

Family Values: Social Workers and the General American Population

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Abstract

This article describes selected family values among a national sample of 483 social workers holding membership in the National Association of Social Workers (NASW). The family values chosen were identified in questions contained in the General Social Survey (GSS) administered to a national sample of United States adults. When compared with this sample (n = 1,974), social workers were more supportive of diverse family forms, more accepting of suicide and abortion, more likely to affirm the effectiveness of same-sex parenting couples, but less likely to affirm hard spanking of children. Controlling for socio-demographic variables, however, differences for a question concerning working mothers with children having warm relationships with their children disappeared, as did other questions about parent/children relationships. Similarly, differences on questions related to suicide and abortion were diminished with controls. Addressed are implications for practice considering family values which differ in most cases from the families' in the general population that social workers will potentially serve.

Keywords: family values; survey research; regression analysis; social work practice; social work education

Social workers are admonished that they “should be aware of the impact on ethical decision-making of their clients [consumers] and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly” (National Association of Social Workers [NASW], 2008, p.3). When these foundational principals guide social workers' practice with families, both social workers and families can better navigate the inevitable dilemmas that arise from conflicting value sets. Given that values are foundational to social work and that much of social work practice concerns families, it is important to consider the differences and similarities on family values between social workers and the clients (consumers) with whom they work.

We examined selected family values for a sample of social workers and compared these values with those of a representative sample of adults in the United States. The aim was to identify potential vulnerabilities for social worker/consumer value conflicts. A considerable body of research addresses the personal and professional values of professionals in counselling and mental health fields. In contrast to the past belief that mental health services could be conducted free of values, helping professionals unconsciously and habitually bring value preferences into their work (Doherty & Boss, 1991; Haugen, Tyler & Clark, 1991; Jensen & Bergin, 1988) and these preferences are inevitably communicated to the consumer (Consoli, Kim & Meyer, 2008; Fife & Whiting, 2007; Kelly, 1990; Tjeltveit, 1986).

Many of the above-mentioned studies examined either values that practitioners believe are held by mentally healthy, normal, adults (Haugen & Tyler, 1991; Haupt, 1990; Jensen, 1986) or overarching values such as power, achievement, and hedonism (Kelly, 1995). Few studies have focused on how practitioners view family values or have compared practitioner values to those in the national population.

What Are Family Values?

A working definition of family values can be expressed as: "... 'family' means a social unit—whether blood-related, marriage-related or emotion-related—usually residing together," and "... 'values' typically means a set of beliefs and ideals (social and sometimes political) that provide moral guidance to a family unit." Combined, family and values "typically means a set of beliefs or ideals that imbue each member of the family with knowledge about right and wrong, proper moral decision-making skills and well-developed social mores" (Taylor, 2016, "Breaking Down the Terminology," para. 3). Family values are often categorized as either traditional or contemporary. Nuclear dual male-female parents and gender-specific roles represent the traditional side of this dichotomy. Contemporary family values reflect changes taking place for families including, for instance, single parent households, families outside of traditional marriage, LGBTQ+ parents, gender equalization, shared power and decision making, and progressive child rearing practices. Thornton (1989) found changes in "the normative imperative to marry, to remain married, to have children, to restrict intimate relations to marriage, and to maintain separate roles for males and females" (p. 873). He also found "that many family changes parallel trends in socialization values, religious beliefs, political allegiances, and support for civil liberties" (Thornton, 1989, p. 873).

Family values have come to function as political ammunition (Cahn & Carbone, 2010; Cloud, 1998; Tankersley, 2008). In *Red Families v. Blue Families*, Cahn & Carbone examined family values in terms of rhetoric and political mannerisms. They believe that controversies regarding family values have "challenged our images of the American family' and have wide ranging effects ...at the national level, in state courts and legislatures, in drafting local ordinances, and in our own families" (p. 1). Cloud (1998) analyzed the political use of the term 'family values' during the 1992 presidential campaign. She examined political speeches, interviews, and editorials, along with secondary materials using the term, 'family values'. Cloud (2010) contends that 'family values' talk from both Democrat and Republican parties yielded political gains while, at the same time, scapegoating minority families and families facing poverty for social problems.

Why Study Family Values?

An important ethical underpinning of the profession of social work is the recognition that relationships have worth and can be vehicles for positive change. For many, the most important relationships are those with their family members. This being so, social workers need to examine their own family values. In this context, family values guide views about family formation and structure, as well as on how families make decisions.

Hodge (2002, 2003) used the General Social Survey (GSS) to compare social workers' values with those of other general population members in the GSS sample. Social workers endorsed more liberal religious beliefs than did others (Hodge, 2002) and, when compared with working and middle class respondents, had more left-leaning views on political, economic, and social issues (Hodge, 2003). Similarly, Oxhandler, Polson, and Achenbaum (2018) found that clinical social workers' belief systems and religious practices differed in comparison with a GSS sample. The social workers were more moderately spiritual and less religious.

An on-line survey by Miller, Smith, Kliewer, Rosenthal, and Wedel (2016) examined social workers' attitudes in domains of family life. Responses conveyed progressive values in most areas including support for family planning, rejection of cuts in benefits to families (even if it requires increased taxes), and that women with young children should be free to work outside of home. Legal rights for same-sex marriage and statements on pro-life values produced the greatest diversity of opinion.

As mentioned above, this study compared the family values of social workers and those in the general population. We hypothesized that social workers' family values would be more progressive than those in the general population in all areas examined. Related to family structure, we examined values regarding single-parent families, divorce, same-sex parenting, and mothers working outside of the home. We also examined the values that respondents hold as most important in raising children as well as approval of abortion and suicide. Our basic methodology involved taking selected family values-related questions from the General Social Survey (GSS), administering these questions to a random sample of members of the National Association of Social Workers (NASW), and comparing GSS and NASW respondents. The study was approved by the Institutional Research Board of our University.

Method

Samples

The GSS, a representative national survey of social attitudes, has been implemented annually or biannually since the 1970s. It has been administered primarily through face-to-face interviews. In 2002, the GSS began using computer-assisted personal interviewing. To reduce fatigue, each GSS respondent received only a subset of all possible questions. This reduces the number of GSS respondents on some questions. This article's GSS sample comprised respondents to the 2012 survey ($n = 1,974$).

The social work sample comprised 4,000 NASW members randomly selected from NASW's membership lists. NASW distributes members' mailing addresses to researchers but (at least not for this study) not their email, we mailed our sample a letter containing a web link that could be entered into computer, tablet, or smart phone to take the survey. A second mailing was carried out approximately two weeks after the initial mailing in May, 2014. Respondents completed the survey using the Qualtrics online survey tool. We received 483 usable responses, a response rate of 12.1%. Responses were received from all 50 states.

Independent Variables and Sample Characteristics

The independent variable of interest is study sample, which was coded as '1' for those in the NASW sample respondents (social workers) and as '0' for those in the GSS sample (general population). Other independent variables were used as control variables. These are sex, age group, ethnicity, religious affiliation, residence at age 16, political party orientation, education level, and region of the country. In regressions, education level and age group are numeric variables and the other controls are nominal-level categorical variables.

Dependent Variables and Family Values

To facilitate comparisons to the GSS, the questionnaire for social workers included items identical to those in the GSS. The first six dependent variables are Likert-type questions that probe agreement with statements:

- *Divorce*: "Divorce is usually the best solution when a couple can't seem to work out their marriage problems."
- *Single parents*: "One parent can bring up a child as well as two parents together."
- *Working mothers*: "A working mother can establish just as warm and secure a relationship with her children as a mother who does not work."
- *Same sex female couples*: "A same sex female couple can bring up a child as well as a male-female couple."
- *Same sex male couples*: "A same sex male couple can bring up a child as well as a male-female couple."
- *Corporal punishment*: "It is sometimes necessary to discipline a child with a good, hard spanking."

For the first five above-listed variables, the highest level of agreement (strongly agree) generated a score of five (5) while the lowest (strongly disagree) generated a score of one (1). The GSS survey's corporal punishment question included four rather than five response choices. To make GSS and social worker responses comparable, we recoded the two middle responses (agree and disagree) to the GSS survey and the three middle responses (agree, neither agree nor disagree, disagree) to the social worker survey into a single middle response (agree, neither agree nor disagree, or disagree). Hence, possible scores on this variable range from three (3), (strongly agree), to one (1) (strongly disagree).

A GSS questions module asked respondents to rank from most to least important five values that a child may need to learn to prepare for life: obeying, being popular, working hard, thinking for yourself, and helping others. Ranks on each value could range from five (5), the highest ranked value among the five, to one (1), the lowest ranked value. This article examines the values of obeying and thinking for yourself.

Responses to four questions were used to build a support for suicide scale: "Do you think a person has the right to end his or her own life if this person ... (1) has an incurable disease, (2) has gone bankrupt, (3) has dishonored his or her family, or (4) is tired of living and is ready to die." Responding 'yes' to all four questions generated the highest possible scale score (4). Responding 'no' to all four generated the lowest possible score (0).

Finally, a seven-item support for abortion scale was formed from these GSS questions: "Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion if ... (1) there is a strong chance of serious defect in the baby, (2) she is married and does not want any more children, (3) the woman's own health is seriously endangered by the pregnancy, (4) the family has a very low income and cannot afford any more children, (5) she became pregnant as a result of rape, (6) she is not married and does not want to marry the man, or (7) the woman wants it for any reason." Responses were summed to form a scale score. Responding 'yes' to all seven questions generated the highest possible score (7); responding 'no' to all seven generated the lowest possible score (0).

Analysis Plan:

We conducted three regressions on each dependent variable. The first set has no control variables. The second set controls for region of the country. The third set uses all of the control variables listed above. The regressions in this article are ordinal logistic regressions and use exponentiated coefficients. Only coefficients that pertain to the social worker and general population comparison are reported.

We now overview ordinal logistic regression, including the interpretation of coefficients. We presume that we have a dummy-coded predictor: Group 1, coded as '1' vs. Group 0, coded as '0'.

Ordinal-logistic regression was used with categorical dependent variables with three or more ordered response choices. When the proportional odds assumption is met, exponentiated coefficients in ordinal logistic regression convey the odds that a respondent in Group 1 as contrasted to one in Group 0 will choose the higher of two response choices (Long, 1997). This interpretation holds across all possible cut points, that is, across all possible ways of 'cutting' a (three-or more ordered response choice) variable into a binary one with one high and one low response choice (Long, 1997).

For instance, say that a categorical dependent variable has three ordered choices: 'no,' 'not sure,' and 'yes'. One can cut at either of two cut points. One can 'cut' between 'not sure' and 'yes' so that 'no' and 'not sure' (combined together) form a lower response choice and 'yes' forms a higher one, or, alternatively, one can cut between 'no' and 'not sure' so that 'no' forms a lower choice and 'not sure' and 'yes' form a (combined) higher one. Let us suppose that we conduct an ordinal logistic regression using the Group 1 vs. Group 0 predictor and the 'no'/'not sure'/'yes' dependent variable. Presume that the proportional odds assumption is met and that the exponentiated coefficient for the Group 1 vs. Group 0 predictor equals 3.00. This coefficient tells us (controlling for any other predictors in the regression) that the odds that a respondent in Group 1 will choose the higher of two response choices are three times the odds that a respondent in Group 0 will do so.

Suppose that, in addition to our ordinal logistic regression, we had conducted two binary logistic regressions, one for each of above-described cuts of 'no'/'not sure'/'yes' into a binary variable. The meeting of the proportional odds assumption conveys that the coefficients for these two regressions would not differ significantly. Less formally, meeting this assumption conveys that these coefficients would both have values close to 3.00, that is, values close to that obtained in our ordinal regression. In sum, meeting the proportional odds assumption tells us that our interpretation that the odds of a high choice are three times higher in Group 1 than in 0 holds across all cut points, that is, across all of the binary logistic regressions that we might otherwise have conducted.

We note that the interpretation of exponentiated coefficients is most often multiplicative. For instance, the coefficient of 3.00 in our example conveyed three times greater odds in Group 1 than in Group 0. Suppose instead that this coefficient equals 0.25. If so, (and controlling for other predictors) we conclude that the odds that a respondent in Group 1 will choose the higher of two choices are 0.25 times (one-fourth) the odds that a respondent in Group 0 will do so.

In part due to the large sample size, the proportional odds assumption does not hold strictly in some of our regressions. Even so, the aforementioned framework provides a useful heuristic. Pragmatically, the reported regression coefficients convey the odds that social workers versus those in the general population will affirm the values statements and scales that comprise the dependent variables.

Results

Group Comparisons on Family Values

Table 1 presents responses for social workers and the general population on eight family values variables. The overall pattern is for distinctly more liberal/progressive responses in the social work sample. The most striking social work/general population difference concerns corporal punishment; 24% in the general population versus 1% of social workers strongly agree that a hard spanking of a child was sometimes necessary. Another large social work/general population difference concerns opinions on same sex marriage. Social workers strongly agree, both for female same-sex parenting (54%) and for male same-sex parenting (53%), that same sex parents are just as effective as heterosexual parents; this contrasts with strong agreement of only 10% and 9%, respectively, among general population respondents. Social workers were more likely to strongly agree that working mothers can have warm relationships with their children (59%) than were those in the general population (38%). Social workers were more supportive of single-parenting; 18% of social workers versus 9% in the general population strongly agree that having a single parent was as good as having two parents. Also, social workers place higher value on the importance of a child's thinking for her or himself than do those in the general population.

Sixty-eight percent of social workers versus 45% in the general population ranked this value as most important among the five compared values. General population respondents (14%) were more likely than social work respondents (4%) to view obeying as the most important value for children.

Table 1*Comparing Social Workers and the General Population on Family Values*

Dependent Variable	General Population		Social Workers	
	%	<i>f</i>	%	<i>f</i>
Divorce is usually best solution				
Strongly agree	7.2%	91	4.7%	22
Agree	44.3%	561	27.3%	127
Neither agree nor disagree	14.8%	187	31.4%	146
Disagree	26.6%	336	28.4%	132
Strongly disagree	7.1%	90	8.2%	38
Single parent as good as two parents				
Strongly agree	9.1%	116	17.6%	82
Agree	39.7%	504	40.9%	190
Neither agree nor disagree	9.4%	120	22.8%	106
Disagree	32.8%	417	15.7%	73
Strongly disagree	8.9%	113	3.0%	14
Working mother can have warm relationship with children				
Strongly agree	38.3%	491	58.5%	273
Agree	40.8%	523	33.4%	156
Neither agree nor disagree	4.0%	51	4.5%	21
Disagree	13.3%	171	2.6%	12
Strongly disagree	3.7%	47	1.1%	5
Hard spanking sometimes necessary				
Strongly agree	23.6%	302	0.9%	4
Agree, neutral or disagree	68.5%	875	51.8%	241
Strongly disagree	7.8%	100	47.3%	220
Same sex female parents as good as male-female				
Strongly agree	10.1%	124	53.6%	248
Agree	36.7%	451	25.5%	118
Neither agree nor disagree	12.4%	152	11.7%	54
Disagree	25.6%	315	6.3%	29
Strongly disagree	15.3%	188	3.0%	14

(continued)

Table 1*Comparing Social Workers and the General Population on Family Values(continued)*

Dependent Variable	General Population		Social Workers	
	%	<i>f</i>	%	<i>f</i>
Same sex male parents as good as male-female				
Strongly agree	9.4%	116	52.7%	244
Agree	33.5%	411	25.5%	118
Neither agree nor disagree	12.9%	158	12.1%	56
Disagree	26.9%	330	6.5%	30
Strongly disagree	17.3%	213	3.2%	15
Obeying important for child to learn				
Most Important	13.8%	182	4.2%	19
2 nd most important	11.8%	156	4.6%	21
3 rd most important	18.0%	238	7.9%	36
4 th most important	40.6%	537	48.6%	221
Least important	15.9%	210	34.7%	158
Thinking for yourself important for child to learn				
Most Important	44.9%	594	67.7%	313
2 nd most important	18.4%	243	19.0%	88
3 rd most important	16.9%	223	7.8%	36
4 th most important	14.9%	197	5.2%	24
Least important	5.0%	66	0.2%	1

Note: Social worker/general population differences are significant for all variables, $p = .000$

Social work respondents were less likely than those in the general population to respond that ‘divorce is usually the best solution;’ 32% of social workers versus 52% of GSS respondents either agree or strongly agree with this statement. As mentioned in Method, scores for support of suicide and support of abortion were formed by counting statements to which respondents responded ‘yes’. Social workers responded yes more often on the 7-item support for abortion scale ($M = 5.58$, $SD = 2.29$, $n = 438$) than did those in the general population ($M = 4.34$, $SD = 2.55$, $n = 1093$). Similarly, they responded ‘yes’ more often on the 4-item support for suicide scale: social workers: $M = 1.46$, $SD = 1.37$, $n = 444$; general population, $M = 1.00$, $SD = 1.19$, $n = 1207$. As seen in Table2, on both support for abortion and support for suicide, social worker/general population differences were significant ($p = .000$).

Table 2. Social Worker and General Population Comparison on Support for Abortion and Suicide

Dependent Variable: In agreement	General Agrees			Population			Social Workers Agree		
	%	<i>f</i>	<i>n</i>	%	<i>f</i>	<i>n</i>	%	<i>f</i>	<i>n</i>
Abortion if defect	74.6%	919	1232	84.0%	379	451	84.0%	379	451
Abortion if does not want more children	46.3%	577	1246	71.4%	320	448	71.4%	320	448
Abortion if her health is in danger	88.1%	1083	1229	93.6%	423	452	93.6%	423	452
Abortion if very low income	44.3%	549	1240	73.1%	326	446	73.1%	326	446
Abortion if raped	76.5%	941	1230	90.0%	407	452	90.0%	407	452
Abortion if does not want to marry the father	42.8%	533	1246	71.4%	319	447	71.4%	319	447
Abortion for any reason	44.4%	554	1248	70.3%	312	444	70.3%	312	444
Suicide if incurable disease	59.0%	742	1257	73.6%	332	451	73.6%	332	451
Suicide if bankrupt	11.3%	144	1271	18.2%	82	450	18.2%	82	450
Suicide if dishonored family	11.0%	140	1271	19.2%	87	452	19.2%	87	452
Suicide if tired of living	19.1%	240	1256	35.0%	157	448	35.0%	157	448

Note: Social worker/general population differences are significant for all variables, $p = .000$, for all variables except for “health in danger” for which $p = .001$.

Regressions on Family Values

Regressions with No Controls.

Focusing first on the regressions with no control variables, the odds that a social work respondent would agree that female same-sex parents are just as effective as male-female parents are 7.26 times greater than those for a GSS respondent (see Table 3). These odds are 7.62 times greater for male same-sex parents. The odds that a social work respondent would support a ‘good hard spanking’ are 0.084 times those for a GSS respondent. Taking the reciprocal of 0.084 ($1 \div 0.084 = 11.90$) tells us that the odds of supporting a hard spanking are 11.90 times lower for social workers than for those in the general population. Social workers indicate greater agreement on the questions pertaining to single parenting and working mothers than do GSS respondents. The odds of a social worker affirming ‘thinking for yourself’ as a higher ranked value are almost three times those for someone in the general population ($e^b = 2.86$). On the other hand, the odds that a social worker would rank ‘obeying’ as higher are more than three times lower for social workers than for those in the general population ($1 \div 0.311 = 3.22$ times lower). Finally, the odds that a social worker would agree that divorce is usually the best solution are 64% lower than those for a GSS respondent.

Table 3

Ordinal Logistic Regressions on Dependent Variables
Type of Regression

Dependent Variable	No Control Variables			Control for All Variables		
	<i>e^b</i>	<i>p</i>	<i>n</i>	<i>e^b</i>	<i>p</i>	<i>n</i>
Divorce is usually best solution	0.636	.000	1730	0.585	.000	1627
Single parent as good as two parents	1.982	.000	1732	1.676	.001	1632
Working mother can have warm relationship with children	2.412	.000	1750	1.146	.409	1646
Hard spanking sometimes necessary	0.084	.000	1742	0.165	.000	1638
Same sex female parents as good as male-female	7.261	.000	1693	3.572	.000	1594
Same sex male parents as good as male-female	7.619	.000	1691	3.578	.000	1594
Obeying important for child to learn	0.311	.000	1778	0.915	.549	1662
Thinking for yourself important for child to learn	2.857	.000	1785	1.017	.915	1668
Support for suicide scale	2.052	.000	1651	1.119	.481	1563
Support for abortion scale	2.866	.000	1531	0.878	.479	1441

Note: Coefficients are exponentiated

Regressions controlling for all variables.

The third set of regressions controls for all control variables (see Method). An exponentiated coefficient of 1.00 conveys absence of relationship or difference. One can see that coefficients in five regressions – ‘working mothers’, ‘obeying,’ and ‘thinking for yourself,’ ‘support for suicide,’ and ‘support for abortion’ are close to 1.00. These coefficients convey, in essence, an absence in difference between social workers and the general population when control variables are taken into account.

Significant social worker versus general population respondent differences was observed for five family values. The largest difference is for the ‘hard spanking’ question. The odds that a social worker would affirm a hard spanking are six times lower than are those for someone from the general population ($1 \div 0.165 = 6.060$). Large differences were also found for same-sex parenting. The odds of a social worker rating both female and male same-sex parents as being as effective as female-male parents are about 3.6 times those odds in the general population. Social workers are also more supportive of the effectiveness of single parents ($e^b = 1.67$). The odds that a social worker would support divorce as a best solution are about 40% lower than those for a GSS respondent ($1.00 - 0.585 = 41.5\%$ lower).

Discussion

Interpretation and Implications

This survey on family values comparing social workers and those in the general population found markedly more progressive on some family values for social workers. Our first set of regressions did not include any control variables. In these regressions the largest social worker/general population difference concerned corporal punishment, with social workers being much less likely to support a good hard spanking. Social workers were also more affirmative regarding the effectiveness of same-sex parents.

Our second set of regressions, which controlled for region of the country, yielded coefficients nearly identical to those in the first set. This suggests that region of the country affects the degree of family values differences between social workers and the general population hardly at all. We view the general population sample as a proxy for the clients with whom social workers practice. Hence, results from these regressions convey that most social workers have family values that are distinctly more progressive than are those of their clients.

The third set of regressions controlled for gender, age group, ethnicity, religious affiliation, residence at age 16, political party orientation, education level, and region of the country. This set sought to identify family values that distinguish social workers from others who share characteristics with them. For instance, say that a 'typical' social worker is female, strongly Democratic in political party affiliation, highly educated, and lives in the north eastern United States. What family values distinguish her from someone who shares these (and other) characteristics but is not a social worker? For five of the ten family values studied, social worker versus general population differences disappeared when control variables were introduced. In other words, for these values we found no social worker/general population differences. For instance, we found no differences regarding the most important values for children to learn and (obeying, thinking for self).

With control variables included, the largest social worker/general population difference continued to be in the corporal punishment area and also regarding support for same-sex parents. Also, with control variables included, opinions regarding whether working mothers could have warm relationships with their children did not differentiate social workers from the general population. Given the numbers of working mothers with young children in the labor force (69.9%) (U.S. Department of Labor, 2014), and the large number of female social workers in a similar situation, this finding was not unexpected. With the above exception, family values concerning support for families and for diverse family forms evidenced social worker/general population differences even with control variables included.

Differences remained for five family values. Perhaps these offer a glimpse at the family values that distinguish social workers from those who share characteristics but are not social workers. With the exception that opinions regarding whether working mothers can have warm relationships with their children do not differentiate social workers and the general population, family values that affirm diverse family forms including same-sex parents and that reject corporal punishment differ between the two samples, even with control variables included (see the first six dependent variables in Table 3). Just as in the first two sets of regressions, the most pronounced difference concerned corporal punishment.

A conundrum is that, compared to the general population, social workers are more likely to agree that single parents are as effective as parent dyads but are less likely to agree that divorce is usually the best solution. Yet, by not agreeing that divorce is usually best, social workers, in effect, are supporting the importance of keeping two-parent families together and functioning well. Viewed in this way, support for single parents and a hesitancy to endorse divorce both represent positions that support families.

With and without controls, our results convey the progressive values that social workers hold in comparison to the more traditional values common in the general population, and, that is, in social work's client base. Differences in family values are real.

Implications for Social Work Practice

Do the values differences between social worker and client present an opportunity for dialog through which each better understands the other? Are some values differences so extreme that they derail interaction and dialog? Values differences can interfere with the process of building relationships between workers and clients. Social workers must hold to their values, but not so tightly that this hinders communication, empathetic responding, or the ability to see multiple sides of a situation. When social workers hold so tightly to their values that they alienate clients, they lose their potency and power. The challenge for social work practice is to think deeply about how to communicate with families who hold different values and to facilitate change in a context of mutual respect.

Study findings suggest strategies for social work education. Social work educational programs can focus attention on family value dilemmas through experiential learning activities including class exercises and simulations. Simulations could include working with, for instance traditional (husband-dominated) families and those with more egalitarian decision-making; minority ethnicity families and majority ethnicity families; immigrant families; families with differing religious views (traditional, mainstream, Islamic-based, humanist, atheist, etc.); families at different socio-economic levels; coastal urban families and rural 'heartland' families; families at different stages of the family life cycle, families with differing parenting styles (authoritarian, authoritative, permissive); families with new gender roles for parenting (e.g., husbands as homemakers, wives as primary earners); families with differing views on gender roles for children (traditional gender-based roles versus more fluid ones); families with different structures (one-parent, two-parent, blended, grand-parent, families that include kin and kith); families with strong links to community versus those more 'on their own'; families with LGBTQ+ parents and those with cisgender parents; and families raising LGBTQ+ children and adolescents.

Academic social work programs need to educate students who bring diverse values and backgrounds into the profession. Valuing client-determination and suspending one's own values are instrumental to effective practice. Yet, if almost all social workers face the task of suspending values that are strongly progressive this may mitigate against

outreach to and relationship building with families with traditional values. In sum, the social work profession needs to hold tightly to its values, but not so tightly that this works against connecting with families holding traditional values.

Limitations

The low response rate may have introduced nonresponse bias. Sending e-mail to potential respondents was not an option. Almost assuredly, doing so would have increased the response rate. NASW respondents completed the study instrument using an online survey software program. Most GSS respondents responded to a computer-assisted in-person interview. These differing administration methods may have affected comparisons. Attitudes on same-sex marriage have shifted markedly in recent years. The different administration times in our samples (GSS, 2012; social worker sample, 2014) may have affected comparisons on same-sex parenting. As all of our social work respondents were NASW members, their views may not be representative of those of all social workers.

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