VOLUME 6 · ISSUE 1

JUSWR

A JOURNAL OF UNDERGRADUATE SOCIAL WORK RESEARCH, POLICY REVIEWS, & OTHER CREATIVE WORKS

BREAKING BARRIERS · HUMANITY FIRST · TRANSFORMING · PERSON-CENTERED

JUSWR. Volume 6, Issue 1. September 2022

School of Social Work
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Table of Contents

About the Journal

Acknowledgements

We would like to express our gratitude to Dean Steven Anderson for supporting our efforts to continue publishing undergraduate student's original work in *JUSWR*: A Journal of Undergraduate Social Work Research, Policy Reviews and Other Creative Works. We also thank the School of Social Work faculty for the encouragement they extended to the authors of our 6th issue. We further wish to acknowledge and extend a very special thanks to the faculty and PhD student advisors for their extraordinary mentoring, guidance, and support on behalf of the student authors.

Dr. Rachel Garthe is our Undergraduate Research Program Coordinator. She brings her enthusiasm and her extensive knowledge of research to our advisory board. We are grateful for her expertise, guidance, and steady support.

Last, but far from least, the Advisory Board and Senior Editor wish to express our pride in and gratitude for our undergraduate peer editors. These stellar students understood they were making a commitment: to participate in mandatory training, to review materials, and to offer viable, supportive recommendations to the student authors. We especially are grateful for their flexibility and dedication. Well done! You'll notice among our Senior Editors, there are five newly minted BSWs. These five editors gave us their support and expertise over the years, and we truly appreciate their dedication. Liz began as a peer editor her freshman year and her positive critiques will be missed. Reed and Maddie became editors during the COVID shutdown and demonstrated their flexibility during those chaotic times. Sarah and Alexis both have contributed to the journal as authors and peer editors. We want to thank these five exceptional students for everything they have done for our journal. Best of luck in your futures!

Staff

Dear Reader:

Welcome to the sixth volume of *JUSWR*: A Journal of Undergraduate Social Work Research, Policy Reviews and Other Creative Works. This journal is a result of a highly collaborative effort between students, faculty, and staff. Undergraduate peer editors were instrumental in the selecting, editing, and submitting recommendations for research pieces to be accepted for publication. These undergraduate peer editors worked closely with the Senior Editor, Rebecca Dohleman Hawley, who did an outstanding job providing feedback, guidance, and prowess throughout the entire publication process. In addition to the work of the undergraduate peer editors and senior editor, we had the help of a doctoral student to help with training, editing, and advising. Faculty members also generously mentored their students in the writing and publication processes, of which we are grateful for their time and energy. Fellow Advisory Board Member, Dr. Jan Carter-Black, provided the team with exceptional guidance and feedback. As the Undergraduate Research Program Coordinator for the School of Social Work and Advisory Board Member of the JUSWR, I approached my role with commitment and enthusiasm, assisting with the peer editor training and editing process. Together, this collaborative team proudly brings you the sixth volume of *JUSWR.*

The journal was published for the first time in the spring of 2017. This year, Volume 6 is split into two issues to accommodate the number of excellent pieces submitted. This year's volume includes pieces from students majoring in Social Work, Speech & Hearing Science, Psychology, and Statistics. Topics range from policy reviews (e.g., Support and Defend our Military Personnel and their Families Act; Social Security Disability Insurance; Adoption and Safe Families Act), a piece on the importance of self-care for social workers, reflective poetry, and research pieces that examine emotion responsive parenting during the COVID-19 pandemic and familial supports during opioid use disorder treatment and recovery.

As the Undergraduate Research Program Coordinator for the School of Social Work, I am honored to join such a remarkable editorial team and direct undergraduate research efforts. The journal originated with the aim of supporting undergraduate research and scholarly work, becoming a platform for students to disseminate their findings and work. Some of the ways students can become involved in research at the School of Social Work include: 1) participating as a Research Assistant to a faculty-directed research project, or 2) leading their own area of research with an Independent Study or Project. Students can find more information about these opportunities in the Course Catalog (SOCW 310, 418, and 480). It is from these projects that many students submit posters and papers to this journal or present at the University of Illinois Undergraduate Research Symposium. Other research opportunities include authoring or co-authoring research papers and presentations for peer- reviewed journals and academic conferences, serving as a peer editor for the journal, or pursuing the Undergraduate Research Certificate Program offered by the Office of Undergraduate Research.

The title of this journal was updated to be more reflective of the array of pieces submitted to the journal. For example, this journal includes research pieces, as well as policy briefs and analyses, class papers, and opinion pieces. This journal also accepts original creative pieces for publication. These creative pieces may reflect aspects of students 'cultural backgrounds, experiences, or perspectives. As you flip through the current and previous issues of this journal, you will see a glimpse into the knowledge, creativity, critical thinking, and thoughtfulness of the authors across these diverse platforms. Students make contributions that advance social and economic justice, further enhancing their own and their readers' appreciation toward our diverse and constantly evolving social world.

I am pleased to announce the sixth volume of *JUSWR*. This publication provides clear and compelling evidence of the high quality of undergraduate social work research and creative works that contribute to knowledge permeating the School of Social Work and the University of Illinois at Urbana-Champaign.

Sincerely,
Rachel Garthe, PhD
Assistant Professor & Undergraduate Research Program Coordinator
School of Social Work

Commentary

Why Self Care is Crucial for Social Workers

Heather Sloan

University of Illinois at Urbana-Champaign

Abstract

Practicing self-care is crucial for social workers. The field of social work contains many professions that are rewarding and fulfilling, but they can also be draining for those professionals. Many social workers have reported experiencing burnout, or beginning to feel drained due to a consistent large amount of stress. Another thing social workers have experienced is compassion fatigue, which is a feeling of mental and physical exhaustion brought on by being exposed to the stress, pain, and emotions of people that social workers are helping. If social workers never learn to practice self-care regularly, they will have a difficult time recovering from experiences, which can affect their performance within their careers and lead to their clients not receiving the help they need. In this paper, examples of self-care and the benefits of it are discussed, and it is reiterated why this practice is so important for professionals within the field of social work. With the right amount of self-care, a social worker can provide the best help possible, which will ultimately make this world a better place.

Keywords: self-care, burnout, compassion fatigue

About the Author: *Heather Sloan is a junior pursuing a dual degree in Social Work and Psychology with a minor in Spanish. She is interested in researching psychopathology and therapy methods for mental illnesses.*

Why Self Care is Crucial for Social Workers

Introduction

The social work profession comes with many benefits for an individual. Social workers can describe their job as rewarding, satisfying, fulfilling, and purposeful. A social worker's purpose is to work with people through their issues and to help them in the best way that they can. The work these professionals do in our society makes people's lives easier and happier. Overall, social workers make the world a happier and better functioning place. Even though the work can be very rewarding and does incredible things for our society, it can also become very overwhelming for most professionals. Social workers have also described their work as exhausting, challenging, and difficult. This is why social work professionals must learn how to take care of themselves within their professions, even if they are passionate about their job. Social workers should all be aware of the importance of self-care and the different ways to engage in self-care so they can not only be the best help to their clients but also have the most fulfilling experience in their jobs.

There are many ways in which our world is broken: there are families who can't afford to feed their kids, people lay awake at night feeling hopeless and depressed, some kids don't have families who can take care of them, elderly people are left with no support in their old age, and there are so many more aspects of sadness and darkness. Because of all this brokenness in our society, there is a large variety of work that social workers can do. Social workers are able to lend support and guidance to people, as well as finding solutions and easier paths to take for those who are struggling. The areas of social work expand from therapy to casework, to foster care and school social workers. Because of this variety in the field, there are also many different ways that social workers can become weary in their profession based on the work they are doing.

When a social worker, or any professional, has been working at an intense pace for a long time, they might start to feel overwhelmed and experience this feeling called burnout. This term describes when a social worker begins to lose the ability to operate in a helpful and professional manner in their work. "…this progressive state of inoperability can take many different forms, from simple rigidity, in which the person becomes 'closed' to any input, to an increased resignation, irritability, and quickness to anger" (Smullens, 2013). This experience is not enjoyable and can cause great distress for social work professionals, as well as inhibit these individuals from being able to do the best work possible for their clients. If a professional is feeling closed off or irritable in their own lives and in the ways they relate to the people in their personal lives, then it can only lead to them reacting poorly to those who these social workers are trying to assist. Clients come to social workers because they struggle with situations they can no longer handle on their own. Ultimately, if social workers are also not able to handle their own struggles, then they will not be able to carry the burdens of another person. Simply put, no one can pour from an empty cup. According to the National Association of Social Workers, "social workers have an ethical responsibility to address impairment or personal challenges that could interfere with professional decision-making and services to clients" (NASW, 2008). We as social workers commit to helping others, and most of us choose this profession because we are passionate about the good that it does in the world, so we also should be dedicated to doing the best possible job that we can, which also includes learning how to take care of ourselves as well. The feelings and mental states of social work professionals are just as important as the mental states of the clients we work with.

Similar to burnout, another term social workers may experience is compassion fatigue. This term is the "overall experience of emotional and physical fatigue that social service

professionals experience due to chronic use of empathy when treating patients who are suffering in some way" (Newell & MacNeil, 2010 as cited in Smullens, 2019). Compassion fatigue can occur when a social worker sees that a client is not improving or just in general when they are handling the weight of someone's emotional burdens for a long time. Hearing about terrible and distressing events people have faced can weigh on a person significantly, and when that practice is your daily work, it quickly can become draining. Individuals who enter the field of social work professionally are usually very caring and emotionally focused people, so when they spend every week hearing about how others are struggling over damaging things that have happened to them, it can be a lot to process. Even if a professional is meeting with a total stranger, many of the reasons people come to social workers are usually heart-breaking. Listening to heart-breaking stories every single day would be draining to any normal person, but for someone who is a social worker and who usually has a big heart, it can be extra exhausting. Eventually, if you spend so much time dealing with others' issues your heart will get tired, which can lead to you no longer having the ability to be compassionate with your clients in the same way you did when you started.

A high number of social workers have reported feeling some type of burnout or compassion fatigue. With a large amount of focus on emotions within these professions, it is easy to begin to feel overwhelmed and drained from the work we do. "Compassion fatigue and coping with secondary trauma may lead to a lifetime burnout rate as high as 75% for social workers" (Todorov, 2022). This statistic shows that ¾ of social workers have said they experience burnout and have dealt with the exhaustion that can come from working in their profession for a long time without the right amount of breaks. In addition, since burnout and compassion fatigue can lead to a social worker not being able to help their client in the way they

need, if 75% of social workers were constantly feeling burnout without having any way of taking care of themselves, then so many people would be lacking the help that they desperately need. People come to social workers for help navigating their struggles, but if the social worker also is not able to handle their troubles, then even more dangerous or unfortunate things could happen to these clients. Without learning techniques of self-care and figuring out the best way to take care of yourself, the entire field of social work would not be successful.

The idea of choosing to take care of ourselves seems a bit backwards to professional social workers because we were trained to take care of others. “Sometimes the last person social workers nurture is themselves” (Jackson, 2014). It is in their nature to focus on taking care of others, so it feels abnormal for social workers to focus on their needs when their entire profession is all about the needs of others. But, in the same way that we must work toward having our clients learn they must prioritize their needs, we will have to listen to our advice and prioritize our needs as well, even if it feels uncomfortable. People within the field of social work tend to be very selfless and are not used to choosing to take care of themselves first, which is why it is so rare to see a social worker pay attention to their needs and take a break from working as hard as they can to help their clients. Everyone wants to do their best within their careers, and in a social worker’s career, their goal is always to be able to help their clients as best as they can and not stop until they have found a solution for them. But social workers are humans too who have problems and feelings, so they deserve to be taken care of as well, even if it means taking a short break from thinking about their clients.

Many different activities and habits can be used as self-care practices. People’s first thought when they think self-care tends to be taking a bath, reading a book, listening to calming music, or going on a walk when it’s nice outside. These are great examples of self-care and can

help someone clear their mind and relax, although there are so many other ways to take care of yourself. Everyone is unique, and their version of relaxing may be completely different from someone else's, which is why self-care can take many different forms. Some people find relaxation in socializing, others like to treat themselves to a nice meal, while others would prefer to just be alone for a few hours. Some examples of self-care are exercising, spending time alone, engaging in your friendships, having a healthy diet, planning an event to look forward to, taking days off occasionally, getting a good night's sleep, meditation, and any other type of activity that you find personally relaxing (Headspace.org, 2019). Self-care means something different to every person within social work, and it can have very different effects based on the type of self-care someone partakes in. Other articles mention some good self-care and stress-reducing techniques for social workers are focusing on your breath various times throughout the day, guided imagery, mindfulness meditation, yoga, and getting enough sleep (Shersher, 2022). Any form of self-care is acceptable; there is no wrong answer. As long as the individual chooses an activity that is remotely healthy, rather than turning to alcohol or drugs, for instance, it's a great thing to take time to do things to relax and treat yourself. Each person would need to do some exploring to find what types of self-care work best for them, and when they figure out what those strategies are they should partake in those activities regularly or whenever they need a break.

A 2016 study "explored the effects of self-care practices and perceptions on positive and negative indicators of professional quality of life, including burnout, secondary traumatic stress, and compassion satisfaction among MSW practitioners" (Bloomquist, et al., 2016). There are many results from this study showing how different types of self-care had different effects on social workers based on how helpful they were. One finding was "physical self-care was the most frequently practiced domain with average scores indicating between monthly and weekly

use. This was closely followed by the use of professional and emotional self-care. The most practiced activities overall included laughing, spending time with friends and family, and taking time to chat with co-workers" (Bloomquist, et al., 2016). Since social workers tend to be relational people who are emotionally focused, it was not shocking to read that they felt better after spending time with loved ones or doing activities that caused them to laugh. Community is another aspect in the field of social work that is so crucial for not only the success of the professionals but also for their emotional and mental well-being. Being able to create bonds with co-workers and have a solid relationship with your supervisor is also important so everyone in your company can lean on each other when you feel fatigued and drained. The results of the study showed there are many different ways that people can take care of themselves and each of them can be helpful in the professional social work field.

There are many reasons why partaking in self-care is important to social workers, and there are many benefits that can come from it. If social workers regularly took care of themselves in different ways, whatever helps them out the most, they could avoid experiencing burnout. Burnout and compassion fatigue may be inevitable within the profession, but with self-care strategies, an individual can avoid experiencing these feelings for long periods, and they would be able to know how to handle those experiences when they do happen. Being a professional social worker is a draining profession at times, but if these professionals were to learn how to be on top of taking care of themselves and allowing them some time to treat themselves, then the job could become much more manageable. This can make a social worker's job even more fulfilling in the long run.

References

Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, K., & Kim, H.-W. (2016). Self-care and professional quality of life: Predictive factors among MSW practitioners. *Advances in Social Work*, *16*(2), 292–311. https://doi.org/10.18060/18760

Jackson, K. (2014, May). *Social Worker Self-Care — The Overlooked Core Competency*. Social Work Today. Retrieved April 24, 2022, from https://www.socialworktoday.com/archive/051214p14.shtml

Shersher, J. E. (2022, January 10). *Self-care tips*. SocialWorkLicensure.org. Retrieved April 24, 2022, from https://socialworklicensure.org/articles/self-care-tips/

Smullens, S. K. (2019, July 17). *What I wish I had known: Burnout and self-care in our social work profession*. SocialWorker.com. Retrieved April 19, 2022, from https://www.socialworker.com/feature-articles /field-placement/What_I_Wish_I_Had_Known_Burnout_and_Self-Care_in_Our_Social_Work_Profession/#:~:text=%E2%80%9CBurnout%E2%80%9D%20as%20a%20term%20was,'%20to%20any%20input%2C%E2%80%9D%20to

Todorov, G. (2022, April 13). *Important burnout stats, trends and facts 2022*. Learn Digital Marketing. Retrieved April 21, 2022, from https://thrivemyway.com/burnout-stats/

What self-care strategies work for you? Headspace National Youth Mental Health Foundation. (2019, February 11). Retrieved April 19, 2022, from https://headspace.org.au/headspace-centres/maitland/new-blog-post-3/

Creative Expressions

Critical Thinking Forum
Creative Expressions

From the editor:

Critical Thinking Forums give students the opportunity to consider and process rather dense course content through creative expression. Family trees, collages, analysis of existing or creating original song lyrics, poetry, videos, and various other art forms are welcomed. The one caveat is the creative piece must reflect some aspect of the student's lived experience as a member of a particular or combination of their multiple intersecting identities. Students are also required to submit a written description or reflection that addresses the relationship between their chosen creative piece and topics covered in a specific course. Some descriptions discuss the evolution of a student's thought processes, factors that have influenced their core beliefs, and values about how the world should be and what they should expect from said world, as well as issues they are still striving to reconcile that are related to the specific issues conveyed in their creative work.

Note to the reader:

Expletives associated with a particular identity group are included. However, such words must have an expressive and substantive purpose. The inclusion of potentially offensive words for entertainment or mere shock value is forbidden.

Resilient Hope

Emily Gawel

University of Illinois at Urbana-Champaign

Reflections from the author

Writing this poem was difficult for me. It's difficult to discuss something that has impacted my life in such an intimate and personal way. I was able to write this piece because of Social Work 300, which taught me the importance of sharing as a way of learning. Finding the strength to share with my peers, as they shared with me, allowed me to understand aspects of the world that I was unfamiliar with. I live with a physical disability that isn't immediately discernable by society's prying eyes. This allows me to see how someone's view can change in an instance based on things that can't be controlled.

This poem starts with the historical pain that people with my identity have gone through. This class taught me the importance of being able to know how far we have come in order to recognize the obstacles we still face when making positive changes. I tied historical pain and comments that individuals have said to me over the years together in order to show there are still changes to be made.

The second half of this poem focuses on the importance of support systems. It explains that despite those who may stereotype, there are also those who will accept you for who you are. It's important to remain hopeful that there are people in this world who will accept you for you, and that educating individuals to become more accepting is a great way to develop this. This class taught me the importance of being open minded and listening to individuals from all backgrounds. This inspired my poem; Afterall "an accepting world would be a great start."

Keywords: resilience, identity, hope

About the Author: *Emily Gawel is a junior pursuing a dual degree in Social Work and Psychology. After she earns her MSW she hopes to work with refugees.*

Resilient Hope

People like her once had been put to death

Exorcised and labeled inept

Confined to their beds

Locked in small rooms

People like her with invisible wounds

People still gawk and people still pray

Trying to take the disability away

But she knows a secret they'll never know

That's the true secret of finding hope

Finding people who accept her and never gloat

The kind of people that keep her afloat

They're found in lost corners and inside rare gems

And it takes true hope for her to find them

The kind of people who stay by her side

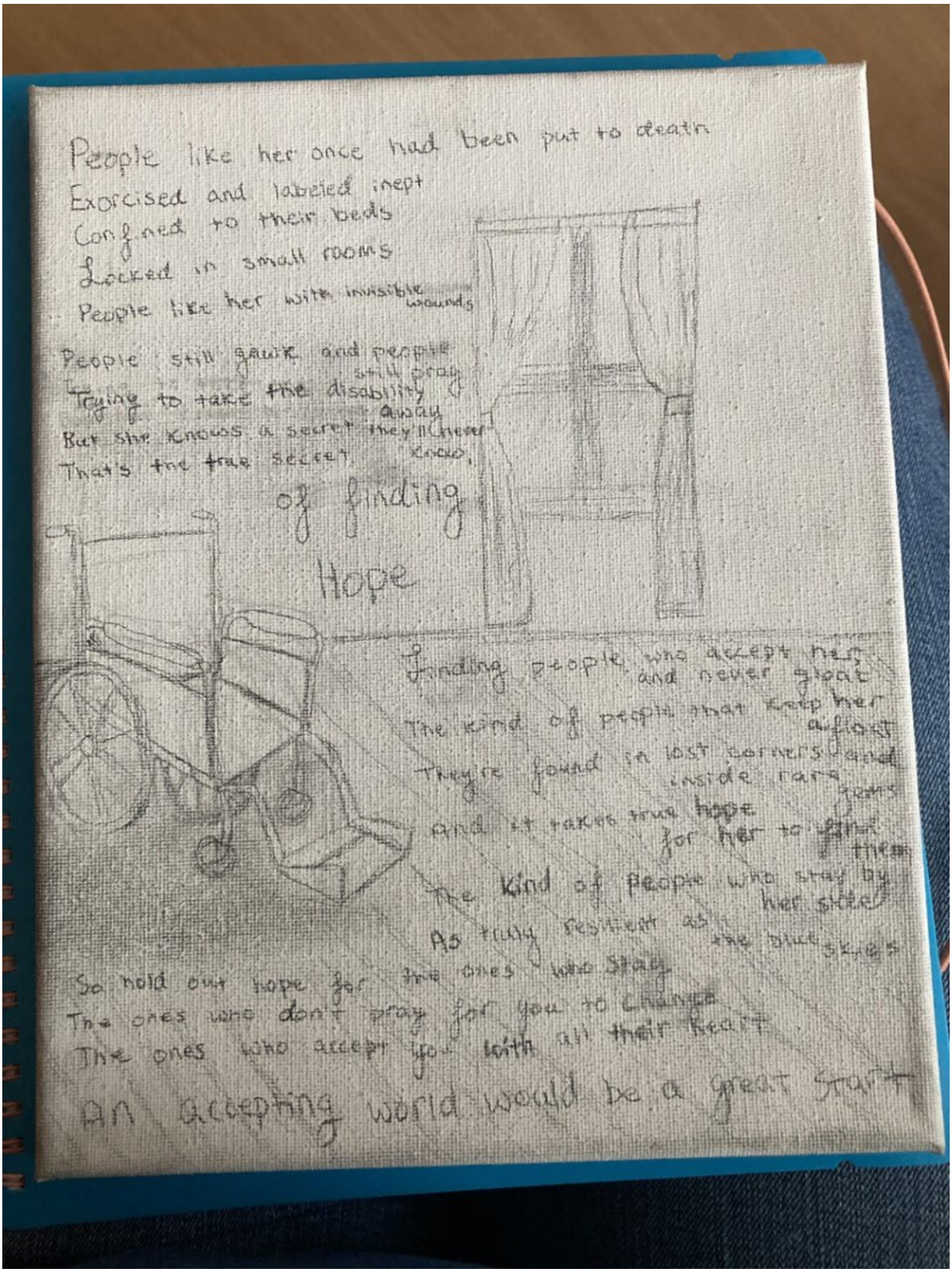
As truly resilient as the blue skies

So hold out hope for the ones who stay

The ones who don't pray for you to change

The ones who accept you with all their heart…

An accepting world would be a great start


People like her once had been put to death
Exorcised and labeled inept
Confined to their beds
Locked in small rooms
People like her with invisible wounds
People still gawk and people still pray
Trying to take the disability away
But she knows a secret they'll never know,
That's the true secret
of finding
Hope
finding people who accept her,
and never gloat
The kind of people that keep her afloat
They're found in lost corners and inside rare rooms
and it takes true hope for her to find them
The kind of people who stay by her side
As truly resilient as the blue skies
So hold out hope for the ones who stay
The ones who don't pray for you to change
The ones who accept you with all their heart
An accepting world would be a great start

Literature Reviews

Familial Supports in the Pursuit of Opioid Use Disorder Treatment and Recovery

Brooke Wilson

School of Social Work, University of Illinois at Urbana-Champaign

Abstract

Opioids and their usage have caused widespread devastation across our nation. Fentanyl has taken the epidemic from bad to worse as it has become a major player in the role of opioid overdoses. As we look at how the United States can encourage enrollment and increase the longevity of enrollment in treatment programs for Opioid Use Disorder (OUD), there's one potential piece that remains overlooked in literature: what assistance family members can provide. Research on the role of family members in the process of obtaining and remaining in treatment is extremely limited. Minimal research has been conducted on a program called Community Reinforcement and Family Training (CRAFT). While further research is certainly necessary for widespread implementation, CRAFT provides promising results for successful treatment in the realm of OUD.

Keywords: opioid use disorder treatment; OUD; family involvement; Community Reinforcement and Family Training

About the Author: *Brooke Wilson is a junior majoring in Social Work and double minoring in Psychology and Public Health. She is interested in researching how improvements can be made regarding access and retention of care for individuals experiencing addiction.*

Introduction

Opioids and their usage have seen an astounding increase across the United States since the 1990s, leaving a devastating state of turmoil in its wake. Opioid overdose is currently one of the highest causes of death for Americans, so much so that it contributed to the decrease of life expectancy for Americans by almost 4 months during 2014-2017 (Gardner et al., 2022). However, this wasn't always the case. In the 1990s, there was a belief in the pharmaceutical field that pain was not being appropriately treated. To combat the lack of treatment for pain, physicians began prescribing pain medication at a rate that led to over-prescription. Copious amounts of pain medication like oxycodone became easily accessible as a result of over-prescription (Volkow and Blanco, 2021). This surplus allowed for hundreds of thousands of individuals to become exposed to the addicting world of opioids. As of 2017, the U.S. Department of Health and Human Services declared opioid use a public health emergency. When we look at the state of opioid use in 2022, more than 3.1 million people have abused opioids in the last month (National Center for Drug Abuse Statistics, 2022). To inhibit the ever-growing epidemic that is Opioid Use Disorder (OUD), this paper will explore what OUD is and the promising results that have come from current research on the impact of family members in the process of obtaining treatment.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is regarded as the standard for diagnostic criteria of psychopathology. The DSM-5 cites criteria for OUD to be met when "a problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following [criterion], occurring within a 12-month period" (American Psychological Association, 2013).

The additional criterion in the DSM-5 focuses on the substantial impact opioids and their use have on the individual. Individuals must spend "a great deal of time" in purchasing, using, and recovering from the effects of the opioids (Diagnostic and Statistical Manual of Mental Disorders, 2013). Despite the knowledge that opioid use has a negative impact on the wellbeing of the individual, whether physical or psychologically, the individual continues to use. The individual drastically cuts back on activities and commitments due to the use, including social activities, tasks at work, or responsibilities at home. Physical criteria include cravings for the opioids, needing an increased amount of opioids to feel the effects (tolerance), and symptoms of withdrawal including but not limited to nausea, muscle aches, dysphoric mood, and insomnia. others.

Fentanyl's Role in Overdoses

When we look at the current state of affairs regarding opioids in the United States, we see a sharp rise in the prevalence of fentanyl and other synthetic opioids. Synthetic opioids, as opposed to natural opioids like morphine, which are produced with "naturally occurring substances extracted from the seed pod of certain varieties of poppy plant," are produced with chemicals (Department of Justice and Drug Enforcement Administration, 2020). These synthetic opioids are typically found within illicit markets. Fentanyl has been found to be extremely potent, making it a major player in opioid overdoses: "synthetic opioids are now almost twice as commonly involved in overdose deaths as prescription opioids or heroin" (Volkow and Blanco, 2021). The severity of opioid misuse and subsequent deaths appears to be a primarily American issue. While there are concerns of similar epidemics occurring across the world, some areas have taken measures to prevent abuse from reaching devastating levels. In many parts of Europe, advertising of prescription drugs has been prohibited and those parts of Europe have avoided

high rates of prescription opioid abuse (Volkow and Blanco, 2021). What can we, as an American society, do to address the inordinate damages induced by opioids?

Treatment for OUD

Treatment, as it will be referred to in this paper, can appear in many ways; treatment could range from a short-term detoxification to a long-term inpatient facility. Some treatment programs may incorporate psychotherapeutic components, such as one-on-one or group counseling, to learn techniques to cope with cravings or triggers, whereas others may incorporate medications like Buprenorphine or Naltrexone to decrease abuse and withdrawal symptoms. Medication assisted treatment can be facilitated through a prescription written at physicians' offices in the form of oral medications, like pills or film to be placed under the tongue, as well as through intravenous injections.

Barriers to Treatment.

If an individual does eventually gain access to treatment, there are a plethora of barriers and factors that prevent the individual from successfully completing treatment. Current literature suggests obtaining treatment for OUD in the United States is particularly challenging. Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health revealed that in 2019, about 84% of individuals aged 12 and up who were classified as needing treatment for illicit drug use did not receive it. An equally alarming statistic is only .3% of individuals received a prescription for medication to assist with their opioid use disorder (SAMHSA). The 2020 statistics are even more staggering, considering the detrimental impact of COVID-19. Non-emergency treatment became a lower priority in the medical field as people and resources were focused on treating the overwhelming healthcare crisis induced by COVID-19.

Overdoses resulting from opioid use increased 30% from 2019 to 2020, during a time when medical care was perhaps the most inaccessible (Stopka, 2021, as cited in Thompson, 2021).

Family Support During OUD Treatment

One factor that remains one of the most overlooked in literature is the role of a social support system in the process of treatment and recovery. Evidence suggests that social support not only increased the likelihood of initiating treatment, but also the retention in a treatment plan and recovery (Kelly et al., 2010). Social support systems look different for each individual. Social support is companionship and encouragement supplied by a close individual or group. Social support can be provided by a family member, close friend, or peer recovery person. Attempting to conduct further research on the topic lead to literature impasses astonishingly quickly. The database EBSCOhost generated 173 results for the search terms “opioid use disorder” and “social support or family support” prior to any refining. After removing non-peer reviewed articles and articles published outside of the last 12 years, 141 results were generated. After analysis of the abstracts, only 30 articles are generally related to the conversation regarding familial support during OUD treatment and recovery. If the results were further limited to just within the United States, only 2 applicable results would be generated. While these are just the results from one database using one set of search terms, this highlights how grossly under-researched social and familial support is in the process of treatment and recovery. Further research on the topic is necessary to develop a stronger basis of knowledge and promote implementation in treatment.

One specific program being studied in the realm of substance abuse treatment is CRAFT, or Community Reinforcement and Family Training. CRAFT, as defined by Dutcher et al. (2009), is a “cognitive-behavioral program designed to get treatment-refusing substance-abusers to

voluntarily engage in treatment by teaching family members how to support a clean/sober lifestyle." The idea behind CRAFT is concerned family members would attend sessions to empower the individual to develop a recovery encouraging stance. A baseline of four sessions was established by the developer of CRAFT to indicate how much content would be required for adequate skills to be obtained. CRAFT has been used to treat a variety of substance use disorders, with relatively high engagement rates: 64% for alcohol users and 64-74% across multiple studies regarding illicit drug users (Dutcher et al., 2009).

Dutcher et al. developed this study to recruit concerned family members into a clinic setting to replicate what genuine implementation of CRAFT treatment would look like. CRAFT's validity had been tested in numerous trials preceding Dutcher et al.'s study, so the researchers decided to take the study in a new, unexplored direction. Oftentimes when research is conducted in a controlled lab setting, it is not tested for success in a real-world environment. To combat this, Dutcher et al. tested if the structure of CRAFT was solid enough to thrive in an environment with variables uncontrolled. Baseline statistics were collected for the family members involved in the study, particularly concerning aspects of their mental and emotional health. Twelve sessions were planned for family members to attend. In a 6-month follow-up, the family members who attended sessions in Dutcher et al. (2009) study reported lower levels of depression, anger towards the situation, and anxiety levels, as well as high levels of general happiness than in the intake report. The results of the study indicate not only do encouraging and supportive loved ones make a major difference in the process of getting an individual into treatment, but also the process of doing so can be quite healing for the family members.

Dutcher et al. has proven the transformative powers of CRAFT in individuals with other substance use disorders, but what does the application of CRAFT look like specifically for

individuals experiencing OUD? Brigham et al. designed a randomized trial that either assigned Community Reinforcement and Family Training for Treatment Retention (CRAFT-T) to opioid-dependent adults and one concerned family member in addition to detoxification at a residential treatment center or assigned just the standard detoxification treatment. CRAFT-T differs from CRAFT as described previously. While CRAFT was designed to get a hesitant individual into a treatment program, CRAFT-T was manipulated to increase the retention and longevity of treatment with individuals already in a treatment program. Family members volunteer themselves in CRAFT, but the identified patient selects a concerned family member to join them in the program in CRAFT-T. The patient also joins the concerned family member in some of the sessions, unlike CRAFT. CRAFT-T's program outlines 12 sessions: two sessions for the family member and patient and 10 sessions for just the family member.

The results of this study raised several points for discussion. In studies regarding both CRAFT and CRAFT-T, the "effect on retention was large" when the concerned loved one was a mother or father figure rather than a spouse (Brigham et al., 2014). This is excellent information in a CRAFT study, where participation is volunteered on the family member's end. What Brigham et al. (2014) found was the family members in CRAFT-T studies were attending fewer sessions on average compared to family members in CRAFT studies. Because the identified patient is selecting the family member to undergo training, it is assumed the family member was "being engaged with reluctance," causing tension and strain to form between patient and family member (Brigham, 2014). If family members are being called upon to assist in the treatment rather than volunteering, they may not receive the positive impacts of participating in the program. The results that came out of the Brigham et al. and Dutcher et al. studies make one

thing absolutely certain: further research and replication is necessary to confirm the promising results of CRAFT and CRAFT-T in treatment for OUD.

CRAFT and CRAFT-T are just one of many examples of strategies designed to include family support in the process of treatment and recovery. With such promising results coming from both Dutcher et al. and Brigham et al., why are family members not being more routinely implemented in the treatment and recovery process? There are several barriers family members face which prevent them from volunteering to assist with treatment. The first major barrier family members are up against is stigma. Stigma can influence a family member's decision to assist with their loved one's treatment in a number of ways. For one, stigma can present itself in the comments of clinicians, community members, or even in interactions with extended family members. Dopp et al. (2022) found that some common stigmas and stereotypes family members are subjected to include the notion that Substance Use Disorder (SUD) "is genetic and runs in families," that SUD is "socially determined through family modeling," or that family members enable their loved one's use. Family members struggle to overcome the possibility this may be ill-informed criticism they may face from individuals who are removed from the situation, and do not wish to be associated with the negative stigma.

Family-Level Stigma

Another component of barrier family members of people with OUD must combat is the stigma or misinformation that they harbor within themselves. In a study by Nayak et al., surveys from 174 individuals with an immediate family member who is experiencing OUD and has received treatment in the last year, disclosed familial perceptions of treatment types. This study produced general findings that indicate a misunderstanding of or disagreement with medication-assisted treatment. "Respondents viewed MOUD [(medications for opioid use disorder)] as less

effective and approved less of its use than other treatments… buprenorphine (approve 55.1; effective 54.1), methadone (approve 51.9; effective 49.3), naltrexone (approve 61.6; effective 55.9)" (Nayak et al., 2021). The values indicate an average number from 0-100 that signify how much the family member approves of using medication to treat OUD, as well as how effective they perceive the medication to be in treating OUD. These perceptions from family members are inconsistent with the research data that suggest medications similar to buprenorphine are highly effective. Addressing these incorrect beliefs and assumptions may help to decrease familial stigma around various methods of treatment.

If family members are able to work through the stigma component, they may run into a financial barrier. Addictions can be very costly to treat. Nayak et al. (2021) found the largest barrier against obtaining treatment- with 41% of participants citing this issue- was money/ financial reasons. Sixteen percent of the respondent pool reported issues with insurance. Even when the identified patient is willing to participate in treatment (35% of family members citing this as a barrier), cost may present an impassable barrier to receiving the treatment. With treatment plans such as CRAFT and CRAFT-T not being as prevalent in practice at this point, finding a treatment center that takes the extra initiative to host family trainings or include family in the recovery process may be difficult to find nor feasible cost-wise for the identified patient.

The results from recent studies into familial social supports during treatment have proven to be promising. Programs such as CRAFT may be difficult to implement widely in practice in the near future. As the research suggests, familial support in the form of education is extremely advantageous. Even treatments as simple as educating family members on the realities of OUD as a disease and increasing awareness on what treatment and ultimately recovery looks like is shown to "decrease family problems and augment recovery from SUD" (Al Ghaferi et al., 2022).

Stronger social support leads to increased retention in treatment facilities, which leads to an abundance of positive outcomes for the patient: “the clinical implication of increasing retention in treatment is demonstrated by a higher abstinence rate, reduction in morbidity, mortality and violations of the criminal justice system” (Al Ghaferi et al., 2022).

Future Research Recommendations

While further research is being conducted to build a stronger literature pool on familial involvement, clinics must work toward implementing smaller scaled interventions and opportunities for family members to become involved in the treatment and recovery process. Obtaining treatment can be a very isolating and intimidating experience; social support becoming a more fundamental component of treatment plans is a vital area for future advocacy.

Conclusion

Opioid Use Disorder is a major public health crisis in the United States. As Fentanyl’s popularity has risen, so has the destruction and devastation of opioid-related overdoses. Contributing to the devastation of the crisis, treatment in the United States is encased with barriers that make it inaccessible to so many who could benefit from it. When looking at the current literature around OUD treatment, there is a major deficit in one area: supports provided by the individual’s family members. A modicum of research has been conducted on a program entitled Community Reinforcement and Family Training. The implementation of this program yields promising results. Although the results are promising, both Dutcher (2009) and Brigham’s (2014) studies indicate a need for further research and examination of CRAFT and CRAFT-T programs in the treatment of OUD. If including family members in the process of treatment indicates positive effects, why are programs not involving family members on a more widespread basis? Just like the individuals seeking treatment for OUD face barriers and stigma,

so do their family members. While future research is being conducted, treatment facilities should work toward involving family members in smaller ways to increase social support during a particularly isolating and challenging time.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Al Ghafri, H., Hasan, N., Elarabi, H. F., Radwan, D., Shawky, M., Al Mamari, S., Abdelgawad, T., El Rashid, A., Kodera, A., Al Kathiri, H., Lee, A. J., & Wanigaratne, S. (2022). The impact of family engagement in opioid assisted treatment: Results from a randomised controlled trial. *The International journal of social psychiatry, 68*(1), 166–170. https://doi.org/10.1177/0020764020979026

Brigham, G. S., Slesnick, N., Winhusen, T. M., Lewis, D. F., Guo, X., & Somoza, E. (2014). A randomized pilot clinical trial to evaluate the efficacy of Community Reinforcement and Family Training for Treatment Retention (CRAFT-T) for improving outcomes for patients completing opioid detoxification. *Drug and alcohol dependence*, 138, 240–243. https://doi.org/10.1016/j.drugalcdep.2014.02.013

Department of Justice and Drug Enforcement Administration. (2020). Drug facts sheet: Synthetic opioids. https://cdptest.dea.gov/sites/default/files/2021-08/Synthetic%20Opioids-2020.pdf

Dopp, A. R., Manuel, J. K., Breslau, J., Lodge, B., Hurley, B., Kase, C., & Osilla, K. C. (2021). Value of family involvement in substance use disorder treatment: Aligning clinical and financing priorities. *Journal of Substance Abuse Treatment.* https://www.sciencedirect.com/science/article/pii/S0740547221003780

Dutcher, L. W., Anderson, R., Moore, M., Luna-Anderson, C., Meyers, R. J., Delaney, H. D., & Smith, J. E. (2009). Community Reinforcement and Family Training (CRAFT): An

effectiveness study. *Journal of Behavior Analysis in Health, Sports, Fitness and Medicine*, 2(1), 80-90. http://dx.doi.org/10.1037/h0100376

Gardner, E. A., McGrath, S. A., Dowling, D., & Bai, D. (2022). The Opioid Crisis: Prevalence and Markets of Opioids. *Forensic science review*, 34(1), 43–70.

Kelly, S. M., O'Grady, K. E., Schwartz, R. P., Peterson, J. A., Wilson, M. E., & Brown, B. S. (2010). The relationship of social support to treatment entry and engagement: the Community Assessment Inventory. *Substance abuse*, 31(1), 43–52. https://doi.org/10.1080/08897070903442640

National Center for Drug Abuse Statistics. (2022, April 6). Opioid crisis statistics [2022]: Prescription opioid abuse. *Drug Abuse Statistics*. https://drugabusestatistics.org/opioid-epidemic/

Nayak, S. M., Huhn, A. S., Bergeria, C. L., Strain, E. C., & Dunn, K. E. (2021). Familial perceptions of appropriate treatment types and goals for a family member who has opioid use disorder. *Drug and alcohol dependence*, *221*, 108649. https://doi.org/10.1016/j.drugalcdep.2021.108649

SAMHSA.gov. (n.d.). 2019 National Survey of Drug Use and Health (NSDUH) releases. https://www.samhsa.gov/data/release/2019-national-survey-drug-use-and-health-nsduh-releases

Thompson, D. (2021). How the covid pandemic made the opioid epidemic worse, even as telehealth ... *U.S. News and World Report*. https://www.usnews.com/news/health-news/articles/2021-10-01/how-the-covid-pandemic-made-the-opioid-epidemic-worse-even-as-telehealth-helped

Volkow, N. D., & Blanco, C. (2021). The changing opioid crisis: development, challenges and opportunities. *Molecular psychiatry*, 26(1), 218–233. https://doi.org/10.1038/s41380-020-0661-4

Policy Analyses

Policy for the Naturalization of Military Servicemen and Women

Aldo Antonio Davila

University of Illinois at Urbana-Champaign

Abstract

Despite our nation's historical dependence on foreign volunteers in our armed forces, the rights promised in exchange for their service have been impeded through policy perpetuated by the Trump administration. In 2017, a series of legislation with the goal of decreasing legal immigration into the country negatively impacted citizenship opportunities for past and current service members. The Biden administration pledged to regress these policies as they relate to servicemembers but have astonishingly decided to uphold their current standing. The goal of this policy analysis is to explore the proposed Support and Defend Our Military Personnel and Their Families Act (H.R.3881) and to evaluate its elements of distributive justice. The analysis advocates for H.R. 3881 and provides reference to similar bills that would serve to bolster the overall efficacy of a bill of this nature.

Keywords: military, citizenship, deportation, veterans, policy

About the Author: *Aldo is a senior in the School of Social Work. He will receive his BSW in 2023. He is interested in working alongside servicemembers for the advancement of veteran services.*

Policy for The Naturalization of Military Servicemen and Women

Introduction to Social Issue

Since our country's inception, we have depended on the military service of non-citizens. Our country has historically solicited this service in exchange for a simplified process of naturalization for those individuals who have served honorably during periods of armed conflict. Naturalization is the induction of a foreigner into a country other than their own. Many generations of immigrants are in this country because a forefather made a sacrifice in the name of American militarism. This phenomenon expanded tenfold since the start of the Global War on Terror where the presence of English-speaking interpreters became integral within our armed forces. Despite our dependence on non-citizen service members and their skills, a 2017 Trump administrative policy impeded the naturalization processes for tens of thousands of service members. The policy continues to be supported by a new administration that has promised to protect and expand opportunities for immigrants who risked their lives in military service. In light of this social issue, the author has chosen to research the current 2017 Trump policy in place, as well as policy provisions being introduced to remedy the issue at hand.

Current Policy Provisions

In August of 2017, the Trump administration passed the Reforming American Immigration for a Strong Economy Act (RAISE). While this act encompassed various immigration-related benchmarks, in practice the goal was to reduce legal immigration by 50%. There were various disincentivizing methods utilized, but the most effective was simply cutting the number of green cards issued by half. Once an immigrant receives their green card, they begin the bureaucratic journey of moving up the citizenship ladder. Along this journey, they gain benefits such as being able to sponsor their family members so they may immigrate into the

country. To close the metaphorical flood gates, the Trump administration extended its anti-immigration policies to immigrants attempting to gain citizenship through military service.

Historically, non-citizen service members were offered an expedited path to citizenship that started as soon as they stepped foot into their respective branches' training camps. As a result of the RAISE Act, service members became subject to mandatory service for times of six months to a year before they could apply for citizenship. These mandates were among a few others that were struck down by the Supreme Court in August 2020. Ideally, this would have been the end of the policy; but the Biden administration has continued to file for appeal extensions instead of simply respecting the Supreme Court's decision or disavowing the act as a whole as many expected it would. This decision has ultimately left countless service members in limbo despite the sacrifices they have made for our country.

Strengths of Policy Approach

Speaking in terms of social justice, the implementation of the RAISE Act had no strengths or commendable qualities. With that said, many proponents of the act flaunted its likelihood to bolster our national security and economy. A central idea peddled by the administration at the time was that of Americans first. In reality, this act limited the amount of immigrants in our country who pay taxes, and also inhibited our veterans from receiving the benefits they have earned, which arguably can be regarded as un-American.

Weakness of Policy Approach

The RAISE Act had many weaknesses affecting the areas of American society it sought to strengthen. The limitation of immigrants in our country resulted in a deficit of taxpayers as well as skilled workers crucial to aspects of our society such as infrastructure and the medical field; thereby negatively impacting our economy rather than bolstering it. Additionally, by

targeting current and prospective service members with this agenda, our Armed Forces saw a drop in recruitment numbers as well as quality of candidates (Baldor, 2018). Starting in 2017 shortly after the implementation of the RAISE Act, the Army lowered its recruitment goal and started approving waivers for marijuana use within their prospects demonstrating the negative effects of disincentivizing immigrants from serving.

Proposed Policy

To address the current policy in place, I have identified one central bill that I believe amends the faults of the current policy while also promoting the advancement of veteran rights. The bill in question is the "Support and Defend Our Military Personnel and Their Families Act", or simply H.R.3881 for short. Originally introduced to the House Committee on the Judiciary in June 2021, the bill aims to provide immigration-related benefits and protections for select members and veterans of the armed forces. The bill is best explained when broken down into four key components. The first component is the extension of naturalization for service members from armed conflict to include contingency operations. Historically, the brevity of the naturalization process only applied to individuals who served during armed conflicts such as the Vietnam War. If a service member was a part of the armed forces during a period of peace, then typically their naturalization process would include additional prerequisites pertaining to time in service. While our country appears to be constantly involved in conflicts around the world; many of these instances are not diplomatically considered "armed conflicts," rather they are labeled as contingency operations. This vague label is used to describe military operations in foreign countries to protect our national interests. H.R.3881 would grant naturalization eligibility for service during any contingency operation.

The second component of H.R.3881 is an extension of the filing period for naturalization permitted following the completion of military service. As the current bill sits, service members have only six months to file a claim for naturalization following their military service. This can become an issue if a veteran has to acquire potentially time-consuming legal documents to satisfy the naturalization prerequisites. H.R.3881 would extend this filing period from six to 12 months, allowing for a more time-sensitive application process. The third and fourth components of H.R.3881 are similar in the sense that they give autonomy to the Department of Homeland Security (DHS) to protect veterans and their families. The third component allows for the DHS to grant permanent resident status to any parent, spouse, or child of a service member who was deemed to have served honorably. The fourth component mandates official approval by the DHS before an undocumented veteran is issued a notice to appear in a removal proceeding. This approval is granted solely after a few considerations: a record of service, hardship of the armed forces, and the hardship to the veteran in question as well as their family.

While I chose this bill for its seemingly well-rounded benefits; I have found some inadequacies concerning other lesser bills also introduced into Congress. I believe this bill does not fully address a multitude of issues. The most noteworthy issues revolve around anti-deportation efforts as well as retroactive justice for those veterans who have been deported. The secondary issues entail small but largely important tweaks to the system in place regarding application wait times and time limits. H.R.3881 is not a bad bill by any means; rather I believe it can be significantly improved if it included traits from other bills to build an overall more comprehensive bill.

Elements of Distributive Justice

H.R.3881 is a well-rounded bill but there are still components of distributive justice to be desired. In terms of adequacy, the bill extends naturalization opportunities for most if not all non-citizen service members while also implementing redundancies to protect a veteran and their family if circumstances led to them being slated for removal proceedings. Regarding equity, I believe the bill serves prospective naturalization applicants as well as in-country veterans. With that said, deported veterans, in my opinion, remain under serviced in the guidelines of this bill. Lastly, with the exception to deported veterans; this bill does exemplify a notable amount of equality in terms of efficacy. I believe this can be accredited to the fact that this bill is already targeted at a specific demographic in our country; this is a bill by veterans for veterans.

Assessment of Players and Power

The players and/or powers can be separated into two relatively clean-cut groups. The first group is comprised of prospective service members, current service members, and veterans. The second group is comprised of the Biden administration and the U.S. Department of Defense respectably. As you might imagine, the second group holds all the power in this exchange while the members of the first group merely have a stake in the proposed policy. Following the implementation of the 2017 Trump policy; there was a dramatic 72% drop-off in naturalization applications relative to pre-policy figures (Office of The Under Secretary of Defense, 2017). This implies that members of the military are either not meeting the new prerequisites towards naturalization, or they are simply not enlisting to begin with. The latter is a major issue considering non-citizen enlistment has been crucial in meeting recruitment quotas in every recruitment year from as early as 2002 up to 2013 (Kim, 2020). Similar to these service members, veterans who are unnaturalized and/or deported also have a stake in the proposed

policy. According to an article by the National Immigration Forum, as of 2018, there were upwards of 94,000 unnaturalized veterans within our country. It is difficult to ascertain an accurate approximation regarding deported veterans, but the American Civil Liberties Union has observed 239 cases of deported U.S veterans living in 34 countries (National Immigration Forum, 2019).

The Biden administration and the U.S. Department of Defense are the powers that be and can be considered as one in the same. The Defense Department was notably utilized as a tool to serve the anti-immigration agenda perpetrated by the Trump administration. A notable example is the amassment of active-duty troops on the Southern border during the 2017's migrant caravan. An independent journalist local to the area approximated the Trump administration in conjunction with the Defense Department had mobilized upwards of 5,000 active-duty troops during this time (Aguilar, 2018). Lastly, the current Biden administration made campaign promises towards issues such as student loan forgiveness, garnering auto industry jobs, and many others. Unfortunately, while the administration is called out on these unkept promises by opposition leaders, the unkept promises toward service members are often overshadowed by seemingly larger issues at hand.

Policy Recommendations

The policy recommendations I have for the aforementioned bill are borrowed from H.R.2382 (Veteran's Pathway to Citizenship Act of 2021) as well as from H.R.4382 (Repatriate Our Veterans Act). H.R.2382 offers up small but integral policy amendments that can significantly impact the efficacy as well as the adequacy of H.R.3881. The first policy amendment entails the DHS is required to notify non-citizen service members when they become eligible for naturalization and must submit a naturalization application on their behalf. This will

ensure current service members as well as veterans receive the benefits they are entitled to. The second policy amendment precedes the first through a one-year provision where applications filed in an untimely manner shall be treated as timely and reviewed accordingly. This amendment will ensure the naturalization of service members continues while the DHS is restructured to adhere to the first policy amendment.

Regarding H.R.4382 the Repatriate Our Veterans Act, the recommendation originating from this bill provides retroactive justice for veterans who have been deported since their initial service. While the policy recommendation I am borrowing seeks to repatriate deported veterans; these veterans must first meet a few requirements outlined by the creation of a "special veteran" status. These requirements entail: having served honorably in the armed forces; no convictions of serious crimes such as murder, rape, or terrorism; and lastly a strict zero-tolerance policy on those with a history of child abuse. Once a veteran meets the "special veteran" status (including immediately after their service), they will be protected from removal from the United States. The DHS will also be required to establish a program that facilitates deported veterans to return as emigrants with permanent residence status. The recommendations from both H.R.2382 and H.R.4382 would serve to address the areas on which H.R.3881 does not primarily focus. They would increase the overall distributive justice by extending benefits to current as well as past service members who otherwise would have been left out of the spotlight by H.R.3881's focus on domestically located veterans who have recently completed their service.

Likelihood of Implementation

I believe H.R.3881 will very likely be implemented. There should be no genuine opposition or need for bipartisanship agreement for this bill. Frankly, it is a blunder of modern bureaucracy how bills of this nature have gone this long without being addressed. As the bill

currently sits, it has yet to pass through the House of Representatives and remains in the "introduced" phase. Considering our administration's promises, this bill among others of the same ilk would be a simple promise to check off the list. The only issue I foresee is the conflicting components of various bills all aiming to help the same demographic. While I noted H.R.2382 and H.R.4382 as having desirable components; these bills would ultimately be competing with H.R.3881 to be implemented as the one true policy. In an ideal world, H.R.3881 would be adopted for being the most encompassing of the bills, while the other bills would be rewritten to complement rather than conflict with H.R.3881.

References

Aguilar, J. (2018, October 29). *Department of Defense says it's sending 5,200 troops to U.S.-Mexico border*. The Texas Tribune. Retrieved April 12, 2022, from https://www.texastribune.org/2018/10/29/department-defense-says-its-sending-5200-troops-us-mexico-border/

Baldor, L. (2018, April 22). *Army lowers 2017 recruiting goal; more soldiers staying on*. Army Times. Retrieved April 18, 2022, from https://www.armytimes.com/news/your-army/2018/04/22/army-lowers-2017-recruiting-goal-more-soldiers-staying-on/

Essentials of naturalization for military service members and Veterans. National Immigration Forum. (2019, September 12). Retrieved April 12, 2022, from https://immigrationforum.org/article/essentials-of-naturalization-for-military-service-members-and-veterans/

Kim, S. (2020, August 26). *They were willing to make the ultimate sacrifice for the U.S., but Trump wouldn't let them become Americans*. American Civil Liberties Union. Retrieved April 12, 2022, from https://www.aclu.org/news/immigrants-rights/they-were-willing-to-make-the-ultimate-sacrifice-for-the-u-s-but-trump-wont-let-them-become-americans

Kim, S. (2021, May 26). *Biden must honor pledge to immigrant troops: Rescind trump policy blocking path to citizenship*. Just Security. Retrieved April 10, 2022, from https://www.justsecurity.org/76618/biden-must-honor-pledge-to-immigrant-troops-rescind-trump-policy-blocking-path-to-citizenship/

Office of The Under Secretary of Defense . (2017, October 13). *AILA - Dod memo on military service suitability determinations for foreign nationals who are lprs*. American Immigration Lawyers Association. Retrieved April 10, 2022, from https://www.aila.org/infonet/dod-memo-on-military-service-suitability

Sacchetti, M. (2021, July 2). *Biden administration formally launches effort to return deported veterans to U.S.* The Washington Post. Retrieved April 10, 2022, from https://www.washingtonpost.com/immigration/biden-deported-veterans-return/2021/07/02/a557285e-db63-11eb-9bbb-37c30dcf9363_story.html

Smith, R. A. (2021, October 28). *Perspective | The Trump Defense Department's Green Card Policy is an insult to immigrants who serve*. The Washington Post. Retrieved April 9, 2022, from https://www.washingtonpost.com/news/posteverything/wp/2017/10/23/the-trump-defense-departments-new-policy-is-an-insult-to-immigrants-who-serve/

Policy Analysis Paper: Mental Illness in the United States and SSDI

McKenzie Freeman

University of Illinois at Urbana-Champaign

Abstract

This policy analysis explores the social security program labeled Social Security Disability Insurance (SSDI) in relation to mental health disorders in the United States. It considers the eligibility requirements, the delivery and funding, the strengths and weaknesses, its relation to elements of distributive justice, and potential alternative policy recommendations. The program was first introduced in 1956 after the establishment of Social Security by President Dwight Eisenhower. It has since expanded to cover a wider range of individuals, including those with mental disorders diagnoses. While SSDI is a move in the positive direction for those who suffer from mental health disorders, there are still several issues that should be addressed. These include eligibility requirements, wait times, and proof of disability among many other factors.

Keywords: mental health, mental disorder, SSDI, Social Security

About the Author: *McKenzie Freeman will be graduating in December of 2022. Her major is Speech and Hearing Science, with a minor in Social Work. She has been a member of the Applied Psycholinguistics Lab in the Speech and Hearing Science department since 2019.*

Policy Analysis Paper: Mental Illness in the United States and SSDI

Introduction to Mental Health Issues

In recent decades, mental health issues have become a hot topic in the United States. For a long time, anything beyond physical impairments were not addressed, treated, or diagnosed in the fashion they should have been; they were often brushed to the side. With new research, better social advocacy, and increased access to mental health aid, discussion about the topic has shifted into a better light. Despite this, an alarmingly large number of Americans are affected by mental health issues. Although each disorder differs from one another, the overarching definition of mental illness is "defined as a mental, behavioral, or emotional disorder that can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment" (NIMH, 2021). It is estimated nearly one in every five adults living in the United States suffers from a diagnosed mental disorder. On top of that, many of those people experience more than one as numerous disorders tend to co-occur with others (NAMI, 2021). In addition, it's estimated around 9.5% of Americans above the age of 18 suffer from a depressive illness and 18% of people ages 18-54 have a diagnosed anxiety disorder (Johns Hopkins Medicine, 2021).

Demographically, those who are a part of the LGBTQ+ community, people who are non-Hispanic mixed/multiracial, and women have higher rates of mental illness prevalence than other groups (NAMI, 2021). Although the previously presented statistics spoke about adults, anyone can be affected by mental illness. No age, race, gender, sexuality, or any other factor causes one to be exempt from the potential of said illnesses. In the "youth" age group - those who are six to 17 years old - it's approximated that every one in six people experience a mental health disorder. More specifically, individuals who are 18 years old have the highest rates of mental illness with a percentage of 29.4 (NIMH, 2021). Unfortunately, suicide is also listed as the second leading

cause of death in the United States for those aged 10 to 34 years old (NAMI, 2021). When looking at most demographics, the maximum number of people suffering from mental illness that actually receive treatment falls under 50%. Quite frequently, the numbers are much lower for varying races, sexualities, and social classes (NAMI, 2021). For example, a homosexual, African American male who lives below the poverty line would be significantly less likely to receive proper treatment than a heterosexual, wealthy, White male. This is likely due to the United States' long history with the mistreatment of minority groups.

Research has shown those living in a lower social class (specifically those in poverty) have a higher chance of suffering from depression and anxiety. Often, these people reside in rural areas as there's a strong correlation between poverty and rural land (APA, 2003). This precedent is incredibly unfortunate as mental illness tends to have a negative ripple effect on one's life when not treated. Increased rates of mental illness have a clear connection to substance abuse disorders, unemployment, a lack of education, behavioral concerns, and suicide (NAMI, 2021). When looking at children, the damages of mental health issues can have lifelong effects if not properly managed. For many, the appropriate funding or resources simply do not exist where they reside. Rural areas often have limited access to services in comparison to more populous ones. This creates a lack of resources beyond what is deemed by society as a requirement to survive and often eliminates the possibility of mental health aid. The United States is still in dire need of expansion for mental health issues in both funding and resources.

Current Policy Provisions Overview

Currently, there are several programs, bills, and resources available to those suffering from mental health issues. There's no denying those who are diagnosed, or undiagnosed, deserve proper funding and treatment to aid with their health. One program that aims to provide financial

assistance to those who are unable to work due to their diagnosis is the Supplemental Security Disability Insurance (SSDI). This program was first enacted in 1956 to aid those experiencing a disability who have also shown previous work experience in their lifetime. In terms of SSDI, the term disability is defined as "inability to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that is expected to last at least 12 months or end in death" (NCPSSM, n.d.). These disabilities can range from any sort of mental or physical variety as long as they are documented in medical records with a clear diagnosis. Nearly one in five of those who receive SSDI benefits utilize them for mental health issues; amounting to nearly 2 million people (NAMI, 2021). Looking at these numbers, it's quite evident that the need for programs like SSDI are essential in the United States for those suffering from mental health issues.

Eligibility Requirements

The eligibility requirements for SSDI are moderately more specific than other social security programs. Those who apply must have some sort of physical or mental disability that prevents them from working, which in this scenario would be a mental one. They must also have prior work credits from a former employer or their own employment. These work credits are determined based on the number of years that one has been employed and their current age (Bauer, 2021). For example, a 50-year-old applying must have worked five out of the past 10 years to be eligible. Additionally, those who are younger have fewer work requirements due to having less potential time in the workforce (NCPSSM, n.d.). It's important to note those with temporary disabilities cannot receive SSDI benefits, and it's required that medical documentation be submitted with one's original application (Bauer, 2021). While those applying may feel as though they meet all the eligibility requirements, there is no guarantee they will be accepted to

receive benefits. In the end, it is up to the government's discretion to determine who receives aid from the program. If someone believes they were wrongfully denied, they can contact advocates for Social Security benefits who will represent them legally. One organization that aids with this is the National Organization of Social Security Claimants Representatives (Bauer, 2021).

Delivery and Funding of SSDI

Those who qualify start receiving their benefits five to six months following their application submission and the average payment is $1,128 monthly with the maximum payment being $3,148 (Bauer, 2021). When a person has a spouse or dependents, the amount they receive will be higher than those who do not. There is a five-month waiting period following one's original application, however, approval can sometimes take longer than this allotted time. Additionally, people are not able to apply for SSDI until they are fully diagnosed and able to provide medical documentation. For example, if someone has a life-altering surgery scheduled months ahead, they are not able to apply for benefits until the surgery is completed and the patient is fully considered unable to work. In addition to the cash benefits, those who receive SSDI also automatically qualify for Medicare after 24 months (Bauer, 2021).

Because SSDI is a social security program, it's primarily funded by taxpayer dollars, specifically payroll tax. Historically, all Social Security programs are funded by the people living in the United States after Franklin D. Roosevelt established the program in the 1935 as a solution to old age pension. Over the years, the program has expanded to increase the amount and range of benefits given to those living in the United States. This includes subprograms such as SSI, Medicare, Medicaid, and unemployment insurance. It's assumed that people who pay into Social Security will eventually receive said benefits back later on in life. SSDI is financed by the SSDI Trust Fund which was created to fund Social Security programs along with the Old-Age and

Survivors Insurance Trust Fund (NCPSSM, n.d.). As explained above, the benefits for this program are provided as cash payments to those who qualify; they are tangible ones. Those who receive money can get it via a monthly direct deposit or check.

Strengths and Weaknesses

SSDI provides a stable income to many people who are unable to work in the United States. Each month, those who qualify receive cash benefits that on average range from $1,000 to $3,000. This money is essential for those who are unable to provide for themselves and their family due to some sort of disability. Unfortunately, not everyone has the opportunity to join the workforce regardless of how motivated they are to support themselves and those around them. Some disabilities, whether they be mental or physical, are simply unavoidable and can truly prohibit someone from bringing in an income via work. It has been statistically proven that increased funding to those living in poverty can help alleviate mental health issues like depression and anxiety as it assists in taking some of the burden off of one's shoulders (APA, 2003). Because of this, it is essential that programs like SSDI exist for those in need.

Currently, SSDI provides benefits to about 8.2 million people and the range of ages are quite broad (CBPP, 2021). These benefits are given to those who are disabled; however, they also benefit said person's spouse and dependents. For many families, this is the main income they receive in order to feed, bathe, clothe, house, and educate themselves. Another positive aspect of the program is that receiving SSDI benefits does not make anyone ineligible to receive private benefits simultaneously. Those who are accepted can still receive payments from their private disability insurance as well (SSDA USA, 2017). Presently, there are many programs that limit the amount of funding people can receive from other sources which has a negative effect on

those in the disabled community. With SSDI, this worry does not exist as the program's intentions are not to limit the amount of aid or number of places that one receives aid from.

Unfortunately, SSDI is not a perfect program; there are still many tweaks that could be made to get assistance sent out in a fairer, quicker, and better fashion. To begin, the waiting period to apply for SSDI benefits is a minimum of five months, and quite often, it ends up being longer than this (Bauer, 2021). Although you may currently be diagnosed with a mental disorder that causes an inability to work, it might be a very long time until you begin to see benefits from the program. Not only is the wait time long, the process of obtaining medical documentation to prove one's mental illness is time consuming and expensive. Another limitation that could be considered a weakness of the program is the idea that those applying must have a permanent disability; temporary ones do not qualify under any circumstances (CBPP, 2021). All mental disorders are different; some cause daily issues where others cause issues for limited periods of time. For example, a person suffering from depression or bipolar disorder can have episodes that last for months, and although these can potentially put a person out of work, they might not qualify them for SSDI benefits. Lastly, SSDI completely prohibits the beneficiaries from working in any fashion. As explained previously, the benefits are provided to those who are unable to work, however, it limits a person's chance to re-enter the workforce while still receiving payments as a backup.

Elements of Distributive Justice

Currently, the equality of the policy provisions needs some improvement. Not everyone who is in need of aid actually receives acceptance into the program resulting in an imperfect system. In terms of equity, however, the policy provisions are much better. Individuals receive different amounts which are calculated in different fashions (depending on the number of

dependents you have, etc.). Although this system likely is not perfect in terms of distributing funds, it allows room for people to receive more funding when needed. Lastly, the adequacy of the current policy provisions is also far from perfect. There are much higher rates in terms of those who apply for the SSDI compared to those who actually receive benefits. In the early 2000s, it was estimated that nearly 53% of SSDI applications were denied (SSA, 2011). More adequate funding is needed by the government in order to ensure everyone gets the benefits they deserve.

Alternative Policy Recommendations

Although SSDI effectively provides much needed benefits to many people in the United States, there still is drastic room for improvement. To begin, not everyone is aware of the different types of benefits available from the government. Many do not understand that having a mental illness qualifies one for several of the same benefits that physical disabilities supply. For a long period of time, only physical disabilities were treated as reasons why one cannot enter the workforce; however, with changing times it is essential that the government makes people aware of their options. Increased education about mental disabilities as well as increased access to applications and information on programs like SSDI are some small changes that can easily be implemented at the state and federal level. Fliers, brochures, and other forms to spread information should be readily available in public places like community centers, mental health clinics, schools, hospitals, and more. Doing so increases the adequacy by making the program more well-known and available, the equality and equity by evening out the playing field on who has access to the information in a fairer manner.

In recent years, the government proposed the idea that those receiving SSDI benefits should be required to regularly demonstrate their physical or mental disability preventing them

from working has not improved. The Social Security Administration presented this as a way to save money on the benefits provided, estimating that it could cost them $2.6 billion less than during a nine-year period from 2020 to 2029 (Botella, 2020). This proposition is quite alarming as these medical audits could easily cause deserving people to be removed from the program. Having to continuously prove that one is still disabled and unable to work is a burden and causes emotional trauma for those involved. Imagine having to relieve strong feelings you experienced at your diagnosis every year just to prove to the government that you are still qualified for aid.

In order to enter the program, one must prove they have a lifelong disability that prohibits them from working, so why would there be a need for these check-ins? Mental illnesses, in particular, is something that is experienced for life. It can be treated with medication, therapy, and other interventions; however, this is not a complete fix for the vast majority of people. Because of this, it would be very beneficial to limit rules and regulations that could potentially prevent someone from receiving their much-needed benefits once they have already qualified. The application process, the waiting period, and the need for proof of diagnosis are already burdensome enough; there simply is no reason to make things more difficult. In general, making these changes increases the equality and equity of the policy by making it more accessible and removing some potential barriers one may face when attempting to stay in the program. It does not, however, necessarily shift the adequacy of the program in a drastic way.

In summary, the creation and expansion of SSDI in the United States is a move in the right direction. As explained in the policy analysis, however, there is still room for drastic transformations within the program. Evaluating wait times, proof of disability, and eligibility requirements would be a crucial starting point to enact change.

References

Bauer, Brandy. (2020, November 3). *SSI vs SSDI: the Differences, Benefits, and How to Apply*. National Council on Aging. https://www.ncoa.org/article/ssi-vs-ssdi-what-are-these-benefits-how-they-differ

Botella, Elena. (2020, 9 February). *Proposed Changes To Social Security Disability Insurance Could Undermine Your Retirement Security, Even If You're Not Currently Disabled.* Forbes. https://www.forbes.com/sites/elenabotella/2020/02/09/social-security-disability-cuts-cdrs/?sh=6af2277418cd

Center on Budget and Policy Priorities. (2021, February 12). *Chart Book: Social Security Disability Insurance.* https://www.cbpp.org/research/social-security/social-security-Disability-insurance-0

Dittman, Melissa. 2003, October. *The Social Class Factor.* American Psychological Association. https://www.apa.org/monitor/oct03/socialclass

Johns Hopkins Medicine. 2021. *Mental Health Disorder Statistics.* https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics

National Alliance on Mental Illness. 2021. *Mental Health By the Numbers*. https://www.nami.org/mhstats

National Committee to Preserve Social Security and Medicare. (2021, May 26). *Fast Facts About The Social Security Disability Program.* https://www.ncpssm.org/documents/social-security-policy-papers/fast-facts-about-the-social-security-disability-program/

National Institute of Mental Health. 2021. *Transforming the Understanding and Treatment of Mental Illness.* https://www.nimh.nih.gov/health/statistics/mental-illness

SSA. (2011). *Annual Statistical Report on the Social Security Disability Insurance Program, 2011.* Social Security Office of Retirement and Disability Policy. https://www.ssa.gov/policy/docs/statcomps/di_asr/2011/sect04.html

SSDA USA. (2017, June 7). *Pros and Cons of Receiving Social Security Disability Insurance*. Social Security Disability Advocates. https://socialsecuritydisabilityadvocatesusa.com/pros-cons-receiving-social-security-disability-insurance

Policy Analysis Paper: The Adoption and Safe Families Act (ASFA)

Yanling Liu

University of Illinois at Urbana-Champaign

Abstract

The Adoption and Safe Families Act (ASFA) is aimed at fulfilling the needs of safety, stability, and permanency of children either languishing in the foster care system or living in unsafe environments. The author reviews the social issue that gave rise to the institution of ASFA. The primary provisions of ASFA are outlined with an examination of the current policy's benefits, beneficiaries, delivery, and funding. The strengths and weaknesses of ASFA are analyzed, and the current policy's adequacy, equality, and equity are assessed. Finally, two alternative policy recommendations that address the shortcomings of ASFA are discussed to promote child welfare in the United States.

Keywords: ASFA, foster care, child welfare, adoption

About the Author: *Yanling Liu is a senior majoring in Developmental Psychology and minoring in Social Work and Child Health and Well-Being. Her research interest is child welfare.*

Policy Analysis Paper: The Adoption and Safe Families Act (ASFA)

Introduction to Social Issue

The progress of child welfare development has been relatively slow in the United States. The U.S. foster care system "is comprised of children who have been neglected, abused, abandoned, orphaned, or otherwise led into the system because of behavioral issues" (Moye & Rinker, 2002). Statistics show children stay in the foster care system for a long time. In 1996, children spent three years in foster care; and among these 500,000 children, less than 10% were adopted (Phillips & Mann, 2013). Since the enactment of the Adoption and Safe Families Act (ASFA), adoptions have increased by 42%, from 37,088 in 1998 to 52,893 in 2022 (Wulczyn et al., 2006).

The statistics are quite alarming. The operation of the foster care system costs the government more than $7 billion a year; and an extended stay in the foster care system has both short-term and long-term consequences for children. The lives and prospects of the "aging out" children are worrisome. When they were in the foster care system, 47% had been involved in counseling or medication for mental illnesses. Without being adopted, 27% of males and 10% of females were incarcerated, 50% were unemployed, 37% did not graduate from high school, and 47% relied on public services for survival (Moye & Rinker, 2002). After the Adoption Assistance and Child Welfare Act of 1980, there was growing awareness of foster care drift in the United States, which is defined as "children languishing in care and bouncing from home to home with no sense of permanence or security while waiting for their parents to safely reclaim them," and maltreatment experienced by children when they returned home and lived with their biological parents (Whitt-Woosley & Sprang, 2014).

Current Policy Provisions

To address the problem of prolonged stays and maltreatment, ASFA was signed into law by President Bill Clinton in 1997 after being smoothly approved by Congress. There are three major components of ASFA. The first component of ASFA is reasonable efforts and safety requirements for foster care and adoption placements. To begin with, ASFA has shifted the focus of child welfare and adoption from family reunification to paramount concern for children's safety, health, and permanency needs. To address these permanency needs, ASFA issues a 12-month deadline for working out a permanency plan for children in foster care. Moreover, ASFA keeps the reasonable efforts requirement of states to reunify families but exempts their responsibilities for the perseverance of families under several conditions in the protection of children. In other words, states need to make reasonable efforts to prevent children to be removed from their families and create opportunities for them to return home unless courts have determined misconducts of their parents. States must also file a petition to terminate parental rights of children. Finally, states are required to run criminal record checks of potential foster parents and document their efforts to ensure children's safety and health. The second component of ASFA is the incentive for providing permanent families for children. States are rewarded $4,000 for regular foster care adoptions and $6,000 for special needs foster care adoptions for every case exceeding the base number from the federal government. The incentive payments go directly to the states instead of the adopting parents, which encourages states to concentrate on adoptions instead of reunification. The third component of ASFA is additional improvements and reforms, including three provisions. First, ASFA advocates for health insurance for children with special needs, which might address the higher cost of care for children with unique needs and increase adoption rates of these children. Second, ASFA demands states provide quality

foster care services but fails to offer a clear definition of quality services. Finally, ASFA necessitates states maintain data under the Adoption and Foster Care Analysis and Reporting System to document adoption steps and must report to the Secretary of the U.S. Department of Health and Human Services for the purpose of improving performance (Moye & Rinker, 2002).

In general, ASFA has good intentions to promote child welfare and adoption. The law is funded by the federal government and delivered by the states and agencies. Ideally, children in the foster care system would benefit from the expedited adoption process, and states that make reasonable efforts for adoptions should receive incentive adoption payments.

Strengths of ASFA

The institution of ASFA has successfully increased the number of foster care adoptions by 40% within five years. However, the number of adoptions can be an illusionary predictor of performance because it is likely to increase or decline simply due to the number of children in the foster care system in a particular year. An alternative method is the discrete-time hazard model. Based on the analysis of 390,348 children who entered foster care between 1990 and 2002, the models indicated the adoption rates would increase until the sixth or seventh year of admission and then decline. Specifically, the likelihood of adoption was about 1.2% in the first year, which reflected reunification as the priority of the Adoption Assistance and Child Welfare Act of 1980 (AACWA). As children stayed longer in the system, the likelihood of adoption increased, peaked at 23%, declined thereafter, and reached 10% in the 13th year. In other words, the increased likelihood of adoption correlated with the legislation of ASFA. However, there were considerable variations between states as they had different histories of adoption and varied "reasonable efforts" under ASFA (Wulczyn et al., 2006).

In addition to the growth in number and likelihood of foster care adoptions, ASFA represents the government's recognition of children as people having legal rights independently and a shift from fulfilling the benefits of parents to fulfilling the needs of children (Lercara, 2016). Regarding the adoption disruption, which refers to "the termination of an adoptive placement prior to legal finalization of the adoption," the study by Smith et al. showed the adoption disruption rate declined by 11% in the post-ASFA period, which suggested children benefited from the 12-month permanency limit of ASFA (2006). Besides, ASFA rewards states $2,000 more for adoptions of children with special needs than children without special needs, which motivates states to promote more challenging adoptions of special needs children. Regarding child safety, ASFA obliges criminal record checks for adopting parents, which protects children from harm.

In summary, ASFA has done an adequate job in reducing the time children spend in the foster care system and increasing the number and the likelihood of adoption with a decreased rate of adoption disruption. Thus, ASFA is adequate because it has achieved its goal of accelerating adoption and achieving children's permanency. In addition, ASFA recognizes children as independent citizens with rights to social welfare benefits, which was a turning point of child welfare in the United States. Furthermore, ASFA promotes adoption success of kids of all ages with differentiated incentive adoption payments and physical and mental well-being of children by demanding criminal record checks. It seems that ASFA has reached its target population and fulfilled their safety, health, and permanency needs.

Weaknesses of ASFA

When considering equality, ASFA benefits children disproportionately. Though on the surface, ASFA provides the same services and advances child welfare of all, it ignores the

varying services delivered in the real world. For one, ASFA leaves the definition of reasonable efforts to the states (Lercara, 2016). Therefore, different states have different interpretations of reasonable efforts, which makes the implementation of ASFA inconsistent and obscure. For example, in Indiana, reasonable efforts are defined as actions taken to preserve families, which provides unclear guidance to states. For another, administration and child welfare workers have an impact on the rate of adoption disruption. More experienced workers and administrations in certain states and areas resulted in less risk of disruption (Smith et al., 2006). Consequently, ASFA fails to provide the same services to all children in need.

Regarding equity, ASFA is unable to benefit all children according to their specific needs. On the one hand, Infants were 38% more likely to be adopted compared to their older counterparts. Black children and children from primarily urban areas who had been placed in kinship care, had a higher chance of adoption (Wulczyn et al., 2006). Demographic characteristics not only impacted the likelihood of adoption but also the likelihood of adoption disruption, which refers to "the termination of an adoptive placement prior to legal finalization of the adoption". While White children were less likely to be adopted, they had a decreased chance of adoption disruption. Older age was linked to climbed rate of adoption disruption. For example, adoption disruption increased for children older than six, and children over 13 years had an additional 4.5% rate of disruption. Children with disabilities had a 41% higher rate of adoption disruption in comparison with other kids. Pre-adoption history of children also affected the rate of adoption disruption. For instance, children who entered foster care because of lack of supervision or environmental neglect were 21% and 27% more likely to experience disruption respectively (Smith et al., 2006). To summarize, children from different backgrounds have an

unequal chance to be adopted and suffer from adoption disruption, and ASFA overlooked such different needs of children.

Policy Recommendations

Lercara (2016) proposed a "best efforts" requirement to replace reasonable efforts of family perseverance and reunification, which refocuses on children's best interest instead of the states. The "best efforts" standard is clearly defined within the amended statue and can remove inconsistence and ambiguity of reasonable efforts. To ensure success, current incentive adoption payments should be withheld if states do not comply with the provision. The determination of whether states have met the "best efforts" requirement would be in the hand of the judges who have the best knowledge of the cases. The "best efforts" standard would be able to eliminate conflicting permanency goals because it requires states to prove they have done everything to ensure the best interest of children. With this amendment, ASFA would be more adequate in accomplishing its goals and helping all children obtain permanency. In addition, ASFA would be more equal because there is a clear requirement for all states to follow. Finally, ASFA would better realize equity because best efforts demand states to do all they can to help all children regardless of their backgrounds and needs.

Whitt-Woosley and Sprang (2014) put forward another set of policies to complement ASFA. Employment of the "veil of ignorance," which refers to "a degree of blindness to one's position in society and individual characteristics," would potentially create a just social policy to serve the children's best interest. Whitt-Woosley & Sprang advocated for a prevention model instead of an intervention model to achieve the goals of ASFA. They proposed to invest in the social capital of at-risk families with the aim of empowerment and capacity building. The authors called for expanding access to health care, which would help the families in jeopardy.

Additionally, they insisted on increasing the availability of specialized services for the target population. In so doing, adequacy is improved by better meeting the needs of children and reaching its target population from the prevention perspective. With this approach, equality and equity are enhanced because the “veil of ignorance” ensures to provide just services to all children, and the prevention approach offers specialized services to meet different needs of children.

References

Lercara, B. (2016). The Adoption and Safe Families Act: Proposing a "Best Efforts" Standard to Eliminate the Ultimate Obstacle for Family Reunification. *Family Court Review*, 54(4), 657–670. https://doi-org.proxy2.library.illinois.edu/10.1111/fcre.12250

Moye, J., & Rinker, R. (2002). It's a Hard Knock Life: Does the Adoption and Safe Families Act of 1997 Adequately Address Problems in the Child Welfare System? *Harvard Journal on Legislation*, 39(1), 375–394.

Phillips, C., & Mann, A. (2013). Historical Analysis of the Adoption and Safe Families Act of 1997. *Journal of Human Behavior in the Social Environment*, 23(7), 862–868. https://doi-org.proxy2.library.illinois.edu/10.1080/10911359.2013.809290

Smith SL, Howard JA, Garnier PC, & Ryan SD. (2006). Where are we now?: A post-ASFA examination of adoption disruption...Adoption and Safe Families Act (ASFA). *Adoption Quarterly*, 9(4), 19–44. https://doi- org.proxy2.library.illinois.edu/10.1300/j145v09n04_02

Whitt-Woosley, A., & Sprang, G. (2014). When Rights Collide: A Critique of the Adoption and Safe Families Act from a Justice Perspective. *Child Welfare*, 93(3), 111–134.

Wulczyn, F. H., Chen, L., & Hislop, K. B. (2006). Adoption Dynamics and the Adoption and Safe Families Act. *Social Service Review*, 80(4), 584–608. https://doi-org.proxy2.library.illinois.edu/10.1086/508558

Research Based Poster Presentations

Parents' Mental Health Struggles in Relation to the Mental Health of Their Children During the COVID-19 Pandemic: The Role of Emotion Responsive Parenting

Maya Novick, Abby Gillogly, Grace Dietrich, and Matt Saxsma

University of Illinois at Urbana-Champaign

Abstract

Adolescents, their parents, and the world have experienced significant changes during the COVID-19 pandemic, including impacts on mental health. This study examines the role of emotion responsive parenting (e.g., how much parents talk to their children about emotions, thoughts, etc.) in the relationship between parents and their children's mental health. In Spring 2021, surveys were collected from middle school students and their parents. This project uses data from these surveys to illustrate the relationship between parents' mental health and their perception of their children's mental health during the COVID-19 pandemic. In particular, this study examines levels of anxiety and depression based on preliminary findings where nearly half of students reported at-risk or clinically significant levels of anxiety (46.9%) and/or depression (44.6%). This project builds from these results, examining the associations between parents and their children's mental health. Additionally, this study explores the indirect association between mental health symptoms via emotion responsive parenting styles, emotion coaching and uncertain or ineffective emotion socialization. An association between parent and child anxiety and an association between parent and child depression was found. The study also discovered emotion coaching was not a mediator for either relationship but found uncertain or ineffective emotion socialization to be a mediator for the relationship between parent and child anxiety. These results have implications for school districts, communities, and families; it is vital that

parents be involved in the conversation, so they too understand how their mental health and parenting impacts their children.

Keywords: parent and child mental health.

About the Authors*: Maya Novick is a sophomore majoring in Social Work. Her research interests are the intersection of attachment styles and mood disorders.*

Abby Gillogly is a senior majoring in Social Work and minoring in Psychology and Leadership Studies. She is interested in researching mental health and how parent/child relationships impact it.

Grace Dietrich graduated in May 2022 with her Bachelor's of Science in social work (BSW). Grace is currently in her first year of her master's program, studying School Social Work. Her research interests include youth and their mental health, specifically anxiety and depression.

Matt Saxsma graduated in May 2022 with a Bachelor's of Science in Psychology and Statistics. He is currently pursuing a PhD in Social Psychology. Matt is interested in researching close relationships.

Parents' Mental Health Struggles in Relation to the Mental Health of Their Children During the COVID -19 Pandemic: The Role of Emotion Responsive Parenting

Maya Novick, Abby Gillogly, Grace Dietrich, and Matt Saxsma

JUSWR. Volume 6, Issue 1. September 2022

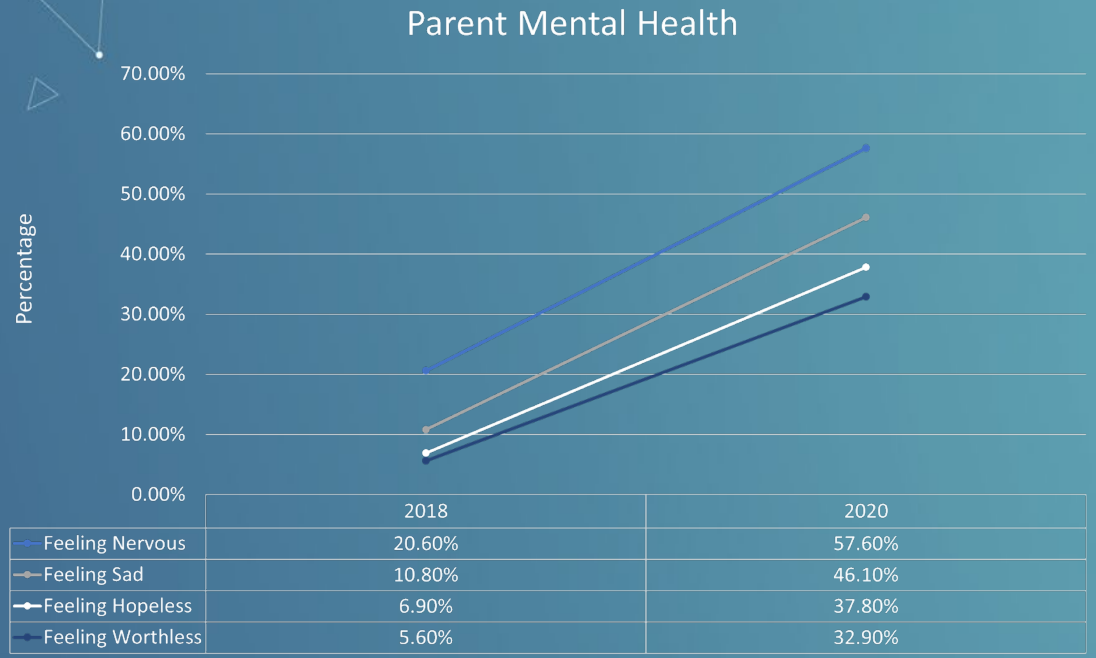
TABLE OF CONTENTS

Understanding Mental Health in Adolescents

- Adolescents are experiencing many changes [1]
  - COVID-19 pandemic has had an impact on their mental health and their parents' mental health. [2]
- Children's mental health has decreased [1]
  - Important to find risk/protective factors.

[1] Tang, S., Xiang, M., Cheung, T., & Xiang, Y. (2021); [2] Twenge, J., & Joiner, T. E. (2020)

Parent and Child Mental Health



	2018	2020
Feeling Nervous	20.60%	57.60%
Feeling Sad	10.80%	46.10%
Feeling Hopeless	6.90%	37.80%
Feeling Worthless	5.60%	32.90%

One in six students experienced a significant rise (≥50%)in depression[2]

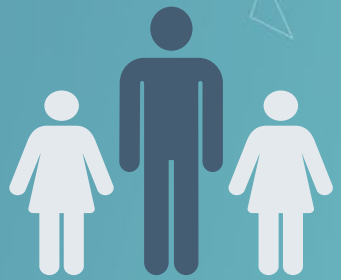
[1] Twenge, J., & Joiner, T. E. (2020)
[2] Walters et al. (2021)

Parent Mental Health in Relation to Children

Past studies have found a relationship between parent and child mental health[1]

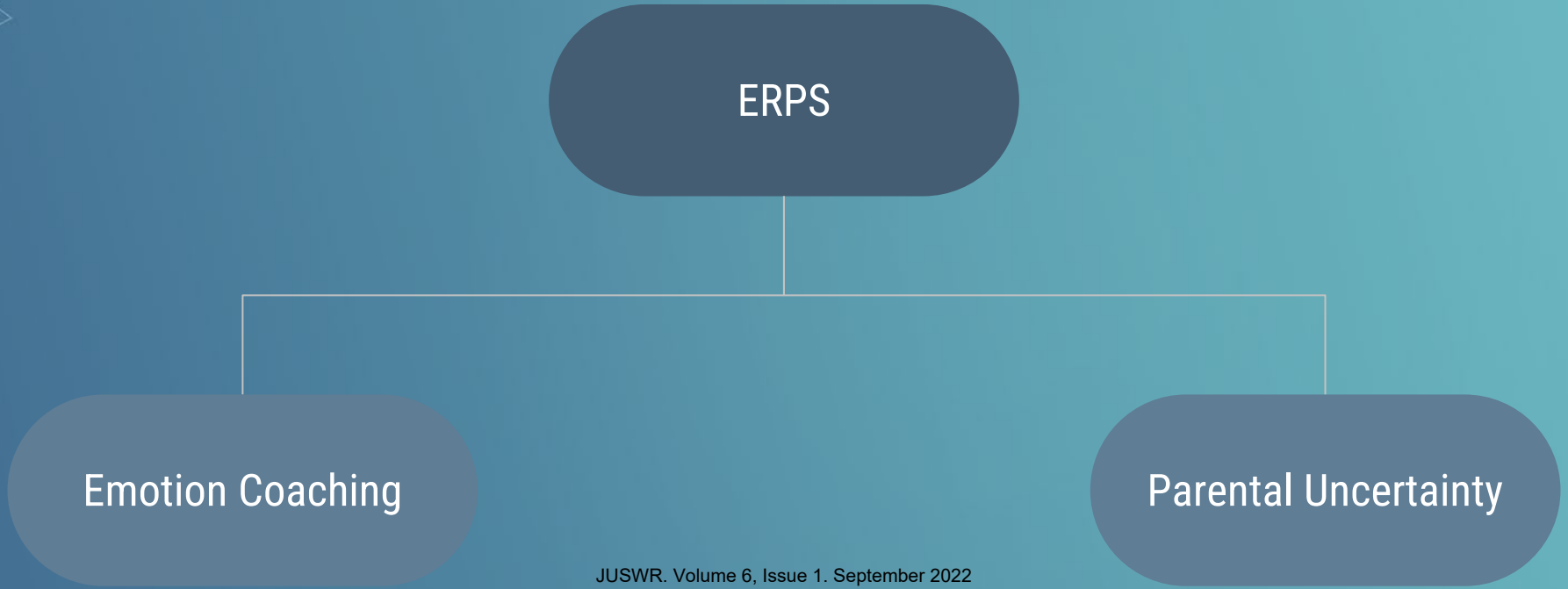
This was found because of parental stress[2]

Our study examines relationship between parent and child mental health



[1] Spinelli, M., Lionetti, F., Pastore, M., et al. (2020)
[2] Dubois-Comtois, K., Suffren, S., St.Laurent, D., et al. (2021)

Variables in Emotion Responsive Parenting Styles (ERPS)



Emotional Coaching [1]

- Emotional Awareness
- Meta-emotion Philosophy
- Connecting with Child
- Labelling Emotions
- Actively Listening
- Setting Limits
- Representation Models
- Implement in Oneself

[1] Gus, L., Rose, J., & Gilbert, L. (2015)

Role of Parents in ERPS During COVID-19[1]

Implementing Resources

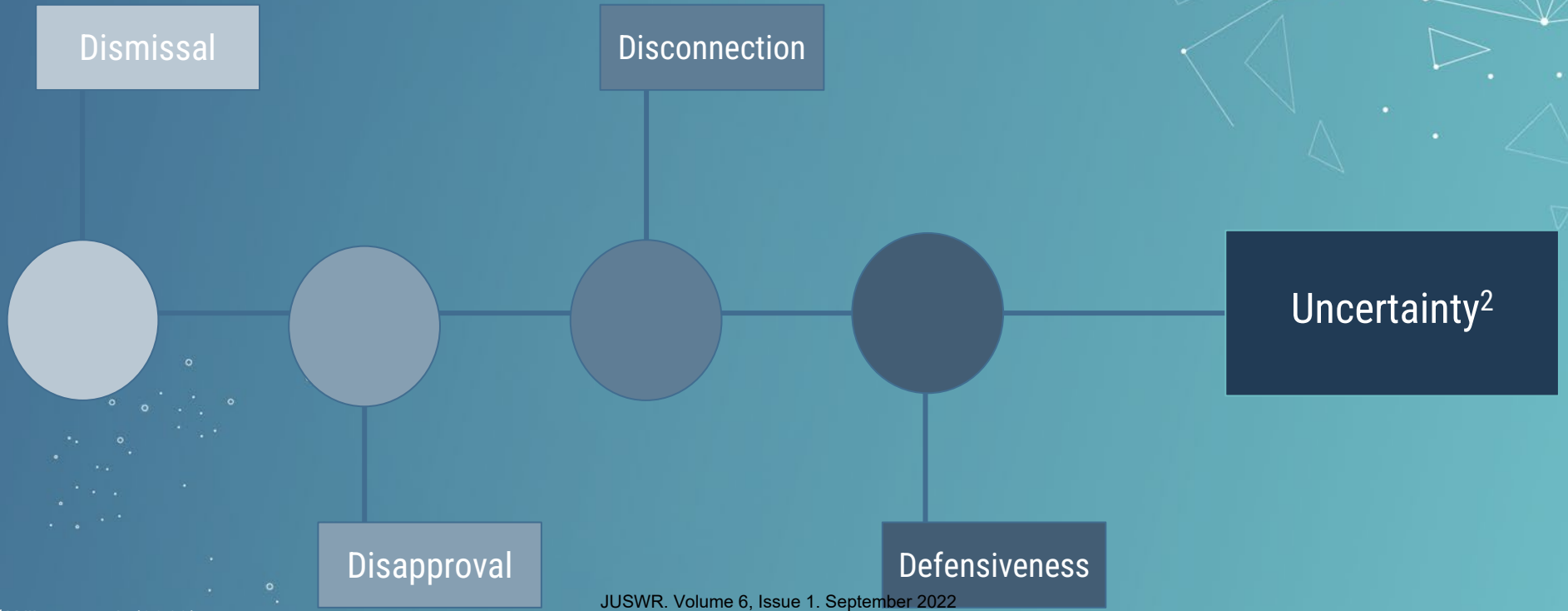
Modeling Healthy Coping and Self Care

Remaining Cognisant of Child Stress and Distress Levels

Maintaining an Open Line of Communication Surrounding the C0VID-19 Pandemic

[1] Russell, B.S., Hutchison, M., Tambling, R. et al. (2020)

Uncertain or Ineffective Emotion Socialization in Parents [1]



[1] Wilson et al. (2012)
[2] Gottman et al. (1997)

Research Questions:

How do parents' depression and anxiety relate to their child's depression and anxiety?

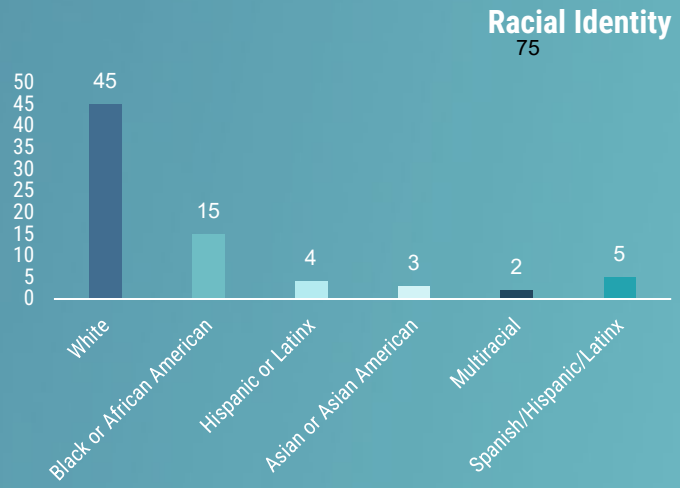
Is there a relationship between parent and child anxiety and depression?

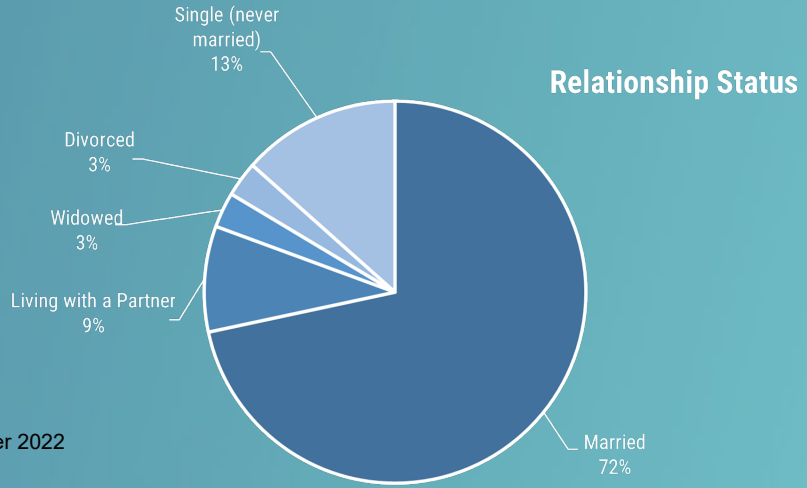
Do emotion responsive parenting styles have a role in the relationship between parent and child mental health?

Demographics

Participants were 73 parents of middle school students at a public middle school in the Midwest.

- **Gender**
  - 82.4% female
  - 16.2% male
  - 1.5% transgender
- **Sexual Orientaiton**
  - 88.1% Heterosexual or Straight
  - 1.5% Lesbian
  - 7.5% Bisexual
  - 3.0% Other





Procedure

Participants provided informed consent.

Surveys were created on REDCap and distributed online during Spring of 2021.

Method

Brief Symptom Inventory[1] (BSI)

- Parent mental health
- 6 items for both Anxiety and Depression
- Ex. “Nervousness or shakiness inside”
- Ex. “Feeling lonely”

Emotion Responsive Parenting Styles[2] (ERPS)

- 5 questions for both Emotion Coaching and Uncertain or Ineffective Emotion Socialization
- Ex. “When my child is sad, we sit down and talk over the sadness.”
- Ex. “When my child is angry, I’m not quite sure what he or she wants me to do.”

Behavioral Assessment System for Children[3] (BASC-3)

- Parent perception of child’s mental health
- 13 of questions for both Depression and Anxiety
- Ex. “Worries about what teachers think”
- Ex. “Cries easily”

[1] Derogatis, L. R., & Melisaratos, N. (1983); [2] Paterson, A. D., et al. (2012); [3] Reynolds, C. R., & Kamphaus, R. W. (2004)

Data Analyses

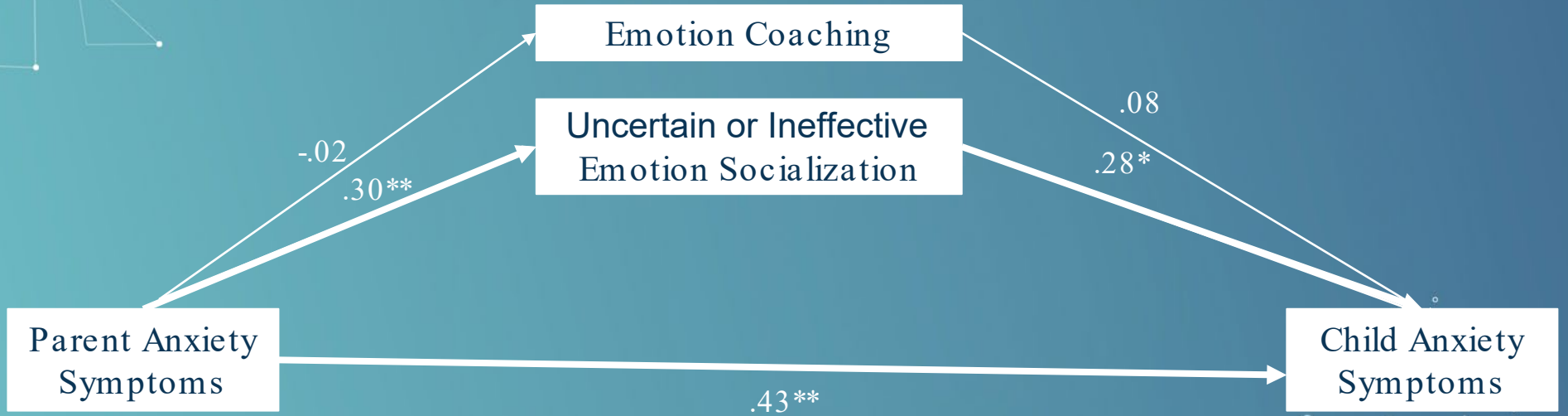
Estimated correlations and descriptive statistics

Examined relationships between parent's mental health symptoms and child's mental health symptoms

Conducted two mediation analyses using MPlus.

- First model with ERPS mediating relationship between parent depression and parent perception of child's depression
- Second model with ERPS mediating relationship between parent anxiety and parent perception of child's anxiety

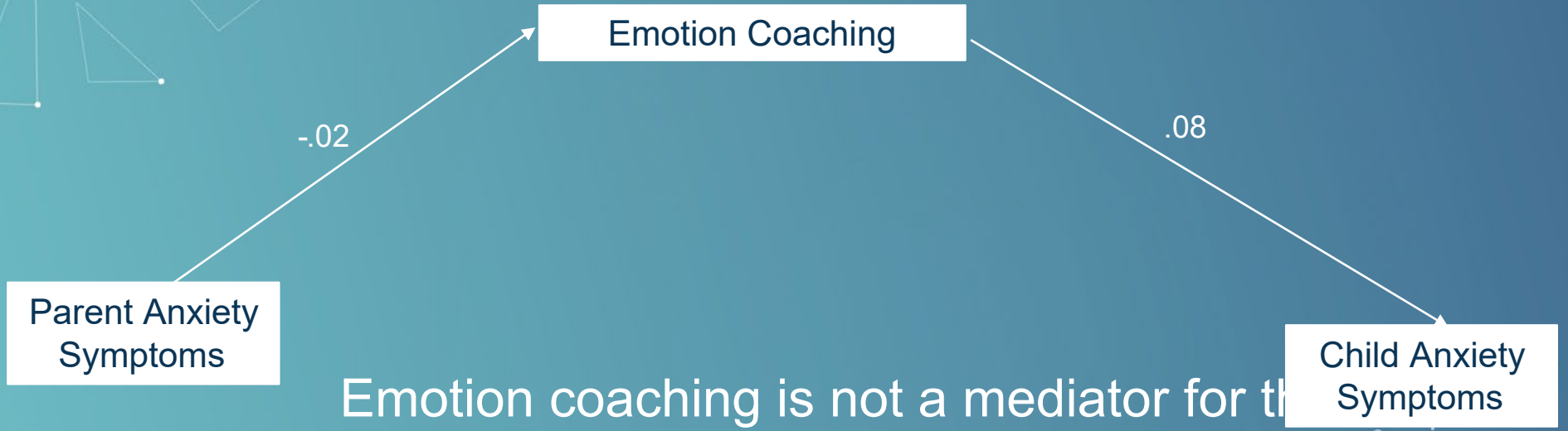
Results -Anxiety Model



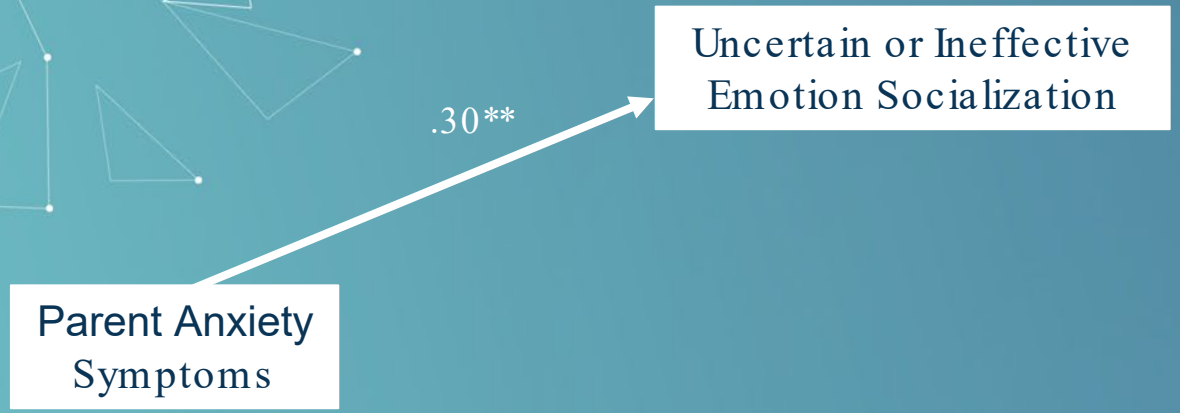
*Indicates p-value < .05
**Indicates p-value < .01

There is a significant relationship between parent and child anxiety

**Indicates p - value < .01



Emotion coaching is not a mediator for th
relationship between parent and child
anxiety



Parent anxiety is positively associated with uncertain or ineffective emotion socialization

**Indicates p-value < .01

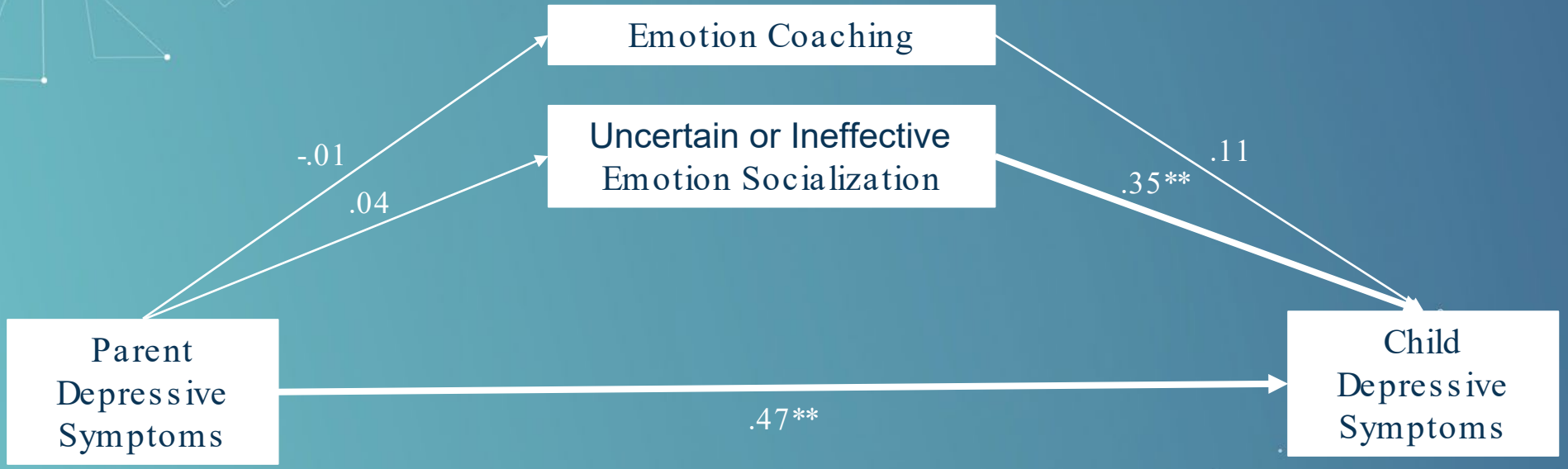
Uncertain or ineffective emotion socialization is positively associated with child anxiety

*Indicates p-value < .05

Uncertain or ineffective emotion socialization is a mediator between parent and child anxiety

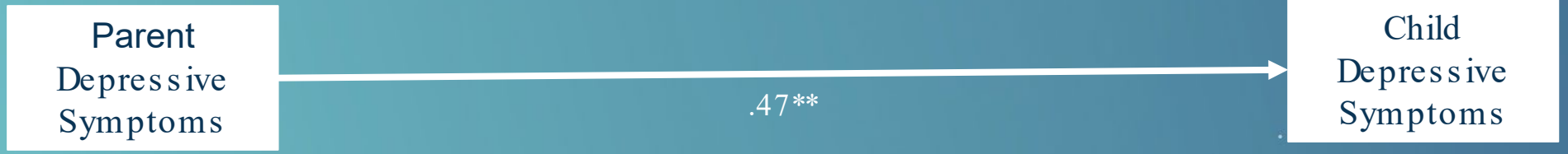
*Indicates p-value < .05
**Indicates p-value < .01

Results - Depression Model



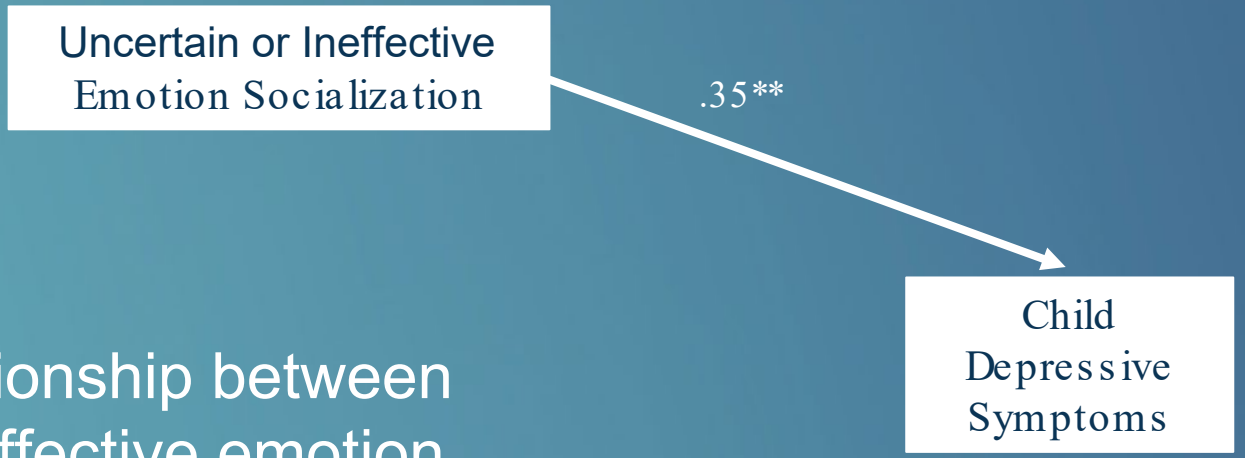
**Indicates p - value < .01

There is a relationship between parent depression and child depression



**Indicates p-value < .01

Emotion coaching is not a mediator for the relationship between parent and child depression



There is a relationship between uncertain or ineffective emotion socialization and child depression

**Indicates p-value < .01

Results

There is an association between parent anxiety and child anxiety

There is an association between parent depression and child depression

Emotion coaching is not a mediator for the relationships between parent and child anxiety and depression

Uncertain or ineffective emotion socialization is a mediator between parent and child anxiety

Discussion

1 Finding consistent with literature examining relationship between parent/child mental health.

2 Studies have found this but did not emphasize role of parent perception.

3 Our study included ERPS as a mediator.

Discussion

Uncertain emotion socialization mediated the relationship. 4

Emotion coaching was not related to any mental health symptoms. 5

Due to broadness of ERPS, too many variables. 6

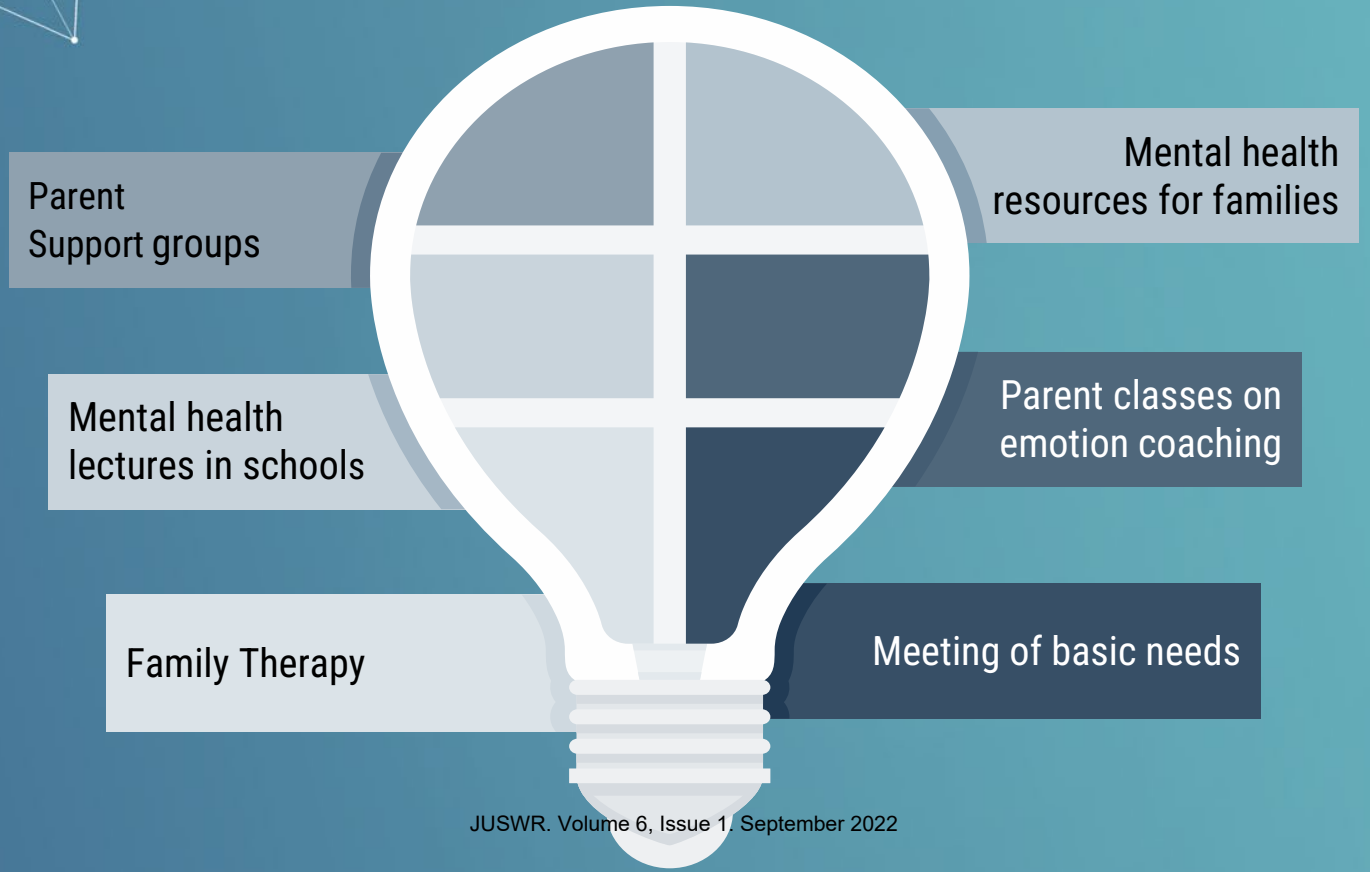
Limitations

Small Sample Size

Cross-Sectional Design

Lack of Diversity

Implications



REFERENCES

Ashley D. Paterson, Kimberley A. Babb, Amy Camodeca, Jacqueline Goodwin, Leslie Halpin, Sakia Voelker & Marcia Gragg (2012) Emotion-Related Parenting Styles (ERPS): A Short Form for Measuring Parental Meta-Emotion Philosophy, Early Education and Development, 23:4, 583-602, DOI: 10.1080/10409289.2011.569316

Derogatis, L. R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. *Psychological Medicine, 13*(3), 595–605. https://doi.org/10.1017/S0033291700048017

Dubois-Comtois, Karine, Suffen, Sabrina, St-Laurent, Diane, Milot, Tristan, Lemein, Jean-Pascal. Child Psychological Functioning During the COVID-19 Lockdown: An Ecological, Family-Centered Approach, Journal of Developmental & Behavioral Pediatrics: September 2021 – Volume 42 – Issue 7 – p 532-539 doi: 10. 1097

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology, 10*(3), 243–268. https://doi.org/10.1037/0893-3200.10.3.243

Gus, Licette, Janet Rose, and Louise Gilbert. "Emotion coaching: A universal strategy for supporting and promoting sustainable emotional and behavioural well-being." *Educational & Child Psychology* 32.1 (2015): 31-41

Mazza C, Marchetti D, Ricci E, Fontanesi L, Di Giandomenico S, Verrocchio MC, Roma P. The COVID-19 lockdown and psychological distress among Italian parents: Influence of parental role, parent personality, and child difficulties. Int J Psychol. 2021 Aug;56(4):577-584. doi: 10.1002/ijop.12755. Epub 2021 Mar 15. PMID: 33723883; PMCID: PMC8250808.

REFERENCES

Reynolds, C. R., & Kamphaus, R. W. (2004). Behavior assessment system for children (2nd ed.). Circle Pines, MN: American Guidance Service. Assessment for Effective Intervention. 2007;32(2):121-124. doi:10.1177/1534508407032002030

Tang, S., Xiang, M., Cheung, T., & Xiang, Y. (2021). Mental health and its correlates among children and adolescents during COVID-19 school closure: The importance of parent-child discussion. Journal of Affective Disorders, 279, 353-360. https://doi.org/10.1016/j.jad.2020.10.016

Twenge, J., & Joiner, T. E. (2020). Mental distress among U.S. adults during the COVID-19 pandemic. https://doi.org/10.31234/osf.io/wc8ud

Walters, G. D., Runell, L., & Kremser, J. (2021). Social and psychological effects of the COVID-19 pandemic on middle-school students: Attendance options and changes over time. *School Psychology*, *36*(5), 277–284. https://doi.org/10.1037/spq0000438