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# Attitude of Gratitude: Clinician Views on Fostering Gratitude in One Homecare and Hospice Agency

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Attitude of Gratitude: Clinician Views on Fostering Gratitude in One  
Homecare and Hospice Agency

by

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MSW Clinical Research Paper

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School of Social Work  
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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota, and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

The topic of this research project is the facilitation of gratitude-focused interventions into clinical treatment plans with clients facing debility or end of life. This is based on the notion that gratitude is a concept of positive psychology and is consistent with the strengths based approach of the social work profession. Gratitude focused interventions encourage the patient to focus on the positives versus negatives. Five qualitative interviews were conducted with clinical social work professionals. Grounded theory methodology and constant comparative analysis were used to analyze transcribed data. Responses to open ended questions regarding preferred therapy modality, positive and negative aspects of the use of gratitude, how the participants felt they could integrate gratitude focused therapies into their practice, and what might help or hinder the use of gratitude in practice, generated the four major themes. These included 1) universality of gratitude, 2) gratitude in practice that included the use of Life Review techniques and modeling grateful behavior, 3) the importance of caregiver support with the use of gratitude, and 4) assessment needs and common barriers to the facilitation of gratitude. Participant responses are highlighted with the use of direct quotes. Some findings are consistent with best practices in the homecare and hospice setting that identifies the need for Life Review and assessment of patient status. Recommendations for future research and implications for social work practice are also discussed.

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benefits of this mental perspective

## Table of Contents

Introduction.....	1
Literature Review.....	4
Gratitude Defined.....	4
Psychological Risks in Older Adult Population.....	4
Positive Outcomes: Support for Fostering Gratitude.....	7
Therapeutic Interventions.....	7
Empirical Support for Gratitude: Assessment Scales.....	10
Factors Impacting Gratitude.....	14
Gratitude in Older Adults.....	16
Gap in Social Work Literature.....	17
Literature Review Summary.....	18
Conceptual Framework.....	19
Methods.....	21
Research Design.....	21
Participants.....	21
Protection of Human Subjects.....	21
Research Setting.....	21
Instrument.....	22
Data Collection.....	22
Data Analysis.....	23
Researcher Bias.....	23
Findings.....	24
Participants.....	25
Universality of Gratitude.....	25
Gratitude and Strengths Based Perspective.....	27
Gratitude in Practice.....	28
Caregiver Support.....	33
Assessment Needs and Common Barriers.....	34
Discussion.....	40
Participants.....	40
Universality of Gratitude.....	42
Gratitude in Practice.....	43
Assessment Needs and Common Barriers.....	45
Gratitude on the Mezzo and Macro Levels.....	46
Researcher Reaction.....	47
Limitations/Implications for Future Research.....	48
Implications/Recommendations for Social Work Practice.....	49
Conclusion.....	52
References.....	53
Appendix I Participant Consent Form.....	56
Appendix II Interview Questions.....	57
Appendix III Participant Recruitment Flyer.....	58

## Attitude of Gratitude: Clinician Views on Fostering Gratitude in One Homecare and Hospice Agency

Gratitude is a way to increase feelings of well-being because it builds psychological, spiritual and social resources; it inspires pro-social reciprocity (Emmons and McCullough, 2003). As a community social work practitioner assisting low income, inner city elders, this researcher has frequently heard expressions of gratitude. Mothers are thankful for their children, for the help they receive, for the goodness they have experienced in their lives, for the assistance provided by staff in their buildings, to God. These expressions are, in this researcher's experience, usually accompanied by a positive affect and appear to facilitate feelings of happiness and joy in the older person. As a practitioner, this researcher wished to explore further what clinical interventions might already be in use that foster gratitude and what views other clinicians hold regarding this approach. This research sought to explore what clinician's views are regarding the appropriateness and usefulness of gratitude interventions. It examined how gratitude is used as a tool within one social work practice setting and explored the clinician's views on how it impacts practice on the micro, mezzo, and macro levels.

The process of aging brings increased challenges for people. Older adults often spend large amounts of time with caregiving teams. These teams include doctors, nurses, physical and occupational therapists addressing the patient's physical needs, and mental health professionals addressing the patient's emotional needs. Today, over fifty percent of all mental health treatment in the United States is provided by clinical social workers (Richardson and Barusch, 2006, NASW, 2013). Social workers have the potential to enhance patient outcomes through the use of interpersonal skills and clinical

interventions that have been shown to elevate mood and increase subjective feelings of well-being (Centers for Disease Control, 2013, Cohen, 2006, Diessner, Lewis, 2007, Emmons and McCullough, 2003, Kashdan, et al., 2009, Krause, 2006, Smullen, 2012, Toepfer, et al., 2011, Watkins, et al., 2003). Physical, social, and emotional stressors that are unique to this phase in life can exacerbate depressive symptoms in older adults and place them at increased risk for depression (Richardson and Barusch, 2006).

Depression is a common mental health challenge for older adults, with up to 20% experiencing depressive symptoms. Depression is widely under-recognized and under-treated among this population. “Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher rates of illness, greater functional disability, and higher health care resource utilization” (Federal Interagency Forum on Aging Related Statistics Report, 2006, National Alliance on Mental Health, New Hampshire, 2011).

The expression of gratitude is considered a concept that can be taught to others over time and presents a tool to assist people through cognitive change by altering thought patterns in ways that improved mood and increased feelings of resiliency (Adler and Fagley, 2005). This concept, as both internal and external experience, has been studied within the social sciences and has been shown to help patients mentally and physiologically (Adler and Fagley, 2005, Cohen, 2006, Diessner and Lewis, 2007, Kashdan, et al., 2009, Krause, 2006, Smullen, 2012, Toepfer, et al., 2011, Watkins, et al., 2003). Improved mood and increased feelings of well-being are among the mental health benefits of an attitude of gratitude. Expressing gratitude helps a person to grow and

sustain meaningful social relationships, also increasing resiliency (Kashdan, et al., 2009). Physical health benefits include lowered blood pressure and a reduction in harmful enzymes found in the fluid around the heart (Cohen, 2006). As a mechanism of social exchange, gratitude can lift up communities in an upward spiral of mutual beneficence (Watkins, et al., 2003). Empirically tested interventions include asking patients to write about a time when someone did something that made a difference in their lives, writing thank you letters to others, and listing a number of things people were grateful for each day (Adler and Fagley, 2005, Lau and Cheng, 2012, Toepfer, et al., 2012).

The purpose of this study was to explore what views clinicians have on the concept of gratitude within practice settings and the applicability and usefulness of these within their work with homecare or hospice patients. In order to do this a series of audio-recorded interviews was completed with clinical social work volunteer subjects in one homecare and hospice agency located in a metropolitan area in the upper Midwest United States. The research was exploratory and qualitative in nature. Clinical social work practitioners in one homecare and hospice agency were recruited to participate in audio-recorded interviews and opinions were gathered on the use of interventions or approaches that foster gratitude within their own practice.



## **Literature Review**

### **Introduction**

Within this literature review it was discovered that the use of gratitude interventions in the practice setting has not been explored from the perspective of social work professionals. As such is the case, this literature review will first investigate the need created by the increasing population of aging individuals. Next it examines the body of work that has sought to identify the positive physical and mental health benefits of gratitude. Also identified are types of interventions that have been attempted with research populations and the profile of those found to be the most likely to benefit from a gratitude intervention. Finally, the social work role within the management of end of life and debility will be explored and identifies best practices for hospice social workers.

### **Gratitude Defined**

Gratitude is defined by Adler and Fagley (2001) as the acknowledgement of the value and meaning of an experience that was influenced by “an event, a person, a behavior, an object--and feeling a positive emotional connection to it”. This was further defined by the researchers as “noticing and acknowledging a benefit that has been received, whether from another person or a deity, and feeling thankful for the efforts, sacrifices, and actions of an “other”” (Adler & Fagley, 2005, p. 83).

### **Psychological Risks in Older Adult Population**

Understanding that positive emotions are helpful in the treatment of depressive symptoms, prior research has examined the impact of interventions that utilize gratitude. Kashdan, et al., (2009), looked at how gratitude may be especially helpful for this group. Their work sought to discern the effectiveness of gratitude interventions. They

concluded that as people age, tailored interventions may enhance treatment outcomes. The older a person becomes, the more they begin to understand that their time is limited and it may be a time when priorities, values, and goals begin to shift. A new focus on engaging in events that bring meaning and provide emotional fulfillment can have the potential to assist the person to create new experiences, new bonds, and ultimately promotes psychological resiliency (Kashdan, et al., 2009).

The presence of depression later in life increases a person's risk for physical and cognitive decline. Women are seventy percent more likely to experience depressive symptoms than men and also tend to live longer (NAMI, 2013, US Census Bureau, 2013). Longevity can impact family systems when caregiving is complicated by symptoms of depression. Accurate medical diagnoses can be difficult for primary care providers. With increasing life expectancy rates and a growing population of older adults, all areas of health care are likely to see greater numbers of aging patients who could benefit from clinical strategies that enhance feelings of well being and reduce symptoms of depression. As social workers seek new ways to treat this population effectively, therapeutic approaches that place a focus on fostering well-being can serve as additional tools to improve patient outcomes (Zarit and Zarit, 2007).

### **Adjustment Disorders and Grief Reactions**

Adjustment disorders are one of the most commonly diagnosed disorders among older adults within outpatient clinical settings (Zarit and Zarit, 2007). Older adults with Adjustment Disorder frequently present with symptoms of depression and anxiety. Those with adjustment disorders have fewer and less severe symptoms than those with more significant depression and therefore are less often offered specific treatment. Adjustment

disorders often occur following major losses in life. Chronic illness, retirement, and caregiving can trigger symptoms of depression in older adults. An additional trigger for depressive symptoms in older adults is grief associated with the loss of a loved one (Zarit and Zarit, 2007).

Loss of a loved one is a particularly pronounced event in a person's life experience. As a person ages, the likelihood of this experience increases as well. The loss of a spouse or life partner presents an increased risk for the onset of depressive symptoms. Depressive and anxious symptoms are prevalent among widows and widowers for the first two years following the death of their spouse. Interventions are recommended if a person's grief reactions are debilitating, or if symptoms worsen, rather than lessen, over time. Treatment needs should also be evaluated if a person's symptoms prevent adjustment back to everyday life after three months (Zarit and Zarit, 2007). Debility, dependence, and end of life also represent significant loss and therefore often are triggers for depressive symptoms (Hultman, et al., 2008).

### **Depression with Debility and End of Life**

Hultman, et al., (2008), discussed best practices within the hospice setting. The researchers asserted that psychological suffering should be anticipated in every patient. They further asserted that caring for the dying patient requires specialized knowledge and training. The process of dying brings out unique stressors for each individual. People can come into the dying process with pre-existing mental health diagnoses or develop them at that time. Just under 50% of all cancer patients report clinically significant psychiatric symptoms with two thirds of those being depressive symptoms. Untreated mental health symptoms during this time can result in diminished quality of life and overall decline in

functionality (Hultman, et al., 2008). Those who are experiencing the process of dying are arguably the most vulnerable of all patients (Wilson, et al., 2008). Under the National Association of Social Workers Code of Ethics it is the duty and obligation of professionals to serve these patients and their families competently, with dignity and respect while honoring the dignity and worth of the patient and fostering the importance of human relationships (NASW, 2006).

### **Positive Outcomes: Support for Fostering Gratitude**

From a psychological perspective, gratitude is closely related to optimism and hope (Adler & Fagley, 2005, Watts, et al., 2006). From a biological perspective, medical evidence has shown that a grateful attitude encourages a healthy respiratory sinus rhythm increasing the body's ability to react to stressful situations (Cohen, 2006). Gratitude is linked to increased mental and physical wellbeing and helps a person to grow and sustain meaningful social relationships, also increasing resiliency (Kashdan, et al., 2009). Specific to older adults, gratitude acts as a stress-buffering mechanism, enabling greater resilience, although differences existed between men and women (Krause, 2006). From a systems-perspective, grateful expression is seen in the terms of benefactor and the benefited and fosters mutual appreciation between the parties. This relational interaction promotes an upward spiral of positive behaviors. From this perspective, a cycle of grateful expression, altruistic giving, and mutual appreciation emerges (Watkins, et al., 2003).

### **Therapeutic Interventions**

Many types of treatment are recognized as effective for depression in older adults. Cognitive therapy interventions include Cognitive Behavioral Therapy (CBT),

interpersonal therapy, dynamic psychotherapy, supportive therapy, brief therapy, and group therapy. Interventions that focus on a patient's thoughts are considered to be especially helpful in older adults. Therapy technique of life review and interpersonal therapy are also recommended. Pharmacological interventions are often paired with cognitive therapies to reduce patient symptoms (Richardson and Barusch, 2006, Zarit and Zarit, 2007).

### **Narrative Therapy**

One therapeutic model of intervention that can be utilized with older adults to help alleviate depressive symptoms or prevent unwanted symptoms of depression in some patients is Narrative Therapy (Cooper and Lesser, 2011).

Narrative Therapy, considered a brief treatment modality, is one model of therapeutic intervention that is utilized when working with older adults. It is strengths based and focuses on the client's own story and takes the position that the person is an expert in their situation. Narrative Therapy focuses on the client's problem solving skills by examining how the person has coped in the past (Cooper and Lesser, 2011). With the use of life review techniques, clinicians may be able to encourage a positive outlook for patients and help identify memories that include strengths, coping mechanisms, interpersonal and community relationships (Cooper and Lesser, 2011). One concept that has been demonstrated to be effective in research subjects to improve one's general sense of well-being are activities of grateful expression. The process of facilitating life review has been utilized in studies that ask participants to reflect on instances for which they felt they were the benefactors of good will. Results of these show support for gratitude

interventions (Cohen, 2006, Diessner and Lewis, 2007, Kashdan, et al., 2009, Krause, 2006, Toepfer, et al., 2011, Watkins, et al., 2003).

### **Attention and Interpretation Therapy (AIT)**

One newer clinical methodology, Attention and Interpretation Therapy (AIT) that has emerged is based on the work of Dr. Amit Sood of the Mayo Clinic in Rochester, Minnesota (Voigt, 2013).

Voigt (2013) outlines how AIT, which uses mindfulness-based approach to stress reduction that can increase a person's overall resiliency. AIT methodology includes the consideration of what are described as the five core principles: gratitude, compassion, acceptance, higher meaning and purpose, and forgiveness. Sood's research is supported by developments in the understanding of brain activity identified by cerebral scans performed on patients before, just after, and four months after the administration of mindful based training. Results were significant with increased left side brain activity, the area of the brain that regulates positive affect. Meditation was also noted to strengthen activity in the pre-frontal cortex as well as improved regulation of the limbic system or the part of brain that controls thoughts of past events as well as stress and anxiety. The ideas of Dr. Smoot were disseminated to 10,000 learners in 2012. Voigt (2013) subsequently conducted qualitative interviews with clinical mental health professionals who had received this training, seeking their input regarding how the information they received on AIT was seen as helpful for the practitioners both for themselves personally as well as for their clients.

In this study the researcher conducted eight qualitative interviews to discover their experience and impressions of the usefulness of AIT both within their own lives as

well as within their clinic practice areas. The major themes that emerged were gratitude, compassion and acceptance, less practitioner burnout and a higher level of community connectedness. The overall theme of the findings was that by placing the process of thought outside of one's self and focusing on others through a process of mindfulness could be beneficial to both client and practitioner. Dr. Soot's methodology has been used with patient's who meet the criteria for clinical depression. The Voigt study explores how those who practice it see the methods of AIT as beneficial and shows support for the applicability of AIT with differing client populations (Voigt, 2013).

### **Empirical Support for Gratitude: Assessment Scales**

Assessment scales have been utilized to test the impact of gratitude-focused interventions on the human attitude with positive support for the use of grateful expression on affect and mood (Diessner and Lewis, 2007, Watkins, et al., 2003).

#### **GRAT Assessment Tool: empirical support for gratitude.**

One specific scale, designed to measure a person's degree of gratitude, is the Gratitude, Resentment, and Appreciation Test or GRAT (Watkins, et al., 2003). These researchers point out that gratitude is one of the long neglected virtues in the area of psychological interventions. Several reasons are mentioned. Gratitude is considered important to individuals. Gratitude is considered a highly valued trait and the word "grateful" was rated in the top four percent by respondents of a 2002 study in defining "likeability". The GRAT attempts to capture what characteristics make up a grateful individual. They theorized that four main components of gratitude would emerge. These included that idea that grateful people would not feel deprived in life, they would be appreciative of the contributions of others, have a tendency to enjoy simple pleasures,

and lastly, that they would acknowledge the importance of expressing gratitude (Watkins, et al., 2003). To explore the validity of this assessment tool, the researchers engaged in four studies within the body of one research paper.

Study one utilized the GRAT to test the reliability of the assessment tool. The initial study consisted of 237 student research subjects who were enrolled in an undergraduate psychology course. Participants were administered 53 questions initially developed to tap into the four identified areas of a sense of abundance, simple appreciation, appreciation for others, and importance of gratitude expression. Subjects were instructed to read each item and respond on a five point Likert scale from strongly agree to strongly disagree. Results of study one showed that the items related to the appreciation of others and the importance of expressing gratitude clustered in one factor. Six years, six studies and 1,187 research subjects supported the use of the GRAT as an assessment tool with good internal consistency and factorial reliability. In test-retest experiments the two administrations correlated highly at  $r=.90, p<.0001$  (Watkins, et al., 2003).

Study two of the GRAT intended to examine validity criteria across several different populations. The researchers predicted that having trait gratitude would be positively related to positive affect and subjective feelings of well-being and negatively related to unpleasant states. They further predicted that gratitude would show the strongest inverse relationship with depression. They posited this theory with the rationale that the more negative a person's affective traits, the less likely they are to engage in grateful expression. This study also included exploratory investigations. These included examining the relationship between religiosity and gratitude and attempting to evaluate



the relationship between gratitude and locus of control. The study included three phases of assessment tool administration. The first group consisted of 57 students and the second consisted of 66 individuals, and the third with 154 participants. Results showed support for the researchers predictions. Two administrations of the GRAT were highly correlated ( $r = .94$ ). Subjective well-being showed a strong relationship to gratitude and correlations ranged from .49 and .62 in the three subgroups. The researchers also discovered that gratitude was negatively related to narcissism with the strength of the association being significant at ( $r = .49$ ). The additional inquiries related to gratitude and religiosity and locus of control also showed positive relationships as revealed by the GRAT (Watkins, et al., 2003).

Study three undertaken by Watkins, et al., (2003) utilized 104 research subjects who were students in an undergraduate psychology course. Study tasks were asked to take place over a five-week period. Two subgroups were created that focused on either gratitude or depravity. Participants were asked to engage in writing tasks for five minutes at a time that focused on either the positive or the negative, depending on the group assignment. Following this five-minute intervention subjects were administered a five point Likert scale asking them to identify how grateful they felt for their summer. Results were analyzed using a 2 x 2 ANOVA comparing gratitude condition with gender. No significant differences emerged regarding gender. Further correlational analysis were completed to evaluate the construct validity of the GRAT. The results indicated the GRAT was positively related to subjective feelings of well-being and negatively related to depression (Watkins, et al., 2003).

The fourth study performed by these researchers involved the use of grateful reflections and examined what impact these could have on positive affect. 157 undergraduate students participated. The subjects were divided into four control groups. One of the control groups was assigned a task unrelated to gratitude. The other three groups were assigned to tasks that involved thinking, essay, and letter writing. Assigned activities were completed in conjunction with the administration of the GRAT. Somewhat surprising to the researchers was the result that the group assigned to thinking tasks associated with gratitude condition showed the strongest effect on positive affect leading them to conclude that the task of writing about positive events may interrupt the experience of positive affect (Watkins, et al., 2003).

#### **Additional Assessment Scales**

In exploring how gratitude interventions might be effective with client populations many measurement scales were utilized within the research literature (Adler & Fagley, 2005, Diessner & Lewis, 2007, Kashdan, et al, 2009, Watkins, et al., 2003). These scales attempt to measure many aspects of emotion and identify relationships between background, age, gender, religion or spirituality and affective personality traits that influence mood, perception, and outlook on life. Use of measurement scales within gratitude research seeks to uncover a person's receptivity to gratitude interventions. One scale utilized in gratitude research included "The Satisfaction with Life Scale" (SWLS) (Diener et al., 1985), which includes five Likert scale items with total scores ranging from five to 35 with the highest scores representing a high degree of life satisfaction. Another scale is the PANAS, or Positive and Negative Affect Scale (Watson, Clark, & Tellegen, 1988) which measures the affective components of well-being using a 20 item

measure of questions requesting emotional responses to words, adjectives, such as “inspired”, “excited”, “ashamed”, and “afraid” (Adler & Fagley, 2005, p. 88). Other scales of measurement of gratitude include the Affect Orientation Scale (Booth-Butterfield & Booth-Butterfield, 1990) that measures self-awareness, the Life-Orientation Test-Revised (Scheier, Carver, & Bridges, 1994), the Spirituality Scale (Chatters, Levin, & Taylor, 1992). Others still include the Fordyce Happiness Scales and the Life Events Questionnaire (Watkins, et al., 2003). Studies have been repeated and enhanced with ever increasing effectiveness between 2003 and 2007 (Diessner and Lewis, 2007). Other significant findings of previous research include differences in receptivity to gratitude based on religion and culture, gender, and degree of religiosity (Kashdan, et al., 2009, Watts, et al., 2006).

### **Factors Impacting Gratitude**

#### **Cultural effects on gratitude.**

Gratitude can be towards God or towards another. It can be seen as internal or external, as psychological or social in nature. Whether one sees gratitude from this perspective can be based on their exposure to religious teachings that often include ideas of hope and optimism, although research has concluded that such exposure is not necessary but helpful in the fostering of grateful understanding and expression (Cohen, 2006, Krause, 2006, Watts et al., 2006). In addition to the compliments that religious teachings give the concept of gratitude, culture can play a role as well.

One study of a group of aging Japanese Americans focused on how tradition of this culture dictated that one generation would pass on to the next a series of beliefs that were correlated with resilience. The teachings were considered part of the cultural

experience and those within the group believed in the tradition. Respondents also agreed the tenants of a grateful attitude positively impacted one's ability to benefit from gratitude. The work led the researcher to conclude that such lessons did indeed positively impact the cultural group as a whole (Groger, 1992).

The results were identified as eight conflict-avoiding strategies that enabled this group to age successfully. These included behaving in a way that was considered proper under Japanese culture and included concepts such as "holding back and down-playing oneself", "controlling oneself", "sympathy and compassion for others" (Groger, 1992). Other ideas that appear to have allowed this group to age successfully were acceptance of old age and the ability to "strike a balance between dependency and autonomy" (Groger, 1992). Although much consideration has been undertaken in the literature to define the concept of gratitude, less attention has been focused on exactly how practitioners are attempting to do this with client systems. Gratitude as a concept of social exchange holds the potential to uplift the individual and encourage supportive, reciprocal relationships (Kashdan, et al., 2009, Watts, et al., 2006).

### **Age and Gender Considerations**

Much of the literature on gratitude has been generated with the use of surveys administered to college students, thus limiting the body of knowledge related to age and gratitude. Studies have, however, concluded that gender was a more significant determinate of benefits derived from gratitude, than age. One study that compared persons of average college age with those who had a mean age of 68 found no statistical difference between the two age groups of women, but did see a difference in the age of men with regard to positive opinions of gratitude (Kashdan, et al., 2009). Women

reported less of a burden associated with the concept of gratitude than men did. Men, conversely, derived fewer benefits from gratitude and felt obligation associated with gratitude. Men also were impacted by the gender of the person who was the source of the favor or kindness being far less likely to feel grateful if the giver was male. This led researchers to deduce that men are less likely than women to benefit from a gratitude intervention. They describe the helpful benefits of gratitude expression as promoting hope, resilience and a positive affective trait (Kashdan, 2009).

### **Individual Differences and Fostering Gratitude**

The most frequent theme about gratitude identified in the literature was regarding differences in the perceptions of gratitude and the tendency to benefit from gratitude. Differences identified were based on a person's gender, age, religiosity, and culture, with certain groups more amenable to the positive impacts of gratitude than others (Adler & Fagley, 2005, Cohen, 2006, Kashdan, et al., 2009, Krause, 2006, Watts, et al., 2006). Most amenable to the positive effects of grateful expression were older women with a spiritual background.

### **Gratitude in Older Adults**

Multiple studies support the assertion that gratitude and the process of social exchange or transaction that occurs between individuals or groups can be beneficial for all involved (Krause, 2006, Hilton, et al., 2012). Specifically, interventions attempted on adults of all age groups, have demonstrated the positive benefits of improved mood and elevated reports of subjective well-being. Multiple studies tested interventions that included such exercises as asking subjects to think about and write about times when they have experienced something they felt grateful for. These studies compared baseline

measures of personal feelings prior to the intervention and followed up with Likert scaled questions to measure effectiveness of the intervention exercise. Each finds support for interventions that foster gratitude (Adler and Fagley, 2005, Diessner and Lewis, 2007, Kashdan, et al., 2009, Toepfer, et al., 2011). In contrast to these results, one study with older adults had results that were positive but not statistically significant (Smullen, 2012).

Smullen (2012) conducted a between-subject design to examine the effect of gratitude on well-being in older adults. The research sample included 35 subject participants; 28 women and seven men, age 60 and older, who were given tasks associated with the expression of gratitude. The experimental group was given the task spending fifteen minutes a day, twice a week, listing things they were grateful for. The control group listed things they did the previous day without any specific focus. Participants then were asked to complete assessments to determine their levels of positive and negative affect, life satisfaction, and depression. In this study, the participants in the gratitude condition had higher levels of positive affect than participants in the control condition however, the results were not statistically significant. Limitations of the study identified by the researcher included the small sample size given the quantitative nature of the work (Smullen, 2012). Throughout the research previously completed on the influences of gratitude, subjects were volunteer participants.

### **Gap in Literature Clinical Social Work Role**

The majority of the present literature review has focused on academic research to examine the impact of gratitude across the micro, mezzo, and macro levels. The field of psychology has dominated research regarding the use of gratitude and only the one study has examined the use of gratitude and its impact on the practitioner and the client (Voigt,

2013). Because social work practitioners provide an estimated fifty percent of all mental health treatment in the United States (NASW, 2014, Richardson and Barusch, 2006), and because within the homecare and hospice setting clinical social work professionals come in contact with the aged and disabled, research on how this group might utilize gratitude interventions in practice, may be warranted, and has not been discovered in the process of this literature review.

### **Literature Review Summary**

This literature review has examined how aging and debility can compromise mental health and how depression is a common and often overlooked part of aging. Adjustment disorders and grief reactions frequently act as triggers for depressive symptoms. Older adults tend to have less severe symptoms and because of this are treated for depression less regularly than the general population. Gratitude research has shown support for improving mood, enhancing a sense of well-being, decreasing depressive symptoms, and enhancing connectedness between people and groups. Significant ideas that emerged include the notion that those who value the expression of gratitude, women, and those who are willing to express gratitude are more likely to benefit from such interventions. Treatment approaches that have used gratitude interventions in research include Cognitive Behavioral Therapy, Narrative Therapy, and Attention and Interpretation Therapy. Finally, the role of the clinical social worker discusses how this discipline is often the primary delivery system of mental health treatment for older adults (Adler and Fagley, 2005, Diessner and Lewis, 2007, Emmons and McCullough, 2003, Kashdan, et al., 2009, Richardson and Barusch, 2006, Toepfer, et al., 2011, Zarit and Zarit, 2007).

### **Conceptual Framework**

The Ecological Systems Theory is one conceptual framework that is well suited to research regarding the use of gratitude in social work practice (Ashford and Lecroy, 2010). This theory recognizes that human beings can only be truly understood within the context of the systems in which they live. A component of this perspective is the idea of a holistic view. Within this is the metaphor that helps illustrate the reciprocal transactions that occur between people and the environment they live in. Three main ideas found within the ecological systems perspective and are applicable within the social work profession. These include the dual lens of social work practice that focuses on both the person in situation and the system and its environment, the idea that social work practice occurs at the interface between the person and its environment, and is best conducted with the exchange promotes growth and development while improving the environment (Ashford and Lecroy, 2010).

For social work practice, specific categories, or levels of the system are identified as particularly useful. These were identified by Brim (1975) and Bronfenbrenner (1977) and include the micro, meso, exo, and macro systems of the ecological model. Microsystems involve the face-to-face contact with client populations and is limited if the practitioner fails to take into account the impact of the other systems on the client. Meso systems include the personal settings in which people spend their social lives. Exo systems are systems that are influential in a person's life, but with which they have no power over, such as a child's school. The macro system is the largest of these subsystems and includes large agencies such as the government. These systems are the most



pervasive in people's lives and are highly influenced by society, culture, and historical developments (Ashford and Lecroy, 2010).

Within the context of this research, the ecological systems perspective will be utilized to guide the development of questions and gain an understanding of how interventions that use gratitude can be useful on the micro, mezzo, and macro systems that patients exist within.

## **Method**

### **Research Design**

The research questions were: 1) what views do clinicians have on the concept of gratitude within practice settings and 2) the beliefs regarding the applicability and usefulness of this concept within their work with homecare or hospice patients. The research design was exploratory and qualitative and sought to discover the knowledge, thoughts, feelings, and opinions of practitioners in one homecare and hospice agency. As described by Berg and Lune (2012) “The meanings that we give to events and things come from their qualities. To understand our lives, we need qualitative research” (p. 3).

### **Participants**

A convenience sample (Berg, 2011) was used in this research for data collection. Sample criteria included social work licensure and a minimum of one year or more of experience in their current role. Participants were not expected to have prior knowledge on the topic of gratitude and interventions involving grateful expression.

### **Protection of Human Subjects**

Before the start of interviews, the consent form was reviewed and signed by the participants (Appendix I). The respondent’s names, titles and locations of practice were omitted from the field notes and transcript. Data collected was held in a password-protected computer. The audio recordings of the interview were deleted after May 19, 2014, after the completion of the transcription and coding processes.

### **Research Setting**

The agency involved was a not for profit home care and hospice agency that serves patients who require in home medical care, personal assistance, or hospice care

services. It serves mostly the older adult population and interviewees come into contact with this group on a daily basis. Personnel of this agency serve approximately 4,000 patients per year in the Twin Cities metro area in Minnesota.

### **Instrument**

The data collection instrument was a series of questions and a semi-standardized interview style. This style allowed the interviewees to expand on topics and questions posed and the researcher to delve beyond the questions and move further towards ideas (Berg and Lune, 2012). Questions included demographic and background information of the interviewees along with a set of ordered questions that allowed open-ended responses. Demographic data was collected prior to the start of the interview and included gender, identified professional role, number of years in this agency, number of years in the field. Other questions focused on what kinds of interventions they currently employ with clients that may facilitate grateful expression. Finally, questions about what the person believes as an individual, about the benefits of fostering gratitude through both casual contact and formal interventions were asked.

### **Data Collection**

Data collection was completed using the following steps:

- 1) Received written permission from agency.
- 2) Introduced study to professionals via e-mail within the agency and staff meeting.
- 3) Contacted respondents to schedule interviews.
- 4) Conducted recorded interviews with each interviewee.

**Data Analysis**

This researcher transcribed all recorded interviews and a grounded theory method of data coding was used to develop themes from information obtained during the interviews. Raw data were analyzed and lines were assigned phrases to identify thematic tendencies (Monette, 2009). The researcher read the data several times and codes and concepts were written next to the sentence on the transcription. As themes emerged identified concepts were placed into categories.

**Researcher Bias**

This researcher has theorized that practitioners may be aware of the multiple health and societal benefits produced by the expression of and exchange of gratitude, yet they are not utilizing this in clinical practice. Individual expertise working with older adults in long-term care settings, community based social work case management with low-income elders, and an educational focus on older adults, are experiences the researcher brings. The age, race, socio-economic, religious, and gender background of this researcher may also influence the findings and conclusions. This researcher is experienced with older adults in long term care settings. Past experiences, along with information gathered during the literature review phase of research, could potentially influence the conclusions formed. To reduce researcher bias Committee members reviewed research interview questions in advance of interviews to scrutinize the content for leading questions (Monette, 2009).

## **Findings**

The overarching research questions that guided this study included 1) what views clinicians have on the concept of gratitude within practice settings and 2) the applicability and usefulness of these within their work with homecare or hospice patients. Analysis of the data produced four major themes that will be discussed in this section.

### **Participants**

Five out of twenty-four clinical social workers invited to participate in this study agreed to be interviewed in person. All five were licensed at the graduate level. Four of the five were Licensed Independent Clinical Social Workers (LICSW) and one was a Licensed Graduate Social Worker (LGSW). Two participants had less than five years of clinical experience and three had more than twenty years of experience. One of the participants was also a Licensed Psychologist.

Four of the five participants work as clinical social workers on care teams serving hospice patients and their support systems on an ongoing basis. One participant was a home care social worker, providing both intermittent and ongoing care coordination to patients in the home environment. All were employees of the same homecare and hospice agency.

The sample consisted of all female participants. All participants were Caucasian and two self-identified their religious affiliation as Christian. No participants reported having prior knowledge of or training in gratitude-focused interventions. Four of the five noted prior to the start of the interviews that they had never heard of the use of gratitude-focused interventions and asked what that might entail. This researcher provided

examples prior to the start of face-to-face interviews and those were of the use of letter writing to express gratitude in a way that nurtures the reciprocity of relationship, or encouraging one to think of something they are grateful for each day, using an internal approach. Interviews were conducted in person, one on one between February 18 and March 20, 2014 at agency offices. The following chart describes demographic data of the participant subjects:

Gender	Race	Practice Role	# Years Exp.	Licensure
Female – 5	Caucasian - 5	Hospice - 4	>5 - 2	LGSW - 1
Male – 0		Homecare - 1	<20 - 3	LICSW – 4

### **Themes**

Participant responses to open ended questions regarding preferred therapy modality, positive and negative aspects of the use of gratitude, how the participants felt they could integrate gratitude focused therapies into their practice, and what might help or hinder the use of gratitude in practice generated four major qualitative themes.

Themes included:

1) Universality of gratitude - everyone could potentially benefit from gratitude-focused interventions; 2) gratitude in practice – including the use of Life Review techniques and modeling grateful behavior; 3) caregiver support. Practitioners also identified 4) assessment needs and barriers for gratitude interventions in relation to mental health and environmental factors. This section provides participant descriptive findings and utilizes

direct quotes to exemplify results. Responses included language of the participant and described personal practitioner experience as well as the experiences of clients served.

### **Universality of Gratitude**

In response to the question ‘what clients do you think would benefit from gratitude focused interventions?’ five out of five participants answered they believed that patients had the potential to benefit from gratitude-focused interventions. Responses included the following statements: “I think any of them could”, “any, but I think older, spiritual, probably women mostly is what I see”, “I think all of our patients would”, “everyone would” and “everybody”. Each respondent further qualified this statement with the idea that each situation is unique and barriers to the use of a gratitude-focused intervention will exist. Additionally, assessment was seen as an important component to whether or not gratitude focused intervention could be used. Further discussion regarding the need for assessment was generated with the question ‘What might help or hinder the use of gratitude focused therapies in your practice?’ The theme of assessment will be explored further within the results/findings section.

### **Gratitude: Strengths Based Perspective**

In response to the question ‘what effects do you foresee, both positive and negative, in the use of gratitude focused interventions?’ three of five participants saw the use of gratitude-focused questions as a way of reframing the information with a strengths based perspective. Using gratitude focused questions four of five participants noted helping a person to reframe any given situation to redirect the focus from the negative, to the positive, would be a beneficial treatment approach. In discussing her experience of terminally ill nursing home residents one participant noted that many are often isolated

and tend to turn inward, harboring resentment. In discussing how she handles those situations, this participant provided the following opinion:

*I do think they could benefit from that redirection and that reframing the picture like 'you do have things in your life to be grateful about' and I think that's worth exploring (participant 3, page 3, lines 4 – 6).*

Another quote on how a gratitude-focused intervention was seen as potentially helpful was the notion that it encouraged a strengths based and present moment focus:

*I think for people focusing, in end of life, on what wasn't you know rather than what is going on right now and who is there...just to focus on what is rather than what isn't. (Participant 4, page 1, lines 26 – 27 and 31 – 32).*

Three of the five participants noted that, in their experience, age influenced a person's outward expressions of gratitude with older patients being reported as seen overall as a more grateful group. In one case example the participant discussed the impact of a patient's attitude of gratitude on the participant. This participant stated:

*This lady is 88. Every time I visit her she is so inspiring. She talks about how blessed she is and how grateful she is for her life and she is able to list all these things and she is just filled with gratitude and every time I leave there I feel so inspired. (Participant 2, page 16, lines 6 – 9).*

Focusing on the positive versus the negative with the use of gratitude was seen by one participant as being a determinant of a person's ability to adjust and cope with change and loss.



**Gratitude in Practice**

In response to the question ‘how do you think you could incorporate gratitude-focused interventions into your treatment plans?’ participants identified the process of life review and modeling grateful behavior as applicable to practice settings. Four of the five participants felt that the process of life review was amenable to the inclusion of a gratitude focus and useful within the homecare and hospice setting. Participants also provided the opinion that modeling grateful behavior was important. In discussing how it may be possible to utilize moments of emotional need, one participant used the term “reframing” (participant 3, p. 3, line 4) to describe how a practitioner might help someone to experience feelings of gratitude. Another talked about the nature of end of life situations and described how times of high emotionality, it may be possible to encourage gratitude.

**Life Review**

In response to the question, ‘how do you think you could incorporate gratitude-focused interventions into your treatment plans?’ four out of five participants responded that the use of Life Review techniques were one way they could see incorporating gratitude focused interventions. All four participants who discussed the use Life Review worked as hospice social workers. Life Review was seen as a way that gratitude focused

interventions might be incorporated and the following comments demonstrate this finding. One participant stated:

*One thing that I have found helpful, what I will say to the family, depending on the situation of course, is...I feel that I did not get to know your mother or your sibling or whatever here in their prime, you know, what did I miss out on? What are the things you would really like to remember, I mean, and in this way, I can throw in, what are you grateful for, you know, with regard to your life with your loved one. I mean, I think that would just be like a neat little way to, you know, steering it a little more into that...gratitude piece. (Participant 2, pages 3-4, lines 30-31 & 1-6).*

Another participant stated:

*Maybe doing a little life review and looking at things they might be grateful for, maybe family, maybe work or things they might have accomplished and you can do this as minimally as looking at pictures of family...and what they might mean to them and just looking through life review and things that they are grateful for. (Participant 4, page 3, lines 21-25).*

Another participant stated:

*With patients I think it could be more with life review and maybe during the life review you could get to some of those core moments, helping someone to*

*look at and talk about the things they are, or have gratitude for, and maybe things they haven't shared before. (Participant 1, page 4, lines 2-6).*

### **Modeling**

Another idea that was common among the participants was the idea that modeling gratitude was seen as a behavior that was necessary in the process of fostering gratitude in others with four out of the five participants discussing the importance and meaning of their own actions.

In response to the question 'how do you think you could incorporate gratitude-focused interventions into your treatment plans?' four out of five participants responded they felt that modeling gratitude was an important behavior in fostering gratitude among their patient population. This was seen as a natural component of the work and the same four participants mentioned the act of thanking caregivers. Caregiver support will be discussed further within this section. One participant said the following:

*I think, um, first and foremost, to have that attitude myself, to be a grateful person and go in there with the mindset that I am grateful to be able to do this work and I think, if you look at someone like Willie Mae, and that she's grateful and treats her patients as if she is grateful to be there, the impact, and the difference that she makes on those patients and their families is remarkable. So I think if we go in there with a grateful attitude, that it's our privilege to be in their*

*home, then I think also too, um, work with the caregivers and express your gratitude, everyone who is a caregiver, I mean, this is impacting what they would be doing otherwise. (Participant 4, page 3, lines 11-15, 17-20).*

In discussing ways that modeling gratitude is important in her work one participant talked about the importance of maintaining relationships with paid caregivers within skilled nursing facilities where many patients reside.

*And, it's not just about maintaining those relationships between us and facility staff but it is kind of that modeling behavior for how they interact with others, even their own co-workers within the facility, and with the team members. (Participant 3, page 4, lines 20-23).*

In a different way of modeling gratitude, one participant talked about her practice of sending thank you notes to others within the community that have made a difference for her patients. She noted it was done independently but was one way that she was already incorporating gratitude within her work. This was seen as important to her personally and was related to the importance of grateful expression within her family of origin. This participant stated:

*We've got a bin up in the front with sympathy cards and birthday cards and there's blank note cards, because I have sent notes to families before...I make my own out of the blank ones. I'm trying to think of when I've wanted to send than*

*you's. I mean, I know I have sent thank you's to NC Little Memorial Hospice.*

*When they have taken our pro bono cases that have not been the easiest, I usually send a thank you. (Participant 1, pages 9-10, lines 27-31, 1-2, 4-5).*

Modeling of grateful behavior included supporting caregivers by expressing their gratitude towards these individuals as a regular part of caring for the patient system. In addition to the act of modeling gratitude, supporting caregivers was another major theme.

### **Caregiver Support**

The theme of caregiver support was seen within responses to two questions: 'how do you think you could incorporate gratitude-focused interventions into your treatment plans?' and 'what effects do you foresee, both positive and negative, in the use of gratitude focused interventions?' Three of the five brought up caregivers in response to the question regarding integration of gratitude focused interventions in practice. Two out of five participants stated their opinions regarding the importance of acknowledging caregivers with gratitude as part of their role as a homecare or hospice social worker in response to the question regarding positive and negative effects. Caregivers were seen as critical to the patient's support system and nurturing that role with praise and gratitude was something that was viewed as inherent to their work. Participants reported that caregivers were often overwhelmed and struggle with their role providing for a loved

one. Supporting paid caregivers was also important to the participants and three of five participants mentioned expressing gratitude to this group. One participant reported:

*I do think that a lot of what I end up doing and the nurses too is really taking the time, mostly with caregivers, expressing my gratitude for them being present and being able to do what they do and really kind of going through, I mean, this isn't a job that you have to do and really showing our appreciation for them. Taking on the role that they are. (Participant 1, pages 3-4, lines 34-36, & 1-2).*

In discussing the importance of relaying gratitude to caregivers one participant offered the following insight:

*...to really work with them (caregiver) and (one needs) to give them lots of positive feedback that they are doing the best they can and to really acknowledge and to tell them they are really doing the best they can and help them along in the situation. (Participant 4, page 2, lines 17-21).*

Patients who are without family or others and live in nursing facilities were identified as being particularly vulnerable in terms of relying on others to provide care. Paid caregivers for these patients were identified as a part of the patient's support network and the participant stated the following:

*...where they are being cared for, to the people in their environment.*

*Caregivers, family, friends. Again, I think it's really easy for and it sounds like I'm picking on nursing homes and I'm not, I mean staff there are so busy, they really are doing everything than can do, the physical, hands on care that people are needing, and even that, I mean they are short on time. But when it comes to fostering the emotional well-being of folks, and especially those that don't have family and friends that come and see them, I think that's a role that is overlooked in terms of how important it is. (Participant 2, page 3, lines 21-29).*

Just as caregiver support was seen as important to supporting the patient's needs, assessment was seen as critical to every patient situation and necessary in determining the appropriateness of using a gratitude-focused intervention.

### **Assessment Needs and Common Barriers**

The final major themes that stood out in the data set are the need for assessment when determining whether or not to utilize a gratitude intervention and barriers to including gratitude-focused interventions. In response to the question 'what is your preferred therapy modality with your client population? Please say a bit about why', four of five participants responded that within the hospice setting, the treatment phase of assessment must be revisited continually, and the brief nature of contact with clients make other formalized treatment approaches difficult. Within the responses to this

question, assessment was considered critical and seen as a general strengths based approach to identifying the needs of the patient and their support system. Other responses that centered on the importance of assessment were in relation to how each situation was unique and may not be amenable to the use of a gratitude-focused intervention. Three of five participants mentioned the social work term of ‘meeting the client where they are at’ as integral to the assessment process in the homecare or hospice setting.

In response to the question ‘what might help or hinder the use of gratitude-focused therapies in your practice?’ barriers to the use of gratitude interventions were identified that would potentially prevent, limit, or increase the challenges related to the use of a gratitude-focused intervention. Identified barriers included time limitations, crisis management, environmental factors, cognitive deficits, and uncontrolled pain. These will be discussed in greater detail later within this section.

### **Assessment Needs**

Assessment was seen by all the participants as necessary as part of the social work role in homecare or hospice. Participants identified that they were unfamiliar with gratitude focused interventions, and felt assessing whether or not a person or family unit would benefit from focused interventions may be challenging due to time limitations and the need for management in other areas such as care coordination or crisis intervention.



Participants described the homecare and hospice setting as requiring brief treatment approaches due to the limitations of time, priorities of the patient and family. The importance of identifying what the immediate needs were was reported as a priority over providing standard clinical approaches. These responses were generated with the questions ‘what is your preferred therapy modality with your client population? Please say a bit about why’ and ‘what might help or hinder the use of gratitude-focused therapies in your practice?’ Just one participant specified Cognitive Behavioral Therapy (CBT) as a standard approach to assessment in the hospice setting.

*I think that as a rule I have always used more CBT for people that have good coping skills and maybe looking at more towards the strengths, rather than weaknesses, that people have. Um, I think that we are catching people in a particularly vulnerable time in their life, and um, we all fall back on our worst coping skills when we are under stress and so to use CBT is good and to recognize people's strengths and giving them a lot of encouragement to use those people have. (Participant 4, page 1, lines 6-12).*

The need for assessment was also identified with the question ‘what might help or hinder the use of gratitude focused therapies in your practice?’ Here the need for assessment was identified as a potential hindrance to the use of gratitude focused

intervention. In talking about the importance of assessment when working with a new client, one participant discussed the needs that are unique to the hospice setting:

*...especially during that first meeting, the patient and family, my goal is pretty basic social work approach, and that is just meeting them where they are at. Finding out what their needs are, what their understanding is, and in this job, um, we meet folks in such a wide range of acceptance and understanding, their general needs and general understanding of where they are. I mean sometimes people have understanding of hospice and they are ready to make that decision facing the end of life with such bravery and then others are really resistant to it and are just kind of signing on because that's what they were told they should do and they don't really want to talk about death. Just starting out and getting a feel, getting a sense from them where they are at and then developing a plan from there, strengths based, and really kind of empowering folks to be their own advocate or be their loved one's advocate. (Participant 3, page 1, lines 14-25).*

A third participant who worked as a home care social worker explained how she felt her role differs from that of the hospice social worker:

*I usually don't even have an agenda when I go in and I just kind of go with where the patient's at. And, just to be able to talk with them, um, you know, and...obviously it could be supportive, based on what's going on, or it could be*

*crisis intervention. Um, I do a lot of listening...(Participant 5, page 1, lines 9-13).*

In exploring the assessment process in the homecare or hospice setting, barriers emerged that were seen as common to the area of practice and may represent potential challenges to the inclusion of gratitude focused interventions.

### **Common Barriers**

Time limitations, crisis management, environmental factors, cognitive deficits, uncontrolled pain, and mental health challenges were discussed by four of the five participants. In response to the question ‘what internal or external factors may influence a person’s gratitude?’ participants mentioned serious mental health concerns as particularly difficult in the homecare and hospice setting. Bipolar disorder, schizophrenia, and depression in caregivers were identified as mental health challenges that increase the difficulty of providing care to others. Patients with serious mental health conditions were noted to be challenging cases in that the patient may have exhausted their support system in the past but then face a terminal diagnosis and find the need to reconnect with family.

*One of the biggest challenges we do have, the challenge, is dealing with family members that may have, um, mental health issues, that are interfering with the care level and quite often I get people with bipolar, and if the caregiver is bipolar and they’re the primary caregiver, it makes caregiving very difficult.*

*Because you're not always dealing with someone that is going to react in a way that is conducive to caregiving. If they're manic, which we see a lot because they are under so much stress...and they may be very disorganized and not have those skills to be able to care for that person or find someone else. (Participant 4, page 2, lines 6-14).*

In addition to the challenges that both clients and caregivers with mental health issues bring to this setting, logistical barriers such as time limitations, short duration of client contact, environmental factors such as a lack of appropriate housing or other resources, and uncontrolled pain were mentioned as contributing to what were seen by the participants as barriers to the inclusion of gratitude focused interventions within their work. Additionally, age was mentioned. For younger individuals facing hospice, it was seen as more difficult to integrate gratitude where there was patient resentment. Participants expressed that it was important not to discount people's pain. One participant said:

*When you have somebody who hasn't finished their life work yet, like with raising their children, and the unfairness of it, and they are angry and scared, or a grieving parent, one who is losing a child, all those things sort of add something, of a challenge to it (fostering gratitude). (Participant 4, page 4, lines 3-6).*

## **Discussion**

This section examines how participants may have influenced the research findings and the relatedness to material discovered through the literature review. It further explores ideas that surfaced through the qualitative interviews that reflect ideas of previous researcher that are considered noteworthy. Finally, researcher reactions will be outlined.

### **Participants**

The participants of this study were representative of the field of social work in that all five were licensed at the graduate level with four of the five possessing the additional Licensed Independent Clinical Social Worker (LICSW) licensure status. All five were employees of one homecare and hospice agency in Minneapolis, Minnesota. Two participants had less than five years of clinical experience and three had more than twenty years of experience. All five employees were assigned to territories outside of the inner city and some discussed a lack of diversity in their patient population, citing that others who work more closely with low income and culturally diverse clients may provide different responses. Additionally, all five respondents were Caucasian, providing opinions from their own points of view and lens of experience, limiting diversity of the sample. With regard to level of education, hospice social workers are required to have a graduate degree or higher and in this respect the sample was representative of social

workers that practice in the hospice setting. A sample of five clinical social workers out of 24 that practice in one home care and hospice agency were recruited to participate. A clinical manager of the homecare and hospice agency invited social work staff to participate in the study by reading a flyer provided by the researcher. Subjects were asked to sign up for an interview time or contact the researcher by e-mail or telephone.

The body of knowledge reviewed for this study began with the exploration of gratitude as a concept that evolved from the study of positive psychology and cited studies that were for the most part conducted with student participants who were asked to complete research steps that would foster gratitude and followed up with Likert scale questions to determine the effectiveness of the intervention (Kashdan, et al., 2009, Watkins, et al., 2003). Few studies utilized older adult populations and no studies examining the social workers experience with gratitude were based in a homecare or hospice setting.

When comparing the participant samples to those found within the literature, it was discovered that although hospice protocols had been explored in the past, that no previous studies on gratitude sought to discover the opinions of the social worker who provides the counseling and mental health support on the hospice team.

### **Universality of Gratitude**

All five participants indicated they felt that gratitude interventions could potentially benefit any patient. This is a strong finding which the prior research on the effectiveness of gratitude interventions supports. Multiple studies devised interventions intended to foster gratitude and measure its impact, found that it is possible to improve a person's mood, create positive affect, and increase participants subjective feelings of well-being. Specific characteristics such as gender and religiosity positively impacted the results, indicating that the group that includes women who are religious or spiritual, may benefit to a greater degree than males in general, specifically younger males (Kashdan, et al., 2009, Adler and Fagley, 2004). These results are consistent with the participant's beliefs in this study that nearly all patients or clients could potentially benefit from a gratitude-focused intervention. Not considered a theme, but noteworthy is that two participants discussed that older women were more likely to show gratitude within their own practice experience. One participant of this study discussed how men who displayed gratitude were "gushed over" by the female care team and considered more unique in terms of their male patient profile, an indication of how the reciprocity of gratitude becomes cyclical. The more expressive the male patient was, the more likely the care team may be to pay special attention to his needs. This could also show the presence of gender bias on the part of the practitioners. These findings were consistent with what prior researchers have discovered on the tendencies to benefit more or less from gratitude and could help guide practitioners when they are creating effective treatment plans.

Research into the psychology of gratitude has demonstrated that the expression of this positive emotion improves mood and generates positive affect. Measurement scales

used in previous gratitude research examine a person's tendency to be positive or negative in attitude and this is similar to the way social work professionals approach drawing out of strengths a person possesses. The clinical use of gratitude-focused interventions, such as modeling grateful behavior, the use of life review techniques, or encouraging one to be expressive of gratitude through dialogue, it could then be reasoned, is consistent with the strengths based perspective of the discipline of social work.

### **Gratitude in Practice**

#### **Life review.**

Life review was identified by all of the hospice social work participants as a common practice method. This is consistent with literature on best practices for hospice care which support life review as an intervention method that supports patient's in their internal search to find meaning in their life, their illness, and their death (Hultman et al., 2008). In the present study, one participant noted that people she works with might be discovering something new inside them through the process of life review and remarked it was her belief that internal growth was continuing during end of life. Hultman et al., (2008) further described the benefits of this act with are for patients to have an increased sense of hope and greater feelings of meaning during this time of life. Gwyther et al., (2005) discovered life review as a key competency of social workers in end of life care settings, further supporting the current work as reported by participants in this study.

Voigt (2013) discussed how the principles of Attention and Interpretation Therapy (AIT) were used within the practice setting. These were noted as personal exercises that patients were to complete, much like the homework that Cognitive Behavioral Therapy



recommends. None of the participants of this study mentioned AIT as a clinical method used in practice. No studies on gratitude were discovered that were based within the practice setting of homecare and hospice. In a 2008 published report, authors utilized a synthesis research approach in examining best practices for hospice around the world. This was for the purpose of designing a standardized, best practices method for Canada (Wilson, et al., 2008). None of the authors of this report hail from the profession of social work, and so those results cannot be compared to the present study. In their work (Hultman, et al., 2008) discussed in their section on preferred practice the strategy of life review and the existential component this can add for the patient during end of life.

### **Modeling.**

The idea of modeling behavior in a way that one sees as favorable may be a characteristic of the social work profession based on our Code of Ethics (National Association of Social Workers, 2010). As a concept, it was not discovered within the literature review that modeling was a key component of the reciprocal exchange of gratitude. Modeling grateful behavior was seen as important to three of the five participants as a way they felt would help facilitate a gratitude-focused intervention. In the intimate setting of home or hospice patient care, it may be that modeling gratitude is an overlooked part of the care plan. Seen in a different light, the other two participants discussed how a patient's gratitude impacted their own feelings about their role and themselves in a positive way.

### **Caregiver support.**

Each participant discussed the importance of caregiver support and the role that gratitude plays. Caring for others, family or a patient, is a task that takes the person away

from what they would normally be doing. Participants identified specifically that extending their own gratitude to caregivers was seen as supporting that part of the patient system by addressing the mental and emotional side of caregiving. The need for caregiver support was not previously identified in the literature related to gratitude. Caregiver support was however identified in the literature addressing best practices in the hospice setting in terms of the social work role (Gwyther, et al., 2005). Due to the unique nature of hospice work, it may then be appropriate for social workers to provide emotional support to caregivers and extending gratitude towards these individuals for the difficult work they do would be one way this group could further support the caregiver.

**Assessment needs & common barriers.**

The idea of assessment as important as stated by the participants of this study is supported in the literature on hospice best practices. Assessment is the beginning of intervention when the social worker will demonstrate their expertise with supportive listening and showing a willingness to understand, aspects of care that are shown to reduce “the isolation, confusion, and helplessness that often accompanies illness, death and trauma (Gwyther, et al., 2005, p. 97). By assessing the applicability of a gratitude focused intervention, the social worker can evaluate if a person’s situation and individual character and beliefs may make them a good candidate for a gratitude focused intervention or not. Characteristics that were consistent with a grateful attitude identified in the literature included, age, with older people more likely to express gratitude, gender, with women more likely than men to express gratitude, and religiosity, with religious and spiritual individuals being more likely than those who are not, to express gratitude (Kashdan, et al., 2009, Krause, 2006, Watkins et al., 2003, Watts, et al., 2006).

**Common barriers.**

Barriers identified in the literature were consistent with those described by participants in this study although were identified as general barriers to providing the care and mental health counseling that the trained social worker brings to the hospice setting. Crisis management, uncontrolled pain, environmental factors, financial strain, familial conflict emerged as specific barriers to the quality of care overall, versus barriers to preventing the inclusion of gratitude focused interventions (Gwyther, et al., 2005). Nonetheless, the information speaks to the complexities that accompany working with clients in such intimate and private settings as their own homes. Social workers who are familiar with the idea of gratitude focused interventions may be able to identify ways to overcome the barriers by identifying for whom these intervention types may be most well suited and utilizing dialogue that encourages grateful expression. The idea that even in the most stressful situations there are positives to be found, could perhaps be easily facilitated with simple questions such as ‘tell me what you are grateful for?’

**Gratitude on the mezzo and macro levels.**

In keeping with the conceptual framework of this research, questions about gratitude on a macro level were met with quizzical facial expressions and a lack of response. Two participants noted they were not usually active on policy development and could not speculate on the use of gratitude on macro level. Participants may have not been familiar with macro level social work practice and this may have contributed to the lack of responses to this question. Questions about gratitude on a mezzo level consistently brought comments of agency appreciation for staff as good, however, appreciation and support for other team members was seen as a more important part of

their work. Fostering gratitude, participants believed, was also a way to maintain ties to community partners and to serve as a more personal reminder of gratitude within the agency setting.

### **Researcher Reaction**

In preparing for recorded interviews, information flyers regarding the study were distributed to those who volunteered to participate (Appendix II). This researcher found that none of the participants seemed to have read the information and it appeared that perhaps the information provided was too vague. Three of the five participants were present during a social work meeting and at that time were given the opportunity to schedule an interview with this researcher in person. One participant agreed to take part at an earlier date after hearing about the research in a different social work meeting. Another participant was recruited in the same manner as the others, but then was asked personally to participate because no participants from the homecare side of the agency were represented in the sample. In asking the questions it appeared that some participants noted the similarities in questions and this presented as confusing for the participants. This could be seen as a limitation or conversely could increase the reliability of the responses. It was also interesting to notice how the length of the interview appeared to be correlated with my own comfort level with the participant. Some participants were familiar to this researcher and some were not. Bias in favor of gratitude seemed to exist however that was perhaps consistent with the notion that all the participants were female. Prior research discovered within the literature review supports the idea that women may be more amenable to the concept of gratitude expression than men (Kashdan, et al., 2009). Because of the fact that no male hospice social workers are employed at this

agency, the female social workers may have displayed their own gender bias in the opinions that gratitude focused interventions could be universally applicable.

### **Limitations / Recommendations for Future Research**

Overall limitations to this study include a lack of diversity in race and culture as well as gender when it comes to the population of this agency. Participant subjects were recruited from one agency only, specific to the approved research proposal. Participant subjects of different gender, culture, and age may have produced vastly different responses. Homecare and hospice agencies may attempt to recruit employees of diverse backgrounds. Gender inequity existed within this participant pool with all hospice and homecare social workers being female. Interviewing male, hospice social workers regarding this same topic may prove challenging. Purposive sampling in the future to include more diversity in gender, age, and culture would be recommended for future research.

Other limitations include the idea that without prior knowledge of what types of interventions constitute gratitude focused interventions; the participants were somewhat in the dark. The recommendation for future studies surrounding gratitude interventions is to provide the participants more information in advance and allow them time to become acquainted with the concept before the interviews begin.

Another suggestion for future research may include the idea of identifying gratitude interventions without using the term ‘gratitude-focused intervention’ and attempt to identify to what extent they are being used within practice settings. It may be, as identified in this study, that elements of gratitude interventions are being used without being identified as a gratitude framework. Gratitude may be a concept that could easily

be worked into different treatment models such as Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Motivational Interviewing could potentially be tailored with inclusion of language that promoted a focus on gratitude.

One strength of this study is that our sample includes practitioners who work almost exclusively with the older adult population. A limitation is that we will be unable to generalize the findings to the population of practitioners at large due to the qualitative nature of the study, the narrow focus of inquiry, and the small sample of respondents. Recommendations for future research would also include an examination of practitioner burnout within this setting and how gratitude could potentially serve to bolster the resilience of those working in this emotionally charged professional environment.

A limitation of this research is the small sample size of fewer than eight participants. In this research 20% of the individuals invited to participate did so. Future research into the opinions regarding gratitude interventions may wish to address questions through a quantitative study that is capable of reaching a greater participant sample population. Accessing hospice social workers specifically may be possible through a state or national database and e-mail or on-line survey may be an effective means of performing a quantitative study.

### **Implications/Recommendations for Social Work Practice**

The key finding in this study was the idea supported by all five participants that gratitude interventions may be universally applicable to patient systems within the homecare and hospice setting. The use of gratitude as an intervention tool in the practice of mental health treatment is one that can be easily employed. Following assessment of appropriateness and with a specific line of questioning that encourages one to consider

circumstances or other individuals that have impacted their lives positively, the social worker can attempt to channel positive feelings and improved mood through this work. Within the setting of homecare and hospice, where practitioners go into the homes and private rooms of patients, it may be logical and applicable for the social work practitioner to model gratitude. By thanking patients and their families for allowing professional staff to enter into these realms, we can encourage the reciprocal exchange mechanism that characterizes gratitude from a social perspective. The concept of using gratitude focused interventions to provide caregiver support is one that was also seen as significant. Four of the five participants discussed this concept. Caregiver support is likely connected to the trajectory of the patient; if one has a high level of support, they may be less likely to be placed outside of the community setting. Nursing home and hospital costs could potentially be reduced if the patient has adequate support from the caregiver, who has adequate support from the homecare or hospice social worker.

In the area of policy development, gratitude may be used in the form of letter writing to maintain personal contacts with decision makers. Participants in this study did not bring up this activity, however, letter writing remains a tool to reach people today that are otherwise unreachable, and may allow the expression of gratitude to promote the idea of the reciprocal exchange. By connecting with those that have common policy goals, and expressing gratitude for those who support decisions that matter to another, reciprocity of relationship is encouraged.

Future research on gratitude should place emphasis on its use within clinical practice settings because despite the large volume of research in support of the benefits of

gratitude, few studies have identified how gratitude could be integrated into treatment models.



### **Conclusion**

This study sought to secure the opinions of social workers in one homecare and hospice agency regarding the use of gratitude focused interventions. Strengths of this study include the fact that the study examined the voice of professionals in practice who are most knowledgeable about where gratitude interventions might be most useful and applicable. Participant responses indicate that overall the concept of fostering gratitude was seen as good and was predicted as easy to integrate into current therapies, within the hospice setting in particular. The strengths based perspective of the social work profession is complementary to the concept of gratitude focus in that positives are sought out instead of negatives and the clinician then readily identifies patient strengths. The use of life review techniques were seen as something participants were already using indicated the inclusion of gratitude was already happening or would be easily added. Modeling grateful behavior was seen as important to the participant as beneficial for themselves, the patient, and the larger agency system and extended to the use of gratitude towards community partners. Extending gratitude to caregivers was also seen as an essential and integral part of providing support to the patient. The present study further addresses a gap in the existing literature regarding the use of gratitude-focused interventions within clinical practice settings.

For clinical social work professionals gratitude focused interventions may be an easily accessible and a readily applicable intervention that can be another effective tool in the treatment and care of most patients, but most specifically for those facing debility and end of life.

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**APPENDIX I****INFORMATION AND CONSENT FORM****Attitude of Gratitude: Clinician Views on Fostering Gratitude in One Homecare and Hospice Agency****Introduction:**

You are invited to participate in a research study investigating the use of clinical interventions that foster gratitude. This study is being conducted by Amie Brandtjen, a graduate student at St. Catherine University under the supervision of Michael Chovanec, LICSW, PhD, a faculty member in the School of Social Work. You were selected as a possible participant in this research because social workers in the hospice setting have a unique perspective of working with terminally ill patients. This researcher is interested in knowing how clinical practitioners in this setting are, or are not, utilizing interventions with a gratitude focus. Please read this form and ask questions before you agree to be in the study.

**Background Information:**

The purpose of this study is to explore how clinical social workers are, or are not, encouraging feelings of gratitude through the use of intervention techniques. Approximately 8 people are expected to participate in this research.

**Procedures:**

If you decide to participate, you will be asked to:

1. Contact the researcher to arrange for an interview time.
2. Participate in an interview with the researcher that will be audio-recorded

This study will take approximately 45 – 60 minutes over one session.

**Risks and Benefits of being in the study:**

The study has minimal risks. One risk may be personal discomfort with the subject of gratitude. This risk is considered minimal and to minimize this risk a definition of gratitude for the purpose of the study will be included. The subjects may reasonably expect minimal discomforts or inconveniences associated with participation.

**Confidentiality:**

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable.

I will keep the research results in a locked file cabinet in a locked office and only my advisor and I will have access to the records while we/I work on this project. We/I will finish analyzing the data by May 1, 2014. We/I will then destroy all original reports and identifying information that can be linked back to you. Audio recordings will be transcribed and a professional transcriptionist will sign a confidentiality agreement prior to this portion of the research.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with Fairview Homecare and Hospice or St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships. You may withdraw from the study at any time through March 31, 2014 (or until data analysis is complete).

**Contacts and questions:**

If you have any questions, please feel free to contact me, Amie Brandtjen, at 763-442-8398. You may ask questions now, or if you have any additional questions later, the faculty advisor, (Michael Chovanec at 651-690-8722), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. By signing this form you agree to be audio-recorded during the interview. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

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Signature of Participant

Date

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## APPENDIX II

## Interview Questions

Prior to the interview, please complete the following demographic information and identify key ideas for the open-ended questions that follow and bring them to the interview.

1. Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender \_\_\_\_\_
  2. Professional Designation: LGSW \_\_\_\_\_ LICSW \_\_\_\_\_ LMFT \_\_\_\_\_  
Other \_\_\_\_\_ (please specify) \_\_\_\_\_
  3. Years in Current Role:  
0 – 2 \_\_\_\_\_ 3 – 5 \_\_\_\_\_ 6 – 10 \_\_\_\_\_ 10 – 19 \_\_\_\_\_ 20+ \_\_\_\_\_
  4. Primary Function of Role:  
care management \_\_\_\_\_ intake \_\_\_\_\_ bereavement counselor \_\_\_\_\_
1. What is your preferred therapy modality with your client population? Please say a bit about why.
  2. What clients do you think would benefit from gratitude-focused interventions?
  3. What do you see, if anything, as internal or external factors that influence a person's gratitude?
  4. How do you think you could incorporate gratitude-focused interventions into your treatment plans?
  5. What might help or hinder the use of gratitude focused therapies in your practice?
  6. What effects do you foresee, both positive and negative, in the use of gratitude focused interventions?
  7. Can you think of a case example that involved the expression of gratitude by a client you have worked with?
  8. We have discussed the use of gratitude on an individual or micro level up to this point. Can you think of ways that gratitude is helpful on the agency or community (mezzo) level or on the policy (macro) level of practice?
  9. Is there anything else you think would be helpful for me to know in my research?

APPENDIX III  
Recruitment Flyer

# Attitude of Gratitude

## MSW Research Project

Amie Brandtjen, MSW Intern

I am currently a graduate level social work intern with St. Thomas University/The University of St. Catherine. I am studying in the influence of gratitude and the use of interventions that encourage grateful expression. I am looking for 8 – 10 clinical social work practitioners to participate in an exploratory, qualitative research study.

Study will consist of audiotaped interview lasting 45-60 minutes.

Please call or e-mail: [Bran7632@stthomas.edu](mailto:Bran7632@stthomas.edu)

| OR 763-442-8398



