published one or more papers?

In using these seven indicators of professional achievement, our expectation was that we would, for the most part, find small proportions of all Rs in the high achieving group. However, we believe these small percentages of the professional population are significant because they represent the intellectual, political, and administrative leadership of the profession.

We began our research with a pilot study of 74 MSW graduates of the University of California, Berkeley, School of Social Welfare. The pilot study permitted us to test and then refine the questionnaire used for the larger study. Results of the pilot study indicated that the measures we were using allowed us to discriminate among Rs.

For the larger study reported here, questionnaires were sent to 2579 MSW graduates of the five years, 1977 through 1981, from the seven public universities in California that offer the MSW. The questionnaire was sent from the school from which the R had graduated, with a cover letter from the dean of that school. Attempts were made to find correct addresses for the 271 letters returned because of incorrect addresses, including a cross-check with NASW's mailing list and an ad placed in the California NASW *Newsletter* which asked missing Rs to contact us.

A total of 790 questionnaires were returned, 71 of which were not usable. Thus, we had 719 usable responses. Our response rate is difficult to figure because we have no way of knowing how many of the questionnaires actually reached the addressees. We can say that we have responses from approximately 26 percent of those who received MSWs from the seven schools between 1977 and 1981; 31 percent of the questionnaires sent were returned.

In our response group we find approximately the same proportions of men and women (28 percent and 72 percent) as in the graduating classes of the California schools and MSW graduates nationwide in 1977-81. The distribution of



ethnic minorities is approximately the same among the group of Rs as among the MSW graduates of the California schools. And, as expected, the return rate decreases with each year since graduation. This occurs because, over time, the schools tend to lose contact with their alumni. Thus, our R group is heavily weighted toward recent graduates.<sup>17</sup>

The questionnaire included questions that covered the seven measures of professional achievement described above as well as descriptive information on year of graduation, schools attended, degrees, age, gender, employment, salary, licenses attained, time elapsed between graduation and first job, and amount of full-time work experience prior to the MSW. Rs were also asked questions about the use and relevance of their graduate education.

### The Achievement Index

Each of the 719 Rs was given an overall achievement score by combining the ratings they received on the seven measures (we indicate in parentheses the number of points that could be achieved on each measure): conference attendance (0, 1, 2); enrolled in continuing education (0, 1, 2); presented a paper at a conference (0, 4); holds office in a professional association (0, 4); performs primarily knowledge-communicating tasks on job (0, 4); enrolled in a degree program after MSW (0, 7); published one or more papers (0, 4, 8). The ratings give varying weights to a different kinds of achievement (e.g., presentation at a conference is assigned more points than attendance at a conference).

Respondent's overall achievement scores ranged from 0 to 31. One hundred forty Rs (19.5%) with scores of 0 and 1 were identified as "low achievers"; one hundred fourteen Rs (15.9%) with scores of 8 to 31 were identified as "high achievers." Most of the Rs (435, 60.5%) fell into the group of "middle achievers."

In our analysis we deal primarily with the 140 low achievers and 114 high achievers. We chose to focus on the extreme groups because we believe that these are the two groups about whom educators should be most concerned;

that is, it is important that schools of social work develop educational policies that will reduce the proportion of potential low achievers enrolled and increase the proportion of potential high achievers.

## THE FINDINGS

We have organized the findings of the study in three categories: 1. validating factors; 2. personal factors; and 3. factors related to pre-MSW education, pre-MSW job experience, and Rs' perceptions of the utility of their MSW education.

### Validating Factors

The findings provide some external validation of our index of professional achievement. As can be seen in Table 1, all of the percentage differences and gammas are in the direction supporting the proposition that high achievers receive recognition from employers and colleagues. Four of the six associations are statistically significant below the 5 percent level. High achievers are more likely than low achievers to be employed immediately after receiving the MSW. High achieving Rs were more likely than low achieving Rs to be currently employed (n.s.), and to be earning higher salaries. High achieving Rs are more likely to have "fit" between the major professional tasks they perform in their jobs and the kinds of tasks they consider most important. More high achieving Rs had received some kind of license. And more high achieving Rs reported that they were members of the National Association of Social Workers (n.s.).

### Personal Characteristics

The two personal characteristics of Rs we have examined are race and gender. As can be noted in Table 2, neither of these characteristics are associated with professional achievement. Percentages of Caucasians and percentages of males among low and high achievers are approximately equal.

Interestingly, though, minority Rs are over-represented

TABLE 1  
ASSOCIATIONS BETWEEN RESPONDENTS' (Rs')  
PROFESSIONAL ACHIEVEMENTS AND  
COLLEGIAL/EMPLOYER RECOGNITION

	Low Achievers	High Achievers	Significance Level	Gamma
1 R was employed immediately after receiving MSW (i.e., no time elapsed between graduation and first job)	36.4%	54.1%	p < .005	.32
2 R was currently employed at time of the survey	87.5%	92. %	n.s.	.25
3 R's salary was \$19,000 or more per annum	48.6%	71.9%	p < .0002	.46
4 There was "fit" between R's primary task & perception of "most important" task	46.4%	59.7%	p < .035	.26
5 R had received a license	7.1%	29. %	p < .0001	.65
6 R is a member of NASW	57.3%	61.7%	n.s.	.09

in *both* the high and low achieving groups. That is, as can be seen in Table 3, the percentages of minorities who are both low achievers and high achievers are higher than the corresponding percentages for Caucasians.

This apparent contradiction can probably be understood as an "affirmative action effect." Schools of social work have made extraordinary efforts to recruit minority students by various means, such as special stipends and outreach recruitment. In addition, schools often admit minority students

whom they perceive to be less well prepared for graduate education than is desirable. It should come as no surprise, then, that more than a proportional number of minority graduates will appear in the low achieving group. However, it is also very likely the case that well-qualified minority students have better than average chances to advance to leadership positions in the profession. Thus, we think this finding illustrates both some of the costs and some of the benefits of affirmative action in recruiting minorities for the profession.

### Pre-MSW Education, Pre-MSW Job Experience, and Perceptions of Education

As can be seen in Table 4, high achievers are more likely to have had pre-MSW social work job experience (64.9%) than low achievers (55.2%), but this difference is not significant.

The gamma of .2 is very low and provides only weak support for the assumption usually made in admissions to MSW programs that pre-MSW social work job experience is desirable. The other four associations are statistically significant and the gammas are quite high, ranging from .48 to .69. High achievers are more likely than low achievers to have attended a University of California (U.C.) School than a State University (S.U.) School\*; they are more likely than low achievers to have a BA rather than a BSW; and high achievers are more likely than low achievers to consider the MSW educations relevant in their current work and to be working in the area of specialization they followed in the MSW studies.

\* University of California (U.C.) refers to the schools at University of California, Los Angeles, and University of California, Berkeley. (S.U.) refers to the schools at Fresno, Sacramento, San Diego, San Francisco, and San Jose. In California, the U.C. schools are considered to be the research-oriented schools. They each have doctoral programs. The S.U. schools are more practice oriented and do not offer doctoral programs.

TABLE 2

ASSOCIATIONS BETWEEN RESPONDENTS' (Rs')  
PROFESSIONAL ACHIEVEMENT AND RACE AND GENDER

	Loc Achievers	High Achievers	Significance Level	Gamma
R is Caucasian	67.1%	66.7%	n.s.	.01
R is Male	30.7%	33.6%	n.s.	.07

TABLE 3

RESPONDENTS' ETHNICITY & ACHIEVEMENT  
LEVELS (IN PERCENTAGES)

Respondents' Ethnicity

Caucasian		Minority
Achievement Level		
Low	17.3	26.0
Medium	67.3	50.8
High	15.3	23.2
	99.9%	100%

gamma .08      (n = 542)      (n = 177)      p < .0004

TABLE 4

ASSOCIATIONS BETWEEN RESPONDENTS' (Rs') PROFESSIONAL  
ACHIEVEMENTS AND PRE-MSW EDUCATION,  
PRE-MSW EXPERIENCE, AND PERCEPTIONS OF EDUCATION

	Low Achievers	High Achievers	Significance Level	Gamma
R had pre-MSW work experience	55.2%	64.9%	n.s.	.20
R received MSW from University of California (rather than State University)	27.9%	52.6%	p < .001	.48
R had a BA degree (rather than a BSW)	73.6%	93.9%	p < .0001	.69
R considered MSW education relevant in current employment	77.9%	93. %	p < .001	.58
R worked in area of specialization followed in graduate school	71.3%	92. %	p < .0001	.65

### Discussion

We found no significant associations in respect to whether Rs were employed in urban or rural areas and in public, voluntary, or private agencies. Moreover, we found that as we controlled the associations in Tables 1, 2, and 4 for intervening variables (e.g., year of graduation, age) the findings appeared to hold. For example, Rs who have been out of school longer are more likely to be high achievers. But when we examined each of the five cohorts of graduates for the years 1977 to 1981 separately, the associations reported above did not change appreciably. Thus, the findings provide some external validation for the achievement scale and allow

us to reject race and gender as major factors in accounting for differences in achievement.

The antecedent variables of pre-MSW education (i.e., BA vs. BSW, and whether they attended U.C. or S.U.), Rs' perceptions of the relevance of their MSW education, and whether they work in their area of specialization appear to be the set of factors most strongly associated with degree of professional achievement.

The interaction of these four variables is less clear than the others. We have discussed the differences in professional achievement between MSWs who have either a BA or a BSW in a separate paper.<sup>18</sup> (In that paper, we overlooked Berengarten's significant 1964 study of admissions predictions and student performance. Berengarten found that the performance of MSW students who had been liberal arts majors in the humanities (e.g., English, history, and philosophy) was significantly higher than had been predicted by the ratings the students had been given in the admissions review of their potential for success. Berengarten's findings led him to conclude that graduate social work education should put more effort into recruiting students who do their major undergraduate work in the humanities.<sup>19</sup>) However, undergraduate degree is strongly related to the differences in the percentages of high- and low-achieving Rs who received their MSWs at either U.C. or at S.U. That is, only 8 percent of all the U.C. lows and highs were BSWs whereas 23 percent of all the S.U. lows and highs were BSW. (In the total population of Rs, 9 percent of U.C. Rs were BSWs and 30 percent of S.U. Rs were BSWs.) Thus the S.U. had almost three times as many BSW students as U.C. It is very likely that one of the reasons for this imbalance is the fact that all five S.U. schools and neither of the U.C. schools offer the BSW degree; and all of the S.U. schools offer advanced standing in the MSW program to holders of the BSW while the U.C. schools do not.

We analyzed the five variables in Table 4 in a multiple regression, and the results were inconclusive. School attended (i.e., U.C. or S.U.) and undergraduate degree (i.e.,

BA or BSW) account for a little more than 16 percent of the variance ( $< .02$ ). The school attended is the stronger of the two predictors. Thus, these two factors are highly confounded, which is not surprising in light of the higher proportions of BSWs attending the S.U. schools.

The findings of the study suggest that there are two factors to which graduate schools of social work should give close attention. First, some of us in social work education may have mistakenly assumed that pre-MSW work experience is a better screening mechanism for potential achievers than it actually is. If that is so, the adage "practice makes perfect" should be counter-balanced with the adage "practice makes permanent." While work experience may provide some applicants with knowledge about the profession, it may instill in just as many others a limited and fixed view of what the profession is. Our findings suggest that this assumption should be re-evaluated.

Second, the findings of this study provide evidence that undergraduate preparation is strongly associated with professional achievement. The influence of undergraduate preparation appears to be a combination of both the kind of undergraduate degree held and the school attended. However, the nature of our data is such that we are unable to clarify this relationship. Whatever it is, though, the finding should give social work educators at both the BSW and MSW levels cause to scrutinize the quality of the undergraduate education of applicants to graduate schools.

We expect that some educators will not agree with our way of measuring professional achievement. Others will assert that what we have measured is only *a part* of that elusive quality. We would not disagree with the latter view, and would welcome further research on the other parts. But for the moment, we believe that what we have measured is of significance to the profession, for we must be concerned with identifying, recruiting, and educating professionals who can achieve in the areas that we have studied.

Of course, concern for quality in education should be, in itself, reason enough to search for means to improve the out-



comes of our efforts. But, if that is insufficient motivation, there is no dearth of other reasons why social work educators should be anxious to improve the quality of social work education. Applications and admissions to schools have dropped dramatically; graduates are finding it increasingly difficult to find employment. Government and the public, for the most part, are unsupportive and hostile toward social work and the social services. As colleges and universities throughout the country attempt to grapple with the financial problems they are confronting, social work programs will be among the most vulnerable targets. It is essential, therefore, that we continue to search for means by which to increase the proportion of our graduates who will be able to provide leadership to the profession and the community.

## NOTES

1. The schools are: U.C. Berkeley, U.C.L.A.; and the California State Universities at Fresno, Sacramento, San Diego, San Francisco, and San Jose.
2. Lewis C. Solmon and Paul J. Taubman (eds.), *Does College Matter? Some Evidence of the Impacts of Higher Education*. (New York, Academic Press, 1973).
3. A. Westoby, D. Webster, and G. Williams, *Social Scientists at Work* (Guildford, Surrey, England: Society for Research into Higher Education, 1973).
4. James W. Henson, *Institutional Excellence and Student Achievement: A Study of College Quality and Its Impact on Educational and Career Achievement* (Doctoral dissertation, University of California at Los Angeles, 1980).
5. Ralph J. Stogdill, "Personal Factors Associated with Leadership: A Survey of the Literature," C.G. Browne and Thomas S. Cohen (eds.), *The Study of Leadership* (Danville, Ill.: Interstate Printers and Publishers, Inc., 1958).
6. For examples, see Sidney Berengarten, *Admissions Predictions and Student Performance in Social Work Education* (New York: Council on Social Work Education, 1964); Walter H. Bailey, *A Comparison of Performance Levels Between BA and BSW Social Workers* (Dissertation, Catholic University, 1979); Thomas Walz and Gretchen Buran, "Graduate School Performance of the Undergraduate Social Work Major," *Social Work Education Report* 16:3 (September 1968); and Cordelia Cox, "Performance of Undergraduate Social Welfare Majors in Graduate Schools

- of Social Work," *Social Work Education Reporter* 13:2 (June 1965).
7. F.J. Roethlisberger, "The Administrator's Skill: Communication," in Browne and Cohen (#5 above).
  8. Michael J. Austin, *Professionals and Paraprofessionals*, (New York: Human Sciences Press, 1978).
  9. Jacob H. Karger, "Science, Research, and Social Work: Who Controls the Profession?" *Social Work* 28:3 (May 1983), p. 202. Also see Allen Rubin and Aaron Rosenblatt (ed.), *Sourcebook on Research Utilization* (New York: Council on Social Work Education, 1979); and Aaron Rosen and Elizabeth Nutschler, "Social Work Students' and Practitioners' Orientation to Research," *Journal of Education for Social Work* 18:3 (Fall 1982), pp. 62-68.
  10. Henson (#4 above).
  11. Solmon and Taubman (#2 above), p. 3.
  12. Kenneth J. Arrow, "Higher Education as a Filter," *Journal of Public Economics* 2:3 (July 1973), pp. 38-45; also see Mark Blaug, *The Economics of Education: A Selected Annotated Bibliography* (New York: Pergamon Press, 1978); and Solmon and Taubman (#4 above).
  13. Dael Wolfe, "To What Extent Do Monetary Returns to Education Vary with Family Background, Mental Ability, and School Quality?" in Solmon and Taubman (#4 above); S. Bridgeman, "Problems in Estimating the Monetary Value of College Education," S.E. Harris (ed.), *Higher Education in the U.S.A.: The Economic Problems* (Cambridge, Mass.: Harvard University Press, 1960).
  14. Lewis C. Solmon, "The Definition and Impact of School Quality," Solmon and Taubman (#2 above).
  15. R.L. Lassiter, Jr., *The Association of Income and Educational Achievement* (Gainesville, Fla.: University of Florida Press, 1966); and C.A. Anderson, "Regional and Racial Differences in Relation Between Income and Education," *School Review* (January 1955), pp. 38-45.
  16. Rue Bucher and Joan G. Stelling, *Becoming Professional* (Beverly Hills, Calif.: Sage, 1977), p. 20.
  17. Of questionnaires returned, the proportions by years of graduation are 1977 - 13%; 1973 - 14%; 1979 - 16%; 1980 - 26%; 1981 - 31%.
  18. "Undergraduate Education and Professional Achievement of M.S.W.s," *Social Work* 29:3 (May/June, 1984), pp. 219-224.
  19. Berengarten (#6 above).



## COMMENT ON "PROFESSIONAL ACHIEVEMENT" IN SOCIAL WORK

HARRIS CHAIKLIN

University of Maryland  
School of Social Work

Anything which would help explain professional achievement in social work would be an important contribution to knowledge. In the present instance poor conceptualization and weak data analyses do not support such a conclusion.

The conceptualization of achievement is defective. No theoretical basis is provided for item selection or interpretation. Blumer (1956:689-690) has pointed to the need for such a standard if social science data are to be useful.

Starting in reverse order, the item given the greatest weight is publishing a paper. One could be a high achiever by publishing two papers within five years of graduation. What are the chances of publishing even one paper? There are about 1,000 papers published each year in front-line social work journals. There are about another 3,000 papers published in lesser social work journals and non-social work journals. Using the 100,000 membership of NASW as a standard and cumulating the chances over five years the chances are one in five that a social worker can publish an article in a five year period. This is a generous estimate since less than half of all MSW's belong to NASW. Over half of all social work publication is by faculty members and by non-social workers. The chances for newly minted MSW's to publish

even one article within five years of graduation are less than 1 percent.

The next factor is to have enrolled in an advanced degree program beyond the MSW. The weight given to this is only one point short of high achievement. What are the chances of this happening? The latest listing of doctoral dissertations in *Social Work Research and Abstracts* (1984) contains 184 entries. Taking account of the long period in the pipeline and the fact that some social workers go into other degree programs, even at the master's level, in any given year there are probably five thousand MSW social workers seriously studying for a graduate degree. The chances of a social worker entering a graduate program for another degree after the MSW are less than one in twenty.

Entering a graduate program is a matter of interest and not difficulty. That can hardly be called an achievement. The terminal degree for the profession is still the master's degree. It is not going to change in the near term even though this may be desirable.

The next characteristic is the strangest of all. One can get half-way to being a high achiever by not engaging in direct practice. There is no reward for being a practitioner. This is sidestepped by saying that another measure is needed to reflect achievement in practice. Social work is a practice profession. To develop any measure of achievement which does not include direct practice as an option places the practitioner in a secondary position. Thus, this component of achievement is denied to anyone who wants a career as a practitioner. This is a deft way of cutting the heart out of the profession and recasting it in a planning-administration format.

The next criterion, holding office in a professional association, could be amusing if it didn't hold such ominous portent for the future of the profession. As with getting out of practice, one can get half-way to achievement by serving as an officer in a professional association. At all levels of NASW, which would be the chief arena for service, it is difficult to get people even willing to run for office. There is no

evidence that the most distinguished people in the field have run for top positions. In addition, NASW follows such a strict pattern of sexual and racial quotas that even the opportunity to run is denied to many in the organization. The chances of being able to serve as an officer in a social work organization are somewhat higher than for publication but still well below 5 percent. As with entering a graduate program, this factor is more a matter of interest than achievement. There remains the problem of how to make holding office an achievement and an honor.

The next characteristic is presenting a paper at a conference. This also allows one to get half-way to achievement with a single occurrence. It is much easier to present a paper than it is to get it published. In an era of declining attendance, at many conferences papers are even accepted as a way to guarantee participation. Writing papers is not the diversion of choice for most social workers. It is probable that not more than one social worker in ten presents a paper in a five year period. This is a generous estimate.

That leaves the two final criteria, attending conferences and participating in continuing education. Here one would have to do both of these more than once to get half-way to achievement. Both of these activities are highly accessible to any social worker who wants them. There are numerous opportunities to participate. A most generous estimate would be that 20 percent of all social workers participate in one of these activities in a five year period. This too is a matter of interest rather than earned position.

In sum, what Specht calls achievement is made up of things available to few social workers or things that are a simple matter of interest. The definition negates the importance of practice. Who would propose such a definition? Why the Dean of one of the select schools of the United States. Select schools attract large numbers of students who intend to go on for advanced degrees and who participate in the intellectual activities which would give them a good chance of being achievers with this measure. These are the places where the books and papers are written. The "top"

schools are influential in social work education but in recent years they have not contributed much to practice, especially casework practice. Casework is the method of most social workers.

Using these criteria the major way one not pointed toward an academic career could be marked as an achiever would be to be a supervisor who went to a lot of meetings and took continuing education courses. This is an estimate since no information is provided on the achievement components' frequency distribution. Specht, having created the world in his own image, has decided that it is truly beautiful.

In making this analysis, the technical quality of the research is accepted as given. The sample is poor, the rate of return is low, gamma is not a particularly powerful statistic, and there are a variety of other elementary sins. There is one technical issue which should be discussed; that is the question of whether it was legitimate to exclude the middle of the data. The principle of the excluded middle is a fundamental law of logic. It states that something is either something or it is not something; that one is either an achiever or is not an achiever.

Cohen and Nagel (1934:184-185) point out that when the middle is excluded it must meet criteria for withstanding logical objections. Given the known social differences between those who go to California State Colleges and those who go to California Universities, the contrast can be challenged. Time may even out the differences. There is ambiguity about achievements' meaning so there is a distinct possibility that the contrast proposed is meaningless. The middle data should not have been excluded.

The statistical differences between the two groups are not surprising. The University and the State College tend to draw from different populations: the former middle class and the latter upwardly mobile. I have some questions about the meaning of the data and the pattern of the differences but they are peripheral to the central point of this critique.

This brings me to the conclusions, which I support. While the data do not bear on the utility of prior experience

in social work education, it is true that there is no convincing evidence that prior experience is related to the quality of learning or future social work practice. In social work education prior experience is valued by agencies because either the students are familiar with the forms used in the agency or they are geared up to learn a new set of procedures easily. Alas, all too often field instruction begins and ends with being able to do the reports. Prior experience is a convenience to the school and the agency.

It is possible to design a study to test the utility of prior experience; but I wonder if it is worth it. It certainly won't contribute much to knowledge unless it is conceptualized, but it may be necessary to do it to put to rest all those requests by faculty members to get more mature and experienced students. In this world one can be age 19 and a second lieutenant in the infantry, but not considered mature enough for a first year casework placement.

The second conclusion is that the better the undergraduate preparation the more likely one is to achieve. In the context of this paper this should be restated: in California, the better the undergraduate preparation the more likely one is to go to a school of social work at a University than at a State College. There is no problem with the proposition but there is a problem with the state of social work education. It needs a Flexner report. Many years ago Myerson (1969) noted the importance of social work educators coming to some agreement about what the content of undergraduate social work education should be. In the absence of this it remains true that if one picked social work students on the basis of SAT scores alone they would probably do better than with any other combination of devices.

Just by looking at course outline content it is not possible to distinguish between BSW and MSW courses. The average textbook will claim in the introduction that it is suitable for graduate and undergraduate courses. It may be possible to demonstrate that the MSW is superior to the BSW in knowledge and skill, but it is not clear that this is true.

While Specht accepts the superiority of the MSW, one



doesn't have to look far for contrary estimates. Surveying the same California system Kraft (1982:27-38) concluded that the MSW curriculum was filled with fat and bilgewater and that reforms are needed in MSW education. Like the old Scotch verdict "not proven", the impact of the BSW on later achievement is not proven.

The profession is not clear about the meaning of the BA. NASW allows full membership to both categories. Social work may be the only profession with two terminal degrees. The field is clear. BSW's work at lower job classification grades for lesser salaries. They understand what achieved status means.

As it is, the question of the BA may be moot in a few years. The number of graduates has declined by about one-third since the inception of accreditation. The issue of the BA in social work should not hide the continuing need to bring greater attention to the nature and quality of undergraduate social work preparation. The better that preparation, no matter what the degree, the more hope there is for the profession. It is time to find out what constitutes that preparation.

In the last analysis this paper is true to its aims; it is an effort to show some accountability for social work education. Where it failed was in developing ideas that were relevant to education. What it did was demonstrate something that it didn't set out to do and which many social work educators, given their commitment to leveling, may find difficult to accept. Social class still makes a difference and if you are able to get to a high status school it improves your life chances. Given the flank attacks by Kraft and others I wonder what the leading schools could do to set a practice standard that would help the lower status schools educate their students so that practice was improved. This is something that medical education has done. Is there anything about the elitism of the "leading" schools in social work that prevents them from doing this? Or is it their political stance? Ignorance, after all, is a curable disease.

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## A RESPONSE TO "PROFESSIONAL ACHIEVEMENT IN SOCIAL WORK"

TIMOTHY W. LAUSE  
Wichita State University

This paper raises several interesting issues for policy and research in the field of social work education. Nonetheless, serious shortcomings undermine its analysis of background factors to professional achievement. Even if one suspends critical assessments of the study's rationale and of its central index, the evidence presented here seems far more ambiguous than acknowledged. The quality of data is the primary subject of these comments. For purposes of this symposium, however, it seems appropriate to preface them with a few questions.

The authors provide a direct but undeveloped explanation for the main comparisons of their analysis. Why focus on the extreme groups of high and low achievers? They advise, ". . . it is important that schools of social work develop educational policies that will reduce the proportion of potential low achievers enrolled and increase the proportion of potential high achievers." Does this refer to the whole of MSW education?

If so, the notion of shifting proportions in that manner greatly exaggerates the likely importance of education and aptitudes to overall levels of achievement, whether higher student potential is selected by admissions or developed through curricula. Market forces, not known to be particularly amenable to the plans of professional education, shape

the wholesale structure of opportunity for high and other levels of achievement. Would an inadequate pool of graduates with high potential be cited as one of the significant factors restraining the proportion of graduates attaining high levels of achievement? Of course, individual schools might accomplish some expansion in their share of "high achieving" graduates, at least as defined by the terms of this study's index. However, I have the impression that the whole of MSW education served as the authors' frame of reference throughout the paper.

It is important to be explicit in describing the study's model of high achievement. Theoretically, the index provides a broad gauge of the extent to which social workers communicate with and synthesize knowledge about practice and programs for others. The substance of that index, however, suggests that the idea of "scholarly role achievement" may be a more accurate characterization of the analysis than the concept of general achievement in social work. While the authors caution against confusing the concept of achievement with questions about what graduates do or how well they do it, the leading indicators of this index are hardly far removed from the criteria used in appointments and evaluations of university faculty. Publication occupies top rank. About two-thirds of all index points are accounted for by the combination of publication, papers at professional conferences, and enrollment in post-MSW degree programs. The archetype "high achiever" is in all likelihood a member of a university faculty, given the similarities between the sanctions and incentives of that setting and these indicators of achievement. In contrast, the index affords little regard for the initiatives of practitioners who use a generalist approach to direct service positions. Clearly, a worker engaged in substantial direct client services would not be a candidate for the model of "high achievement." The latter may assume leadership in neighborhood or civic organizations, initiate broader attention to unmet needs, and function as an essential catalyst for self-help groups or community action but still not be recognized by even a token of index points. Although such activi-

ties involve "communication with and synthesizing knowledge about practice and programs for others," the index appears to include only indicators which are more widely recognized within traditional university circles. If such demonstrations of achievement by direct service workers are excluded because they are judged as normal professional expectations in many direct service positions, the logic should also apply to the leading achievement indicators which are part of the normal expectations of a faculty role. The issue here is not that the accomplishments included in the index are lacking in importance to social work. However, the narrowness of the "achievement index" seems pronounced and consequential to the interpretation of these results.

The near preoccupation of the index with accomplishments in scholarly roles, and to a lesser extent in managerial ones, does not inspire much confidence in efforts to relate these research conclusions to social work's ability to provide "needed leadership" in the arenas of social welfare. If that model of achievement became the general priority of educational reforms at the MSW level, the consequences for such leadership would seem to be more problematic than a given article of faith. Would new legions of "experts" in academic and bureaucratic contexts necessarily translate into a more assertive or effective leadership in social welfare issues? Since the basic political climate seems prone to fits of hostility towards social programs and special populations, the profession might be ill-advised to virtually equate such cohorts with the various forms of leadership demanded by recent challenges to social welfare in all fields of practice.

Confidence in these results is undermined by several sample shortcomings, some of which are compounded by the index's emphasis on scholarly dimensions of achievement. With a response rate of about one in four all references to statistical significance seem dubious, particularly in relation to undergraduate degree (BA vs BSW) and auspice of the MSW (top tier-University of California vs second tier-State Universities). While one in three of the quarter who responded fell into the "extreme" high and low achieving

groups, the sample provided a mere handful of cases who earned their MSW from a top tier institution and had a BSW as undergraduate preparation. The sample was not adequate for even the most elementary control of possible spurious relations in comparisons of these two background factors. The explanation offered seems reasonable. BSW programs are found only in institutions of the second tier in the system of this particular state. Those who select professional identification at the undergraduate level may tend to earn their graduate degree from the same institution. Remembering the index's emphasis on scholarly achievements, the lack of an adequate sample in the UC-BSW category poses more than a minor inconvenience.

The particular division of institutional roles in this state argues against ready generalization to other regions. While claiming in their introduction that "social work education in California is not very different from the rest of the country," many state systems include the BSW within their top tier of universities. The authors' own interpretation of results suggest that this point of comparison is more important than any similarities which might exist between this sample and national norms of sex or race ratios. Nonetheless, the analysis proceeds as if there is no special hazard in generalizing to other states on the slightly favorable comparison of BA background to the BSW. Future studies may indeed support the conclusion that this difference in undergraduate background has effects independent of the status of the MSW granting institution, if achievement in social work is defined as it is in this study. Indeed, it is somewhat surprising that only sixteen percent of the overall variance in achievement could be attributed to the study's two principle background factors in the regression analysis. Institutions of the top tier have doctoral programs, entry into which would be a major demonstration of achievement. The same universities include outlets for publication and their alumni would seem to enjoy some advantages in terms of entry into faculty employment given the research emphasis and general status of their institutions. In general, this study's data appear to

sustain only a more narrow account of findings and a much more modest assessment of their implications for the profession.

## REJOINDER

HARRY SPECHT

The comments by Chaiklin and Lause are representative of the sort of scholarly, but sterile and despairing, criticism that pervades social work education today. They have many technical complaints about the Specht-Britt-Frost paper: the conceptualization of the variables is defective; the response rate is too low; the sample is poor; the weightings are inappropriate; gamma is not a sufficiently powerful measure of correlation; and so forth. I have responded to most of these issues elsewhere, (1) so I will address only two here.

First, in our paper we focused the analysis on only the high and low achievers, leaving out the middle group. Both Chaiklin and Lause object to this for reasons that are not clear. For instance, Lause first quotes our reason for making this choice: "It is important that schools of social work develop educational policies that will reduce the proportion of potential low achievers and increase the proportion of potential high achievers." (That sounds just as sensible as when we first wrote it.) Then Lause asks, "Does this refer to the whole of social work education?" Well of course it does. But why does he ask? Because he believes that "market forces" shape "the wholesale structure of opportunity for high and other levels of achievement." As near as I can figure, he means to say that social work educators have no capacity to give leadership and direction to their own enterprise; so why bother to determine the factors associated with degrees of achievement? How sad; and how embarrassing it is to have this belief in one's incapacity to determine and implement objectives acknowledged publicly. If it is widely held, that sense of incapacity will not serve the interests of social work education very well; for, surely, the public has the right to expect more from its educational leaders.



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First, in our paper we focused the analysis on only the high and low achievers, leaving out the middle group. Both Chaiklin and Lause object to this for reasons that are not clear. For instance, Lause first quotes our reason for making this choice: "It is important that schools of social work develop educational policies that will reduce the proportion of potential low achievers and increase the proportion of potential high achievers." (That sounds just as sensible as when we first wrote it.) Then Lause asks, "Does this refer to the whole of social work education?" Well of course it does. But why does he ask? Because he believes that "market forces" shape "the wholesale structure of opportunity for high and other levels of achievement." As near as I can figure, he means to say that social work educators have no capacity to give leadership and direction to their own enterprise; so why bother to determine the factors associated with degrees of achievement? How sad; and how embarrassing it is to have this belief in one's incapacity to determine and implement objectives acknowledged publicly. If it is widely held, that sense of incapacity will not serve the interests of social work education very well; for, surely, the public has the right to expect more from its educational leaders.

But we have wandered, along with Lause, from the issue of splitting the sample, so let us return. Chaiklin, too, objects to our focusing on the extremes. To do this, he says, requires "logical consistency". Okay. Then he says, "time may even out the differences". Is that logical? It's as logical as any other aimless stab at the future you can make by using your crystal ball. Differences may even out also because of continuing education, supervision, and attrition due to aging, death, illness, accidents, war and what not. This kind of clairvoyance is fun, but not logical. And despite all those maybe's about the future, there are no maybe's about the differences we found in the present, and those differences merit explanation. You can do all the technical nitpicking you want, but we used *seven* measures of achievement; all seven measures support our hypothesis. We used *six* validating measures; all six support our hypothesis. The consistency of these findings in respect to a significant dimension of professional performance should merit a more substantial response to the questions we raise about the quality of BSW education.

This brings us to the second issue, which is a more serious one. The major thrust of Chaiklin and Lause's criticism is directed at the indicators we used to construct the index of professional achievement. They believe that the items in the index are too scholarly, intellectual, and knowledge oriented, and too concerned with participation in educational and professional activities. They would prefer an index based on indicators of practice competence.

Chaiklin and Lause, Specht, Britt, and Frost, and the entire field of social work yearn for measures of practice competence. It will certainly advance social work education and social work practice when we have them. But we don't, nor is there any sign that we will in the near future. Therefore, we selected a set of measures that, broadly, indicate the extent to which MSWs have "a capacity to think about, make judgements about, and integrate knowledge in their work" which is demonstrated when they "conceptualize and write about their . . . and communicate with and synthesize

knowledge about practice and programs for others." Now, why do Chaiklin and Lause feel so strongly that these kinds of activities are good measures for educators but fail to tap an essential dimension of professional achievement? There is in their comments a mixture of elitism (i.e., thinking and conceptualizing are, properly, best left to the professoriate), and of anti-intellectualism about practice. Apparently, they believe that practice of high quality is something that occurs apart from knowledge, critical thought, and use of theory. I don't. Is that because I am, as Chaiklin so generously says, "Dean of one of the select schools of the United States?" I don't think so. My observations of graduates of a large number of schools is that the best practitioners of all varieties (e.g. generalists, therapists, group workers, community organizers) are eager to learn about new ideas, to discuss and debate their own ideas, and to have an impact on their profession.

Chaiklin and Lause feel called upon to defend an imaginary practitioner. This imaginary practitioner is doing excellent work. However, the practitioner is so busy and overworked, and so poorly paid by an agency that lacks resources that it is not possible for him/her to join the professional association, or to attend a continuing education class or conference. This excellent practitioner is so dedicated to serving clients that there is no time to write about or discuss the excellent work being done and he/she refuses to take responsibility for supervising or teaching others or planning and developing programs. Unfortunately, no one is likely ever to know about, nor is the profession likely to benefit from, the excellence of this practitioner's work because there will be no evidence of it in any record, or in a paper, or a presentation at a professional meeting.

But wait! Perhaps hope lies in the use of Chaiklin's principle of "logical consistency". Maybe, "over time", the many clients who benefit from this excellent work will spread the news by word of mouth and the whole world will come to know of the benefits of excellent practice; or maybe, "over time", other professionals will be inspired by their associa-

tion with this excellent worker and it will lead to a complete revision of social work practice. Maybe, But don't hold your breath.

It is curious that the centrality to practice of knowledge is so readily dismissed as "just scholarship" and something that is relevant to academics but not practitioners. What is the purpose of all those courses we require students to take, of all of the papers they write, and the examinations they take? Are our professional associations, journals, newsletters, books and conferences *not* essential elements of the profession? If so, then social work education is a hoax.

Chaiklin does say that the profession, and especially the BSW, are hoaxy. But what does he propose? First, he shares Lause's view that "market forces" are likely to quash the BSW. He also thinks that social work education needs a "Flexner report".

The latter idea is not a bad one. Abraham Flexner was the most influential analyst of American higher education in this century. He wrote several reports on, among other things, general education and medical school education. Interestingly, in 1915, Flexner wrote a paper on social work education: "Is Social Work a Profession?"<sup>2</sup> It is a brilliant piece of work and no less relevant to social work education today than it was over seventy years ago. Flexner said that the first mark of a profession is that

the activities involved are essentially intellectual in character . . . The real character of the activity is the thinking process. A free, resourceful, and unhampered intelligence applied to problems and seeking to understand and master them – that is in the first instance characteristic of a profession. . . . The intellectual character of professional activity involves working up of ideas into practice, involves the derivation of raw material from one realm or another of the learned world. . . . [Professionals] need to resort to the laboratory and the seminar for a constantly fresh supply of facts; and it is the steady stream of ideas, emanating from these sources, which keeps professions from degenerating into mere routine, from losing their intellectual and responsible character.<sup>3</sup>

Perhaps we do need a Flexner report on social work education. But first we ought to agree on some fundamental principles about professionalism.

## NOTES

1. Harry Specht, et. al., "Undergraduate Education of MSWs", Points and Viewpoints, *Social Work* (November–December 1984) pp. 555–560.
2. Abraham Flexner, "Is Social Work a Profession?", *Proceedings of the National Conference on Charities and Corrections*, 1915. Columbia University Press, 1915.
3. Ibid., pp. 578–9.



# IN SEARCH OF THE CONTINUUM: GRADUATE SCHOOL PERFORMANCE OF BSW AND NON-BSW DEGREE HOLDERS

ANNE E. FORTUNE  
ROBERT G. GREEN

School of Social Work  
Virginia Commonwealth University

MICHAEL S. KOLEVZON

School of Public Affairs,  
Florida International University

*Do students with prior academic preparation in social work perform better in graduate school than students who do not have a BSW? Master's students in a southeastern school of social work were surveyed about their background, general psychosocial adjustment, adjustment to and attitudes toward graduate school, and graduate academic performance. Forced-entry multiple regression was used to control simultaneously for the effect of background and adjustment factors on four outcome variables: Grade Point Average in the most recent semesters; Stress as a Student; Educational Program Satisfaction; and Professional Social Work Commitment. Having a BSW was unrelated to Educational Program Satisfaction and Professional Social Work Commitment. Among first-year students but not second-year students, possession of a BSW was related to lower GPA in the preceding semester (even with undergraduate GPA controlled). Among second-year students, being a BSW in an advanced standing program was related to greater Stress as a Student but not to GPA. The results suggest that BSWs do not perform better in graduate social work education than non-BSWs.*

## INTRODUCTION

While the linkage between undergraduate and graduate social work education has concerned the profession since the 1959 Council on Social Work Education Self Study<sup>1</sup>, the con-

vergence of three significant forces during the past decade and a half has served to catapult the continuum into the forefront of social work education's planning for the 1980's and beyond. The first force was the evolving recognition of the BSW curriculum, culminating in the 1974 accreditation standards<sup>2</sup>. At present, over 367 such programs have been accredited<sup>3</sup>. The second force was the provision of "advanced standing" in MSW programs, thereby permitting BSW graduates to be waived out of that portion of the MSW curriculum deemed repetitive of their undergraduate studies<sup>4</sup>. At present, over 71 percent of the 87 MSW programs offer advanced standing for selected BSW graduates<sup>5</sup>. The third and final force was the evolution of the 1969 graduate curriculum policy guidelines towards more structured and standardized curricular requirements<sup>6</sup> – in part as an effort to respond to the previous two factors.

As a result of these forces, the profession struggles with the vertical continuity of curriculum across degree levels and with defining the differential outcomes expected of graduates from these degree level programs. Perhaps the most significant tension point is the professional foundation curriculum which is to precede more specialized or concentrated studies. Do the profession's vast parameters of service delivery lend themselves to a reducible, common curriculum that social work educators can agree to, much less feasibly and rationally incorporate within the curriculum space available?<sup>7</sup> If agreement can be reached, can it be maintained as educators move from general or global abstractions to concrete curriculum content area choices?<sup>8</sup> At present, the MSW professional foundation curriculum clearly mirrors the most recent BSW curriculum standards. Masters' programs are in essence required to respond to at least three presumably different cohorts of entering students: first year students with BSWs, first year students without BSWs, and BSWs entering the second year directly, with "advanced standing". The arrangement presumes that students with a BSW base are, in fact, better prepared for graduate social work education than are those who have been exposed to undergraduate curricula



in other disciplines. The limited data base available, primarily from evaluations of advanced standing programs<sup>9</sup>, suggests reason for skepticism regarding such a presumption.

The present study, therefore, explores the question of the differential backgrounds, competencies, and performance levels of BSWs and non-BSWs in the first and second years of graduate social work studies. The study uses traditional measures of educational impact (academic gradepoint average and satisfaction with curriculum), a variety of psychosocial adjustment factors, and demographic background data to address two related questions. First, are there differences in the adjustment and performance level of BSWs and non-BSWs during graduate study? And, second, can variations in these levels of functioning and performance be predicted from the student's undergraduate major or are other factors more important?

## METHODOLOGY

### The Samples

To get a sample large enough to permit comparisons of BSW with non-BSW graduate students in the first as well as the second year of graduate (MSW) education, questionnaires were distributed for two successive years to all full-time MSW degree-seeking students attending the School of Social Work of Virginia Commonwealth University. During March of 1982 and again in March of 1983, questionnaires were distributed through classrooms and student mailboxes. Students in two of the authors' first-year classes were responsible for follow-up by telephone and personal contact. Return rates were exceptionally high for both years. One hundred and sixty-nine (77.5%) of the 218 enrolled full-time students responded to the 1982 survey, while 156 (74.6%) returned questionnaires in 1983. Comparison to demographic characteristics of all enrolled full-time students indicated that the respondents were similar on gender, age, and race. In both years, the first-year students were slightly over-represented (45% of the sample in 1982 compared to 39% of the enrolled students, 34% in 1983 compared to 27% enrolled). The data

from the two administrations were merged to form a sample of 128 first-year students and 197 second year students.<sup>10</sup>

### Measures

In addition to an array of measures reflecting various dimensions of the dependent variable *educational outcome*, the questionnaire also included items which assessed both *background* and psychosocial *adjustment* factors, the study's two groups of predictor variables. Measurement of the seven background factors was straightforward; a series of single items assessed each student's age, sex, marital status, ethnicity, previous social service experience, undergraduate degree and overall undergraduate grade point average.

Measurement of the second group of predictor variables, psychosocial adjustment, was more complex. Four self-rating instruments originally developed by Campbell, Converse and Rodgers<sup>11</sup> were adapted to obtain one general and three more specific measures of the students' psychosocial adjustment. The adaptation involved using Campbell, Converse and Rodgers' wording and response categories but replacing their referent "these days." Instead, students were asked to consider the six month period of time from the beginning of the academic year (September) through the time of the survey (March).

Overall psychological well-being was measured with the Index of Well-Being, a nine item scale reflecting affect balance and life satisfaction. Eight polar descriptors (e.g., boring-interesting, useless-worthwhile, disappointing-rewarding, etc.) were at the extremities of seven point scales measuring affect balance. An additional seven point item (completely satisfied - completely dissatisfied) measured the students' life satisfaction. Reliability for the composite Index of Well-Being was well within acceptable limits ( $Alpha = .89$ ).

The more specific psychosocial adjustment measures, Locus of Control, Self-esteem, and General Stress, were also summated rating scales. Individual items for each scale asked respondents to rate their degree of agreement or disagreement with statements (1 = strongly agree, 7 = strongly dis-

agree). The Locus of Control scale included six items which addressed the degree to which the students successfully execute their plans, achieve their goals, perceive life problems as "too big", etc. Higher scores indicate a greater sense of internal control over life. Self-esteem was measured by four items which reflected students' respect for and valuing of their own personal capacities and qualities. Higher scores indicate greater Self-esteem. The General Stress scale included five items on students' feelings of being frightened, rushed, enjoying life, and worrying about emotional problems and money, with higher scores indicating more stress. Estimates of internal consistency for each of the three indicators of psychosocial adjustment were low (*Alphas* were .59 for both Self-esteem and Locus of Control and .55 for General Stress), but the scales were retained because of their wide acceptance and use in research on quality of life.<sup>12</sup>

The final group of indicators, those measuring the students' educational outcomes, reflect a rather broad conception of the graduate school experience. In addition to each student's recent grade point average (calculated from students' reports of grades received and preceeding semester completed), scales measuring program satisfaction, school-specific stress, and professional identity were included in the questionnaire.

The scales measuring Program Satisfaction and Stress as a Student were developed and constructed by the middle author and his students. Program Satisfaction included twelve items rated on a seven-point scale from "Completely Satisfied" to "Completely Dissatisfied", with higher scores indicating more satisfaction. Items included satisfaction with classes and the field as well as with "student life," with the school's administration, and with travel to field agencies. Internal consistency for the Index of Program Satisfaction was .78 (*Alpha*).

The Stress as a Student Scale included ten stressors specifically associated with the graduate student role. These stressors also were measured on a seven point scale, from "always worry about" to "never worry about". They in-

cluded the amount and difficulty of the academic work, grades received, and personal interaction with both faculty and students ( $\text{Alpha} = .81$ ).

Finally, the scale measuring Professional Identity was comprised of three statements which elicited students' degree of agreement (1 = strongly disagree, 7 = strongly agree) with feeling they were in graduate school primarily to develop professional knowledge and skill, feeling their values were consistent with those of the social work profession, and whether they hoped to make a significant contribution within the field ( $\text{Alpha} = .66$ ).

## RESULTS FOR FIRST YEAR STUDENTS

### Descriptors

*Background Characteristics.* Because some second year students were surveyed twice, once as first- and again as second-year students, the data from first and second-year students were analyzed separately. Of the first year students, 105 (82%) did not have a bachelor's degree in social work and 23 (18%) possessed a BSW but chose to enroll in the normal two-year MSW program, presumably repeating foundation content. As Table I indicates, the two groups were fairly similar on age, race, gender, marital status, and previous years of social work experience. However, the BSW students had a significantly lower overall undergraduate grade point average. Since some of the BSW-degree holders were refused admission to the advanced standing program because of low GPAs,<sup>13</sup> this finding is not unexpected.

*Psychosocial Adjustment.* Table I also indicates the first-year students' average scores on the indicators of psychosocial adjustment. There were no significant differences between those with and those without BSW degrees. Students scored moderately but not extremely high on the Index of Well-Being, falling somewhat below the national average (in a recent Campbell, Converse and Rodgers' study the means for a random sample of U.S. adults was 11.8).<sup>14</sup> The students were slightly more internal than external on Locus of Control

TABLE I  
BACKGROUND FACTORS, PSYCHOSOCIAL ADJUSTMENT  
AND EDUCATIONAL OUTCOME  
FOR FIRST-YEAR MSW STUDENTS

	NON-BSW		BSW	
Background	(n-105)		(n-23)	
	Mean	SD	Mean	Sd
Age (years)	27.7	5.3	27.0	5.4
Undergrad GPA	3.2	.4	2.9	.4
Social Work experience (yrs.)	2.2	3.2	2.0	3.0
No courses currently enrolled in <sup>b</sup>	4.7	.7	4.9	.3
	Percents		Percents	
Female	80.1		78.3	
Minority	8.6		21.7	
Single	74.0		69.6	
PSYCHOSOCIAL ADJUSTMENT				
Well-Being	10.7	2.0	10.5	2.2
General Stress (high-more stress)	19.3	5.5	21.3	5.8
Locus of Control (high-internal)	28.3	5.6	28.2	4.3
Self-Esteem	21.8	4.1	20.7	3.2
EDUCATIONAL OUTCOME				
Stress as Student	35.3	9.6	37.1	8.1
Program Satisfaction	56.3	10.1	55.2	6.9
Professional Identity	18.3	2.7	18.1	3.2
GPA in Last Semester	3.6	.3	3.2 <sup>a</sup>	.4

<sup>a</sup> p less than .05. Tests of significance were t-test of difference of means and chi-square

<sup>b</sup> Probability between .051 and .10.

(midpoint = 24.0), had moderately high Self-esteem (midpoint = 16), and were at the midpoint of General Stress (midpoint = 20).

*Educational Outcome.* On the indicators of educational outcome (Table I), BSW and non-BSW students were similar on three of four measures. They were somewhat lower than the midpoint (40) on Stress experienced in the student role, mildly satisfied with their overall graduate educational program (midpoint = 48), and were strongly committed to the social work profession (midpoint of Professional Identity = 12). Consistent with their poorer undergraduate GPA, the BSW students had a significantly lower mean grade point average in their first semester of graduate school than the non-BSW students.

### Predictors of Educational Outcome

Each of the educational outcome variables, Stress as a Student, Program Satisfaction, Professional Identity, and GPA in Previous Semester, was used as a dependent variable in a multiple regression equation. The selected background variables were entered first as a group, followed by the psychosocial adjustment variables as a group.<sup>15</sup> Tables II and III give the regression results, with the adjusted  $R^2$  for the background variables only, the adjusted  $R^2$  with all variables entered, and the slopes and beta weights or relative contribution of each variable when *all* variables are entered simultaneously. Adjusted  $R^2$  takes into account the number of independent variables in the equation; if newly-added variables do not increase the amount of variance explained, the adjusted  $R^2$  will decrease, as happened here with Professional Identity.

For Stress as a Student (Table II), the background factors as a group were poor predictors, accounting for a non-significant 1 percent of variance in Stress. When the psychosocial factors were entered, both the adjusted  $R^2$  (.44) and the change in adjusted  $R^2$  (greater amount of variance predicted) were significant. The important predictors ( $t$ ,  $p$  less than .05) were Self-esteem (greater self-esteem, less stress),

TABLE II

REGRESSION FOR FIRST YEAR STUDENTS  
SLOPES AND BETA WEIGHTS WITH ALL VARIABLES ENTERED

INDEPENDENT VARIABLES:	STRESS AS STUDENT (n = 105)	PROGRAM SATISFACTION (n = 102)		
BACKGROUND	BETA	B	BETA	B
Undergrad GPA	.060	.015	-.081	-.017
Race (1-minority)	.028	.795	.018	.392
Yrs. soc. wk. experience	.070	.211	-.099	-.315
Marital Status (1 = married)	.038	.774	.145	3.024
Undergrad. Deg. (1 = BSW in regular program)	-.016	-.366	-.032	-.840
Gender (1 = male)	-.022	-.509	-.052	-1.245
Age in Yrs.	-.208 <sub>a</sub>	-.385	-.107	-.214
Adjusted R <sup>2</sup>	adj. R <sup>2</sup> = .01		adj. R <sup>2</sup> = -.02	
ADJUSTMENT				
Well-Being	-.270 <sub>a</sub>	-1.274	.524 <sub>a</sub>	2.608
General Stress	.259 <sub>a</sub>	.442	-.066	-.107
Locus of Control (high = internal)	-.126	-.213	.076	-.117
Self-Esteem	-.326 <sub>a</sub>	-.738	.053	.137
Adjusted R <sup>2</sup> with adjustment variables added	adj. R <sup>2</sup> = .44 <sub>ab</sub>		adj. R <sup>2</sup> = .29 <sub>ab</sub>	

<sup>a</sup> p less than .05

<sup>b</sup> Change in R<sup>2</sup> when adjustment variables are entered, p less than .05

Well-Being (greater sense of well-being, less stress), General Stress (greater general life stress, greater stress as a student), and Age (younger, less stress). Age, however, was not a predictor until the psychosocial variables were entered (nor was it by itself directly correlated with Stress as a Student), suggesting that it has an effect on Student Stress only when other psychosocial adjustment factors are controlled. Neither having a BSW nor length of social work experience was related to Stress as a Student, i.e., previous exposure to social work education or to social work neither helped nor hindered adaptation to being a first-year graduate social work student.

For Satisfaction with the Educational Program, background factors as a group were again very poor predictors, but the addition of the psychosocial factors increased the predictive power of the equation significantly (adjusted  $R^2 = .29$ ). Well-Being was the only significant predictor, with better affect balance and life satisfaction related to greater program satisfaction. Again, having a BSW and length of previous social work experience, which presumably should influence educational expectations, were unrelated to Satisfaction with the educational experience.

For Professional Identity, neither background nor psychosocial adjustment measures contributed to variation in commitment to social work among first-year students (Table III). Apparently, by the time students enter graduate school, the level of commitment to social work is high regardless of degree and experience, and none of the factors examined systematically influences that commitment.

For the final outcome variable, GPA in the first semester of graduate school, background factors as a group explained 31 percent of the variance, and psychosocial factors did not add to predictive power. The important predictors were length of social work experience (greater experience, higher GPA), undergraduate degree (those *without* a BSW had a higher GPA) and undergraduate GPA (higher undergraduate GPA, higher graduate GPA).

As mentioned earlier, the first-year students with BSW



TABLE III

REGRESSION FOR FIRST YEAR STUDENTS (CONT.)  
SLOPES AND BETA WEIGHTS WITH ALL VARIABLES ENTERED

INDEPENDENT VARIABLES:	PROFESSIONAL IDENTITY (n = 170)		GPA LAST SEMESTER (n = 168)	
BACKGROUND	BETA	B	BETA	B
Undergrad GPA	.007	.001	.204a	.208
Race (1-minority)	.119	1.027	-.049	-5.801
Yrs. soc. wk. experience	.067	.060	-.373a	4.657
Marital Status (1 = married)	.032	.200	.048	-4.089
Undergrad. Deg. (1 = BSW in regular program)	-.109	-.766	-.303a	-29.266
Gender (1= male)	-.136	-.936	-.058	-5.480
Age in Yrs.	-.202	-.011	-.092	-.708
Adjusted R <sup>2</sup>	adj. R <sup>2</sup> = .03		adj. R <sup>2</sup> = -.31a	
ADJUSTMENT				
Well-Being	-.062	.087	.096	1.839
General Stress	.136	.069	.131	.917
Locus of Control (high = internal)	.098	.049	.075	.518
Self-Esteem	-.064	-.043	.078	.734
Adjusted R <sup>2</sup> with adjustment variables added	adj. R <sup>2</sup> = .05		adj. R <sup>2</sup> = .31a	

a p less than .05

degrees had lower undergraduate GPAs than non-BSWs; for some, their low GPA may have precluded admission to the advanced standing program. The present analysis, however, suggests that the effects of low undergraduate GPA and hav-

ing a BSW are independent: each by itself relates to lower academic performance in graduate school.

In sum, none of the factors examined predicted Professional Identity among first-year master's students. Stress as a Student was related to general psychosocial adjustment, and Satisfaction with the Educational Program related to general Well-being. Academic performance in the first semester, by contrast, was predicted exclusively by background factors. Having a BSW degree was unrelated to Stress, Program Satisfaction, and Profession Identity, but was related to lower grades in the first semester even with previous academic performance controlled.

## RESULTS FOR SECOND YEAR STUDENTS

### Descriptors

*Background Data.* The second-year MSW respondents included 118 (61%) students without a bachelor's degree in social work, 34 (18%) students with a BSW who had entered the regular two-year MSW program, and 42 (22%) BSW-degree holders who were in the advanced standing program (Table IV). At the university under study, the advanced standing program consists of summer field work and courses followed by direct entry into the second year of the two-year MSW program. The three groups were relatively similar in previous social work experience, and in percent minority, but differed on other background factors. *Post hoc* Duncan multiple comparison procedures indicated that the advanced standing students had higher undergraduate grade point averages and were currently taking a heavier course-load than either the BSW or non-BSW students in the regular two-year program ( $p$  less than .05). BSW degree holders in both programs were more likely to be single than non-BSW second-year students, and there tended to be more females and a younger average age among BSW degree holders.

*Psychosocial Adjustment.* The three groups of second-year students were similar in having moderately high Well-being scores and midpoint General Stress scores and in being

TABLE IV

BACKGROUND FACTORS: PSYCHOSOCIAL ADJUSTMENT AND  
EDUCATIONAL OUTCOME FOR SECOND-YEAR MSW STUDENTS

	NON-BSW (n-118)		BSW IN REGU- LAR PROGRAM (n-34)		BSW IN ADV. STAND. PRO. (n-42)	
BACKGROUND	Mean	SD	Mean	SD	Mean	SD
Age (years) <sup>2</sup>	29.7	6.1	27.5	5.1	27.9	6.9
Undergrad GPA <sup>1</sup>	3.3	.4	3.2	.7	3.5	.3
Social Work experience (yrs.)	2.9	3.5	3.3	4.2	3.2	6.3
No. courses currently enrolled in <sup>1</sup>	4.7	.5	4.6	.6	5.0	.2
	Percent		Percent		Percent	
Female <sup>2</sup>	79.7		91.2		92.9	
Minority	10.2		8.8		4.8	
Single <sup>1</sup>	48.3		61.8		70.7	
PSYCHOSOCIAL ADJUSTMENT						
Well-Being	10.3	2.4	10.2	2.5	9.7	2.1
General Stress (high-more stress)	19.6	4.6	20.8	5.8	21.1	4.6
Locus of Control (high-internal)	29.3	5.4	28.3	4.1	28.4	4.9
Self-Esteem <sup>2</sup>	21.6	4.1	20.7	4.0	19.9	4.8
EDUCATIONAL OUTCOME						
Stress as Student <sup>1</sup>	30.4	9.5	32.8	8.2	36.3	9.2
Profram	54.3	9.9	54.9	8.8	50.7	10.1
Satisfaction <sup>2</sup>						
Professional Identity	18.5	2.2	18.4	2.0	18.9	2.4
GPA in Last Semester	3.6	.4	3.5	.4	3.5	.6

<sup>1</sup> p less than .05. Tests of significance were analysis of variance and chi-square.

<sup>2</sup> Probability between .051 and .10.

slightly internal on Locus of Control (Table IV). There was a tendency ( $p = .08$ ) to differ on Self-esteem, with the non-BSW students higher only than the advanced standing students.

*Educational Outcome.* The three groups were similar on Professional Identity (highly committed) and grade point average for the preceding semester. They tended to differ on Program Satisfaction, with advanced standing students less satisfied than non-BSW second-year students (Duncan's *post hoc*,  $p$  less than .05). The analysis of Stress in the Student Role was significant, with advanced standing students experiencing more stress than non-BSW students (Duncan's *post hoc*,  $p = .05$ ). The advanced standing students had been in classes and field throughout the summer whereas the regular-program students could take the summer off or lighten their second-year courseload by taking some summer courses. The extended period of classwork and their current heavier courseload may explain the greater dissatisfaction and stress of advanced standing students.

#### Predictors of Educational Outcome

As for first-year students, the predictors of educational outcome among second-year students were examined by forced entry of all background and then all psychosocial adjustment variables into four separate multiple regression equations (Tables V and VI).

For Stress as a Student, the background variables as a group explained a significant but small (5%) amount of variation. The addition of psychosocial factors increased with explained variance significantly, to 34 percent. As with first-year students, the major predictors were Self-esteem (higher self-esteem, less stress), General Stress (greater life stress, greater stress as a student), and Well-being (greater well-being, less stress). In addition, gender (males experienced less stress) and status (BSWs in the advanced standing program reported more stress) were predictive of Stress as a Student. Gender was not a significant predictor when only background factors were considered, suggesting it has an effect only once psychosocial adjustment is controlled. While

TABLE V

REGRESSION FOR SECOND YEAR STUDENTS  
SLOPES AND BETA WEIGHTS WITH ALL VARIABLES ENTERED

INDEPENDENT VARIABLES:	STRESS AS STUDENTS (n = 167)		PROGRAM SATISFACTION (n = 162)	
BACKGROUND	BETA	B	BETA	B
Undergrad GPA	-.110	-.022	-.002	-.000
Race (1=minority)	.099	3.344	.041	1.389
Yrs. soc. wk. experience	-.049	-.103	-.045	-.099
Marital Status (1 = married)	.106	2.003	.094	1.868
BSW in regular program	.026	.638	.036	.945
Advanced standing	.149a	3.435	-.074	-1.760
Gender (1 = male)	-.135a	-3.432	-.012	-.312
Age in Yrs.	-.002	-.003	-.007	-.012
Adjusted R <sup>2</sup>	adj. R <sup>2</sup> = .05a		adj. R <sup>2</sup> = -.01	
ADJUSTMENT				
Well-Being	-.165a	-.659	.487	2.039
General Stress	.267a	.507	.089	.181
Locus of Control (high = internal)	.005	.010	-.019	-.036
Self-Esteem	.317a	-.690	.045	.105
Adjusted R <sup>2</sup> with adjustment variables added	adj. R <sup>2</sup> = .34ab		adj. R <sup>2</sup> = .18ab	

a p less than .05

b Change in R<sup>2</sup> when adjustment variables are entered, p less than .05

TABLE VI

REGRESSION FOR SECOND YEAR STUDENTS (CONT.)  
SLOPES AND BETA WEIGHTS WITH ALL VARIABLES ENTERED

INDEPENDENT VARIABLES:	PROFESSIONAL IDENTITY (n = 170)	GPA LAST SEMESTER (n = 168)		
BACKGROUND	BETA	B	BETA	B
Undergrad GPA	.029	.001	.166a	.120
Race (1-minority)	.012	.096	-.065	-7.814
Yrs. soc. wk. experience	.026	.013	.103	.788
Marital Status (1 = married)	.029	.132	.299a	15.856
BSW in regular program	-.026	-.154	.022	1.983
Advanced standing	.123	.666	.064	5.351
Gender (1-male)	-.107	-.645	.071	6.660
Age in Yrs.	-.013	-.005	.044	.244
Adjusted R <sup>2</sup>	adj. R <sup>2</sup> = -.01		adj. R <sup>2</sup> = -.09	
ADJUSTMENT				
Well-Being	.306a	.287	.126	1.831
General Stress	.211a	.095	-.090	-.625
Locus of Control (high = internal)	.202	.077	-.055	-.373
Self-Esteem	.131	.022	-.029	-.230
Adjusted R <sup>2</sup> with adjustment variables added	adj. R <sup>1</sup> = .10ab		adj. R <sup>2</sup> = .10a	

a p less than .05

b Change in R<sup>2</sup> when adjustment variables are entered, less than p .05

advanced standing was a predictor of student stress, having a BSW but entering the second-year through the regular two-year program was not, and the overall contribution of having a BSW was not significant.<sup>16</sup>

For Satisfaction with the Educational Program (Table V), background factors as a group explained no variance and the addition of psychosocial adjustment factors increased explanation only to 18 percent. As with first-year students, among second-year students Well-being was the sole major predictor of Educational Satisfaction (greater well-being, greater satisfaction).

For Professional Identity (Table VI), background factors did not explain variance but the addition of psychosocial factors increased the adjusted  $R^2$  to a modest .10. General Well-being (greater well-being, greater professional commitment) and general Stress (more stress, greater commitment) were both significant predictors.

For GPA in the preceding semester, background factors as a group explained 9 percent of variance, and psychosocial adjustment did not increase the predictive power of the equation. The only significant predictors were marital status (married students had better grades) and undergraduate GPA (better undergraduate grades, better graduate grades).

In sum, among second-year master's students, a psychosocial factors were the primary predictors of Stress as a Student, Satisfaction with the graduate program and Professional Commitment, with Well-being and General Stress the most consistent factors. Recent academic performance was predicted by undergraduate academic performance and by being married. However, the amount of variance explained by each equation was extremely modest. BSW students in advanced standing perceived more Stress as a Student, but otherwise neither undergraduate degree nor previous social work experience was related to educational outcome.

## DISCUSSION

The results suggest that students who enter graduate school without a bachelor's degree in social work do not dif-

fer substantially from those with a BSW and, on *subjective* measures of educational outcome, share similar experiences. Non-BSWs were as satisfied with their educational experience as BSWs and demonstrated comparable commitment to the social work profession. Non-BSWs also experienced the same stress as students with BSWs, despite their presumed lesser familiarity with the role of social work students. The exception, higher stress among BSWs in the advanced standing program, was probably due to the increased demands of the accelerated program; in addition to taking a full course-load through the summer, these students were then placed into second-year classes where they knew no one while their classmates from the regular two-year program had been together for a year. Some also entered directly from BSW programs and thus at the time of the study had had no break from academic coursework for 18 months. The stress, however, did not appear to affect their academic performance.

The major difference between BSWs and non-BSWs was in the area of academic performance. As mentioned, BSWs in the advanced-standing program had higher overall undergraduate grade point averages than BSWs who were not admitted to the advanced standing program, and performed as well in graduate school as other students. But BSWs who entered the regular two-year program as first year students performed poorly as first year students, regardless of undergraduate GPA. Having a BSW and low undergraduate GPA were independently related to poor GPA in the first semester of graduate school. This suggests that admitting students who have already done poorly in undergraduate social work programs to graduate programs is extremely risky for the profession; if graduate GPA is a valid indication of content mastery, they do not master the foundation content even though, presumably, it is a repetition of content they have already had in the bachelor's program.

However, in the second-year of the master's program, having a BSW was *not* related to academic performance. The data currently available cannot explain the difference in impact of degree between first and second year students, but



there are several possibilities. In general, students with low first-year GPAs tend to drop out of the program between first and second year. Conversely, grading standards may have been less rigid in the second year,<sup>17</sup> or students may have all been performing well in their selected areas of interest, since the second-year program is specialized. However, it is also possible that previous social work preparation (BSW, repeating foundation content) and previous academic performance (undergraduate GPA) are unrelated to mastering the advanced content of a second-year master's program.

The school at which the study was completed has made a concerted effort to ensure that its own BSW curriculum content and its first-year MSW foundation content are similar. Hence, one explanation for the first-year BSW's poor performance might be their boredom with redundant content.<sup>18</sup> However, three quarters of BSWs entering the program in the relevant years were *not* from the school's own undergraduate program, but were from a large number of schools with diverse curricula. Consequently, the advanced standing students may not have had the same foundation content on which the second-year curriculum was predicated, a dilemma which faces all Master's schools which do not use equivalency tests in positioning BSW students.<sup>19</sup> However, it is unlikely that this factor—diversity of BSW curricula—explains *both* the poorer academic performance of BSWs in the first-year foundation curriculum *and* the equivalent (to non-BSWs) performance of BSWs in the second-year advanced-level curriculum.

In sum, there is overall no evidence that BSWs perform better in graduate school than students without academic social work preparation. Nor was length of previous social work experience, expected to be an asset for students, related to educational outcomes (except first-year first semester GPA).

In general, background factors were the best predictors of academic performance and psychosocial adjustment factors were the best predictors of subjective outcome (stress in the student role and satisfaction with the educational program).

The latter relationships cannot be interpreted causally; it is moot, for example, if low self-esteem causes high student stress or high stress causes low self-esteem. Clearly, however, students' general adjustment is related to their *perceptions* of their education but not to their performance.

The study is limited to a single school of social work and may well not be representative of others. The findings about stress among advanced standing students, for example, may be due to the idiosyncracies of the particular program. The study is also limited to BSWs who chose to go on to graduate social work education and does not address performance in the job market nor in other types of graduate education.<sup>20</sup>

Other limitations of the study include the voluntary nature of responses (although the return rate was high), and the inability to identify who completed the questionnaire in successive years (since responses were anonymous), so that we cannot be certain if BSWs who performed poorly in the first year discontinued their graduate education or went on to perform well in the second year. Nevertheless, the study's findings suggest that 1. possession of a BSW degree is not related to better graduate performance not do BSW students with a deficit (low undergraduate GPA) do well in the graduate program's foundation curriculum, and 2. BSW preparation is a less adequate predictor of graduate outcome than other factors such as psychosocial adjustment.

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  8. Michael S. Kolevzon, "Conflict and Change Along the Continuum in Social Work Education," *Journal of Education for Social Work*, 20 (Spring 1984); pp. 51-57.
  9. See, for example: Edward J. Mullen and Roger Levin, "Linkage in Undergraduate/Graduate Social Work Education: Interim Research Evaluation" (Fordham University, 1973) mimeograph; James D. Orten, "The Accelerated Program," paper presented at the Annual Program Meeting of the Council on Social Work Education, Chicago, 1975; Aaron Rosenblatt, Marianne Welter and Sophie Wojchiechowski, *The Adelphi Experiment* (New York: Council on Social Work Education, 1976).
  10. Some of the 1983 second-year students had taken the questionnaire twice, once as first-year students in 1982, a second time as second-year students in 1983. It is possible that their second responses differed because of a "practice effect" or the repetition of the questionnaire a year later. It was not possible to identify which students had taken the questionnaire twice, but the 66 for whom it was possible—second year students in 1983 who had been full-time students the previous year—were compared to the comparable group—1982 second year students who had been full-time first year students the previous year but could not have taken the questionnaire twice because it was not given when they were in their first year. There were no significant differences between the two groups on any variables, suggesting that if there were "practice effects," they were not extensive enough to distort the data presented.
  11. Campbell, Angus, Converse, Philip E. and Rodgers, Willard L. *The Quality of American Life: Perceptions, Evaluations and Satisfaction* (New York: Russell Sage, 1976); Campbell, Angus. *The Sense of Well-being in America* (New York: McGraw-Hill, 1981).
  12. The low internal reliabilities of Self-esteem, Locus of Control and General Stress indicate that, for this sample at least, these measures may not tap a single, univariate dimension of esteem, control or stress.
  13. Criteria for admission to advanced standing included possession of a BSW from an accredited school of social work and an undergraduate

GPA of 3.0. Admission to the regular two-year masters' program required an undergraduate GPA of 2.7.

14. Campbell, Converse and Rodgers, *op. cit.*
15. Examination of the zero-order correlations for the possibility of multicollinearity indicates that there are no near-linear relationships among independent variables. The statistical programming used, SPSSX, also tests for non-linear interdependency through examination of the tolerance. All variables entered met the tolerance criterion.
16. To assess the overall contribution of the dummy variables representing degree status, the regression equation was run a second time without Advanced Standing and BSW in the Regular Program; the residual sums of squares of both equations (with and without the dummy variables) were used in an F-test to assess contribution of the dummy variables to variance explained. F was not significant for any of the regressions (Stress as a Student,  $F = 2.33$ ,  $df = 2, 165$ ; Program Satisfaction,  $F = .72$ ,  $df = 2, 160$ ; Professional Identity,  $F = 1.45$ ,  $df = 2, 168$ ; GPA Last Semester,  $F = .32$ ,  $df = 2, 166$ ).
17. Dennis M. Dailey, "The Validity of Admissions Predictions: A Replication Study and Implications for the Future," *Journal of Education for Social Work*, 15 (Spring 1979), pp. 14-22
18. If BSWs repeating foundation content were bored, one might also expect less satisfaction with the educational program. But the BSW students in the first-year were as satisfied as non-BSW students (Table I).
19. William A. Anderson, "Avoiding Redundancy: Advanced Placement in Social Work Education," *Journal of Sociology and Social Welfare*, 5 (January 1978), pp. 250-262; Hokenstad, *op. cit.* In 1975 only 31 percent of masters programs that permitted advanced standing (to BSWs or open to other students) used qualifying examinations as a basis for advanced standing (Baggett, *op cit.*).
20. A recent study shows that MSWs with a BSW undergraduate degree do not report as much professional achievement *after* graduate school as those with a BA (Harry Specht, Doris Britt and Charles Frost, "Undergraduate Education and Professional Achievement of MSWs," *Social Work* 29 (May-June 1984), pp. 219-223). However, it is possible that BSWs who perform well in post-college employment are less likely to return to graduate school in social work and consequently are not included in such studies of graduate students.

## BOOK REVIEW

BY ARTHUR B. SHOSTAK AND GARY McLOUTH,  
WITH LYNN SENG

New York: Praeger Publishers, 1984

Reviewed by:

JONATHAN RABINOWITZ

Jewish Board of Family & Children's Services  
New York, New York

This book addresses the topic of men's feelings and responses to their sex partner having an abortion. This topic, as the authors effectively substantiate, has heretofore received little attention in the literature and is of great social importance. The experiences of the men interviewed for this study bears out the authors' contention that for many men the abortion experience is very painful, leaves scars and is a source of much ambivalence and confusion. The book moves from identifying the lack of attention given to men in the abortion experience, to suggesting possible remedies to this problem, making it more than just a study of men involved in abortions. The book is clearly written, well documented and organized. Although it is a book with obvious sex appeal to the masses and is very readable, it does not appear to be lacking in scholarship. The authors state several times the limitations of their findings and are cautious in generalizing.

After reviewing the limited literature the authors set out to gather data from six target groups; 1. 1,000 men who accompanied their sex partners to an abortion were asked by staffers of 30 abortion clinics (out of 300 clinics invited to participate in this project) to complete a questionnaire. 2. Men who do not accompany their female partners were recruited via media and public forum appeals, and notices placed in men's movement newsletters. This brought forward an

additional 18 participants who completed the questionnaire. 3. Men who would discuss the aftermath of an abortion were located through phone numbers they provided on their questionnaires. Seventy-five such men (out of the 1,000) were interviewed by phone or in person. 4. Abortion clinic representatives were asked to "guesstimate" the percentage of women who are accompanied by their sex partners, of men who request counseling, and other statistics not routinely kept. The clinics were also asked to describe the services they provide for men and any future plans that they had in serving males. 5. In-depth interviews were conducted with clinic counselors. Five counselors supplemented their interviews by writing essays which were included in this volume. 6. Pro-choice and anti-abortion leaders were interviewed and prepared profiles of their actions, attitudes and values. This study spanned approximately two years.

The instrument constructed for this study that was used to interview the 1,000 respondents is included as an appendix to the book which facilitates replication of this study. A "methodological evaluation" of the study is presented as an appendix written by Joan Spade who completed the data analysis for this study.

In addition to providing the quantitative data the authors include vignettes throughout to shed light on the aspect of the experience they are discussing. Also of interest are the appendixes. One deals with men's responses to mastectomy, another is a proposal for a video tape and brochure geared to men in the waiting room. Another provides the results of the feedback questionnaire given to 521 men who participated in an abortion counseling program at abortion clinics.

"Men and Abortions" is a study of men's reactions to abortions primarily through data gathered about men who accompanied their sex partners to the abortion clinic. The authors identify this lack of attention to men and abortions as a social problem and make suggestions towards facilitating greater involvement by men. The book's readability and scholarship make it a volume of interest and value to profes-

sional, laymen, and men and women who contemplate abortion.

The authors have made a significant contribution to the literature with this exploratory/descriptive study. The study has implications for policy and practice as it helps to understand the role of men in abortions as a population who are also in need. The book is not a how-to-counsel-men guide, but rather a strong argument for the need to pay increased attention to men, who have traditionally received little attention, when their partners were having an abortion.

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