

A publication by students of the School of Social Service Administration  
at the University of Chicago

SSA/CHICAGO

# *Advocates'* FORUM



2006

# *Advocates'* FORUM

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Advocates' Forum is an academic journal that explores clinical implications, social issues, administration, and public policies linked to the social work profession. The journal is written, edited, and created by students of the School of Social Service Administration, and its readership includes current students, alumni, faculty, fieldwork supervisors, and other professionals in the field. The editors of Advocates' Forum seek to provide a medium through which SSA students can contribute to the continuing discourse on social welfare and policy.

EDITORIAL POLICY

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http://www.ssa.uchicago.edu/  
publications/advoforum.shtml

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## FROM THE EDITORS

Social work is a profession with a rich history dating from the late 1800s. Early social work pioneers established as central to the social work profession the tasks of working toward social justice and serving underprivileged populations. More than 100 years later, these core concerns remain fundamental to both social work education and practice. Nevertheless, the social work profession has been responsive to changes in the social environment. In a continually evolving world, social workers have been forced to adapt our practice methods to the changing needs of clients. We do this by conducting research and evaluation, developing new technology, and, most of all, remaining connected to the needs and concerns of the communities we serve and the world around us.

The articles in the 2006 volume of *Advocates' Forum* reflect the range of the concerns facing social workers today. The first two articles speak to recent events with implications for both clinical practice and policy reform. Hurricane Katrina's devastation of New Orleans took place more than 9 months ago, yet the political, economic, and social issues that came with it remain. In her article, "Mapping the American Political Stream: The Stuart B. McKinney Homeless Assistance Act," Betsy Carlson takes a critical look at a topic that has taken on a new significance in the aftermath of Hurricane Katrina, homelessness legislation. Frank Baiocchi's article, "The Stink beneath the Ink: How Cartoons Are Animating the Gay and Lesbian Culture Wars," is particularly relevant given the recent turmoil incited in the Muslim world by political cartoons.

Changes in the ways social workers provide services are often precipitated by the discovery of a new or previously unrecognized need in a population. In "Those of a Queer Age: Insights into Aging in the Gay and Lesbian Community," Stephanie Schmitz-Bechteler explores an underdeveloped aspect of aging that is likely to become a growing area of concern for policy makers and clinicians alike. Another topic of increasing relevance, society's response to transgendered individuals,

is addressed in Katherine Stepleton's article, "Transgender Inclusion and Feminism: Organizations and Innovation."

Finally, we have included in this volume a clinical feature on evidence-based practice and the COPEs method in particular. This section includes an introduction to this technique, followed by two articles that show the applicability of the method and the diversity it allows: "A Wilderness Therapy Intervention for Violent, Gang-Involved Latino Adolescents," by Andrew Gill, and "Cocaine-Abusing Methadone Patients: Can COPEs Lead to an Appropriate Intervention?," by Aaron Willis.

Much like the field of social work itself, *Advocates' Forum* is adaptive to changes in the times yet remains consistent in certain fundamental values. Among the most important of these values are preservation of open discourse in the SSA community, adherence to social work ethics, and dedication to academic quality. In this, our eleventh year, we enter our second decade with a commitment to these values and to remaining relevant to our readers, today and for years to come.

Charlotte Hamilton  
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# MAPPING THE AMERICAN POLITICAL STREAM: THE STUART B. MCKINNEY HOMELESS ASSISTANCE ACT

*By Betsy Carlson*

Despite its historical presence in this country and around the world, homelessness was not addressed on a federal level in the United States until the 1980s, and only one piece of enacted legislation has been devoted solely to addressing homelessness. Investigating the political climate and the incremental steps necessary to induce federal action allows one to understand the government's response to this vulnerable population. This article details the events that precipitated the signing into law of the Stewart B. McKinney Homeless Assistance Act by Ronald Reagan in 1987.

Although homelessness has existed in the United States since the birth of the nation, until the 1980s, the problem was not directly addressed by the federal government. Less than 20 years ago, in July 1987, the Stewart B. McKinney Homeless Assistance Act (U.S. Public Law 100-77 [1987]) was passed, defining homelessness and legislating solutions for it (Hill, 2001, p. 1). Until this time, homelessness was addressed through state and local allocation of resources, as well as the continuance of common-law principles established originally in English Poor Laws (Katz, 1986). Advocating President Reagan's views, federal agencies took the stance that that "states and local jurisdictions were best equipped to handle their own homeless problems, and not the federal government" (U.S. Department of Housing and Urban Development, n.d.).

The issue of homelessness was not new in the 1980s, nor was it a priority for President Reagan. Why, then, did Congress and the president authorize laws granting funding and rights to the homeless population? In fact, the passage of the McKinney Homeless Assistance Act in 1987 was not the result of a sudden increase in the presence of homeless individuals in the United States that year, but the result of a response to the perceived national crisis of

homelessness. This perception opened a political window of opportunity for advocates of legislation on the issue. Legislators succeeded in enacting the measure by linking the definition of the problem, the solution, and the movement of political actors.

## IDENTIFICATION OF THE SOCIAL PROBLEM

### *The Causes of Homelessness*

Deborah Stone (1989) explains that situations become defined as problems when influenced by human actions. An issue does not become identified as a problem until political actors lend support to address that issue and lobby for a solution. She claims that “our understanding of real situations is always mediated by ideas; those ideas in turn are created, changed, and fought over in politics” (1989, p. 282). As these political conversations occur, the attempts to assign causation often shift on a grid of purposeful or nonpurposeful actions and intended or unintended consequences; shifts occur as political actors seek to place responsibility for a social problem within the 4 quadrants of the grid: accidental, intentional, mechanical, and inadvertent causes. This article uses Stone’s model to examine homelessness as an issue that was advanced in the 1980s by political actors. It considers how the issue was “pushed” (Stone, 1989, p. 291) from 1 causal story to another as policy makers considered how or whether to address it. The article, further, applies John Kingdon’s (2003) notions of political incrementalism and policy windows for policy action.

Prior to the middle of the twentieth century, most of the homeless population fit into common stereotypes of the wino or the bag lady (Hill, 2001, p. 1). In the 1950s and 1960s, a number of policy shifts changed the makeup of the homeless population. States closed the mental health facilities that housed a severely mentally ill population, sending many of those without family or other supports into the streets (Hill, 2001, p. 91). These people were often more noticeable than the previous homeless population because their mental illnesses rendered their behavior more unusual (Hill, 2001, p. 92). Furthermore, some veterans returned from the Vietnam War with physical handicaps and mental trauma, but without resources to address their problems (Hill, 2001, pp. 103–104). Many ended up on the streets or in shelters. Economic conditions also played a role in the changing face of homelessness, as the recession of the early 1980s left many people unemployed and unable to pay rent or mortgages. Reagan’s support of reinvigorating the downtown areas of major cities led to the destruction of some low-income housing, and such changes further disadvantaged this population (Alter, 1984). Each of these

factors expanded the population on the streets. The homeless included more minorities, more women, and more families than ever before (Hombs, 1990, as cited in Hill, 2001, p. 5). Because the rise in homelessness had many causes, political actors pushed the issue from 1 causal story to another, attributing the problem to unemployment, lack of affordable housing, and inadequate mental health care. For example, while Reagan's plan to reinvigorate cities was not explicitly intended to decrease the housing supply for low-income individuals and families, that policy was, nonetheless, an inadvertent cause of the lack of housing and, therefore, of the rise in homelessness. Despite the federal government's efforts to depict the causes of homelessness as local problems and to advocate local solutions, events eventually moved the issue to the national agenda.

### *Pushing Homelessness to the National Agenda*

As the problem of homelessness became more evident, localities struggled to address the issue. New York's governor Mario Cuomo issued a report in 1983 to address the rise of homelessness in New York City and across the country. He called for a national response to a problem that was overwhelming local resources. Despite Cuomo's (1983) call for federal assistance, there was little national acknowledgement of the rising problem of homelessness. Although the Federal Interagency Task Force on Food and Shelter for the Homeless was established in 1983, its role was merely to respond to requests for federal surplus blankets, cots, and clothing (Foscarinis, 1996, p. 161). The same year, after hearing testimony that homelessness was becoming a serious problem across the country, Congress authorized \$140 million for the Emergency Food and Shelter Program, to be run by the Federal Emergency Management Agency (FEMA), without any new legislation attached (Foscarinis, 1996, p. 161). The relief was administered to the homeless as it would have been to disaster victims.

The formal federal response, surprisingly, did not come as a result of empirical appeals like the one made by Cuomo. Rather, it resulted from the emotive media coverage and political ideologies predicted by Stone. As Stone puts it, "Causal beliefs are quite sensitive to the way television news coverage portrays problems" (Stone, 1989, p. 293). Activist Mitch Snyder of Washington, D.C.'s Community for Creative Non-Violence brought homelessness into the political arena by attracting significant news coverage. In the mid-1980s, he began fasting to bring attention to the need for resources for the homeless. In 1984, Snyder lost 60 pounds in 51 days in order to bring public pressure on the government to renovate a federally owned building (Doan, 1986). At the time, the building was occupied by the homeless for use as a

shelter. After initial success, the pact to renovate the building collapsed. Snyder again took up the fight until the White House and Congress agreed to provide almost \$5 million for the project (Doan, 1986).

Snyder included the public in his efforts to address the problem of homelessness by creating a contested issue that people felt was socially significant (Cobb and Elder, 1975, p. 116). Public awareness also grew as a result of 2 events: the 1986 Hands Across America event and the 1987 Grate American Sleep-Out. Hands Across America involved nearly 5.5 million people in 16 states joining hands to raise consciousness about hunger and homelessness (*Time*, 1986). Likewise, the Grate American Sleep-Out event involved politicians and celebrities such as U.S. Representative Stewart McKinney, actor Martin Sheen, and Washington, D.C. Mayor Marion Barry, each of whom spent the night on steam grates outside the Library of Congress (*Time*, 1987). These events were effective in drawing a level of media and public attention to homelessness that Cuomo could not.

## HOMELESSNESS ON THE NATIONAL POLITICAL AGENDA

### *Incrementalism*

As publicity raised public awareness of homelessness, Congress continued to address the issue only incrementally. This response exemplifies what John Kingdon discusses as policy makers' preference to make "small, incremental, marginal adjustments" (2003, p. 79) because they have difficulty foreseeing the fallout from large-scale changes.

The Reagan administration's insistence that homelessness was not an issue of federal concern (Foscarinis, 1996, p. 161) resulted in legislation during the administration's first term that reflected this position. As a result, only incremental changes were made to address homelessness. As previously mentioned, the 1983 and 1984 allocations of \$140 million and \$70 million for the Emergency Food and Shelter Program under FEMA were insufficient to change the plight of the 3 million homeless and did not specifically address homelessness (Foscarinis, 1996, p. 161). In 1986, the proposed Homeless Persons' Survival Act (H.R. 286) included the needed "emergency relief, preventative measures and long-term solutions to homelessness" (Foscarinis, 1996, p. 161). However, the legislation was passed as the significantly less comprehensive Homeless Eligibility Clarification Act (U.S. Public Law 99-570 [1986]), which primarily reformed existing laws by removing the requirement that individuals have an address to be deemed eligible for Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), veterans' benefits, food stamps, or Medicaid (Foscarinis, 1996, p. 161).

The Homeless Housing Act (U.S. Public Law 99-500) was also passed in 1986. It funded 2 small programs, the Emergency Shelter Grants program and a transitional housing demonstration program for a total of \$15 million (Foscarinis, 1996, p. 161). None of these measures offered widespread reform to address the needs of the up to 3 million people then living on the streets.

### *Softening up the Political Consciousness*

Homelessness remained on the political agenda through the 1980s. A series of events parallels Kingdon's (2003) description of a 3-pronged combination of problem, politics, and visible participants. Kingdon theorizes that policy entrepreneurs are responsible for "softening up" (2003, p. 117) the policy community and the larger public in order to ensure that when the opportunity arises, the entrepreneurs' proposed solutions will be considered for action and legislation. Kingdon quotes a high-level bureaucrat who said, "You have to create the right climate to get people to focus on the issue and face the issue. The lead time for that sort of thing is 2 to 6 years" (2003, p. 129). Kingdon notes that, within this time frame, proposals are often brought to the decision-making table, but the solution is not authorized. He posits that this is an important part of the process, as the proposal remains in the public arena (2003, p. 130).

Consistent with Kingdon's theory, the continued introduction of homeless provisions in Congress served to keep the problem of homelessness on the political agenda, despite the lack of significant legislative response to the issue. Congress could not ignore the series of events addressing homelessness in the United States. The introduction of the Homeless Persons' Survival Act, the widespread media coverage of Mitch Snyder's actions protesting homelessness, and public participation in events like The Grate American Sleep-Out consistently reminded policy makers of the growing presence of homelessness in the United States.

### *Homelessness Catches On*

Kingdon also highlights the fact that some policy changes enacted in the political stream do not follow this incrementalism. Rather, a subject "catches on" (2003, p. 80), while others do not. He explains:

A combination of people is required to bring an idea to policy fruition.... Some actors bring to the policy process their political popularity; others, their expertise. Some bring their pragmatic sense of the possible; others their ability to attract attention (Kingdon, 2003, p. 76).

The incremental legislation enacted by Congress, and the publicity that homelessness was receiving, demonstrates that advocates for the homeless (including McKinney, Snyder, Sheen, Barry, and others) were able to bring the solution to homelessness to fruition.

Finally, also noteworthy is Kingdon's assertion that although issues may appear to arise suddenly, few policies are wholly new. Oftentimes, elements of a given policy are new but the entirety is a recombination of existing elements (Kingdon, 2003, p. 117). After significant campaigning by advocates throughout the winter of 1986–1987, in January 1987, Majority Leader Tom Foley introduced Title I of the Homeless Persons' Survival Act as Urgent Relief for the Homeless Act (H.R. 558; Foscarinis, 1996, p. 161). The title contained emergency relief provisions for shelter, transitional housing, mobile health care, and food. It passed in both houses of Congress that spring and was signed into law by President Reagan on July 22, 1987 as the Stewart B. McKinney Homeless Assistance Act of 1987.<sup>1</sup>

### *Why Homelessness Caught On*

Kingdon states that, ultimately, successful legislative proposals have 5 common characteristics: “technical feasibility, value acceptability within the policy community, tolerable cost, anticipated public acquiescence, and a reasonable chance for receptivity among elected decision makers” (2003, p. 131). In short, a policy solution must be able to address the problem that it proposes to address, must follow the norms of policy makers' beliefs such as the proper role of the federal government, must not require an inordinate amount of funding, must be acceptable to the broader public (not overly interfering with personal actions), and therefore, must be acceptable to elected officials.

The McKinney Act fulfilled each of Kingdon's criteria for success. The Act was feasible because it addressed emergency needs by providing services at preexisting locations; most of the 15 programs authorized were already in place but required more funding. These programs included emergency shelter, transitional housing, job training, primary health care, education, and some permanent housing (National Coalition for the Homeless, 2005). The Act was reviewed by several House and Senate committees and garnered bipartisan support. The cost of the legislation, although high (\$1 billion for 2 years), was acceptable to a public witnessing more and more homeless individuals on the streets. Millions of people from New York to California demonstrated their interest in addressing homelessness through participation in Hands Across America (*Time*, 1986). The obvious support of constituents lent the support of individual representatives in Congress, as well. The McKinney Act had all of

the key components identified by Kingdon. Perhaps this is why it was enacted so expediently; only 7 months separated its introduction from the signing ceremony in 1987.

## ADVANCING THE ISSUE OF HOMELESSNESS

### *Amendments*

The McKinney Homeless Assistance Act has been amended 5 times since its passage; the changes expand and strengthen the original legislation (National Coalition for the Homeless, 2005, p. 3). These amendments created the Shelter Plus Care housing assistance program, established educational rights for homeless children, and established safe havens for people who are not participating in supportive services (National Coalition for the Homeless, 2005, p. 3; see also Foscarinis, 1996, p. 161).<sup>2</sup> However, while the Act initially allocated just over \$1 billion for 2 years, only \$712 million was appropriated (National Coalition for the Homeless, 2005, p. 4). Funding for homeless assistance reached an all-time high at \$1.49 billion in fiscal year 1995. At that time, the grants were consolidated and have since been cut significantly. In fiscal year 1996, funding for McKinney Act programs was cut by 27 percent and several programs were eliminated (National Coalition for the Homeless, 2005, p. 4). As Kingdon (2003) predicted, political interest in homelessness has waned.

### *New Legislation*

When the McKinney Act was introduced, Senator Albert Gore (D-TN) remarked:

[The McKinney legislation] is an essential first step toward establishing a national agenda for action to eradicate homelessness in America.... No one in this body should believe that the legislation we begin considering today is anything more than a first step toward reversing the record increase in homelessness (133 *Cong. Rec.* S 3660 [March 23, 1987]; see also National Coalition for the Homeless, 2005, p. 5).

Despite this admonishment, there has been no legislated action in Congress to address homelessness beyond this provision of emergency services.

Most notably, missing from all federal homeless legislation is an attempt to address the root causes of homelessness. Instead, federal efforts attempt to treat individual symptoms of the problem, focusing on emergency services rather than long-term solutions (Foscarinis, 1996, p. 171). Because these

causes have not been addressed, the homeless population is predicted to grow (Foscarinis, 1996, p. 171).

In 2002, President George W. Bush reactivated the Interagency Council on Homelessness with the goal of ending homelessness in 10 years (*Economist*, 2003). In spite of that goal, funding remains at less than \$110 million for 2 years (*Economist*, 2003). The campaign has been endorsed by the National Governors Association (U.S. Interagency Council on Homelessness, 2005) and the U.S. Conference of Mayors (*Economist*, 2003). A primary campaign goal is to move the chronically homeless (about 10 percent of the homeless population) from shelters to supportive housing (*Economist*, 2003). Thus far, evidence indicates that the cost of supportive housing per person per year is between \$13,500 and \$20,000. By contrast, the cost for emergency services, such as psychiatric care, hospital stays, shelters, and prisons, is \$40,500 per person per year (*Economist*, 2003). Clearly, it is cost effective in the long run to provide housing rather than emergency services.

In March 2004, the Samaritan Initiative Act (H.R. 4057; S. 2829) was introduced Rep. Rick Renzi (R-AZ) and Sen. Wayne Allard (R-CO). In April 2005, the Services for Ending Long-Term Homelessness Act (SELHA; S. 709; H.R. 1471) was introduced by Sen. Mike DeWine (R-OH) and Rep. Deborah Pryce (R-OH). Although neither bill has been enacted, both measures would fund supportive housing for chronically homeless populations. Both bills provide permanent housing for individuals, and SELHA includes a provision for families headed by disabled and frequently homeless individuals. These initiatives, valued at \$55 million for SELHA and \$200 million for the Samaritan Initiative (National Alliance to End Homelessness (NAEH), 2006), would begin to address the permanent housing issue.

### *Moving Forward*

While the president has articulated his support of ending homelessness, the funding requested and set aside for the effort cannot meet the needs of the 3.5 million people who will experience homelessness this year. Requested funding will only cover supportive housing for 10,000 of the chronically homeless (NAEH, 2006); a good start. However, housing all of the chronically homeless is estimated to cost \$1.3 billion (NAEH, 2000).

It is the author's view that neither the Samaritan Initiative nor SELHA will be enacted by Congress. President Bush's agenda attempts to provide what he describes as an ownership society. This theme has surfaced in several of the administration's proposals (e.g., changes to social security, health care reform, homeownership; White House, 2004). As few policies support

impoverished populations, one doubts whether there will be political support for supportive housing for the chronically homeless. Instead, the introduction of these 2 acts has, in the words of Kingdon (2003), softened up the political stream. Much the same occurred in 1986; the Homeless Eligibility Clarification Act softened policy makers for later passage of the McKinney Act. Continued introduction of legislation to provide permanent housing and supportive services for the chronically homeless will result in the preparation of a solution that will appropriately seize the opportunity of one of Kingdon's (2003) open policy windows. Finally, such a window of opportunity must be opened by participants who can raise awareness of homelessness as an important national issue. Snyder did with his fasting, and others followed, sleeping on steam grates.

President Bush's 10-year plan to end homelessness and the legislation for permanent supportive housing are imperfect efforts. Nevertheless, they are steps toward the long-term solution to homelessness that Al Gore deemed necessary 18 years ago. With this appropriate solution, homeless advocates must be prepared to act upon the opening of a window for legislative action.

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## NOTES

<sup>1</sup> Title I was renamed because Stewart B. McKinney, the chief republican sponsor of the bill, died before its passage (NCH, 2005). The act was later renamed the McKinney-Vento Homeless Assistance Act in 2002, with the inclusion of provisions to allow homeless children equal access to education (Institute for Children and Poverty, 2005).

<sup>2</sup> Amendments to the McKinney Homeless Assistance Act include the Stewart B. McKinney Homeless Assistance Amendments Act of 1988 (U.S. Public Law 100-628), Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (U.S. Public Law 101-645), Stewart B. McKinney Homeless Assistance Amendments Act of 1992 (U.S. Public Law 102-550), Improving America's Schools Act of 1994 (U.S. Public Law 103-382), and No Child Left Behind Act of 2001 (U.S. Public Law 107-110).

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# THE STINK BENEATH THE INK: HOW CARTOONS ARE ANIMATING THE GAY AND LESBIAN CULTURE WARS

*By Frank Baiocchi*

Social problems can become the topic of national discourse through many different, indeterminable ways. There has been a recent surge in dialogue on the interpretation of cartoons that possibly reflect or promote gay and lesbian sensibilities. This dialogue has generated media attention and organized responses from social movements on both sides of the gay and lesbian culture war. The current article analyzes the social, political, and clinical implications of this national conversation. The work's goal is to help social workers and policy makers understand how this conversation began, enabling them to explore where the dialogue might lead.

## WAGING WAR THROUGH CARTOONS

On January 25, 2005, in her second official day on the job, U.S. Secretary of Education Margaret Spellings (2005) wrote a letter to the Public Broadcasting System (PBS) expressing “strong and very serious concerns” about an episode of a popular children’s half-animated, half-reality show called *Postcards from Buster*. The episode featured Buster, an animated rabbit, and his visit to a real-life family headed by a lesbian couple. This was a part of a series of episodes in which the show investigated multiculturalism. The series included explorations of various ethnicities, religions, and, with this particular segment, sexual orientations.

In her letter, which the U.S. Department of Education released to the news media, Spellings pointed out that “many parents would not want their young children exposed to the lifestyles portrayed in this episode” (Spellings, 2005). She asked PBS to remove the episode from the broadcast lineup.

She also asked PBS to return the funds used to produce the episode. The Department of Education provided PBS with funding, and Spellings asserted that “Congress’ and the Department’s purpose in funding this programming certainly was not to introduce this kind of subject matter to children, particularly through the powerful and intimate medium of television” (Associated Press, 2005; Spellings, 2005). The Department of Education’s grant to PBS for the series specifies that the programs “should be designed to appeal to all of America’s children by providing them with content and characters they can identify. Diversity will be incorporated into the fabric of the series to help children understand and respect differences and learn to live in a multicultural society” (as cited by Salamon, 2005).

Acquiescing to the request, PBS withdrew the episode from 349 of its 350 stations nationwide in an attempt to avoid potential social and political backlash. Pat Mitchell, PBS’ fifth president and chief executive officer, quit as a result of the controversy. The Boston PBS station that produced the series, WGBH, was the only PBS station that decided to air the program (McDonough, 2005).

These events follow shortly after James Dobson’s remarks at a presidential inauguration banquet in January of 2005. Dobson, founder of the group Focus on the Family, lectured members of Congress at an Inaugural banquet in January about the troublesome “pro-homosexual” stance taken by the very popular animated show *SpongeBob SquarePants* (Olbermann, 2005). The sponsor of an educational video featuring SpongeBob mentions on the program’s Web site that sexual identity is one of the attributes that merit tolerance and sensitivity, but sexual orientation is not addressed within the video itself. The video was distributed to thousands of elementary schools (Goldstein, 2005). Dobson explained that this was an instance of “homosexual propaganda” and that cartoon characters were being “hijacked” to promote the gay agenda (Goldstein, 2005, p. 6; see also Olbermann, 2005).

Other animated figures have also recently gained national attention for direct or indirect depiction of gay or lesbian sensibilities. *The Simpsons* made headlines with an episode on February 20, 2005, that identified one of the characters as a lesbian and featured a same-sex wedding ceremony (Burns and Kruse, 2005). Dreamworks Studio’s film *Shark Tale* includes a character, Lenny the Shark, whose sexual orientation has been discussed by the media, right-wing conservatives, and gay and lesbian activists (Mathewes-Green, 2004). The character Big Gay Al has been a recurring cast member on the hit television show *South Park* and played a prominent role in the movie *South Park: Bigger, Longer, and Uncut* (Parker, Stone, and Brady, 1999).

Popular culture has often sought to link animated characters to gay or lesbian attributes (e.g., Batman and Robin, Peppermint Patty and Marcie, Velma from *Scooby Doo*, and Bugs Bunny, to mention a few; Goldstein, 2005; Norman, 2005). A recent social discourse explores how these cartoons, and organized responses to them, affect the culture wars being fought in the U.S. over concerns with the rights of gay and lesbian individuals and their families. This article identifies the social construction of the gay and lesbian cartoon wars. It investigates the mobilization tactics of both gay and lesbian activists and conservative leaders, demonstrating that while cartoons may help expand public awareness of issues concerning gay and lesbian rights, social justice will only be truly served once the culture wars have transcended to the battleground of the legislative arena.

#### FIGHTING THE GOOD FIGHT: CULTURE WARS IN AMERICA

B. Guy Peters defines culture wars as disagreements over issues that “tend to divide citizens sharply on the basis of religious, social, and culturally based conceptions of right and wrong” (2004, p. 427). Peters also suggests that while all social problems separate people, “the fissures created by these moral issues are deeper and more difficult to contain within the civil and constrained discourse of the conventional political process” (2004, p. 427). Social problems emerge in the public awareness and gain legitimacy through the involvement of interest groups, political figures, powerful organizations, and mass media (Blumer, 1971). The U.S. Department of Education, PBS, the *New York Times*, Focus on the Family, the Gay and Lesbian Alliance Against Defamation (GLAAD), the Human Rights Campaign (HRC), the American Family Association (AFA), and Concerned Women for America (CWA) have all recently released strong reactive statements about the portrayal of gays and lesbians in animated programming. Janice Irvine asserts that “the passions of culture wars, particularly because they are negative and sensational, enhance news value” (2002, p. 151). The incidents concerning SpongeBob and Buster, in particular, became front-page news stories throughout the nation, bringing these culture wars to the forefront of national social debate.

Gay and lesbian identity and activism have always had challenging relationships with the media. From the 1950s through the 1980s, the media repeatedly associated homosexual lifestyles with themes of deviances, scandal, stereotypical archetypes, and disease (Kirk and Madsen, 1989). However, the media has made gays and lesbians increasingly visible in recent years, enabling them to infiltrate the average American household (Schilt, 2004; *Chicago Tribune*, 2005). This new visibility is exemplified by Ellen Degeneres’s public

disclosure of her lesbian sexual identity, *Queer Eye for the Straight Guy*, and *Will and Grace*, as well as by gay weddings on *Roseanne*, *Friends*, and *Northern Exposure*.

In light of the visibility of gays and lesbians in the national media, it is useful to consider why the Buster and SpongeBob cartoons struck a nerve with the American public, prompting such intense social discourse. Richard Goldstein notes:

Cartoons are powerful in a special way.... [They] have an unfinished look that leaves a lot of interpretative space. Their sparse details and antic distortions are surreal yet recognizable enough to hit the target, whether it's a powerful politician or a basic human type (2005, p. 7).

In his discussion of cartoons as vehicles for social debate, Larry Gross says, "*The Simpsons* could make a strong political point that the networks would never dare in a sitcom ... television is the common ground on which we all discuss issues, whether it's race or feminism or sexuality" (*Chicago Tribune*, 2005).

Parents and politicians worry that children are being influenced by implicit value messages within these cartoons; both are concerned that such values conflict with their own. As Irvine suggests, "Neither emotions nor culture wars are simply spontaneous reactions" (2002, p. 143). For years, fundamentalists have been concerned that "pop culture is stealing the souls of their children" (Goldstein, 2005, p. 7). In his review of *Shark Tale*, Ed Vitagliano of the AFA argues that the message of the movie was intended to teach children acceptance of homosexuality, not to educate them on issues surrounding multiculturalism (Shepard, 2005). He asserts that the movie "comes far too close to taking a bite out of traditional moral and spiritual beliefs" (Vitagliano, 2004). Spellings responds to critics of her intervention with PBS by saying, "On lifestyle issues, I think it's appropriate for parents to deal with those as they see fit, in their own way and in their own time" (*Chicago Tribune*, 2005). However, Wendy Luttrell maintains, "There is simply no evidence to suggest that children watching SpongeBob or TeleTubbies or Bert and Ernie or any other cartoon figure 'read' either a unified or single gendered or sexual message" (as cited by Lisman, 2005).

## SOCIAL MOVEMENTS AND THE CARTOON WARS

Invariably, any discussion of the cartoon wars should also consider the collective mobilization efforts that were organized in response. Herbert Blumer notes that "social problems lie in and are products of a process of collective definition" (1971, p. 301). This process initiates a movement toward solutions or

amelioration of the issues. As Armand Mauss posits, "Social problems as simply a special kind of movement ... are indistinguishable" (as cited by Jenness, 1995, p. 146). Donald P. Haider-Markel argues that in order for social movements to "form, survive, and influence policy," they have to "include a communications network, a series of crises or general change, the attention of the media, political opportunity, movement resources, movement activity, and supportive public opinion" (1999, p. 243).

Among gays and lesbians, an important motivation for political mobilization is the right to equal treatment. As individuals with sexual orientations that differ from those of the majority, they mobilize to claim the right to be treated as equals of the majority (Peters, 2004). This citizen-based movement has expanded its domain by aligning with other similar movements (including the women's movement, the black Civil Rights movement and various antiwar movements) that are bound in the common pursuit of equal rights (Haider-Markel, 1999). As activist Urvashi Vaid argues:

A more real and meaningful equality can be achieved only by linking up with other progressive movements for social change, focusing especially on the racial and economic injustice that plagues U.S. society, and which anti-gay politics succeeds so well in exploiting (1995, p. 212).

Perhaps John Stuart Mill best summed up the goals of these types of social movements over a century ago:

Protection, therefore, against the tyranny of the magistrate is not enough; there needs protection also against the tyranny of the prevailing opinion and feeling, against the tendency of society to impose, by other means than civil penalties, its own ideas and practices as rules of conduct on those who dissent from them; to fetter the development and if possible, prevent the formation of any individuality not in harmony with its ways, and compel all characters to fashion themselves upon the model of its own (1974, p. 63).

By contrast, the coalition of social movement organizations that has formed in opposition to the gay and lesbian social movement maintains that these gay and lesbian groups seek special rights and protections for which there is no constitutional basis (Peters, 2004; Robert Fairbanks II, personal communication, March 2, 2005). These oppositional forces insist that gay rights groups' desires for recognition and acceptance undermine moral standards in the United States, conflict with traditional gender and sexual relations, and deflect family values (Irvine, 2002; Peters, 2004). These battles

are not just about sexuality. They are fought over which sexualities and which citizens are valued as legitimate (Irvine, 2002).

Both sides of the battle frame their arguments and shape social and political discourse on gay and lesbian rights through the battleground of the cartoon wars. Haider-Markel observes:

How an issue is framed will determine whether or not an issue reaches the political agenda, what venues are suitable for a discussion of the issue, what actors will be mobilized and/or allowed to participate in the policy process, and the focus of policy that actors are demanding (Haider-Markel, 1999, p. 245).

Valerie Jenness contends that some frames have more “cultural legitimacy” than others and that frames vary according to the historical moment, the target of influence, and the social location of those involved in the social movement (1995, p. 158).

Tony Norman (2005) argues that perhaps these cartoon wars have particular relevance due to the social and political contexts around which the battle lines have been drawn. He notes, “Now that virtue reigns in the land and morality is enshrined at the heart of American foreign and domestic policy, the jihad against cartoon characters of dubious sexuality can begin with all the ruthlessness such campaigns demand.”

The Concerned Women for America (CWFA), a conservative organization, chose to frame the gay cartoon controversy around the issue of appropriate parenting of children. In response to the idea that children should view a family headed by gay parents, such as that featured on the episode of *Postcards from Buster*, as representative of American multiculturalism, the CWFA stated, “By that logic, children should be exposed to every form of deviance imaginable. Why not show polygamous parents, or alcoholic parents, or promiscuous parents for example? Surely some kids are raised in such households” (Knight, 2005). The organization expanded the domain of its movement against gay and lesbian equal rights by comparing homosexuality to maladaptive relationship patterns and addictions.

Another right-wing group, the AFA, also fought against the notion that homosexual relationships could be considered as legitimately multicultural and suitable for discussion with children. On behalf of the AFA, Ed Vitagliano responded to the distribution of the SpongeBob videos to elementary schools, arguing that the videos are inclusive of homosexuality as a multicultural experience. Vitagliano expressed happiness at the removal of what he termed a “pro-gay agenda” from the teachers’ guide that accompanies the film (Shepard,

2005). He said, "This is a victory. This video is part of an ongoing ideological attempt to expand the definition [of multiculturalism] so that it will include homosexual couples" (Shepard, 2005).

The gay and lesbian social movement framed the cartoon wars from a different perspective. After the *Postcards from Buster* situation, HRC, a liberal organization supporting the campaign for gay and lesbian rights, issued a statement in defense of gay parenting rights:

The nation's leading child welfare, psychological, and children's health organizations have issued policy or position statements declaring that a parent's sexual orientation is irrelevant to his or her ability to raise a child. These organizations include the American Academy of Pediatrics, American Medical Association, American Psychiatric Association, Child Welfare League of America, and North American Council on Adoptable Children (HRC, 2005).

In aligning itself with these institutions, HRC attempted to build a professionalized coalition of support for its position.

In response to the conservative idea that these cartoons were pushing a pro-gay agenda, GLAAD asserts that another agenda may be at play. In its own press release reacting to Spellings's action, GLAAD states, "Secretary Spellings attempt to create and enforce a policy of invisibility for gay and lesbian families is a profoundly offensive display of intolerance, one that imposes on our children an agenda of ignorance under the guise of 'education'" (Lund, 2005). Such words as "family" and "agenda" are prevalent in the rhetoric of those who oppose gay and lesbian rights; by using those words, GLAAD leverages a shared vocabulary with multiple interpretations and morphing definitions in an effort to shape the way people choose to view this social problem (Fraser and Gordon, 1994).

#### "THE STINK BENEATH THE INK"

In early March of 2005, at the seventy-seventh Academy Awards, comedian Robin Williams appeared with his mouth taped shut in an act of defiance towards the producers who did not allow him to sing a song entitled "The Stink beneath the Ink." The song was written by the gay songwriting couple Mark Shaiman and Scott Whitman. The problem was not that the songwriters were gay; the problem was that the content of the song alluded to possible other so-called deviances portrayed by cartoon characters throughout the ages.

The song highlights Cinderella's role as an identity thief, notes that Charlie Brown sees a shrink, depicts the Road Runner as hooked on speed, lampoons Superman as a user of steroids, and presents Pocahontas as a problem gambler (Shaiman, 2005). The song goes on to describe Betty Boop working as a prostitute in Beverly Hills and Tom and Jerry dating the guys from the pop group 'N Sync (Shaiman, 2005). The ABC network, which aired the program, censored Williams, prohibiting him from singing the song because the producers were afraid that the song might run afoul of new Federal Communications Commission guidelines and the network could possibly be slapped with a huge punitive fine. The producers argued that the song did not necessarily represent the traditional American values promoted by the show (Shaiman, 2005).

So what place do the cartoon wars have on the national political stage? Many theorists believe that culture wars can effectively move toward the amelioration of a contentious social problem only if the problem finds a place on the national public policy agenda, legislation is formulated, and a policy is implemented (Blumer, 1971; Irvine, 2002; Peters, 2004). Haider-Markel asserts that there is a "continuing struggle between pro-gay and antigay forces in national politics—each side has influence, but its influence is weakened by the strength of the opposition" (1999, p. 262).

While incrementalism may not always be the optimal way to move policies onto the national agenda, it has proven an effective way to create big changes through little steps (Lindblom, 1979; Peters, 2004). Both sides of the campaign recognized a window of opportunity in the debate over the cartoons and attempted to take advantage of the situation by pushing the respective agendas onto the national stage.

Although these wars are still being fought, neither side has found the cartoons debate to be an ideal vehicle to the national agenda. However, both sides do share an opportunity to organize around perceptions of American life. The sides also have the chance to expand their respective domains to include more people and resources for the battle. Both social movements have made progress in placing gay and lesbian rights on the national political and social agendas. Organizations on both sides are using the tools of mass media to appeal to the general public, thereby increasing public understanding of the respective positions on issues of identity. Both sides continue to work towards definitions of such complex and loaded American political terms as equal rights and family values. While both sides are "still muddling" in the daily campaigns of the culture wars, it is also true that both sides are still "not yet through" (Lindblom, 1979). The final frame of these culture wars has not yet been drawn.

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# THOSE OF A QUEER AGE: INSIGHTS INTO AGING IN THE GAY AND LESBIAN COMMUNITY

*By Stephanie Schmitz-Bechteler*

Aging is not a homogeneous experience, but rather a process guided by the life experiences and life course decisions made by the individual. Each person is uniquely affected by generational and cultural cohort experiences that shape not only the contexts of her or his life, but the manner in which the individual experiences the aging process. Gay and lesbian individuals experience an aging process that is uniquely different from that of heterosexual individuals. Additionally, gays and lesbians from different generational cohorts will have disparate aging experiences. This article examines aging among different gay and lesbian generational cohorts.

Aging is commonly viewed as both a complex biological process and as the result of the environmental contexts in which people live and grow older. If the process of aging is viewed as a congress of these social and physiological forces, it becomes easier to understand how individuals can experience aging differently. Aging is grounded in the various life-course directions and life experiences of people from different generational eras. Accordingly, this article seeks to introduce the particular issues of aging among gays and lesbians.

## A BRIEF HISTORY OF BEING GAY AND LESBIAN IN THE UNITED STATES

The gay and lesbian experience has a rich history in the United States. This study examines the current context of aging as a gay or lesbian individual by briefly highlighting elements of that history. Thus, this section focuses on 2 distinct periods in gay and lesbian life: pre-Stonewall and post-Stonewall life. Pre-Stonewall life is defined as the period of time from the 1930s to the 1960s,

when gay and lesbian communities were still very much underground. The post-Stonewall life is defined as the years following the 1969 Stonewall riot and the beginning of the gay and lesbian liberation movement.

Gay and lesbian life in the 1930s and early 1940s was characterized by a lack of community (Faderman, 1992). Even among groups of gay and lesbian friends, few individuals publicly affirmed their homosexuality. As in earlier decades, many gays and lesbians lived in heterosexual marriages and had clandestine affairs with other married gay and lesbian individuals, keeping their preferred relationships a closely guarded secret (Faderman, 1992). However, a strong gay and lesbian subculture emerged after World War II.

Although some major U.S. cities had businesses catering to gay and lesbian individuals as early as 1930, the U.S. military may have inadvertently helped to create gay and lesbian neighborhoods in the 1950s (Faderman, 1992). Following a sweep of the ranks to rid the officer corps of gays and lesbians, a large number of these former officers permanently settled in a handful of urban neighborhoods (Faderman, 1992; Witt, Thomas, and Marcus, 1995). This migration to certain urban neighborhoods allowed for the creation of gay and lesbian bars and social centers. Of course, this increased visibility also brought the increased risk of harassment. With constant threats of blackmail and imprisonment from local police departments, many gays and lesbians attempted to live their lives in anonymity (Morrow, 2001). Although there was a more visible gay and lesbian community, heterosexual marriage was still a common life decision.

In addition to the growth of gay and lesbian community in the 1950s and 1960s, one event is widely recognized as the pivotal tipping point in the struggle for positive gay and lesbian recognition. In June 1969, during a routine Friday night police raid on a gay bar in New York City, transgender, gay, and lesbian patrons fought back against the police and refused to be arrested (Faderman, 1992). Tensions had been mounting between the police and the patrons following a raid earlier in the week (Witt et al., 1995). As the patrons were being removed from the bar, the crowd became increasingly agitated, and what began as a scuffle between patrons and police ended in the patrons torching the bar (Witt et al., 1995). The next 2 evenings, community members again confronted the police outside of the bar, refusing to leave. These 3 evenings kicked off a flurry of activity and organizing in gay and lesbian neighborhoods across the United States (Witt, Thomas, and Marcus, 1995). Following the Stonewall riot, a national gay and lesbian liberation movement quickly grew to promote the visibility of the community and to begin to advocate for important civil rights.

Due to the increased interest in gay and lesbian rights following the riot, it would be safe to say that the life experiences of gays and lesbians born before the Stonewall riot would be, in some ways, significantly different from the life experiences of those individuals born after the riot. The current population of elderly gays and lesbians is interesting in that it includes those born both before and after the Stonewall riot. The oldest members of this population were born and came of age during a time when it was very socially disadvantageous to identify as gay.

By contrast, the youngest members of the elderly gay and lesbian population, born in the late 1940s, experienced different concerns as they grew into their adult gay and lesbian identities in the 1960s. By the time many of these younger elderly gay and lesbian individuals were experiencing homosexual life and culture, the gay and lesbian community had begun to slowly press for visibility and rights. Although homosexuality was still viewed as a social stigma when this younger group came of age, members of this cohort of gays and lesbians were more likely than those in the previous generations to be accepting of their homosexuality. So too, those in this cohort were also less likely than their predecessors to suffer the intensely serious repercussions that marked the gay and lesbian life of the 1950s and early 1960s.

These different generational experiences have profound effects on the life choices of the members of the respective generational cohorts. In turn, those life choices affect how this population ages. A few researchers have begun to look at the specifics of aging in the gay and lesbian community, asking questions about the social support structures, family structures, caregiving patterns, health concerns, and policy issues.

#### SOCIAL SERVICE ISSUES IN GAY AND LESBIAN AGING

As the Baby Boomer generation reaches traditional retirement age, the United States enters a unique period. This generation will significantly affect the delivery and limitations of eldercare services, both for this generation and for generations to come. The sheer size of the Baby Boom population and the increasing visibility of gays and lesbians ensure that the Baby Boomers will include the largest number of older gay and lesbian individuals in U.S. history. As a proportion of the total U.S. population, the percentage of adults over age 65 is expected to grow significantly through 2030; it follows that the percentage of older gay and lesbian individuals will also grow significantly (Boxer, 1997).

At the present time, social services for gay and lesbian individuals are not as affirming or supportive as they may grow to be in future years. Current gay and lesbian service recipients recognized their own homosexuality at a time

when homosexuality was viewed as both immoral and pathological. As a result of this strong social disapproval of homosexuality, many of the gay and lesbian elders fear disclosure of their gay and lesbian status. This cohort of gays and lesbians has been found to distrust the health care and social service systems. This distrust is due in part to historical experiences with discrimination and oppression and in part to socialized cues to keep one's homosexuality a closely guarded secret (Brotman, Ryan, and Cormier, 2003). Although this tendency to guard against self-disclosure helps to protect older gay and lesbian individuals from harassment or service neglect on the basis of their sexual orientation, it also severely complicates efforts to design effective services for this group.

A gay or lesbian's concern about disclosure is not the only barrier to the provision of effective services. Research on aging agencies in New York State finds that almost half of the senior centers in the state would not welcome openly gay and lesbian seniors at their centers (Cahill and South, 2002). Additionally, previous studies find that homophobia is widespread in nursing homes. Gay and lesbian residents in assisted living facilities often report that their same-gender relationships are not honored and their sexual affections are pathologized by the workers (Cahill and South, 2002). Under those circumstances, elderly gays and lesbians may feel that it is safer and easier to hide their homosexuality while living in eldercare institutions.

In noninstitutional settings, elder gays and lesbians may face additional challenges. Although one study of senior service agencies located in the Cleveland metropolitan area shows that almost 70 percent of the agencies develop policies to prevent discrimination on the basis of sexual orientation, discrimination may occur in more subtle ways (Anetzberger et al., 2004). Less than 35 percent of the agency participants in the study by Georgia Anetzberger and associates (2004) used an inclusive intake form that acknowledged homosexual or bisexual orientation, and less than 25 percent of the agencies provided gay and lesbian-specific programs for seniors. As this research suggests, providing supportive care for elderly gay and lesbian individuals involves much more than simply reprimanding employees or volunteers for making derogatory statements. The larger problem may be the social context of assumed heterosexuality. The decision to create intake forms, develop programs, and assign living arrangements under the assumption of client heterosexuality prohibits the client and the service provider from exploring supportive services that affirm gays and lesbians. As younger workers, raised in an era of gay and lesbian visibility, begin to enter the field of eldercare, it is possible that health and social services will become increasingly supportive of gays and lesbians.

## AGING AS A GAY OR LESBIAN INDIVIDUAL

To truly understand the subtleties of aging among gays and lesbians, it is important to understand not only the experiences of older individuals, but also the process of aging as it is experienced by gays or lesbians (Gabbay and Wahler, 2002). The process of coming out as a gay or lesbian individual is different for every person, and each attaches different meanings to the process. However, in spite of these differences, coming out is generally recognized as a highly important event in gay and lesbian identity formation. This process of discovery, the birth of a new self-identity, can also be defined as the creation of a new identity that supplants the original birth identity (Rosenfeld, 1999). In other words, if 2 individuals are born in 1940, but 1 acknowledges his or her homosexuality in 1965 and the other does not, the 2, though born into the same generational cohort, will not have the same life experiences. Each will, instead, experience life as a member of his or her respective cohort. This clarification is an important one because it is a necessary condition in understanding why gay and lesbian individuals born during different stages of gay and lesbian liberation may experience differences in aging.

Those individuals who came out in the period before the Stonewall riot, when gays and lesbians were highly concerned about openly acknowledging their homosexuality, generally feared that their self-disclosure would discredit them socially, putting them at risk of imprisonment, unemployment, and public humiliation (Rosenfeld, 1999). Pre-Stonewall gays often felt the need to pass as heterosexual, often married, and often had children despite their homosexual orientation. By contrast, gays and lesbians who came out after the Stonewall riot found an environment in which homosexuality was increasingly viewed as positive and acceptable; they were discouraged from making attempts to pass as a heterosexual (Rosenfeld, 1999). Perhaps as a result of increased acceptance, fewer gays and lesbians of this later cohort participated in heterosexual marriages of convenience, and fewer gay individuals had children from heterosexual couplings (Herdt, Beeler, and Rawls, 1997).

The differences between the 2 older generations of gays and lesbians elucidate the ways in which their experiences of aging might differ. Because pre-Stonewall gays and lesbians frequently entered into heterosexual marriages, many of them had families and thus may benefit from large kin networks to assist them as they grow older. However, due to possible concerns about self-disclosure, pre-Stonewall gays and lesbians may find their same-sex relationships and living arrangement preferences ignored or challenged, preventing many from receiving services that are supportive of gays and lesbians. In contrast, the elderly gays and lesbians who came of age after the Stonewall riot may have broader personal and social support in advocating for their own needs.

Such support includes services that are supportive of gays and lesbians. Most current aging research continues to focus on the older, pre-Stonewall cohort, identifying three recurring themes the process of aging. These themes include concerns about aging, participation in gay life, and ageism.

### *Concerns About Aging*

In one study exploring the social lives of elderly gays and lesbians, respondents voiced concern about loneliness and the ability to develop personal relationships as they age (Quam and Whitford, 1992). Although more than half of all respondents reported having a current same-sex partner, a number of respondents expressed concern about being able to find a partner as they grow older (Quam and Whitford, 1992). Research indicates that gays and lesbians may differ by gender in the level of concern about the development of relationships, with women voicing this concern more often than men (Heaphy, Yip, and Thompson, 2004). This is a surprising because research also shows that, compared to gay men, lesbian women generally have more people in their lives (Heaphy et al., 2004).

### *Participation in Gay Life*

In a review of four ethnographic studies of elderly gay men, Lester Brown and associates (2001) present findings that elderly gay men still see gay bars and nightclubs as important places to socialize but that their advancing age sometimes makes them feel out of place. Some of the respondents reported feeling that the younger members of the gay community viewed them as over the hill. These feelings that they are marginalized from the younger gay community may contribute to reportedly high levels of loneliness among elderly gay men (Heaphy et al., 2004). However, research seems to indicate that lesbians and gay men do participate in social groups and clubs. In one study, 77 percent of the lesbian respondents and 52 percent of their gay counterparts reported that they participate in social clubs and events (Quam and Whitford, 1992). The same study reports that almost 79 percent of the respondents indicated interest in services designed specifically for gay and lesbian seniors (Quam and Whitford, 1992).

### *Ageism*

In a study exploring the manner in which elderly gays and lesbians negotiate aging, lesbian respondents reported that age is not as significant of an issue for women in the lesbian community as it is in the heterosexual community

(Heaphy et al., 2004). In contrast to this, most of the gay men report that age is a significant factor for men in the gay community (Heaphy et al., 2004). Specifically, while lesbian respondents reported that lesbians are generally less youth-focused and more accepting of age, gay respondents reported feeling unwelcome in the youth-centered social world of bars and dance clubs (Heaphy et al., 2004). These differing experiences with ageism can have differing impacts on the support available to elderly gays and lesbians within their communities. If the gay community preferentially caters to young gay men, elderly gay men may find it challenging to identify age-sensitive resources and support.

Some researchers argue, however, that gays and lesbians acquire unique skills through their life course, and these skills will help to ease the transition from middle age to older years. In one study exploring the link between acceptance of lesbianism and acceptance of aging, several lesbians responded that they were able to come to terms with their lesbianism, so they reported feeling equally able to come to terms with the fact that they were getting older (Sharp, 1997). Findings from this study suggest that the skills needed to adapt to a new, stigmatized sexual identity (lesbianism) are some of the same skills necessary to adapt to the stigmatized position of being aged in American society (Sharp, 1997). In a study that also includes gay male participants, Marcy Adelman (1991) finds a relationship between adjustment to aging and satisfaction with being gay. Adelman (1991) suggests that coming to terms with one's homosexuality and experiencing self-acceptance may indicate that the individual has the psychosocial resources to adapt to new identities and new life experiences.

Although elderly gay and lesbian individuals may be disadvantaged by the scarcity of services designed to address their needs, these individuals may be psychologically better able to adapt to the process of aging than their heterosexual peers. Elderly gays and lesbians may possess life practice in adapting to new identities, new social opinions, and new expectations regarding their individual value. Further research is needed to examine these aspects of gay and lesbian aging, but the current findings raise 2 general questions: Who are these older gays and lesbians, and what are their lives like?

#### OLDER GAYS AND LESBIANS: A BRIEF INTRODUCTION TO THEIR LIVES

In painting a broad picture of life for elderly gays and lesbians, Gilbert Herdt and colleagues (1997) compare the relationships, living arrangements, and family structures of younger (age 45–50) gays and lesbians with those of their older (age 51 or older) counterparts. They find that 40 percent of the older

men in the sample were married at some point; only 29 percent of the younger men reported marriage (Herdt et al., 1997). Additionally, over 91 percent of the respondents in the older sample have disclosed their homosexuality to at least half of their friends, and more than two-thirds of this sample have acknowledged creating a family by choice that includes these supportive friends. Roughly 79 percent of the women and 46 percent of the men in the total sample were partnered. In terms of socialization, 63 percent of the men and 27 percent of the women use bars to socialize. Finally, lesbian respondents reported feeling more confident about themselves as they aged; gay men in the study reportedly grew increasingly anxious as they grow older (Herdt et al., 1997).

The study by Herdt and colleagues (1997) reveals several interesting findings. First, many elderly gays and lesbians have been married at one point, and although the study does not address it, many probably have children from these marriages. This may mean that those who have children may have ties to younger generations. It may also indicate that this younger generation can provide support or care for these elderly individuals. The study by Herdt and colleagues (1997) also finds that the younger gays and lesbians in the sample were not as likely to marry. This tendency may have implications for the succeeding generations of gays and lesbians, as those individuals will be considerably less likely than members of older cohorts to have married and borne children. Herdt and associates (1997) also present further evidence that although gays and lesbians share some similarities, their lives are quite different; the social and support needs of gay men and lesbian women are very different. Finally, Herdt and associates (1997) suggest that gays and lesbians create family and supportive networks to supplement or replace the support of the traditional blood relative kin network. This suggests that, as gays and lesbians age, the lack of a spouse or children may not be as detrimental to addressing support needs if the individual can call upon an assembled care network.

Previous research finds that the created family network does have a significant role in the lives of older gay and lesbian individuals (Grossman, D'Augelli and Herschberger, 2000). Many older gays and lesbians rely on their friends as sources of support. In one study, 90 percent of all respondents listed close friends as their support group (Grossman et al., 2000). In this same study, Arnold Grossman and colleagues (2000) find that these created support networks provide 64 percent of the emotional support for elderly gays and lesbians, 54 percent of the practical support, 13 percent of the financial support, and 72 percent of the social support.

If these informal networks do provide common sources of support for elderly gays and lesbians, that awareness should guide eldercare for gays and lesbians in medical, long-term care and social service settings. While such created family networks can be beneficial to elderly gays and lesbians, medical and social service settings generally do not recognize the importance of these networks. The created informal care network, which does not limit itself to blood relatives, can sometimes be a difficult arrangement for families, friends, health care, and social service workers to understand and honor. In one study exploring the informal care networks of lesbians, lesbians who were providing care to nonrelatives reported that they were required to continually justify the caretaker role to family members, other friends, and health care workers (Aronson, 1998). Additionally, same-sex care providers reported that they did not generally receive support from the family or medical team of the care recipient (Hash, 2001). They also reported restrictive institutional policies, offensive comments and questions from workers, and resistance to honoring the wishes of the same-sex partner (Hash, 2001). As the population of ailing elderly grows, it may be in the best interest of society to begin to question the value of obstacles that prevent individuals from caring for loved ones in a manner that best meets the needs of the care provider and the care recipient.

## DISCUSSION

This article briefly introduces some of the salient themes emerging in the very limited research on gay and lesbian aging. Further research should explore how aging differs by gender and other forms of sexual identity. Although research is limited on aging among gays and lesbians, there is practically no research on aging issues among bisexuals and transgendered individuals.

In order to further clarify cohort differences with respect to life decisions and aging of gays and lesbians, it will be necessary for researchers to seek greater diversity. Current research draws overwhelmingly from samples of white, middle-class, educated gays and lesbians. While this sort of sample has historically been the easiest to recruit, the resulting findings present an extremely limited vision of what it means to age as a gay or lesbian. Research should also consider the effects of race, ethnicity, and socioeconomic status. Also important are differences between out and closeted individuals, and those among gays, lesbians, bisexuals, and transgender individuals. Additionally, sample sizes have historically been very small. If funding limitations do not allow for a large national survey of gay and lesbian aging, it becomes all the more important that national aging studies include questions about sexual

orientation, created family care networks, same-gender care providers, and agency participation in special programs for gays and lesbians.

Finally, current research on gay and lesbian aging in the United States and other Western countries, as well as research on the aged individuals themselves and on the policies created to address their needs, has most recently reflected the experiences of the pre-Stonewall cohort of gays and lesbians. Individuals in this cohort have an experience of homosexuality that is uniquely different from that of gays and lesbians who came out after the Stonewall riot. Further research must periodically redetermine whose experiences represent the elderly gay and lesbian population. Each subsequent cohort will age differently, having been guided by different life goals, different life opportunities, and different life decisions. In a varied and changing homosexual population, there is no such thing as homogeneous aging.

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STEPHANIE SCHMITZ-BECHTELER is a second-year student in the School of Social Service Administration. Her interest in studying issues of aging among gay and lesbian individuals stems from personal and professional relationships with gay, lesbian, bisexual and transgender (GLBT) individuals. Additionally, Stephanie has worked with GLBT organizations in Illinois and Michigan over the past 12 years, and has identified the issue of GLBT-supportive eldercare as a health concern among some members of the aging gay and lesbian population.

# TRANSGENDER INCLUSION AND FEMINISM: ORGANIZATIONS AND INNOVATION

*By Katherine S. Stepleton*

As transgender issues become increasingly prominent, feminist organizations, many of which have restricted membership to women, are forced to consider how feminism is affected by changing gender identities. This article examines the how four feminist organizations in New York City considered the inclusion of transgender individuals. The groups examined here exhibited traits, such as decentralized, informal structures, that made them likely sites of social innovation. Additionally, by communicating with one another, the organizations influenced one another in discussions about transgender inclusion.

As individuals of transgendered, intersexed, and gender-queer experience become more conspicuous and strive to be better understood, gender itself is losing its binary rigidity.<sup>1</sup> At the same time, feminist organizations are examining how to respond to this destabilization of gender. Feminism has grounded its identity in rigid concepts of gender. As that rigidity is questioned, feminist groups must confront crucial questions. Do transgendered people have a place in feminist activism? Many transgendered people live as women, others were women, and nearly all have experienced oppression as a result of their gender expression. Is feminism still feminism if it includes and advocates for those who have not been women from birth?

Although the feminist movement is vast and varied, the word “feminism” commonly refers to the struggle of women for social and gender equity. Historically, women have indicated that their bodies, or the meanings attributed to those bodies, are the reasons for their devaluation and oppression. Immediately there is a problem. The experiences of women are highly diverse. It seems questionable to assume that all female experiences of oppression

are similar. Indeed, feminism has faced diversity within its ranks as various advocates have sought to address specific issues associated with class, race, and sexuality. Although these efforts ultimately affected changes within feminism, the movement has largely retained the same basic structure: women fighting for the rights of women.

But gender is not uncontested ground in feminism. In fact, gender poses fundamentally new and potentially divisive challenges for the movement. This article examines how transgender inclusion in feminist groups makes the traditional concept of gender problematic. It also considers the contemporary conditions that now complicate the relationship between gender and feminism. In particular, the work focuses on interactions among feminist groups, examining how organizations deal with the question of transgender inclusion, when they address the issue, and what conclusions they reach.

The viability of transgender and transsexual feminists has been debated for over 25 years. The question stretches back to and beyond Janice Raymond's incendiary work, *The Transsexual Empire* (1994). The current study joins the dialogue in the vast literature concerning the roles that gender, race, class, and sexuality play in feminism. Judith Butler (1999) acknowledges this plurality in feminism, stating, "The theories of feminist identity that elaborate predicates of color, sexuality, ethnicity, class, and able-bodiedness invariably close with an embarrassed 'etc.' at the end of the list" (p. 182). She continues, "This illimitable *et cetera*, however, offers itself as a new departure for feminist political theorizing" (1999, p. 182; emphasis in original). In the future, she hypothesizes, the mission of feminism may broaden to encompass the concerns of a much wider group of people, changing the face of feminism forever. The article examines how Butler's theory works in and among agencies dealing with, as Butler (1999) calls it, "gender trouble."

As this study examines radical changes in the feminist movement by studying individual organizations, it utilizes the great body of organizational theory concerning such changes. That thinking is commonly described as Social Innovation Theory.<sup>2</sup> Just as profit-driven firms encourage innovative ideas by structuring themselves in certain ways, so also, Jon Pierce and André Delbecq (1977) argue, nonprofit organizations with a particular set of characteristics will be likely sites of social innovation. They argue that several structural variables of groups make radical changes likely. Such variables include high degrees of diversity and differentiation, as well as low levels of centralization, stratification, and formalization of roles. Pierce and Delbecq (1977) also claim that the attitudes of members and staff, as well as the values of an organization, can encourage consideration of change in a group. Finally,

they point to contextual attributes, such as environmental uncertainty, the size of the organization, the age of that organization, and its collaborations with other groups, as factors affecting an organization's likelihood to innovate (1977, p. 35).

Once organizations consider potentially innovative ideas, other factors affect the decisions they make. Joshua Gamson (1997) outlines a framework of particular use to this project, theorizing that movements like feminism are constantly defining the boundaries of identity and sending out "messages of exclusion" (1997, p. 180). He argues that as organizations involved in these movements interact with one another, they influence and are influenced by the actions of related groups. Ultimately, they come to conclusions based on the makeup of their respective audiences or memberships (Gamson, 1997, p. 180).

## METHOD

Data for this study came from the author's interviews with members and staff of feminist organizations around New York City. Participants were identified through snowball sampling. As explained below, members of these groups were well informed about other feminist organizations that are in New York and address transgender issues. The organizations participating in this research have experienced a destabilization of the gender binary within their communities and have extensively considered possible responses. The 4 organizations included here represent a variety of feminist groups. All, however, were founded with the intent of providing spaces exclusively for women to pursue their interests. The author spoke with at least 2 members or staff in each studied group. Most interviews lasted approximately 1 hour. In order to protect the anonymity of participants in this study, the names of all organizations and individuals have been changed.

The first of the 4 groups included in this study is GRRL Theater, a collective of self-identified female artists producing theater by women and for women. The troupe's collective structure encourages involvement from all members without prioritizing 1 member's opinions over another's. Although the collective's Web site invites any and all women to join, it is clear in extending its invitation only to those who identify as women. During 2004 and 2005, members of the group debated whether or not transgendered artists should be allowed to participate. The group concluded that while transgendered women are welcome, transgendered men are not.

The second group studied, The Toybox, is a sex shop founded by lesbian women. The shop is designed to offer information, encouragement, and

products to women exploring their sexuality. Responding to what they saw as a dearth of sex shops that felt welcoming to women, the founders of The Toybox set out to create an environment in which women could purchase toys, books, and videos that celebrate their sexual vitality in a safe and fun place. In order to ensure that the store was welcoming, not intimidating to women, the founders of The Toybox initially staffed the store only with women. This recently changed as the staff grew to include transgendered women and transgendered men. Currently, there are no official limitations on hiring. It must be noted here that The Toybox, in contrast to the other agencies studied, is a multisite, for-profit organization, and this structure may affect its decision-making process in unobserved ways.

Located in Brooklyn, the third studied group, the New York Antiviolence Organization (NYAO) touts itself on its Web site as a feminist women's organization designed to build and strengthen women's confidence and leadership, as well as to improve their safety. The organization offers many varied programs, including self-defense classes, antiviolence workshops for teens, and family safety seminars. In the early 1990s, NYAO began to welcome transgendered women into its previously women-only self-defense classes. The group's Web site addresses the underlying shift, stating that the organization is in the process of reconsidering its policy to determine the best way to reconcile its historic mission and its desire to be allies with the transgender community while addressing violence issues pertinent to women and transgendered people. However, the group still considers itself feminist and primarily for women.

The fourth group examined in this study is Gay Women's Television (GWTV), which produces and airs a monthly, hour-long show on cable access channels across the country. In addition, the organization offers classes in digital media, filmmaking, production, and editing. The organization identifies the target audience for these classes as lesbian women and considers its mission to inform the public discourse by contributing lesbian voices in realistic, inclusive settings. In recent years, one of the most active volunteers at GWTV transitioned from female to male and prepared to resign from the group. Instead, he was invited to stay on as the executive producer, prompting the organization to evaluate its relationship with the transgender community and its role in the lesbian community.

## RESULTS

*Characteristics That Promote Social Innovation*

DIFFERENTIATION. The first common characteristic among the organizations studied is a high degree of differentiation among members or staff. Among the groups considered, GRRL Theater, NYAO, and GWTV have highly heterogeneous memberships that span ages, ethnicities, and socioeconomic backgrounds. By contrast, The Toybox staff can appear highly homogeneous. In this group, however, there is a high rate of staff turnover; employees are hired, work for a short time, and move on. Although the people coming and going through the store share similar demographic traits, the frequent shuffling of workers ensures that new and different viewpoints are introduced. Thus, each group in this study brings people with disparate perspectives together in recombinant groups that are likely to develop new ideas.

According to Pierce and Delbecq (1977), “Focus on the value of constructive conflict, the absence of a single professional ideology, and cross-fertilization of ideas are representative of phenomena implicit in organization differentiation that seem to stimulate the initiation of innovation proposals” (p. 29). This article will show that these groups share many of these characteristics. Accordingly, as individuals from different backgrounds share their opinions and challenge others, group members are likely to engage in a process of problem solving that considers more than one viewpoint and incorporates many, creating a new idea. As Robert Sutton (2003) argues:

When group members [fight] over conflicting ideas, it [provokes] them to weave others’ ideas together with their own, to insist that others provide compelling logical rationale for their ideas, and to contribute still more ideas. The resulting solutions [are] more comprehensive, integrated, and well defended (p. 46).

The groups analyzed here exhibit a degree of differentiation that facilitates this creative process.

DECENTRALIZATION, STRATIFICATION, AND FORMALIZATION OF ROLES. Other structural traits that these groups exhibit affect their ability to consider and implement change, including encouraging conflict, promoting creative thought and valuing a willingness to take risks. According to Pierce and Delbecq (1977) and George Kelly (1976), organizations that are likely to make dramatic changes frequently display a high degree of decentralization, a low level of stratification, and minimal formalization of roles within the group.

Each of these factors liberates members involved in the decision-making process to think outside the box without being preoccupied with status or adherence to a particular role.

The clearest examples of decentralization and lack of formalization in an organization can be observed in GRRL Theater. As part of a collective, members of the troupe are all equal participants in the discussions concerning transgender inclusion. Additionally, GRRL Theater has no board of directors to make decisions about transgender inclusion and no advisory panel to make suggestions to the group. Therefore, there is no formal structure imposed on the process of decision making. Adhering to the model proposed by Pierce and Delbecq (1997), this structure makes GRRL Theater more likely to consider innovative changes that could drastically alter the group and have broad ramifications in the feminist arena.

Although each studied organization exhibits a relatively low level of formalization, certain groups are more structured than others. In particular, The Toybox, a profit-driven organization, runs like any other retail business. It includes salespeople, managers, and owners; these roles are organized hierarchically. The greater degree of structure at The Toybox, in comparison to the levels of structure in the other organizations, provides a possible explanation for why the inclusion of transgendered staff was not as radical there as it was or could have been in the other groups. Sarah, one of the founders of the store, indicates that there was a general lack of conflict concerning the change in policy. She notes that the policies before and after inclusion were largely unofficial. Because employees are stratified, it was possible for staff members to accept the policy shift as something in which they had limited input. For these reasons, transgender inclusion at The Toybox was not so much a radically innovative decision but rather a gradual, minimally contested evolution.

**ATTITUDES OF MEMBERS.** Members of the groups in this study consistently refer to their organizations as leaders to which other groups look for indications about feminism's evolution. To continue as leaders in the field, these groups must value the development of groundbreaking ideas. According to Pierce and Delbecq, a "value of innovation and creative behavior is seen as playing a critical role in an organization's effective utilization of innovative capacity" (1977, p. 33). In other words, when organizations value and encourage innovative ideas, members are likely to develop them. The import that these groups place on being noted leaders among feminists stimulates progressive thought, leading to innovative organizational changes.

In describing the development of her store's reputation, Sarah relates how other proprietors of sex shops have come to "follow [The Toybox's] lead a

little bit.” Although the niche into which her store fits (lesbian-owned sex shops that celebrate female sexuality) is rather small, Sarah values The Toybox’s position as a leader to which other shops look for instruction. To remain in this position, the store must place itself at the forefront of the field, considering interesting, new changes before others.

The members of GRRL Theater also readily acknowledge that the collective is not only unique, but additionally that, by virtue of its originality, it influences feminist theater across the country and even the world. Although there are only a handful of active members at a time, one, Shelly, points out that GRRL Theater is known and celebrated far beyond the shores of Manhattan, saying, “What we do spreads. I travel and I am from Argentina, and my lesbian friends in Argentina, they know GRRL.... You know it’s like a wave. Whatever happens here ... it’s happening also in Argentina.”

Another member, Jill, describes how the theater’s reputation draws young, eager new members who often challenge the group’s functioning:

You have a lot of folks in there in their early twenties, just out of college, who have studied GRRL in their women’s studies classes and their theater classes, who come in thinking they know how GRRL is supposed to be. And they kind of end up butting heads ... with these grassroots performance artists who have been doing this shit for 20 years.

The collective encourages conflict because it values its position as a ground-breaking group. This role also creates conflict within the group.

ENVIRONMENTAL UNCERTAINTY. Jonathan Bach and David Stark argue that nongovernmental agencies “are acting as social entrepreneurs and innovators today” by turning “ambiguity into an asset” (2002, p. 6). Though their study population consists of organizations in Eastern Europe, many of the conclusions they draw are general enough to apply to the organizations examined here. When organizations operate in an environment of uncertainty, they inevitably face situations that require quick and creative thinking in order to solve emerging problems. A common theme emerged in interviews with staff of NYAO, GRRL Theater, and GWTV. Staff from these groups remarked that their group’s survival is continually tenuous. After losing significant sources of funding, facing unexpected expenses, and experiencing fundraising difficulties, NYAO and GRRL Theater were on the brink of financial crisis so great that they faced the possibility of elimination. In the case of GRRL Theater, Jill connected the group’s fiscal concerns with its consideration of transgender inclusion. She reported that some members threatened to suspend their fundraising if their specific desired outcome was

not reached. Although other interviewees did not explicitly connect their groups' uncertain environment with considerations of transgender inclusion, data from the interviews suggest the uncertainty of the groups' situations affects nearly every aspect of the organizations.

*Why Now? Communication Theories and Interactions among Groups*

It is important to examine why so many groups are struggling with the question of transgender inclusion at this point in time. It may be possible to better understand the current struggles by studying how these four groups relate to one another in the feminist arena. Using a framework proposed by Joshua Gamson (1995, 1997) makes it possible to outline a discourse within feminism that encouraged each of the groups in this study to consider transgender inclusion. As feminist organizations interact with one another, they participate in a dialogue within the movement. A cyclical pattern results; as more feminist groups consider transgender issues, it becomes increasingly likely that other organizations will take up similar questions. This cycle creates the environment in which transgender inclusion becomes a hot topic for feminist groups across the country and around the world.

THE ENVIRONMENT AND THE AUDIENCE. Historically, feminism has relied on its understanding of its particular identity. The feminist movement has been grounded in the premise that a class of women is oppressed by those who are not women.<sup>3</sup> This foundational premise compels feminists to distinguish who is and is not a woman, putting feminism in the business of exclusion. Feminists have drawn and redrawn these boundaries in order to determine the scope of their movement, to be heard, and to be effective. Gamson argues:

In political systems that distribute rights and resources to groups with discernible boundaries, activists are smart to be vigilant about those boundaries; in cultural systems that devalue so many identities, a movement with clarity about who belongs can better provide its designated members with the strength and pride to revalue their identities (1997, p. 179).

However, Gamson asserts, when the boundaries that define a group are no longer viable because of pressure from individuals who are not easily categorized, it is necessary for the group to renegotiate the boundaries (1997, p. 180). Each of the groups in this study was compelled to reconsider the limits it placed on membership as a result of either a direct challenge from the increasingly active transgender community or a recognition of the community's existence as sufficiently problematic, though no direct challenge took place.

Moreover, as these groups interacted concerning transgender issues, they began to question organizational boundaries and the boundaries of the feminist movement itself.

Gamson's framework proposes that "internal movement debates over inclusion and exclusion are best understood as *public communications*. They depend heavily on the communicative environment ... especially the location and nature of the *primary audience*" (1997, p. 180, emphasis in original). Communicative environments reflect many factors affecting the debate, including the parties involved in the discussion and the groups they serve. The public communications to which Gamson refers are the boundary definitions that take place both within particular groups and, by extension, the larger context of the feminist movement. As these communications reverberate throughout the movement, the debate diffuses into individual groups. Different factions negotiate the limits of each group's identity, balancing the importance of solidarity with the need for maximum inclusivity. Individual groups propose limits on membership and, in return, these proposals become part of the discourse taking place in feminism. This discourse, whether it concerns boundary definition or other, unrelated issues, binds independent organizations together under the banner of feminism. When the discourse is dominated by certain issues or concerns, the communicative environment that is created reflects these issues and concerns. In the case of the organizations in this study, consideration of transgender issues led members to reevaluate the meanings and boundaries of gender.

When these organizations participate in feminism's public communication on transgender issues, they bring the question of transgender inclusion to their groups; each group must come to a decision about its own policy. Such deliberations may consider the group's mission, goals, and most importantly, its primary audience. As each organization makes the decision that best suits its particular vision of feminism, the choice in turn informs the ongoing public discourse about transgender inclusion. In this way, feminist organizations have simultaneously come to consider these issues, though not all arrive at the same conclusions.

THE COMMUNICATIVE ENVIRONMENT AND PUBLIC COMMUNICATIONS. Interviews with members and staff of feminist organizations reveal these groups are not only aware of one another, but that they interact, collaborate, and often share members. Members reported vast knowledge about questions and conflicts that arose in this study's other groups, as well as in other feminist groups.

Evidence of an ongoing discourse in the feminist movement is apparent in an interview with Shelly, a member of the GRRL Theater collective. Again and again, she cited instances in which women's groups struggled with transgender inclusion. She specifically mentioned the Michigan Womyn's Music Festival, feminist sadism and masochism parties in New York, and notably, GWTV.<sup>4</sup> Shelly repeatedly linked the controversy at GRRL Theater with the feminist movement's larger discussion of transgender issues. Her comments support the theory that feminist groups are interconnected and engaged in a public discourse on these issues. Throughout interviews, members of the studied groups made similar connections between their organization and others.

In theory, the communicative environment influences the public communication that already exists in feminism, giving it particular shape and tone. In practice, it can be difficult to distinguish evidence of a public communication from characteristics of the communicative environment in which it exists. For the purposes of this study, any communication between feminist groups signifies a public communication, while discourse about transgender inclusion taking place outside of these groups evidences a particular communicative environment. The communicative environment is further defined by external factors. For example, several interviewees indicated that the mobilization of an active transgender community provides impetus for feminist groups and, therefore, feminism, to consider the inclusion of transgendered individuals.

**PRIMARY AUDIENCES.** When feminism's unease about transgender becomes a subject in an individual group, a public communication on the issue becomes part of the group's internal decision-making process. In developing responses to such issues, the group must examine its goals, the population it serves, and its membership, adopting positions that best suit the organization's interests. The group's membership and service population comprise its "primary audience" (Gamson, 1997, p. 180). Drawing on Gamson's (1997) theory, whether the primary audience is external, as in the case of organizations that serve others, or internal, in the case of collective groups, it has a significant role in determining the course that a particular organization will take.

For example, before NYAO opened its doors to transgendered men, the group considered the various constituencies affected by such a decision. In interviews, volunteers indicated that the group's final decision to welcome transgendered men was affected by the image that NYAO projects to the community, including the women traditionally served, other antiviolence organizations, feminist groups, and funding sources. The volunteers' observation is significant because it demonstrates that NYAO considered the public as part of its primary audience. But the finding is also important because it shows

that the group knew the decision would be scrutinized within the community. So too, the decision would become part of feminism's public communication on these issues. Similarly, the owners of The Toybox considered not only how a policy shift would affect sales, but also how a decision to employ transgendered individuals would be received in the feminist movement.

Because GWTV's primary constituency is its television viewing audience, and, according to interviews, might include lesbians from a variety of backgrounds (and even some viewers who are not lesbians), GWTV must consider the diversity of its viewers when it develops policies. The group must present programming that appeals to a broad and varied audience without alienating long-time viewers; this tension heavily influences the policy decisions made by GWTV staff. When staffers evaluated whether to ask a recently transitioned, transgendered male to serve as GWTV's executive producer, they considered the implications that this might have for the audience.

When these groups address the question of transgender inclusion, the choices they make enter into the public communication within feminism, contributing to the discourse. In this symbiotic fashion, feminist groups influence and are influenced by one another as they discuss transgender issues.

## CONCLUSIONS

Some limitations of this study include its small sample size and the fact that nonprofit groups are considered together with a for-profit group. Additionally, since all of the studied organizations are located in New York, and are thus part of a very particular communicative environment, these results may not be generalizable to organizations in other parts of the country or world.

This research suggests that certain feminist organizations under certain circumstances are more likely to consider transgender inclusion than others. According to findings presented here, those organizations that confront transgender issues are likely to have a high degree of differentiation. They are likely to exhibit decentralization, minimal stratification, and low levels of formalization. Additionally, those groups typically value the development of challenging and often-groundbreaking ideas. Finally, the environmental uncertainty in which these organizations exist gives them many opportunities to reconsider beliefs and practices that govern how they function. When these feminist groups took up the question of transgender inclusion, their decision-making process was heavily influenced by the discourse among feminist groups, the communicative environment in which that discourse took place, and the primary audience that the different groups served.

As they considered transgender inclusion, these feminist organizations participated in a process of boundary redefinition that determined the brand of feminism to which each group adheres. It seems questionable to assert that there are specific, easily identifiable sects of feminism, as truly each organization adopts the aspects of the movement that best suit its primary audience. In responding to the issues of transgender inclusion, groups in this study faced three choices: (1) a group might expand the boundaries of membership to include a broader spectrum of people; (2) a group might expand the boundaries of gender, reflecting the identity of women to include a previously excluded population; and (3) a group might choose to draw clear distinctions, limiting those allowed to participate in its activity. These choices form the foundations of the 2 emergent trends: organizations choosing between an expanding feminism and a narrowing feminism.

In general terms, groups that choose to invite the participation of gender-queers and transgendered men espouse an expanding feminism. Such groups adopt Butler's (1999) perspective that a movement can be made more powerful by recognizing the tenuousness of identity. The Toybox, NYAO, and GWTV clearly fall into this category, having redrawn the limits of membership to include a broader range of people. By contrast, groups that specifically limit the membership to women (self-identified or biological) solidify the boundaries in order to keep their feminism potent. GRRL Theater fits into this category. Although it chose to welcome transgendered women, by restricting membership in order to keep transgendered men out, its policy is significantly different from those of the other 3 groups studied. However, feminism exists on a spectrum. Changing notions about gender force groups to clearly define boundaries in order to reify goals or to expand categories. The conflicts that took place in the four groups presented here indicate a desire to navigate between these two poles and to attempt to find some middle ground that would allow them to access the benefits of each feminism. Ultimately, however, boundary definition must occur, placing groups closer to a narrowing or an expanding feminism.

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## NOTES

<sup>1</sup> The terms “transgender,” “intersexed,” and “gender-queer” encompass many varying experiences of gender outside the traditional, biological male-female binary. Transgender is an umbrella term referring to individuals “whose gender expression is non-conformant with gender role expectations of males and females in a given territory or society” (Vidal-Ortiz, 2002, p. 224).

<sup>2</sup> The word “innovation” connotes a great leap forward, an advancement, or an improvement, and the term is necessary here, as much of the relevant sociological literature deals with social innovation. Accordingly, this article presumes that innovation is “the generation, acceptance and implementation of new processes, products or services for the first time within an organization” (Pierce and Delbecq, 1977, p. 28). In this article, innovation is to be understood as a significant evolutionary change within the feminist movement and the specific organizations in question.

<sup>3</sup> Perhaps more problematically, it has been grounded in the idea that men oppress those who are not men.

<sup>4</sup> The Michigan Womyn’s Music Festival is a well-known, annual event that, according to its Web site at the time of this study, welcomed only “womyn-born-womyn” excluding transgendered women and all men.

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# AN INTRODUCTION TO THE CLIENT-ORIENTED, PRACTICAL, EVIDENCE SEARCH (COPEs)

*By Aaron Willis and Andrew Gill*

The following 2 articles employ evidence-based search and evaluation techniques outlined by Leonard Gibbs (*Evidence-based practice for the helping professions: A practical guide with integrated media* [Pacific Grove, CA: Brooks/Cole-Thomson Learning, 2003]). According to Gibbs:

[Evidence-based practice places] the client's benefits first, evidence-based practitioners adopt a process of lifelong learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence (2003, p. 6).

In line with this definition, the following 2 articles, one by Andrew Gill and another by Aaron Willis, draw upon their clinical experiences to address specific questions relevant to their clients. These questions guide and are in turn shaped by what Gibbs (2003) describes as a Client-Oriented, Practical, Evidence Search (COPEs) process, which directs the search effort by formulating a COPEs question. This process is client-oriented because it has direct relevance to the life of the client. It is practical because the answer to the COPEs question could directly affect the way a clinician or an agency serves clients. Finally, the question must guide an evidence search of the literature.

The process of formulating a succinct COPEs question and conducting a specific evidence-based literature search is a valuable skill for practitioners. Indeed, a poorly defined question can inundate a clinician with irrelevant and overly generalized search results, while a COPEs question defines and limits search parameters. Similarly, a poorly conducted and constrained search can generate literature findings with inadequate research designs. However, a well-planned and well-formulated literature search can be designed to produce the most pertinent and client-centered research. Gibbs's search and evaluation techniques (2003) help practitioners to ask precise questions and perform efficient literature searches, thereby locating the best available research.

# A WILDERNESS THERAPY INTERVENTION FOR VIOLENT, GANG-INVOLVED LATINO ADOLESCENTS

*By Andrew Gill*

Wilderness programs offer a nontraditional treatment option for adolescents with a variety of problems. Unfortunately, many of these programs appear to be directed at White adolescents from high-income families. This article presents a wilderness intervention that could be appropriate for Latino adolescents from lower- and middle-income families. This wilderness intervention is based on an evidence-based search and literature review as outlined by Leonard Gibbs (2003). This article illustrates Gibbs's techniques for researching and identifying evidence-based practice methods and outlines a possible wilderness therapy intervention for gang-involved Latino adolescents.

Wilderness programs offer an adventurous and challenging alternative to more traditional treatment programs. Outward Bound, a model for many current wilderness programs, was created in the 1940s to instill “self-reliance and spiritual tenacity” in British soldiers (Outward Bound U.S.A., n.d.). Today, wilderness programs serve a variety of clients, including adolescents who have academic problems, low self-esteem, attention-deficit/hyperactivity disorder, depression, and substance abuse problems.

Unfortunately, many wilderness programs do not accommodate violent, gang-involved adolescents. In addition, few programs are tailored to Latinos, who comprise 49 percent of all youth in gangs (Institute for Intergovernmental Research [IIR], n.d.). One wilderness program, Catherine Freer Wilderness Therapy Expeditions (CFWTE), is exceptional at what it does and was used as a basic model for this article's wilderness therapy intervention.<sup>1</sup> However, CFWTE does not easily accommodate violent, gang-involved Latino adolescents. This article describes a wilderness therapy intervention that combines components of CFWTE with findings from the literature review. The literature

review is based on Leonard Gibbs's (2003) techniques for researching and identifying evidence-based practice methods. The result is a possible wilderness therapy intervention for violent, gang-involved Latino adolescents.

#### THE PROBLEM AND THE PRACTICAL RESEARCH QUESTION

The admissions department at CFWTE screens participants for histories of excessive violence and gang involvement, sometimes granting admission in spite of an adolescent's history of such behavior.<sup>2</sup> One applicant to the program, Carlos, once beat an elderly man and had several fights at school. Carlos said he fought in order to earn respect from his gang. In spite of his history, Carlos was admitted to CFWTE. During the program, he acknowledged to the author that his violent behavior caused distress to and dysfunction within his family. Another participant, Juan, did not have a history of violence but reported strong gang involvement to the author. Juan admitted that his gang involvement encouraged behaviors like running away and disrespecting his parents. Although Carlos and Juan reported a desire to leave their respective gangs, they said they feared that if they did so, other gang members would punish them. In individual therapy sessions, the author observed that the gang involvement of both youths was a strong barrier to behavior change. This observation led the author to question the effectiveness of wilderness therapy for Latino adolescents with gang involvement.

Research on the gang population indicates that there may be many Latino adolescents whose gang loyalty is a strong barrier to changing behaviors (IIR, n.d.). Concern for adolescents like Carlos and Juan led the author to search for a wilderness therapy intervention that might overcome the gang-loyalty barrier. This search was guided by a Client-Oriented, Practical, Evidence-Search (COPES) question.

According to Leonard Gibbs, a COPES question leads to implications for a clinician's practice and it guides the evidence-based literature search (Gibbs, 2003). Given Carlos and Juan's situation, the author formulated the following COPES question: If 2 treatment options, a wilderness treatment program and a nonwilderness treatment program, are available to Latino adolescents involved in violent gang activities, which treatment reduces the client's violent gang activity?

## LITERATURE REVIEW

In order to obtain high-quality research that is relevant to addressing the COPES question, this article employs search tools and evaluation methods developed by Gibbs (2003).<sup>3</sup> The search identified 2 distinct bodies of research literature: studies on wilderness programs (5 articles) and intervention strategies for working with Latino populations (9 articles). An answer to the COPES question is extrapolated from these 2 bodies of literature.

*Wilderness Programs*

The wilderness programs literature (Deschenes and Greenwood, 1998; Larson, 1998; Martinez, 2002; Bedard, 2004; Romi and Kohan, 2004) describes wilderness programs that share certain common elements:

1. Intensive and time-limited treatment (time varied from 5–90 days).
2. Solution or goal oriented.
3. A setting that was unfamiliar to the program participants (e.g., wilderness).
4. A small staff-to-participant ratio (e.g., 3 staff per 10 participants).
5. Skills training (e.g., social skills, cooperation, fire building, map reading).
6. Treatment focused on improving self-concept, behavior modification, shifting the locus of control from external to internal (e.g., the participant recognizes having control over what happens), and reducing delinquent behaviors after treatment.
7. Physical activity (e.g., canoeing, hiking, climbing).

There was no theoretical framework common to all the programs identified in the research, and the literature did not explicitly indicate which theoretical framework guided a given wilderness program. Most of these programs incorporated elements from behavioral, cognitive, psychodynamic, and family systems theories. Further research is needed because the theoretical framework guiding interventions may affect whether the program is successful.

In general, the literature reported positive findings on the benefits of wilderness programs. All the articles except 1 (Deschenes and Greenwood, 1998) find that youth in these wilderness programs report statistically significant better outcomes than those reported by youth who received no treatment. Specifically, youth in wilderness programs reported higher levels of self-esteem, greater increases in behavior change, and a greater shift in the locus of control from external to internal. However, 2 articles (Larson, 1998; Romi and Kohan, 2000) report that although benefits are found in some measured areas, there is no overall statistically significant difference in outcomes between wilderness

and nonwilderness programs. Elizabeth Deschenes and Peter Greenwood (1998) report that 1 program, the Nokomis Challenge, had higher recidivism but was more cost effective than traditional residential placement.<sup>4</sup> Most of the researchers (Deschenes and Greenwood, 1998; Larson, 1998; Bedard, 2004; Romi and Kohan, 2004) agree that more research is needed to adequately test the ability of wilderness programs to reduce recidivism. These researchers find an association between treatment in wilderness programs and reductions in recidivism for 0–12 months after treatment.

Two studies on wilderness programs merit a more detailed discussion. The first is the meta-analysis by Rachel Bedard (2004). According to Gibbs's (2003) research evaluation scale, Bedard's meta-analysis was the highest quality study of the meta-analyses reviewed by this author.<sup>5</sup> In addition, Bedard's meta-analysis is guided by a question similar to this author's COPES question. "Is wilderness therapy more effective in rehabilitating juvenile delinquents than traditional measures such as incarceration and probation?" (2004, p. 17). Hence, Bedard's study applies almost directly to clients like Carlos and Juan.

Bedard's meta-analysis examines 23 studies that measure behavior change, interpersonal skills, self-esteem, and recidivism (2004, p. 18). She examines these categories because she assumes that they have some relationship to delinquency. For example, if an adolescent's self-esteem is improved, the adolescent may be less likely to seek attention through delinquent behaviors. The assumption that self-esteem (or any of the other categories) has some causal relationship with delinquency is in itself a topic of debate. Unfortunately, such a debate is beyond the scope of this article. In her dissertation, Bedard (2004) examines studies that were experimental in design, included a wilderness component, and focused on adjudicated adolescent delinquents. She presents a useful conclusion about each category she identifies. First, she reports that wilderness programs are most effective at increasing self-esteem.<sup>6</sup> Second, Bedard finds that wilderness programs are moderately effective at improving delinquent behaviors and interpersonal skills.<sup>7</sup> Finally, Bedard notes that wilderness programs are weakest in their ability to reduce long-term recidivism after treatment.

Bedard's (2004) meta-analysis reveals that 1 study (Baer, Jacobs, Carr, 1975, as cited by Bedard, 2004) out of 23 researched recidivism beyond 12 months. That study, by D.J. Baer, P.J. Jacobs, and F.E. Carr (1975, as cited by Bedard, 2004), showed a reduction in recidivism for 60 months. However, based on the literature search and review, this author concludes that it is unclear whether wilderness programs are effective in reducing recidivism. Long-term (over 12 months) research is needed to explore recidivism.

The second study that merits further discussion is Marcos Martinez's dissertation (2002). Martinez's dissertation is of high quality.<sup>8</sup> It is also relevant to clients like Carlos and Juan because it is the only research that emphasizes both Latinos and a wilderness program. Martinez describes a program, the R.M. Pyles Boys Camp, which includes most of the characteristics described earlier as features of a wilderness program. However, Martinez (2002) notes a few distinctions:

1. Participants come from low-income families.
2. Participants have no father present in their home environment.
3. Participants are at-risk but have also demonstrated potential leadership skills.
4. Participants are referred to the program by police, teachers, and agencies.
5. Participants attend short-term follow-up interventions.

Perhaps the most important elements of the Pyles Boys Camp are the short-term follow-up interventions. These follow-up interventions include one-on-one counseling, reunions, and letter campaigns (2002, p. 44). Martinez (2002) concludes that these short-term follow-up interventions significantly maintain the positive benefits attained during the wilderness program. In other words, these interventions reduce recidivism. Specifically, outcome measures of self-esteem and locus of control are unlikely to return to pretreatment levels. Martinez finds that treatment levels of self-esteem continue from program completion until the 12-month follow-up interviews with participants. The internal locus of control is also maintained through the 12-month follow-up interviews.

#### *Therapy Interventions with Latino Populations*

The literature on therapy interventions with Latino populations can be organized into subcategories. A study by Ana Navaro (1993) analyzes the effectiveness of psychotherapy with Latinos. Several other studies examine the effectiveness of family therapy among Latinos (Szapocznik et al., 1986; Szapocznik, Rio, et al., 1989; Szapocznik, Santisteban, et al., 1989; Santisteban et al., 2003). The effectiveness of Latino community organizing is examined in 2 articles (Wiist, Jackson, and Jackson, 1996; Cheadle et al., 2001), and 2 other works investigate outcomes associated with culturally sensitive cognitive interventions among Latinos (Malgady, Rogler, and Costantino, 1990; Gil, Wagner, and Tubman, 2004). The quality of the studies is generally high, and they reach several conclusions that pertain to the current article's COPES question.<sup>9</sup> Studies of family therapy show

that it is more effective than no therapy (Szapocznik, Rio, et al., 1989; Santisteban et al., 2003). Although José Szapocznik, Arturo Rio, and colleagues (1989) find that family therapy and psychodynamic therapy are equally effective in reducing behavioral and emotional problems, family therapy is more effective in protecting the integrity of the family. Daniel Santisteban and associates (2003) also demonstrate the effectiveness of family therapy, concluding that Brief Strategic Family Therapy (BSFT) is more effective than group treatment in reducing conduct problems, reducing marijuana use, and increasing family functioning. A handbook (Szapocznik and Kurtines, 1989) clearly outlines techniques and theory for conducting BSFT. In contrast, community organizing does not necessarily reduce violent conduct problems among Latino adolescents. William Wiist and associates (1996) and Allen Cheadle and colleagues (2001) conclude that an inability to measure community organizing contributes to the lack of correlation between community organizing and a reduction of teen violence. Culturally sensitive studies (Malgady et al., 1990; Gil et al., 2004) stress that successful interventions in the Latino community will acknowledge and adapt to acculturation stress, ethnic pride, and perceived discrimination.

## THE INTERVENTION

The above literature search and review were conducted to determine which of 2 treatment programs (wilderness treatment and nonwilderness treatment) is the most effective at reducing violent gang activity among Latino youth. This article extrapolates from the literature and concludes that wilderness treatment programs are slightly more effective than nonwilderness treatment programs in reducing violent gang activity among Latino adolescents. However, the literature strongly suggests that this effectiveness depends upon 5 central elements:

1. An effective program includes staff that are culturally competent in dealing with acculturation stress, ethnic pride, and perceived discrimination.
2. An effective program includes family therapy. Specifically, Brief Strategic Family Therapy (BSFT) is recommended because it has the most clearly delineated format and is supported by strong research.
3. An effective program includes several follow-up interventions after treatment.
4. An effective program focuses on raising self-esteem, internalizing the youth's locus of control, and changing behaviors. Effective behavior change strategies focus on addressing conduct disorder and socialized aggression.
5. An effective program limits teen group interactions.

This article will refer to the proposed intervention as the Latino Family Wilderness Therapy Program (LFWTP). The LFWTP targets Latino adolescents between ages 12 and 17 who are involved in violent gang activity. The program focuses on this age group because Santisteban and colleagues (2003) also target this population in BSFT. In addition, Malgady and colleagues (1990) demonstrate that therapeutic effects among youth under 12 differ from those for youth over 12.

The LFWTP consists of 3 parts. Part I of the proposed treatment is conducted in the wilderness with adolescents and staff. Part II of the treatment takes place in the wilderness with the adolescents, 1 or 2 of each youth's family members, and staff. Part III of the treatment parallels traditional BSFT; there are between 4 and 20 sessions, each lasting 1 hour (Santisteban et al., 2003).

During Part I, a small staff-to-client ratio (e.g., 3 to 10) is used. This is in line with all the wilderness treatment studies (Deschenes and Greenwood, 1998; Larson, 1998; Martinez, 2002; Bedard, 2004; Romi and Kohan, 2004). Part I of the proposed program lasts for 1 week. The literature does not specify time in treatment, although the minimum time appears to be 5 days. It is important that the client is not with the family during Part I. Previous research suggests that the wilderness programs should be in "settings unfamiliar to the participants" (Romi and Kohan, 2004, p. 116). If a youth's family were present during Part I, their presence might ease the therapeutic tension created by the unfamiliar setting. During Part I, clients participate in physical activity and skills training. Examples of physical activity include hiking and rock climbing. Skills training activities include building a fire, cooking, and reading a map. Group and individual sessions focus on raising self-esteem, internalizing the locus of control, and changing behavior. Research indicates that effective wilderness programs have demonstrated the ability to change each of these (Larson, 1998; Martinez, 2002; Bedard, 2004; Romi and Kohan, 2004).

Two studies demonstrate that nondirective group activities can be detrimental to adolescents; group work with adolescents can act to reinforce behavior problems (Santisteban et al., 2003; Romi and Kohan, 2004). In addition, another study finds that the outcome measure of cooperation did not significantly improve when nondirective group activities were employed, but the outcome measures of self-esteem, locus of control, and behavior change did significantly improve (Larson, 1998). This author's clinical experience also suggests that group cooperation activities should be limited. Reducing group interaction gives staff members more control over the clients, and control helps staff members to maintain a safe environment. Such an environment is especially important for work with violent adolescent gang members. Since there is

evidence that group activities can increase self-esteem and behavior change (Larson, 1998), LFWTP engages participants in a few activities that require total group cooperation. These activities are limited and facilitated closely by staff members.

During Part II of LFWTP, a minimum of 1 or 2 family members join each adolescent client in the wilderness for a second week. Ideally, the entire family will attend. However, it is likely that such concerns as school and work would prevent families from attending for an entire week. During Part II, clients live within their respective families. Upon arrival, family members begin intensive BSFT with on-site wilderness therapists (Szapocznik and Kurtines, 1989). Given its logistical simplicity, BSFT can be applied to the wilderness setting. This therapy includes 3 elements: an initial diagnostic interview, joining or connecting with the families, and restructuring (Szapocznik and Kurtines, 1989). Restructuring, the most specialized aspect of the therapy, is accomplished via such techniques as reframing patterns, reversals of behavior, detriangulation, opening up closed systems, and homework (or tentwork) tasks (Szapocznik and Kurtines, 1989). The 2 primary behaviors that BSFT can change are those associated with conduct disorder and socialized aggression (Santisteban et al., 2003).

When BSFT is not being conducted, youth and their families participate in activities that address the family's experience of ethnic identity, acculturation stress, and perceived discrimination, as research indicates the importance of these factors in working with Latino clients (Malgady et al., 1990; Gil et al., 2004). Although Santisteban and associates (2003) conclude that BSFT is an effective intervention for Latino families, BSFT does not specifically focus on ethnic identity, acculturation stress, or perceived discrimination. For this reason, activities that raise awareness in these 3 areas (ethnic identity, acculturation stress, and perceived discrimination) are conducted outside of BSFT sessions. The inclusion of culturally sensitive awareness activities may give families ways to address the 3 areas and talk about associated issues during BSFT. This seems to be a meaningful way to extrapolate from previous research (Malgady et al., 1990; Santisteban et al., 2003; Gil et al., 2004). Culturally sensitive awareness activities and BSFT occupy approximately one-third of the time during Part II. The other two-thirds of time during Part II is dedicated to physical activity and goal-oriented challenges, 2 elements emphasized in the wilderness program literature (Larson, 1998; Martinez, 2002; Bedard, 2004; Romi and Kohan, 2004). Part II concludes with a closing ceremony, and the families return home. As a response to the literature's call for stronger after-care (Deschenes and Greenwood, 1998; Bedard, 2004; Romi and Kohan, 2004),

Part III of LFWTP involves office-based BSFT and follow-up visits to the youths' homes. Once the therapist indicates that office-based BSFT is complete, staff members conduct 2 in-home follow-up visits, which are spaced out by 3 to 4 months.

During these visits, a social worker reintroduces the basic principals of the program to the youth and their family. For example, the worker encourages the client to continue to set personal goals. Finally, all participating families are invited to attend a reunion held 1 year after the completion of Part II. Families are strongly encouraged to attend. Although the reunions are to be fun and informal, staff members use the opportunity to reaffirm the positive skills that clients and families learned. This after-care follow-up uses the successful model outlined by Martinez (2002), whose focus and sample population are highly similar to those of this article.

#### EVALUATION OF THE INTERVENTION

Six reliable tools are used to evaluate the effectiveness of LFWTP.<sup>10</sup> Some of these tools will be administered 3 times: during intake, upon completion of Part II, and at the program reunion, which officially ends Part III. As mentioned above, behaviors associated with conduct disorder and socialized aggression are the focus for change. These behaviors can be measured using the parent-reported Conduct Disorder subscale and Socialized Aggression subscale (Quay and Peterson, 1987, as cited in Santisteban et al., 2003). The abbreviated form of the Nowicki-Strickland Internal-External locus of control scale (Nowicki-Strickland, 1973, as cited in Martinez, 2002) measures locus of control. In order to save time, the abbreviated scale can be administered to the adolescent clients while the parents complete the Conduct Disorder and Socialized Aggression subscales. Two other subscales from the Family Environment Scale measure family functioning: 1 measures family cohesion and the other measures family conflict (Moos and Moos, 1984; as cited in Santisteban, 2003).

Another important evaluation tool is the Rosenberg Self-Esteem Scale (Rosenberg, 1979, as cited in Martinez, 2002). Self-esteem is consistently reported to improve during wilderness programs (Larson, 1998; Martinez, 2002; Bedard, 2004; Romi and Kohan, 2004) and should be a clear indicator of the effectiveness of the LFWTP. The Rosenberg Self-Esteem Scale is chosen because Martinez, (2002) uses it, and his study's sample population is very similar to this article's target population.

Finally, the wilderness program literature (Larson, 1998; Martinez, 2002; Bedard, 2004; Romi and Kohan, 2004) stresses the need to measure recidivism.

In LFWTP, recidivism will be measured through parent-reported, teacher-reported, and police-reported delinquency. For the sake of simplicity, this measure will focus only on legal and school consequences (e.g., convictions for possession of alcohol and driving under the influence, as well as arrests, detentions, and cutting class). This information will be requested upon intake and 1 year after the completion of Part III, providing recidivism outcome data collected in the interviews 2 years after the residential portion of LFWTP. Most studies only measure recidivism through data from a 1-year follow-up interview.

### *Conditions for Client Participation*

Clients will be assessed for conduct disorder and socialized aggression. This assessment is important because BSFT, which LFWTP parallels and upon which LFWTP relies, is shown to be most effective for clients diagnosed with conduct disorder or socialized aggression (Santisteban et al., 2003). Youth who will not benefit from treatment of either of these disorders will not participate in LFWTP. Since family therapy (BSFT) is important to the success of this program, the families of enrolling adolescents must be willing to participate in both Part II and Part III of the program. Several family members may participate, but at least 1 must be present for all family activities in Part II and Part III. Also, families will be informed that the program focuses on Latino identity and associated cultural factors. For reasons discussed earlier, it is important to value these cultural factors (Malgady et al., 1990; Gil et al., 2004). Finally, due to the literature's emphasis on reducing recidivism, families will only be allowed to participate if they commit to participating in the follow-up visits and the reunion.

## CONCLUSION AND LIMITATIONS

The proposed wilderness intervention, LFWTP, is created from the best available evidence in 2 bodies of literature: that on wilderness programs and that on intervention strategies with Latino populations. Since little research combines wilderness programs and Latino populations, it is necessary to extrapolate from these 2 bodies of literature to construct an intervention. This lack of related research is a clear limitation to LFWTP. Fortunately, several studies examine sample populations similar to the one targeted in the COPES question. Another major limitation of LFWTP is the time needed to evaluate it. The 6 proposed measurement tools occupy about 2 hours of the client's time. This will be especially difficult to incorporate during the follow-up reunion

(Part III), which is only 1 day long. However, the wilderness treatment field lacks a history of good evaluation methods. For this reason, comprehensive evaluation of LFWTP is especially important.

A final program limitation is cost. Although Deschenes and Greenwood (1998) deemed the Nokomis wilderness program more cost effective than alternative programs, wilderness programs are expensive, and LFWTP's intended population has limited income. In order to compensate for LFWTP's projected cost, the program must be devised in such a way that private health insurance and Medicaid will cover its expense. Further research should examine the requirements of private insurers and Medicaid in order to determine what changes to the proposed program structure would facilitate funding from those sources. Unfortunately, such an inquiry falls outside the scope of the current article. If the program's effectiveness is demonstrated, it might also provide juvenile justice courts with an alternative to mandating residential rehabilitation for youth. Overall, LFWTP is relevant to clients like Carlos and Juan, their families, and their values. The Latino Family Wilderness Therapy Program is based upon the best available evidence and, as such, has the potential to be an effective program for reducing violence among Latino adolescents involved in violent gang activities.

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## NOTES

<sup>1</sup> More information about Catherine Freer Wilderness Therapy Expeditions can be found at <http://www.cfreer.com>.

<sup>2</sup> This information was obtained through a conversation with the author's internship supervisor at CFWTE. Please note that all names have been changed to protect the confidentiality of the subjects in this paper's case studies. Concerns for confidentiality similarly prevent this author from disclosing the date or location of conversations with the subjects.

<sup>3</sup> A complete list of search terms used and quality-ratings assigned to various articles may be obtained from the author. The initial search yielded 204 articles. This number was reduced to 14, based on relevancy. Six of the 10 articles are level-1 research, four are level-2, and four are level-3 or level-4. According to Gibbs (2003), level-1 research is the highest quality and level-4 is the lowest quality of evidence-based articles. The author also conducted a search for harmful effects of wilderness therapy. No results were found.

<sup>4</sup> Recidivism is discussed, but not clearly defined by the literature reviewed for this article. The author defines it as delinquent behaviors, low self-esteem, and an external locus of control by the youth participant after the treatment program has been completed. See Gibbs (2003, Chapter 5) for more information on rating research quality.

<sup>5</sup> Bedard scored a 52 on Gibbs's Multiple Evaluations for Treatment Assessment (2003, p. 188).

<sup>6</sup> The terms "most," "moderate," and "weakest" are this author's. Bedard (2004) actually scored these outcome measures using "the number needed to change." Her numbers are 27 (most), 12 (moderate), and 5 (weakest). A more complete discussion about "the number needed to change" can be found in Bedard's dissertation (2004, p. 22).

<sup>7</sup> See note 4.

<sup>8</sup> Martinez scored a 62 on Gibbs's rating scale. This score is considered an "average high score" (Gibbs, 2003, p. 164). In addition, most of Martinez's measurement tools have a reliability rating of 0.8 or above, where 0.7 is considered acceptable (Martinez, 2002).

<sup>9</sup> Seven of these 9 studies qualified as level-1 studies according to Gibbs's criteria (2003). Seven of the studies included random subject assignments into well-defined treatment and control groups. Except for Wiist (1996) and Cheadle (2001), the studies specifically answered the research question they posed.

<sup>10</sup> Most of the tools have an internal consistency reliability estimates had alpha coefficients of 0.7 or above. Each author describes the internal consistency reliability estimate for their measurement tool.

## ABOUT THE AUTHOR

ANDREW GILL is a fourth year dual-degree master's student at the University of Chicago. He is a clinical student at the School of Social Service Administration and a ministry student at the Divinity School. The inspiration for this article comes in part from his dream to create his own wilderness program. Andrew pursues his hobby of mountaineering when he is not in Chicago.

# COCAINE-ABUSING METHADONE PATIENTS: CAN COPEs LEAD TO AN APPROPRIATE INTERVENTION?

*By Aaron Willis*

Providing evidence-based practice is an evolving skill that uses current and relevant literature to guide practice with client populations. A critical component of evidence-based practice requires a clinician to evaluate and refine individual practice around the needs of a specific, identified population. This article describes and illustrates the use of a tool, Client-Orientated, Practical, Evidence-Search Questions (COPEs), created by Leonard Gibbs (2003) to aide practitioners in evaluating the effectiveness of their practice. Using the author's personal fieldwork experience and evidenced-based literature, this article outlines the process needed to formulate, research, and implement a specific, evidence-based COPEs question.

Social workers encounter diverse populations that present a broad array of issues and concerns. Regardless of the training and skills that social workers receive, little can fully prepare them for the upcoming challenges they will encounter in practice. Social workers, therefore, must develop the skills necessary to allow them to quickly and efficiently locate evidence-based literature that can serve as a reference during a challenging and unusual situation. Using the author's personal fieldwork experience and evidenced-based literature, this article outlines the process needed to formulate, research, and implement a specific, evidence-based question.

After defining the research question, the article draws on 2 years of fieldwork experience to describe populations served during that time. This description elucidates the context of the current research. An extensive literature review discusses the effectiveness of interventions with the studied population, identifies challenges, and suggests possible alternative interventions. The goal of the review is to identify an intervention that best serves the author's client population while selecting measures to determine the intervention's effectiveness.

## CLIENT-DRIVEN RESEARCH QUESTION

Practitioners and clinicians may encounter the need to modify an existing intervention to answer a specific question related to a client's need or welfare. Leonard Gibbs (2003) advocates the use of "Client-Orientated, Practical, Evidence-Search" (COPEs) questions (p. 57). Gibbs contends that an effective COPEs question should have several key components specific to the client, intervention, and proposed outcome. The question identifies the specific client, problem, intervention, and action hypothesized to create the desired change. To determine the intervention's effectiveness, a contrasting intervention, typically standard treatment, is identified and compared to the new form of treatment.<sup>1</sup> Finally, the hypothesized result or accomplishment is stated. These steps form the COPEs question. As a result of the author's fieldwork, this article poses the following COPEs question. If cocaine-using, methadone-maintained patients incorporate node-link mapping into their individual and group sessions or receive treatment as usual, which will result in a decrease in urinalyses that indicate the presence of cocaine?<sup>2</sup>

## POPULATION AND AGENCY DESCRIPTION

The author formulated the COPEs question for this article while working with methadone-maintained patients from two nonprofit agencies located in a large Midwestern city. A majority of the client population is African American and between the ages of 35 and 50. Most respondents reside in areas of the city with low socioeconomic status. The author's interactions with clients and the treatment staff suggest that the majority of this population is burdened with an undiagnosed dual disorder; furthermore, a large percentage of this population is struggling with a coaddiction, specifically with addiction to cocaine or crack cocaine and heroin.

The author's search for an effective intervention with cocaine-using methadone patients began in the U.S. Department of Health and Human Services' Treatment Improvement Protocol (TIP) series manuals (Center for Substance Abuse Treatment 1994, 2005).<sup>3</sup> The manuals are consulted in preparing for interactions with clients and assist clinicians in searches for population-specific practice methods. For the current article, the manuals were used to identify methods of treating a cocaine-using methadone population. These methods include psychoeducation, family involvement, contingency management (CM), relapse prevention, psychotherapy, cognitive and behavioral therapies (CBT), and self-help programs. Unfortunately, the manuals do not

elaborate on specific interventions' uses. There is no guidance informing the practitioner about how CBT or relapse prevention are used with this article's population. Specifically, one manual (Center for Substance Abuse Treatment, 1994) acknowledges the crucial challenge of identifying an intervention that addresses combined addiction to both heroin and cocaine. It states that successful interventions with cocaine abusers may not be as efficient with the cocaine-using methadone population. Similarly, interventions effective with a heroin-using population may fail to achieve the same results within a cocaine-using methadone population. Both manuals (Center for Substance Abuse Treatment, 1994, 2005) fail to identify an intervention effective for treating the studied population of coaddicted clients. They also lack easily accessible suggestions, references, and resources for clinician consultation. Regardless of whether clinicians possess the ability to identify, modify, and elaborate on the manual's suggested interventions, such adaptations must be made if interventions are to be effective for the clients considered in this article.

Another distinguishing feature of the TIP manuals (Center for Substance Abuse Treatment, 1994, 2005) is the absence of information concerning the efficiency, validity, and effectiveness of the suggested interventions. For example, there is no discussion of the interventions' applicability to specific populations or service environments. In the absence of an established, evidence-based intervention for clients coaddicted to cocaine and heroin, and lacking data on the effectiveness of those interventions identified for other service settings, the author began to examine ways to modify and adapt interventions.

## LITERATURE REVIEW

### *Methadone Maintenance: Whom Does It Serve?*

Previous research indicates that methadone maintenance is effective in reducing illicit opiate use, risk of exposure to HIV/AIDS, and crime in areas with high drug use, ultimately creating a healthier and safer environment for the community (Gollnisch, 1997; Sees et al., 2000; Avants and Margolin, 2004; Krantz and Mehler, 2004; Center for Substance Abuse Treatment, 2005). A national study cited by Mori Krantz and Philip Mehler (2004) finds that illicit heroin use among heroin-dependent patients participating in a methadone maintenance treatment (MMT) program decreased from 89 percent to 28 percent (Krantz and Mehler, 2004). Other studies also report decreases in drug use and criminal activity among heroin addicts participating in MMT (Sees et al., 2000). According to the National Institutes of Health (1997), 941 references support MMT as effective for opiate dependence. Krantz and

Mehler add, “[MMT] appears to offer the greatest public health benefits” (2004, p. 277). Some researchers (Kleinman, Lukoff, and Kail, 1977; Fischer et al., 2005) argue, however, that a key variable is missing in many of these studies: the recovering addicts.

Benedikt Fischer and associates (2005) provide a critical evaluation of MMT, finding that many of the studies on and outcome measures of MMT focus on benefits to society and communities while ignoring the actual needs and goals of the individuals using the services. Furthermore, Fischer and associates claim many of the studies proclaiming the effectiveness of MMT have flawed design techniques and evaluation tools. They acknowledge that previous researchers examined these studies and credit an earlier work (Kleinman, Lukoff, and Kail, 1977) that identified similar design and evaluation flaws in MMT studies. The design and evaluation concerns highlighted by Paula Kleinman and colleagues (1977) and Benedikt Fischer and associates (2005) are both relevant and essential, but examination of these flaws is beyond the current article’s scope. A key component of the arguments, however, warrants a brief discussion.

After thoroughly investigating the research designs and evaluations of several MMT effectiveness studies that report decreases in illicit drug use, Benedikt Fischer and associates (2005) note that those studies rarely include outcome measures for the patients who originally enrolled in the methadone programs but dropped out before study’s completion. The patient dropouts were not included in the study’s final numbers and, therefore, the results only examined MMT’s effectiveness with patients who remained for the study’s entirety.

As Fischer and associates point out, this methodology likely produces flawed results, since the patients dropped from those studies are often the people most in need of treatment and interventions. In contrast to those incomplete earlier studies, the current article focuses specifically on cocaine-abusing methadone-maintained patients who drop out of treatment. While it is understood and acknowledged that a co-occurring addiction is not the only reason that patients leave MMT, the high prevalence of cocaine use demands attention.

## METHADONE AND COCAINE

Many studies document high rates of cocaine use among methadone-maintained patients (Foote et al., 1994; Dansereau et al., 1996; Gollnisch, 1997; Simpson, Dansereau, and Joe, 1997; Broome, Simpson, and Joe, 2001; Magura et al., 2002). Similar research finds that cocaine use negates some of the beneficial

public health aspects derived from MMT (Foote et al., 1994; Gollnisch, 1997; Broome et al., 2001; Magura et al., 2002). Previous research also attempts to summarize appropriate interventions (Saunders, Wilkinson, and Allsop, 1991; Center for Substance Abuse Treatment, 1994, 2005; Haug et al., 2005) and examine the efficacy of others. Some of the studied interventions include relapse prevention (Carroll, 1996), CBT, and CM (Rawson et al., 2002; Epstein et al., 2003). Other works also attempt to modify existing interventions (Dansereau et al., 1996; Simpson et al., 1997; Boyd et al., 1998; Magura et al., 2002; Avants and Margolin, 2004; Stopka et al., 2004).

Several studies report that CM intervention is highly successful in decreasing the frequency with which MMT patients test positive for cocaine use in urinalyses (Foote et al., 1994; Simpson, Dansereau, and Joe, 1997; Simpson, Joe, et al., 1997; Magura et al., 2002; Rawson et al., 2002; Epstein et al., 2003).<sup>4</sup> These studies indicate that patients were more likely to produce a clean urine drop when they received incentives, such as bus cards, cash, and vouchers, during the initial months of treatment. These effects, however, diminished over time, and there was no significant difference between groups receiving CM and those receiving a standard form of treatment (Rawson et al., 2002; Epstein et al., 2003).

When employed with MMT patients, CBT is another intervention method that is found to be successful in producing long-term abstinence from illicit substances (Foote et al., 1994; Simpson, Dansereau, and Joe, 1997; Simpson, Joe, et al., 1997; Magura et al., 2002; Rawson et al., 2002; Epstein et al., 2003).<sup>5</sup> However, Jeffrey Foote and colleagues (1994) caution that results are slow and several months are usually required before a clean urinalysis is observed; measurable success may take a year or more.

Studies by David Epstein and associates (2003) and Richard Rawson and colleagues (2002) examine the outcomes of CM and CBT interventions, considering how patients fare in each program. The works also consider how patients fare when both programs are combined. Both studies hypothesized that the group receiving the two treatments would show a greater decrease in positive cocaine urinalyses than that observed for the groups receiving only CM or CBT, respectively. The outcomes of the two studies were similar to others mentioned previously in this article. However, Epstein and associates (2003) and Rawson and colleagues (2002) failed to find that the combination of CM with CBT treatment produced a change in results; joining the two interventions into one treatment produced no significant change in outcomes. Rawson and colleagues (2002) suggest that patients may increasingly produce negative urinalyses over time, but only if the two interventions are provided successively, rather than concurrently.

Although using CM as an intervention has proven effective in studies, clinicians question whether the intervention is practical because producing monetary incentives requires the agency to make a financial commitment (Foote et al., 1994; Simpson, Dansereau, and Joe, 1997). Consequently, researchers began searching for alternatives to CM interventions that nonetheless incorporate CBT's emphasis on long-term abstinence. In order to enable clinicians to target "addictive behaviors from a multidimensional perspective" (Gollnisch, 1997, p. 362), it is necessary to form an eclectic and diverse model that demonstrates realistic and attainable goals for agencies, clinicians, and patients.

In searching for guides to aid practitioners in substance abuse treatment, the author identified several sources that have been deemed effective by their respective developers and outside researchers (e.g., McAuliffe and Albert, 1992; Velasquez et al., 2001). Since most of the research in these works is highly specialized and focused, the sources may prove to have limited practical value, as agencies would be unable to replicate the treatments or have difficulty doing so. Successful models often require months of intensive services and prolonged commitment from staff as well as patients. For example, many of these models include individual and group sessions that meet several times a week.

In the search to locate interventions created specifically for methadone populations and the agencies that serve them, the author was particularly interested in research on methods to enhance patient engagement and satisfaction in treatment. Although Motivational Interviewing (Miller and Rollnick, 2002) and the Transtheoretical Model (DiClemente, 2003) are excellent tools for engagement, they are not interventions. Several intriguing interventions propose unique and creative ways to engage patients. Some identified methods include the use of diaries (Leigh, Gillmore, and Morrison, 1998; Stopka et al., 2004), self-monitoring techniques (Boutelle et al., 1999; Craske and Tsao, 1999; Saelens and McGrath, 2003), timeline follow-back techniques (Brown et al., 1998; Wennberg and Bohman, 1998), and life-lines (Boyd et al., 1998). Unfortunately, however, none of these provides an evidence-based intervention specifically for methadone patients.

### *Three Promising Strategies*

After this extensive search for data and analyses on interventions specifically designed for the target population, the work of three research centers emerged as relevant. Researchers at the National Development and Research Institutes (NDRI) proposed an enhanced form of methadone treatment for the cocaine-using population observed in many methadone clinics (Foote et al., 1994;

Magura et al., 2002). The underlying technique incorporates a CBT philosophy but freely modifies the intervention to fit the targeted methadone population. In this enhanced form of the intervention, the patients attend 3 group sessions a week and meet weekly with an individual counselor. Patients also receive medical care, dental care, assistance in locating housing, and help in finding employment opportunities. In contrast, the standard form of treatment does not provide housing or employment assistance. Patients do not receive dental services. They receive only annual medical reviews, attend 2 group sessions a month, and visit with their counselor once a month (Foote et al., 1994; Magura et al., 2002).

When this enhanced method was compared to standard methadone treatment, the researchers found out that patients rate the enhanced treatment higher. They also report that they are more likely to seek out medical and psychiatric services, along with other forms of public assistance (Foote et al., 1994; Magura et al., 2002). The studies find that the enhanced intervention is associated with a decrease in positive cocaine urinalyses, but the changes were not statistically significant (Foote et al., 1994; Magura et al., 2002). The researchers acknowledge the complexity of the lives of cocaine-using methadone patients and assert that the enhanced form of treatment aides in addressing many patient concerns. The author agrees that the enhanced form is multifaceted, however, but rejected the intervention because it imposes significant commitments of time, effort, and staff resources.

Researchers at Yale University have produced another interesting intervention (Avants and Margolin, 2004). Similar to the NDRI method, the Yale technique is also based on CBT theory but includes modifications. The intervention is premised in the assertion that much of the theory and application of substance abuse treatment fails to acknowledge and incorporate the patient's spiritual side into the recovery process (Avants and Margolin, 2004). Describing the method as "convergence of cognitive and Buddhist psychology" (2004, p. 253), Kelly Avants and Arthur Margolin (2004) acknowledge that there are many different forms of spirituality. They assert that their intervention, the Development of Spiritual Self-Schema (3-S) therapy, allows for a plurality of beliefs.<sup>6</sup> The author did not select 3-S therapy as an appropriate intervention because, as with the NDRI's enhanced model, the 3-S therapy requires a lengthy and intensive commitment from the agency, counselors, and patients.

The current investigation identified a third possible intervention. Developed by researchers at Texas Christian University's (TCU) Institute of Behavioral Research (IBR), Node-Link Mapping (NLM) is designed specifically for cocaine-using methadone patients (Dansereau, Joe, and Simpson, 1993).

The method has been evaluated in the evidence-based literature (e.g., Simpson, Dansereau, and Joe, 1997; Magura et al., 2002; Center for Substance Abuse Treatment, 2005). It uses CBT philosophy, and may be incorporated into both individual as well as group sessions for methadone patients. Researchers find that NLM greatly enhances patients' involvement, satisfaction, and success with treatment (Dansereau, Joe, and Simpson, 1993; Dansereau et al., 1996; Simpson, Joe, et al., 1997), enhancing communication and understanding between therapist and clients who do not share the same racial or cultural background (Dansereau et al., 1996). The author ultimately selected NLM as the highlighted intervention for this article.<sup>7</sup>

### *Node-Link Mapping*

Sandra Dees and Donald Dansereau (2000) assert that NLM is an effective communication tool that allows patients and clinicians to organize, clarify, and visualize their discussions. Using a notebook, whiteboard, or piece of paper, the clinician or patient diagrams the discussion, as one might create a family tree or flow chart. Nodes represent ideas or events, and links connect nodes to illustrate the relationships and commonalities among the nodes. The final product is a map that depicts the discussion. The map is then used to enhance the individual or group sessions by identifying and maintaining focal points during sessions (Dees and Dansereau, 2000).

## CLINICAL INTERVENTION

As previous research suggests (Foote et al., 1994; Magura et al., 2002), many of the author's methadone patients who continue to use cocaine are at high risk for negative outcomes. Such outcomes may, in turn, diminish mental health services and social support. Exposing these patients to NLM may generate involvement and a sense of ownership in sessions.

Many patients in this group are cognitively challenged or impaired due to an undiagnosed learning disorder, academic failure, lack of school attendance, physical trauma to the head, or drug-induced trauma to the brain. While the setting and treatment parameters preclude testing clients for such impairments, NLM may enable the practitioner to connect with patients at a level they can understand (Dansereau et al., 1996; Pitre, Dansereau, and Joe, 1996).

In practice, NLM can elucidate a specific idea or item of discussion, providing improved client-counselor understanding. Two interactions with patients illustrate the method's merits. A formerly homeless woman struggles to locate a place where she and her daughter can live. The shelter where she

and her daughter were living provided numerous opportunities. In addition, the patient was scheduled for general equivalency diploma (GED) training, job assistance, and a variety of other supports. As part of her session, the practitioner began to map these events, creating a visual aid that clarified and illustrated her story.

The agency served as the starting node and assigned the shelter, GED training, and so on to other nodes. The author and patient then connected the nodes in relation to each other. For example, the map connected the agency to the shelter and the GED training site, because both referrals came from the agency. Her daughter's school, their community activities, and her job assistance site were linked to the client's shelter because of the shelter's referral. The clinical breakthrough occurred while viewing the map, when she announced, "I would have never had all of these opportunities if I was still selling drugs with my brother."<sup>8</sup> Throughout the time she remained homeless, the patient struggled with the choice of whether to sell drugs. She resisted. The patient credits God with her decision not to return to drug dealing.

The author questions whether the patient would have expressed her personal realization without the map. The patient and author may have spent a lot of time trying to understand various details, continually explaining words and definitions. The map acted as a visual tool, allowing patient and practitioner to see and share the same understanding of the client's current situation.

The second example of this intervention comes from a group session. A discussion of triggers slowly began to evolve into a cognitive dissonance session. Many patients were describing the pipes used to smoke crack and how memories of substance abuse created feelings of happiness. When the group was asked to define what it means to be happy, members immediately responded as if they were reprimanded. Several members of the group then related the opinion that pipes should be considered as bad. Another person announced, "[The pipes] sure are beautiful, though." As everyone laughed, the author pointed out that these are expected thoughts; people begin using drugs because they enjoy the sensation. The author explained how the patients' behaviors had trained their minds to associate the pipe with happy thoughts, even though they now recognize the pipe as a negative stimulus. They were encouraged to retrain their minds.

Because this discussion confused the members of the group, node-link mapping was used to illustrate the practitioner's points. After viewing the map, the patients were still confused by the practitioner's encouragement to retrain their minds. They could not conceptualize the mind's role in changing behaviors. While still focusing on the details of the map, the author diverted the focus

of the group from addiction to rehabilitation. By employing the example of a person whose brain injury prevented routine functioning, the author enabled participants to grasp the elimination of extensive barriers only overcome after extensive physical and mental therapy. The diagram helped participants to understand the author's analogy between extensive therapy and retraining their minds' tendency to link happiness with a crack pipe.

In this example, the discussion and illustrations evoked excitement and involvement. The group's increased energy and participation levels created positive and productive changes.

#### EVALUATION OF INTERVENTION

The author will not rely on mapping as the only form of intervention but will use it to enhance many of the individual and group sessions. The standard form of treatment at the author's agency utilizes Motivational Interviewing (Miller and Rollnick, 2002). Interventions are also designed and applied based on each patient's stage of change (DiClemente, 2003). Each patient is expected to consistently attend individual and group sessions. Attendance requirements are determined by the patient's current stage of change.

The effectiveness of node-link interventions can be evaluated in 3 ways. The easiest method is through observation of patients' urinalysis reports. For several months in late 2005, all patients in this study were tested for cocaine use. The availability of this form of evaluation may be limited however, as some agencies perform only monthly urinalyses, preventing practitioners from observing random and sporadic cocaine use.

Another possible method of evaluation, although not as reliable or easily interpreted as the urinalysis, is monitoring attendance at individual and group sessions. Methadone patients who use cocaine do not attend sessions reliably or consistently (Foote et al., 1994; Simpson, Dansereau, and Joe, 1997; Magura et al., 2002). While the current patients have attended sporadically, improved attendance by year's end may be a positive effect of the intervention.

Caseload comparisons are 1 final method of evaluation. Patients became part of the author's caseload when transferred there from his supervisor's caseload. While the supervisor was their counselor, these patients received the same treatment as the supervisor's other patients. Comparing the outcomes of the author's caseload with those of his supervisor may identify intervention effects. So too, it may be revealing to compare urinalysis reports across the 2 client groups.

## CONCLUSION

This article identifies a tremendous barrier that social workers continually encounter on an ongoing basis: the need to locate intervention models, ascertain their effectiveness, and implement effective, evidence-based practice. This form of research, like the practice of social work, is a skill that must be gradually developed and refined. Leonard Gibbs (2003) provides a simple and convenient tool in the COPES question. The question facilitates an effective search and locates appropriate literature to support interventions for a specific client or client population. Lastly, and quite significantly, the COPES method further enhances the small rewards social workers experience when contributing to a change in a person's life.

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## NOTES

<sup>1</sup> Treatment as usual (TAU), or standard form of treatment, is used throughout this article to describe the established and common form of practice used at similar agencies. This article does not presume that TAU should be viewed as ineffective but rather as the basis for a comparison or measure to gauge a new intervention's effectiveness.

<sup>2</sup> A detailed description of Node-link mapping (NLM) is presented later in this article. The NLM method is a communication tool that can be used in individual as well as group sessions. The terms "positive cocaine urinalysis" and "negative cocaine urinalysis" appear throughout this article. Urinalysis testing is a tool employed by many agencies to determine if patients are consuming illicit substances while in substance abuse treatment. A positive result means an illicit substance has been detected in the patient's toxicology report and a negative result means that illicit substances were not detected in the patient's toxicology report.

<sup>3</sup> For a complete list of search terms, databases, and techniques used for the literature search, please contact the author directly.

<sup>4</sup> Contingency management is a positive reinforcement intervention used to change unwanted behavior. Simply put, subjects are rewarded with a monetary incentive or other intrinsically valuable commodity when they perform a desired behavior such as producing a toxicology report that is negative for illicit substances.

<sup>5</sup> Cognitive and behavioral therapy emphasizes recognizing the relationship between one's behaviors and thoughts and understanding how they influence the continuance of the problematic behavior. Change occurs when unwanted behaviors and thoughts are phased out for new behaviors and thoughts.

<sup>6</sup> Avants and Margolin (2004) developed a free manual of their intervention. It is available online at <http://www.3-s.us>.

<sup>7</sup> For additional details on the NLM method, see <http://www.ibr.tcu.edu>.

<sup>8</sup> In order to protect the confidentiality of the subjects, this article does not disclose their names. For this reason, the dates and locations of interactions are also withheld.

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# FACETS OF CARING: AN ORGANIZATIONAL CASE STUDY FOR HOW CLIENT-WORKER RELATIONSHIPS AFFECT SOCIAL SERVICE OUTCOMES AMONG THE MEDICALLY ILL HOMELESS

*By Lissette M. Piedra*

Submitted March 2006 to the faculty of The University of Chicago School of Social Service Administration.

CHAIR: Jeanne C. Marsh, Ph.D., Dean and George Herbert Jones Professor

## PURPOSE

The purpose of the study is to understand how service linkage and helping relationships for the medically ill homeless are affected by the organizational context and to extend relationship and organizational theory. This study answers the following questions: (1) How is such care provided? (2) What is the role of the organizational context in shaping relationships between residents and workers? (3) How does the context affect the way workers conceptualize their service provision?

## METHOD

This study was based on data available from Interfaith House (IFH), a 64-bed residential center that provides temporary and transitional housing for medically ill homeless adults. Administrative data was used to examine client factors that predict early discharge from the program. The findings from this part of the study led to in-depth interviews with Interfaith House staff to understand agency influences that facilitate and constrain the client-worker relationship.

In addition, a sub-sample of 32 case files were analyzed to discern relational factors that contribute to a client's ability to acquire housing and other services (outcomes). Although this study is designed in a linear fashion, the analysis is iterative; findings from each phase informed both previous and subsequent stages. The overarching method used to answer these questions is Extended Case Method.

## MAJOR FINDINGS

What emerged is a portrait of the daily activities that reflects workers' negotiations and coordination activities. In the midst of these activities, direct practice with clients themselves represents the most profound source of satisfaction as well as the greatest challenges for staff.

## PRINCIPLE CONCLUSIONS

Interfaith House's holistic interdisciplinary approach emerged as the central organizing principle for service provision. This holistic approach led the agency to expand its on-site services through external linkages, enhancing the way workers are able to respond to client needs. The availability of on-site services was cited as a source of job satisfaction. Staff reported they were able to make a more personalized contribution to client care. Workers attributed the holistic multidisciplinary approach to enhanced job satisfaction for workers and better outcomes for clients at Interfaith House.

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LISSETTE M. PIEDRA is an assistant professor at the University of Illinois at Urbana–Champaign School of Social Work. Her research interests center on how race and ethnicity intersect with class to influence the development, delivery, and utilization of health and social services for vulnerable populations. She is the coeditor of the forthcoming book *Our Diverse Society* (NASW Press). She received her M.S.W. from Loyola University Chicago.

# THE EARLY SEXUAL BEHAVIOR OF AFRICAN-AMERICAN CHILDREN

*By Jeffrey W. Thigpen*

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An important but neglected area in the child sexual behavior research literature is the sexual behavior of African-American children. To begin filling this empirical gap, this exploratory study investigated the sexual behavior of African-American children without known histories of sexual abuse and examined the familial context in which this behavior emerged. Utilizing survey research methods, primary caregivers of 2–12 year-old African-American children were recruited from a public pediatric clinic using a convenience sampling strategy and administered the Child Sexual Behavior Inventory (CSBI) (Friedrich, 1997), a parental report measure that assesses a broad range of childhood sexual behavior in nine specific domains. Two hundred twenty seven (227) primary caregivers constitute the research sample.

Results indicate that a broad range of sexual behavior was observed by primary caregivers of 2–12 year-old African-American children without known histories of sexual abuse. This behavior, however, was reported to occur infrequently. Non-parametric statistical tests used to assess differences in overall levels of sexual behavior by age and gender revealed statistically significant differences across the 3 age groups evaluated in the study. Exploratory latent class analysis showed a high probability of engaging in a single type of sexual behavior for each of the 3 age groups: boundary-related sexual behavior for 2–5 year-old children; voyeuristic sexual behavior for 6–9 year-old children; and sexual behavior reflecting sexual interest for 10–12 year-old children. While overall differences in the level of sexual behavior observed and reported for boys and girls were not statistically significant, differential sexual behavior patterns did emerge. Latent class analysis showed that the probability of girls engaging in sexually intrusive behavior was extremely low in comparison to boys. Finally, logistic regression analysis showed the sexual behavior of African-American children to be associated with familial beliefs and customs around sexuality. Primary caregivers who reported having a belief in the normalcy of

childhood sexual behavior and expression were more likely to observe and report it. Similarly, primary caregivers who reported being permissive of co-sleeping were more likely to report having observed their child display sexual behavior. Primary caregiver reports of childhood sexual behavior were also shown to be related to the age of the child, the primary caregiver's marital status, and the child's exposure to adult sexuality.

These results, in tandem, point to the developmental and socio-cultural contexts of childhood sexual behavior. Because the experiences of children are adversely affected by the absence of empirical data regarding their sexual behavior, the findings of this study can be used to inform the policies and practices of formal helping systems such as child welfare.

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JEFFRY W. THIGPEN is an assistant professor of social work at Indiana University, where he teaches courses in human behavior and research. His research interests include childhood sexual behavior, sexual development, sexual culture within families, and sexual health. Supported by the Ford Foundation-funded Sexual Research Fellowship program of the Social Science Research Council, Dr. Thigpen's dissertation research explored the sexual behavior of prepubescent African-American children. His work appears in John Bancroft's (Ed.) *Sexual Development in Childhood* (Bloomington: Indiana University Press, 2003) and in *Pediatric Research* (2002). Dr. Thigpen received his M.S.W. from Wayne State University.

# WOMEN AT RISK: FAMILY DEVELOPMENT IN THE CONTEXT OF HEREDITARY DISEASE

*By Allison Werner-Lin*

Submitted August 2005 to the faculty of the University of Chicago  
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Empirical and clinical literature suggests a temporal thread running through family understandings of hereditary disease, linking past experiences to current beliefs about risk. This study asks young women with elevated genetic risk how their family illness histories intersect with family life cycle development, specifically with partnering and family planning. Ten women aged 21–35 who carry a BRCA mutation completed illness genograms and open-ended interviews. Transcripts were analyzed using the Listening Guide, a narrative tool that emphasizes the use of voice to highlight key themes, relationships, and meaning structures. Results reveal myriad meanings of hereditary cancer risk, influenced by family experiences with cancer, stage of individual and family development, and meaning-making style. Pervasive meanings included genetic testing as confirmation of risk, a shift in focus to one's own risk, the presence of "danger zones," and increased urgency at finding a life partner open to pursuing multiple paths towards parenthood.

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ALLISON WERNER-LIN is an assistant professor at New York University School of Social Work, with professional interests in the areas of psychosocial oncology, genetic testing for hereditary disease, family development, clinical practice with children and families in health care settings, and qualitative social work research. She holds a master's degree in clinical social work from the School of Social Service Administration at the University of Chicago, a master's degree in human development and psychology from the Graduate School of Education at Harvard University, and a bachelor of arts in family studies and psychology from Wellesley College.



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