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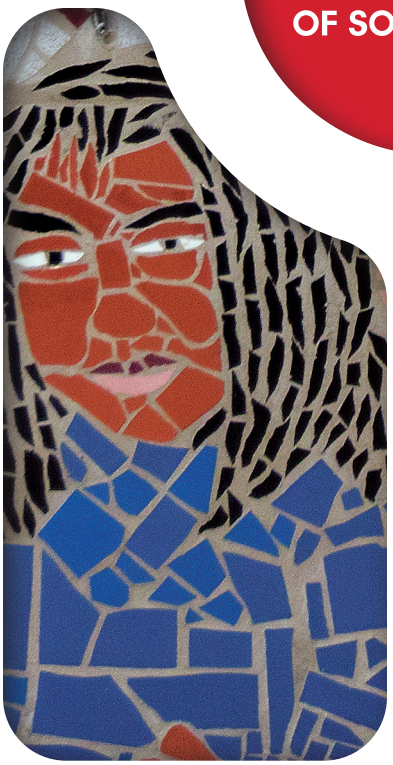
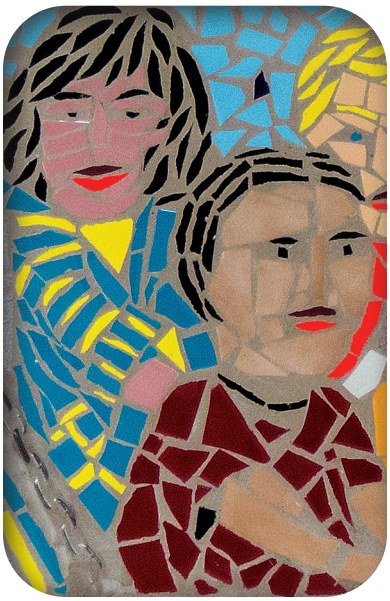


PERSPECTIVES ON SOCIAL WORK

The Journal of the Doctoral Students of the University of Houston



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Guest Editorial-Social Justice in Social Work Practice and Education

Since the beginning of the Progressive Era in the 20th century and the origins of the Settlement House Movement, social justice has been an ideal, a core value, and guiding principle for social work practice. In contrast to the morally uplifting advice that was the mainstay of the earlier Charity Organization Society, social workers during this era were actively involved in advocacy for progressive social reforms and social policy initiatives aimed at improving the living and working conditions of women, children, and newly arrived immigrant poor (Reisch, 2002; Robbins, in press). However, the profession's commitment to social justice and progressive social work that embodies those ideals has been inconsistent over the course of our history. As Reisch and Andrews (2001) have noted, our profession, both historically and currently, has promoted practices that essentially reinforce the status quo rather than promoting social justice. This tension between social control and social reform has been an ongoing issue in both practice and education.

And, despite its centrality for social work, the concept of social justice can be seen from a variety of perspectives and have multiple definitions, some of which run counter to the values of our profession (Austin, Branom & King, 2014). A general definition that is consistent with social work values holds that social justice is "an abstract and strongly held social work ideal that all people should have equal rights to the resources of a society and should expect and receive fair and equal treatment" (Heinonen & Spearman, 2001, p. 352).

More explicitly and fully defined in the National Association of Social Workers Code of Ethics (2008) as one of our professions six ethical principles, the mandate that social workers "challenge social injustice" includes the following:

> Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people (para 15).

In contrast, the Council on Social Work Education (2015), the organization responsible for overseeing accreditation of social work programs in the United States, has expanded this to also include "advancing human rights and social, economic, and environmental justice" as one of the nine core competencies for social work education. This includes an understanding of "the global interconnections of oppression and human rights violations" and knowledge about "theories of human need and social justice and strategies to promote social and economic justice and human rights (p.7). Given these varying definitions combined with extant research that has also found inconsistent definitions used by students, academics, field advisors, and social workers in practice, Morgaine (2014) suggested that "For social work to continue to utilize the language of social justice, it is imperative…" that we "…engage with and extend these dialogues" (p. 6).

Several developments in the 21st century have brought social justice ideals to the forefront of both practice and education. These include the Just Practice Framework proposed by Finn and Jacobson (2003; 2008); alternative research models that support social justice practice; a growing interest in political social work, anti-oppressive practice, and structural social work practice; and an expansion of our theory base to include a broad variety of critical theory and the strengths perspective (Finn & Jacobson, 2003; Robbins in press). These are all important and timely advances that help bring us back to the roots of our profession.

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Paradigms Found in Reunification Research

Matthew A. Walsh, MSW, LSW

Abstract

When children are removed from their parents by the child welfare system, reunification is almost always the initial goal and is actually the most likely scenario (U.S. Department of Health and Human Services [USDHHS], 2014). It is not surprising, then, that the process of reunification is an important area of focus within child welfare research. As with all research topics, child welfare literature is shaped by the studies and the researchers that contribute to it. Those researchers, in turn, are shaped by their own individual paradigms or frameworks in that these paradigms influence the type of research questions that social work researchers attempt to answer and the sources of data they use to do so. The paradigms of positivism, constructivism, and critical theory can be found in much of the reunification literature. The purpose of this paper is to highlight that, while each paradigm has its own strength, a combination of all three provides the best research for explaining, understanding, and addressing the reunification process as a whole. Individual studies are used to highlight this point.

Keywords: paradigms, child welfare, reunification, positivism, constructivism, critical theory

The child welfare system often focuses on reducing the time children spend in foster care prior to reunification without increasing reentry rates (USDHHS, 2014). It follows, then, that the reunification process and factors associated with successful reunifications are common and important topics within child welfare research. This research is shaped by those conducting it, who are, in turn, shaped by their own paradigms. With this is mind, child welfare studies on the topic of reunification were reviewed with a particular focus on any underlining paradigms of positivism, constructivism, and critical theory. These paradigms have long been acknowledged as having influence within research (Guba & Lincoln, 1994), and are still found in today's research. Though each paradigm has its strengths, the purpose of this paper is to advocate for multiple paradigms to be used in conjunction with each other in order to deepen the research surrounding reunification. A deeper understanding of the people involved in reunification and the issues they face will improve reunification practices. This paper will briefly outline the reunification process and how different paradigms are found within child welfare studies before advocating for researchers to use a combination of those paradigms when contributing to child welfare research.

Reunification

The U.S. Department of Health and Human Services (2012) lists several different types of child maltreatment that result in a family having an open case with the child welfare system including: neglect, physical abuse, psychological/emotional abuse, sexual abuse, and medical neglect. Removal is required when there are safety concerns for the child. Upon removal, children are placed in foster care, relative care or kinship care, or a residential facility, depending on the need. During the removal process, parents are involved in services, visitations, and regular court proceedings. Cases remain open until they are resolved; "resolution" could mean

any of the following: reunification, termination of parental rights, or another permanency plan such as guardianship or emancipation. While reunification with the family is the desired outcome after removal, safety takes precedent; if returning a child to the family of origin cannot safely occur, alternatives are pursued (Indiana Department of Child Services [INDCS], 2014).

Reunification is defined as a child being discharged from the foster care system in order to return to the family of origin. This is the most common resolution when a family is involved in the child welfare system; 51% of discharges in 2012, the latest year of available federal data (USDHHS, 2014), were reunifications. There are contributing factors that appear to aid in reunification outcomes. Some of these factors are personal characteristics of the parents, such as the ability to trust service providers and control anger (Blakely & Hatcher, 2013). Other personal characteristics relate to understanding change; the parents' ability to seek change, understand why it is necessary, and then follow through to produce change, have been shown to increase the chances of reunification (Talbot, 2008). A strong, positive support system may also aid in producing reunification (Lietz & Hodge, 2011; Lietz, Lacasse, & Cacciatore, 2011).

The most influential factor in achieving reunification appears to be the parents' ability to complete court-ordered services (D'Andrade & Nguyen, 2014; Talbot, 2008). However, previous studies have shown that successfully navigating services is a challenge for some parents (Blakely & Hatcher, 2013; Carnochan, Lee, & Austin, 2013; Lietz & Hodge, 2011; Lietz et al., 2011). Behavioral issues, mental health issues, and substance abuse are common challenges for parents involved in the child welfare system, while issues related to transportation, time, and intelligence also play a role in making it difficult for these parents to procure services (Carnochan et al., 2013; Lietz & Hodge, 2011; Lietz et al., 2011).

The removal of a child or children from parents' custody can be very traumatic for parents and can negatively impact how they view themselves (Blakey & Hatcher, 2013). This may be particularly difficult for mothers who incorporate their motherhood into their self-identity (Wells, 2011). Feelings of anger, confusion, and hopelessness can all manifest during this removal process, and these emotions may compound with the initial issues that caused the removal. Parents must then address most, if not all, of these concerns in a timely manner or run the risk of losing custody of their children. This may lead some parents to doubt if they can, or even should, get their children back (Blakely & Hatcher, 2013; Wells, 2011).

Paradigms

Reunification in a timely manner without risking reentry is the desired outcome of the child welfare system (USDHHS, 2014); as such, this has been a focal point of child welfare research. This research includes studies that use both quantitative and qualitative approaches, focus on a variety of topics, and view the issues from differing perspectives. A search within this topic reveals studies that embody different paradigms; some focus on parents, children, or service providers, while others focus on risk and protective factors. A researcher's paradigm shapes his or her work, because it guides the researcher to ask certain questions and seek specific data. A researcher conducting a study from a positivist paradigm will create a very different design than a researcher operating from a constructivist or critical theorist perspective.

Positivism

Positivism was, at one point in time, the dominant worldview. It provided the social sciences with many of the standards of rigor, such as objectivity, validity, reliability, and generalization that are still standards today (Glesne, 2010). However, positivism is widely criticized for its assumption of a fixed reality that can be measured and understood (Glesne, 2010; Guba, 1990; Padgett, 2008). Many studies that evaluate the effectiveness of child welfare programs derive from the positivist paradigm, in that they seek to find that "true reality" through rigorous controlled studies (Glesne, 2010; Guba, 1990; Padgett, 2008). These researchers seek to determine the effectiveness of the studied program and its impact on the issue (Brook, McDonald, & Yan, 2012; Chaffin, Hecht, Bard, Silovsky, & Beasley, 2012; D'Andrade & Nguyen, 2014). The results of these studies may then be used by the child welfare system to shape methods and practices used by services providers working for agencies or states. They may also provide important evidence to support programs already in place or ones being piloted. Without these studies, one would not be able to speak fully about the effectiveness of programs like the Strengthening Families Program (Brook et al., 2012) or how the use of targeted services, parenting classes, and counseling increases the likelihood of reunification (D'Andrade & Nguyen, 2014).

Research derived from a positivist paradigm is useful but, at times, limited. For example, D'Andrade and Nguyen (2014) evaluated the effectiveness of using problem-targeted services, counseling, and parenting classes with parents seeking reunification. They found that reunification rates increased as parents engaged and participated more in their referred services. This would appear to answer the research question and may satisfy those with a positivist perspective. Their findings raise an unanticipated question of whether the services were completely effective in addressing the concerns of the child welfare system or if caseworkers were merely looking for compliance. Court reports reviewed by the research team revealed that progress and compliance were often reported together and were not distinguishable. This is alarming because one does not guarantee the other, though it is often be viewed this way, especially when looking at the results from a positivist perspective. Smith (2008) studied parents and caseworkers' perceptions of case plans and found that both view case plans as a list of tasks to be accomplished and as an end of itself rather than a means to create a desired change. Smith (2008) also found that referred services do not always align with what parents feel they need.

These studies show that parents may not be fully engaged and invested in services as potential change agents, which calls into question their true effectiveness. Even if the parent is motivated to change, this cannot be ascertained strictly by looking at their attendance record. This raises the question of whether services are truly effective at reducing the targeted problems they are designed to address. Child welfare studies will assert their effectiveness, because they do assist parents in achieving reunification, but a gap in the literature still exists; these families are not followed long term to determine if the issues reoccur. To fully determine if reunification efforts were successful, one should follow the children throughout their childhood to monitor for reentry into the system or reoccurrence of maltreatment.

Constructivism

Constructivism, as opposed to positivism, states that reality is socially constructed and that multiple realities exist (Glesne, 2010; Guba, 1990; Padgett, 2008). Reality is not something that is discovered as much as it is something that is formed by subjective experiences. The goal in constructivism research is to obtain a better understanding of the subject matter itself. A constructivist researcher hopes to provide context for, and an interpretation of, an issue by using inductive reasoning while becoming a part of the research (Glesne, 2010). A constructivist study on reunification would attempt to articulate the experience of parents having their children removed and then reunifying.

Parents involved in the child welfare system may see different solutions to their issues than their caseworker. They sometimes disagree on the services they are required to complete, as Shim and Haight (2006) found when parents voiced frustration for being referred to services they believed were unrelated to their reason for child welfare involvement. Studies by Smith (2008) and D'Andrade and Chambers (2012) also found that parents experience a disconnect between the services they are ordered to complete and the issues that they perceive need to be addressed before reunification can occur.

Smith's (2008) qualitative study about case plan compliance is another example of how constructivism has shaped some of the research in the reunification process. Smith (2008) sought to better understand the perceptions of both parents and their caseworkers on individual case plans. The findings suggest that they differ in some areas, particularly in how compliance and motivation are viewed. Caseworkers viewed them to be related, meaning that if parents are motivated to reunify they will comply with the case plan. However, parents generally stated that they were able to distinguish and separate their love for their children and motivation to be with them from their motivation to complete case plan tasks. This motivation, which was independent of their love for their children, was based on the belief that the work they did would lead to reunification and how relevant they viewed the services to be. For example, if parents viewed completing their case plans as impossible, they would be less motivated to try regardless of how much they love their children. In addition to this, relevance of services was another factor where the caseworkers and parents differed, as caseworkers saw all the tasks as relevant but parents disagreed (Smith, 2008).

Parents often construct their own reality as to why their children were removed and how they can get them back or, in cases of successful reunifications, how they were actually able to get them back. An important aspect to note when looking at the reunification process and this population is the fact that parents may not always agree with the reasons for removal. This has enormous practice implications for those working with these parents. Many studies (Berrick, Young, Cohen, & Anthony, 2011; Leake, Longworth-Reed, Williams, & Potter, 2012; Lietz et al., 2011) have shown that a positive working relationship with a team member is critical in assisting parents in the reunification process. The workers who are able to recognize the parents' struggles, efforts, and strengths are reported to be the most helpful by the parents (Lietz et al., 2011). Workers must be aware of the parents' constructs and willing to acknowledge and work within those constructs. The parents' culture may be an important aspect in forming and

maintaining those constructs, as it may influence parenting style and decision-making; caseworkers may need to take this into consideration as well.

A study by Lietz et al. (2011) showcases elements of constructivism when they looked at how social support is effective in assisting families to reunify. Lietz & Hodge (2011) also used narrative analysis to discuss ten factors identified as elements of family resilience, which in turn are helpful in obtaining and maintaining a successful reunification. Talbot (2008) looked at the social workers involved in this process and attempts to better understand the way they view these families and how they make the decision to either support or oppose reunification. Here the reader gets a glimpse of how decision-makers construct their own realities and how they judge who is and is not permitted to reunify. These studies acknowledge that social workers construct their own reality in these situations, which can then shape their decisions and behavior.

Critical Theory

Critical theory moves beyond describing reality and acts as a call for action to create a new reality (Glesne, 2010; Guba, 1990). According to critical theory, there is an imbalance of power within the concept of knowledge, or the creation of reality itself. Those with power dictate what constitutes as "knowledge" and, perhaps more importantly, what does not (Creswell, 2012). Using this paradigm, a researcher hopes to liberate families involved in the child welfare system. This type of researcher views their research as a political act aimed to transform an injustice, while also focusing on how this inequality is maintained. Studies may focus on power and highlight how race and economic status impact families' ability or inability to reunify. A critical theorist will also strongly focus on practice and will ensure theories tie into practice (Glesne, 2010). To help emancipate the participants, the researcher can adopt a dialogic approach to help families become aware of this inequality and rally them around how things can and should change (Guba, 1990).

A researcher doing a study of reunification from a critical theory paradigm may select parent participants who belong to a minority group, as they are more likely to be victims of power differentials and in be need of advocacy. The questions may focus on how parents struggle with lack of power, issues related to their socioeconomic status, or what services were or were not put in place to help address those issues.

For example, Blakely and Hatcher (2013) studied the effects of trauma on parents' ability to navigate the child welfare system. The study focused on African American women with substance abuse issues. All parents in the child welfare system are at the mercy of caseworkers and judges who hold the ultimate power in the reunification process. This particular study focuses on how the child welfare system often neglects the trauma of parents. While some may see parents as lazy or not caring about their children, this critical theory study proposes that the effects of trauma may be a misunderstood or ignored source of the parents' lack of progress. With this knowledge, caseworkers can better serve these parents.

Combining Paradigms

A single study does not need to operate from the perspective of just one paradigm. While there is often a dominant paradigm within a study, authors can insert elements of other paradigms. This must be done with some thought, though, as failing to fully comprehend each paradigm can result in underdeveloped or muddled research questions, designs, and results. Again, D'Andrade and Nguyen (2014) can be used as an example to demonstrate this point. Elements of critical theory are evident in their discussion section where the authors advocate for change. The authors suggest that fully complying with services in the reunification process can be made easier for parents if services were combined or located in the same building (D'Andrade & Nguyen, 2014). Evidence of positivism is found when they assert that the use of services increases the likelihood of reunification; however, they were also able to further this concept from a critical theory lens by advocating for change in service delivery. Additionally, elements of constructivism become salient as they question whether their results were based on progress or compliance, suggesting that the "truth" they discovered could have multiple explanations.

Studies that combine paradigms are important to the literature of reunification. Social workers are expected to have cultural competency (NASW, 2008), and this applies to both research and practice. In order to demonstrate this in research, multiple paradigms are required. Positivism allows the researcher to obtain relevant facts about the culture. Constructivism can be used to demonstrate how different cultures impact people's lives and parenting, which acknowledges the different experience families will face when challenged with removal. Finally, critical theory can help examine the power differential between cultures, as often the dominant culture influences how parents are expected to change in order to reunify with their children. This shines a light on the minority cultures that too often find themselves overrepresented within the child welfare system and without a voice.

Combining paradigms in research can also address another aspect of the values and ethics of social workers. As part of the NASW *Code of Ethics* (2008), social workers are called and expected to challenge social injustice. This requires combining elements of all three mentioned paradigms. Advocating for change aligns naturally with critical theory; however, to best advocate for change, hard facts from positivist studies are needed as well as the ability to see multiple perspectives that would be revealed in a constructionist study. Thus, limiting one's research to one narrowly defined paradigm restricts the results and implications of the research studies, which will restrict knowledge and practice. This is particular true in fields like social work where researchers and practitioners are challenged to address complex issues like reunification.

Conclusion

The child welfare system balances its responsibility to keep children safe with the belief that families should remain intact. As a result, when children are removed from parents, the child welfare system strives to reunify the family in a timely manner. There are a variety of reasons families must go through this reunification process and there are many services and approaches to aid in this process, but the system and its participants have flaws. The literature

highlights this fact but also showcases encouraging and emerging practices, interventions, and services. In reviewing the literature, it is clear that the paradigms of positivism, constructionism, and critical theory have noticeably shaped this research and will continue to do so. While they may continue to compete for dominance, the issues that make up reunification research will be better served by a more holistic approach to understanding. Thus, researchers are called to incorporate different paradigms into their research in order to deepen the understanding and impact of reunification; this approach has the ability and opportunity to improve both research and practice.

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Fostering Research and Diversity Competencies for Students and Scholars: The Case of an Interdisciplinary Research Seminar

Elizabeth G. Holman, MS, LSW & Megan S. Paceley, Ph.D.

Abstract

Social work education on LGBT populations has focused on practice with, rather than the challenges of research with, LGBT people. Similarly, scholarly attention has been paid to methods for teaching about research, but there is a lack of focus on the intricacies involved in conducting research with marginalized populations. To address this gap within social work education, the authors developed a new approach for teaching LGBT research and diversity competencies: a year-long LGBT Research Seminar. This outlines the process of developing the successful seminar and highlights the project outcomes.

Keywords: LGBTQ, CSWE Competencies, Research, Vulnerable Populations, Social Work Education

The National Association of Social Workers (NASW)code of ethics calls for social workers to treat people with respect, avoid discrimination, and "act to prevent and eliminate…discrimination against any person, group, or class on the basis of…sexual orientation, gender identity or expression…" (NASW, 2008 p. 1). Training future social workers to have the knowledge and skills to work effectively with lesbian, gay, bisexual, and transgender (LGBT) people, including diverse sub-populations, is critical. Research suggests that LGBT individuals may face stressors based on their minority identity that can lead to poor outcomes in mental and physical health (Meyer, 2003). LGBT individuals with multiple marginalized identities, such as people of color, may face additional risks (CAP & MAP, 2015). Social work education is key to developing ethical, competent practitioners and researchers capable of reducing human suffering and generating new knowledge (Council on Social Work Education [CSWE], 2015) about LGBT populations.

The CSWE Educational Policy and Accreditation Standards (EPAS) specify that in order to be accredited, BSW and MSW programs must include curriculum related to professional and ethical behavior; diversity; human rights; research; policy; engagement, assessment, and intervention with individuals, families, groups, organizations, and communities; and evaluation of practice (CSWE, 2015). The EPAS research and diversity competencies are particularly relevant to social work education regarding LGBT populations, as social workers are expected to recognize oppression, marginalization, privilege, and power; be self-aware of personal biases; and "apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice" (CSWE, 2015, p. 7).

The connection between research and practice with LGBT populations has not been adequately addressed in social work education to date. Social work education has sporadically attended to LGBT populations in *practice* coursework and evaluations of cultural competency (Bassett & Day, 2003; Foreman & Quinlan, 2008; May, 2010; Van Den Bergh & Crisp, 2004), although research suggests this inclusion has been inconsistent or problematic at times (Craig, Iacono, Paceley, Dentato, & Boyle, in press). Less attention has been given to training students

to address the challenges of *research* with this marginalized group. Similarly, scholarly attention has been paid to various methods for teaching about research (e.g. Steinberg & Vinjamuri, 2014; Svoboda, Williams, Jones, & Powell, 2013), but there is a lack of focus on the intricacies involved in conducting research with marginalized populations specifically. Thus, students are left wanting in terms of an in-depth understanding and appreciation for the challenges of working with and researching concerns related to LGBT individuals, particularly individuals with multiple marginalized identities.

To address this gap within social work education, and to build stronger connections between researchers and practitioners serving LGBT populations, the authors developed a new approach for teaching LGBT research and diversity competencies in conjunction: a year-long LGBT Research Seminar. By connecting students and faculty researchers in social work and related disciplines with social service providers, we enhanced our shared knowledge of LGBT research and evidence-informed service; encouraged the advancement of higher quality research and practice with this population; decreased isolation among LGBT researchers and providers; maximized collaborations; and developed an educational seminar that others can replicate in their own communities. In fact, a main goal of the LGBT Research Seminar was to create an interdisciplinary community to promote knowledge exchange among diverse stakeholders to strengthen the field of LGBT studies. This paper describes the project, including its process and outcomes, with the goals of furthering discussions surrounding the process of teaching LGBT research and diversity competencies in social work, and connecting interdisciplinary scholars and social service providers to better address the concerns of LGBT populations.

Why the Need for an Interdisciplinary LGBT Research Seminar?

Addressing diversity and research competencies in social work education is vital to provide strong, evidence-based practice with LGBT populations. Increasing the methodological skills of researchers will aid in the process of ensuring that social programs and interventions are effective for LGBT populations, rigorous measurement tools are being utilized, and findings on gender and sexual minorities are more generalizable and representative of the diversity within the LGBT community (i.e. for LGBT people of color, youth, rural populations, etc.). An increased focus on rigorous research with marginalized sub-populations within the LGBT community and an understanding of identity intersections will further this field of study and improve evidence-based practices available for social workers and other helping professionals working with LGBT individuals, families, and communities.

However, the difficulty in addressing these competencies is enhanced by several cross-cutting challenges in the field. The stigma associated with LGBT populations (and consequently LGBT research), can have an impact on academic research by silencing the discussion of LGBT identities (Epprect & Egya, 2011). For example, scholars engaged in LGBT research "may encounter misunderstandings, heterocentrism, heterosexism, homophobia, and hostility both within and outside social work programs" (LaSala, Jenkins, Wheeler, & Fredriksen-Goldsen, 2008, p. 255). This may lead to a lack of conversations about LGBT research in classes or with colleagues, as well as even hesitancy to engage in LGBT research in highly stigmatized environments. Additionally, research competencies with this population may be limited given the lack of focus on teaching about the unique methodological challenges of conducting LGBT

research, including ethical dilemmas (Martin & Meezan, 2003; Mustanski, 2011), sampling and recruitment of hidden populations (D'Augelli & Grossman, 2006; Dankmeijer & Kuyper, 2006; Hartman, 2011), and a paucity of adequate measurement tools. Finally, individuals working with and on behalf of LGBT populations may experience professional isolation when seeking to increase their knowledge and understanding. Student and faculty scholars studying LGBT individuals, families, and communities may be the only one, or one of a small number, of researchers studying these topics on a particular campus. This experience can be isolating for the researcher (LaSala et al., 2008) and leave them without colleagues who fully understand the methodological challenges inherent in LGBT research.

An LGBT Research Seminar can provide opportunities for students, scholars, and practitioners to discuss these common methodological challenges (D'Augelli & Grossman, 2006; Martin & Meezan, 2003). These conversations may reduce the isolation of LGBT researchers (LaSala et al., 2008) and stigma associated with LGBT populations (Majied & Moss-Knight, 2012). In addition, LGBT research seminars that include participation across disciplines can extend methodological training and skills, and generate interdisciplinary LGBT research opportunities. Bringing together scholars and practitioners to share and exchange knowledge will further stimulate cohesion in the field.

The purpose of this paper is to outline the process of developing a successful seminar, describe project outcomes, and provide suggestions for replication. Our goal is to extend the community of methodologically-considerate and highly skillful LGBT researchers and reduce the divide between researchers and practitioners in this area. We discuss the role of social work education, specifically, as a site best suited to lead these sorts of endeavors.

The Process of Creating an LGBT Research Seminar

We sought to create an LGBT Research Seminar ("The Seminar") to address some of the stated concerns of scholars who felt isolated and unprepared to address the unique concerns of LGBT research. By expanding the knowledge base on LGBT research across our campus, particularly in social work, education, and the social sciences, we hoped to de-isolate individuals focused on LGBT populations, attract and retain students and faculty interested in LGBT research, and connect practitioners to local LGBT researchers. The project proposed to strengthen the interdisciplinary connections between students, staff, faculty, and social service providers to create a local, national, and global community of scholars focused predominantly on LGBT research methods. Additionally, it provided an approach to teaching about research with a marginalized group in a new and innovative way.

The Seminar was intentionally interdisciplinary in nature, with two doctoral-level student leaders from Social Work and Family Studies and two faculty leaders with appointments in Educational Psychology; Education Policy, Organization and Leadership; and Gender and Women's Studies. Other student and faculty participants were from Social Work and a variety of other social sciences, as well as STEM fields. While each of the Seminar activities took place at one university, to further our goal of creating a global network of LGBT researchers, we sought participation from local social service providers, as well as scholars from other universities and research institutes internationally through email, video conferencing webinars, and attendance at

the year-end symposium. The project, in its entirety, was funded through a grant from the host university's Graduate College.

The Seminar consisted of three primary educational activities: reading and discussion groups, panel presentations, and a one-day concluding LGBT Research Symposium. Seminar topics mirrored the research process: ethical issues and considerations; the complexities and diversity of identities; innovative recruitment and sampling techniques; the importance of taking an intersectional approach; unique coding techniques to ensure valid and descriptive data; how to blend quantitative and qualitative data seamlessly; tying research to practice; the use of technology in research; and various ways to use and disseminate data (see Appendix A for a fuller description of each topic).

Reading and discussion groups were held monthly for two hours. These groups, designed similar to a journal club, allowed for in-depth discussions surrounding the methodological issues presented in the readings. Discussion group participants were encouraged to reflect not only on the assigned readings, but on their own research. Four panel presentations were held throughout the year, and expanded on topics discussed in the reading and discussion groups. Bringing together larger audiences for these panel presentations also extended the conversation beyond the small group discussions to share ideas regarding the methodological topic at hand. We also provided a link to a free, live webinar for each panel, which allowed individuals to "attend" the panel and interact with speakers in real time. We also offered continuing education units (CEUs) to licensed social workers and psychologists in attendance for several panels.

Finally, we concluded the year-long Seminar with an LGBT Research Symposium (the "Symposium"). The goal of the Symposium was to bring together an interdisciplinary group of students, researchers, and practitioners to share their experiences with LGBT research across the social sciences. The one-day Symposium included three 90-minute breakout sessions with 22 presentations and a keynote address by two experts on the utilization of LGBT research to affect policy change. Continuing education units were provided for the keynote presentation as a way of encouraging participation from researchers and practitioners alike.

Outcomes of the Inaugural LGBT Research Seminar

This Seminar provided a new approach for providing specialized research training pertaining to LGBT populations, specifically by addressing the EPAS diversity and research competencies in social work education (CSWE, 2015). In designing and implementing the educational research Seminar, we hoped to bring attention to the complexities of LGBT research and decrease isolation among scholars globally, while improving our ability to engage in research with, and on behalf of, LGBT populations. To measure these outcomes, we obtained feedback from participants at the discussion groups, panel presentations, and the Symposium, and administered evaluations at the panel presentations and the Symposium. The outcomes discussed below are based on these informal and formal assessment procedures.

Enhanced Knowledge of Methodologies

First, Seminar participants reported enhanced knowledge of nuanced methodological choices to be made throughout the research process. By providing a forum to discuss the complexities of LGBT research, as well as the opportunities for collaboration, participants discussed their improved ability to engage in reflexivity to produce high quality research on LGBT topics. Participants reported increased knowledge about engaging in LGBT research in the social sciences.

Increased Community of Scholars

Second, the level of participation among local scholars and practitioners, as well as those from other universities, surpassed our early expectations of modest involvement by a few invested local scholars. A larger, international network of scholars engaged in LGBT research began to develop, particularly among graduate students and new professionals. The relevance of an early goal in the development of the Seminar -- to decrease isolation and increase interdisciplinary collaboration among LGBT scholars and practitioners -- was made all the more evident at the early discussion groups and panel presentations. Participants expressed the need for such a seminar and, while research topics and disciplinary backgrounds differed, participants were able to find a local community with which to examine the issues each had struggled with regarding their own research. Symposium attendees also commented on this community building; one stated that the most meaningful aspect of the Symposium was networking with other LGBT professors and researchers. These interdisciplinary connections have provided opportunities for people involved with the Seminar to find others with similar scholarly agendas, thus de-isolating them as perhaps the lone LGBT researcher in their departments.

Launched Annual Conference

Finally, the LGBT Research Symposium was so successful that an annual conference has been launched to continue meeting these needs longer-term. The conference has grown in size and scope, drawing participants from across the United States and internationally, as well as growing interest from practitioners. The Symposium allowed for a larger-scale network of scholars and practitioners to discuss the issues pertaining to their LGBT research or practice.

Discussion

With LGBT issues at the forefront of many social debates today (see, for examples: Brown & Kershaw, 2008; Fingerhut, Riggle, & Rostosky, 2011), researchers have an important role in providing empirical data to scientifically inform practice and policy, with the goals of reducing discrimination and promoting well-being. Social work education should be preparing scholars who can provide relevant and rigorous research on the ever-changing landscape of issues affecting LGBT populations. Further, training practitioners who can critically evaluate and utilize research with LGBT populations will enhance the work with this population.

Through this Seminar, an interdisciplinary network of scholars and practitioners focusing on LGBT research has been established that may increase collaborative and interdisciplinary

work in the field. Participation in the Seminar also challenged undergraduate and graduate students alike, as well as professional scholars and practitioners, to think critically through the methodological choices of a research study. It is hoped that participants will use the discussions from this Seminar to move forward with more advanced research and critical thinking skills to enhance the quality of work in this area and contribute to enhanced social work practice with LGBT youth, families, and communities.

Social work, in particular, is an ideal discipline to lead such an endeavor. Schools of Social Work are primed to educate other professions about the complexities inherent in LGBT research because of their characteristically interdisciplinary nature and their commitment to social justice and supporting marginalized groups. In its code of ethics, the NASW describes the importance of cultural competence and diversity; respect for the dignity and worth of the person; competence in social work practice; and requires social workers to engage in ethically sound research and evaluation, contribute to the process of knowledge-development, and "educate themselves, their students, and their colleagues about responsible research practices" (NASW, 2008, sec 5.02p). Because of the complexities involved in LGBT research, it is imperative that Schools of Social Work engage in these specialized research trainings to promote more rigorous, useful, and ethically-sound research. One innovative way to do this is through the development of interdisciplinary research seminars that focus primarily on research with LGBT populations.

Focused seminars such as this one can be used as a beneficial educational tool in the field of social work as a way to augment existing anti-oppressive frameworks and curricula, and bring greater attention to the substantive complexities that arise when working with marginalized populations. This approach can be used not just with LGBT populations, but as a way to promote research and diversity competencies overall—perhaps even with other marginalized groups. This type of seminar process can also be replicated (on perhaps a smaller scale) to connect researchers with local service providers in other communities to continue the growth of collaborative networks supporting LGBT populations.

Considerations for Replication

Those who aim to replicate this Seminar project should be aware of challenges that naturally arose throughout the course of the Seminar. While the benefits of interdisciplinary study have been well-documented, engaging in interdisciplinary conversations surrounding research presented challenges. The ways in which research is approached and discussed varies greatly across disciplines. These alternative, and sometimes conflicting, theoretical lenses and standpoints, while pushing scholars to think about and engage with the work in new ways, can also feel like language barriers in interdisciplinary collaboration. However, the ability to engage in these cross-disciplinary conversations is a vital skill for future interdisciplinary and collaborative scholarship and, thus, is another beneficial outcome of this project.

Finally, although the Seminar aimed to bring together researchers and practitioners, the divide that seems to separate these groups presented difficulties at times. Both groups were invested in supporting LGBT communities, yet there were difficulties in generating equitable buy-in from researchers and practitioners about the importance of bridging the divide that sometimes separates them. For example, it can be challenging to underscore the importance of

high-quality research methods to students who are adamantly practice-oriented or engaging researchers with the idea that it is essential to make research accessible and available to practitioners. It is imperative that social work education and education within the social sciences broadly, attend to the methodological issues inherent in studying the various populations whom they serve. Social work and other related fields should be teaching students at the intersections of research, policy, and practice as they intricately inform one another in real world settings. Addressing the unique methodological challenges and opportunities inherent in conducting research with diverse populations is as vital to the field of social work as culturally competent practice with this population.

Using an interdisciplinary approach to teach specialized research through seminars similar to the one described, has the potential to move social work education beyond the practice of teaching broad, technical research skills to incorporating an anti-oppressive framework when conducting research with marginalized populations. Our focus on LGBT populations highlighted the diversity within the community, the complexity of sexual and gender identities, and particular ethical considerations, but similar concerns may exist for other marginalized groups or hard-to-reach populations, as well. Seminars such as this one have the potential to advance the way we teach research within the field of social work and engage students, faculty, and social service providers to think about research methods in new conceptual ways.

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Appendix A: Themes of exploration throughout the year

Ethical Concerns
We examined the unique ethical considerations that arise when studying LGBT individuals across the lifespan. We drew from the expertise of IRB reviewers and community members to discuss ethical concerns from both the institutional and participants' perspectives.

Defining without Stereotyping
We examined approaches for labeling and categorizing a group which has fought to defy reductionist labels. With the variety of complex identities adopted by people to define behaviors of affection and sexuality, we discussed the possibility for coding and analysis, as well as measurement strategies for capturing such multifaceted variables.

Recruitment and Sampling Techniques
Given the difficulty many researchers have in reaching hidden populations, we spent several meetings discussing recruitment and sampling techniques specific to seeking out LGBT individuals. We explored the role of insider/outsider status of the researcher, sampling techniques to use with youth, and how to access this population without 'outing' participants.

The Forgotten Diversity
We focused on exploring the diversity within the LGBT community -- differences that are often ignored when studying sexuality-related topics. Specifically, we discussed research related to the elderly, and various religious and cultural groups. Our aim was to uncover the unique subcultures that exist, and yet are often blurred together, in discussing LGBT issues.

More than Sexual Identity
Building on the previous discussion of diversity within the LGBT community, we focused on the idea of intersectionality. Topics included: sexuality and disability, race, class, gender, religion, and national origin with a focus on global human rights issues. We discussed how to study LGBT individuals holistically rather than pulling out one aspect of their identity.

Tying Research and Practice
We hoped this seminar series would influence policy and practice work, as well as academic research. To meet this goal, we spent time discussing the mutual feedback between research and practice in community organizations, schools, and other settings with LGBT individuals. We identified gaps of learning and service that are being overlooked.

Tying Quantitative and Qualitative Methods
We hoped to help students cross the boundaries between quantitative and qualitative research, providing relevant exposure to the gamut of methods and measures that are valuable in LGBT research, including mixed methods. Ways of developing standardized instruments and conducting psychometric analysis for known measures were introduced.

Using Technology with Research
We examined the use of technology to conduct research with LGBT populations. We brought in examples of different technological advances (e.g. The Kinsey App, Facebook, and other social media) and how they could be used to enhance LGBT research.

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Theoretical Models of Adult Suicide Behavior Based on Psychodynamic and Cognitive Theory

Heather Leona Peterson, LMSW

Abstract

Suicide is a significant societal problem, with vast social and economic consequences. Though studies suggest that interacting with suicidal clients is highly probable, many social workers lack the knowledge to manage this difficult task. Recently, research has called for social workers to reformulate classical theory to advance our understanding of suicidal ideation and behavior. The current article proposes two explanatory models of suicidal behavior based on divergent classical theories. Both theories' underlying assumptions were examined, in order to generate and compare the resultant models. Such efforts ensure that clinical practice and future research on suicidal behavior have sound theoretical grounding.

Keywords: Suicide, depression, psychodynamic theory, cognitive theory

Suicide is a significant social problem, having claimed over 38,000 lives in 2010 alone (Centers for Disease Control and Prevention [CDC], 2010b). Many direct practice social workers are on the front lines in settings where clients are at risk of suicide. One study found that 55% of social workers will work with a client who has exhibited serious suicidal behavior, and 31% will have a client who completes suicide (Sanders, Jacobson, & Ting, 2008). Given the prevalence of suicide, there is a consensus that social workers engaged in direct and clinical practice should be equipped to meet the needs of at-risk individuals (Joe, & Niedermeier, 2008; Osteen, Jacobson, & Sharpe, 2014). However, research has also suggested that many social workers in these settings lack training and feel ill equipped to serve clients who exhibit suicidal thoughts or behaviors (Feldman & Freedenthal, 2006; Joe & Niedermeir, 2008; Osteen et al., 2014).

Suicide has been a leading cause of death for people ages 10-64 since at least the 1980's, when the CDC began reporting fatal injury data (CDC, 2010a). Overall, suicide was the 10th leading cause of death in 2010 (Department of Health and Human Services [HHS], 2012). The rate of suicide in America has both vast economic and social consequences. The CDC (2010a) estimated that suicide resulted in $34.6 billion in work loss and medical costs. Suicide is also psychologically costly: family and friends of individuals who suicide are at an increased risk of developing mental illness, abusing substances, and attempting suicide themselves (HHS, 2012).

The National Institute of Mental Health (NIMH) (2010) estimated that 90% of suicides performed were by people experiencing a mental illness or substance abuse disorder, and that the most frequently occurring disorder was major depressive disorder. Gotlib and Hammen (2009) cite estimates that as many as 60% of suicides were completed by individuals with depression. Historical studies affirm that the two most significant "predictors" of suicidal acts are major depression and alcohol abuse or dependence (Murphy, 1974). Further, suicidal ideation is a symptom of major depression (APA, 2013).

Though studies suggest that interacting with clients who experience suicidal ideation or behaviors is very likely, many social workers lack the knowledge to manage this difficult task

(Joe & Niedermeier, 2008; Sanders et al., 2008). Recently, Lester (2014) called for social workers to revisit and reformulate classical theory, to create new explanatory models of suicide behavior and help identify the causes of suicide. Lemert (2013) posits that it is within classical sociological theories that the "why", or causes, of social change may be revealed (p. xvii). The current article proposes two different explanatory models of suicidal behavior based on divergent classical theories. Both theories' underlying assumptions were examined, in order to generate and compare the resultant models' strengths and weaknesses. This effort helps ensure that clinical practice and future research on suicidal behavior have sound theoretical grounding.

History of Theories Related to Suicide

The act of suicide has been debated in theology and philosophy for centuries (Minois, 1995). In *Laws*, Plato offered that individuals who complete suicide should be buried anonymously and separately from other people as punishment (as cited in Minois, 1995). He gave exception, however, to those who suffered "illness, and the miseries of fate… from abject poverty to shame" (as cited in Minois, 1995, p. 45). Plato's exceptions of blame may be the result of his sympathies to his mentor, Socrates, who was sentenced to drink hemlock by the state, but who arguably could have escaped from his death sentence. Socrates, in becoming his own executioner, paid "lip service to the official attitude: The gods are our masters, we belong to them, and we have no right to quit their company" (Minois, 1995, pp. 45-46).

For a time after the rise of Christianity, suicide was attributed to demonic possession or worship for hundreds of years. It was not until the mid-1600s that physicians began to note "the frequent juxtaposition of melancholia and suicidal tendencies" (Minois, 1995, p. 138). At this time, suicidal acts began to be viewed as the result of medical (psychological) illness, rather than the result of demons or the supernatural. This coincided with the first use of the term suicide; previously, suicide had been referred to as a sort of self-violation or murder, however, the focus and cause was shifting (Minois, 1995). It also coincided with Shakespeare's (1603) *Hamlet*, in which the actively suicidal title character wishes out loud, in Act I, that his flesh would melt. This marked an increase in literature's curiosity with, and accounts of, suicide (Minois, 1995).

Theoretical Model of Suicidal Behavior in Depressed Adults: Psychodynamic Theory

In classic psychodynamic theory the human mind is defined as a composition of three parts: the Id, the Ego, and the Superego (Brenner, 1955; Freud & Riviere, 1927; Lemert, 2013; Rahman, 1977). At the base of the human psyche is the Id, the most primitive of the three components. The Id is described as entirely preoccupied with fulfilling the most pressing instinct to the fullest extent possible (Peterson, 2013). The second component of the psyche is the Ego, which is concerned with mediating the Id's primitive desires and the Superego's unrealistic demands. Finally, the Superego is the result of our period of dependence on parents, and seeks to mimic models of good behavior (Peterson, 2013).

Also fundamental to classic psychodynamic theory is the concept of instincts, or drives. The two universal drives in humans are the Thanatos, the death instinct, and the Eros, the life and libido instinct (Brenner, 1955; Jung, 1961; Lemert, 2013). It is these two instincts that the Id most wants to satisfy, and therefore, the two points which the Ego most actively tries to redress

(Freud & Riviere, 1927). In psychodynamic theory, depression results from the Ego's inability to satisfy and suppress both the Id and the Superego effectively (Freud & Riviere, 1927).

Depression and Suicide as a Result of Object-Loss

Freud noted two different types of depression: that which results from an actual loss of a love-object (by death), and which results from an emotional loss of a love-object (Gaylin, 1983). In the first, the Ego does not blame itself for the loss. However, in the latter, the Ego is rejected and insulted and may grow to hate itself and perhaps to harm itself in place of the now-reprehensible love-object (Bibring, 1983; Freud, 1917; Gaylin, 1983). It is therefore in the instance of an emotional loss of a love-object that suicide becomes a possibility. Freud (1917) wrote that it is instinctual for the Ego to love itself to such an extent that it would be difficult to imagine it pursuing self-destruction. However, despite the depth of its self-interest, "the ego can kill itself… if it can treat itself as an object… if it is able to direct against itself the hostility which relates to an object" (Freud, 1917, p. 28). Object-loss as a cause of suicide has since been a topic of debate (Yufit & Lester, 2005; Power & Dalgleish, 2008).

The Proposed Model of Adult Suicidal Acts per Psychodynamic Theory

From the perspective of classical psychodynamic theory, causal and explanatory models are relatively simplistic. Most symptoms of currently defined mental illnesses are the common denomination of a weak Ego (Gaylin, 1983). Prior to Freud's illustration of the division of the psyche, the French psychiatrist Esquirol posited that suicide might be the result of what Freud would have called a weak Ego; he wrote that suicide is the result of insanity in a person who "has not fortified his soul" (as cited in Minois, 1955). In the psychodynamic model, neuroses tend to occur at the unconscious level.

The proposed explanatory model of adult suicide per psychodynamic theory (Figure 1) is constructed based on Jaccard and Jacoby's (2010) suggestions for causal model building. In this model, based on only classical assumptions of psychodynamic theory; the Thanatos, the death instinct present in all humans, which the id is already preoccupied with satisfying, is the independent variable. The Thanatos is completely mediated by the Ego; that is, the Thanatos works through the Ego. This relationship is moderated by the emotional loss of a love object. Once the Thanatos has begun influencing an Ego weakened by loss, the lost object may come to be regarded with contempt. Alternatively, the Ego may view the loss of the object as a fault of its own. If this occurs, the relationship between a weakened Ego may result in suicide via the Ego's hatred of the object being transferred to itself (Freud, 1917; Gaylin, 1983).

Strengths and Weaknesses of the Proposed Psychodynamic Model

Freud (1905) postulated a model of child development in psychodynamic theory (as cited in Strachey, 1955). Freud (1905) maintained that neuroses that occur later in life must have begun in childhood (as cited in Strachey, 1955). By this, he placed blame on parents, especially mothers, for inciting neuroses in their children (Freud, 1963). This was the greatest extent to which he emphasized social and environmental variables; throughout his theory, biological factors took precedence. Further, classic psychodynamic theory is focused on biological

phenomena at the level of individuals, rather than of groups and communities. His theory has greater historical use in addressing issues of mental illness in adults, rather than children.

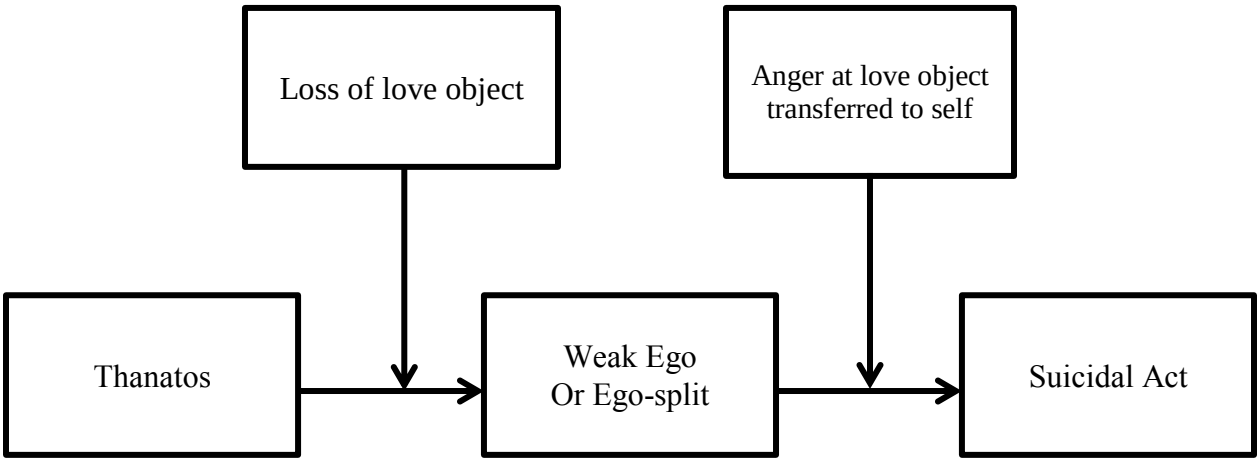

Figure 1: An explanatory model of adult suicidal behavior per psychodynamic theory.

The weaknesses inherent to this model are clear. In the psychodynamic theory, the client is a patient who is medically deficient, and the psychotherapist is the expert. This highlights the concerns of adopting a raw psychodynamic approach in social work practice. In addressing suicidiality, taking the role of the expert is extremely risky. The individual is experiencing a very unique and precarious set of circumstances, which they feel that they cannot manage. The model proposed aligns with traditionally positivist philosophical belief, by supposing that individuals who suicide all follow the same observable pattern (Robbins et al., 2012). Classic psychodynamic theory largely ignores environmental factors, which are currently emphasized in suicide prevention efforts; models based on contemporary versions of psychodynamic theory (self psychology and relational theory) do acknowledge the importance of the environment. A dynamic factor that is very relevant to suicide prevention is an individual's religion or spirituality, which Freud dismissed immediately as an indicator of a weak Ego (Freud, 1919).

Though an overly simplistic model is not necessarily clinically applicable, examining classic psychodynamic theory has significant heuristic value. It is difficult to argue against the idea that humans have some misunderstood instinct to destroy other things, other people, and our own selves. It is likewise difficult to argue against a metaphorical psychic mediator of good and bad, moral and amoral, and constructive and destructive. If a person concedes to both of these ideas, then the psychodynamic theory is supported. However, the same model may be used for a large number of clinical disorders. This illustrates the argument that specificity is the opposite of generalizability. In order to find a model that has only face validity with so many different diagnoses and social problems you must yield the ability to actually use it.

Theoretical Model of Suicidal Behavior in Depressed Adults: Cognitive Theory

The development of theories concerned with the development and importance of cognitive abilities began around 1925 when Jean Piaget, formerly a biologist, began to study psychology (Piaget, 1952; Robbins, Chatterjee, & Canda, 2012; Wadsworth, 1971). Piaget, in a way similar to Freud, believed that the mind was composed of structures, which he termed schemas (Piaget, 1952; Wadsworth, 1971). Piaget likened schemas to filing cabinets, where individuals learn to classify both physical and emotional understandings; they continue to develop throughout an individual's life, however, they grow most rapidly during childhood (Piaget, 1952; Wadsworth, 1971). Piaget reintroduced the importance of heritable traits to psychology, considering himself a genetic epistemologist (Wadsworth, 1971). He acknowledged that a certain level of intellectual aptitude is inherited, but insisted that "intelligence is an adaptation" and is formed through organization, adaptation, accommodation, and equilibrium with an individual's environment (Piaget, 1952, pp. 2-13).

Depression and Suicide as a Result of Flawed Cognitions

Like psychodynamic theory, cognitive theory was established based on observations. Like Freud, Piaget developed his theory based on case studies (Wadsworth, 1971). Cognitive theory has since developed in very operationalized ways. Aaron Beck was trained as a psychoanalytic therapist, but began establishing cognitive therapy shortly after medical school (Alford & Beck, 1997; Beck Institute, 2013; Power & Dalgleish, 2008). His primary interest was in depressive symptomology; in his early work, he regarded suicide as "the only important cause of death in depression" (Beck, 1967, p. 56). He developed a number of measures of depression – including the Beck Depression Inventory – which have been empirically tested and boast a wealth of supporting evidence (Alford & Beck, 1997; Beck, 1974; Yuffit & Lester, 2005).

In his initial texts on depression, Beck remarked on a cognitive triad that lent itself to depression: Negative interpretation of experience, negative view of self, and negative expectations (Beck, 1967; Beck, Schuyler, & Herman, 1974). In more recent literature, the triad has been referred to explicitly as: negative thoughts of self, negative thoughts of environment or of the world, and negative thoughts about the future (Beck, 2011; Rudd, Joiner, & Rajab, 2001). Beck extended Piaget's concept of schemata and posited that people who experience depression have one or more schema that are rigid, rather than flexible (Alford & Beck, 1997; Beck, 1967). Later, Beck developed the Scale for Suicidal Ideation and the Suicidal Intent Scale based on patterns, or symptoms, of cognition that similarly predicted depression: cognitive distortions, attributional style, and negative/rigid schema (Beck, 1974; Ellis, 2006; Yuffit & Lester, 2005).

The Proposed Model of Adult Suicidal Acts per Cognitive Theory

The proposed model of adult suicide per cognitive theory (Figure 2) was constructed based on Jaccard and Jacoby's (2010) suggestions for causal model building. Figure 2 focuses on two of Beck's cognitive triad that he determined were most likely to predict suicidiality: negative thoughts of self and negative thoughts of the future (Beck et al., 1974; Yufit & Lester, 2005). In this model, conscious cognitions are the independent variable. These cognitions are mediated by biological predispositions in cognitive styles and by psychiatric diagnoses. The mediators are bi-influential. Cognitions influence negative or ridged schemas. Schemas lead to suicidal ideation,

mediated by cognitive styles. The cognitive styles that influence negative schemas are self-attributional style, or negative views of self, and by negative views of the future, or hopelessness. Ideation influences both intent and action; this influence is mediated by the same cognitive distortions, which affect suicidal intent. It is important to note the pervasiveness of cognitive distortions in mediating between schemas and ideation and between ideation and acts (Lester, 2014). In later work, Beck acknowledged intent as a major mediator of suicide (Yufit & Lester, 2005); thus it is the last mediating variable between suicidal ideation and suicidal act.

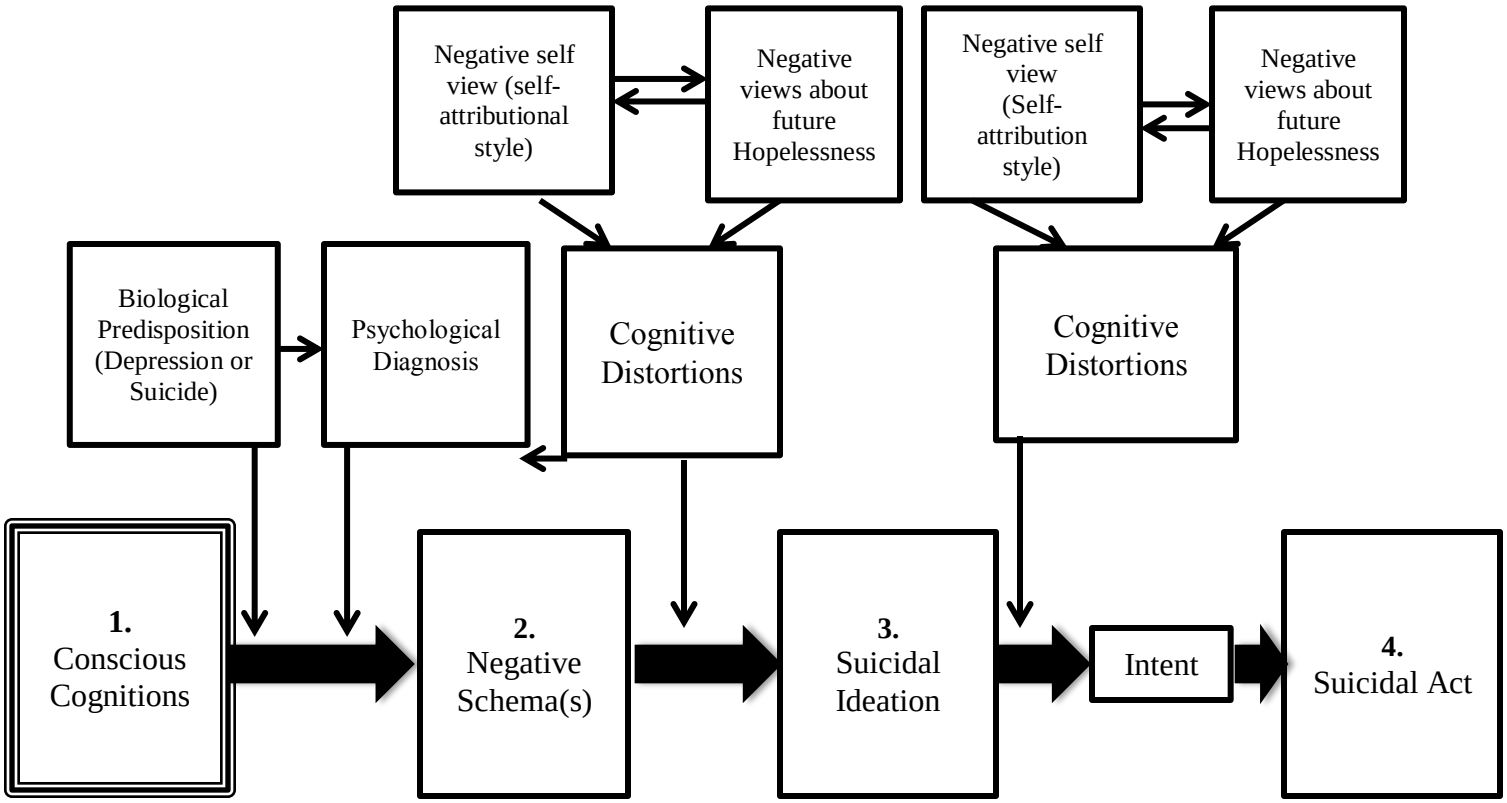

Figure 2. An explanatory model of adult suicidal behavior per cognitive theory.

Strengths and Weaknesses of the Proposed Cognitive Model

Cognitive theory is a direct practice theory concerned with biological and psychological factors (Alford & Beck, 1997). In developing cognitive theory, Beck and Piaget both postulated that cognitive style, depression, and ergo, suicidiality were biological in nature (Robbins et al., 2012). Its focus is on individuals, rather than groups or communities, and its outcomes are set on

psychological health (Freeman, Kazantzis, & Reinecke, 2010). It is less reductionistic than psychodynamic theory because, at least in Beck's (1974b) view, it acknowledges the role of the environment in developing cognitive styles. It is focused on pathology, but lends itself much more willingly to use in social work practice because it embraces the potential for human resilience (Beck Institute, 2016; Freeman et al., 2010). It can be used in strengths-based practice, though it is not inherently a strengths-based theory (Robbins et al., 2012).

Cognitive theory is more applicable with social work values than psychodynamic theory (Robbins et al., 2012). It also allows for inclusion of dynamic (individualized) variables, thus aligning philosophically with social constructivism, by allowing individuals in distress ownership in defining their concerns (Alford & Beck, 1997). The founders of cognitive theory also expressed optimism about the nature of change; they viewed actions as less deterministic and fully submitted to the idea of free will (Alford & Beck, 1997). Finally, cognitive theory is based on the assumption that human relations are much less competitive (Beck, 1974b).

Similarities and Differences between the Two Theories and Models

Cognitive theory is similar to psychodynamic theory in many ways; for example, both are related to direct practice and primarily focused on pathology. Another similarity is their representation of static variables, which are universal and not client-centered. However, proponents of both are currently adapting dynamic variables into their theories (see Fowler, et al., 2012; Johnson, Gooding, & Tarrier, 2008; Maltsberger & Weinberg, 2006). Psychodynamic and cognitive theory share many similar fundamental beliefs; for example, psychodynamic theory focuses on deviant versus healthy adaptation, and cognitive theory focuses on deviant versus healthy cognitions. Finally, the focus of both theories is on adult developmental stages, thought they both have available modifications to address other developmental stages.

The two theories are also inherently different. An important distinction between cognitive and psychodynamic theories is that cognitive theory focuses on conscious processes (cognitions) while psychodynamic theory is concerned with unconscious mechanisms (Thanatos and Ego) (Freud & Riviere, 1927; Robbins et al., 2012). Though they are both somewhat abstract, cognitive theory has made great advances in empiricism; Beck's Cognitive Triad has lent to the development of psychometric tools that yield validity and reliability (Beck, 1967; Posell, 2009). Finally, cognitive theory is less reductionistic, making it more pertinent to the social work value of Dignity and Worth of the Person (National Association of Social Workers [NASW], 2008).

Conclusions and Future Implications

In practice, social workers use evidence-based guidelines to work with clients who experience suicidal ideation. Many of these guidelines are based on contemporary versions of classical theories of human behavior. For example, in the National Registry of Evidence-based Programs and Practices (NREPP), the Substance Abuse and Mental Health Services Administration (SAMHSA) (2015) lists the Cognitive Therapy for Suicide Prevention program as one of only two programs with effective outcomes for treating clients. Dynamic Deconstructive Psychotherapy, based on the contemporary versions of classic psychodynamic theory, was additionally mentioned, though as an older "legacy" program (SAMHSA, 2015). If

the underlying assumptions of these theories are central to the development of related practice guidelines, a further examination can aid social workers in their modification and improvement.

Due to the highly personal nature of the suicide, usable guidelines for clinical practice, based on theoretical models, must be individualized. These models must offer personalization and include space to address the many dynamic variables that influence decisions to act on suicidal ideation. Models of suicide behavior, then, must be less positivist and embrace social constructivism. Some of the most specific explanatory models of suicide are being developed and proposed from interpersonal theory (Van Order, et al., 2011). However, using classic theories to develop and examine new explanatory models is an important task for social workers, in order to inform future model building (Lester, 2014).

Upon observing different theoretical models, it is easier to suppose the strengths and weaknesses of a particular theory given the problem situation. A significant weakness of both models is they include only static "universal" variables. As a result, they are of less clinical use in mediating suicidal ideation if not applied from a client-centered approach. The noted limitations in these models serve as recommendations for future model building. Results from this exercise suggest that a promising avenue for future model building would be to incorporate tenets from client-centered theory into models based on psychodynamic and cognitive theories, thus blending social constructivism and positivist philosophies (Coady & Lehmann, 2008). Despite the weaknesses in models from both theories, their historical and heuristic values are indisputable. Future endeavors in model building that addresses suicidal behavior must also focus on an attempt to offer more predictive, rather than explanatory, models. Predictive models will also address static variables, but also have the ability to incorporate generalized dynamic variables, including temporary grief from loss or temporary applications of great stress.

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Intersectional Social Work Perspectives on the Systemic Killing of Black Men

De'Shay Thomas, MSW, Husain Lateef, MSW & Travis W. Cronin, LCSW

Abstract

Three doctoral students in social work with differing positionalities came together to condemn the systemic killing of Black men. This condemnation is codified through reflexive narratives of their experiences. These authors align their narratives with the National Association of Social Workers code of ethics (2008) and with an intersectional perspective. These social workers reflect on how they became conscious of the systemic killing of Black men and call for social workers and the social work profession to work towards a more robust set of protections for Black lives.

Keywords: African Americans, homicide, justice, narrative, racism

As outlined by the National Association of Social Workers (NASW) social and political action ethical standard, social workers should act to eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, ability, color, and gender (National Association of Social Workers, 2008). Consequently, the problem of fatal encounters with police and non-indictment charges of killers of Black men within the United States should be a prime area of concern for the profession of social work. In fact, NASW released two statements that illustrate a desperate need for law enforcement reforms that include creation of standards related to excessive police force for persons with mental illnesses and people of color, body cameras, and police officer trainings to address the devastations of police violence (National Association of Social Workers, 2014; Wilson, 2014 August 18).

As a profession committed to social justice, and the dignity and worth of all people, active engagement and solidarity to ending the systematic killings of Black men without justice is needed in social work teaching, research, and advocacy (Bent-Goodley, 2015). Thus, the purpose of this collaborative reflective narrative is to engage solidarity work among social work advocates who are committed to ending systemic and institutionalized racism that impede on the well-being of Black men and boys. To do this, we present this narrative from three distinct positions. Our hope in undertaking this project is to provide our diverse social work perspectives on the recent killings of Trayvon Martin, Eric Garner, and Michael Brown. We draw attention to these names because of the international attention these particular cases have drawn in terms of human rights violations (Mejia, 2014 December 6). We highlight the recent violent deaths of these Black men with the recognition that Black male adolescents die by homicide at 15 times the rate of White males (Centers for Disease Control and Prevention, 2014; Minino, 2010), these homicides do not represent a new phenomenon in the U.S. (Alexander, 2012; Jones, 1997/1972). To be clear, Black men have been systemically and continuously killed since the inception of the slave trade (Douglas & Garrison, 1846; Jones, 1997/1972). We present our narrative as a call for a day without a single homicide perpetrated against a Black man.

We center this collective narrative using an intersectional perspective (Cho, Crenshaw, & McCall, 2013). Our voices—a Black woman, a Black man, and a White man (all social workers)—represent varying perspectives on the intersections of race, gender, class, and

sexuality. As a diverse social work collective, our unique positionalities shed light on our lived experiences as a source for political and social action. We are aware of our privilege and our oppression. The intersectional praxis we call for in schools of social work is both self-reflective and collaborative. Embedded in this work, is acknowledging one's position—socially and politically — in order to bridge across differences to move towards a collective front. In doing this, social workers from diverse backgrounds can form an inclusive effort to ending the structural, political, and representational injustices experienced by African Americans in Western societies (Crenshaw, 1989; 1991).

A Black Woman's Social Work Perspective

It was fall of 2010 and I had just begun my first social work internship as a bachelors' student. I entered my new position with a probation department in the state of California with an enthusiastic and naïve passion for forensic social work. As I stepped out of my car with feelings of nervousness and excitement, a probation officer stepped in front of me to block me from a situation occurring in the parking lot. As I looked past his physical barrier, I saw a police officer body slam an African American youth on to the concrete parking lot, then hog tie him and place him into his police car, belly down. When I asked, "why is he being taken away?" the probation officer responded, "he was being violent towards staff".

Although I was not able to witness the escalation of events that led up to the situation, I remember feeling two contradicting emotions. First and foremost, I felt a sense of anger about the use of violence, and the unhealthy relationship between African Americans and law enforcement; a relationship that extends beyond this single incident but can be traced throughout U.S. history (Alexander, 2012; Jones, 1997/1972). Second, I felt emotionally desensitized and numb by the actions of the police officer. I began to think, "This type of thing happens every day. This youth must have done something wrong that called for such a harsh response." However, after reflecting over the experience of my family members, including myself, who have been racially profiled or aggressively approached by law enforcement out of suspicion of wrong doing, I realized the devastating impact negative police responses can have on the well-being of African Americans that can ultimately end their lives prematurely.

I can recall a time when a good friend of mine was excited because it was her little brother's 14th birthday. She exclaimed, "I can't believe my little brother is 14 years old! He is growing up so fast". As I sat in her car, in route to pick up her little brother, I listened to her reminisce and share stories about her brother. As we reached our destination, her brother and his friend entered the car and we drove off. My friend asked her brother, "James are you excited about your birthday?" He responded, "Yeah. I can't wait to purchase some new shoes." A conversation followed about her brother's safety; one that I have heard often, and I have personally had similar conversations with males in my own family. "James, I need you to listen to me. Do not look, stare, or talk to anyone while at the mall, make sure your cellphone is fully charged, and do not be talkin' smart, or talkin' back to any police officers, you hear me? You need to be careful because someone can look at you and think you are a grown man, and I don't want to go home and find out that you've been shot or arrested because you are Black and a man." With a few "yes" responses and "that's right" interjections, I agreed with the words spoken by my friend.

In reflecting over this experience in juxtaposition with the killings of African American youth as well as the broader issues of excessive police violence, it is unfortunate that these events have changed the way that African Americans view seeking help from police officers. I believe that we as African American women are fearful for the lives of our husbands, sons, brothers, and the many other male family members in our lives. We are fearful that our families will be torn apart and impacted emotionally due to the premature deaths of African American men. This harsh reality has lead us, as a community of African American women, to set aside time in order to teach our male loved ones how to interact or avoid law enforcement in order to protect their lives.

In light of my experiences, I believe the mistreatment of African American men goes beyond police brutality; It is a systemic issue that perpetuates our social and justice systems. African Americans who are actively involved in the *BlackLivesMatter* and other social movements, often face the critical, and probably most important questions: *How can we change the justice system? How can we protect the lives of men of color?* It is an important set of questions to ask, yet they are questions that do not have an answer. I believe that many African American women have relied on coaching Black men on what, and what not to do, as well as what, and what not to wear, while in public. I do not want this praxis to be misunderstood as respectability politics; in this sense, the intentions of African American women are not to police the bodies of African American men in efforts for more respectable and moral uplifting from the devastations of racial and gender oppression. Rather, this praxis is rooted in a politics of survival, one that includes women's use of their power-a-power that is embedded in wisdom and love—in efforts to save and preserve the lives of their male loved ones.

My praxis, however, is rooted in politics of social justice and social transformation. This politic is an anti-racist, anti-sexist, anti-ablest, anti-heterosexist, and anti-classist social work praxis. My hope is that my work—through advocacy, teaching, and research—disrupts social systems that marginalize and oppress people of African descent. As such, my response to the aforementioned questions (e.g., How can we *change* the justice system? How can we *protect* the lives of men of color?) is that change and protection may occur through supporting self-defining practices that transform the myriad ways African Americans are (mis)defined, (mis)labeled, and (mis)read. Thus, my purpose is to further our understanding and support efforts that radically change our social and justice systems to save the lives of people of color.

A Black Man's Social Work Perspective

At the time of Travon Martin's death in 2012, I was a graduate student working towards the completion of my MSW. One of the most salient happenings I recall most often from that time was the disbelief I observed on the faces of many students within my graduate program. On many occasions, students expressed feelings of disbelief that societal aggression towards Black males, as we learned from the literature, was actually "real." I also recall a question that was proposed to me by one of my classmates who asked me: "What do you think about what happened with Travon Martin?" At that time, I was disinterested in discussing the topic. To me, the event was not a new phenomenon affecting my people, but instead was a historical problem that my people faced. Knowing this, I had rather focus my energy and attention on activities such as passing my exam than liberally providing my perceptive. By doing so, I was one step closer

toward graduation and making "real change"; I politely found a way to change the subject. Thinking back however, especially now after numerous other Black males have been killed and their deaths have made media attention post-Travon Martin, I wish that I had taken the time to give my narrative on the situation of violence against Black males to my classmate. I hope that this short piece provides an answer my former classmate's question.

During my childhood, I became aware of many injustices facing my community and how our experiences differed significantly from those of non-Black populations living in the United States. The first of which was learning about the Trans-Atlantic Slave Trade involving my people and our enslavement. This historical trauma brought with it the separation of our families, rape of our women, forced religious conversions, and the acceptance of languages not indigenous to our African past. In addition to learning about my peoples' history during enslavement, I was also learned about the lynching practices of White Americans against Black males in the United States following our enslavement. In my family, topics such as these mentioned, were taught as our Maafa or African Holocaust. Similar to how Jewish families teach their children about their tragic past, I was also taught to never forget my own.

Despite knowing the tragic situation of my people in the United States, I have never as they say, walked around with a chip on my shoulder. Instead, my perspective as an adolescent coming of age was to not have high expectations from American society to honor my right to human dignity. Instead, it would be my responsibility to protect my rights, and "watch my back" at all times.

I can recall during my senior year of high school, a few weeks from graduation and just three months before going to Morehouse college to pursue a degree in psychology, myself along with two of my Black male friends were making our way back to the bus stop after dark. We had just finished leaving our neighborhood YMCA which served as the local hang out spot for youth who enjoyed playing sports. As we cut through a parking lot of a restaurant, a White man in a truck pulled up in front of us with his wife in the passenger seat. His wife pointed at me and declared, "That's him!" I was shocked! Who was I? Why did she believe she had seen or knew me? After her declaration, her partner began irately swearing directly at me as he began to motion out of his car. Not sure whether to run or stand still—in a state of shock—I began to prepare myself for the possibility of a physical altercation. At the same time, one of my friends gestured at the man, pulling at his waistband to indicate that he had a gun. The man shockingly said a few final words, got back in his truck, and drove off. I was relieved! If my friend had not pretended to have a gun, I am not sure how my night would have ended. Days later, my friends and I laughed about how I was mistaken for someone else and how my friend pretended to have a gun to get me out of the situation. The laughter response of my friends and I may seem strange to some who read my narrative, and some people may believe I must have experienced more than just laughter. However, the reality is that I did not have any other feelings; only laughter. For many Black youth living in urban communities chronically exposed to violence, as I was during my teen years, finding humor in your trauma is unfortunately often the only semi-healthy coping mechanism available. This is due to a lack of adequate community resources to address the issue. Consequently, being frightened of community violence is a privilege that I did not have in my youth, this is similar to many African American children today.

Since the beginning of my Social Work training in 2012, the birth of my sons, and other Black male children, keeps me grounded in the research and struggle for equality of Black lives. Research provides me with the means to make contributions towards positive change. Without research, I do not believe my calm demeanor that my friends often compliment me about would be apparent. In closing, and in response to a question that was once asked to me: how do I feel about the unnecessary and violent deaths of my community's Black males like Trayvon Martin, Eric Gardner, and others, I am not shocked. The reality that my people face in this country is not new. It is as old as the formation of the United States itself. As a result, I focus my anger into producing quality works that one day may help to make a meaningful difference. Malcolm X once said: "We declare our right on this earth...to be a human being, to be respected as a human being, to be given the rights of a human being in this society, on this earth, in this day, which we intend to bring into existence by any means necessary (X, 1992, p. 56)." My means is social work research.

A White Man's Social Work Perspective

In order to reflect on my response to the police killings of multiple Black males between August and December of 2014, I must first explain that I am a White man. As a White man I have learned a variety of lessons about race that have shaped my perception of Black men. Most of the lessons I learned were insidious messages from movies and music that taught me that Black men are dangerous, intellectually inferior, and hypersexual. Although I have spent my life in the Western United States in cities with very few Black people, I found that most of my experiences with Black people—Black men in particular—were dramatically different than the messages I had received from mass media.

In 1995, I learned about a wrestling club in Portland, Oregon that had a reputation for training some of the area's best wrestlers. I remember the first time I walked into Peninsula Park Wrestling Club. I had never seen a Black wrestling coach but there in front of me were three Black male coaches. I went up to the office to inquire about fees for participation where Mr. Pittman explained the nominal fees but then turned to me and said "Don't worry about paying today, get out on the mat. If you value what we do here, you are welcome to join us." In the years that followed, I wrestled at that club several hours a week until I graduated from high school. Despite my regular attendance at the club, none of the coaches ever checked to confirm that I had paid for a membership.

After practice, Mr. Pittman would gather us around and ask us questions. On one occasion after I had beaten a wrestler with a high national ranking. Mr. Pittman asked me "How did you win last night?" I responded, "He is from Battle Ground and I am from Evergreen, I wanted my team to win." Mr. Pittman was disgusted with my answer and said "This is how gangs work, he is your brother! We have to do better than this. You won because you have been working hard and you were focused during the match." This small group of Black men taught me more about life than they taught me about wrestling.

As I finished up my undergraduate degree in sociology in 2003, I took a Diverse Clients course in social work from the only instructor of color I was aware of at my undergraduate institution. The instructor— Moises —required our class to watch the *Eyes on the Prize* series

outside of class. This series prompted me to go to the school library and watch every available film on Malcom X. Through the instruction I received at Moises' feet, I realized I had adopted a set of problematic stereotypes toward Black men that were at odds with the meaningful real life experiences with Black men. I recognized that it was my responsibility to deconstruct the stereotypes that had been fostered for me primarily through advertisements, mass media portrayals, and dehumanizing jokes.

The killings of Eric Garner and Michael Brown in particular have haunted me in recent months. As I learned that the White officers who killed these two men would not be indicted, I became sick to my stomach. This nausea comes in waves and has persisted for several months. I cannot change the fact that I have ancestors who belonged to the Ku Klux Klan. I cannot change the fact that my White skin inoculates me against institutional racism. I can choose to resist the messages that teach me that Black men are dangerous, oversexed, and intellectually inferior. I can begin to construct a new narrative about the importance of Black male lives. The key reflection to the reader of my narrative is that my White skin allows me to ignore this paradox when my stomach gets too queasy for comfort. I am uncomfortable with the gross number of Black men who are dying violent deaths in this country, but because I am White, I can excuse myself from the table, and very few people will hold me accountable. I am trying to hold myself accountable enough to stay at the table.

Conclusion

The purpose of this paper is to express our solidarity as social work doctoral students, with the *BlackLivesMatter* movement. This paper is designed as a call for social workers to work towards the elimination of systemic and institutionalized racism that ends the lives of Black men and boys. Our positionality has afforded us very different experiences as we have navigated race and gender in a society where these two constructs have meant the difference between life and death for so many. Between the ages of 15 and 24 the risk of homicide escalates for Black males, and in the year 2013 more than 4,000 Black men in this age range died by homicide (Centers for Disease Control and Prevention, 2014). Social workers must work to undo hundreds of years of messaging that has led us to fear these men. We present our narratives as a partial answer to Tatum's (2003/1997) call for a robust dialogue about race and gender. Our stories combine to condemn what Douglass (1846) called "irresponsible power." As social workers we call upon our profession to actively work to preserve the lives of Black men and boys. We call for a more robust set of protections for Black men's lives because *BlackLivesMatter*!

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Developing an Exercise Routine among People with Serious Mental Illness in the Clubhouse Structured Exercise Program

Ingyu Moon, LMSW

Abstract

Using a psychosocial rehabilitation approach, the clubhouse model provides community-based services to address the multiple health and mental health needs of adults with Serious Mental Illness (SMI). Research resulting from two clubhouse programs demonstrated the effectiveness of a Clubhouse Structured Exercise (CSE) program on client outcomes. The main purpose of this study was to examine changes in Health-related Quality of Life (HRQOL) and selected health-related psychosocial factors (i.e. health motivation; health self-efficacy and self-esteem), which are associated with the level of physical activity in the CSE program. Second, this study explored the process of developing an exercise routine among people with SMI participating in the CSE, who are diagnosed with SMI. Twenty-five participants were selected from two leading clubhouses, which have developed strong CSE Programs. A mixed method was used to find changes of health-related outcomes through pre- and post-testing, as well as to gather qualitative information. The results of this study provided evidence of improvement in the perceived quality of life (physical health) and some health-related psychosocial factors. The findings from the qualitative interviews show the motivational and behavioral process of changing health behavior through the CSE Program.

Keywords: Clubhouse, health promotion, exercise, psychiatric rehabilitation, wellness

Introduction

Increased physical health problems for people with Serious Mental Illness (SMI) are well documented and pose tremendous health and lifestyle concerns, therefore promoting healthy living is pivotal for lives of people with SMI (Pearsall, Hughes, Geddes, & Pelosi, 2014). Many research studies indicated that people with SMI have shorter lifespan and greater co-morbid physical health problems than the general population in the United States (Aschbrenner, Mueser, Bartels, & Pratt, 2013; Casagrande et al., 2010; Lawrence, Kisely, & Pais, 2010). The life expectancy gap between people with SMI and the general US population is 25-30 years (Colton & Manderscheild, 2006; Hert et al., 2011). de Wit et al. (2010) stated that unhealthy inactive lifestyles are common for people with SMI and their low physical activity rates are a possible contributor to premature death and health complications from obesity. Therefore, there is a lot of focus on addressing physical health problems and physical activity interventions by mental health services (Tosh, Clifton, Mala, & Bachner, 2010).

The widely used theoretical models such as the Health Belief Model, Protection Motivation Theory, Theory of Planned Behavior, and Social-Ecological Model of Health have attempted to explain the process of how people choose healthy life styles and take action of health behavior including physical activity through getting motivation and changing their beliefs (Rimer & Glanz, 2005; Xu, 2009). As such, developing regular physical activity is associated with health-related psychosocial factors such as health self-efficacy, health motivation and self-

esteem; increasing health-related psychosocial factors can be a pivotal goal of a physical activity intervention (Gallagher, Jakicic, Napolitano, & Marcus, 2006; Jayanti & Burns, 1998; Xu, 2009). Many researchers have indicated that participation in physical activity is strongly related to an individual's self-esteem and stimulates motivation for change in his/her behaviors (Marmot, 2003; Tremblay, Inman, & Willms, 2000). The Health Action Process Approach, developed by Schwarzer, also emphasizes that health motivation (self-determination of one's own health), and health self-efficacy (an individual's ability to practice health behaviors) are pivotal predictors that help people with chronic disabilities engage in health promoting behaviors (Chiu, Lynch, Chan, & Berven, 2011; Paxton, Motl, Aylward, & Nigg, 2010). Overall, in order to increase and maintain physical activity, an individual needs enough perception, awareness, motivation and belief about his/her ability to control his/her health (Buhagiar, Parsonage, & Osborn, 2011; Rimer & Glanz, 2005). It is also important to pay attention to Health-Related Quality of Life (HRQOL), which indicates an individual's overall perception of physical and mental well-being, because physical activity also offers a means to increase HRQOL (Anokye, Trueman, Green, Pavey, & Taylor, 2012).

A prior study found that people with SMI tend to be physically inactive and have difficulties maintaining health-oriented behavior (Shor & Shalev, 2013). Research has also found that people with SMI are more likely to develop physical diseases such as cardiovascular diseases, type II diabetes, and obesity-related diseases because of their physical inactivity (Nyboe & Lund, 2013; Scott & Happell, 2011). There is growing evidence that physical activity and exercise are vital to modify unhealthy behaviors among people with SMI (van Berkel et al., 2013). Paxton et al. (2010) also asserted that physical activity is associated with better mental health, physical functioning, and HRQOL. Consequently, physical activity can supplement medical treatment, improve HRQOL, and reduce symptoms of depression and anxiety among people with SMI (Oeland, Laessoe, Olesen, & Munk-Jorgensen, 2010; Perraton, Kumar, & Machotka, 2010; Shor & Shalev, 2013). Therefore, exposing people with SMI to physical activities and developing an exercise routine could be critical to improve their HRQOL and their psychological functions. Research studies emphasized that structured physical activity programs need to be integrated into mental health service programs (Richardson et al., 2005; Ussher, Stanbury, Cheeseman, & Faulkner, 2007).

The clubhouse model, which is a world-wide psychosocial rehabilitation program for people with SMI, has focused on the promotion of healthy lifestyles (both mentally and physically) through its physical activity program called Clubhouse Structured Exercise program (CSE). Since Fountain House, the first clubhouse, was established in 1948, people with mental illness (called "members" in the clubhouse model) have been provided with social support and supportive relationships for their rehabilitation (Raeburn, Halcomb, Walter, & Cleary, 2013). Over 350 worldwide clubhouses accredited by Clubhouse International provide their members support to live independently in the community using clubhouse resources (Jackson, 2001). Through the clubhouse model, social networks and supportive relationships are developed and maintained , which in turn have a significant impact on the HRQOL and health related-psychosocial factors of clubhouse members (Biegel, Pernice-Duca, Chang, & D'Angelo, 2013; McKay & Pelletier, 2007). In order to initiate a modified wellness promotion program for the clubhouse model and include the theme of wellness into the clubhouse standards, there have

been ongoing debates to establish best practices for promoting healthy lifestyles for clubhouse members (Osterman, 2013).

Given the evidence suggesting the positive impact of physical activity for people with SMI, it is important to determine the effectiveness of CSE programs on HRQOL and selected health-related psychosocial factors among clubhouse members. By reviewing existing behavioral theories including self-determination and health belief model, and exploring a phenomenon in the clubhouse model, this research can find pathways of developing an exercise routine and roles of clubhouse distinctive cultures such as self-determination, peer support, and so on in the pathways. Understanding effective ways to support clubhouse members to develop exercise routines during the period of participation in the CSE program will benefit developing clubhouses and other mental health service providers to better offer effective physical activity interventions to people with SMI. However, no studies have been conducted to explore the link between participation in a CSE program on these factors and explain how clubhouse members develop an exercise routine. Therefore, the current research will focus on the impact of the CSE Program on health-related psychosocial factors, and investigate how clubhouse members integrate physical activities into their daily lives.

Research Questions

The primary aim of this study is to explore whether participating in the CSE program affects a clubhouse member's HRQOL and health-related psychosocial factors, which are associated with health behavior changes. The following research questions were developed to understand the influence of the CSE Program on HRQOL and health-related psychosocial factors: (1) Does participation in the CSE Program have positive effects on perceived physical and mental health of the participants? (2) Is participation in the CSE Program associated with increases in health-related psychosocial factors (i.e. health self-efficacy, health motivation, and self-esteem)?

The secondary aim is to illustrate the motivational and behavioral processes of exercise routine adoption and maintenance of physical activity based on the clubhouse support system. This researcher referred to existing behavioral health promotion models to design the program logic model of the CSE Program. Open-ended interviews were used to explore the following research question: how do members experience the motivational and behavioral process of adopting and maintaining an exercise routine during participation in the CSE?

Methods

Research Design

A mixed method was employed to examine changes in selected client outcomes as well as qualitative information about the motivational and behavioral process of changing health behavior through the CSE Program. A concurrent transformative strategy was applied to this study in that the quantitative method and qualitative method were concurrently implemented and both research questions were created based on widely used health-related theories and models (Creswell, 2008).

Sample

A purposive sampling approach was used to access individuals with SMI who participate in the CSE program through the clubhouse model. Two major clubhouses, Independence Center in St. Louis, MO and Genesis Club in Worcester, MA, were selected because of their status as clubhouse international training centers and they have both run a well developed CSE program for over 5 years. Therefore, clubhouse members who met the following criteria were recruited: 1) Over the age of 18. 2) Diagnosed with severe mental illness based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). 3) Medical permission from a primary care physician for exercise. 4) Ability to attend at least two group exercise programs per week. As a result, 12 members at the Independence Center and 13 members at the Genesis Club volunteered to participate in the research study. Out of 25 participants, 17 of them had no prior experience of regular exercise, and 22 of the participants answered that they had not exercised regularly before they joined the CSE program. The requirement of attending the CSE program was at least two times per week for four months.

Interventions

The Genesis Club exercise program was held in the YMCA in the community. Genesis Club provided the selected members with transportation, a subsidized fee, outreach activities, and coaching exercises at a local gym. Alternatively, the exercise program at the Independence Center was held in a gym there. Independence Center has two expert wellness coaches to provide its own exercise program for members at the wellness center. During the 16 weeks of the study period, all participants were encouraged to exercise at least two days per week. Each physical exercise session was composed of 30 minutes of aerobics and flexibility exercises as well as 30 minutes of weight loss and strength training.

Measures

This researcher designed a paper-based, self-administered survey to collect quantitative data regarding HRQOL and psychosocial factors of the participants of the CSE Program.

Health motivation in physical activity scale. Health motivation in physical activities is a predictive tool for level of physical activity. Therefore, the health motivation in physical activity scale was included in the survey to assess the changes in the participants' motivation to perform physical activity after participation in the CSE Program. This scale consists of four subscales: Health Motivational Tendency (8 items), Health Intention (7 items), Action Initiation Motivation (7 items), and Persistence Motivation (8 items) (Xu, 2009). Each item has a 5-point Likert scale ranging from -2 "extremely not like me", to 2"extremely like me".

Health self-efficacy in exercise scale. The health self-efficacy in exercise, which was developed by Becker, Stuifbergen, Oh, and Hall (1993) for measuring one's own belief about health ability in exercise, was included in the survey. The scale is comprised of seven items measured on a 5- point scale ranging from 0, meaning not at all, to 4, meaning completely. A higher score indicates a higher degree of belief about ability in exercise (Xu, 2009).

Rosenberg Self-esteem scale. The Rosenberg self-esteem scale was used to evaluate the self-esteem of the participants. A 10-item scale measures global self-worth with a 4-point Likert scale format ranging from strongly agree to strongly disagree (Rosenberg, 1965).

HRQOL measure (SF-12) scale. For the first quantitative research question, the health survey short form (SF-12) was used to evaluate perceived mental and physical health, SF-12 has 12 items and is composed of two parts: The Mental Component Summary (MCS) for perceived mental health and Physical Component Summary (PCS) for perceived physical health. Both components were computer scored.

In order to find an internal consistency reliability of each group of items other than the SF-12 scales, Cronbach's coefficient alphas were measured by using the SPSS program (Table 1).

Table 1

Table 1 Internal Consistency Reliability

Scale	Reliability	
	Pre-test	Post-test
Health Motivational Tendency	.746*	.895*
Health Intention	.774*	.505
Health Initiation Motivation	.805*	.807*
Persistence Motivation	.844*	.924*
Health Self-Efficacy in Exercise	.733*	.627
Self-Esteem	.884*	.808*

Note. $\alpha \geq 0.70$ is reliable.

Most groups show substantial reliabilities ($\alpha \geq 0.70$), but health intention in post-test and health self-efficacy have weak reliabilities. There was sufficient evidence that SF-12, which is a briefer version of SF-36, is a reliable and valid tool for evaluating perceived mental health and physical health in people with SMI. The test-retest reliability for SF-12 among people with SMI was tested by intraclass correlation coefficients (ICCs) and shows substantial reliabilities for both the MCS (ICC= 0.37) and the PCS (ICC=0.80) (Salyers et al., 2013).

Data Collection

Predictive measurements for health-related psychosocial factors and HRQOL were used and analyzed with a paired sample t-test. The survey was conducted for the pre-test at the Genesis Club and the Independence Center in January 2013. Post-tests took place in both clubhouses in May 2014. The survey was administered by this researcher, who is a PhD Candidate at Simmons College, and informed consents were collected. The quantitative surveys were composed of ten scales that are associated with psychosocial factors. Due to the small sample size of this study, this researcher chose to combine the samples of the two clubhouses, rather than comparing the samples of the Independence Center and Genesis Club.

Qualitative interviews were held with four members and one staff member of the Genesis Club from March 2014 to April 2014, during the CSE Program. All interviews were face-to-face and tape recorded. The study was designed to include live experiences of participants to develop a unique model of the CSE Program.

Analysis

Quantitative data were scored and coded into an SPSS version 13. Descriptive analysis was performed to explore the sociodemographic data of participants such as their gender, age, years of attending clubhouses, whether they exercise on a regular basis, and employment. Participants' medical issues were also reported. Additionally, this researcher conducted a paired sample t-test to examine the effectiveness of the CSE Program on perceived physical and mental health, and health-related psychosocial changes.

For qualitative analyses, the interview transcribed by the researcher was coded into an NVivo qualitative data analysis program to identify all quotes having to do with new ideas and themes to develop a theoretical framework. Content analysis was conducted in four areas: Coding, memos, previous research, and theory. Through the line-by-line and open coding methods, 41 sets of coded data were elicited from the interviewees' responses and words. All these data sets and memos were also categorized into four phases. The themes that were found to be conceptually similar were categorized and visualized into a concept map and compared to the previous research and theories.

Quantitative Findings

Participant Characteristics

The mean age of study participants was 46.12 years (range 25 – 69, SD=11.73), (Table 2). Participants at Independence Center were younger than participants at Genesis Club (40.17 vs. 51.62 years). While there were differences in age, they were not significantly different. 60 percent of participants were female members and 40 percent of participants were male members. Racially, 19 out of 25 participants were white and6 were black. The average membership time at the clubhouses was 3.08 years (range 0-12 years).

Table 2

Sample Characteristics of participants in pre-test and post-test

Sociodemographics		Total Sample (n=25)			IC (n=12)			GC (n=13)		
		N	*M*	SD	N	*M*	SD	N	*M*	SD
Age		25	46.12	11.73	12	40.17	11.84	13	51.62	8.86
Gender	Male	10	1.60	.5	5	1.58	.51	5	1.62	.51
	Female	15			7			8		
Race	White	19			8			11		
	Black	6			4			2		
Years of attending clubhouse		25	3.08	2.64	12	2.67	2.19	13	3.46	3.04
0- 1 year		9			6			3		
2-5 years		13			5			8		
6-10 years		2			1			1		
Over 10 years		1			0			1		
Regularly exercise										
	Yes	23	1.08	.277	11	1.08	.29	12	1.08	.28
	No	2			1			1		
Employment										
	Yes	9	1.64	.49	3	1.75	.45	6	1.54	.52
	No	16			9			7		

Three participants at Independence Center and six participants at Genesis Club answered that they were working a part-time job while they were participating in the CSE Program. 92 percent of members have worked out on a regular basis since they joined the CSE Programs. According to the medical releases from primary care physicians, 10 Genesis Club participants and 9 Independence Center participants reported medical problems such as hypertension, asthma, diabetes, osteoporosis, seizures, BMI>30, etc.

Impact of Participation on Client Outcomes

Health motivation in physical activities. Average scores of participants' health intention indicated statistical significance. The mean score of persistence of physical activity was also improved and indicated statistical significance. Although the health motivation tendency score and action initiation motivation score did not show a large difference, the overall score of health motivation in physical activities in the post-test increased significantly (Table 3). This indicated that participants in the CSE Program increased their health motivation in physical activities.

Table 3

Pre- and post-test of Health Motivation and Health Self-efficacy

Health-related outcomes	Pre-Test $\bar{x}$	Pre-Test SD	Post-Test $\bar{x}$	Post-Test SD	t
Health Motivation in Physical Activities					
Health Motivation Tendency	37.28	(5.44)	38.92	(5.65)	-1.41
Health Intention	25.88	(4.47)	27.24	(3.02)	-1.88*
Action Initiation Motivation	28.56	(5.96)	29.40	(4.97)	-.60
Persistence	30.24	(8.57)	33.48	(6.40)	-1.74*
Health Self-Efficacy Scale in Exercise	22.28	(4.83)	24.40	(3.81)	-2.67**
Self-Esteem	18.44	(6.25)	20.72	(6.64)	-2.48**

*Note. 1 tailed significance; df=24; *=p<.05, **=p<.01*

Health self-efficacy in exercise. For the participants of the CSE program, the mean score of the health self-efficacy scale in exercise showed statistically significant improvement from 22.28 to 24.40. In the research of Becker et al. (1993), the mean score of health self-efficacy in exercise for individuals with disability was 16.68, while general adults' mean score was 19.88. As a result, participants in the CSE Program showed high self-efficacy in exercise and their perceived self-efficacy increased after participating in the program.

Self-esteem. According to Sinclair et al. (2010), the average self-esteem score was 22.62 (SD= 5.8) among a sample of 503 adults. The average self-esteem score in the pre-test of this study was 18.44 (SD= 6.25) indicating lower self-esteem among people with SMI than the general population. However, the major improvement was found on the self-esteem scale (M=20.72, SD=6.64) in the post-test. There was a statistically significant effect on self-esteem. On average, participants who joined the CSE Program gained higher self-esteem after they completed four months of the exercise program at the Genesis Club or consistently used the gym at the Independence Center.

SF-12. The mean score of the SF-12 in physical health increased from 45.42 to 48.25 (Table 4). Scores greater than 50 represent above average health status (Ware, Keller, & Kosinski, 1998). Therefore participants' health status in this research indicated below average. On average, participants answered that their physical health significantly improved after four months of participation in the CSE Program. The result of mental health in the SF-12, however, does not show a significant difference between pre-test and post-test despite 0.43 improvements

of the mean score. These results provide statistical support that participation in the CSE Program is correlated with increased subjective aspects of physical health.

Table 4

Pre- and Post-test of Health Value, HLC, Self-Esteem and SF-12

HRQOL	**Pre-Test**	**Post-Test**	
	$\bar{x}$ SD	$\bar{x}$ SD	t
SF-12 (Physical)	45.42 (11.53)	48.25 (9.50)	-1.80*
SF-12 (Mental)	42.51 (10.98)	42.94 (11.50)	-.145

*Note. 1 tailed significance; df=24; *=p<.05, **=p<.01*

Qualitative Findings

Clubhouse Structured Exercise Model

The framework of the CSE explains the motivational and behavioral processes of developing a physical activity routine as the mission of the CSE Program. The live experiences of the 5 interviewees (members and the staff of the Genesis Club participating in the CSE program) were elicited by the unstructured and open-ended questions to delineate CSE model based on other significant health behavior theories. Through the descriptions provided by the interviewees, the framework of the CSE program explains the motivational and behavioral process of developing an exercise routine. There are four phases of developing and maintaining an exercise routine through the CSE program (see Figure1).

Figure 1

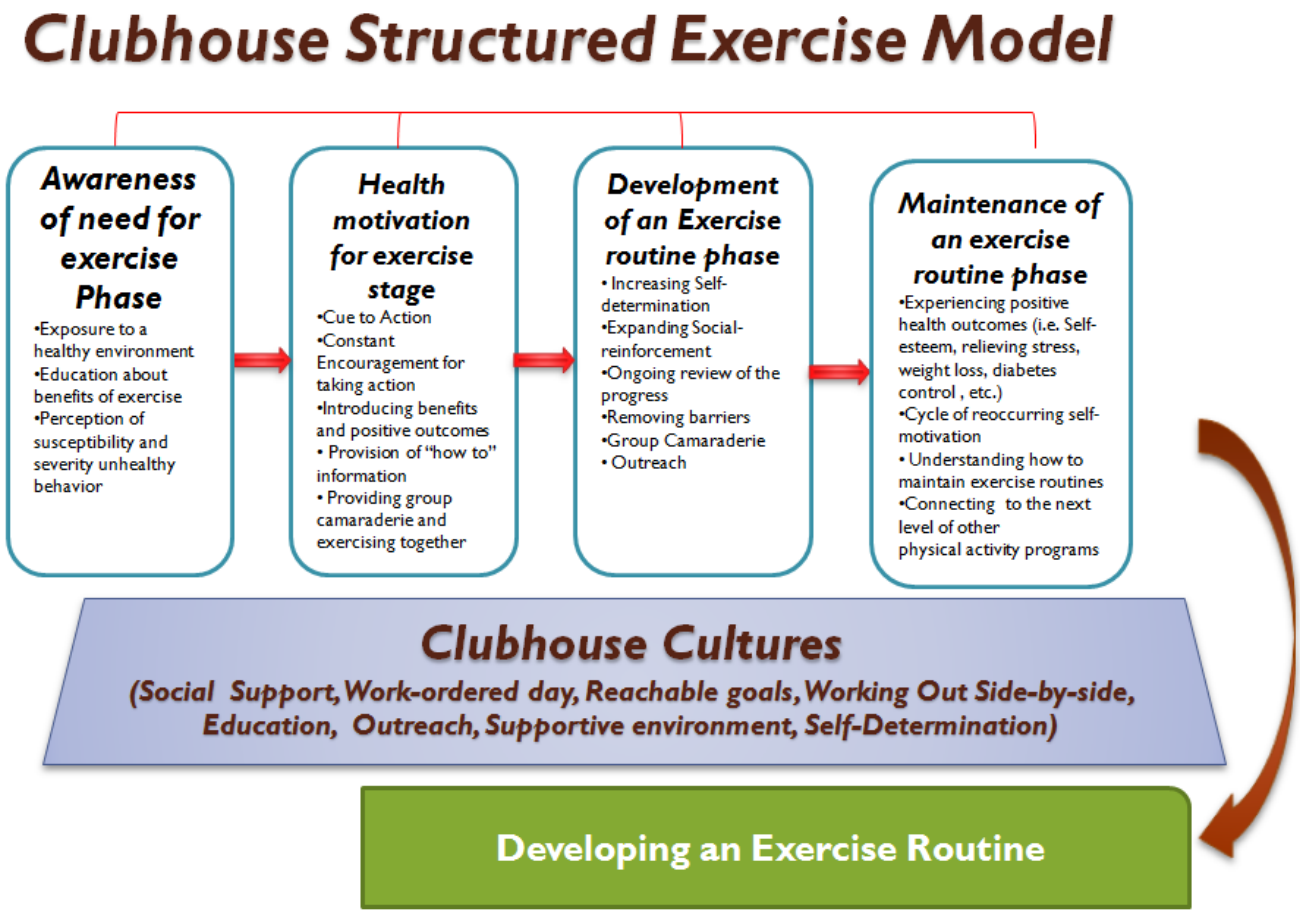

Figure 1. Model shows a path of changing health behavior, building an exercise routine, and maintaining exercise as an important part of the members' life. The map illustrates the flow through the process, focusing on clubhouse supports and the four phases in developing an exercise routine for a healthy lifestyle. Supports from the clubhouse model and the unique characteristics of the clubhouse philosophy are the keys to answering the research questions and understanding the process of developing an exercise routine for clubhouse members.

Clubhouse supports for the CSE Program

In the process of building an exercise routine for clubhouse members, elements of clubhouse philosophy such as group camaraderie, reachable goal plans, working out side-by-side, valuing each day, outreach, supportive environment, self-determination, and self-efficacy are the pivotal features of success.
Interviewee #1who is a staff member of Genesis Club supports this:

> Our exercise program is helping our members to get motivated to do workouts and keep it up in their lifetime. We support them,

> encourage them, and work out together side-by-side based on our clubhouse standards. A clubhouse educates members about importance of physical health as well as mental health, and gives them a chance to determine something to do for being healthy. The clubhouse exercise program is one of our successful programs.

The clubhouse encourages the exercise participants to overcome potential barriers based on the clubhouse philosophy. According to the interviewees, mental distress and anxiety are the main reasons for the CSE participants to drop out of the program. Thus, the clubhouse provides ongoing support for its exercise participants to relieve mental distress and anxious feelings throughout the whole process. Interviewee #2 stated, "I helped her and she helped me. We worked out together. We encouraged each other to go and we motivated each other." As designated by interviewee #2, social support is also generated naturally due to the clubhouse's supportive nature and through meaningful relationships. The clubhouse is a unique community in that members and staff members have an equal opportunity to provide social support to one another (Pelletier, Nguyen, Bradley, Johnsen, & McKay, 2005). Similarly, social support generated by the clubhouse culture plays an important role during the CSE program.

Four Phases of Change Health Behavior

Awareness of the need for Exercise phase. According to medical release from members' primary care physician, most of the exercisers had ongoing physical problems such as obesity, diabetes, high cholesterol, etc. Interviewee #1 stated, "The whole idea is to help members develop an accurate thought of their own risk from unhealthy behavior." The statement of interviewee #1 is congruent with the concept "perceived severity" of Health Belief Model (HBM), believing that the condition causes serious consequences (Henshaw & Freedman-Doan, 2009). In other words, a first step to changing health behavior is defining an individual's risk levels and heightening their susceptibility of unhealthy behaviors. The HBM emphasizes perception of susceptibility and severity because individuals do not tend to take preventive actions before they have enough perception of susceptibility, severity, benefits, and barriers (Haley, Drake, Bentall, & Lewis, 2003). In accordance with this theory, awareness of the need for a physical activity phase is a gateway for clubhouse members to move forward. In this stage, the clubhouse educates members about benefits of exercise and risk factors caused by unhealthy lifestyles through meetings or workshops.
Interviewee #3 stated:

> I was very limited to doing exercise before I joined the program. I am diabetic and I had feet problems. Everyone in the clubhouse told me that I need to do something to get better. I knew they were right, but I had nowhere to go and did not know what to do. I have no money and no transportation. I am afraid to exercise by myself. I changed my mind when I attended healthy lifestyle meeting. I made a decision to join the group exercise.

Health Motivation for physical activity phase. The main focus of this phase is health motivation because health motivation induces a "cue to action," utilizing health care and taking

preventive actions to disease (Haley et al., 2003). Once members become aware of the necessity to change their unhealthy behavior in the first phase, constant encouragement is provided to members to take action in the second phase. Interviewee #4 described how the clubhouse supported him to take action:

> Before I joined the exercise program, I hesitated to work out. My advisor and my friend at the club gave me information about the exercise program and asked me to join the group. I was told that exercise would increase self-confidence, relieve stress and control my diabetes. So, I chose to exercise with club members because they are familiar with my illness. The hard part of achieving my goal is that my motivation sometimes isn't there. Members and staff at the club encourage me to stay involved in the program. I am glad that staff members work out with me. It relieves my anxiety and stress. Without encouragement, I can't keep going.

The CSE Program attracts exercise participants by offering many benefits such as increasing self-esteem, relieving stress, losing weight, gaining physical ability, and socializing with others. Emphasizing these positive benefits and providing "how to" information inspires the clubhouse members to move on from only having motivation to taking action toward building an exercise routine. Participants also emphasized how important it is that clubhouse staff and members support each other while they work out in the community. The clubhouse program provides members with mutual help environment through peer support, group camaraderie, shared goals and working out side-by-side (Coniglio, Hancock, & Ellis, 2012). These characteristics help members reduce anxiety, stress, and other barriers to taking action for exercise.

Development of an exercise routine phase. In this phase, participants choose to develop a physical activity routine as well as maximum support from their clubhouse. Increasing self-determination and positive reinforcement were the keys for modification of health behavior. According to Deci and Ryan (2008), an individual who experiences self-determination can have a chance to maximize their autonomy, competence, and relatedness. The clubhouse model provides members assistance towards higher levels of self-determination (Raeburn, Schmied, Hungerford, & Cleary, 2014). Interviewee #5 stated:

> Work-out with a group made me more focused. It made me more determined to do something. Back then before I started training, I was not patient enough. But, now I am more likely to determine to do something that I want. When I work on something, I do not give up until I get it. I am determined to run and work out. I participated in local road races as a part of Team Genesis, which is a running team. I finished 5 k three times this year. At the gym, I practice again and again for that.

As presented, a synergy effect through combination of members' own determination and motivation from the CSE Program makes them concentrate on health behaviors. In this way, they

focused more on their health behavior change and developing an exercise routine was the individual's own decision.

Buhagiar et al. (2011) also stated that the awareness of an available reinforcer is important for health behavior change. In the clubhouse, a progress review meeting, outreach, buddy system, subsidized gym membership, and transportation service can be positive reinforcers for clubhouse members in the CSE program. The findings suggested that the clubhouse community is a strong network, which can encourage clubhouse members to develop exercise routines. Interviewee #1, a staff member, explained this part:

> It's all about being a coach and a kind of encouragement. I think most of it is a positive reinforcement and encouraging people to move a little bit more. I think it is more of being a cheerleader, and encouraging people and then, of course, if they don't show up, calling them, outreach is really important in this too. So, the whole idea is that we encourage people to stay with it and keep moving. My role is also helping them to prevent potential barriers and to reduce anxiety.

In summary, developing an exercise routine could be attained by allowing self-determination and expanding social-reinforcement at this phase.

Maintenance of an exercise routine phase. The maintenance phase represents the last phase of the CSE program. In this phase, participants of the exercise program can experience some of the positive health outcomes such as weight loss, diabetes control, blood pressure, or stamina. According to Harley et al. (2007), once individuals see benefit from physical activity, motivation reoccurs and execution follows as a cycle. In the CSE program, clubhouse members integrate their positive outcomes from physical activity into their lives, motivation is regenerated and they move onto the next level of physical activity. Clubhouse members in this phase also understand how to maintain their exercise routines and seek additional support. Interviewee #3 described:

> Since I joined the CSE program, I lost some weight and control my diabetes. I believe I gained self-confidence, too. Now, I know what the benefits of exercise are. So, I am thinking about having a gym membership and exercising with my wife. My advisor helped me to find one near my house.

This researcher also found that once members have a successful exercise experience, they also gain self-esteem, relieve stress, and avoid social isolation, which are the important psychosocial factors of physical activity for people with SMI (Richardson et al., 2005). Most interviewees stressed, however, that maintaining a physical activity routine is not easy. Interviewee #5 stated:

> It's very tough for anybody to get desire and energy to work out twice a week or three times a week, which is about what the clubhouse prefers, even though I successfully completed more than three periods of the

> clubhouse exercise program. I know Genesis Club has other physical activities like a pedometer program, a running team, and a noon walk. I will join the pedometer program. Now, exercise is a part of my life.

In the maintenance phase, one of the important roles for clubhouse staff and other colleagues is to link a member in this phase to resources outside or inside of the clubhouse. Sustained attention is also pivotal for an individual with SMI in the maintenance phase of an exercise routine.

Discussion

Among people with SMI, maintaining moderate to vigorous physical activity is very important in stabilizing their mental health because physical activity relieves mental distress (Carpiniello, Primavera, Pilu, Vaccargiu, & Pinna, 2013; Perales, Pozo-Cruz, & Pozo-Cruz, 2014). However, providing effective physical activity programs is the very challenging for mental health service providers including the clubhouse model. According to McKay and Pelletier (2007), 77% of the clubhouse directors, who participated in their research, reported involving various types of physical activity programs for promoting healthy lifestyle of their clubhouse members with SMI. In spite of a high rate of existing physical activity support in the clubhouse, there have been ongoing debates about what the roles of the clubhouse model are for the physical activity initiatives and a substantial need for more structured ways of assistance based on the clubhouse standards (Clubhouse International, 2013). Osterman (2013), program director of Genesis Club, stated in the 17th Clubhouse International Seminar that people with SMI need strong support for physical activity and clubhouses should actively promote healthy lifestyles for people with SMI in order to succeed in employment, education, and independent living. Therefore, providing physical activity interventions by mental health service programs will benefit people with SMI because increased physical activity is associated with health-related factors, self-esteem, and HRQOL among people with SMI.

This study proved the important role of the structured exercise program. The result of the study showed that participation in the CSE Program generated significant improvement in health-related psychosocial factors. First, participating in the CSE program increased health motivation in physical activities, which is a strong desire to exercise. Next, self-esteem, which is one of the important indicators of satisfaction with health, was also improved. Findings also suggested that physical activity was associated with increased HRQOL. . The improvement in health-related psychosocial factors supported that the CSE program can contribute to increased health-related psychosocial factors. The framework of the structured exercise model provides the motivational and behavioral processes of developing an exercise routine. Participants in the in-depth interviews reported significant lifestyle change and health outcomes. Most interviewees described how to develop an exercise routine and maintain it. The findings of this research emphasize the importance of developing an exercise routine for people with SMI, and the clubhouses' distinctive culture and strong clubhouse social network systems are the key to the process.

Strengths and Limitations

The strength of this study is the integration of both quantitative and qualitative findings of the impact of the CSE Programs on various psychosocial factors, which change health

behavior for people with SMI. This study reviewed the widely used health behavior theories and created a model of the CSE Program from empirical evidence of the participants' descriptions.

This study has some limitations. This study is limited by the small sample size and time constraints. Due to the small number of participants and short duration of participation in the CSE Program, it is difficult to show significant change in some results. In addition, this study did not include any control groups that did not have any intervention. The absence of a control group can restrict the quantitative findings of causal links between the condition (participation in the CSE Programs) and outcomes. Further research is needed to find causal links of the client outcomes and the CSE program.

Conclusion

In conclusion, the CSE Programs at Genesis Club and Independence Center help their members pay more attention to their physical health and change their health behavior. In spite of the methodological limitations, this study illustrates the positive impact of the CSE model in a variety of areas. The first contribution of this study is to gain a better understanding of the processes of the CSE Program, which help people with SMI in the community mental health setting build an exercise routine. Second, this study demonstrates improvement in participants' psychosocial factors that might be associated with changing their health behavior during the participation in the CSE Program. This proves that physical activity is strongly associated with HRQOL, health motivation, health self-efficacy and self-esteem. Once these psychosocial factors are improved, exercise routines are more likely to become a part of their lifetime and a virtuous circle.

Our findings can be applied to approximately 400 clubhouses all around the world to develop or evaluate their own exercise programs. Furthermore, findings can also be generalized beyond the clubhouse model to other mental health service programs. Qualitative findings from interviews provide information of what the benefits of an exercise program are and what makes people with SMI to develop an exercise routine. We believe that replicating the CSE program will help other mental health service programs develop a strong exercise program for people with SMI. Finally, these findings can inform policymakers and mental health professionals who provide wellness services and programs for people with SMI. Research suggests that mental health service providers should consider integrating a physical activity concept into their services, and policy makers should support this movement.

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The CV Builder

University of Houston, Graduate College of Social Work
Perspectives on Social Work congratulates the following doctoral students on their accomplishments during fall 2015 through spring 2016.

Xin Chen

Presentations

Jennings, S. W., **Chen, X.**, & Glaude, M. W. (January 2016). *Determinants of African American Adolescents intentions to have sex: Knowledge of risky sexual behaviors and adulthood preparation skills*. [Refereed]. 20th Annual Conference Anniversary Celebration of the Society for Social Work and Research: Washington, DC.

Jennings, S. W., **Chen, X.**, & Glaude, M. W. (January 2016). *Is a 1995 EB curriculum still relevant in 2013-2014? Teen sexual risk behaviors, African American youth and the B.a.R.T. curriculum.* [Refereed]. 20th Annual Conference Anniversary Celebration of the Society for Social Work and Research: Washington, DC.

Maurya W. Glaude

Presentations

Glaude, M. W., Jennings, S.W., Chen, X., Guidry, J. J. (February 2016). *Marijuana use and multiple sexual partners among African American adolescents.* [Refereed Poster Presentation]. 35th Research Association of Minority Professors: Houston, Texas, February 4.

Jennings, S. W., **Glaude, M. W.**, & Chen, X. (January 2016). *African American adolescents, risky sexual behaviors and marijuana use*. [Refereed Poster Presentation]. 20th Annual Conference Anniversary Celebration of the Society for Social Work and Research: Washington, DC, January 17.

Scholarship

Gulen Institute Scholarship, Fall 2015, Spring 2016

Ann Webb

Presentations

Heppard, J., Willis, T., & **Webb, A**. (2016). *New Challenges and Solutions in Drafting Mediated Settlement Agreements*. Oral Presentation. AFCC 53rd Annual Conference, Modern Families: New Challenges, New Solutions, Seattle, Washington, June 3.

Webb, A. (2016). *Undocumented children and families across the southern border of the United States*. Oral Presentation. Wales Observatory on Human Rights of Children and Young People and Centre for Migration Policy Research. Swansea, Wales, March 15.

Webb, A. (2015). *Effects of Neuroplasticity and Mindfulness on Mental Health*. Oral Presentation. 2015 NASW/TX Conference and Annual Meeting, Galveston, Texas, November 12.

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FNNR National Grant 2015, "The Effect of Neurofeedback Training on Academic and Behavioral Successes" funded by Foundation for Neurofeedback & Neuromodulation Research. PIs: **Ann E. Webb** and Liza Barros Lane; Faculty Advisor: Monit Cheung. Award amount: $2,000

Scholarship

Presidential Graduate Fellowship, Fall 2015, Spring 2016

Shu Zhou

Presentations

Zhou, S. & Cheung, M. (2016). *Use wix.com to build your research-practice integration platform.* Workshop session presented at the Society for Social Work and Research 20th Annual Conference, Washington, DC, January 15.

Zhou, S. (2015). *"Hukou" system affecting migrant children: Revised policy and children's education.* Poster session presented at the 61st Annual Program Meeting of the Council on Social Work Education, Denver, CO, October 17.

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Scholarship

Presidential Ph.D. Scholarship, UHGCSW, Fall 2015, Spring 2016

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