VOLUME 9 · ISSUE 1

JUSWR

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

PERSON-CENTERED · TRANSFORMING · HUMANITY FIRST · BREAKING BARRIERS

JUSWR. Volume 9. Issue 1. September 2025

School of Social Work
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Table of Contents

Editor's note: To be accepted for publication, the primary author of all submissions must be an undergraduate student at UIUC. Those authors and peer editors listed as having a bachelor's degree earned it after JUSWR's submission deadline. Congratulations to them.

About the Journal

Acknowledgements

We would like to express our gratitude to Dean Benjamin Lough for supporting our efforts to continue publishing undergraduate student's original work in the Journal of Undergraduate Social Work Research (JUSWR): A Journal of Undergraduate 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 the JUSWR 8th 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 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 JUSWR Advisory Board and Senior Editor wish to express our pride in and gratitude for our 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!

Staff

Dear Reader:

Welcome to the ninth volume of the Journal of Undergraduate Social Work Research (JUSWR): A Journal of Undergraduate 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 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. Faculty members also generously mentored their students in the writing and publication processes, of which we are grateful for their time and energy. As the Undergraduate Research 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 ninth volume of JUSWR.

This year, Volume 9 has excellent pieces. This year's volume includes pieces from students majoring in Social Work, Psychology, Econometrics, Public Health, Interdisciplinary Health Services, and Slavic Studies. Pieces include research studies (e.g., compassion fatigue and psychological hardiness among healthcare workers; review of mental health services offered in home-visiting programs; the role of cognitive overload in the association between poverty and child maltreatment) and literature reviews (e.g., examining traditional gender roles and bystander intervention; positive mindset and interview readiness).

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.

As the Undergraduate Research 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. Dr. Janet D. Carter-Black, Teaching Professor, original Advisory Board Member, and previous Undergraduate Research Coordinator, retired in spring of 2025. We want to recognize her extraordinary efforts for the past nine volumes of this journal.

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.

I am pleased to announce the ninth 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
Associate Professor & Undergraduate Research Coordinator
School of Social Work

Research-Based Poster Presentations

When Caring Takes Its Toll: Psychological Hardiness as a Buffer Against Compassion Fatigue

Isidora Kostic, Bianca E. Varela, Alan J. Oliva, and Rachel A. Hoopsick, PhD, MS, MPH, MCHES

University of Illinois Urbana-Champaign

Abstract

Healthcare professionals often face emotional and physical demands that place them at risk for compassion fatigue - a type of chronic stress that negatively affects mental health. This study explores whether psychological hardiness, a trait associated with resilience and adaptability, can protect healthcare workers from the mental health consequences of compassion fatigue. A nationally distributed sample of 200 healthcare workers completed surveys assessing compassion fatigue, psychological hardiness, and symptoms of anxiety, depression, and posttraumatic stress. Analyses revealed higher compassion fatigue was linked to significantly worse mental health outcomes, such as increased symptoms of anxiety, depression, and posttraumatic stress. However, individuals with greater psychological hardiness experienced fewer posttraumatic stress disorder symptoms, even under high stress. While a similar trend was observed for depression, no protective effect was found for anxiety. These results underscore the potential value of promoting psychological hardiness in high-stress professions. Targeted resilience-building interventions may help support healthcare workers' well-being and, in turn, improve the care they provide.

Keywords: compassion fatigue, psychological hardiness, healthcare, resilience, mental health

About the authors: *Isidora* is a senior majoring in Psychology (with a concentration in Cognitive Neuroscience) and Slavic Studies (with a focus on South Slavic Studies). She works as an undergraduate research assistant under Dr. Rachel Hoopsick in the Department of Health and Kinesiology within the College of Applied Health Sciences.

Dr. Hoopsick, PhD, MS, MPH, MCHES, is an Assistant Professor in the Department of Health and Kinesiology. She directs the Multilevel Epidemiologic Assessment of Substance Use, Resilience, and Emotional Well-Being (MEASURE) Lab. Dr. Hoopsick's research uses epidemiologic methods to explore substance use, mental health, and resilience among high-stress and trauma-exposed populations, particularly military service members and veterans.

When Caring Takes Its Toll: Psychological Hardiness as a Buffer Against Compassion Fatigue

Isidora Kostic, Bianca E. Varela, Alan J. Oliva, and Rachel A. Hoopsick, PhD, MS, MPH, MCHES

Department of Psychology, University of Illinois at Urbana-Champaign

INTRODUCTION

- Healthcare workers frequently face high emotional and physical demands, increasing their risk for compassion fatigue.
- Compassion fatigue is a form of chronic exhaustion that negatively impacts mental health and quality of care.
- It is associated with heightened symptoms of anxiety, depression, and posttraumatic stress.
- Despite its impact, limited research has explored protective factors that may reduce its effects.
- Psychological hardiness – a trait involving commitment, control, and viewing stress as a growth opportunity – has been linked to resilience in other high-stress professions.

AIM

This study aims to assess whether psychological hardiness functions as a protective factor against the experiences of compassion fatigue among healthcare workers. It examines the relationship between hardiness and symptoms of anxiety, depression, and posttraumatic stress. The goal is to inform resilience-based interventions that promote psychological well-being among those working on the frontlines of care.

METHODS

- In March 2022, we gathered self-reported survey data from a nationally distributed cohort of 200 healthcare professionals across the United States.
- Surveys were completed online and took approximately one hour; participants were compensated with a $50 gift card in recognition of their time.
- Respondents represented a wide spectrum of roles within the healthcare system, including entry-level support positions (e.g., nursing aides, dietary staff, administrative workers), licensed practical nurses, RNs, psychologists, social workers, case managers, physical therapists, mid-level providers (such as physician assistants and nurse practitioners), resident and attending physicians, pharmacists, dentists, and healthcare executives.
- The sample (N = 200) spanned 28 states plus Washington, DC, with participants ranging in age from 19 to 58 years. Gender identity included women (n = 133), men (n = 65), and non-binary/genderqueer individuals (n = 2). The overall sample was racially and ethnically diverse.

METHODS, CONTINUED

	N = 200 % (n) or mean (± SD)
Age, years	30.8 (± 7.3)
Gender Identity	--
Man	32.5% (65)
Woman	66.5% (133)
Non-binary/genderqueer	1.0% (2)
Race/Ethnicity	--
Non-Hispanic white	54.5% (109)
Non-Hispanic Black	17.5% (35)
Non-Hispanic Asian	14.0% (28)
Non-Hispanic American Indian/Alaska Native	1.0% (2)
Hispanic or Latinx	10.0% (20)
Other	3.0% (6)
Median Family Income	$75,000 - $99,999
Years in Job	--
Less than 1 year	14.5% (29)
1 – 5 years	61.0% (122)
6 – 10 years	17.5% (35)
11 – 20 years	6.0% (12)
More than 20 years	1.0% (2)

- Data Collection: Participants completed a series of validated self-report questionnaires assessing:
  - Compassion Fatigue: Measured to evaluate the emotional toll of caregiving.
  - Psychological Hardiness: Assessed to quantify levels of resilience and adaptability.
  - Mental Health Outcomes: Focused on anxiety, depression, and posttraumatic stress symptoms.
- Statistical Analysis:
  - A statistical approach suited to the type of data was used to examine the relationships among the variables.
  - These models tested the relationship between compassion fatigue and mental health symptoms, as well as the moderating role of psychological hardiness.
  - Analyses controlled for key demographic and contextual factors, including age, gender, and work-related stressors, to ensure the validity of the findings.

RESULTS

Table. Associations Between Compassion Fatigue and Mental Health

Note. Models control for gender and age. ***p < 0.001

The Moderating Role of Psychological Hardiness:

- Psychological hardiness buffered the impact of compassion fatigue on specific mental health outcomes:
  - Posttraumatic Stress: A statistically significant interaction was observed (RR = 1.01; 95% CI: 1.01, 1.014; p = 0.014), indicating that higher levels of hardiness reduced the severity of posttraumatic stress symptoms.
  - Depression: The interaction was suggestive but not statistically significant (RR = 1.01; 95% CI: 1.00, 1.01; p = 0.058).
  - Anxiety: No significant interaction was found.

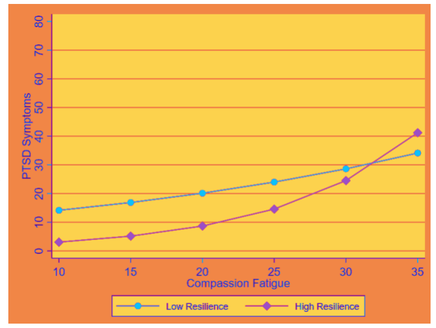


Figure 1. Predicted PTSD symptomatology by compassion fatigue and psychological hardiness (low vs. high resilience)

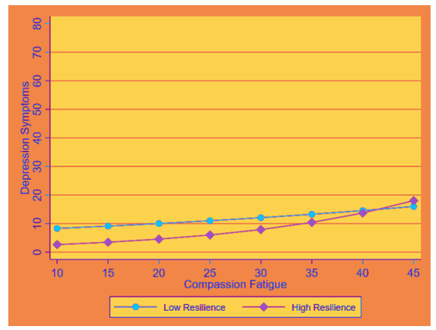


Figure 2. Predicted Depression symptomatology by compassion fatigue and psychological hardiness (low vs. high resilience)

CONCLUSIONS

Our findings highlight the critical role psychological hardiness plays in buffering the adverse effects of compassion fatigue, particularly in reducing symptoms of posttraumatic stress and potentially alleviating depression.While compassion fatigue affects many in the healthcare field, encouraging resilience through hardiness may be an effective way to protect their mental health.These results emphasize the need for resilience-building programs tailored to healthcare professionals, which could foster psychological hardiness, enhance workforce well-being, and ultimately improve the quality of care provided to patients. By prioritizing the mental health of healthcare workers, we not only protect those who care for us but also strengthen the entire healthcare system.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to Dr. Rachel A. Hoopsick for her guidance and expertise throughout the study. I would also like to thank the First-Gen Scholars Research Program and the Department of Undergraduate Reserach for making this experience possible.

ILLINOIS

What is the Relationship Between Traditional Gender Roles and Individuals' Likelihood to Engage in Bystander Intervention?

Jacqueline Kent

University of Illinois Urbana-Champaign

Abstract

Sexual assault is a pressing public health crisis, with incidence rates continuing to rise on college campuses across the United States. The University of Illinois Urbana-Champaign's 2022 Climate Survey revealed nearly one in five women (18.5%) and one in 24 men (4.2%) reported experiencing completed oral, anal, or vaginal sexual assault. Research has identified bystander intervention as a widely recognized, evidence-based strategy for reducing sexual assault on college campuses. Various factors influence an individual's likelihood of engaging in bystander intervention, with traditional gender roles—specifically, concepts of masculinity and femininity—emerging as a well-studied determinant in the literature. This literature review synthesizes existing research on the association between traditional gender roles and an individual's likelihood to engage in bystander intervention. The central themes focus on 1) social norms and 2) impacts on social status (confidence to intervene). This poster discusses the implications of heightening student awareness regarding how to intervene and raise awareness for concerns related to gender inequality through educational programs.

Keywords: sexual assault, bystander intervention, rape myth, gender roles, femininity, masculinity, college campus

About the Author: Jacqueline is a first-year student majoring in Psychology with a minor in Sociology and Criminology, Law, Society (CLS). She plans to advance her research by exploring the resources available to student survivors of sexual assault, as well as examining the factors that contribute to a students' choice not to disclose their experience of sexual assault

What is the Relationship Between Traditional Gender Roles and Individuals' Likelihood to Engage in Bystander Intervention?

Jacqueline Kent[1], Dr. Rachel Garthe[2] & Apoorva Nag[2]
[1]Department of Sociology & [2]School of Social Work, University of Illinois at Urbana-Champaign

INTRODUCTION

- Sexual assault is a public health crisis and its rates are continuing to increase on college campuses.
- Literature shows that bystander intervention is a popular evidence-based program for reducing incidence of sexual assault on campuses.
- Current research suggests that men and women often experience a difference in levels of confidence when deciding whether to intervene, due to many reasons, one of which is gender constructs, like femininity and masculinity.
- There has been a variety of studies on bystander intervention which focus on psychosocial factors, and are examined through different data collection methods.
- This literature review synthesizes the association between traditional gender roles and individuals' likelihood to engage in bystander intervention.

METHOD

- I conducted a literature review on bystander interventions, specifically using research that has been conducted within universities.
- Using Google Scholar, I searched papers from 2020 to 2025 and selected from the following the criteria:
  - “bystander intervention”
  - “college campuses”
  - “femininity” & “masculinity”
  - “gender norms”
  - “sexual assault”

ACKNOWLEDGEMENTS

Thank you to the First Generation Scholar Research Program for allowing me to be apart of this wonderful program, and a big thank you to my research mentors that have guided and supported me through this process, Dr. Rachel Garthe and Apoorva Nag.

RESULTS

Article 1: "Correlates of Men's Bystander Intervention to Prevent Sexual and Relationship Violence: The Role of Masculine Discrepancy Stress".
- Masculine Discrepancy Stress (MDS): MDS is distress men experience when they perceive themselves as not aligning with traditional masculine norms.
- Impact on Bystander Intervention: The study found that higher levels of MDS are associated with a decreased likelihood of men engaging in prosocial bystander behaviors.
- Beliefs and Attitudes: Men experiencing higher MDS may hold beliefs that discourage intervention.

Article 2: "The Chivalrous Bystander: The Role of Gender-Based Beliefs and Empathy on Bystander Intervention”.
- Rape Myth Acceptance: Individuals who endorse rape myths are less likely to engage in bystander intervention.
- Hostile Sexism: This attitude, is negatively associated with the likelihood of intervening in situations of sexual or relationship violence.
- Benevolent Sexism: It holds stereotypical and patronizing views about women and can hinder proactive bystander behaviors.
- Empathy: Higher levels of empathy are positively correlated with increased intentions to intervene.

Article 3:"Predicting Bystander Intention to Intervene: The Role of Gender-Specific System Justification and Rape Myth Acceptance for Men and Women”.
- Gender-Specific System Justification (GSJ): GSJ is the belief that existing gender relations are fair and legitimate. The study found that higher levels of GSJ are associated with greater acceptance of rape myths among both men and women.
- Rape Myth Acceptance (RMA): Researchers examined four dimensions of RMA: "She asked for it," "He didn’t mean to," "It wasn’t really rape," and "She lied."
- Bystander Intention to Intervene: Studies revealed gender differences in how RMA influences the intention to intervene.

Article 4:"A Systematic Review Exploring Variables Related to Bystander Intervention in Sexual Violence Contexts”.

Individual Variables:
- Gender Differences: Females are generally more likely to intervene than males.
- Personal Cognitions: Feelings of responsibility and confidence to intervene are positively associated with the likelihood of intervention.
- Fear of Harm: Concerns about personal safety can deter individuals from intervening.

Situational Variables:
- Presence of Other Bystanders: The effect of other bystanders is mixed; their presence can either inhibit or facilitate intervention.
- Relationships: Bystanders are more likely to intervene when they have a personal relationship with the victim.
- Severity of Incident: More severe incidents are more likely to prompt intervention due to reduced ambiguity about the need for action.

Contextual Variables:
- Social Norms: Perceptions that peers support intervention behaviors increase the likelihood of bystander action.
- Organizational Culture: Supportive organizational attitudes and clear policies regarding sexual violence can encourage bystander intervention.

Article 5: "Is It My Responsibility?: A Qualitative Review of University Students' Perspectives on Bystander Facilitators and Barriers in the Context of Sexual Violence”

Facilitators of Bystander Intervention:
- Empathy and Personal Connection: Students are more likely to intervene when they empathize with the victim or have a personal relationship with them.
- Sense of Responsibility: A strong feeling of duty or moral obligation motivates students to take action.
- Confidence and Self-Efficacy: Belief in one's ability to effectively intervene increases the likelihood of action.

Barriers to Bystander Intervention:
- Fear of Negative Consequences: Concerns about personal safety, social repercussions, or misinterpretation of the situation can deter intervention.
- Ambiguity of the Situation: Uncertainty about whether an incident constitutes sexual violence can lead to inaction.
- Diffusion of Responsibility: The presence of others can lead individuals to assume someone else will intervene.

IMPLICATIONS

Bystander intervention programs should include male-only groups that engage men experiencing MDS, encouraging them to challenge harmful gender norms through prosocial behavior. These programs should provide safe spaces to discuss the pressures of masculinity, foster empathy, and highlight how rigid gender roles negatively affect everyone. By addressing gender-based attitudes, victim blaming, and beliefs like GSJ, while also teaching practical intervention strategies, such programs can reshape social norms and empower men to take meaningful action against sexual violence.

DISCUSSION

Research shows that bystander intervention in sexual assault is shaped by psychological, social, and contextual factors. MDS, along with beliefs like RMA, sexism, and gender system justification, reduces the likelihood of intervention—especially among men. In contrast, interventions that foster empathy, confidence, and a sense of responsibility increase willingness to act. Women are generally more likely to intervene than men. Situational elements, such as the presence of others, the bystander's relationship to the victim, and the incident’s severity, also influence responses. Supportive social norms and organizational cultures encourage action, while fear of consequences, ambiguity, and diffusion of responsibility remain key barriers.

LIMITATIONS

- Some studies were conducted by self-reports, which can lead to bias.
- Racial and ethnic diversity were not considered.
- Scope of questions was limited by not considering gender identities beyond female and male.
- Wording of questions could be leading.

REFERENCES

Berke, D. S., Leone, R. M., Hyatt, C. S., Zeichner, A., & Parrott, D. J. (2020). "Correlates of men's bystander intervention to prevent sexual and relationship violence: The role of masculine discrepancy stress." *Journal of Interpersonal Violence*, 35 (17–18), 3579–3601. https://doi.org/10.1177/0886260518780699
Yule, K., Hoxmeier, J. C., Petrum, K., & Grych, J. (2022). "The chivalrous bystander: The role of gender-based beliefs and empathy on bystander behavior and perceived barriers to intervention." *Journal of Interpersonal Violence*. https://doi.org/10.1177/08862605221076277
Martini, M., & De Piccoli, N. (2020). "Predicting bystander intention to intervene: The role of gender-specific system justification and rape myth acceptance for men and women." *Frontiers in Psychology*. https://doi.org/10.3389/fpsyg.2020.00926
Mainwaring, C., Gabbert, F., & Scott, A. J. (2023). "A systematic review exploring variables related to bystander intervention in sexual violence contexts." *Trauma, Violence, & Abuse*. https://doi.org/10.1177/15248380231209660
Robinson, S. R., Casiano, A., & Elias-Lambert, N. (2020). " Is It My Responsibility: A qualitative review of university students' perspectives on bystander facilitators and barriers in the context of sexual violence." *Trauma, Violence, & Abuse*. https://doi.org/10.1177/15248380209918

JUSWR. Volume 9. Issue 1. September 2025

A Review of Mental Health Services Offered in Home-Visiting Programs located in Indiana and Iowa

Dhriti Patel, Lizbeth Pintor, Karishma Mehta, Sofia Soriano, BSW

University of Illinois at Urbana-Champaign

Abstract

Home visiting programs provide support and essential resources to families with young children and expecting mothers. They improve child development, family well-being, and parenting skills. This study compares comprehensive home visiting programs in Indiana and Iowa. Additionally, it investigates available mental health services for the prevention and treatment of postpartum depression. This study utilized Internet searches and certain search engines to collect information by exploring websites, databases, and credible on-line resources. Additionally, organizations were contacted to access information that was not readily available on official websites.

Key findings revealed that Iowa has 245 home visiting programs, with 99% offering mental health services of which 5.3% involve social workers. In comparison, Indiana has 251 home visiting programs, with 98.8% providing mental health services, but none utilizing social workers.

Despite having a smaller population of 1.4 million, Iowa's home-visiting programs are more numerous than Indiana's. Additionally, Iowa has more social workers and comparable nurses, suggesting better support for postpartum depression in Iowa's model. This highlights the potential effectiveness of Iowa's approach in providing comprehensive support for postpartum depression.

Keywords: maternal mental health, home visiting, funding, post-partum, depression, Midwest

About the Authors:

Karishma is a junior majoring in Econometrics and Public Health. Her research interests include mental health and data analysis.

Dhriti is a sophomore studying Interdisciplinary Health Sciences and Public Health Research. Her interests include health technology and mental health.

Lizbeth is a Junior in Social Work. Her research interests include social work policy and mental health.

Sofia is a Senior majoring in Social Work. Her research interests include mental health, family dynamics, and generational trauma

A review of mental health services offered in home-visiting programs located in Indiana and Iowa

Lizbeth Pintor, Karishma Mehta, Dhriti Patel, Sofia Soriano, Dr. Karen Tabb Dina, PHD, MSW, FAASWSW, Beth Shelton, LCSW, PMH-C

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

INTRODUCTION

Postpartum depression is one of the most common mental health challenges affecting new mothers, with implications not only for their well- being but also for their infants and families. When left unaddressed, it can lead to further complications in early life for the infant. It can hinder parent-infant bonding, further contributing to broader health and social challenges. Despite how common and how treatable postpartum depression is, many birthing people, especially in rural and underserved areas, lack consistent access to mental health care.

Home-visiting programs (HVPs) have become critical for reaching these families. By providing services in homes through trained and certified nurses, community health workers, or social workers, HVPs offer an opportunity to examine and screen mothers for depression early on and connect families with supportive care. These programs are often funded through state and federal grants and vary across states.

This study examines the structure and delivery of maternal mental health services within HVPs in Iowa and Indiana, two Midwestern states with similar rural landscapes but potentially different approaches to addressing postpartum mental health.

Specifically, the research compares how these states include mental health services and social workers in their HVP models to identify strengths, gaps, and areas for improvement. Understanding these differences can help inform more equitable and effective strategies for supporting mothers who are at risk for postpartum depression.

AIM

The services that are provided by home visiting programs help ensure improvement to the emotional, psychological, and developmental well-being of the child and the mother. Postpartum Depression continues to be a concern, especially with new mothers, so being able to seek out services is important for their overall well-being and parenting. However, it can be difficult to find suitable services that best fit their needs. Many home visiting programs have specific aims that might not align specifically with the needs of the mothers, and some home visiting programs only provide services for specific counties throughout the state, causing limitations to accessing these services that benefit families in various ways.

This research focuses on locating home visiting programs, specifically in Indiana and Iowa, that offer postpartum mental health services to multiple counties throughout the state. By being able to provide this information, it can be easier for mothers in counties throughout Indiana and Iowa to find home visiting programs that showcase the importance of mental health support for mothers.

METHOD

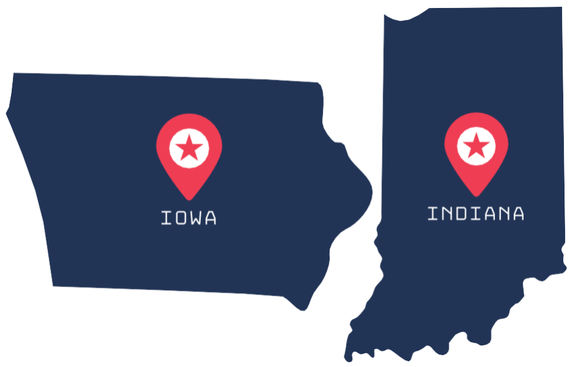
To explore and compare how postpartum mental health services are integrated into home visiting programs in Iowa and Indiana, we conducted a comprehensive landscape analysis using primary and secondary data collection methods. We aimed to assess these services' availability, structure, and staffing to understand how each state supports maternal mental health within its home visiting infrastructure.

We began by gathering quantitative data from publicly available sources, including state health department websites, national home visiting databases such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program portal, and state-specific program listings. These resources provided initial information about the total number of home visiting programs operating in each state and basic details regarding the inclusion of mental health services.

However, since public data often lacked detail on specific staff roles, particularly the presence of social workers, we supplemented this information by contacting individual organizations and state health departments directly. Through these communications, we verified figures, filled gaps, and ensured our findings. This aided in gathering complete and comprehensive information for many of the organizations.

We focused our analysis on three primary indicators: (1) the number of home-visiting programs currently active in each state, (2) the percentage of those programs that explicitly offer mental health services to clients, and (3) the proportion of programs that include licensed social workers as part of their staff. We also recorded each state's maternal mortality rate to provide additional context on broader health system performance and risk factors related to untreated perinatal mental health conditions.

By combining data from multiple sources and layering it with insights from implementation science, this methodology allowed for a rich, multidimensional understanding of how maternal mental health services are delivered in home visiting programs across these two states.



RESULTS

Throughout the study's data collection, the landscaping analysis found that Iowa has more home-visiting programs offering postpartum mental health services than Indiana, even though Iowa has a smaller population. The programs in Iowa were more likely to have licensed social workers on staff who worked with the home visiting program; this was more likely to occur in more rural areas of Iowa. The programs of Indiana more heavily relied on external referrals for mental health services.

Both states showed commitment to addressing postpartum depression. However, the programs in Iowa use Edinburgh Postnatal Depression Scale to screen for depression and would have counselors embedded into their programs, signifying a more extensive approach to caring for postpartum depression.

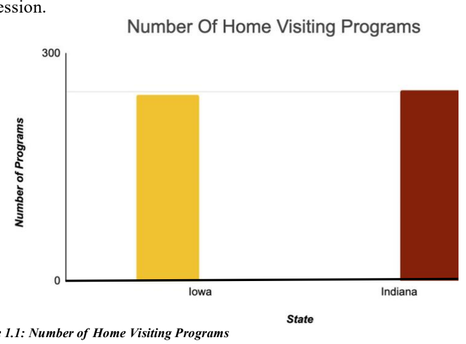


Figure 1.1: Number of Home Visiting Programs
The number of home visiting programs in both Iowa and Indiana. Iowa has 245 home visiting programs. Indiana has 251 home visiting programs.

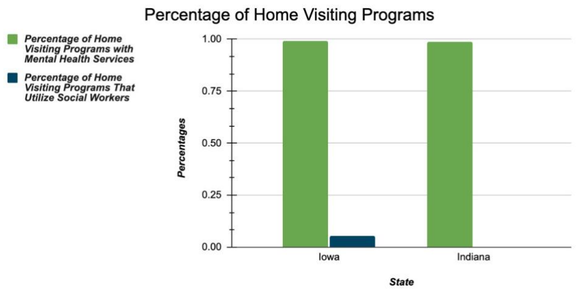


Figure 1.2: Percentage of Home Visiting Programs
The percentages of home visiting programs in both Iowa and Indiana that utilize mental health services and social workers. 99% of Home Visiting Programs have Mental Health Services and 5.3% utilize social workers in Iowa. 98.80% of Home Visiting Programs have Mental Health Services and 0% utilize social workers in Indiana.

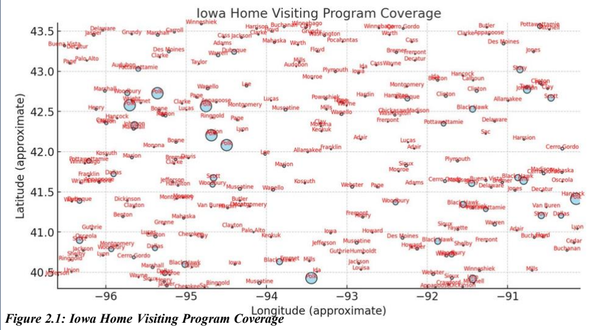


Figure 2.1: Iowa Home Visiting Program Coverage
The blue circles indicate counties with active home visiting programs, scaled by population to reflect potential services being offered. Coverage spans both rural and urban areas, highlighting Iowa's layered network of programs such as MIECHV across different counties. Larger circles suggest greater population and possibly a higher concentration or diversity of services. Counties without circles may lack documented programs, signaling potential service gaps. This map illustrates the program distribution across Iowa's population and geography.

CONCLUSION

- Home-visiting programs in Indiana and Iowa play a crucial role in addressing postpartum depression by offering early intervention and connecting families to vital mental health resources.
- Both states utilize trained staff, including nurses, social workers, and community health workers, to deliver these services effectively.
- Iowa, with a population of 1.4 million, has a greater number of home-visiting programs and more social workers compared to Indiana, reflecting differences in program structures.
- These programs collectively contribute to fostering healthier outcomes for mothers, families, and children.
- Opportunities remain for both states to expand access and address gaps, particularly in underserved and rural communities.
- Insights from this review support ongoing efforts to enhance maternal mental health care in both Indiana and Iowa.

ACKNOWLEDGEMENTS

We sincerely thank Dr. Karen Tabb Dina and Beth Shelton for their invaluable mentorship and support throughout this research. This study was supported by the National Institute of Mental Health (Grant Number: R01MH134474). Special thanks to the Iowa and Indiana Departments of Health for their cooperation and access to critical data.

Lastly, we acknowledge the hard work of all home-visiting program staff and partners. A comprehensive list of references can be accessed:https://docs.google.com/document/d/1hh5ienVS2u-WwPJqog--uL3lBn2dxjJeczzeESolkac/edit?usp=sharing.

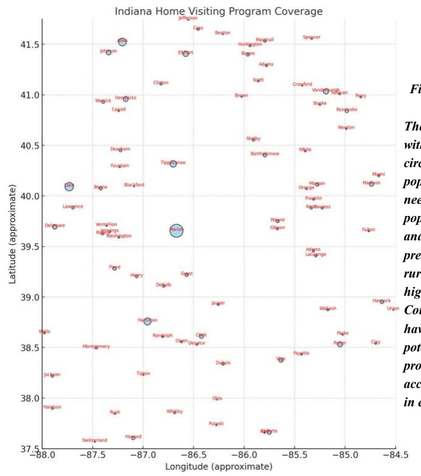


Figure 2.2: Indiana Home Visiting Program Coverage
The blue circles represent counties with home visiting programs, with circle size corresponding to population and potential service needs. Larger circles in high-population counties such as Marion and Allen reflect both density and the presence of the program. Smaller rural counties also show coverage, highlighting statewide outreach. Counties without a circle may not have documented services, indicating potential gaps in data. This map provides a baseline for assessing access to the home-visiting programs in each county.

ILLINOIS

References

Adobe Express. (n.d.). *Webpage presentation*. https://new.express.adobe.com/webpage/MoAIvlLYtfTCx

Alabama Health Futures Alliance. (n.d.). *Maternal health*. https://ahfa.org/maternal-health/

Best Care for Better Babies & Children – Clay County Public Health. (n.d.). *Spencer Hospital*. https://www.spencerhospital.org/our-services/specialty-services/clay-county-public-health/best-care-for-better-babies-&-children/

Breastfeeding and lactation services. (n.d.). *UnityPoint Health*. https://www.unitypoint.org/find-a-service/maternity-and-newborn-care/breastfeeding-and-lactation- services

Children at Home – Family Support Network. (n.d.). *Iowa Family Support Network*. https://www.iafamilysupportnetwork.org/families/children-at-home/

Dickinson County Public Health & Immunizations. (n.d.). *Lakes Regional Healthcare*. https://lakeshealth.org/services/dickinson-county-public-health-immunizations/

Family & Food – Fremont County. (n.d.). *Iowa State University Extension and Outreach* . https://www.extension.iastate.edu/fremont/family-food

Google Drive. (2025). *Home visiting programs data spreadsheet* [Google Sheets]. https://docs.google.com/spreadsheets/d/1-wVaX5Es4vZ0kVBGoE9WoO0TUuuNRBEY/edit?usp=sharing

Google Drive. (2025). *Indiana-Iowa home visiting comparison data* [Google Sheets]. https://docs.google.com/spreadsheets/d/1Oi-NgtDJ4wmzrbGQhxq2OOoDVoTuYV5x3EW3pjfY6cA/edit?usp=sharing

Hamilton County Public Health Forms. (n.d.). *Hamilton County Public Health*. https://www.hamiltoncountypublichealth.com/forms/

Iowa Coalition Against Domestic Violence. (n.d.). *Homepage*. https://www.icadv.org/

Iowa Department of Health and Human Services. (n.d.). *Home visiting needs assessment* [PDF]. https://publications.iowa.gov/32102/1/home_visiting_assessment.pdf

Iowa Department of Health and Human Services. (2024). *MIECHV Program Overview* [PDF]. https://hhs.iowa.gov/media/7195/download?inline

Iowa State University Extension and Outreach - Allamakee County. (n.d.). *Mom & Baby VNA Program Brochure* [PDF]. https://www.extension.iastate.edu/allamakee/files/documents/Mom%20Baby%20VNA%20Progra

m%20 Brochure_V02.pdf

Lutheran Services in Iowa. (n.d.). *Homepage*. https://lsiowa.org

Mid-Iowa Community Action. (n.d.). *Homepage*. https://micaonline.org/

Nurse-Family Partnership. (n.d.). *Iowa location* https://www.nursefamilypartnership.org/locations/iowa/

Nurse-Family Partnership. (2024). *Iowa state profile* [PDF]. https://www.nursefamilypartnership.org/wp-content/uploads/2017/07/IA_2024-State-Profile.pdf

North Iowa Community Action Organization. (n.d.). *Maternal health*. https://nicao-online.org/maternal-health/

O'Brien County Public Health. (n.d.). *Best Care for Better Babies & Children*. https://obriencountyph.com/programs-services/#:~:text=Best%20Care%20for%20Better...

Osceola Health Services. (n.d.). *Osceola Regional Health Center*. https://www.osceolarhc.org/facilities/osceola-health-services/

Parents as Teachers – SCICAP. (n.d.). *South Central Iowa Community Action Program*. https://scicap.org/parents-as-teachers/

Parents as Teachers – Sieda. (n.d.). *Sieda Community Action*. https://www.sieda.org/child-development/parents-as-teachers/

Sieda Child Development – MIECHV. (n.d.). *Sieda Community Action*. https://www.sieda.org/child-development/miechv/

Research Study

Poor Decision-Making or Cognitive Overload? Exploring Cognitive Load as a Mediating Factor Between Poverty and Child Maltreatment

Maddie Brown, BSW and Ethan Kye, BSW

University of Illinois Urbana-Champaign

Abstract

A complex relationship exists between poverty and child maltreatment, but the role cognitive load plays in this is often overlooked and misattributed to poor parenting and decision-making skills. Moreover, while current research has identified relationships between poverty, maltreatment, cognitive load, and stress, it has yet to explore this with an intersectional lens. This study addresses this gap by exploring cognitive load as a mediating factor between poverty and child maltreatment. Research lacks a universal measurement of cognitive load, but related factors including impulsivity, stress, and allostatic load can be used. These factors were measured using quantitative and qualitative data from families participating in the Empower Parenting with Resources (EmPwR) study, which examines the impact of unconditional cash gifts on families receiving intact services throughout Illinois. Arguably, the cognitive load experienced by families living in poverty affects their parenting practices, contributing to the risk of maltreatment. Thus, it is hypothesized that families who receive cash gifts will experience a decrease in cognitive load, subsequently decreasing child maltreatment. This study highlights how reducing cognitive load can enhance a family's well-being and decision-making capacity, providing crucial insight into policy and program development.

Keywords: cognitive load, child maltreatment, poverty, stress

About the Authors: *Maddie* graduated in May 2025 with a bachelor's degree in Social Work and a minor in Child Health and Well-Being. As a research assistant for the EmPwR study, Maddie is passionate about the role of research and advocacy in promoting social change. Her interests focus on child and family welfare.

Ethan graduated in May 2025 with a bachelor's degree in Social Work. His research interests include mental health, poverty, and adolescents.

These findings were presented at the 2025 Undergraduate Research Symposium and received the outstanding oral presentation award. *All questions should be addressed to Maddie Brown, Empower Parenting with Resources Laboratory, University of Illinois Urbana-Champaign, 1010 W. Nevada St, Urbana, IL 61801. Email: mbrown17@illinois.edu*

Note: Additional contributors include Dr. William Schneider (Principal Investigator, EmPwR) & Alexis Krones (Project Director, EmPwR).

Introduction

Imagine being faced with an impossible dilemma: go to work and leave your child home alone because you cannot afford childcare or miss work and risk losing your income. Unfortunately, this is the reality for countless families, especially those experiencing economic hardship. Yet, when families face such dilemmas, society often responds with judgment, questioning their parenting or reporting them to child protective services, rather than acknowledging the difficulty of these circumstances. These responses minimize the cause of child maltreatment to poor parenting skills and fail to consider the cognitive strain caused by economic hardship and how this impacts families. This prompts the research question: How does cognitive load mediate the relationship between poverty and child maltreatment? Thus, this study aims to explore the connection between poverty, cognitive load, and parenting, analyze how cognitive load influences child welfare outcomes, and contribute new insights to the literature on cognitive load theory.

Literature Review

Cognitive load theory was first introduced by John Sweller in 1988 and posits that the mind has limited information processing capacity (Ball et al., 2023). According to the dual systems theory, when this capacity is exceeded, the reasoning system is compromised, and individuals rely more on the automatic and intuitive responses of system one thinking, rather than the slow and reflective reasoning of system two. As a result, individuals are more prone to rapid, impulsive, and emotion-based decisions (Zucchelli et al., 2025). It is important to note that cognitive load theory is primarily used for educational purposes to maximize learning and ensure students are not overloaded with more information than they can process. However, this theory applies to other areas, especially parenting and decision-making. While this concept remains

largely unstudied, cognitive load theory helps explain how parents experiencing cognitive overload might struggle to regulate their emotional responses or consider the long-term impact of their actions, which increases the risk of child maltreatment occurring.

Although existing literature has often overlooked this connection between cognitive overload and child maltreatment, meta-analyses confirm that poverty conditions increase the risk of maltreatment. Although this research does not explicitly use the term “cognitive load,” similar theories effectively capture the concept. For instance, the parental burnout theory describes how chronic stress and limited resources lead to emotional exhaustion and detachment from parenting. These burnout traits can result in neglectful or impulsive behaviors (Roskam et al., 2022). Similarly, the family stress model of economic hardship explains how financial strain heightens stress and emotional dysregulation, disrupts cognitive and emotional functioning, and increases the likelihood of harmful parenting (Kim et al., 2023).

Since the literature on this topic is limited, few standardized methods exist to measure cognitive load beyond task- and performance-based assessments, which are primarily used in educational settings and do not align with the goals of this study. However, as literature reviews show, other indicators can be used to quantify cognitive load. For example, poverty-related challenges such as financial stress, decision fatigue, and unemployment all increase cognitive load. Characteristics including impulsivity, stress level, and allostatic load can also be used to gain insights into a person's mental load.

Methods

Data was drawn from the Empower Parenting with Resources (EmPwR) project; this IRB-reviewed study is the largest randomized controlled trial in the United States to examine the impact of monthly, unconditional cash gifts on child maltreatment and child welfare

involvement. Through unrestricted cash gifts, EmPwR aims to study how poverty-related stress affects parenting. The project, which began data collection in January 2025, will involve 800 families across Illinois who are receiving intact family services. Of these, 400 families will be randomized to receive monthly cash gifts over a 12-month period. The cash gift is scaled by family size and geographical cost of living, with an average monthly amount of $500. The remaining half of the families will receive services as usual, such as counseling, education, healthcare, transportation assistance, and other basic resources.

The EmPwR project utilizes several data sources, including quantitative surveys and qualitative interviews. The surveys align with this study's research goals, exploring relevant areas including physical and mental health, socio-economic wellbeing, parental mastery, and family relationships. These surveys are offered to all consenting participants, and 49 have been completed since data collection began. In addition to surveys, the EmPwR study gathers qualitative information through individual interviews, gaining insights into participants' family lives, interactions with child welfare systems, financial challenges, and day-to-day stressors. The EmPwR study will interview 60 participants, 40 in the treatment group and 20 in the control group; 25 interviews have been conducted thus far.

Results

Preliminary findings from EmPwR's surveys show strong evidence of financial stress. For instance, 49% of participants surveyed were unemployed. Household income statistics also demonstrate economic hardship, with 48% of participants reporting a household income of less than $5,000, excluding other forms of financial assistance. In addition to high unemployment and low household income rates, 91% of participants reported having no savings, while the remaining 9% had between $175 and $5,000 saved. Also contributing to financial stress are the

high levels of debt many participants experience. Twenty-nine percent of participants reported being $5,000 to $15,000 in debt, and 12% were burdened by higher amounts ranging from $25,000 to $80,000. As these statistics show, many individuals referred to intact services for reported child maltreatment are experiencing poverty-like conditions and a lack of resources, contributing to their cognitive load.

Survey instruments measuring common characteristics of cognitive overload, such as impulsivity, emotional reactivity, and increased mental and somatic stress symptoms, were analyzed to further this analysis. One instrument, the Perceived Stress Scale, analyzes how unpredictable, uncontrollable, and overloaded respondents find their lives. In this 9-item questionnaire, participants use a 5-point Likert scale to rate how often they experience specific stress-related feelings. Results showed a wide distribution of scores, with moderate stress levels occurring most frequently, and a noticeable number of participants showing high-stress scores (see Figure 1).

Another key characteristic of cognitive overload is impulsiveness. Impulsivity was measured using an abbreviated form of the Dickman Impulsivity Inventory, in which participants answered six questions on a 5-point Likert scale. As Figure 2 illustrates, survey data showed variance in impulsivity levels, with most participants demonstrating moderate-to-high impulsivity scores, suggesting there may be a relationship between stress and impulsivity.

The EmPwR survey also evaluated participants' allostatic load, which refers to the cumulative wear and tear on the body caused by chronic stress. Allostatic load was assessed using the Psychosocial Index, which consists of five subscales measuring stress, well-being, psychological distress, abnormal illness behavior, and quality of life. Using a combination of binary indicators and a 4-point Likert scale, participants’ total allostatic load was scored. As

shown in Figure 3, most participants had low allostatic load scores. However, a cluster of participants demonstrated very high cumulative stress, which is concerning and will be important to monitor as the sample size increases.

Similar findings emerge in EmPwR's qualitative interviews. For example, Taylor[1], a single mother of two daughters ages 11 and 17, detailed numerous challenges, including a complex history of domestic violence and financial instability. She constantly juggles multiple jobs, childcare issues, and an unreliable vehicle. Taylor expressed during the interview, "I feel like my brain is overloaded with things that I'm constantly trying to take care of, that I don't always have the means to take care of. It seems like there's always an obstacle and it's always somewhat out of reach for me" (T. Smith, personal communication, March 14, 2025). Taylor's description of feeling "overloaded" by unrelenting work, childcare, transportation, and financial strains, shows how poverty can overwhelm a parent's mental capacity. As demonstrated by existing literature, these cognitive burdens can weaken planning, emotional regulation, and reflective parenting skills, which suggests it is not intentional neglect, but an overwhelmed mind that mediates the link between poverty and child maltreatment.

The experiences of another participant, Megan, also highlight how poverty-related stress impacts families. Megan, a mother of two boys ages four and eight, experienced the traumatic death of her daughter six years ago, which led to financial struggles and involvement with the Illinois Department of Children and Family Services (DCFS). Throughout the interview, Megan illustrated how financial stress, lack of childcare options, and fear of child removal have created a state of cognitive overload that directly affects her parenting. Megan stated, "I'm so worried about them being taken away from me forever that I can't enjoy the time that I have with them"

[1] All names are pseudonyms

(M. Lee, personal communication, March 27, 2025). Megan's experiences highlight how stressors such as financial instability and child welfare involvement contribute to a cognitive state of emotional dysregulation and reduced parenting capacity, which increases the risk of child maltreatment.

Discussion

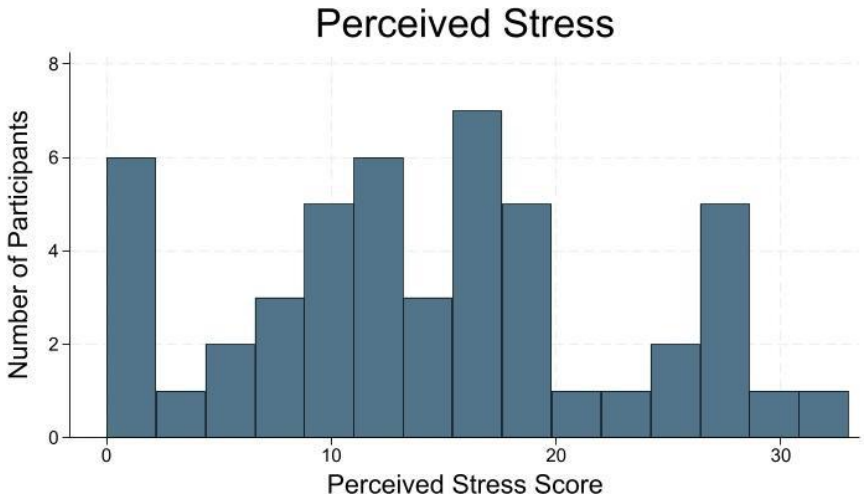
While research findings suggest that cognitive load may mediate the relationship between poverty and child maltreatment, it is important to acknowledge that these are preliminary results based on a small sample size, which limits their generalizability. Additionally, the surveys and interviews rely on self-reports, which have a higher risk of inaccuracy due to memory limitations and the social desirability bias, as participants may respond differently based on how they wish to be perceived. Finally, since the survey was self-administered, factors such as reading levels and misinterpretation of questions could also affect data quality.

Considering these limitations, the EmPwR study will continue to consent, survey, and interview new participants until the sample size reaches 800. Follow-up surveys and interviews will also be conducted six and 12 months after participants' initial consent. As the EmPwR project progresses, new data will be analyzed to determine the impact of unconditional cash gifts on participants' cognitive load. Similar findings are expected, illustrating how cognitive load mediates the relationship between poverty and child maltreatment. Such results highlight the need for clinical interventions and policy changes to reduce cognitive burdens. This could include expanding mental health services and stress-reduction initiatives, reallocating resources in current child welfare programs, and, most importantly, increasing financial support specifically aimed at alleviating poverty.

Figures

Figure 1

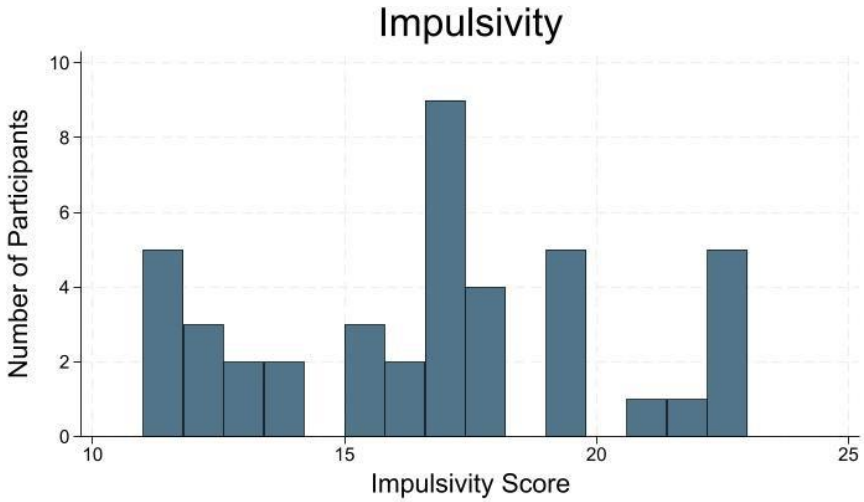
Perceived Stress Scale



Note. α = 0.9182, see Appendix A

Figure 2

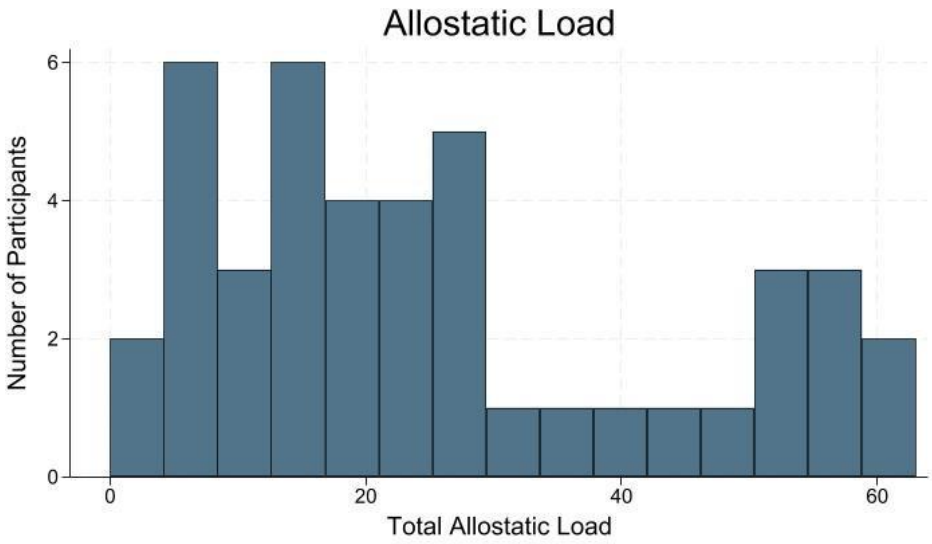
Dickman Impulsivity Inventory



Note. α = 0.8756, see Appendix B

Figure 3

Psychosocial Index



Note. α = 0.9336, see Appendix C

References

Ball, S., Katz, B., Li, F., & Smith, A. (2023). The effect of cognitive load on economic decision-making: a replication attempt. *Journal of Economic Behavior & Organization, 210*, 226-242. https://doi.org/10.1016/j.jebo.2023.03.018.

Edin, K., Waldfogel, J., & Haskins, A. (n.d.). Future of Families and Child Wellbeing Study. Retrieved on October 23, 2024, from https://ffcws.princeton.edu/.

Kim, J., Chung, Y., & Ahn, H. (2023). Poverty and child maltreatment: a systematic review. *Journal of Public Child Welfare, 18*(4), 882–914. https://doi-org.proxy2.library.illinois.edu/10.1080/15548732.2023.2264819.

Magnuson, K., & Noble, K. (n.d.). Baby's First Years. Retrieved on October 23, 2024, from https://www.babysfirstyears.com/.

Piolanti, A., Offidani, E., Guidi, J., Gostoli, S., Fava, G. A., & Sonino, N. (2016). Use of the Psychosocial Index: A Sensitive Tool in Research and Practice. *Psychotherapy and Psychosomatics, 85*(6), 337-345. https://doi.org/10.1159/000447760.

Roskam, I., Vancorenland, S., Avalosse, H., & Mikolajczak, M. (2022). The missing link between poverty and child maltreatment: Parental burnout. *Child Abuse & Neglect, 134,* 105908. https://doi.org/10.1016/j.chiabu.2022.105908.

Zucchelli, M., Trotti, N., Pavan, A., Piccardi, L., & Nori, R. (2025). The Dual Process model: the effect of cognitive load on the ascription of intentionality. *Frontiers in Psychology, 16*. https://doi.org/10.3389/fpsyg.2025.1451590.

Appendix A

Perceived Stress Scale

The Perceived Stress Scale used in the EmPwR survey was developed by Magnuson and Noble (n.d.). Respondents are asked how often the following items occurred in the last month, using a 5-point Likert scale of Never (0) Almost Never (1) Sometimes (2) Fairly Often (3) and Very Often (4). Items are summed, with questions four and seven reverse coded. Higher scores indicate higher perceived stress.

1. Been upset because of something that happened unexpectedly?
2. Felt that you were unable to control the important things in your life?
3. Felt nervous and "stressed"?
4. Felt confident about your ability to handle your personal problems?
5. Found that you could not cope with all the thinking that you had to do?
6. Been unable to control irritations in your life?
7. Felt that you were on top of things?
8. Been angered because of things that were outside of your control?
9. Felt difficulties were piling up so high that you could not overcome them?

Appendix B

Dickman Impulsivity Inventory

The EmPwR survey utilizes an abbreviated form of the Dickman Impulsivity Inventory, as used by Edin et al. (n.d.). Respondents are asked to rate how much they agree with the following statements on a 4-point Likert scale of strongly agree (1), agree (2), disagree (3), and strongly disagree (4). The items are then summed and reverse-scored, with higher values indicating higher impulsivity.

1. I will often say whatever comes into my head without thinking first.
2. Often, I don't spend enough time thinking over a situation before I act.
3. I often say and do things without considering the consequences.
4. I often get into trouble because I don't think before I act.
5. Many times, the plans I make don't work out because I haven't gone over them carefully enough in advance.
6. I often make up my mind without taking the time to consider the situation from all angles.

Appendix C

Psychosocial Index

The Psychosocial Index, used to measure participants' allostatic load, was referenced from Piolanti et al. (2016). Questions are organized into five subscales and scored as detailed below. All scores were then summed, with higher values indicating higher allostatic load.

- Stress: the scale includes 15 Yes/No questions (1-2G). "Yes" is scored as 1 while "No" equals 0, with question 2A reverse scored.
- Well-Being: the scale includes 6 Yes/No questions (2H-2M). In questions 2J-2M, "Yes" is scored as 1, while "No" equals 0; questions 2H-2I are reverse scored.
- Psychological Distress: the scale includes 15 questions (3A-3O) on a 4-point Likert scale of not at all (0) only a little (1) somewhat (2) and a great deal (3).
- Abnormal Illness Behavior: the scale includes 3 questions (3P-3R) on a 4-point Likert scale of not at all (0) only a little (1) somewhat (2) and a great deal (3).
- Quality of Life: includes question 4 and has 5 answer choices of excellent (0) good (1) fair (2) poor (3) and awful (4).

1. Did any of the following happen to you in the past year? (Yes/No):
    a. Death of a family member or close friend.
    b. Separation from long-time partner.
    c. Recent change of school or job.
    d. Financial difficulties.
    e. Moving within the same city.
    f. Moving to another city.
    g. Legal problems

h. Beginning of a new relationship.

2. Please answer the following questions (Yes/No):

    a. Are you satisfied with your studies or work?

    b. Do you feel under pressure at school or work?

    c. Do you have problems with your schoolmates or colleagues at work?

    d. Do you have serious arguments with close relatives?

    e. Has any close relative been seriously ill in the past year?

    f. Do you feel tension at home?

    g. Do you feel lonely?

    h. Do you have anyone whom you can trust and confide in?

    i. Do you get along well with people?

    j. Do you often feel overwhelmed by the demands of everyday life?

    k. Do you often feel you cannot make it?

    l. Do you tend to be influenced by people with strong opinions?

    m. Do you tend to worry about what other people think of you?

3. Please describe any problems or difficulties you have had recently and indicate how much they have troubled you by marking the appropriate column.

    a. It takes a long time to fall asleep

    b. Restless sleep

    c. Waking too early and not being able to fall asleep again

    d. Feeling tired on waking up

    e. Stomach, bowel pains

    f. Heart beating quickly or strongly without a reason

g. Feeling dizzy or faint
h. Feelings of pressure or tightness in head or body
i. Breathing difficulties or feeling of not having enough air
j. Feeling tired or lack of energy
k. Irritable
l. Sad or depressed
m. Feeling tense or ‘wound up’
n. Lost interests in most things
o. Attacks of panic
p. Do you believe you have a physical disease but that doctors have not diagnosed it correctly?
q. When you read or hear about an illness, do you get similar symptoms?
r. When you notice a sensation in your body, do you find it difficult to think of something else?

4. How do you rate the quality of your life? (Excellent, Good, Fair, Poor, Awful)

Literature Review

Supporting Interview Readiness by Building a Positive Mindset

Wyatt Aaron Beal, BSW

University of Illinois Urbana-Champaign

Abstract

To address client-reported anxiety and self-doubt during interviews, a training was developed for the Disability Resources and Educational Services (DRES) Career Services at the University of Illinois at Urbana-Champaign (UIUC). The purpose of this article is to describe a literature review of five peer-reviewed sources (2011-2024), including a meta-analysis, which supports the effectiveness of building a positive mindset by using affirmations and power poses. This review also validated the relevance of a 2024 interview coaching video that emphasized the role of positivity in interview performance. The training objectives were: 1) explain why a positive mindset is beneficial during the interview process, 2) identify how affirmations build a positive mindset, and 3) assess how power posing builds positive mindsets. Pop culture examples were included to enhance engagement. Final training was presented to DRES Career Services staff and clients, and a video version was available on the DRES Career Services website. Further research and review of training evaluations could improve the identification of best practices for preparing clients for interviews.

Keywords: interview readiness, positive mindset, affirmations, power poses, social work training

About the author: *Wyatt* earned his Bachelor of Social Work degree in May 2025. He is pursuing a Master of Social Work with a concentration in clinical mental health at UIUC. Wyatt is passionate about addressing client needs through evidence-based practices and creating engaging, memorable, and accessible training content.

Introduction

DRES (Disability Resources and Educational Services) Career Services provides clients with job coaching on how to respond to interview questions. However, clients reported feeling anxious about applying what they had learned. To address clients' needs, a comprehensive research process was undertaken to identify evidence-based strategies to increase their confidence. The use of a positive mindset was identified as critical to improving the interview process. A positive mindset is "the tendency to focus on the bright side, expect positive results, and approach challenges with a positive outlook" (Ackerman, 2018, p. 4). The research was then developed into an agency training that improves clients' interview readiness by building a positive mindset through affirmations and power poses.

Methods

The research process began with investigative searches on Google using key search terms such as ('interview success' and 'interview preparation'). Positivity emerged as a recurring central theme on how to improve confidence during interviews. Sipes' 2024 video, *"Positivity in Job Interviews,"* was selected because it addressed how positivity prepares interviewees to approach negative questions, such as how they navigated a toxic environment while appearing calm, competent, and confident.

Next, a formal literature search was conducted in EBSCOhost and Google Scholar. Key search terms included ('positivity,' 'positive mindset,' 'affirmations'), and ('power poses'). The search terms were inspired by the author's prior exploration of explanatory styles from the field of positive psychology, experience using affirmations, and familiarity with Cuddy's (2012) TED Talk on body language (Beal, 2021).

Five peer-reviewed articles were selected for inclusion in training development: one focused on positive mindsets (Saraswati et al., 2024), one on affirmations (Cascio et al., 2016), two on affirmations as part of motivational interviewing (Arbuckle et al., 2020; Flinn & Jones, 2011), and one was a meta-analytic review of the effectiveness of power poses (Körner et al., 2022). Three central themes emerged while examining the five peer-reviewed articles: 1) positive mindsets can help individuals manage stress, 2) affirmations and power poses can build positive mindsets and self-confidence, and 3) despite criticism regarding the effectiveness of power posing, a meta-analytic review concluded its statistical significance.

To create engaging handouts and presentation materials for the training, an additional Google search was conducted. Key search phrases, such as (‘benefits of positive mindsets,’ ‘examples of power poses,’ ‘how to use affirmations,’ ‘dangers of catastrophizing’), and (‘debate on power posing effectiveness’), were used. Of the eight sources referenced, two contained information on a positive mindset’s ability to reduce stress (Ackerman, 2018; Mayo Clinic, 2023), two were on how to use affirmations (Davis, 2024; Moore, 2019), one was on catastrophizing (Allstate, 2025), two gave examples of power posing (Calm, 2024; Sudeikis et al., 2021), and one reported on the debate of power posing’s effectiveness (Elsesser, 2020). These informal (pop culture) sources complemented peer-reviewed literature to create engaging, relatable, and memorable training. These engaging resources allowed the training to demonstrate the benefits of applying research during interview preparation in a low-stress manner.

Results

Theme 1: Positive Mindsets' Effect on Stress

A positive mindset reduces stress by helping individuals focus on how their strengths can help them meet challenges. Individuals with a positive mindset display a willingness to learn and

acknowledge areas that require improvement. They believe in their ability to cope; they are more likely to engage in problem-solving, seek help, and view setbacks as opportunities for recovery and learning (Saraswati et al., 2024). Additionally, "Positive thinking helps in reducing the levels of cortisol, a stress hormone, which in turn helps in managing anxiety more effectively" (Saraswati et al., 2024, p. 1). Therefore, individuals with a positive mindset are psychologically and physiologically preparing themselves to successfully manage stress. After completing the training, DRES clients will be ready to face the stressful event of interviewing.

According to the Mayo Clinic (2023), maintaining a positive mindset correlates with an individual's practice of engaging in positive self-talk. Self-talk is the constant, inner voice in a person's mind that either encourages or sabotages them. A culturally relevant example is a 2025 Allstate commercial demonstrating the catastrophic effect of the inner voice saying you are “pathetic” versus “athletic.” Negative thoughts drive behavior incongruent with an individual's abilities, resulting in subpar performance. In contrast, an individual who maintains a positive mindset will have an inner voice encouraging them to use their strengths to face their current situation. Likewise, a job candidate is better prepared to answer interview questions when their self-talk reflects their strengths.

Theme 2: Affirmations and Power Poses Contribution to Positive Mindsets

Affirmations and power poses can be used together to build a positive mindset by fostering productive internal thought patterns and promoting positive body language. Affirmations facilitate positive self-talk, while power poses positively influence an individual’s feelings and behavior (Elsesser, 2020; Mayo, 2023). To meet the training’s objectives and support clients’ self-reported anxiety about interviews, handouts (Figures 1 and 2) were created and presented to help clients build positive mindsets through practicing these techniques.

Understanding Affirmations Use in Interviewing

Affirmations, the self-talk that functions as a personal cheerleader, help reduce stress, build self-confidence, and enhance an interviewee's ability to believe in their capacity to answer questions and remain focused on their strengths. Affirmations "don't make our thoughts come true. Rather, they help us think in ways that make our lives better" (Davis, 2024, p. 1). Affirmations improve our ability to think critically because they "can restore self-competence by allowing individuals to reflect on sources of self-worth, such as core values" (Cascio et al., 2016, p. 621). When an individual has high self-confidence, their mind has an improved capacity to think critically and draw upon past experiences to answer interview questions. Affirmations cannot manifest an outcome, such as a successful job interview, but they can lead to beliefs and actions (e.g., the ability to communicate engaging stories that convey competency) that support a client's goals.

While affirmations are popular in self-help books, they are also "an empirically supported clinical method to help individuals make behavioral changes to achieve a personal goal" (Arbuckle et al., 2020, p. 1; Moore, 2019). Affirmations represent the 'A' in OARS (open-ended questions, affirmations, reflective listening, and summarizations), a key tool in Motivational Interviewing, an evidence-based technique for helping clients change behaviors (Flinn & Jones, 2011). The key to successfully using affirmations in interview preparation is to help the client create an authentic inner voice that reminds them of their strengths and why they are worthy of the interview opportunity.

Understanding Power Pose Use in Interviewing

Power posing, engaging in an expansive rather than constrictive body posture, facilitates positive non-verbal body language that conveys attentiveness, engagement, and openness during

an interview. It promotes a client's ability to 'act into confidence' and is associated with stress reduction through hormone regulation (Cuddy, 2012). Since gaining prominence in Cuddy's 2012 TED Talk, power posing has become part of pop culture through various sources, ranging from stress management apps to popular television shows (Calm, 2024; Sudeikis et al., 2021). While holding expansive poses (Figure 2) can be awkward during interviews, they can be adapted to fit individuals' needs: Clients can sit tall, maintain eye contact, and use expressive hand gestures to demonstrate openness, enthusiasm, and trustworthiness.

Theme 3: Effectiveness of Power Posing

While both affirmations and power poses have gained mainstream attention, power posing has often been dismissed as pseudoscience. In response to critics, researchers have continued to publish study results on how power posing can change behaviors and moods to achieve intended outcomes (Elsesser, 2020; Körner et al., 2022). Like affirmations, power posing will not guarantee that interviewees succeed, but it can enhance an individual's ability to make a favorable impression and increase their chances of achieving their employment goals.

Conclusion

This literature review demonstrates that developing a positive mindset through affirmations and power poses can help clients achieve their career goals by reducing their anxiety and self-doubt during interviews. The objective of demonstrating why a positive mindset is beneficial during the interview process was addressed by examining how building confidence and reducing stress improve a client's ability to present as capable, competent, and trustworthy, thus improving their professional opportunities. Affirmations and power posing were also evaluated for their ability to promote psychological and physical readiness to engage in a positive mindset and achieve improved interview performance.

One key limitation of this review is that results will vary because interviews are subject to many variables. By identifying variables, such as artificial intelligence (AI) based interviews, as opportunities, practitioners can better coach clients on using affirmations and power poses. Through continued research and application of these methods, practitioners can improve their ability to empower clients with the resources they need to achieve their career goals. Further research could be conducted to determine the effectiveness of positive mindsets during interviewing by comparing results pre- and post-training in AI-based interviews.

References

Ackerman, C. (2018, July 5). *Positive Mindset: How to Develop a Positive Mental Attitude.* Positive Psychology. https://positivepsychology.com/positive-mindset/

Allstate. (2025, March 11). *Mayhem Voice In Your Head :15* [Video]. Youtube. https://www.youtube.com/watch?v=SKIrLkfmXnc

Arbuckle, M. R., Foster, F. P., Talley, R. M., Covell, N. H., & Essock, S. M. (2020). Applying Motivational Interviewing Strategies to Enhance Organizational Readiness and Facilitate Implementation Efforts. *Quality management in health care*, *29*(1), 1–6. https://doi.org/10.1097/QMH.0000000000000234

Beal, W. (2021, June 1). *Budget Crash Course Psychology - Explanatory Styles Episode 41* [Video]. YouTube. https://www.youtube.com/watch?v=kS3x1E2EkXM

Calm (2024, November 12). *Can power poses actually boost your mental health?* (2024, November 12). Calm Blog. https://www.calm.com/blog/power-poses

Cascio, C. N., O'Donnell, M. B., Tinney, F. J., Lieberman, M. D., Taylor, S. E., Strecher, V. J., & Falk, E. B. (2016). Self-affirmation activates brain systems associated with self-related processing and reward and is reinforced by future orientation. *Social cognitive and affective neuroscience*, *11*(4), 621–629. https://doi.org/10.1093/scan/nsv136

Cuddy, A. (2012, June). *Your body language may shape who you are* [Video]. TED. https://www.ted.com/talks/amy_cuddy_your_body_language_may_shape_who_you_are

Davis, T. (2024, January 24). *A Guide to Affirmations and How to Use Them*. Psychology Today. https://www.psychologytoday.com/us/blog/click-here-for-happiness/202105/a-guide-to-affirmations-and-how-to-use-them

Elsesser, K. (2020, October 2). *The debate on power posing continues: Here's where we stand*.

Forbes. https://www.forbes.com/sites/kimelsesser/2020/10/02/the-debate-on-power-posing-continues-heres-where-we-stand/

Flinn, S., & Jones, C. (2011). The use of motivational interviewing to manage behavioral changes in hand injured clients. *Journal of hand therapy: Official Journal of the American Society of Hand Therapists*, *24*(2), 140–146. https://doi.org/10.1016/j.jht.2010.08.008

Körner, R., Röseler, L., Schütz, A., & Bushman, B. J. Dominance and prestige: Meta-analytic review of experimentally induced body position effects on behavioral, self-report, and physiological dependent variables. *Psychological Bulletin* (2022). doi: 10.1037/bul0000356

Mayo Clinic. (2023, November 21). *Positive thinking: Stop negative self-talk to reduce stress*. Mayo Clinic. https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/positive-thinking/art-20043950

Moore, C. (2019, March 4). *Positive Daily Affirmations: Is There Science Behind It?* Positive Psychology. https://positivepsychology.com/daily-affirmations/

Saraswati P., et al. (2024). A Review on Positive Mindset. *Mathews J Nurs*. 6(3):46. https://www.mathewsopenaccess.com/full-text/a-review-on-positive-mindset

Sipe, J. H., (2024, August 12). *Positivity in Job Interviews* [Video]. YouTube. https://www.youtube.com/watch?v=iCH1HJx3tlQ

Sudeikis, J. (Writer), Lawrence, B. (Writer), Hunt, B. (Writer), & Dunton, E. (Director). (2021, August 20). Rainbow (Season 2, Episode 5) [TV series episode]. In B. Lawrence, J. Sudeikis, B. Hunt, J. Kelly, J. Ingold, & B. Wrubel (Executive Producers), *Ted Lasso*. Ruby's Tuna Inc.; Doozer; Universal Television; Warner Bros. Television Studios.

Figure 1

Affirmation Training Handout

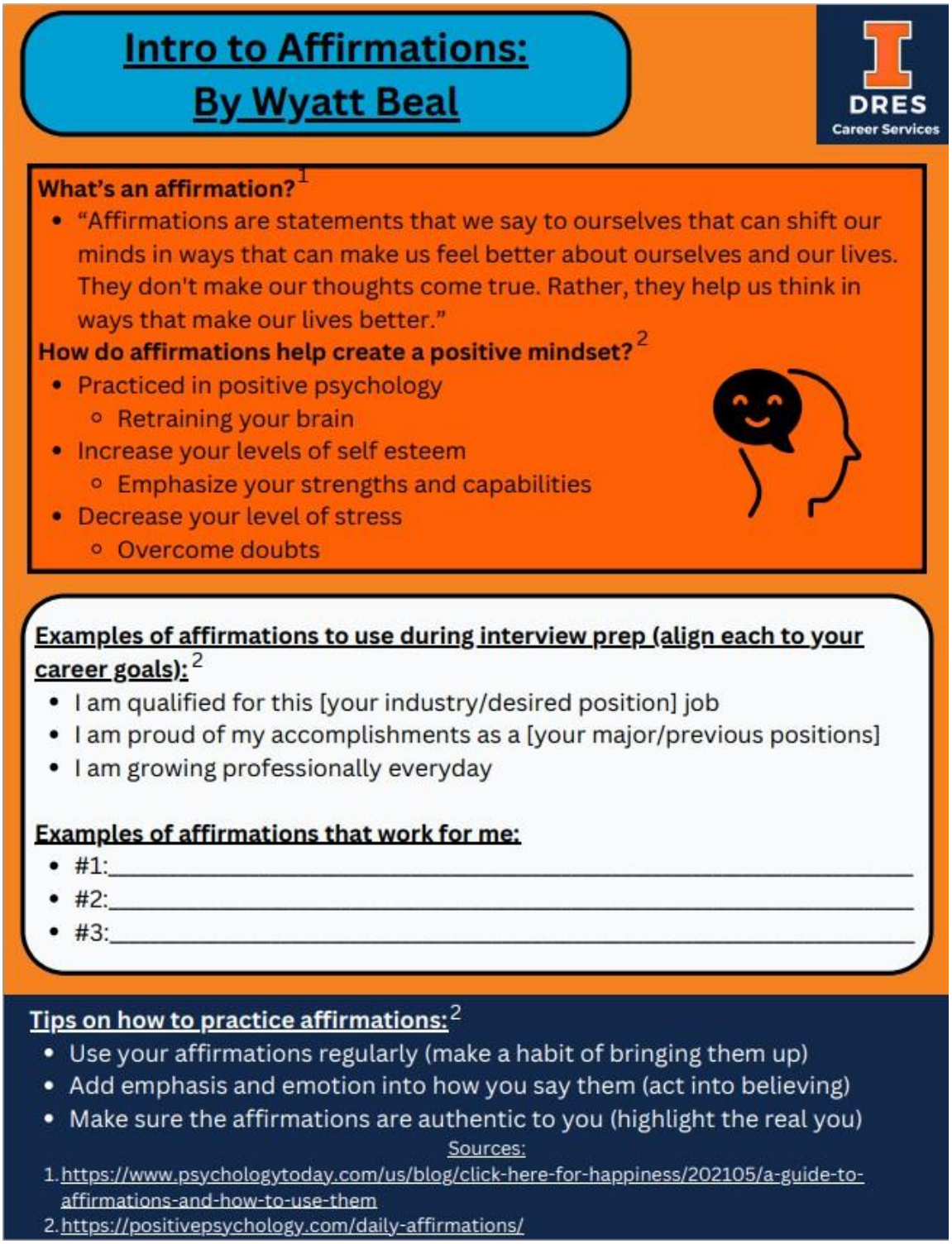


Figure 2

Power Poses Training Handout