

Social Work/Social Science Review

VOLUME 5

Social Work/Social Science Review

THE GCU SOCIAL WORK/SOCIAL SCIENCE REVIEW

VOLUME 5

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WELCOME TO THE SOCIAL WORK/ SOCIAL SCIENCE REVIEW - VOL. 5

Welcome to the Fifth Edition of The Social Work/Social Science (SWSS) Review. This edition came together because of the collaboration of the Social Work Department of Grand Canyon University (GCU). The students took the idea of a review and have made it theirs. The SWSS Review is a student-run review by which students participated in the writing, article-editing and even participating at university wide events to talk to students about the Review.

The purpose of this review is to provide students a place to express, through writing, their life experiences viewed through the disciplines of social work and the social sciences. Phoenix and the broader world become the social science lab to bring the students' social experience into focus, using social work and social science tools of analysis, resulting in a student-led journal. This endeavor values students' experiential learning, critical thinking about contemporary society with the expressive tool of writing.

The fifth edition showcases our students' experience as it relates to social work and social science content. The student writers for the Social Work/Social Science Review demonstrated courage in writing about very personal experiences, as well as analyzing our larger social world. Here is a "taste" of the articles. Students wrote about micro- and macro-social processes and issues. The micro issues include the personal journey of suicide in a family, supporting dignity and emotional care in providing hospice care and reflections on childhood trauma. The macro content includes social processes of global terrorism, the public school system, political discourse in the family and art as a factor in global mental health.

"Well done" to our students who took up the challenge of a student-run review – from the student writers to the English Department's professional writing group's editing team. Students, you made this happen.

Finally, a nod to the faculty and support of the College of Humanities and Social Sciences at GCU, who labored in support of our students to make this SWSS Review a reality.

Faculty Advisor and Faculty Lead – Social Work/Social Science Review
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Freeing Myself From the Ghost of Suicide: Intergenerational Trauma in Families

RAPHAELA BRAVO

CLASS OF 2027

Suicide is often talked about as an individual act, but its impact goes far beyond one life. The grief, confusion, and sometimes shame that follow can echo through the years, influencing how families process emotions, relate to one another, and even how future generations understand their own mental health.

Intergenerational trauma theory helps explain how the trauma and pain of one generation can be carried, often silently, into the next. In this article, I will reflect on my own experience of losing a sibling to suicide and connect it with what research says about trauma, grief, and family systems. My goal is not to retell every detail of my story, but to use it as an example to show how suicide can become a “ghost” in a family, to stress the importance of processing the grief and emotions caused by suicide, and how social work practice can help break the cycle of silence and suffering.

Personal Context and Lived Experience

Before I was a college student living in the United States, I was a nine-year-old girl in Brazil who had just lost her mother. My mother had four children, and after her passing, two of my siblings went to live with their father. Victor and I were closest in age, so he ended up becoming the person I bonded with the most at that time. Even though he was not my father’s biological son, he chose to stay and live with us because he knew I needed him. Victor became my protector, my constant companion, and the one person who stayed by my side while I struggled to be a kid in the middle of grief.

Years later, when I was 14 years old, grief became an even bigger presence in my life. On August 6, 2014, I received the news that Victor had died by suicide. My aunt picked me up from school, I walked into a house where a priest was present, and that is when I was told what had happened. That day felt like a blur, that single event changed how my family related to each other, to mental health, and even to the topic of suicide itself.

Over time, the impact continued to show up in different ways. My sister experienced multiple suicide attempts and required psychiatric care. Years after Victor’s death, I struggled with my own mental health as well. Today, thanks to faith, support, and treatment, both of us are doing better, but the mark this loss left on our family is undeniable.

What has been hardest is not only the loss itself, but the silence around it. As a family, we have never really processed Victor’s death in a healthy, open way. When I told my father I wanted to write about this topic, his first reaction was to say “no” because he did not want to talk about it. This response makes sense

when we understand trauma: sometimes silence is a form of protection. But it also shows how unprocessed pain can become a quiet presence that is carried forward, becoming the pattern of how we handle emotions, relationships, and how we deal with challenges later in life.

Understanding Intergenerational Trauma

Intergenerational trauma explains the impact of a traumatic event. It doesn't just stay with the people who lived through it, it can be passed down to the next generation through communication patterns, or silence, emotional regulation, family rules, triggers, or even how people deal with stress (Danieli et al., 2016; Yehuda et al., 2018).

When a family loses someone to suicide, the emotions that come with it, the guilt, anger, fear, shame, or confusion, can dictate the way the whole family communicates for years. Some families might pull away from each other, while others become overly protective because they're scared something else might happen (Pitman et al., 2014). Suicide carries so much stigma, many families avoid talking about it at all. Part of this stigma comes from the way suicide is often associated with blame or responsibility for the death. People who lose a loved one to suicide may sometimes feel as though others are questioning what they could have done differently, or whether the tragedy reflects something about their family, which can create feelings of shame or guilt (Jordan & McIntosh, 2011). Because of this, families may choose silence to protect themselves and the person they lost from judgment or misunderstanding, to avoid the shame or blame that society sometimes attaches to suicide.

This silence can make younger family members feel like an emotional "ghost" is present, even if they don't know the full story (Sangalang & Vang, 2017). By this, I mean that the loss continues to exist in the background of family life, quietly influencing conversations and emotions, even when no one speaks about it directly.

Intergenerational trauma doesn't mean a family is "broken" or "stuck" forever. Instead, it helps explain why certain patterns show up over time. When a family's story about suicide is full of silence, fear, or blame, those emotions can influence the next generation's mental health, relationships, and ability to ask for help (Yehuda et al., 2018; Walser & Hayes, 2006).

How Suicide Ripples Through a Family

Losing someone to suicide doesn't just affect one moment, it affects the whole emotional atmosphere of a family. Research shows that people who lose a sibling or close family member to suicide often experience higher levels of anxiety, depression, and complicated grief because the loss feels sudden, confusing, and sometimes surrounded by guilt or unanswered questions (Pitman et al., 2014).

In my own family, the suicide created emotional "ripples" that showed up in different ways, like silence around the topic, tears instead of conversations, and a constant fear of losing someone else. This kind of reaction aligns with

what intergenerational trauma studies describe: when a family experiences a traumatic death and doesn't have the space or support to process it, the unspoken emotions can shape how everyone responds to stress, relationships, and grief. (Yehuda et al., 2018).

At the same time, suicide loss can also become part of someone's purpose. For many people, including me, experiencing this kind of loss can lead to wanting to understand mental health more deeply or choosing a helping profession. In that sense, the trauma is real, but so is the possibility of transforming it into something meaningful.

Moving Toward Healing and Breaking the Cycle

If trauma can be passed down through generations, healing can be passed down too. One of the most important steps in breaking the cycle of intergenerational trauma is creating safe spaces for honest conversations. Research shows that when families are supported in talking openly about suicide, without judgment, shame, or blame, they're better able to process grief and reduce the emotional weight that gets passed on to younger members (Jordan & McIntosh, 2011).

Another part of healing is recognizing the patterns that formed after the trauma. For example, if a family becomes overly protective, emotionally distant, or silent about the trauma they all experienced, naming these patterns is the first step to changing them. Approaching the situation with trauma-informed care helps families understand these reactions as survival strategies, not failures (Walser & Hayes, 2006). Once patterns are acknowledged, families can learn healthier ways to respond to it, like validating each other's feelings, encouraging therapy, communicating and processing these feelings together.

For many people, including myself, faith can become an important part of the healing journey. Faith can be the source of hope, comfort, and a sense of connection during grief. Studies show that combining spiritual coping with mental health treatment can support resilience and long-term healing, especially after traumatic losses (Smith et al., 2003).

Healing does not erase the trauma, but it helps prevent the silence, fear, and shame from becoming the emotional "ghost" of the next generation.

Implications for Social Work Practice

For social workers, understanding intergenerational trauma is important because clients often have family histories and backgrounds that influence how they cope with loss, stress, and relationships. When someone is dealing with anxiety, depression, or family conflict, it can help to create a safe space to explore whether their family has experienced a suicide or another major traumatic loss (Jordan & McIntosh, 2011). This opens the door for conversations that honor the client's story without pressure or judgment.

By applying trauma-informed care, social workers can help clients recognize emotional patterns and slowly build healthier ways of coping and connecting

to others (Walser & Hayes, 2006). Another helpful step is supporting families in having honest and age-appropriate conversations about the suicide, since open communication can be a helpful tool to reduce confusion and stigma for younger family members (Jordan & McIntosh, 2011).

By looking at suicide through an intergenerational perspective, social workers understand the complexity of a client's experience and guide families toward healing instead of carrying silence into the next generation.

Conclusion

Losing someone to suicide changes a family in ways that are hard to explain. The pain does not stay in one moment. It shows up in the way people talk, the way they protect each other, and even in the silences that fill the home. Intergenerational trauma gives language to something many families feel but rarely name. It helps us understand why certain patterns continue, even when no one is trying to repeat them.

But what I have learned, both personally and through this work, is that trauma is not the end of the story. Families can heal when they have space to be honest, to grieve, and to understand each other without judgment. Even though the loss will always matter, it does not have to shape every part of the future. Healing can travel across generations in the same way that pain does.

For me, this experience is part of why I chose social work. I want to help families talk about the things they were never allowed to say out loud. I want to help create spaces where silence does not have the final word. When families understand how trauma moves through generations, they also gain the power to interrupt it. And that is where hope begins, not by forgetting what happened, but by refusing to let it continue unspoken.

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Division of Family and State: How Politics Divide People

JOEL NEWLIN

CLASS OF 2026

Introduction

One of the most unfortunate things about political discussion is how divisive it can become. Many have strong opinions on sports, media, and especially politics. Because of the many different worldviews, cultures, and subcultures, most of these strong opinions are different, causing them to be pitted against one another. This pitting against one another can damage views and trust of the opposing side.

The first time I noticed this was during the COVID pandemic. Though tight knit, my family had been cooped up, stressed out, and in need of an outlet for social interaction. This resulted in a number of disagreements coming from passionate conversations about the events of the time. Although there was no lasting damage, it was the first time I had seen how divisive political conversation could be in a close setting with family. I found it alarming that even discussion among family could raise tensions so easily.

Disputes and Dysfunction

Conversation about government policy is both formative for emotion-driven opinions and informative to the logical reasoning behind our beliefs. Opinions naturally form as a result of our surroundings and exposures, so it is intuitive that our beliefs about the correct approaches to political issues form as the result of our conversations and experiences with others. It is a privilege to have these conversations about policy and open talks about the government's responsibility, however, mutual hostility and tension hinders these conversations from being positive contributions to our psyche.

Pew Research's 2023 survey on the "polarization" of discourse illustrates these changes in conversational landscape: "around six-in-ten U.S. adults (61%) say having political conversations with people they disagree with is generally 'stressful and frustrating'", and only a third of those interviewed found these conversations "interesting and informative" (Pew, 2023). Pew's survey shows an increase in fatigue and frustration surrounding political conversations. These negative emotions are not conducive to an ideal environment for learning about politics nor learning how to deal with discourse respectfully.

In one sense, these disagreements are to be expected from our current political climate. Stapleton's and Dawkins's article on the utilization of anger for political means makes a strong, clear case that "politicians derive a great deal of benefit from having angry partisans," (2021). An exploration of the reasoning for manufacturing these sentiments is another key point to consider when

assessing our current bipartisan social interactions. Stapleton and Dawkins suggest identity can be found in political beliefs, causing what is known as identity politics. Identity politics can be further defined as the “demand for recognition on the basis of the very grounds on which recognition has previously been denied” (Heyes, 2020). It mobilizes people in a way that level-headedness does not, making it an ideal mode of motivation for both news networks and politicians to use to reach higher levels of engagement.

But Stapleton and Dawkin’s warning in the conclusion of their article shows the danger in this strategy: “From a normative perspective, there are many reasons to not want an angrier electorate. Despite the positive outcome of higher turnout, angry citizens can also be more closed-minded, less trusting of each other and the government, and less willing to compromise.” (2021). While this strategy is effective at motivating and mobilizing, it creates an air of distrust and dislike across the aisle.

Power in Perceptions

For civil discourse to happen in the streets, homes, and especially in the houses of government, then something needs to change. Perception is a vital part of this change. I have lost count of how many times I turn on the news or log on to a social media site to be greeted by the newest negative headline and today’s takes on any number of awful and unfortunate events happening in our world. Rarely is there a positive political headline expressed by news outlets or on social media.

This negativity affects the outlook and approaches to political conversations. Hampton, Shin and Liu’s article on the usage of SNS (social networking sites) gives a clear conclusion on his informed opinion of these social media sites, stating that “on the whole, our findings do not support the conclusion that SNSs are a positive contributor to deliberative democracy. We find clear evidence that the use of an SNS can have a direct, negative impact on deliberation in many offline settings,” (Hampton, 2016). If the usage of these sites suggests a directly negative impact on the user’s interactions, then it may be within reason to conclude that these sites and outlets are harmful to their capability of facilitating discussion.

Although these sites themselves are proving to be problematic, they are not the sole issue or cause for these instances of extreme disagreement. Zomeren, d’Amore, and Pauls’ article on the approach to the IVP (intergroup value protection model) found that identity and morality play a part the escalation of conversation because the “visible value-protective responses” of one group causes another group to get defensive, then, of their own values (Zomeren, 2024). This triggers the first group again, causing the cycle to continue, escalating their conflict. This is a comprehensive look at the reasoning behind many of our political disagreements, and why they have the potential to illicit extreme responses. The use of “escalation” in their article is a particular standout here, showing the ideas of back-and-forth protection of values or morals triggering a similar defensive response from the other side. If each

defense of values is seen as an offense by the opposing party, escalation may come as the result of one side simply defending their beliefs, and the other side perceiving this as an attack on theirs. If people believe the other side is “attacking” their values, it is easier to alienate and be alienated from those who do not share the same values and opinions.

The Opportunity of Optimism

I believe that appreciation of alternate viewpoints is something that can benefit us all, and I do not believe that any of us need any qualifications or expertise to do so. The lost sense of diplomacy and democracy in our conversations is not going to see much difference if solutions are only discussed in the higher areas of academia. Instead, we have an opportunity presented to us in each disagreement. Even when we discuss our values with those who align with us on those same beliefs, we still have the privilege to speak kindly and respectfully about people who do not. The truth is that peace and diplomacy are not flashy, especially in conversation. Anger and blame make for exciting speeches that rile up the masses, but we pay for our anger if it goes unchecked by grace and patience. In Matthew 5:9, Jesus tells us, “Blessed are the peacemakers, for they shall be called sons of God.” (ESV)

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Art as a First Language: A Framework for Advancing the Role of Nonverbal Communication in Global Mental Health, Policy, and Practice

SAMANTHA LEAVITT

CLASS OF 2026

I spent my early years carrying a voice I could not speak. On any given day, you would find me with my two most prized possessions in hand: (1) my Lisa Frank spiral notebook, and (2) my favorite purple glitter gel pen. One notebook page after another was covered in glittery drawings, words, and sentences that communicated my needs to others when my voice failed to do so. Navigating a childhood with selective mutism taught me what happens to people who cannot speak in systems that claim to value voice but do not truly listen.

Selective mutism is an anxiety disorder characterized by one's inability to speak in certain social situations despite being able to speak in other, more comfortable settings, and like other childhood disorders, often requires professional intervention (Wong, 2010). Growing up, I was labeled as "just shy", but I wish global communities had been better equipped with the knowledge and tools to view my pictures as if they, too, were worth a thousand words.

Recognizing art as a first language requires a fundamental shift in how mental health systems conceptualize communication, assessment, and care in the social work context. By expanding our understanding of creative art as communication beyond verbal language, we open the door for art to find its equal place in mental health and recognize its importance in intervention and advocacy for individuals and global communities.

Defining Creative Arts

Creative arts are experiential forms of self-expression that are not bound by verbal language, allowing meaning, emotion, and identity to be communicated through diverse modalities. For the purpose of this paper, the arts are organized into five categories: (1) visual arts – drawing, painting, sculpture, ceramics, collage, street art, and caricatures, (2) textile arts – knitting, crochet, embroidery, felt work, quilting, sewing, macrame, and weaving, (3) performance arts – music, dance, drama, and theatre, (4) media arts – photography, digital media, and film, (5) literary arts – poetry, fiction, and prose.

Historical and Evolutionary Origins of Art as Communication

To understand why art can function as a primary language, it is essential to look at its historical and evolutionary origins in human communication across time.

Blombos Cave Paintings

Evidence from Blombos Cave in South Africa suggests that as early as 75,000–100,000 years ago, Middle Stone Age Homo sapiens were intentionally engraving geometric patterns onto ochre, a natural earth pigment, producing some of the earliest known examples of symbolic expression (Henshilwood, d’Errico, & Watts, 2009). Similarly, Ochre fragments, dating 70,000 years old, from Neanderthal sites in Crimea and Ukraine show use of symbolic visual behavior, as the fragments were found to be shaped and used like crayons for marking or drawing (Arnold, 2025; Hashemi, 2025). The deliberate shaping, engraving, and reuse of the ochre suggest that Middle Stone Age Homo sapiens and Neanderthals alike engaged in symbolic mediated behavior through the use of color and marks to communicate social information that held complex meaning and cultural significance (Arnold, 2025), supporting the idea that visual artistic expression was a primary mode of externalizing thought and communication during this time period.

Indonesian Narrative Cave Art

In 2017, Oki Amrullah, a Cultural Heritage Guard, discovered a 51,200-year-old cave painting at the limestone cave of Leang Karampuang in Sulawesi, Indonesia (Oktaviana et al., 2024). This scene, showing human-like figures interacting with a pig, is the earliest known example of representational art and visual storytelling, providing further evidence that art has functioned as a primary language since early human history (Oktaviana et al., 2024). The specific arrangement of figures, animals, and landscapes suggest that early humans used images as a way to communicate stories about relationships and gave them meaning through creative expression, indicating that visual storytelling, and art as a first language, played a foundational role in communication long before spoken or written language was formally implemented.

Symbolic Thought

Tonna (2024) argues that symbolic thought emerged through the body’s interaction with the world instead of existing as an abstract mental process. Long before spoken, written, and verbal language, humans used natural pigments, somatic movement, and sensory engagement to make meaning, with symbolism developing through shared practices that made experiences both visible and relational (Tonna, 2024). Early use of creative arts and visual storytelling show that perception, movement, and culture are deeply interconnected. Placing art at the center of communication emphasizes visual and sensorimotor expression as a first, and primary language among humans. Humans have long relied on art to communicate meaning, and today, we see this reflected in the measurable mental health benefits of creative expression.

Modern Day Implications in Mental Health

Creative arts have been selectively adapted for use in child and adolescent populations as a form of communication, particularly youth diagnosed with

neurodevelopmental disorders (Wei, Lai, & Ho, 2025). For example, children with autism spectrum disorder may experience difficulties engaging in verbal communication but drawing and painting have been shown to allow for self-expression in order to communicate effectively in a nonverbal way (Bernier et al., 2022). However, Fancourt & Finn (2019) share how the World Health Organization highlights the role of the arts in supporting overall health and in preventing a variety of mental and physical health challenges throughout the lifespan and across diverse populations, communities, and organizations as evidenced by the following case studies.

Young LGBTQ+ Adults

In the Western Cape of South Africa, an immersive learning space called The Creative Change Laboratory (CCoLAB) was developed for young LGBTQ+ adults to engage in creative practices to generate unconventional solutions to individual, community, and systemic problems they face (Khan & Marnell, 2022). Khan & Marnell's (2022) CCoLAB incorporated a range of artforms in the learning space including visual arts, performance arts, media arts, and literary arts, which were used to identify, analyze, and respond to social injustice related to gender, sexuality, and health.

Masechaba, a young queer black womxn created a zine, or a mini magazine, titled 'I don't feel too well today.' (Khan & Marnell, 2022). Khan & Marnell (2022) depicts a photo of Masechaba's zine; on the left side, a photo of Masechaba shifting from black and white into bleeding color. Scattered on the page are short statements reflecting Masechaba's own mental health experiences, speaking to the challenges of navigating complex mental health systems. Masechaba describes 'not feeling well' as having difficulty showering, anxiety associated with asking for help, experiencing judgment from providers, and shame that accompanied struggle (Khan & Marnell, 2022). Masechaba's zine expresses both internal and external experiences through art activism which instilled a felt sense of empowerment and meaning-making.

Aging Female Prisoners

Hongo, Katz, & Valeenti (2015) piloted six expressive arts workshops in a California prison that were implemented for 20 older female inmates aged 50-76 years old to identify the role of creative arts in coping with trauma. Historically, art has provided inmates a means for nonverbal communication and expression through inmate painted wall murals and intricate designs, highlighting the innate human need for expression. With prisoners often facing obstacles to verbal language such as lower levels of education, illiteracy, and cognitive challenges, art has been found to be beneficial in supporting the expression of complex internal experiences, mitigating linguistic challenges (Hongo, Katz, & Valeenti, 2015).

The results of the six week workshop showed five overall themes: (1) potential to dream, (2) feeling connected, (3) mutual understanding, (4) releasing of feelings, and (5) unselfish concern (Hongo, Katz, & Valeenti, 2015). Hongo,

Katz, & Valeenti's (2015) workshop cultivated a felt-sense of safety for these women to effectively process and cope with personal traumas through arts-based processes, supporting self-connection and connection with others. With correctional goals aiming to punish, there is a need for increased understanding and implementation of arts-based interventions in prisons and jails to increase accessibility and availability to programs that encourage creativity, self esteem, and empowerment.

Military and Emergency Responders

Kaur, Bowen, & Paterson's (2025) study piloted a peer facilitated visual arts psycho-social recovery program for Australian military and emergency services personnel. Results found that the program was highly valued and supported engagement through creative expression, cultivating a supportive environment, and therapeutic skill building. This program emphasized how engaging in the creative arts offers a unique experience compared to traditional therapies by transforming one's trauma and creating something tangible in a safe therapeutic space which allows active military, veterans, and emergency services personnel to organize, contain, and integrate an artistic expression of their personal journey of suffering and healing (Kaur, Bowen, & Paterson, 2025).

Art as a Community-Based Intervention

Research indicates that creative arts can also serve as effective tools for addressing community level interventions such as collective trauma, combating racism, and mitigating social exclusion (Edmonds, 2021). Additionally, engaging in creative arts show statistically significant cognitive, emotional, social, behavioral, and physical benefits cross-culturally (Travis, 2019).

Barriers to Application

Creative arts have shown promise in effectively mitigating mental health disparities, but have yet to be integrated into traditional clinical practice and policy discussion (Golden, Sonke, & Rodriguez, 2025; Perkins et al., 2021). There are limited clinicians available to facilitate arts-based interventions, which makes it more difficult to integrate art into clinical social work practice and public health. Integrating arts-based intervention strategies into curriculum (i.e., social work, public policy, community development, urban planning, etc.), and offering continuing education units in arts-based intervention strategies invites increased understanding, adaptation, and application across professions and diverse populations. Mixed-methods design studies that measure both qualitative and quantitative data will support ongoing understanding of the large-scale impact of arts-based intervention on grief processing, social connection, and overall mental wellbeing.

Limited empirical research exists on how creative arts serve as a collective shared language beyond youth populations. This may be attributed to the abstract and symbolic nature of creative expression, as it is more difficult to assess compared to more traditional forms of intervention. Even as research continues to show the benefits of creative arts in mental health for populations

beyond youth, there is still a public misconception around integrating creative arts into assessment, intervention, and evaluation. One suggested cause for this barrier could be art not being a widely billable intervention in clinical settings, which could be attributed to the American productivity mindset and its disregard for the arts' efficiency and effectiveness.

Conceptual Framework: Art as a First Language

Equitable social work practice requires interventions that are accessible across diverse forms of expression. Traditional evidence-based interventions privilege verbal language, limiting access and engagement for clients whose trauma, grief, social isolation, developmental differences, language, or cultural barriers make words insufficient or inaccessible, emphasizing the need for more integrative, culturally responsive approaches in clinical practice. In an effort to enhance accessible, equitable, and culturally responsive social work practice, integrating arts-based communication into clinical assessment, intervention, and evaluation seek alternative tools for expressing affect, identity, memory, and relational experiences for diverse clients.

Art draws upon these nonverbal forms, functioning as language through which feelings, identity, and lived experience are communicated before, or instead of, words, especially for individuals who have limited, inaccessible, or insufficient verbal language skills. Recognizing art as a first language requires a foundational shift in how mental health systems conceptualize communication, assessment, and care in the social work context. Current models rely heavily on verbal expression to act as the primary indicator of participation and progress, often marginalizing individuals who communicate meaning through nonverbal forms. When art is treated as a supplemental or recreational intervention rather than legitimate communication, the voices of nonverbal and selectively verbal individuals are continuously overlooked.

Integrating art as a primary communicative tool has significant implications for equity in mental health care. Individuals whose experiences are shaped by intersectional identities and rely on verbal communication alone often experience increased feelings of exclusion and misinterpretation (Golden, Sonke, & Rodriguez, 2025). Reframing creative arts as language positions nonverbal expression as an equally valid way of communication, increasing accessibility for global communities which deserves recognition within clinical practice, research, and policy development. Systemic communicative equity requires mental health systems to expand their definitions of "voice" to include creative arts, particularly for populations who have historically been silenced or misunderstood within the existing, dominant clinical frameworks.

Policy Recommendations

In order for creative arts to be recognized as a legitimate language, it calls for the integration of arts into mental health assessment, intervention, and advocacy at a structural level. For example, insurance and government Medicare guidelines can be expanded to include art therapy as billable service.

Additionally, arts-based approaches can be incorporated into diagnostic assessment as tools for understanding emotional states, relational patterns, and internal experiences that may not be effectively articulated through speech alone. Arts-based intervention can function more than just a therapeutic technique, and more as a core modality through which clients, communities, and organizations communicate needs, strengths, and goals. Art provides an empowering medium for amplifying lived experience, informing policy development, and challenging systems that prioritize verbal spoken words over embodied knowledge.

Conclusion

Future research in global mental health should further examine the role of arts-based communication and intervention across cultural and developmental contexts. Large scale, cross-cultural studies are needed to explore how art functions as a primary language for meaning-making across diverse communities. Additionally, global mental health research should analyze the effectiveness of arts-based assessments and interventions for broader youth and adult populations. This data can be used to advance policy that legitimizes art for medical insurance and federal reimbursement, as well as identify the potential to reduce disparities in mental health access, engagement, and outcomes. This fundamental shift allows movement toward a more inclusive and responsive global model of care.

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Protective Factors Supporting the Mental Health of Military Children

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Protective Factors Supporting the Mental Health of Military Children

Childhood is a vital period of life when many learning experiences shape a child's developing brain. During this time, biological, environmental, and social influences interact to guide how different areas of the brain grow and support specific functions. Erik Erikson's psychosocial development theory supports this idea by explaining that children progress through key developmental stages in which early experiences influence how they form their identity, relationships, and understanding of the world (Maree, 2021). For children growing up in military families, these developmental experiences can be uniquely influenced by factors such as frequent relocations, parental deployments, and changing social environments. Depending on whether these experiences are positive or negative, they can significantly shape how a child perceives their life and the world around them.

Demographics

From a study done in 2020 there are an estimated 1,678,778 military children in the United States (St. John & Fenning, 2020). In addition to this, there are around 2,103,415 military personnel (St. John & Fenning, 2020). Given these numbers, 2.26% of all children in the United States are affected by a parent serving in one of the six branches of the military (Federal Interagency Forum on Child and Family Statistics, 2025; St. John & Fenning, 2020). While each branch of the military plays a unique role in defending our country, the sacrifices of service are shared across all branches and felt by every member of the family. Military children often experience elevated behavioral and emotional challenges related to parental deployment, reintegration, and frequent relocations, demonstrating the personal sacrifices required of children in military families (St. John & Fenning, 2020). In military families, a parent's service-related experiences influence the emotional and behavioral functioning of the whole family unit (Pflieger, et al., 2013). Family Systems Theory helps explain this impact, emphasizing that when one member of a family experiences stress or major life changes—such as deployment or relocation—the entire family system is affected.

Personal Impact and Experience

In 18 years of life, I have lived in seven different states, 10 different houses, 11 different schools, and have lost count of how many times I have moved. Through moving this much I got to experience a lot of the U.S. that most people wouldn't, and I am so grateful for that. I can't quite imagine my life

any different growing up in one place for the entirety of it, just as some people can't quite grasp how much I have had to move. Moving this frequently came with some personal challenges, though. Because my family relocated about every 18 months, the constant change often brought chronic anxiety and stress, leaving me to worry about when, where, or how the next move would happen. Personally, it was hard to put all my effort into settling into a new neighborhood, school, friend group, and sports team, just to know soon enough it would all be taken away from me.

As one could see, there were some stressors in my life. My parents did their best to help our family adjust, but the situation was still incredibly challenging. During this time, I experienced persistent anxiety that affected my school performance, participation in sports, and relationships, along with ongoing emotional overwhelm. All these things lead me to feel dysregulated and out of control. Looking back now, understanding more about mental health and child development, I can better understand why I was feeling the way that I was. As a child, I struggled to put words to my feelings. Both then and now I wish I had someone to listen to me that understood my situation. Someone to help me identify my feelings and tell me that they were normal rather than me feeling guilty about not wanting to move. I needed someone to give me support and tools to use during this time of my life. While researching, I discovered the concept of protective factors, which perfectly described the support I had been lacking. From experiencing this in my childhood and reflecting on it now I can see the impact it had on my life.

Protective Factors

A protective factor is defined as any intervention that helps a person or group cope and thrive under difficult life circumstances (Rogers-Baber, 2017). Experiencing more protective factors while making frequent moves could have eased the transitions my family was experiencing and reduced the mental distress associated with near-constant change. Examples of protective factors include consistent routines, stable mentorship, peer support programs, and access to mental health resources (Rogers-Baber, 2017). For military children like me, protective factors provided by schools or the military are particularly important, since these are the places where children spend most of their time and form key relationships (Pflieger, et al., 2013). Psychologically, these factors help reduce stress, foster resilience, and promote healthy emotional regulation. On the other hand, the absence of these supports can act as risk factors, increasing vulnerability to anxiety, social difficulties, or academic challenges (Rogers-Baber, 2017). While my personal experience highlights these challenges, research confirms that military children face elevated mental health risks compared to their civilian peers.

The Problem

According to Kim et al. (2025), military children are 2.5 times more likely to develop and be diagnosed with a mental health disorder compared to their civilian counterparts. Several stressors contribute to these outcomes, including

frequent relocation, deployment of parents, the awareness of risks associated with military service (such as injury or death), parents' mental health challenges, and the process of reintegration into civilian life. Untreated issues can persist and develop into lifelong conditions or secondary mental health problems. Overall, this evidence emphasizes the vital need for protective factors to safeguard the mental health and well-being of children whose childhoods are shaped by military service.

Solution

When trying to support military families, it is important to take a Strengths-Based approach (Rogers-Baber, 2017). Understanding the resilience and unique strengths these families possess—such as flexibility, resourcefulness, adaptability, and effective coping strategies—is essential to providing meaningful support (St. John & Fenning, 2020). Protective factors can be implemented at multiple levels. At home, maintaining open communication, strong parent-child relationships, and stable routines can help the stress associated with relocations and deployments. In the community, access to peer support groups, recreational programs, and mental health resources provides children and parents with opportunities to connect, process experiences, and build resilience. At the institutional level, policies that promote family stability, such as supportive housing, flexible work arrangements, and accessible healthcare, further strengthen protective systems (National Academies of Sciences Engineering and Medicine et al., 2019, pp. 53- 59).

Within schools, providing educators with resources and professional development remains a crucial protective factor for military children. By understanding the deployment cycle and its effects on students' academic, behavioral, and social-emotional development, teachers can better support children through these challenges. Equipping educators with strategies and tools to promote wellness and mental health helps create a supportive environment that strengthens resilience and mitigates the risks associated with frequent relocations and family separations (St. John & Fenning, 2020). Promoting protective factors for these children is ultimately a collaborative effort, requiring communication and coordination among the child, family, teachers, school administrators, counselors, therapists, and community organizations.

Conclusion

Childhood is a critical stage of development, and for military children, frequent relocations, parental deployments, and the instability of military life can present unique challenges. These experiences can increase vulnerability to mental health struggles, making the presence of protective factors and supportive resources essential. Providing consistent emotional, social, and community support helps military children navigate these transitions more smoothly and fosters resilience that can benefit them throughout life. While some aspects of my childhood were difficult, I wouldn't change my experience for anything. I grew up to be the person I am today despite all these things, and

I am so proud of that. I still struggle with the mental health aspect, but it pushes me to better take care of myself and advocate for my needs. These experiences have also inspired me to help others who are affected by mental health issues. I wouldn't change a thing about my experiences, because they have shaped the compassion and empathy I feel so deeply for others.

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Parental Technoference: Impacts on Children, Families, and the Role of Social Work

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Introduction:

Digital devices have become indispensable companions for parents and children in the 21st century. In the United States, nine in ten adults own a smartphone and go online daily, with 41% reporting that they are very frequently online (Pew Research Center, 2024). As the use of smartphones and digital devices continue to rise globally, technoference and technology addiction among adults and children have become increasingly concerning due to their adverse effects on health and on the quality of parent-child connections (Fu, 2023). These patterns of digital distraction are now recognized as influential factors shaping family dynamics, emotional availability, and children's daily experiences, with potential longer-term implications for development. Despite growing research on this issue, limited guidance exists on how social workers can support families navigating these challenges. This article reviews parental technoference, summarizes key findings from current research, and outlines implications for social work practice.

Parental Technoference

Parental technoference refers to parents' repeated preoccupation with digital devices, such as smartphones, laptops, or tablets, during family time and routine interactions with their children (Pazarcikci, 2024). In real time, this behavior decreases parents' emotional availability and responsiveness, leading to children feeling a sense of rejection, disrupting the attachment and quality of parent-child interactions (Zhang et al., 2025). Over time, these disruptions may lead children to feel emotionally neglected and to mirror their parents' behaviors, increasing their dependence on digital devices for comfort or stimulation as a way of compensating for reduced emotional connection with caregivers (Zhang et al., 2025).

Research on Parental Technoference

As parental technoference continues to rise globally, research examining its effects on children and families, as well as the factors driving it, remains critical. Empirical studies are beginning to illuminate these effects. For example, a study in Turkey of 401 parents with children aged 2–5 found that parental technoference increased the risk of problematic technology use in young children (Pazarcikci, 2024). Additional contributing factors included low digital parenting awareness, high parental stress, low socio-economic

status, and single-parent households, with fathers' technofence particularly associated with higher child screen time (Pazarcikci, 2024). Disruptions in parent-child interaction and increased digital use were linked to delays in cognitive, linguistic, social, emotional, and motor development, as well as physiological problems (Pazarcikci, 2024). Effects are most potent when both parents are engaged in technofence and when children have limited or unclear technology rules, which further encourage their problematic technology use through observational learning and compensation for lack of attention (Zhang et al., 2025).

A cross-cultural observational study examined roughly 50 parents in the US and Israel with children aged 2-6 in playgrounds and eateries (Elias et al., 2020). Across both countries, parents frequently ignored children's bids for attention, provided minimal engagement, and sometimes failed to notice safety or emotional needs due to technofence (Elias et al., 2020). Children responded with frustration, withdrawal, or risky behaviors, while parents avoided communication and eye contact (Elias et al., 2020). The researchers classified these findings as "safety concerns" and "emotional concerns," highlighting how parental technofence in public can compromise children's safety and well-being (Elias et al., 2020). Moreover, a report on American's technology use at home indicated that technofence can increase household stress and reduce familial connection resulting in negative mental, physical, and social impacts for both parents and children (Gelles-Watnick, 2024). Similarly, a pilot study of 183 heterosexual couples with children aged 5 or younger found that technofence reduced engagement and responsiveness toward both partners and children, lowering parenting effectiveness and the family interaction quality (McDaniel et al., 2025). Fathers reported higher mobile gaming, and parents experiencing stress engaged more in digital devices acknowledging it as cutting into family time (McDaniel et al., 2025). Furthermore, mothers (40%), more than fathers (17%), stated social media interfered with family time (McDaniel et al., 2025). Interestingly, both groups indicated that stress heightens their immersive technofence ultimately negatively impacting children's experiences and overall family functioning (McDaniel et al., 2025).

Collectively, these studies show that parental technofence, both at home and in public, can disrupt parent-child interactions, model problematic technology behaviors, increase household stress, and affect children's social, emotional, and cognitive development.

Attachment Theory

Attachment theory, initially developed by John Bowlby and later expanded by Mary Ainsworth, offers a valuable framework for understanding how parental technofence can impact child development (Kohlhoff et al., 2022). According to Bowlby, children have an innate drive to form emotional bonds with their caregivers (Sheiner, 1990). A secure attachment develops when caregivers respond consistently, attentively, and reciprocally to their children's needs (Sheiner, 1990). When caregivers respond sensitively to cues such as crying,

smiling, and other bids for attention, they provide children with a “secure base” from which they can explore the world and develop expectations about safety, connection, and future relationships (Kohlhoff et al., 2022). However, parental technofence can disrupt the processes of attachment formation or enhancement by diminishing caregiver responsiveness during everyday interactions. Early childhood is a crucial period for developing these attachments, and if caregivers are often physically present but preoccupied with device usage, it limits opportunities for meaningful parent-child connection and co-regulation (Kohlhoff et al., 2022).

Implications for Social Work Practice

Across the United States, approximately 810,900 social workers were employed in 2024, and the profession is projected to grow by 6% by 2030, making the growth rate faster than the average for all occupations (U.S. Bureau of Labor Statistics, 2025). Social workers play a vital role in supporting children and families across diverse settings, positioning social workers to effectively respond to the emerging challenges of parental technofence. The practice of social work commonly entails conflict management, strengthening client coping skills, fostering community cohesion, and promoting social development (Abigail et al., 2025). These competencies indicate that social workers possess the skills needed to design and implement effective interventions aimed at reducing technofence and supporting family well-being. Although social workers routinely engage with parents and children across clinical, school, and community contexts, limited literature within the field specifically examines parental technofence and the role social workers can play to address the issue. To promote the development of interventions, rigorous, evidence-based research is needed to identify effective strategies for mitigating parental technofence, and to reflect on the implications for both direct practice and macro-level efforts, including prevention, program development, and policy advocacy.

Conclusion

Secure attachments with parents and caregivers form the foundation for children’s brain development, social skills, and overall well-being (The Center on the Developing Child, 2026). Parental technofence, however, disrupts attachments, leaving children feeling neglected. There is a tendency for children to respond by seeking gratification through technology use, which negatively impacts their own development as well as the parent–child bond (Kohlhoff et al., 2022; Pazarcikci, 2024). Although existing literature highlights the consequences of parental technofence, practical strategies for mitigation are limited, and interdisciplinary collaboration remains minimal. The role of social work in addressing this issue is particularly underexplored. As trusted practitioners working with children and families, it is crucial for the social work profession to research, develop, and implement strategies and interventions to reduce the negative impacts of parental technofence.

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The Behavior Behind Terrorism

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Introduction

Behavioral analysis, commonly known as profiling, is a controversial form of investigative analysis aimed at understanding behavior through the lens of multiple specialties, such as psychology, sociology, and criminology. Behavioral analysis can be used to analyze different kinds of criminal activity, including terrorism. Foreign and domestic terrorism showcase psychological abnormalities that can be used to create patterns that are used to help prevent terroristic activity through the use of behavioral analysis. These abnormalities will show the same pattern in most terrorist organizations, which is groupthink and martyrdom.

Foreign Terrorism

On the way to the Persian Gulf, the USS Cole, a United States Navy vessel, made a scheduled stop in the country of Yemen. Not far away from their destination, a boat pulled up alongside, seemingly attempting to flag the ship down, smiling and waving at United States service members assigned to the ship. After a certain amount of time, the civilian boat, which was strapped with explosives, suddenly exploded, causing extreme damage to the warship. This event took the lives of 17 service members and caused both life-threatening and non-life-threatening injuries to over 40 others. The Federal Bureau of Investigation deemed this attack to be caused by members of Al Qaeda, a radical terrorist group operating across the Middle East. This is interesting because United States vessels are highly guarded and heavily armed, as a form of defense but also a form of deterrence from attacks like these; yet this is not the first attack that has happened against a United States vessel, vehicle, or installation. (Federal Bureau of Investigation, n.d.)

Another notable terrorist attack on a United States installation was in Benghazi in 2012. At that time in the country's history, Libya had a government with no power that was being overrun with warlords and their followers, with the main threat being Ansar al-Sharia (ALS), a radical Islamic extremist group operating within the city of Benghazi. The United States ambassador to Libya had arrived with attempts to ensure diplomacy could continue and to report the political climate of the region back to the United States Department of State. With a long night of violence ensuing not long after the ambassador's final meeting, his consulate was overrun by the attack, with attention being turned to a covert forward operating base operated by the Central Intelligence Agency (CIA) (Constantine & McMahon, 2023). This act only succeeded because the security of the consulate was next to none. The movie *13 Hours: The Secret Soldiers of Benghazi* brought this attack into a new light, highlighting the lack of

prevention by the State Department, but also the instability of the region, with groups such as ALS instilling violence within the city.

Domestic Terrorism

On June 12, 2016, the largest tragedy of domestic terrorism struck Orlando, Florida. The Pulse Nightclub, a popular home to members of the LGBTQ+ community within Orlando, was attacked by an active shooter, named Omar Mateen. Armed with multiple handguns and rifles, Mateen claimed 49 lives with more than 50 others being wounded in some capacity. This act was only deemed a case of terrorism following several phone calls the suspect had made with police officers and members of the media claiming responsibility and pledging allegiance to the Islamic State (ISIS) (Straub et. al., 2017). Furthermore, the shooter cited feeling the pain of those were being killed in Syria and Iraq. The importance of this incident is the radicalization of Mateen, who was an American citizen, that led to expelling his anger and hatred upon a marginalized community to spread his political grievances.

A second notable attack on the United States occurred in Boston, Massachusetts, at the Boston Marathon. Two brothers detonated multiple explosives, both at the site of the marathon as well as some distance away, while they were attempting to avoid capture. This act ended with three fatalities and over 500 others suffering minor and serious injuries, lending to another instance of high-profile terrorism on United States soil. However, unlike the other examples, this case was what the Federal Bureau of Investigation sees as a 'lone-wolf terrorist.' This type of attack still falls under the definition of terrorism, yet this duo was not linked to any known terrorist organization but rather acted of their own free will to harm combatants to express their anger over the United States's involvement in Iraq and Afghanistan. The Boston Marathon Bombing is interesting due to the severe fallout that came seemingly due to a lack of security at the event, as well as the boiling anger that led to this duo carrying out a large-scale attack such as this (Federal Bureau of Investigation, n.d.).

Discussion

Terrorism is something to research because understanding these occurrences can help prevent future acts. So how can we prevent these infamous acts? The answer comes in understanding how it begins. Terrorism recruits its members through the concept of radicalization through group-think and martyrdom. Introduced by psychologist Irving Janis, groupthink was originally defined as "the mode of thinking that persons engage in when concurrence-seeking becomes so dominant in a cohesive in-group that it tends to override realistic appraisal of alternative courses of action" (Tsintsadze-Maass & Maass, 2017). By using radicalization, members become enthralled within the political or religious beliefs of a specific culture or group. With groupthink, we can capture a glimpse of how terrorism spreads. For example, the idea of martyrdom, or dying for a cause that one truly believes in, is frequently an aspect of terrorism. "In consequence, greater attention has been paid to ideologies of martyrdom

particularly in the Islamic world” (Middleton, 2014). We can see from previous examples listed above, that the individuals that chose to commit these acts were prepared to kill and die for their beliefs. This becomes the basis for behavioral analysis. By understanding the behavior of those radicalized into terrorism, professionals can begin to focus their efforts on preventing disasters, mitigating the circumstances, training the public and first responders, and treating those who have been brainwashed into weaponizing politics and religion.

Conclusion

In closing, terrorism is a concept that can affect every way of life, whether it be within the borders of the United States or across the world. As this paper demonstrated, behavioral analysis, and the identification of groupthink and martyrdom, can be used to understand the precursor signs and can be a starting place to prevent horrific acts of violence resulting in the tragic loss of thousands of lives in the name of political or religious fear mongering.

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Community-Oriented Counter-Terrorism Strategies in West Africa

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Community-Oriented Counter-Terrorism Strategies in West Africa

September 11, 2001, dawned a new age of terrorism and preventative strategies internationally as the United States and various other countries began to declare “war on terror” (Nacos, 2023). Today, one of the most substantial of these terrorist threats lies within West Africa, encompassing fifteen nations throughout the Sahel and Lake Chad Basin regions. In 2023, the whole of Africa experienced 23,322 fatalities due to terrorist acts of violence with the regions of West Africa comprising sixty-six percent of these fatalities at 15,232 lost lives (Africa Center for Strategic Studies, 2024). As a result, the African Union (A.U.), European Union (E.U.), and the United Nations (U.N.) have all lent aid and support in various ways, highlighting the global impact of this issue (Chidozie et al., 2024). In addition to this support, the various nations within West Africa have developed counter-terrorism strategies to combat these issues domestically, and across borders. This paper will briefly analyze the strategies utilized to counter these terrorists, along with a personal reflection as to why this research is important as a global citizen.

Current State of West Africa

Today, despite its great concentration of terrorist cells and activities, the primary method of counterterrorism within West Africa are community-oriented protocols. Community-oriented counter-terrorism strategies primarily rely upon hands-on interactions, interventions, and partnerships with local community members to prevent and cease the further perpetration of terrorist acts (Ashindorbe et al., 2021). On a small scale, this strategy can be effective, but at the scale of a multi-national crisis within West Africa, this lacks sufficient impact, as is seen with the annual increase in loss of lives as a result to terrorist activities throughout Africa (Africa Center for Strategic Studies, 2024).

These nations, however, do not simply choose to utilize a less effective strategy; officials within the Lake Chad Basin Region recognize the importance of strategies outside of community-oriented protocols but claim that the governing body lacks sufficient resources and manpower required to implement alternate measures or to build upon and strengthen existing intelligence organizations (Bala & Tar, 2021). This results in the utilization of a counter-terrorism strategy that other nations have deemed less effective in lieu of their utilization of intelligence-sharing protocols and technological coordination. Despite this, regionally, twelve nations of West Africa (Benin, Cabo Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Senegal, Sierra Leone, and Togo) have partnered together to form the Economic Community of

West African States (ECOWAS), in an attempt to dismantle the terrorist threats facing each of their nations due to the large area to patrol and weak military installations that overall result in trivial border security (Medu et al., 2024). Thus, in addition to ECOWAS, the Multi-National Joint Task Force (MNJTF) was re-established in 2014 to target individual members or cells a part of terrorist organizations crossing between the national borders of ECOWAS member nations, specifically in the Lake Chad Basin region (Èhínfún, 2025).

Not only have regional efforts been implemented, but significant international efforts from the A.U., E.U., and U.N. have also been made, forming long-lasting partnerships and enacting substantial support. The A.U. is responsible for a general program, known as the Plan of Action, implemented in 2002, that is designed to lead to a concise end of terrorism along with being responsible for the establishment of the African Center for the Study of Research on Terrorism (ACSRT) in 2004 (Bala & Tar, 2021). Alternatively, the E.U. is not actively creating new programs but is a substantial donor to the MNJTF to further their initiatives and potential actions (Lopez-Lucia, 2020). Lastly, the U.N. has largely contributed to counter-terrorism efforts in the region through resolutions passed by its Security Council, enacting legal change (Resolution 1373, 1624, 2178, and 2396), through its General Assembly, contributing to the Global Counter-Terrorism Strategy, and through its Counter-Terrorism Implementation Task Force, coordinating various efforts throughout the region (Shulika & Shafiei, 2024).

Reflection

Personally, I am a United States citizen, born and raised, and have never set foot within the continent of Africa. I was born in 2006 and did not have any family members who were directly involved or impacted by the events that occurred on September 11, 2001. So, the question is raised, why choose this topic? While these specific activities are centralized in West Africa, their reach is not local nor regional but international. To some, they may hear or read of occurrences such as these in the news and not think twice about what is happening while others may be learning of these events now for the first time. This is why I chose to research and write about this topic. Not as a citizen of the United States but as a concerned citizen of the world.

I believe that every individual has a moral responsibility and obligation to aid and assist their fellow human beings, regardless of the circumstances. No matter your political alignment, religious beliefs, or criminal history, every individual is entitled to fair and equal treatment in accordance with the natural rights that we have all been allotted in this life. You may not see the impact of something happening on the opposite side of the world today, but in the end, if something of this magnitude and nature is not further mitigated or prevented, it will become further exacerbated and uncontrollable to the point of mass destruction and loss of life.

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Early Life Trauma, Epigenetic Processes, and Personality Development: Implications for Stress Regulation and Emotional Functioning

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Introduction to Trauma and Gene Regulation

Trauma is increasingly recognized as an experience that affects not only psychological functioning but also biological systems, including the neuroendocrine system, immune response, gene expression, and regulatory processes (Combs-Orme, 2013). Remmers et al. (2025) describe childhood trauma as prolonged or intense interpersonal stress during sensitive developmental periods that can disrupt normative emotional, cognitive, and physiological development. In the wake of trauma, chronic activation of the stress response system, particularly the hypothalamic-pituitary-adrenal (HPA) axis, which links the brain to the adrenal glands, can result in sustained elevations of cortisol, prolonged inflammatory responses, and altered neural development (Remmers et al., 2025).

Bountress et al. (2021) reported that young adults with a history of trauma or a diagnosis of posttraumatic stress disorder (PTSD) displayed unique patterns of gene expression compared to nontraumatized peers. They also suggested that traumatic experiences can become biologically embedded, influencing how genes related to stress regulation and emotional processing are expressed over time. For example, the study identified gene network modules enriched for pathways involved in neuroactive ligand–receptor interactions and immune responses, which are associated with neural signaling and stress-related physiological processes. Alterations in these pathways may contribute to long-term differences in personality development, emotional functioning, and the ability to regulate stress, helping to explain why individuals with trauma histories often exhibit heightened sensitivity to environmental stressors or differences in emotional reactivity (Bountress et al., 2021).

Epigenetics and the Biology of Stress

Epigenetics is the study of how chronic stress and trauma can influence gene expression without altering the underlying DNA sequence, often in response to environmental factors such as prolonged stress, trauma, or adverse social experiences (Combs-Orme, 2013). These epigenetic modifications regulate whether genes are activated or silenced by controlling the accessibility of DNA to the cellular machinery responsible for transcription. For example, DNA methylation can add methyl groups to specific sites on DNA, typically silencing

gene expression by blocking transcription factor binding, while histone modifications, such as acetylation or methylation, can either loosen or compact chromatin to activate or repress genes.

Additionally, non-coding RNAs, such as microRNAs, can inhibit gene expression post-transcriptionally or guide epigenetic machinery to specific genomic regions. Stress-related epigenetic changes can alter genes critical for cortisol signaling, stress regulation, and emotional processing, thereby affecting physiological functioning and behavioral outcomes. Consistent with this, Pierce and Black (2023) found that such epigenetic modifications are associated with increased vulnerability to mental health conditions, including post-traumatic stress disorder (PTSD), highlighting how environmental experiences can become biologically embedded and influence long-term emotional and cognitive functioning.

Epigenetic Change and Personality Development

Epigenetic mechanisms are increasingly recognized as contributors to personality development by mediating the interaction between genetic vulnerability and environmental experience. Wilson et al. (2021) reviewed evidence indicating that early-life adversity, particularly childhood maltreatment, is associated with epigenetic alterations in genes involved in stress regulation, emotional processing, and social functioning. This line of research suggests that such biological changes may contribute to vulnerabilities associated with personality pathology, including borderline personality disorder, through disruptions in emotional regulation and stress tolerance (Wilson et al., 2021).

Collectively, these findings support the view that personality development is not solely determined by inherited traits but is shaped by the enduring biological effects of early environmental stress. Epigenetic modifications and trauma-induced changes in gene expression demonstrate that environmental experiences can leave lasting biological “marks” that influence emotional regulation, stress responses, and behavioral patterns over time (Combs-Orme, 2013; Pierce & Black, 2023).

At the same time, many scholars and faith traditions propose that spirituality and divine design play a complementary role in personality development. If God is the Creator, one perspective is that He has designed human beings with inherent capacities for resilience, moral reasoning, and relationality, allowing personality traits to emerge in interaction with both genetic predispositions and environmental influences. From this view, God’s design may guide how inherited traits are expressed and how individuals respond to stress, potentially providing innate strengths or spiritual resources such as hope, faith, and meaning-making that buffer the impact of adversity and support healthy emotional and personality development. Integrating both perspectives suggests that personality arises from a dynamic interplay of inherited biology, environmental experiences, and spiritual design, highlighting the complexity of human development.

Integrating My Childhood Trauma

During my childhood and adolescence, my family's mental health challenges profoundly shaped the emotional climate of the home. Members of my family exhibited features of borderline personality disorder, PTSD, and suicidal ideation, contributing to volatile mood shifts, emotional unpredictability, and frequent verbal aggression within the household. Additionally, my immediate family experienced estrangement from extended maternal and paternal relatives due to patterns of narcissistic abuse, which included emotional manipulation and inconsistent support. Subsequently, these relational stressors created a persistently high-stress environment during critical developmental periods.

I have grown keenly aware that my development and genetic expression were significantly shaped by this chronic exposure to stress and instability. My experiences align with research showing that parental stress and mental health challenges can indirectly affect children's biological development by molding caregiving environments characterized by unpredictability, emotional dysregulation, or heightened conflict (Combs-Orme, 2013). For example, repeated exposure to emotional uncertainty and conflict in childhood can heighten stress sensitivity, influence how genes related to stress regulation and emotional processing are expressed and influence long-term patterns of emotional reactivity and coping. Episodes of prolonged anxiety or fear may manifest as heightened vigilance or difficulty regulating stress, reflecting patterns of gene expression associated with trauma exposure (Bountress et al., 2021). At the same time, moments of supportive or stabilizing relationships can foster resilience and adaptive coping skills, illustrating how environmental factors interact with genetic predispositions to influence emotional and personality development over time.

Over time, I have come to understand how these early experiences influenced my emotional regulation, executive functioning, and self-concept. Psychological assessments of my own functioning indicate ongoing challenges with attention, impulsivity, emotional lability, and organization, as reflected in elevated scores on the Conners' Adult ADHD Rating Scales (CAARS) (Conners et al., 1999), the Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A) (Roth et al., 2005), and the Wender Utah Rating Scale (WURS) (Ward et al., 1993). These results highlight how chronic exposure to stress and instability during formative years may have contributed to lasting difficulties in regulating emotions, managing executive functions, and maintaining self-organization.

While the BDI-II, SCARED, and SAQ-A30 rely on self-report, which may be influenced by subjective perception, recall bias, or current emotional state, these tools are widely validated and specifically designed to assess depressive and anxiety symptoms in adults. When considered alongside research demonstrating the long-term effects of chronic childhood stress on stress-response systems, emotional regulation, and epigenetic modifications, the

results of these self-reports provide valuable evidence of how my personal experiences of early-life stress may have contributed to persistent emotional and cognitive patterns (Kjærviik & Bushman, 2021; Combs-Orme, 2013). In this context, self-reporting serves as a complementary lens, linking subjective experiences with objective research findings and supporting the broader conclusion that environmental stress can have enduring biological and psychological effects.

Family Mental Health Context and Resilience

Some members of my family, including myself, have actively engaged in therapy, self-reflection, and health-promoting behaviors aimed at interrupting maladaptive patterns. For example, I have participated in Cognitive-Behavioral Therapy (CBT) to develop strategies for managing anxiety and depressive symptoms, mindfulness-based practices to improve emotional regulation, and journaling and reflective exercises to process early-life experiences. Additionally, I have incorporated regular physical activity, consistent sleep routines, and structured daily habits to support mental and physical health. These efforts to remediate cycles of trauma and mental illness illustrate the potential for resilience and recovery, even after prolonged exposure to adversity, and demonstrate how intentional practices can positively influence emotional functioning, coping skills, and overall well-being.

This resilience-oriented perspective aligns with research suggesting that while epigenetic modifications may influence vulnerability, they do not determine fixed outcomes. Supportive environments, therapeutic intervention, and intentional coping strategies can mitigate the long-term effects of early adversity and promote psychological resilience (Rosenwald et al., 2023).

Conclusion and Implications for Social Workers

Research on trauma, epigenetics, and personality development demonstrates that early-life adversity can exert lasting effects on both biological systems and psychological functioning. Chronic exposure to family instability, verbal aggression, and relational trauma may become biologically embedded through epigenetic modifications that affect stress-response pathways, emotional regulation, and cognitive functioning (Bountress et al., 2021). Familial patterns of mental health challenges further illustrate the interaction between inherited vulnerability and environmental stressors in shaping developmental outcomes (Wilson et al., 2021).

This biopsychosocial framework for understanding historical and intergenerational trauma aligns with social work perspectives that emphasize how adverse experiences leave molecular and behavioral imprints, which may persist across generations (Rosenwald et al., 2023). Understanding these mechanisms underscores the importance of interventions that address both environmental stressors and their biological consequences. Trauma-informed therapeutic approaches, social support, and stress-reduction strategies remain critical for mitigating harm and fostering resilience.

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The Effect of Empathy on Social Reform

SADIE DAVIS

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Introduction

I have always paid attention to the small things in others: a change in tone, a melancholic demeanor, the subtle ways a person can be overlooked or dismissed. Throughout my life, this sensitivity has been labeled as overreacting or being “too emotional.” Yet empathy has never felt trivial to me; it is a way of perceiving the conditions that shape human lives. It has taught me to notice when the world causes harm and how to identify when systems fail to meet human needs.

It is essential to view empathetic understanding not as softness, but as a form of intelligence—one that our society rarely recognizes or rewards. I did not learn this idea through theory alone, but through a weekly ritual at a local transitional street shelter in Phoenix. There, a simple game of Bingo gave me a window into the lives of people who are rarely seen as they truly are.

Bingo Girls

Almost habitually on Tuesday evenings, the main lobby fills with residents who come not only for a meal, but for connection and a momentary sense of stability. They gather at 5:30 p.m. sharp, knowing that the “Bingo Girls”, as the residents affectionally called us, are arriving to host the night’s games. The atmosphere is quite welcoming with hugs and fist bumps, friendly conversations, and the camaraderie of strangers gathering around lunch tables to escape the harsh reality of the outside world.

This environment contradicts the stereotypes of homelessness, revealing a resilient community. This phenomenon aligns with research by Piff et al. (2010), which suggests that those from lower socioeconomic backgrounds often display higher levels of prosocial behavior and empathy than those in higher classes. In this space, residents rely on collective strength rather than individual wealth—a stark contrast to the transactional nature of social interaction seen in modern day-to-day life.

One night, I watched the room find its rhythm. People saved seats for friends and teased us volunteers while we called out numbers. A man across the room who helped a young woman with her card, catching her up on the spaces when she lost track. For a moment, the room felt like any other social gathering where friends come together to make heavy days lighter. As our time ended, one regular told us this was the highlight of our week, asking how soon we could return.

Sociological Understanding

As I absorbed the scene, the weight of a dense contradiction suddenly became

overwhelming, the individuals laughing in front of me are often treated as problems to be managed rather than people to be understood. This experience forced me to confront how deeply society dehumanizes the unhoused, reducing them to “deficits” or “risk factors” rather than acknowledging their histories.

Social psychologist C. Daniel Batson (2011) uniquely distinguishes between feeling upset because of a personally distressing event and feeling for another person who is struggling. Batson’s Empathy-Altruism Hypothesis argues true empathy, feeling for “the other”, is what triggers a genuine motivation to help. Through this lens, we see those in need as people rather than statistics.

My time visiting the shelter has illuminated broader systemic issues. Homelessness is not a result of personal failure, but is crafted by structural inequality, limited access to affordable housing, gaps in mental health services, and economic policies that prioritize profit over stability (Konrady & Talarska, 2024). These social determinants of health intersect to make housing instability almost inevitable for certain populations. Empathy allowed me to see how institutional practices, such as anti-homeless architecture and violent policing strategies, reinforce a cycle of exclusion.

Moving Forward

The deliberate mental effort to see the world through other eyes is not a distraction from the work of social reform, it is essential to it. It is vital to recognize suffering not as an isolated experience, but as a signal of structural failure. Empathy is linked to recognizing social injustice and supporting redistributive policies, which challenge the narratives that justify inequality (Cartabuke et al., 2019). Real change comes with a willingness to care, even when it may feel uncomfortable or inconvenient.

Social injustice would be approached with far more humanity if society valued empathy as an intelligence on par with logic or efficiency. Rather than avoiding problems through hostile architecture and the criminalization of poverty, I want to tackle this crisis by looking inward. To truly make a difference, it is essential to be aware of the instability that lies in temporary solutions.

My experience at the shelter has made one thing clear, that true, meaningful social reform begins with the willingness to see people fully. Empathy is not merely an emotional response, but rather a shift in perception that recognizes systemic harm and imagines a society where all people are treated as worthy of care.

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Practice Wisdom in Hospice: Supporting Comfort, Dignity, Emotional Care & Bereavement

SARBJIT MAHIL

CLASS OF 2027

Introduction

Hospice care plays a vital role in supporting individuals and families during the end-of-life journey by prioritizing comfort, dignity, and compassionate support. As patients approach the end of life, their needs extend beyond physical symptom management to include emotional, cultural, and spiritual care, while families often face fear, uncertainty, and grief. Guided by practice wisdom, hospice social workers are uniquely positioned to support both patients and caregivers through presence, communication, and advocacy. This paper explores how hospice care is most effective when guided by practice wisdom that honors patient comfort and dignity, emotional care, and caregiver bereavement support through cultural and spiritual understanding, ensuring that both patients and families experience compassion and meaning throughout the end-of-life journey.

Patient Comfort and Dignity

Vignette 1: The Impact of Late Hospice Admission

Thomas was a young patient who was admitted to hospice, but soon after admission, he decided to seek more treatment after discussing options with his oncologist. Hospice services were revoked, and the patient pursued additional aggressive treatment for several months. When he eventually returned to hospice, the change in his condition was striking. During the admission visit, the patient was extremely frail—skin and bones, unable to speak, and profoundly weak. The family was overwhelmed, confused, and unsure of what to expect because the decline had happened so quickly. Because the patient was in such critical condition, the hospice team immediately contacted the medical director, who ordered continuous care. Serious symptom management, emotional support, and spiritual care were needed immediately. The hospice team supported the patient and family as much as possible, but with the patient passing away within 24 hours, there was very little time to provide the full depth of care they needed. Although this vignette reflects one patient's experience, it mirrors a pattern commonly seen in hospice practice when patients revoke services to pursue additional treatment and return at a more advanced stage of illness.

The Challenge of Late Referrals to Comfort-Focused Care

This vignette demonstrates how admitting a patient to hospice so late in their

terminal illness significantly restricts the opportunity to offer the full depth of compassionate, holistic end-of-life care.

In hospice work, late admission is one of the most consistent challenges I see as a social worker. These early conversations about comfort-focused care should happen long before a hospice referral, yet many physicians hesitate to discuss dying, prognosis, or the limits of treatment. Because of this avoidance, families are often unprepared for the transition, and many patients come onto hospice services when they are only days, sometimes even hours—from the end of life. When doctors delay these conversations, patients lose the chance to experience true comfort, dignity, and meaningful closure. Research shows that communication about palliative care is shaped by uncertainty and the emotional burden of “ending” the treatment relationship, which causes many doctors to delay telling patients they are appropriate for comfort-focused care (Broom et al., 2014). From my experience, these delays prevent patients from receiving the full benefits of hospice—such as symptom relief, spiritual support, and time with their families—because the referral happens only when suffering has already escalated. Addressing this gap requires earlier, honest conversations so that patients can choose comfort and dignity before it is too late.

The hospice team also faces significant challenges that limit what they can provide, when a patient comes to the hospice so late. Nurses must quickly manage symptoms that have already progressed to crisis levels, and social workers have very little time to build rapport, prepare families for what is coming, or address emotional and spiritual needs. Families may be frightened, overwhelmed, or in denial because they were not given enough time to understand the reality of the prognosis. This often leads to confusion, panic, or unresolved questions in the final moments. Chaplains also struggle to offer meaningful support when the timeline is compressed into only a few days. These rushed admissions make it harder for hospice to deliver the peaceful, dignified experience that patients deserve. Early conversations from physicians could prevent these struggles and give both the patient and family the full benefits of hospice care.

How Early Advance Care Planning Supports Patient Wishes

Early advanced care planning discussions are very important. When patients and families complete advanced directives and document resuscitation preferences using POLST forms, everyone understands the patient’s wishes, which brings more peace and closure when the time comes. This shared clarity reduces stress and helps families focus on comfort, dignity, and support. Research shows that advance care planning works best when it is done early and treated as an ongoing process that clarifies values, goals, and communication between patients, families, and providers (Waldrop & Meeker, 2012). However, when patients arrive into hospice too late, there is often not enough time to have these important conversations. Families may already be overwhelmed with emotion, and the patient may be too weak to share

their wishes. Waldrop and Meeker (2012) explain that when planning is late or incomplete, families are often unsure of what the patient wanted, which increases stress and can lead to care the patient never wanted. These delayed admissions make it difficult to fully honor the patient's wishes and limit the hospice team's ability to guide the family through thoughtful, compassionate decision-making.

Patient Cultural, Spiritual, Clinical, and Communication Needs in Late Admissions

When a patient is admitted to hospice in the final hours of life, providing comfort and dignity requires the team to draw on cultural understanding, spiritual awareness, clinical skills, technology, and clear communication all at once. Cultural understanding helps the team honor the family's beliefs, rituals, and decision-making style during a sudden and emotional transition. Spiritual understanding allows chaplains and social workers to offer grounding and meaning even when the patient is no longer able to speak. Strong clinical skills are essential to manage severe symptoms quickly and maintain the patient's comfort within a limited time. Technology helps the hospice team act quickly, for example, updating the medical director, entering orders right away, or connecting family members who cannot be there in person. Good provider communication is also essential because it helps families understand what is happening, reduces fear, and guides them through urgent decisions with compassion (Jung & Matthews, 2021). Together, these elements uphold dignity and comfort, even when late hospice admission leaves little time for deeper preparation or planning.

Caregiver Emotional Care

Vignette 2: Supporting a Family Through Emotional Stress and Conflict

Rose was referred for hospice. She lived with her spouse, but the oldest daughter took on most of the caregiving for her mother. As the social worker, I worked primarily with the older daughter as the point of contact because her elderly father was too overwhelmed to care for his wife. The family dynamics were complicated, especially because the other adult daughter often clashed with other family members. As the patient declined much faster than expected, the emotional stress in the family increased. The older daughter built a strong connection with me and the hospice team. She was dealing with caregiving stress, family conflict, and the sadness of watching her mother decline. I supported her through frequent phone calls, offering reassurance and a safe space to share her fears and exhaustion. In the days before the patient passed, the patient's other adult daughter became distressed and argumentative toward the older sister. These disruptions made things even harder for the family. The older daughter was trying to manage both the rapid decline and the tension at home. During this time, my role was to provide steady emotional support through phone calls. These calls helped the older daughter feel calmer and less alone during the final days.

A week later, after the patient passed, I made a follow-up support call, and the older daughter told me, “If you were not in the picture, I don’t know how we would have gotten through this. It was already so difficult but having you there made it easier.” In this case, the daughter’s words reminded me how powerful emotional presence can be in hospice—sometimes the greatest support we provide is simply being steady, compassionate, and available when families feel like everything around them is falling apart. Although this vignette reflects one family’s experience, it mirrors a common hospice caregiving pattern in which one adult child assumes the primary caregiving role while navigating family conflict and emotional strain.

How Caregiver Emotional, Cultural, and Spiritual Support Strengthens Family

Emotional care is a core part of hospice because patients and caregivers often face fear, uncertainty, and grief as the end-of-life approaches. Patients may struggle with loss of independence or fear of what comes next, while caregivers can feel overwhelmed, exhausted, and unsure if they are doing enough. Research shows that caregivers commonly experience high levels of emotional strain—such as fatigue, anxiety, and burnout—making emotional and psychosocial support a critical part of quality palliative care (Hudson et al., 2010). Providing emotional support helps reduce this stress by giving families a safe space to express their worries, ask questions, and feel understood. When emotional needs are acknowledged, patients experience greater peace, and caregivers feel more confident and supported throughout the process.

Cultural understanding also plays a major role in emotional care. Families in hospice have different ways of caring and coping. Some prefer to stay strong and private, while others openly share their emotions. Some depend mainly on family support, and others look to their community or faith. Studies show that end-of-life communication and emotional expression are shaped by cultural expectations, family values, and personal histories, which means care must fit the family’s worldview (Broom et al., 2014). By recognizing these cultural values, hospice workers can offer emotional care that respects the family’s traditions instead of causing unintended stress or misunderstanding. This helps families feel seen, respected, and supported in a way that matches their cultural worldview.

Spirituality is also closely tied to emotional well-being in hospice. Many patients and caregivers find comfort in prayer, reflection, or beliefs about meaning and the afterlife. Others may feel spiritually conflicted, abandoned, or unsure during the dying process. Research shows that end-of-life conversations often bring up deep emotions and a search for meaning, which makes compassionate communication essential for addressing spiritual and emotional needs (Broom et al., 2014). Hospice workers support spiritual needs by listening, asking open questions, and involving chaplains or spiritual leaders when appropriate. When patients and caregivers are supported spiritually, it often reduces fear and helps them find peace. For example, hospice chaplains provide

spiritual presence, listening, and supportive prayer when appropriate, while faith-specific rituals—such as the rosary or last rites (including confession, anointing of the sick, and viaticum), as well as other religious practices—are facilitated by the patient’s own clergy, such as a priest, rabbi, imam, or other spiritual leader. Spiritual understanding strengthens emotional care because it honors the deeper beliefs that shape how families understand illness, loss, and hope.

Post Bereavement Support

Vignette 3: Post-Bereavement Support and Complex Grief After Dementia

Caroline needed post-bereavement support. She was a wife whose grief was complicated by her husband’s long illness. As the social worker, I remained connected with her through scheduled bereavement calls, including during the holiday season, when feelings of loneliness often intensify. During one call, she shared how her husband had changed significantly after being diagnosed with dementia with behavioral disturbance. Over time, she felt she had lost parts of him long before his death. As trust developed, the wife spoke more openly about the challenges of caregiving. She described moments when her husband no longer recognized her and believed she was an intruder in their home. During periods of severe confusion and agitation, he became physically aggressive toward her. These experiences left lasting emotional impacts and contributed to feelings of fear, guilt, sadness, and exhaustion, which are common in complex grief. After her husband’s death, the wife was grieving not only the loss of her spouse but also the loss of the relationship they once shared. Her grief included mixed emotions, such as deep love, relief that the suffering had ended, and sadness for the years affected by the illness.

As the social worker, my role was to provide a compassionate and nonjudgmental space where the wife’s emotions could be expressed without pressure to resolve them. Research shows that complex grief can emerge when prolonged illness and relational loss leave surviving spouses emotionally “stuck” in layered and persistent grief, underscoring the importance of compassionate, individualized bereavement support that allows mixed emotions to coexist (Boelen, 2016).

This vignette highlights the role of practice wisdom in hospice bereavement care. Understanding how dementia alters relationships allows hospice social workers to recognize complex grief and provide thoughtful follow-up, emotional presence, and validation. Through this approach, surviving spouses can be supported with dignity, empathy, and respect for their full experience of loss.

As a social worker, I value supporting families before a patient passes, but I find my work after the loss to be even more meaningful. There is something very special about walking with families through their early grief, when everything feels raw and uncertain. I often feel that this is the time when my presence matters most, offering a calm voice, a steady check-in, or simply being someone who understands their pain without them having to explain it.

Bereavement Services and Continued Support After Death

In hospice, patients may be on service for only a few days or for many months, depending on their needs and the progression of their illness. But regardless of how long a patient is on hospice, the support does not end at the moment of death. After a patient passes away, hospice provides bereavement services for up to 13 months to help families adjust and cope with their loss. This support includes scheduled letters, regular phone calls, and—when needed—additional social worker visits for emotional check-ins. If a family member requires more specialized help, hospice can also provide referrals to outside counseling or community grief resources. Research shows that bereavement support in hospice commonly includes professionally led grief groups and counseling interventions, as well as expressive or arts-based modalities, with qualitative evidence demonstrating benefits such as loss and grief resolution, increased social support, and a greater sense of coping and moving forward (Harrop et al., 2020). These layered services ensure that families are not left alone after the patient's death but are supported in a compassionate and steady way throughout their grieving process.

Emotional, Cultural, and Spiritual Needs in Grief

Post-bereavement support reflects the heart of hospice because it continues to honor the emotional, cultural, and spiritual needs of families long after the patient has passed. Every family grieves differently, and cultural traditions often shape how people express sadness, lean on others, or make meaning of the loss. Research shows that bereavement support helps individuals process their emotions, feel understood, and make sense of their loss, which is a key part of healthy grieving (Harrop et al., 2020). Some families cope by spending quiet time alone, while others rely on relatives, faith leaders, or their community. During this time, spirituality often becomes more important, and many caregivers turn to prayer, rituals, or beliefs about where their loved one is now. Research also shows that social and community support can reduce feelings of loneliness and help families feel connected to others who understand what they are going through (Harrop et al., 2020). By offering gentle check-ins, listening with care, and supporting each family's cultural and spiritual practices, hospice helps families move through grief in a way that feels natural to them. This ensures that families are supported emotionally and also strengthened through the traditions and beliefs that matter most to them.

Conclusion

In conclusion, these vignettes illustrate the complex needs of patients and families at the end of life, the challenges hospice teams face in providing timely and compassionate care, and the essential role of practice wisdom. Through real-world hospice experiences, this paper highlights how patient comfort and dignity, caregiver emotional support, and bereavement care are strengthened when social work practice is grounded in presence, communication, and cultural and spiritual understanding. The examples presented align with existing research and reflect the realities families face during serious illness,

loss, and grief. Together, these vignettes demonstrate that hospice care is most effective when practicing wisdom and evidence-informed approaches work hand in hand to support patients and families with compassion, meaning, and respect throughout the end-of-life journey.

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Seismic Wounds: Uncovering the Quiet Severity of Childhood Trauma

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California's Only Fault

As a California native raised in the tranquil central coast, I came to know endless beaches and stately mountains, surrounded by rich agricultural farms and ranches. As idyllic as the landscape is, it has been shaped by a history of earthquakes which are perhaps the only fault of California's expanse. The infamous San Andreas fault system's Calaveras fault line runs directly under my small town, so earthquake drills were a regular occurrence in school growing up. On one gloomy day in elementary school, I was standing on cracks that formed from previous earthquakes when the ground rumbled and shook. I remember feeling an instant sensation of awe; I was between fear and intrigue. It was from this memory that I developed my interest in learning about patterns in nature that mirror human experiences. Understanding earthquakes is not only useful for learning about natural phenomena; it also models the nature of human trauma.

Under Pressure: Environmental and Psychological Phenomena

During Earthquakes, tectonic plates shift and fracture, altering the Earth's landscape from within. There are observable and underlying changes caused by earthquakes that serve as indicators of the vast scope of seismic activity. Similarly, troubling behaviors observed in people often indicate deep suffering below the surface. Particularly, children are a specific population of society that are just as, if not more, vulnerable to harm as adults.

Childhood trauma can be explained through Adverse Childhood Experiences, or ACEs, which are traumatic events, or exposures to risky or dangerous environments during one's childhood. There are ten ACEs that fall into three categories. The first category, neglect, covers both physical and emotional neglect of the child. Second, the abuse category includes physical, emotional, and sexual abuse. Lastly, the household dysfunction category encompasses mental illness of someone in the home, an incarcerated relative, violent treatment of the mother, divorce or separation of the parents, and substance abuse of someone in the home (CDC, 2024). ACEs can cause toxic stress, invade healthy relationship formation, increase the risks of health complications, and affect brain development and learning (CDC, 2024). Outcomes can be long-term, such as chronic illness, mental illness, financial instability, and generational transference or the transmission of health and behavioral patterns across generations (CDC, 2024). These early experiences can disrupt an individual's biological, psychological, and social development, continuing into adulthood.

Beneath the Surface of Childhood Trauma

Like earthquakes, traumatic events shake up a person's life and can release a set of symptoms and responses, or aftershocks. Trauma responses are how an individual reacts to such experiences and if left untreated, can continue throughout the lifespan. It has to do with their brain and body functions as well as their physical actions following exposure to a traumatic or triggering event. There are four main responses: fight, flight, freeze, and fawn. But perhaps the stealthiest response, functional freeze, represents an external appearance of being healed, while concealing internal wounds and numbness. Like the other trauma responses, functional freeze is a survival mechanism that ultimately results in a diminished quality of life (Heyl, 2025). Moreover, it is typically the result of a repeatedly overwhelmed nervous system, indicating patterns of trauma and exposure to stressful environments (Heyl, 2025).

Much like a low magnitude earthquake, a child experiencing chaos at home can go undetected. In particular, the functional freeze trauma response closely mirrors the societal reaction to earthquakes. In the same way that people continue to build over fault lines, a person with a functional freeze response can appear to be healed when, in reality, they are covering internal wounds. Children often mimic the avoidant example set by the adults around them by ignoring their symptoms and negative emotions. They learn to avoid conflict by not asserting their preferences or asking questions. Children with this response often learn to outwardly meet the expectation set by the adults in their lives.

Emotional dysregulation can be an ongoing pattern for victims of childhood trauma, and the detachment of emotions from thoughts, behaviors, and memories—or numbness—can cause traumatic stress symptoms to be overlooked (SAMHSA, 2014). Psychological impacts can present as intrusive memories, changes in memory, hyperarousal or dissociation, and increased anxiousness (SAMHSA, 2014). The mental burden accompanies the physical toll of traumatic stress. Physical symptoms can include headaches, stomach pain, digestive difficulties, insomnia or irregular sleep patterns, increased heart rate, sweating, and the list goes on (NIMH, 2024). The biological stress response is the brain and the body's way of protecting the individual against perceived threats that elevate cortisol levels (De Bellis & Zika, 2014). Unstable cortisol levels can negatively impact the brain's development and cause brain cues to be either more frequent or less frequent, accelerating or hindering reactivity. These symptoms can infiltrate the typical behaviors of a child leading to avoidance, isolation, or hypervigilance, ultimately inhibiting social integration.

The seismic waves of earthquakes are comparable to the stresses that can move through a child's body and life in varied intensities, patterns, and frequencies. A child's desire to simply "get by" may appear as keeping their head down and focusing on completing their work without engaging with peers. However, this behavior can be harmful, as peer support and social connection are essential components of adolescent development (Halle-Lance et al., 2007). Without opportunities to build trusting relationships, a child may struggle to develop

emotional regulation, coping skills, and a sense of belonging. Cultivating wellness physically, mentally, and socially is both necessary and possible.

Responding to the Aftershocks

While we can't prevent earthquakes, we can anticipate their potential damage and improve reconstruction efforts. Similarly, we can't always prevent traumatic events, but we can mitigate the lasting disruption and intercept the projected outcomes in one's life. When a child is in a state of functional freeze, grounding and regulation strategies can reconnect the body and brain to the environment. For example, a child might identify objects in their immediate surroundings or engage in somatic exercises like placing a hand over the chest when breathing. These interventions can recalibrate a child's nervous system and gradually reestablish their sense of safety. With the support of regulation methods and caring adults, survivors of childhood trauma can begin to rebuild stability and improve their overall well-being.

Overcoming traumatic stress is heavily dependent on resiliency, or one's capacity to endure or recover quickly from adversity. According to the American Psychological Association (2012), maintaining routines, making connections, doing self-care, developing perspective and working towards goals can build resiliency, especially in children. However, a key component of these strategies is a parent's involvement by directing, encouraging, and monitoring the child throughout these processes. This reinforces emotional safety through parental collaboration. When this is not feasible for a child's circumstances, other supportive adult relationships—such as teachers, coaches, and community leaders—can help provide consistency and mentorship. Trauma-informed interventions, with the expertise and guidance of helping professionals, address immediate emotional needs while also fostering long-term recovery. There is hope that, with the support of trauma-informed interventions, children can have restored foundations that will strengthen their future thriving.

Beyond the Epicenter

To revisit that one gloomy day earthquake, I learned that stability is an illusion that can be interrupted by the immense pressures under the surface. The paradoxical intensity of the lasting impacts of childhood trauma being quietly severe brings awareness to the intricacy of a frequently overlooked trauma. We continue to build over fault lines, but the deep wounds in the Earth's crust still exist. The presented metaphorical relationship between earthquakes and childhood trauma is not merely a coincidental comparison, but an illustration of the complexity of human resilience and vulnerability. As emphasized by my Trauma-Informed Care instructor, Professor Eyal (2025), "awareness is recognizing that functioning doesn't always mean healing." Understanding trauma can feel daunting, but growth and change come through the acknowledgment of, and responses to persistent issues.

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How The Public School System Has Failed Teens

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Introduction

During my time volunteering in the school system, I entered the experience with a deep desire to make a difference in the lives of teenagers struggling with emotional, social, and academic challenges. I believed schools, as central institutions in young people's lives, would provide environments where care, growth, and understanding could flourish. However, what I discovered was a system constrained by policies and procedures that often prevent meaningful support. From a social work perspective, it became clear that high schools have failed many teenagers not because educators and staff do not care, but because the structure of the system itself often stands in the way of compassion and effective intervention. Research indicates that gaps between student mental health policy and actual practice often arise because implementation does not adequately align with the scope and urgency of student needs, leading to inconsistent and ineffective support (Glover et al., 2024). This paper examines how structural barriers within high schools limit effective support for struggling students, explores how these barriers manifest in daily school practices, and discusses how social work perspectives can help reshape school systems to better meet students' emotional and developmental needs.

Throughout my volunteer work, I have seen students facing a wide range of difficulties such as anxiety, depression, unstable home lives, and the lingering effects of poverty and trauma. Many of these students needed more than academic assistance; they needed emotional connection, stability, and advocacy. Despite clear signs that they were struggling, school policies frequently limited what I or even professional social workers could do to help. Meeting with students often required formal permission or parental consent, which some teenagers were too afraid or embarrassed to request. In the name of liability and procedural compliance, opportunities for early intervention were lost. Instead of being places of safety and understanding, schools often became bureaucratic systems where genuine human connection was filtered through layers of approval. This reflects research showing that the sustainability of school-based mental health programs is commonly undermined by limited staff capacity, insufficient leadership engagement, and competing organizational priorities that restrict long-term implementation (March et al., 2022).

Flaws of the System

The problem extended beyond access to support; it was also reflected in how schools responded to students in distress. Disciplinary policies

often punished behavior that was actually a symptom of deeper emotional pain. Teenagers who acted out due to family instability or untreated mental health issues were suspended or expelled rather than supported. These punitive responses removed students from learning about environments without addressing the underlying causes of their behavior. In effect, the system reinforced cycles of frustration, failure, and disengagement, the very patterns that social workers aim to disrupt. Research on trauma-informed schools suggests that institutions lacking trauma-informed approaches are more likely to rely on punitive discipline instead of supportive interventions when students display behavioral challenges (Watson et al., 2024).

Equally troubling was the lack of adequate mental health resources in many schools. A single counselor might be responsible for hundreds of students, leaving little time for meaningful, individualized care. Volunteers like me wanted to help bridge the gap, yet we were often told that our involvement might violate district policy or interfere with established procedures. Studies emphasize that while mental health frameworks may appear comprehensive in policy documents, they often lack the operational support and coordination necessary to produce meaningful outcomes for students (Glover et al., 2024). The result was a system that appeared supportive on paper but failed in practice. Students who gathered the courage to seek help were often redirected, delayed, or left waiting until their problems grew worse. This reactive rather than proactive approach demonstrated how the system prioritizes compliance over compassion. Research on trauma-informed educational environments indicates that many schools lack adequate training, institutional commitment, and resources to consistently identify and respond to students' social and emotional needs, limiting the effectiveness of these approaches in practice (Watson et al., 2024).

Social Application

From a social work perspective, these experiences revealed a fundamental flaw in how high schools approach the development and well-being of their students. Policies tend to emphasize academic performance, attendance, and behavioral compliance while overlooking the emotional and social realities that influence learning. Research suggests that mental health supports in schools are often treated as secondary to academic priorities, despite evidence that emotional well-being plays a critical role in student success (March et al., 2022). By focusing on control rather than care, high schools often neglect the holistic needs of their most vulnerable students.

Social workers are uniquely positioned to address these gaps because their training emphasizes advocacy, systems thinking, and person-centered support. In school settings, social workers can provide individual counseling, crisis intervention, and referrals to community resources for students experiencing mental health challenges or unstable home environments. They also play a crucial role in identifying early warning signs of distress and working collaboratively with teachers, families, and administrators to create supportive

intervention plans. Beyond direct services, social workers advocate for policy changes that promote trauma-informed practices, equitable access to mental health care, and stronger collaboration between schools and community organizations. By approaching student challenges through a holistic lens that considers social, emotional, and environmental factors, social workers help ensure that students are not simply disciplined for their struggles but are supported in overcoming them.

Conclusion

Despite my frustrations, this experience profoundly shaped my understanding of what it means to advocate for systemic change. It taught me that helping teenagers requires more than good intentions; it requires transforming the systems that govern their lives. Schools must move toward trauma-informed and equity-centered frameworks that empower social workers, volunteers, and educators to collaborate freely in supporting students. Policies should enable flexibility, build trust, and prioritize student well-being over procedural rigidity. Until that shift occurs, countless teenagers will continue to fall through the cracks, not because caring adults are absent, but because the system itself makes caring too difficult. My experience as a volunteer confirmed my commitment to the field of social work and my belief that real change begins with challenging institutional structures. Only when schools place empathy, accessibility, and compassion at the center of their mission can they truly fulfill their promise to educate and uplift every student.

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Strengths That Last: Advancing Research on the Long-Term Efficacy of Strengths-Based Social Work Intervention

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Introduction

Strengths-based social work identifies and builds upon client strengths, resources, and environmental supports (Saleebey, 1996; Saleebey, 2006). Although this strategy has been widely used and produced well-documented short-term results, much less is known regarding its long-term efficacy once services are completed (Caiels et al., 2021b; Dickinson, 2017). This study examines the need for longitudinal evaluation of strength-based interventions by considering the predominance of short-term outcome research and the consistency of implementation.

Implementation Variability and Its Impact on Long-Term Outcomes

There are significant differences in how strength-based practice is implemented among practitioners, organizations, and cultural contexts. Without ongoing development, many social workers revert to deficit-based models, reducing the likelihood that clients will internalize lasting empowerment or self-efficacy (Bolton, 2021; Caiels et al., 2021a). Organizational constraints, heavy caseloads, and inadequate supervision further disrupt strengths-based applications, resulting in inconsistent practice (Ford, 2019)

Further, institutional policies are a moderating factor, as they shape implementation. Organizations that prioritize compliance, risk management, or standardized metrics may unintentionally undermine strength-based approaches, which require flexibility, collaboration, and relational practice (Tse, 2016). When systems prioritize short-term stabilization, clients may experience immediate relief but little sustained improvement.

Effectiveness is also influenced by cultural relevance. Strength-based practices are more effective when aligned with cultural values, lived experiences, and community support (Daly & Westwood, 2018). Without cultural adaptation, interventions may miss key contextual factors that contribute to long-term well-being.

Short-Term Evidence and Unanswered Questions About Long-Term Impact

Strengths-based models show consistent short-term benefits across diverse populations. Research reports improvements in motivation, coping, treatment engagement, and immediate well-being (Gellen & Fox, 2024; Giacomucci, 2021). However, most existing research captures outcomes during or shortly after

intervention. The absence of long-term follow-up makes it difficult to determine whether gains in functioning and empowerment endure after services end (Caiels et al., 2021b; Dickinson, 2017). Without longitudinal data, the field cannot distinguish temporary improvements from true long-term growth or identify the conditions that support sustained success. This gap may limit the development of policies, programs, and training that truly promote lifelong resilience.

Discussion

Longitudinal research could provide data for determining whether strength-based interventions lead to durable, lifelong change. To advance the field, future research should address several key gaps:

1. Conduct Multi-Year Longitudinal Studies

Researchers should follow clients for several years after services end to assess whether improvements in empowerment, functioning, coping, and resilience are sustained, decline, or strengthened. Multi-year studies would clarify which strength-based methods have the most lasting effects.

2. Examine Implementation Fidelity Across Settings

Future studies should evaluate how consistency, or lack thereof, in practitioner training, supervision, and organizational support influences long-term outcomes. This would help identify which training models best preserve the integrity of strength-based interventions.

3. Investigate Cultural Adaptations and Their Long-Term Effects

Researchers should explore how culturally tailored, strength-based interventions influence sustained change across different racial, ethnic, and community groups. Understanding cultural moderators may help develop interventions that remain effective over time.

4. Use Mixed-Methods Approaches

Combining quantitative measures with qualitative interviews would capture both measurable long-term changes and clients' lived experiences of empowerment. Mixed methods also help identify mechanisms behind sustained success.

5. Evaluate System-Level Factors

Studies should assess how policies, organizational climates, funding structures, and caseload demands influence the long-term stability of strength-based practices. This research could guide policy reforms that support long-term client well-being rather than short-term stabilization.

Conclusion

Although strength-based social work has significant short-term advantages, its long-term effects remain unknown. The sustainability of client improvements over time is influenced by administrative impediments, inconsistent

practitioner training, and variability in implementation. Strong longitudinal and mixed-methods research that examines long-term outcomes across a range of groups must be given top priority in the area to strengthen the body of evidence. When taken as a whole, these research avenues would support evidence-based practice, lead practitioner training, and provide guidance for policies that support resilience and long-term empowerment—ensuring that strengths-based interventions promote long-term transformation rather than just temporary improvement.

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