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ANATOMY OF THE SOCIAL WORKER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Arazola Nadine Session

September 2000

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Approved by:


Dr. Rosemary McCaslin, Project
Advisor

8/15/00
Date


Dr. Rosemary McCaslin,
Coordinator of Research Sequence

ABSTRACT

This study explores the past experiences of graduate social work students enrolled in the Masters in Social Work program at California State University, San Bernardino. The problem focus is that social work students have had past experiences that warrant self-exploration, self-awareness and personal counseling.

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CHAPTER ONE

Problem Statement:

The dictum "know thyself" seems valid as a starting point for any social work student in a profession that involves a high degree of interaction with individuals and groups (Glover, 1998). The extent to which self-understanding is a necessary part of social work is debatable and largely depends on how we conceptualize the role of the practitioner. However, one cannot take for granted that complete "self-understanding" is even possible. It may be a lifelong process of discovery, rather than a thing-in-itself. Moreover, self-understanding can be provisionally viewed as a necessary part of the continuing development of a social worker. The extent to which it plays an important part will depend on how the social work role is construed. It may be influenced by a number of things: professional training, the agency or organization within which one works, the socio-cultural milieu and one's religious and/or political beliefs.

According to Glover (1998) Biestek's 1961 mode of practice posited that the uses of the worker's own self in

the therapeutic relationship is central and its effectiveness largely depends on the worker's self-awareness, self-knowledge and self-understanding. In order for this model to be effective, he/she requires a high degree of self-understanding for a number of reasons. The social worker must have an awareness of what the issues are for him/her and to distinguish these from what the client brings to the encounter. Without a sense of "self" and "others," it is unlikely that the client's needs will be the central focus. Moreover, the social worker must have an awareness of his or her values, beliefs, and assumptions.

Social work students find that they are no different than the populations they serve. Being human and having as many problems to contend with as the client that comes to the social worker for services, the social work student needs guidance, supervision, knowledge, and the wherewithal to be emotionally and professional equipped to handle the problems in their own lives, as well as those in the lives of clients.

Many social workers and other human service workers have suffered loss of their right to practice due to lack of education and poor judgment. Many of them cannot handle

the burdens of their every day lives, much less those of others. Corey (1993) is certain that unfinished business and lack of insight are responsible for the indiscretions in ethical behavior that have caused these falls.

Helping professionals, instructors, and students of helping professions, which includes social work students, are privy to the inner secrets and numerous private details of their peers and supervisors and client's lives. Many of the students have never heard of or seen suffering to such magnitudes. Shocked by the details of the traumatic events suffered by others, the student now has a professional code of ethics to which to adhere. For many, being a social work student is the student's first experience of being a professional and being regulated by a code. Without proper guidance, education on governing codes, training in assessments and techniques, and healthy working through of personal issues, a helping professional could harm their client, organization, self, and career.

Professionals can be traumatized when they hear details of traumatic events that others have suffered or witnessed. Details of trauma and suffering can trigger unfinished business of the helper. In many instances, the helper has not had proper counseling for their own trauma

and suffering, have not worked through their own issues and do not possess good personal coping skills. Such situations can cause injury to the helper as well as the client.

When some social work students think of cancer, racism, homophobia, hate crimes, rape, incest, the occult, drugs, prison, learning disabilities and other handicaps, they tend to think of clients that will come for help, not another student sitting next to them. Sitting quietly, knowing all the time that they have problems in these categories, they are shameful and the unattended problem can and will be an obstacle to their professional growth, objectivity and ability to assist others.

Whatever the model or context of the social work role, a high degree of self-understanding is vital if one is to work with confidence, tackle stressful situations, and develop the capacity to reflect on one's practice. Social work is concerned with relationships including relating to one's self and to the wider world; it involves creativity and growth as well as painful loss and change. As social workers, we often ask clients to reflect upon their lives, values, motivations, beliefs and actions. It

seems only reasonable to expect no less of ourselves (Glover, 1998).

"Know thyself" is a measure by which social workers should view their own racism. According to Dominelli (1998), "by understanding themselves, their value system, prejudices, position in society and the privileges accruing to them through racist social relations, white social workers can become racially aware in a manner which incorporates both the structural and the personal components of racism, raises their political consciousness of racist issues and rids them personally of racial prejudice whether intended or not."

Self-understanding can still play an essential role within anti-discriminatory and anti-oppressive practice. Workers do have a responsibility to develop an awareness of their own racism and of that which is inherent to their culture and society. This is not to say that "self-awareness eliminates racism, but rather it allows the worker to understand better his/her own prejudices and assumptions and those of the workplace and the wider-setting. It empowers the worker to confront and challenge racism and discrimination in him/herself and to challenge

it on a wider scale through political action. Self-understanding is therefore empowering.

Any social work program requires the exploration of painful issues. Learning and analyzing the details of and processes surrounding abuse, illness, or poverty will cause distress if one allows the self to engage with the topic. True understanding can only develop if it is supported by such engagements. Social work education provides a constant reminder that the boundary between service user and professional worker must be contextualized. Students, staff and service users can all personally experience the distress caused by those matters that are the business of social work. For a helping professional, it is necessary to recognize and face issues which cause them personal pain if they are to be able to help others through similar experiences, and they need to take responsibility for protecting themselves (Corey, 1998). Some issues can be unraveled within the training program, while others require a more private arena. Students are therefore aware of the need to be in touch with their "self" and to monitor what they share during sessions. When any evaluation reveals painful issues,

whether related to personal distress or the program, this requires monitoring, (Lishman, 1994).

"Compassion fatigue," "secondary trauma" and "vicarious traumatization" are the terms that have been linked with one being emotionally attached to their job (Beaucar, 1999). Because of the premise that social workers have emotional reactions to their work, Florida State University (FSU), School of Social Work, has established a Traumatology Institute. Social work students at FSU have been able to earn specialized certificate in treating compassion fatigue. Charles Figley, author of the 1995 book, *Compassion Fatigue*, helped to develop this department.

It is essential that social workers and educators recognize their function in helping to establish the needs of the individuals with whom they are working and be a facilitator in seeking methods of establishing or helping the person to develop controls for him/herself (Camblon, 1936).

Problem Focus:

There is not one social work student that could not grow and be made a better helper through a curriculum that stresses self-knowledge, insight, and personal and group

counseling. Gerald Corey (1997) of California State University, Fullerton (CSUF) says that their human service program has been successful for more than twenty-seven years because it is based on cultural differences, personal counseling and self-awareness. The self-awareness and personal counseling entities of the program have earned respect from professionals in the helping field. That same self-awareness has made the graduates desirable by professional agencies. According to A. Michael Russell, (1998), CSUF, a helping professional must understand where they end and the client begins and the helping professional has to be able to maintain those borders if the helping relationship is to be successful.

There are observable differences between the CSUF human service program enrollees and the enrollees of the social work program at California State University San Bernardino (CSUSB). It appears that those differences are directly attributed to the lack of self-awareness and personal counseling being built into the curriculum at CSUSB as it is at CSUF. The assertion here is that due to the lack of self-awareness and personal counseling, graduates of the social work program at CSUSB are not prepared to view client situations through the experience

of their own insight or identification. The social work student from CSUSB has not been given enough insight orientation to allow them to be aware if they are imposing their values, beliefs, or biases on their clients; nor are they adequately prepared as a therapist to be emotionally separate from their client. It is important to note one enormously important difference - the MSW program must follow accreditation standards.

It seems that the social work program at CSUSB could improve its curriculum if it included self-awareness and personal counseling entities. This conclusion was drawn based on students that were informally questioned as to the level at which they felt they were prepared and able to help others. Some students said they felt that the program had given them no true knowledge of how to work with another human being, other said that all they needed was the paper and that there was nothing they needed to learn about how to counsel someone else. Both of those answers are indicators of program needs. On one hand the students did not possess self-esteem, on the other hand the students were over confident and unaware of the training required to have a successful therapeutic relationship based on the client's needs and strengths,

rather than their own. For all of these same reasons, the social work profession could also profit.

CHAPTER TWO

Literature Review:

Counselors, psychiatrist, psychologist, social workers, and ministers are seen by society as formal helpers. According to Egan (1998), they are expected to assist others in solving everyday and not so everyday problems. Egan said, " since helping is such a common human experience, training in solving both ones own problems and helping others solve theirs should be as common as training in reading, writing, and math." It stands to reason that a formal helper would be trained this way.

Egan (1998) defines "working knowledge" as a translation of theory and research into an applied understanding that enables a helper to work with clients. He defines "skill" as an actual ability to deliver the needed services to a client. In order to achieve the working knowledge and skill necessary to work with individuals, Egan listed the following as components for a fuller curriculum for training professionals to enable them to work with others:

- A working knowledge of applied developmental psychology...

- An understanding of the principals of cognitive psychology as applied to helping...
- The ability to apply the principals of human behavior...
- Applied psychology theory...
- An understanding of clients as somatic beings and the interaction between physical and psychological states...
- An understanding of the ways in which people act when they are in social settings...
- An understanding of the diversity of age, race, ethnicity, religion, sexual orientation, culture, social standing, economic standing, and the like among clients...
- An understanding of the needs and problems of special populations...
- An understanding of the dynamics of the helping professions as they are currently practiced in our society together with the challenge...

Similarly, Hutchins and Cole (1992) write, " To be an effective helper, you must first understand major aspects of your own behavior and how you interact with others.

'Know thyself' is a critical admonition that is as important today as was in the time of Plato and Socrates."

Hutchins and Cole go further into the explanation of what they call the TFA triangle, (TFA = thinking (cognitive), feeling (affective), and acting (behavior)) and the helpers who are associated with each of the components.

According to Schmolling, Youkles, and Burger (1995), there are certain characteristics that helping professional possess that enable them to be effective helpers. The characteristics are (p 178):

empathy	genuineness
authenticity	congruency
subjectivity	acceptance
patience	objectivity
desire to help	self-awareness
confrontational skills	clarified self values
theoretical training	communicating skills
listening skills	multicultural awareness
ability to give feedback	physical/emotional well being

Keirsey and Bates (1984) articulated descriptive personality types. Based on opposing characteristics, extroversion versus introversion, intuition versus sensation, thinking versus feeling and judging versus

perceiving, there are thirty-two personality types. The book goes on to define each component and how they work with one another in the thirty-two personality types.

There is a short version of the temperament test in the book. It is reliable in defining a person's personal type. After a complete description of each personality type, Keirsey and Bates (1984) aver that depending on the task involved, each personality type has a different functioning level. Also they say that personality types predetermine communicational, functional, and social abilities.

Although people are fundamentally the same, they have different motives, needs, desires, aims, values, and beliefs. People perceive, think, act, feel and comprehend differently. Keirsey and Bates (1984) say that it is because of these differences that helpers need training to understand the worlds of others.

In People types and tiger stripes, (Lawrence, 1982), the introduction includes the name of the membership organization that was formed for professionals who desired to know more about temperament types (personality types). The main purpose is to relate the personality types to the

different individual styles of learning and the importance of the correlation to the professional.

Fredricksen (1999) concluded in her research that human service practices and policies were deficient in meeting the unique needs of lesbians, gay men, and their families. Fredricksen suggest that little is known about the unique need of lesbians and gay men, and even less is known about them in providing family care assistance to adult family members with illnesses.

A 1990 research project examined the characteristics and practice orientations of the class of 1990. Comparison of 1990 graduates with earlier cohorts suggests that while students' personal characteristics have shifted dramatically, their motivations and goals are largely compatible with traditional social work functions, Abell (1990).

Land (1987) states the concern that altruism and political commitment may be devolving into secondary motivations, taking a back seat to psychotherapy for profit. Moreover, Roff, Adams, Jr., and Klemmack (1984), observed that students appear concerned primarily with benefits to self, not others.

Golden, Pins, and Jones (1972) conducted one of the earliest comprehensive surveys of first-year graduate students in accredited social work programs in the United States and Canada. They found that students entered graduate training largely because they believed that social work made an important contribution to individuals and society and because they enjoyed "working with people."

Corey and Corey, (1993), outlines nine typical motives (needs) that are common as motivators of persons that choose to become professional helpers. Presented in the form of needs of the helper, these motives can work for or against the potential helper and/or the potential client. The nine typical motives are: the need to make an impact; the need to care for others; the need for self-help; the need to be needed; the need for money; the need for prestige and status; the need to provide answers; and the need for control. On the positive side, these needs can fulfill the helper and assist them in being a great helper that keeps the needs of their client in the forefront. On the negative side, the helpers' actions can be driven by their need for self-fulfillment, usurping the need of the client.

By design, social workers are helpers that are generally in positions of influence and power. This design suggests that social workers are a catalyst for change in the lives of those they choose to or are assigned to help. The social worker that lacks self-awareness is normally not aware of how their actions, behaviors or words impact others. Corey and Corey (1993), encourage their students to recognize and accept their needs as well as to become aware of how their needs influence the quality of their interactions with others. Because personal attributes manifest themselves in relationships, the Corey's encourage students that are in a program that does not offer formal personal growth experience, to seek that experience from community resources.

CHAPTER THREE

Design:

This study employed a survey questionnaire design. The questionnaire inquired about personal, previous and present life experiences of the social work student. The purpose was to examine how closely the student social workers' past experiences parallel the past experiences of the clients they serve. In order to study the past experiences of the social work student, a questionnaire (Appendix A) was developed. Prior to distribution of the questionnaire a letter of informed consent (Appendix B) was distributed to all social work students in attendance at CSUSB. The letter served three purposes:

- (1) Notification of the delicate subject matter,
- (2) Notification as to the personal content of the questionnaire, and
- (3) Solicitation of subjects for the study.

Given the anonymity of the survey, the likelihood of the participants answering the questions honestly was high; however, given the personal nature of the questions, there was a possibility that those who received the questionnaire might not have returned it. As earlier stated, the likelihood of unfinished business, lack of

counseling, and lack of good coping skills in the participant could have all factored in to limit the study from achieving its stated goal. It was possible that the students would find out just how closely the past events in their lives were similar to the past events of the lives of their clients.

The rigorous process that one experiences as protocol for acceptance into a MSW program can be held as a testament of competence of that person. The MSW student is a perfect candidate for a MSW project research because they are aware of the intent and integrity of such a project. It was projected that the integrity of the study would allow the participants to return the questionnaires completed with all honesty.

Sampling:

The subjects consisted of 46 self-selected students enrolled in the Masters of Social Work (MSW) program at CSUSB. Each questionnaire (Appendix A), placed in the student mailbox (April, 24, 2000) of each self-selected MSW student was accompanied by a letter of informed consent (Appendix B) and a debriefing statement (Appendix C). It was requested that the survey be returned to the researcher's school mailbox no later than May 1, 2000.

This population was chosen not only because of convenience, but also because of the cultural diversity of the population and the adequate number for a good study. The study was approved by the Department of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino. (Appendix D) Data Collection and Instrument:

The questionnaire solicited information from the participant in areas of past relationships and traumatic past experiences. The questionnaire included both closed-ended and open-ended questions. The questions were of a highly personal nature. Areas covered by the questions were family issues, education, spirituality, sexual experiences, molestation, relationships, sexuality, and sexual orientation.

Protection of Human Subjects:

The questionnaires did not contain names, numbers or marks that would indicate the participant's identity except those that indicated the student's status in the MSW program. Even though there were no identifying marks on the questionnaires, no person other than the researcher and the researcher's advisor ever saw or handled the questionnaires. These questionnaires were used for

research only. During the study the collected questionnaires were stored in a safe under lock and key with the researcher. After the study, the questionnaires were destroyed.

CHAPTER FOUR

Findings:

There are a total of 174 students enrolled in the Masters in Social Work Program at the California State University, Masters in Social Work Program. The program is comprised of 25 (14.37%) first-year part-time students, 47 (27%) first-year full-time students, 32 (18.4%) second-year part-time students, 43 (24.7%) second-year full-time students and 27 (15.53%) third-year part-time students. Fifty-six students (32%) responded, selecting themselves for the study. Those 56 students received the study questionnaire. Forty-six students (82% of the 56 respondents) returned their questionnaire completed. The 46 participants included 8 males and 38 females; of those 31 were heterosexual and 15 were either homosexual or bisexual (See Appendix E, Table 1).

The ethnic self-identification of the subjects was 23 Caucasians, 7 Afro-Americans, 1 Mexican, 1 Latino, 1 Native-American, and 13 who identified themselves as multi-ethnic. Their ages range from 23 to 58 ($M = 37.57$, $SD = 9.19$) (See Appendix E, Table 2).

Religious affiliation was divided into three categories. Organized religion includes all that answered, Catholic, Baptist, Christian, Lutheran, and Methodist. Twenty-nine (63%) of the 46 participants subscribe to an organized religion. Non-organized, which includes Native-American Spirituality and WICCA (white witchcraft), had a count of four (8.7%) out of 46 participants. In the category of agnostic, which includes two atheists, a total of 13 (28.3) participants responded (See Appendix E, Table 3). As with religions, importance of religion to participants also varied (See Appendix E, Table 4).

The primary occupational goal of the participants was reported in 12 areas. All but 15 participants specified a primary occupational goal (See Appendix E, Table 5). These included policy maker, child counselor, work for children's services, work in the area of geriatrics, general therapist, obtain a doctorate, obtain a license in clinical social work, medical social work, psychiatric social work and pupil services.

Different than the primary occupational goal, the participants were asked to mark all the categories in which they would like to work. The social work occupations were broken down into 19 categories (See Appendix E, Table

5). The yes number indicates how many of the 46 participants wanted to work in the areas indicated.

A majority of 39 participants (84.8%) indicated an interest in obtaining a social work clinical license. Twenty-four participants (52.2%) stated their desire to be a general therapist, not selecting any particular population to work with. Twenty-three (50%) want to counsel children, while only 8 (17.4%) indicated that they want to work for children's services. Twenty (43.5%) reported an interest in working with adolescents. Twelve (26.1%) indicated that they wanted to work as a social worker in a school setting. Although the level of teaching was not defined, 21 (45.7%) reported that they wanted to teach. There was only 1 (2.2%) participant that indicated a desire to own and operate a group home. Nineteen (41.3%) reported wanting to counsel adults yet only 8 (17.4%) reported that they would want to work with the geriatric population. Wanting to perform in the arena of family social work was indicated by six (13%).

In the areas that would indicate being in a hospital setting, 14 participants (30.4%) reported they would like to work as a psychiatric social worker and 12 (26.1%) reported they would like to work as a medical social

worker. Four (8.7%) reported they would like to be a patient's rights advocate. Three (6.5%) reported wanting to be a forensic social worker.

Community organizing, policymaking and being an administrator fall under the macro social work umbrella. Ten (21.7%) reported that they would like to be a community organizer, eight (17.4%) reported that they would like to be a policymaker and 12 (26.1%) reported wanting to be an administrator. The desire to obtain a doctorate was reported by eight (17.4) of the participants in the study.

Questions were then asked that dealt specifically with life experiences. All of the 46 respondents answered the questions in this area (See Appendix E, Table 7). There were 45 (97.8%) who had had a heterosexual experience, only one (2.2%) had not. There were 17 (37%) that had had a homosexual experience, 29 (63%) had not. When asked about monogamous relationships, 33 (71.7%) indicated they had had a monogamous relationship, while 13 (28.3%) indicated that they had not. Twelve (26.1) indicated that they had had an affair and the remaining 34 (73.9%) indicated that they had not. Twenty-

four (52.2%) reported having lived with someone outside of marriage and 22 (47.8%) reported that they had not.

As to marriage, 28 participants (60.9%) reported that they had been married and 18 (39.1%) reported that they had never been married (See Appendix E, Table 7). Twelve (26.1) participants reported that they had been a party to divorce. Thus the divorce rate for those who have been married equates to 42.86%. Only two (4.3%) participants were ever widowed, leaving 44 (95.7 %) who had not been. During the course of the marriages of the study participants, six (13.0%) had experienced a marital separation and 40 (87.0%) had not been. The current marital status (See Appendix E, Table 8) of the participants was 24 (52.2%) married; 3 (6.5%) living with someone outside of marriage; 12 (26.1%) dating; 3 (6.5%) having a homosexual partnership; and 4 (8.7%) having no mate.

Affirmation of molestation was reported by 22 (47.8%) participants and while 24 (52.2%) had not ever being molested (Table 8). Of those molested, 19 (41.3%) reported that a relative had molested them and the remaining 27 (52.2%) reported that their molestation was not by a relative.

A total of 11 (23.9%) participants reported that they had been raped (See Appendix E, Table 7). The multiple rapes reported by the participants include rapes by relatives, acquaintances and strangers.

In response to questions regarding incest (See Appendix E, Table 7), 12 (26.1%) participants reported that they had experienced incest. Seven (15.2% of 58.3% of the 12) reported parental incest. The findings for experience of incest with a sibling are identical to those of parental incest; 7 (15.2%) reported incest with a sibling.

A total of 27 participants (58.7%) reported having been abused (See Appendix E, Table 7). Nine (19.6%) reported a spouse or partner physically abused them; the numbers are identical for being physically abused by a parent. Emotional abuse by a spouse or a partner was reported by 11 participants. Parental emotional abuse was reported by 15 (32.6%) participants. The last area of personal abuse is verbal. Ten participants (21.7%) reported that a partner or spouse had verbally abused them. Fourteen participants (30.4%) reported past verbal abuse from a parent. Two reported being violently attacked by a stranger.

Regarding having been the abuser, 7 (15.2%) participants reported that they had abused someone. Two (4.3%) reported that they had physically abused a spouse or partner. One of the 46 (2.2%) reported that they had abused an older family member. Three (6.5%) reported emotionally abusing a spouse or partner. One (2.2%) reported emotionally abusing an older family member. So far as verbal abusing an older family member, the numbers are a perfect match to emotionally abusing an older family member; 1 (2.2%) reported that they did. The last issue of abusing another person is that of verbal abuse of a spouse or partner. Six (13.0%) participants reported that they had verbally abused a spouse or partner.

The participants of the study were questioned about substance abuse as it applies to any significant mates as well as to themselves. Of the 46 participants, 29 (63%) reported a history of substance abuse. Twenty-seven of 46 (58.8%) reported marijuana use, 17 (58.7%) reported abusing alcohol, and 18 (39.1%) reported having used illegal drugs. Twenty-six participants reported having had a mate that was a substance abuser. It was reported by the 46 participants that 23 (50.0%) has spouses who had used

marijuana, 18 (39.1%) had spouses who had abused alcohol, and 14 (30.4%) had spouses who had used illegal drugs.

Witnessing gun violence was reported by 4 of the 46 (8.7%) participants (See Appendix E, Table 7). Having been in a vehicle accident was reported affirmative by 24 (52.2%) participants (See Appendix E, Table 7).

The participants were asked about considerations of suicide and suicide attempts (See Appendix E, Table 7). Seventeen of the 46 (37%) participants reported having seriously considered suicide. Ten of the 46 (21.7%) reported that they had actually attempted suicide.

The last questions were in reference to personal therapy and self-awareness (See Appendix E, Table 7). When asked if they had ever been the client in a therapeutic situation, 34 (73.9%) reported that they had and 12 (26.1%) reported that they had not. When asked if they had ever been given a diagnosis from the DSM (Diagnostic Statistical Manual), 24 (52.2%) reported that they had. As to the question of having unresolved issues, 27 participants (58.7%) reported that they did have such issues and 19 of the 46 (41.3%) reported that they did not. In further exploration of unresolved issues, the participants were asked if they had had therapy for

unresolved issues. Twenty-nine of the 46 (63.0%) participants reported that they had had therapy for their unresolved issues. Twenty-nine (63.0%) participants in this study reported that they have a need to see a therapist at this time. The participants were asked if they had any issues that would affect their performance as a social worker. Nineteen (41.3%) reported that they did have such issues. The last question of the questionnaire asked of the participants if they believed that therapy works. Forty-four (95.7%) of the participants said that they do believe that therapy does work, while two reported that they do not believe in therapy.

Bivariate Analysis

The data were analyzed by chi-square tests. Age was divided by the mean age of 37: 24 participants (52.2%) were below the mean age, 22 participants (47.8%) were above the mean age (See Appendix F, Table 1.) The racial groupings were Caucasian and non-Caucasian. Incidence of molestation, rape, incest, and abuse were grouped together, regardless of the source of the abuse.

The participants who reported having been in therapy and diagnosed according to the DSM-IV criteria, were significantly have likely to still report unresolved

issues. (Chi-square = 8.67, df = 1, p = .003). (See Appendix F, Table 2.) Participants who were diagnosed by DSM-IV criteria, were most likely to report that they have received therapy for unresolved issues (Chi-square = 17.65, df = 1, p = .000). (See Appendix F, Table 3.) Respondents, who have been diagnosed by DSM-IV criteria, were more likely to report that they felt they had a need to consult with a therapist (Chi-square = 5.60, df = 1, p = .018). (See Appendix F, Table 4.)

Those participants who reported feeling that they needed to see a therapist, most often reported they have unresolved issues that would affect their performance as a social worker (Chi-square = 13.96, df = 1, p = .000). (See Appendix F, Table 5.) The participants that reported having a significant other with a history of substance abuse, were less likely to report that they have issues that would impair their performance as a social worker (Chi-square = 5.10, df = 1, p = .024). (See Appendix F, Table 6.)

Non-Caucasian participants reported religion was more significant in their lives than did Caucasian respondents (Chi-square = 8.01, df = 1, p = .005). (See Appendix F, Table 7.) Participants who were between the ages of 38-58

reported a higher significance of religion in their lives than those who are between the ages of 23 and 37 (Chi-square = 6.91, df = 1, p = .009). (See Appendix F, Table 8.) Respondents who were involved in an organized religion, reported a higher religious value in their lives than those who were involved in a non-organized religion (Chi-square = 17.70, df = 1, p = .000). (See Appendix F, Table 9.)

The data revealed that those who wanted to work in the macro arena of social work were more often of minority status (Chi-square = 6.13, df = 1, p = .013). (See Appendix F, Table 10.) Those who had chosen to work in the macro arena reported a higher rate of abuse directed towards them in their lives (Chi-square = 7.31, df = 1, p = .007). (See Appendix f, Table 11.)

Those respondents who had reported abuse directed towards them in their lives, often reported having unresolved issues than those who did not report having been abused (Chi-square = 4.79, df = 1, p = .029). (See Appendix F, Table 12.) Those who reported they were victims of abuse, more often reported they have had therapy than those who had not been abused (Chi-square = 4.39, df = 1, p = .036). (See Appendix F, Table 13.)

Participants who reported that they had been molested, had considered or attempted suicide at a significantly higher level than the participants who had not reported being molested (Chi-square = 5.60, df = 1, p = .018). (See Appendix F, Table 14.) Respondents who stated they had been raped, considered or attempted suicide at a significantly higher level than the participants who had not reported being raped (Chi-square = 4.42, df = 1, p = .036). (See Appendix F, Table 15.) Those who reported being a victim of incest, also reported at a significantly higher level than those who had not been a victim of incest, that they had considered or attempted suicide (Chi-square = 10.09, df = 1, p = .001). (See Appendix F, Table 16.) Those reporting unresolved issues, more than those who did not report unresolved issues, reported at a higher rate that they had considered or attempted suicide (Chi-square = 6.23, df = 1, p = .013). (See Appendix F, Table 17.)

Those who have had therapy for unresolved issues, reported having considered or attempted suicide at a higher rate than those who have not had therapy (Chi-square = 4.32, df = 1, p = .038). (See Appendix F, Table 18.) Participants who reported that they presently have

unresolved issues that would affect their performance as a social worker, reported attempts of suicide or having considered suicide at a higher rate than those that did not report having unresolved issues (Chi-square = 9.54, df = 1, $p = .002$). (See Appendix F, Table 19.)

Those who stated they were bisexual or homosexual, reported a higher incidence of having considered or attempted suicide than those who are heterosexual (Chi-square = 5.07, df = 1, $p = .024$). (See Appendix F, Table 20.) Those participants who had considered or attempted suicide, were more than likely to have had a DSM-IV diagnosis than those that had not attempted suicide (Chi-square = 6.38, df = 1, $p = .012$). (See Appendix F, Table 21.)

Having been a victim of incest was significantly related to sexual identification as homosexual or bisexual (Chi-square = 8.57, df = 1, $p = .003$). (See Appendix F, Table 22.) Homosexual or bisexual identification was high among victims of molestation (Chi-square = 9.23, df = 1, $p = .002$). (See Appendix F, Table 23.) Victims of incest also reported being victims of molestation (Chi-square = 8.20, df = 1, $p = .004$). (See Appendix F, Table 24.) Victims of incest also reported being victims of rape

(Chi-square = 6.07, df = 1, p .014). (See Appendix F, Table 25,)

Respondents who reported being a victim of rape declared a desire not to work with children more than those that had not been raped (Chi-square = 8.65, df = 1, p = .003). (See Appendix F, Table 26.) Those who stated they had been raped also reported abuse of various chemical substances more than those that did not report having been raped (Chi-square = 4.82, df = 1, p = .028). (See Appendix F, Table 27.) Homosexuality and bisexuality among participants was associated with high instance of substance abuse (Chi-square = 5.33, df = 1, p = .021). (See Appendix F, Table 28.)

Discussion:

The results of this study not only show a need for a personal component to social work student programs, it appears to indicate how previous life events dictate individual choices. For each of the areas tested, there were associations between precipitating events and resulting choices and behaviors. These results point to the critical need of the social work student to deal with their own issues to be able to adequately deal with the needs of the clients they will serve.

Participants who had previously been given a DSM IV diagnosis or had previously seen a therapist reported they still have unresolved issues and that they still have a need to see a therapist. Many of them reported they felt that their unresolved issues would affect their professional performance as a social worker. A significant number of these same participants reported personal substance abuse.

Religion is an area that could affect values, biases, ethics, and beliefs in any individual. It is pertinent that social workers not impose their biases, values, ethics, and beliefs on their clients.

Suicide is as serious an issue as the social work student can be faced with. Participants of this study reporting a past history of incest, rape, and molestation, were also high reporters of suicidal ideations and/or attempts. These same participants reported that they had unresolved issues that could affect their ability to perform their duties as a social worker.

Three of the four self-reported homosexuals indicated that they had been a victim of parental incest and/or experienced an incestuous relationship with a sibling. These individuals also reported previous suicide attempts.

Those participants who reported a high occurrence of verbal, physical, and emotional abuse, most often reported that they wanted to work in the macro arena of social work. Those that reported rape most often reported that they did not wish to work with children.

CHAPTER FIVE

Conclusion:

The results of this study were found to be consistent with previous studies in finding that students of social work are a population of individuals who have experienced an extraordinarily high degree of psychosocial traumas.

The low number of respondents in this study may indicate an unwillingness of the social work student to deal with their own issues, further indicating a need for a personal component to social work programs. Also suggested by the low number of respondents is a lack of cooperation of one professional peer to another. It is suggested that this study be replicated on a larger scale to include graduate social work students across the state of California.

It is frightening to see that helping professionals (social work student) bring with them a load of baggage that has not been adequately dealt with. Social work students are fragile beings that delve into many danger zones. Current literature, previous studies, and social work education elaborates on the pitfalls of helpers that are not finished with their own business. Burnout, depression, countertransference, unethical behavior,

lawlessness, client injury and personal injury can all be a result of the professional's lack of self-awareness.

In order for the social work educator to produce healthy, professional social workers, curricula need to include a dynamic of personal growth that builds on and deals with the personal dynamics of each student as an individual.

Appendix A: Student Profile Survey

Student Profile Survey

This study measures how past experiences in the lives of the social work student parallel the past experiences of the clients that are served by social workers.

To control for accuracy and integrity in this study; (1) Use your own definition of each word and phrase to answer the following questions (2) Complete the survey in privacy, not with a friend or as a group (3) Do not discuss the survey's contents or your answers with anyone else, Thank You

Your answers will remain anonymous.

(A) What is your student status?

- | | |
|---------------------------|---------------------------|
| (1) First year full time | (2) First year part time |
| (3) Second year full time | (4) Second year part time |
| (5) Third year part time | (6) Fourth year part time |

(B) How old are you? _____

(C) What is your ethnicity?

- | | | |
|--------------------|-------------------|----------------------|
| (1) multi-ethnic | (2) Afro-American | (3) Caucasian |
| (4) Chinese | (5) Filipino | (6) Mexican |
| (7) Latino | (8) Japanese | (9) Native- American |
| (10) Samoan | (11) Vietnamese | |
| (12) specify _____ | | |

(D) What is your religious affiliation?

- | | | |
|---------------|-------------|--------------|
| (1) Christian | (2) Atheist | (3) Agnostic |
|---------------|-------------|--------------|

4) Specify _____

(E) How significant is religion to you?

- (1) Not at all (2) Very little (3)
moderately (4) quite a bit (5) most
significant

(F) Are you? (1) male (2) female

- (G) Are you?** (1) Heterosexual (2) Bisexual
(3) Lesbian (4) Gay

(H) Mark (X) all your social work occupational goals.

Indicate primary with a circle

- (1) Policy Maker (2) Administrator
(3) Community organizing (4) Counseling children
(5) Children's Services (6) School Social Work
(7) Adolescent Population (8) Adult Counseling
(9) Geriatrics (10) General Therapist
(11) Become a LCSW (12) Obtain Doctorate
(13) Teaching (14) Medical Social Work
(15) Psychiatric Social Work (16) Not sure
(17) Specify _____

(I) Have you ever? (mark all that apply)

- (1) had a heterosexual experience
- (2) had a homosexual experience
- (3) had a monogamous relationship
- (4) had an affair (5) cohabited
- (6) married (7) divorced
- (8) been widowed (9) had a marital separation
- (10) had children

J) How many times have you been legally married?

- (1) (2) (3) (4) (5+)

K) What is your current marital status?

- (1) married (2) cohabiting (3) dating
- (4) separated (5) widowed
- (6) homosexual marriage (7) engaged (8) no mate

L) I have experienced (mark all that apply)?

- (1) molestation/incest by a relative
- (2) molestation by an acquaintance
- (3) molestation by a stranger
- (4) rape by a relative
- (5) rape by an acquaintance
- (6) rape by a stranger

- (7) parental incest
- (8) sibling incest
- (9) incest by any other relative
- (10) spousal/partner physical abuse
- (11) parental physical abuse
- (12) spousal/partner emotional abuse
- (13) parental emotional abuse
- (14) spousal/partner verbal abuse
- (15) parental verbal abuse
- (16) marijuana use
- (17) alcohol abuse
- (18) other illegal drugs use
- (19) a violent attack by a stranger
- (20) witnessed gun violence
- (21) a transportation vehicle accident

(M) Have you ever?

- (1) physically abused a partner/spouse
- (2) physically abused an older family member
- (3) emotionally abused a partner/spouse
- (4) emotionally abused an older family member
- (5) verbally abused a partner/spouse
- (6) verbally abused a an older family member

(7) Seriously considered suicide

(8) attempted suicide

(N) Have you ever had a spouse or a partner who?

(1) used marijuana

(2) abused alcohol

(3) used any illegal drug

(O) Have you ever been the client in a therapeutic relationship?

(1) yes (2) no

(P) Have you ever been given a DSM diagnosis by a mental health professional?

(1) yes (2) no

(Q) Do you have any unresolved issues related to questions A-P?

(1) yes (2) no

(R) Have you had therapy because of any issue in questions A-P?

(1) yes (2) no

(S) Do you think that you need to see a therapist for any reason?

(1) yes (2) no

(T) Do you believe you have any unresolved issues related to questions A-P that could affect your performance as a social worker?

(1) yes (2) no

(U) Do you believe that psychotherapy helps individuals with problems. (1) yes (2) no

(V) Tell as many as five experiences that motivated you to choose social work.

(1)

(2)

(3)

(4)

(5)

23) Use the remaining space on this paper to make any comment that you would like to make about this study or its creator. (Use other side or additional paper if needed)

Appendix B: Letter of Informed Consent

Fellow MSW Student:

I, Arazola Session, am a MSW student at California State University, San Bernardino (CSUSB). I am conducting a study for the purpose of my master's research project. The intent of the project is to explore the past experiences of the student social worker and how they correlate with the clients served by social workers. The questionnaire contains questions on sexual orientation, traumatic life events including physical, sexual and emotional abuse, religious orientation, occupational goals and questions regarding therapeutics. The questionnaire will not contain any identifying marks - it will be completely anonymous. The questionnaire is purely for the purpose of measuring group response; it will not identify you.

I am soliciting volunteers from the Masters in Social Work (MSW) student population to complete my research questionnaire that addresses these extremely personal issues. Cooperation is totally voluntary and any volunteer may withdraw from the study at any time.

I may be contacted at (909) 222-2203, P.O. Box 20825, Riverside, California 92516; email address:

nadines@pacbell.net; or you can place a message in my student mailbox.

The questionnaire will be handled and viewed possibly by Dr. Rosemary McCaslin as she is my project advisor, and myself. Dr. McCaslin may be contacted at (909) 880-5507, CSUSB, PL253. Please contact Dr. McCaslin if you have any questions about participants' rights or injuries.

If you choose to participate, please so indicate at the bottom of the page. Please also print your name on the attached envelope and return both to me in my student mailbox. This will allow me to know to whom to issue a questionnaire, without retaining any identifying information about participants. Please keep a copy of this letter for your records.

I understand the nature of this study and I volunteer to participate.

Signature _____ Date _____

Arazola Nadine Session MSW Student, CSUSB April, 2000

APPENDIX C: Debriefing Statement

Debriefing Statement

In order to protect your confidentiality and dignity, there will be no identifying marks on the questionnaire you have received. I am also an MSW student at CSUSB; therefore I am not only the study designer, I am also a participant.

If in the event you would like a copy of the results of the study, contact me, Arazola Nadine Session, MSW student, California State University, San Bernardino, (909) 222-2203.

This questionnaire may provoke thoughts on a personal level, increase your self-awareness, or even identify your strengths or weaknesses. This questionnaire may cause you to be more sensitive to others or even aid you in being more sensitive to yourself.

If you have any questions or concerns about this research, please contact the project advisor, Dr. Rosemary McCaslin at (909) 880-5507, California State University, San Bernardino.

If the questionnaire should raise personal issues for you which you feel you need more assistance to address,

please be aware that you can contact the CSUSB Counseling Center at (909) 880-5040.

Thank you for your time.

Appendix D: Letter of permission to conduct study



**CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO**

5500 University Parkway, San Bernardino, CA 92407-2397

**COLLEGE OF SOCIAL AND
BEHAVIORAL SCIENCES**
Department of Social Work
(909) 880-5501

April 13, 2000

This is to confirm that, on behalf of the Department of Social Work, I am giving permission for you to collect data between April 12th and May 1st for you to study, "Social Workers Viewed as the General Population" from the students currently enrolled in our M.S.W. Program.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Morris'.

Teresa Morris, Ph.D.
Associate Professor and Chair

Appendix E: Findings Tables

Male	5 heterosexual	2 bisexual	1 gay-male	Total 8
Female	26	8 bisexual	4 lesbian	Total 38
Total	31	41	46	46

Findings Table 1: Sexual Orientation of Participants

Ethnicity	Frequency	Percent
Multi-ethnic	13	28.3
Afro-American	7	15.2
Caucasian	23	50.0
Mexican	1	2.2
Latino	1	2.2
Native American	1	2.2
Total	46	100.0

Findings Table 2: Ethnicity of subjects

	Frequency	Percent
Organized religion	29	63.0
Agnostic/atheist	13	28.3
Non-organized	4	8.7
Total	46	100.0

Findings Table 3: Religious affiliation

	Frequency	Percent
None to minimal	14	30.4
Moderately	9	19.6
Most significant	23	50.0
Total	46	100.0

Findings Table 4: Significance of religion

	Frequency	Percent	Cumulative Percent
Policy maker	1	2.2	2.2
Child counselor	2	4.3	6.5
Children's services	1	2.2	8.7
Geriatric	1	2.2	10.9
General therapist	3	6.5	17.4
LCSW	17	37.0	54.3
Obtain doctorate	1	2.2	56.5
Teach	1	2.2	58.7
Medical social work	2	4.3	63.0
Psychiatric social work	1	2.2	65.2
None specified	15	32.6	97.8
Pupil services	1	2.2	100.0
Total	46	100.0	

Findings Table 5: Primary occupational goal

Category of social work	Yes	No	Valid percent
Obtain Clinical License	39	7	84.8
General therapist	24	22	52.2
Children's' counselor	23	23	50.0
Teaching	21	25	45.7
Adolescent services	20	26	43.5
Adult counselor	19	27	41.3
Psychiatric social work	14	32	30.4
School social work	12	34	26.1
Administrator	12	34	26.1
Medical social work	12	34	26.1
Community organizer	10	36	21.7
Geriatrics	8	38	17.4
Obtain Doctorate	8	38	17.4
Policy Maker	8	38	17.4
Children's services	8	38	17.4
Family social work	6	40	13.0
Patients rights advocate	4	42	8.7
Forensics	3	43	6.5
Group home owner operator	1	45	2.2

Findings Table 6: Social work occupational categories

Life experiences	Yes	Percent	No	Percent
Heterosexual experience	45	97.8	1	2.2
Homosexual experience	17	37.0	29	63.0
Monogamous relationship	33	71.7	13	28.3
Has had an affair	12	26.1	34	73.9
Has cohabitated with someone	24	52.2	22	47.8
Has been married	28	60.9	18	39.1
Has been divorced	12	26.1	34	73.9
Has been widowed	2	4.3	44	95.7
Had marital separation	6	13.0	40	87.0
Has biological children	22	47.8	24	52.2
Was molested	22	47.8	24	52.2
Molested/incest by a relative	19	41.3	27	58.7
Molested by an acquaintance	7	15.2	39	84.8
Molested by a stranger	2	4.3	44	95.7
Was raped	11	23.9	35	76.1
Raped by a relative	7	15.2	39	84.8
Raped by an acquaintance	8	17.4	38	82.6
Raped by a stranger	1	2.2	45	97.8
Victim of incest	12	26.1	34	73.9
Incest victim of parent	7	15.2	39	84.8
Experienced sibling incest	7	15.2	39	84.8
Has suffered any abuse	27	58.7	19	41.3
Physical abuse by spouse/partner	9	16.6	37	80.4
Physical abuse by a parent	9	19.6	37	80.4
Emotional abuse by	11	23.9	35	76.1
Emotional abuse by a parent	15	32.6	31	67.4
Verbal abuse by spouse/partner	10	21.7	36	78.3
Verbal abuse by a parent	14	30.4	32	69.6
Has been a substance abuser	29	63.0	17	37.0
Has used marijuana	27	58.7	19	41.3
Has abused alcohol	17	37.0	29	63.0
Has used any illegal drug	18	39.1	28	60.9
Violently attacked by stranger	2	4.3	44	95.7
Witnessed gun violence	4	8.7	42	91.3
Has been in a vehicle accident	24	52.2	22	47.8
Has abused someone	7	15.2	39	84.8
Physically abused a	2	4.3	44	95.7
Physically abused an older	1	2.2	45	97.8
Emotionally abused a	3	6.5	43	93.5
Emotionally abused an older	1	2.2	45	97.8
Verbally abused a spouse/partner	6	13.0	40	87.0

Verbally abused an older family	1	2.2	45	97.8
Seriously considered suicide	17	37.0	29	63.0
Has attempted suicide	10	21.7	36	78.3
Spouse/partner was a substance	26	56.5	20	43.5
Spouse/partner used marijuana	23	50.0	23	50.0
Spouse/partner abused alcohol	18	39.1	28	60.9
Spouse partner has used illegal	14	30.4	32	69.6
Has had therapy	34	73.9	12	26.1
Has been given a DSM diagnosis	24	52.2	22	47.8
Has unresolved issues	27	58.7	19	41.3
Has had therapy for unresolved	29	63.0	17	37.0
Needs to see a therapist	29	63.0	17	37.0
Have issues that would affect	19	41.3	27	58.7
Believes that therapy works	44	95.7	2	4.3

Findings Table 7: Personal issues

	Frequency	Percent	Cumulative Percent
Married	24	52.2	52.2
Cohabiting	3	6.5	58.7
Dating	12	26.1	84.8
Homosexual partnership	3	6.5	91.3
No mate	4	8.7	100.0
Total	46	100.0	

Findings Table 8: Current marital status

APPENDIX F: Results Tables

	Percent	Cumulative Percent
Age 37 down	52.2	52.2
Age 38 up	47.8	100.0
Total	100.0	

Results Table 1: Age groups of participants.

		has unresolved issues		Total
		yes	no	
has had a dsm diagnosis	ye	19	5	24
	n	8	14	22
Total		27	19	46

Results Table 2: Chi-square = 8.67, df = 1, p = .003

		had therapy for unresolved issues		Total
		yes	no	
has had a dsm diagnosis	yes	22	2	24
	no	7	15	22
Total		29	17	46

Results Table 3: Chi-square = 17.65, df = 1, p = .000

		Need to see therapist		Total
		yes	no	
has had a dsm diagnosis	yes	19	5	24
	no	10	12	22
Total		29	17	46

Results Table 4: Chi-square = 5.60, df = 1, p = .018

		Need to see therapist		Total
		yes	no	
have issues that would affect social work performance	yes	18	1	19
	no	11	16	27
	Total	29	17	46

Results Table 5: Chi-square = 13.96, d f= 1, p = .000

		has had a significant other that was a substance abuser		Total
		yes	no	
have issues that would affect SW performance	yes	7	12	19
	no	19	8	27
	Total	26	20	46

Results Table 6: Chi-square = 5.10, df = 1, p = .024

		racial status		Total
		minority	caucasian	
significance of religion	little or no significance	3	12	15
	moderate to most significant	20	11	31
	Total	23	23	46

Results Table 7: Chi-square = 8.01, df = 1, p = .005

		Participants age groups		Total
		23-37	38-58	
significance of religion	little or no significance	12	3	15
	moderate to most significant	12	19	31
	Total	24	22	46

Results Table 8: Chi-square = 6.91, df = 1, p = .009

		Religious preference		Total
		organized	non-organized	
significance of religion	little or no significance	3	12	15
	moderate to most significant	26	5	31
Total		29	17	46

Results Table 9: Chi-square = 17.70, df = 1, p = .000

		wants to work in macro		Total
		yes	no	
racial status	minority	12	11	23
	caucasian	4	19	23
Total		16	30	46

Results Table 10: Chi-square = 6.13, df = 1, p = .013

		wants to work in macro		Total
		yes	no	
has been abused	yes	14	14	28
	no	2	16	18
Total		16	30	46

Results Table 11: Chi-square = 7.31, df = 1, p = .007

		has unresolved issues		Total
		yes	no	
has been abused	yes	20	8	28
	no	7	11	18
Total		27	19	46

Results Table 12: Chi-square = 4.79, df = 1, p = .029

		had therapy for unresolved issues		Total
		yes	no	
has been abused	yes	21	7	28
	no	8	10	18
Total		29	17	46

Results Table 13: Chi-square = 4.39, df = 1, p = .036

		has been molested		Total
		yes	no	
considered or attempted suicide	yes	12	5	17
	no	10	19	29
Total		22	24	46

Results Table 14: Chi-square = 5.60, df = 1, p = .018

		has been raped		Total
		yes	no	
considered or attempted suicide	yes	7	10	17
	no	4	25	29
Total		11	35	46

Results Table 15: Chi-square = 4.42, df = 1, p = .036

		is an incest victim		Total
		yes	no	
considered or attempted suicide	yes	9	8	17
	no	3	26	29
Total		12	34	46

Results Table 16: Chi-square = 10.09, df = 1, p = .001

		has unresolved issues		Total
		yes	no	
considered or attempted suicide	yes	14	3	17
	no	13	16	29
Total		27	19	46

Results Table 17: Chi-square = 6.23, df = 1, p = .013

		had therapy for unresolved issues		Total
		yes	no	
considered or attempted suicide	yes	14	3	17
	no	15	14	29
Total		29	17	46

Results Table 18: Chi-square = 4.32, df = 1, p = .038.

		have issues that would affect social work performance		Total
		yes	no	
considered or attempted suicide	yes	12	5	17
	no	7	22	29
Total		19	27	46

Results Table 19: Chi-square = 9.54, df = 1, p = .002

		sexual identification		Total
		heterosexual	homosexual or bisexual	
considered or attempted suicide	yes	8	9	17
	no	23	6	29
Total		31	15	46

Results Table 20: Chi-square = 5.07, df = 1, p = .024

		has had a dsm diagnosis		Total
		yes	no	
considered or attempted suicide	yes	13	4	17
	no	11	18	29
Total		24	22	46

Results Table 21: Chi-square = 6.38, df = 1, p = .012

		sexual identification		Total
		heterosexual	homosexual or bisexual	
has been incested	yes	4	8	12
	no	27	7	34
Total		31	15	46

Results Table 22: Chi-square = 8.57, df = 1, p = .003

		sexual identification		Total
		heterosexual	homosexual or bisexual	
has been molested	yes	10	12	22
	no	21	3	24
Total		31	15	46

Results Table 23: Chi-square = 9.23, df = 1, p = .002

		has been molested		Total
		yes	no	
incest victim	yes	10	2	12
	no	12	22	34
Total		22	24	46

Results Table 24: Chi-square = 8.20, df = 1, p = .004

		has been raped		Total
		yes	no	
incest victim	yes	6	6	12
	no	5	29	34
Total		11	35	46

Results Table 25: Chi-square = 6.07, df = 1, p = .014

		wants work with children		Total
		yes	no	
has been raped	yes	2	9	11
	no	24	11	35
Total		26	20	46

Results Table 26: Chi-square = 8.65, df = 1, p = .003

		has abused a substance		Total
		yes	no	
has been raped	yes	10	1	11
	no	19	16	35
Total		29	17	46

Results Table 27: Chi-square = 4.82, df = 1, p = .028

		has abused a substance		Total
		yes	no	
sexual identification	heterosexual	16	15	31
	homosexual or bisexual	13	2	15
Total		29	17	46

Results Table 28: Chi-square = 5.33, df = 1, p = .021

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