From the Chair

The spring is always an exciting time within the School of Social Work. It marks the end of another academic year, where 72 of our undergraduate and 66 of our graduate students will have completed all requirements necessary to receive their respective degree. Further, it marks the beginning for 67 students who embark on their journey to obtain their MSW.

Social work is the profession that prepares individuals to positively influence change. As the title of our own newsletter suggests, social workers are change agents. To be a change agent, means to be a catalyst for creating change, whether that change is occurring within an individual, families, groups, organizations, or communities. According to George Couros, author of “The Innovator’s Mindset: Empower Learning, Unleash Talent, and Lead a Culture of Creativity,” there are five characteristics of successful change agents. They are:

1. Change Agents Possess a Clear Vision: Do you know your vision for change? Are you able to articulate that clearly to others? Does your vision tap into the strengths of those with whom you will work?

2. Change Agents Are Patient and Persistent: Are you willing to stay “in it for the long haul” and recognize that not everyone on your team will move at the same pace? Rather, can you identify opportunities to help others move one step closer toward the goal?

3. Change Agents Ask Tough Questions: Are you able to ask others questions to not only learn from them, but to engage them in identifying the solution, rather than telling them what to do?

4. Change Agents Are Knowledgeable and Lead by Example: Are you staying up to date on knowledge related to the topic you are trying to change? This involves reading the literature and other sources to understand BOTH sides of the topic.

5. Change Agents Develop Strong Relationships Built on Trust: Do you consider yourself approachable and reliable? Do you treat others with respect? The need to develop solid relationships is essential as others will not be inclined to grow if they do not trust the individual pushing them to change.

Take time to reflect upon these attributes as you read our newsletter. This edition of our newsletter highlights some of the positive change efforts in which our faculty and students are engaged. I would like to wish each of you a happy, healthy, and safe summer break.

Join us, in being part of the change; best wishes!

Dr. Karen Rice, Chair, Associate Professor, and DSW Co-Director.
Social Workers are called to develop a certain professional resilience to difficult issues. Suicide is one such issue. While Social Workers and other mental health professionals have made great strides forward, there is more work to be done regarding the perception of this issue.

It is important to remember that suicide ultimately affects everyone (CDC, 2017). Many people struggle with the idea of ending their lives, and for many different reasons. It is not limited to the popular notion that it is mostly today’s youth who are plagued by suicidal ideation. In fact, in 2015, the two highest suicide rates by age group were 45-64 (19.6 out of 100,000) and 85+ (19.4 out of 100,000). For the age group of 0-20, the rate remains drastically lower than all other age groups, currently at 3.0 out of 100,000 (AFSP, 2017).

In generations past, clinicians were instructed not to talk openly about suicide with clients for fear that it might influence the client toward suicidal ideation/gesture; this, among other techniques, arose from conventional wisdom of the mid-twentieth century (Light, 1973). Today, social work interventions that use evidence based practice to address suicide make for an entirely new clinician-client dynamic. Even so, some practices still used to date may be replaced by superior methodology.

As an example, the common ‘contract for safety’ or ‘no-suicide contract’ has existed as a standby for decades. Traditionally, the clinician would ask a client who was experiencing suicidal ideation, or had even spoken of a plan to suicide, to agree to a verbal or written contract not to harm him/herself for a certain period of time – usually, until the next appointment. Though this has shown some positive effect for a subset of clients, the nature of suicidal acts as being impulsive tends to undermine the nature of the contract; furthermore, clinicians believed that this practice placed them outside of liability, which has proven to not always be the case in civil court (Stanley & Brown, 2012). An update to the ‘contract for safety’ developed in the past five years is that of safety planning intervention: developing a long-term, living document between the clinician, the client, and the client’s family or loved ones documenting what the client and the supports can do when a client begins to demonstrate certain risky or threatening behaviors (Stanley & Brown, 2012). This strategy makes for a more comprehensive and wide-ranging treatment, effective for clients whose suicidal ideation is comorbid not just with depression, but a whole host of emotional and somatic symptoms or issues: chronic pain, schizophrenia, bipolar disorder, substance use disorder, borderline personality disorder, etc.

When a social worker is interacting with a client, it is also important to consider and, perhaps more importantly, model best-practice, inclusive language around suicide. If we are to speak about suicide, it is paramount that we speak appropriately. Though no one standard exists, yet, regarding the language of suicide from the National Association of Social Workers (NASW) or the American Psychological Association (APA), we
find guidance first with this best-practice language from the Associated Press [AP] Stylebook. In 2015, the AP's updates included a section on suicide that stated, “Avoid using ‘committed suicide’ except in direct quotations from authorities. […] Alternative phrases include killed himself, took her own life or died by suicide” (Perlman, 2015).

This change in language has to do with the nature of the word ‘commit’ and its usage in these phrases. When one commits larceny, arson, homicide, manslaughter, perjury, or treason, these are all couched in the legal language of crime, and also in the language of morality. Considering all anti-suicide laws have long since been repealed in this country, and considering mental health workers of all backgrounds wish to detach moral stigma from suicide, this change in language choice is appropriate (Perlman, 2015).

Additionally, we find the language of suicide attempts ending in ‘success’ or ‘failure.’ These value-laden terms run counter to the desired outcome, that the client live. Yet, even before speaking the words aloud, clients who attempt will often internalize the idea that even in trying to die, they are failures. To help remedy this, ‘failed suicide’ can be replaced by simply stating ‘suicide attempt.’ ‘Successful suicide’ can be replaced by simply stating ‘suicide,’ or ‘completed suicide’—though the latter suggestion does have a slight connotation of accomplishment, and even this best-practice term is under debate by some suicidologists (Freedenthal, 2013).

As a final note, there is some confusion about the language of suicide survivors. In fact, there are two kinds of survivors. The traditional meaning is that of the Suicide Loss Survivor, meaning this person has lost a loved one who died by suicide. An additional meaning is that of the Suicide Attempt Survivor, meaning this person attempted suicide and now identifies as someone who has moved forward from this experience. This clarifying language can be very helpful in a clinical setting.

A core value of our profession is competence. Competent social workers strive to include the best, or evidence based practices in their own practice. Staying up to date with changing phraseology and inclusive language is critical in helping clients narrate their own life scripts more effectively. The stated power of words helps our client to become more empowered.

References


**Faculty News**

**Congratulations Dr. Jennifer Frank**

Jennifer Frank successfully defended her doctoral dissertation, “Making it work: Small-town system building in homeless services” on April 17, 2017 at Bryn Mawr University.

Abstract: While homelessness presented an opportunity to create a more comprehensive approach to poverty elimination nationwide, existing institutions skirted ownership, the American tradition of localism prevailed, and in the early 1980s homelessness services were developed by non-profit entrepreneurs quite separate from existing systems of health and social services. Within a decade, federal intervention began to suggest—and then require—that communities desirous of funding demonstrate planful collaboration, implement particular modalities of service, and achieve certain collective outcomes. Local groups had to create system of care, which required establishing common ground about compliance with federal directives concerning who should be served and how.

The study examined how one largely rural community, South Central County, developed over three decades culturally syntonic methods to create a deeply integrated system out of a disconnected sprawl of homelessness services. This required negotiating the consequences of very different understandings of homelessness and what to do about it, understandings that often divided secular and faith-based providers and greatly complicated compliance with federal mandates. In the end, however, they “made it work.”

**Dr. Walsh Co-Edits the Special Double Edition of Social Work with Groups**

In conjunction with Dr. Jennifer Clements, professor, Shippensburg University, Dr. Kathleen Walsh edited a journal on group work in the social work profession. With its long history, group work has been at the forefront of incorporating the arts into clinical and community practice. This special issue provides group work practitioners, educators, students, and researchers the opportunity to share and explore the creative use of art, music, poetry, drama, literature, and other media with diverse populations in a wide range of settings.

**Dr. Felizzi Appointed to the National Alliance of Social Work in Sports (NASWIS)**

As a member of the National Alliance of Social Workers in Sports (NASWIS), Dr. Felizzi sits on the Professional Sports committee, which is a nationwide group of Social Work faculty, students and professionals who seek to have professional sports team utilize the service of social workers to assist athletes and staff with a number of issues. NASWIS also looks to collaborate with other professions and majors to promote the use of social work professionals and interns in university and high school athletic programs. In addition, Dr. Felizzi is a member of the Journal of Intercollegiate Athletics editorial board and reviews article submissions for the journal. He is currently conducting research with a Canadian social work member of NASWIS. They are examining the role of recruitment for high level hockey players and are researching whether or not social workers would be beneficial and helpful for the athletes during the recruitment process.

**Dr. Granruth awarded Civic and Community Engagement Award**

Dr Laura Brierton-Granruth was selected to receive a 2017 Civic and Community Engagement Award from the Center for Community Engagement and Research Project. The award is in recognition of the assistance she has provided as a member of the Center for Public Scholarship and Social Change Research Team and for contributing to the Center for Public Scholarship and Social Change research projects, including Ambassadors for Hope, a program with a goal of helping children with an incarcerated parent, and an ongoing study to understand the financial exploitation of elders, which was initiated at the request of the District Attorney’s office.
Drs. Rice and Girvin Travel with Students to Mexico to Explore Children's Rights

Students and faculty spent their spring break on a service learning trip to Oaxaca (pronounced wah-hock-ah). They resided with host families who live in the area. During this time, they learned about local history and children’s rights, visited NGOs and community centers, as well as participated in a stencil workshop with local youth. The stencil workshop took place in Canica, and emphasized the history of street art in Oaxaca. This history speaks to the power of resistance in order to fight for social justice and human rights. NGOs visited were: Vida Nueva Women’s Weaving Cooperative, located in Teotitlán Village; and Sikanda, a NGO that works with children of pepenadoras (trash collectors) to educate them about the 3Rs: Reduce, Reuse, Recycle.

Area Youth Dialogue About Race, Racism, and Oppression

The 2017 “Leadership Summit: Dialogues on Race” at the Ware Center in downtown Lancaster hosted nearly 120 students and school faculty from across Lancaster county. The summit engaged youth, with the help of faculty from Millersville University and an array of volunteer guest speakers, in meaningful and in depth conversation revolving around racial issues. Through small group sessions, led by volunteer facilitators, youth were able to discuss controversial topics on race and explore the different facets of racism and what that looks like within their individual communities while learning how racism can be combatted. There was a great response from the youth who attended and many were enthusiastically engaged in the various conversations about the topic, leaving with tools and a new set of skills to implement within their schools and communities to combat oppression.

School of Social Work Launches ePortfolios Within BSW Program

With the start of the 2016-2017 academic year, all incoming social work freshmen will be required to maintain an ePortfolio. Portfolios are used in many disciplines as a vehicle for students to capture their academic, personal, and professional achievements. The students’ portfolio will be an electronic collection that demonstrates their achievement of core social work competencies and practice behaviors. The collection will comprise various formal and informal experiences that reinforce lifelong learning through the documentation of activities in which the student engages inside and outside of the classroom that fosters their ongoing professional growth. In the School of Social Work, ePortfolios will be used as a tool to help students develop a professional Social Work identity. Throughout their academic career, the expectation is that the students will maintain their personal ePortfolio; a place to collect, reflect, organize, and assess their learning. Students are expected to assume ownership of their learning and reinforce critical thinking by completing the three components of the ePortfolio: Professional Development, Service Learning, and Lifelong Learning.

The implementation of ePortfolios was spearheaded by Dr. Karen Rice, Chair of the School of Social Work with ongoing support by Drs. Leonora Foels and Kathleen Walsh. This tool offers students a mechanism to assess their readiness for professional practice through an examination of their motivation, commitment, capacity, and limitations for social work practice. Social Work is a profession that requires the individual to make conscious use of self as an instrument to help individuals, families, groups, organizations, and/or communities to improve their functioning. Social work knowledge is essential to effective practice, however, in addition, the individual needs to be able to apply that knowledge skillfully to concrete situations. ePortfolios allows for the tracking of students’ knowledge and skills over time and their ability to apply their newly acquired skillset to direct social work practice.
Social Workers Advocate on the Hill

Led by Dr. Laura Brierton-Granruth, over 80 MU undergraduate and graduate social work students attended Legislative Education and Advocacy Day (LEAD). This year’s trip was co-sponsored by the MU Social Work Organization. Students witnessed SB 530 be unanimously passed by the Senate Consumer Protection & Professional Licensure Committee. “Practice protection is important to protect clients from non-competent social workers,” says Alexis Mattos, MSW student who attended LEAD. Bailey Vanfleet, a BSW student said, “It is important because it ensures the best quality of care and makes sure that someone who has lost their license from another state cannot come to Pennsylvania and practice.”

Social Work Students Showcase Their Research

Made in Millersville is a student research and performing and visual arts conference that highlights the work of MU students. The event embraces traditional field and laboratory work as well as projects in the visual and performing arts such as creative writing, music, drama, debate, public speaking, and other activities. Eight School of Social Work students presented at this year’s Made in Millersville event on April 18, 2017. They are:

Ariana Camel (BSW) - Hurting or Helping? The Haitian Perception of NGOs
Tyler Cook (BSW) - Aging Discrimination Against LGBT Elders
Sarah Drake (BSW) - In the Glow
Patrick Gann (MSW) - Observations and Reflections from York County’s Drug Treatment Court
Deitra Harper (BSW) - Differences in Depression and Suicidal Ideation Among African Americans and European Americans
Jordan Heagy (BSW) - The Impact of Intimate Partner Violence (IPV) on Children
Cara Petersen (BSW) - Exploring the Impact of Play Therapy and Trauma
Marie Yves Preval (BSW) - Police Brutality Against Minorities
In honor of Social Work month, I was asked to contribute an essay to our newsletter that focused on Social Work ethics and values. Those that know me, know that I could stand and talk about this for days. I could probably go a half day without even taking a breath. BUT, there is something about putting my thoughts in writing and putting it out there for others to see, and possibly even read, that paralyzes me with fear. I am worried that I won’t say the right things, or that what I do say will not sound “smart enough,” be meaningful, or worse, not be motivational. I wasn’t always like this. And, looking back, I cannot pinpoint the moment or moments when fear took over. It just happened and then I became avoidant of writing…academic writing in particular.

I imagine that many of you have similar fears about writing, practicing, parenting, balancing work and life; “social working.” Maybe you can describe where these fears originated, maybe you cannot. Perhaps you have felt more fearful in recent years or months. I have noticed changes. AND, many changes have increased my fears about our communities, and our society, and about those who are most vulnerable. When I feel this way, I try to remember that I have been fortunate enough to have lived through many social, cultural and political changes. Most of them were positive changes. To me, it is amazing that in my lifetime, I have seen some of the best like marriage equality (and also some of the worst, like 9/11) of our society. AND on both sides of the spectrum, I can say with 100% confidence that Social Workers were cultivating a path towards justice by acknowledging the importance of human relationships, recognizing the inherent dignity and worth of all persons, engaging in service, and acting with integrity and competency (NASW, 2008).

Over the last couple of years, I have begun to explore the relationship between civility and bullying in education and human services, and how they relate to our professional ethics. I have noticed the good and I have noticed some of the bad. I would like to share a little bit about what the literature suggestions, as well as what we may be able to do to make a difference.

“Working environments that are both civil and safe are good for business and employee well-being (McGonagle, Kath, Walsh & Morrow, 2014, p. 437).” Sadly, incivility (Porath, Gerbasi, & Schorch) and workplace bullying (WBI 2014; Namie, G. & Namie, R., 2009; Pomeroy, E., 2013) are on the rise. This costs organizations, educational institutions and individuals. Simply put, incivility relates to insensitive behavior that displays a lack of regard for others (Andersson & Pearson, 1999). Student incivility has been defined as “any speech or action that disrupts the harmony of the teaching-learning environment (Clark & Springer, 2007, p. 93). The Workplace Bullying Institute (WBI) defined workplace bullying as repeated mistreatment; abusive conduct that is: threatening, humiliating, or intimidating, work sabotage, or verbal abuse (WBI, 2014).

Incivility manifests in the classroom among primary, secondary and higher education (Aubrooks, Jones & Tirrjina, 2011; Frey Knepp, 2012; Wahler & Badger, 2016) in the online education and social environment (Antoci, Delfino, Panebianco, & Sabatini, 2016; Clark, Werth & Ahten, 2012; Clark, 2013), and in the workplace
Ethics

(McGonagle, Kath, Walsh & Morrow, 2014; Porath, Gerbasi, & Schorch, 2015; Porath & Pearson, 2013. Unfortunately, social work is not immune to the challenges and consequences associated with such incivility. (van Heugten, K. 2009; O’Brien, 2014; Pomeroy, E., 2013). Some of the most common manifestations of incivility include explicit/actions or behaviors including disrespectful disruptions, behaviors impeding learning or working (i.e. distractive loud talking, use of electronic devices) and; passive behaviors like inattention, disengagement, and behaviors demonstrating disinterest or unwillingness to engage (Wahler & Badger, 2016). If not addressed, incivility can lead to or co-occur with workplace bullying (Porath & Pearson, 2013).

Civility refers to behavior involving politeness and regard for others including respect in the workplace (Anderson & Pearson, 1999 in Porath, Gerbasi & Schorch, 2015) and has been positively correlated with organizational performance, individuals’ positive work attitudes (McGonagle, Kath, Walsh & Morrow, 2014) formal and informal social relationships, organizational culture and quality (Leiter, Spence Lashinger, Day, & Gilin Oore, 2011). Acts of incivility are inconsistent with Social Work values and ethics. As Ausbrooks, Jones and Tijerina (2011) assert, Social Work programs need to consider policies to address incivility and strategies for addressing the manifestations. Further, O’Brien (2014) highlights gaps in the Social Work literature in comparison with the nursing profession, which dedicated an entire journal issue on the deleterious effect of incivility across the micro, mezzo and macro levels.

The personal, economic, and social costs of incivility abound. However, civility interventions have demonstrated efficacy (Leiter, Spence Lashinger, Day, & Gilin Oore, 2011). With the increasingly challenging times, threats to organizational, social, occupational and emotional health, Social Workers are in an exceptional position to foster civility in academic, online, social and work settings. Implementation of strategies providing incentives and support for civility can strengthen individual, employment and educational relationships and outcomes (Porath & Pearson, 2013).

Tangible suggestions about things that everyone can do to foster civility and reduce risk of bullying include the following:

- Promote awareness and validation. Share explanations of civility and bullying. Frame the professional significance. Be a good bystander or “up” stander to change the scene and address acts of incivility or bullying. If there are concerns about violence, or conflict, stand with target/s, try and change the situation, provide support, and try to foster empathy and understanding.
- Foster the activation of social supports including those from supportive family, friends, colleagues, external professional support/mentors, and engage in self-care.
- Advocate for, and become, supportive organizations. If you are in a position of authority or play a role in organizational decision making, promote empowerment among colleagues with increased control, autonomy, and flexibility over work. Be proactive in developing processes for identifying and addressing threats to civility and risk for bullying. Provide protections for retribution, external mediation or intervention, and consider model organizational policies that address the risk for abusive work environments.
- Foster academic/workplace climates of inclusion and immediately address incivility.
- Acknowledge connections to professional values, ethics and behaviors. Gather and use feedback to identify and/or reinforce existing codes of conduct
- Model civility, and respect even in disagreement and discourse. Encourage participation via engagement across levels (or perceived levels) of power and authority. Communicate clear expectations and respond accordingly.
Channel your inner Brene’ Brown and embrace your fears and vulnerability. Be authentic, be kind, AND try to support your assertions with examples and illustrations linked to the literature and the data! And remember to use 3rd person in academic writing.

Be civil, be persistent and have hope. These concepts are not mutually exclusive BUT it is true that there are times when our ethical responsibilities, values, and moral imperative may seem at odds. Especially in those instances, seek supervision and consultation. Never act in isolation.

References


BSW student, Ariana Camel, completed her honors thesis, “Helping or Hurting? The Haitian Perception of NGOs” in which she focused on foreign aid. Her interest in this topic, despite having no experience in this area, came from a friend who had visited Haiti. The purpose of this research was to gain an understanding of how the Haitian people receiving aid from non-governmental organizations perceived the organizations. Ariana wanted to know if the NGOs were helping or harming the population, in hopes of being able to share this information with the foreign organizations entering Haiti. Through this qualitative research, she was able to hear first-hand accounts of the experiences citizens faced in Haiti.

Committee members were Drs Karen Rice (Chair), Heather Girvin, and Jennifer Frank

Undergraduate Student Serves as City Council Campaign Chair
By Cindy Vicente, BSW Student

As Matt Johnson’s City Council Campaign Chair, I shape the campaign strategy and Matt’s image with the help of the Campaign Manager, and candidate. As the campaign season has chugged along, I have collaborated with other municipal candidates on event planning and strategy. Growing up, I did not see politicians who represented any aspect of my identities; no “out” Queers, Latinx, very few women, and absolutely no poor folks—so I paved my own entry into politics. I am macro-minded, so I see a very direct correlation between politics and power/voice. Beyond wanting to change the future of social work, I also want social work professionals to aspire to political voice/power. This is an era fraught with uncertainty, in general and specifically when discussing the social service apparatus in our country. If we wish to safeguard the future of our clients and profession, and in fact, expand the work we do into research, politics, and lobbying, then we must become more engaged in local and state government. Being engaged does not simply mean voting every two or four years, although that is necessary. If we do not have candidates who reflect our values, then those of us who can, should run for local seats. Social work professionals are a natural fit, and here is why:

- We have research skills by the end of our Bachelor’s degree program; necessary for authoring or voting on ordinances
- We are critical thinkers and understand micro/mezzo/macro social/government structures
- We are familiar with local services
- We tend to be empathetic and shy away from being power-hungry - aka ethical politician(it is possible!)
- Most of us are trained to, or are naturally great at listening to folks’ concerns/issues

If any female-identified persons, transgender & Queer folks, or people of color are interested in discussing political engagement, please reach out. We must infiltrate the system to reflect our values, and ensure an equitable future for us all.
Student and Alumni Achievements (con’t)

MSW student, Katie Marie Wilson, was part of the first policy revision of 6100 regulations in the last 20 years, during her internship with ARC of Lancaster. This will directly affect each individual with Intelectual and Developmental Disabilities (I/DD) who has waiver services, services that the federal government and state government help pay for. She was part of a meeting that included half a dozen legislators to educate and advocate for funding for this population in the state budget. Recently, Katie Marie attended a three-day seminar, Disability Policy Seminar, in Washington D.C.. On the last day, she was able to go to Capitol Hill and meet with Lancaster’s Representative, Lloyd Smucker, along with The Arc of Lancaster’s Executive Director, The Arc Alliance Executive Director, two board members, and a self-advocate, to talk about the importance of Medicaid and the deficit that the President’s proposed budget would cause towards individuals with I/DD if it was passed.

DSW student, Micah Beaston, co-founded a campaign at Central Dauphin High School called “Destroy the Hate.” Without sufficient support, guidance, and an opportunity to voice their opinions in the school setting, some students turned to outrage, sadness, solitude, or hate. The purpose of this campaign was to provide a safe space to open up dialogue about the school climate and the social diversity issues that students face at school and in the community. Through the Destroy the Hate campaign, they educate students on useful strategies they can implement to take a stand against hate. Upcoming Spring and Summer semesters will offer training to the entire school district’s 1200 faculty members, focusing on uncovering personal unconscious bias, strategies to speak up against bigotry in the classroom, and creating an educational environment that empowers a diverse student population. She and her colleague received the Educator of the Year award for their work.

Cindi Horshaw, BSW ’94, MSW ’14, LSW, currently works in Washington, D.C. as a Child Welfare Program Specialist for the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. In this role, Cindi develops, writes, and revises regulations, policy issuances, and guidelines to clarify, improve and strengthen the management and operation of state and local child welfare services and programs. Prior to her work at HHS, Cindi was the Bureau Director for the Pennsylvania Department of Human Services within the Office of Children, Youth and Families she was responsible for the development and coordination of child welfare policies and programs for Pennsylvania, as well as managing the operations of ChildLine, the State’s 24-hour child abuse hotline call center and child abuse registry. Cindi obtained her MSW from Millersville University, in 2014, while balancing family and her full-time job for PA DHS. She has used her degree to inform her work at both the State and Federal level by practicing in accordance with the core values and principles of the NASW Code of Ethics, specifically trying to bring about social change and working to overcome social injustices, two areas that were stressed during her educational experience at Millersville and that occur towards the children and families touched by the child welfare system. Cindi reports, “I do this by keeping the children and families in the fore front of discussions and decisions related to overall policy, regulatory and statutory development.”
Nature and Scope of the Problem

In the United States, most teenage pregnancies are unplanned, as the result of unprotected sexual intercourse, and sometimes accidental circumstances. At the macro level, adolescent parents are much more likely to earn lower wages, drop out from secondary education, depend on public assistance, engage in alcohol and substance abuse, and participate in criminal activity to meet their needs (Francesconi, 2007). Teen mothers typically complete significantly less schooling and achieve lower levels of income than their peers (Fletcher, 2012). In comparison to many highly-industrialized nations, the United States has the highest teen pregnancy rate, with approximately 60 pregnancies per 1,000 teenagers in the year 2010 (Sedgh, Finer, Bankole, Eilers, & Singh, 2016). In recent years, the United States has experienced a decrease in teenage pregnancy; approximately 250,000 babies were born to mothers between 15 and 19 years of age in 2014, which was a 10% decrease from the previous year (Centers for Disease Control, 2016).

In terms of race and socioeconomic status, there are disparities to consider when assessing teenage pregnancy in the United States. Teenage pregnancy is highest among Hispanic and African-American women, and lowest among the Asian and Pacific Islander population (CDC, 2016). Teenage pregnancy is common among families with minimal education and low income levels, and frequently occurs among individuals who have been placed in foster care (CDC, 2016). There are also trends in teenage pregnancy according to geographical location; teenage pregnancy is highest among southern states, such as Texas, Louisiana, Arkansas, Alabama, and Mississippi (30–40 births per 1000 adolescent females), and lowest in northeastern states, such as Maine, New York, Vermont, Connecticut, and Pennsylvania (DHHS, 2016).

History of the Problem

It was not until the early twentieth century that women and their children were provided with any type of reproductive health support. The Maternity and Infancy Act of 1921 assisted states in the establishment of programs that sought to decrease mortality rates of women and their infants through the provision of prenatal and infant care (Karger & Stoesz, 2013). In 1960, the Food and Drug Administration, or FDA, approved the distribution of oral contraceptives for women, which enabled women to postpone having families until a more opportune period (Goldin, 2002). However, unmarried adolescents were unable to obtain contraceptives without parental consent, and out-of-wedlock sexual activity was highly vilified (Goldin, 2002). By 1983, approximately
50% of non-Caucasian births were to couples who conceived out of wedlock (Karger & Stoesz, 2013).

Role of Planned Parenthood

Planned Parenthood was founded in 1916 as an activist organization that supported women’s rights to reproductive healthcare and choice (Planned Parenthood, 2017). What began as a birth control clinic for young women in the early twentieth century is now a major healthcare provider as well as an advocate for public education on reproductive health. Planned Parenthood provides resources and services to young women including, but not limited to the testing and treatment for sexually-transmitted diseases, pap smears, breast exams, emergency contraception, pregnancy testing, and prenatal care (Planned Parenthood, 2017). Through Planned Parenthood’s provision of contraceptives to millions of young women, more women are able to complete high school, pursue higher education, save money, and are less at risk for ovarian and endometrial cancers (Planned Parenthood, 2017). Access to contraceptives accounts for approximately 85% of the decline in teenage pregnancy over the past two decades, and is also a major contributing factor to the reduction in the number of unplanned pregnancies for adult women (Planned Parenthood, 2017).

Importance of the Problem

Since its inception in 1916, there have been many attempts to defund and dismantle Planned Parenthood. In the organization’s infancy, Planned Parenthood founder Margaret Sanger was incarcerated for providing birth control to women and promoting public education on contraception and safe sex (I Stand With Planned Parenthood, 2017). Planned Parenthood continues to face the threat of losing federal compensation because of persistent anti-abortion politicians (ISWPP, 2017). For millions of women nationwide, the defunding of Planned Parenthood centers means losing their reproductive healthcare provider, along with the various other services that Planned Parenthood provides (ISWPP, 2017). Should Planned Parenthood be defunded and have its centers shut down across the country, other reproductive health care providers will not be able to meet the needs of Planned Parenthood’s client base (ISWPP, 2017).

The defunding and potential closure of Planned Parenthood is critical for adolescents, both male and female. Without appropriate and realistic education on sexual intercourse and the associated risks of unprotected sex, there is an increased likelihood that the rates of teenage pregnancy will ascend (Duncan, 2007). In addition, if resources for safer sex, such as condoms and birth control, are no longer accessible through channels like Planned Parenthood, this also provides a greater risk of teenage pregnancy (Duncan, 2007).

Previous Methods of Addressing the Problem

In the United States public school system, the appropriate method for preventing sexually transmitted infections/diseases and pregnancy is considered to be abstinence-only sex education (Stanger-Hall & Hall, 2011). The overarching concept of abstinence-only sex education involves delaying sexual intercourse until marriage, and refrains from addressing resources for safe-sex and types of contraception (Stanger-Hall & Hall, 2011). While socioeconomic status, level of education, and race/ethnicity can be strong predictors for teenage pregnancy, the degree to which abstinence-only sex education is emphasized is also strongly correlated with teen pregnancy (Stanger-Hall & Hall, 2011).

Geographic location plays an integral role; states in the northwestern and northeastern corners of the United States, such as Connecticut and Massachusetts, do not strongly emphasize abstinence-only sex education, and have low rates of teen pregnancy (Stanger-Hall & Hall, 2011). In comparison, southern states that encourage abstinence-only sex education, such as Alabama and Louisiana, often have higher teen pregnancy rates (Stanger-Hall & Hall, 2011). In locations where abstinence-based sex education is enforced by state laws and policies, it is common for teen pregnancy and birth rates to be higher when compared to locations where
comprehensive sexual education is taught (Stanger-Hall & Hall, 2011). Unlike abstinence-based sex education, comprehensive sex education is taught over several years and evolves with the developmental level of the learner (Stanger-Hall & Hall, 2011). The comprehensive sex education curriculum encompasses various topics, such as the human body and reproductive system, methods for contraception, sexually-transmitted diseases, childbirth, gender norms, healthy relationships, and recognition of sexual abuse (Stanger-Hall & Hall, 2011). By providing a realistic and honest curriculum to preteens and adolescents about sex, the risk for unplanned pregnancy and sexually-transmitted diseases and infections is substantially lowered (Stanger-Hall & Hall, 2011).

References


For more information and a link to register, visit: http://blogs.millersville.edu/learninginstitute/register/

Over 40 Presentations, Including:

- Using Community Empowerment to Address Child Poverty
- Milk and Medicine: Evaluation of an Infant Nutrition Program in Lusaka, Zambia
- Comics as Biblionarrative Therapy
- Social Problem Analysis and Advocacy Hyper Surveillance Creates Barriers to Black Girls’ Success
- The Missing Link? Childhood Gender Nonconformity and LGBT Youth Homelessness
- Understanding the Role of Case Managers and Houseparents in Group Care Development

Keynote Address: Children: The Right to be Heard by Dr. Shirley Gatenio Gabel, Professor at Fordham University’s Graduate School of Social Service. Dr. Gatenio Gabel has served as a consultant to UNICEF and UNESCO on child poverty and advocacy strategies, and social protection in developing countries. Her research focuses on human rights and social policies, particularly those affecting children.

Plenary Speaker: Challenging Heights: A 5-year Plan to End Child Trafficking in Ghana by James Kofi Annan, James will discuss how increased rescue, prosecution, education, and advocacy are going to change the course of life for children in Ghana and around the globe; and offer real solutions for anyone who wishes to join.

Save the Dates!

Wednesday, September 13 6pm - 9pm  McComsey 260, Myers Auditorium
Documentary Screening and Panel Discussion: Dr. Feelgood

Thursday, October 12  6pm - 9pm  SMC 114 Reighard MPR
Lancaster General Health/Penn Medicine Care Connections: The Medical-Social Neighborhood Model of Care in a Superutilizer Population. Presented by Dr. John C. Wood.

Tuesday, November 14  9am - 4pm  SMC 114 Reighard MPR
Suicide Prevention, 2 Part Workshop, presented by Drs. Marc Felizzi, Jason Baker, and Nadine Garner.

February 21, 2018 6-9pm  SMC 114 Reighard MPR
Environmental Justice, presented by Erin Sullivan from the Environmental Protection Agency.

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- Cape Point
- Apartheid Museum
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The Learning Institute
“Advancing Global Social Justice and Human Rights”

Millersville University
School of Social Work
Employing a Human Rights-Based Approach to Disaster Response

Karen Rice, PhD, LSW, ACSW
School of Social Work

Marc V. Felizzi, PhD, LCSW
School of Social Work

Duane Hagelgans, JD
Department of Emergency Management

The “Great Fire,” which started on April 12, 2014 in the Upper Hills neighborhood of Valparaiso, Chile, claimed 15 lives, destroyed some 2,500 homes, and left 11,000 residents homeless (Bonnefoy, 2014). It has been confirmed that the fire accelerated after trash and vegetation fed the flames in one of the numerous ravines in the community (Bonnefoy, 2014). The fire spread, in part, because of the dry, 26 mph winds in the area. Many of the homes in the area, which were not built according to local building or fire codes, immediately went up in flames and added to the conflagration (Bonnefoy, 2014).

Rights based approaches to practice are considered consistent with the core values of social work in that such a methodology incorporates the values of social justice, the importance of human relationships, service to others, and the dignity and worth of all citizens (National Association of Social Workers, 2008). A rights-based approach to disaster preparedness, response, and recovery has both intrinsic and extrinsic value. Intrinsically, it recognizes individuals affected by disaster as “rights-holders with entitlements” (United Nations High Commissioner for Human Rights, 2013); therefore, framing the approach to assistance as collaborative rather than charitable or needs-based. Doing so, places value on the individual not just having a specific right to assistance as a member of society but as having a right to voice and guide how the response and recovery should occur. Extrinsically, a rights-based approach strengthens community because individuals affected by disaster, when collaboratively engaged during the planning, response, and recovery stages, build capacity to meet future needs and contribute positively to the enhancement of society (United Nations High Commissioner for Human Rights, 2013). These results are accomplished by designing and delivering disaster assistance in a way that prioritizes five key components: capacity building, participation, transparency, accountability, and nondiscrimination (Human Rights Center, 2011).

In October, 2014, a group of six faculty members from the departments of Social Work, Government, Earth Sciences, and foreign languages embarked on a week-long trip to Valparaiso, Chile to conduct a qualitative research study, specifically, a single case design case study as this is the preferred methodology when attempting to understand complex social phenomenon that cannot be manipulated (Yin, 2009), such as a community’s response to a natural disaster. Seven of the Upper Hills were affected by the fires, but only three of the hills make up the unit of analysis: Las Cañas, El Vergel, and El Litre. These hills were selected as they experienced the majority of the damage from the fire. Utilizing pattern matching, which seeks to identify patterns across data collection methods (Trochim, 1989), the research team sought to examine the degree to which a rights-based framework was employed following the “Great Fire.”
In six short months following one of the most devastating fires in the region of the Upper Hills, Valparaiso, Chile, residents organized to respond to their basic human rights such as food, education, housing, and mental health services. Informal leaders in the area emerged to respond to these rights and offer the infrastructure lacking in the area. However, as the findings revealed, despite the impressive, efficient, and timely response from the residents of the area, the challenges remained given the lack of government accountability to implement a plan that ensures capacity building.

The city of Valparaiso, Chile, along with its various emergency services, government entities, and private sector resources deal with disaster management on a regular basis, but our findings from the April 12, 2014, “Great Fire of Valparaiso,” all point towards disparate preparedness between the citizens of the city and the vulnerable rural population of the Upper Hills. Not engaging residents of the Upper Hills in disaster preparedness fails to employ a rights-based approach.

References


Publications


Presentations


