UNSPOKEN LESSONS
CONFRONTING THE HIDDEN CURRICULUM IN SOCIAL WORK

By Erin Laffrey
Miami University

The promise of education, whether in K-12 classrooms or through professional training, was once centered on helping people to learn to think critically, engage ethically, and participate meaningfully in society. Over time, that focus appears to have shifted, with education and training now tied to productivity, economic outcomes, and measurable performance. My journey, from an undiagnosed ADHD child trying to survive a rigid school system to a social worker confronting institutional pressures and eventually to an educator facing scripted curriculum mandates, revealed a pattern I could no longer ignore—systems that reward conformity while quietly discouraging authenticity, advocacy, and genuine human connection.

Researchers have argued that scripted curricula and institutional systems often place greater value on compliance and efficiency than on relationships, individual agency, or critical thinking (Fitz & Nikolaidis, 2020; Timberlake et al., 2017). This paper explores how the "hidden curriculum" of compliance and efficiency operates in both education and social work (Jackson, 1968), shaping not only how individuals learn but also how they are expected to behave, connect with others, and care for those they serve. The term hidden curriculum was introduced by Jackson (1968) in his book, *Life in Classrooms*, to describe the unspoken lessons students learn through the routines, expectations, and social structures of school. Later, Giroux and Penna (1979) expanded this idea by examining how classroom practices shape students' socialization through implicit norms and power structures. Posner (2004) defined the hidden curriculum as "institutional norms not openly acknowledged but acting powerfully in schools and society" (pp. 12–14). In other words, schools teach not only through formal curriculum but also through the behaviors, values, and expectations they reward or normalize. Using the concept of *currere*, or the examination of lived educational experience (Pinar, 1994), I reflect on how the hidden curriculum shaped my understanding of learning, professionalism, and what it means to resist within systems that prioritize compliance over connection. I argue that when compliance is valued over critical thinking and authentic human connection, both professionals and the people who depend on them are ultimately harmed, thereby weakening the purpose of those systems

SCRIPTED CURRICULUM AND THE ADHD CHILD

I can't pinpoint the moment when I realized I was different. My parents were very young when they had me, and they often like to reminisce that I was an emotional baby who struggled to be easily soothed. For reference, my first sentence was recalled as being "bad, bad, baby." Fast forward years, now a mother myself, I discovered a box of mementos in my parents' attic. Inside were my report cards from grades K-12. One afternoon, I was going through the box with my two children, and they laughed as they realized that their mother, once upon a time, also struggled in school, even starting in Kindergarten. This was the 1970's, and ADHD was not commonly

discussed. If it was mentioned at all, it was usually framed as hyperactivity rather than the inattentive, daydreamer type I fit into.

School was not a pleasant experience for me. I struggled academically to stay on task, often drifting into daydreams, and it would regularly take me most of the school year to catch up to my peers. I also struggled socially. It always seemed like everyone else understood the unspoken rules of friendship and belonging. I couldn't figure out what to say or when to say it, who might be a friend, or who didn't have my best interests at heart. Looking back, I realize that I was learning the hidden curriculum of schooling: success depended not only on mastering content, but also on performing compliance and social conformity. Scholars have argued that scripted educational environments often marginalize students whose learning styles or identities fall outside institutional norms (Fitz & Nikolaidis, 2020; Vaughn et al., 2021). My struggles were not solely academic deficits; they reflected a system that did not have much room for neurodivergent learners like me.

Pinar et al. (2002) describe curriculum as more than content delivery; it is a social and political process that shapes identity, values, and relationships. In many ways, the hidden curriculum taught me that my differences were something to be managed rather than strengths to be understood or valued.

From High School to Lecture Hall

When it came time to apply to colleges, my academic transcripts were not very impressive. I was accepted to one university on the condition that I begin as a "summer freshman" taking a few courses on a probationary basis. If I did well, I would be allowed to continue as a freshman with the incoming fall class. I remember graduating from high school, something my parents were shocked and relieved to see. I packed my belongings, and a week later, I was heading to college. I can still picture my first dorm room, with its grimy orange walls, and my mother crying once she saw my prison cell of a dorm room. I was 17, and it was my first time away from home. I made fast and easy friendships. My peers seemed to understand my quirks and issues; they felt like family. As we were on probation, we were required to attend tutoring, and I responded well to the added support. Sometimes I wonder whether the university realized it had most likely created a "summer camp" for neurodivergent students. Looking back, that summer holds a special place for me regarding my formative growth and healing.

I was pleasantly surprised to learn that I passed my probationary period and was accepted into the university for the fall semester. Without my required tutoring, though, I did struggle quite a bit during my early, regular semesters. Sadly, many of my new friends also struggled and didn't continue their education. Without my neurodivergent summer freshman friends, I was quickly adopted by a group of upperclassmen, a pattern I notice in my life; I am often the introvert drawn in by extroverts. They seem to notice my awkward attempts to connect and step in like a rescue mission. I often joke that their view of me might sound like a National Geographic documentary: "Spotted in the wild a wandering ADHD female, seemingly unaware of social norms, stuck in a corner all alone." Those upperclassmen quickly realized that, if left to my own devices, I would struggle to navigate university life. They would often take turns orchestrating an evening study session, taking me to the library, modeling how to sit quietly and focus, and even walking me to my class to ensure I would go. It is somewhat humbling and embarrassing to admit how much I

relied on them. My friends recognized my academic needs and supported me in ways the education system had failed to. Ironically, many of them were education majors.

I initially thought I would become a special education teacher. I wanted to make a difference in the lives of students like me. I didn't want them to feel like they were less than or not enough. As I started my education courses, I found it wasn't quite the right fit. I felt lost. If I wasn't meant to be a teacher, what was I meant to do? I remember one summer evening when a family friend said to me, "Have you ever thought about being a social worker? I work with social workers, and you seem to have the qualities and characteristics of a social worker." To be honest, I had never heard of a social worker. I took her advice and did some research on the major. I took one social work course and fell head over heels. I had finally found where I belonged.

FROM CAMPUS TO CUBICLE

Although the beginning of my academic experience was a struggle, once I found social work, I began to thrive. I am proud to say that, during my final semester of undergraduate school, I received a 4.0. When I was preparing to graduate with my fancy new bachelor's degree, I was offered a whopping $16,000 starting salary and decided it might be best to continue my education at THE Ohio State University by entering their Social Work graduate program. Ever drawn to the great American dollar, I decided to enter the administrative/community organizing track of the program only to discover upon graduation that community organizing is not a high-paying option, and no one wanted to hire a 21-year-old with no experience as an administrator. With no administrative background and student loans to pay, I found myself considering clinical positions.

My very first job was as a therapist for a foster care agency, a job I was over-eager and underprepared for. My first client was an 8-year-old boy who had experienced a great deal of trauma. As I entered my office to greet him, I found him underneath my desk, eating out of my trash can. I remember that moment so clearly, this sweet little boy eating what was left of my lunch, hunched over the food like a wild animal. My heart sank; graduate school had not taught me what to do in this situation. I crawled under the desk, sat with him, and together we started to color in a coloring book, leaving what was left of the discarded meal. I actually found that I loved doing clinical work, and working with traumatized children would become a passion of mine for many years. When I first started in the field, it was a time before the World Wide Web, hard to believe, I know. As clinicians, we didn't have resources and materials at our fingertips. This meant a lot of visits to the library, investment in purchasing books, and a lot of time spent with the copier making worksheets. In some ways, I feel those were my most creative moments, designing activities for kids while I was still learning to navigate my clients' needs.

In addition to researching and gathering materials, all of our documentation was handwritten and filed in paper files. I remember being behind on my notes and having stacks of papers that I was diligently working through. I often wished I had an education major's handwriting as I chicken scratched my way through my documentation. Eventually, the internet arrived, and the field of social work as I knew it changed. Resources were now at our fingertips, and there was no more paper documentation, as everything moved to computerized software. It's strange how you long for a simpler time. Although I certainly don't miss my hands cramping from the hours of pen-to-paper documentation. I can recall an evening before an audit when I had taken up residence in my office, choosing to sleep on my office floor to finish up my delinquent case notes, with paper strewn everywhere. As I mentioned, when I look back, I feel somehow I was

more creative and more connected to my clients. The technological advancements made some tasks easier but also created a distance.

THE COMPLIANCE TRAP

About 15 years into my career, I began working as a hospital social worker at a local children's hospital. My role was to complete psychiatric assessments for children and teens. Although I had been working with traumatized children for years, this level of psychiatric acuity was new to me. It was around the time that a TV show titled *13 Reasons Why* (Yorkey, 2017) had just been released. The story lines revolved around sexual violence, self-injury, and suicidality. There is often a concern for a contagion effect following media portrayals of self-injury and suicidal behavior. I was suddenly seeing an overwhelming number of teens in acute crisis. I saw one patient who had approximately 100 cuts to their body, while another had carved one word into their forehead, "slut." The hopelessness was palpable. In that role as a psychiatric emergency room social worker, I felt the incredible pressure and responsibility to determine the plan of care for my patient and to determine their safety level.

It was my decision on whether to admit a patient to the psychiatric unit or determine that they could be safely discharged home. Scared parents often looked to me for encouragement, direction, or reassurance that their child would be okay or grow out of this stage. When decisions were made to discharge a patient home, parents would want a guarantee that their child wouldn't attempt to harm themselves again or would live to see their next birthday. It was around this time that my department decided we would complete our assessments behind a computer screen. For efficiency and productivity, computers would be located in the room, and we would type while meeting with patients. Previous to this process. I would sit at the bedside, next to the patient, making eye contact and discussing the patient's feelings.

Now, I was expected to stand at the stationary computer across the room and ask my assessment questions. Please keep in mind that these questions were very personal and intrusive, asking teens about their mental health, sexual health, history of abuse, and/or trauma. It was never lost on me that teens were sharing their most intimate feelings at a very vulnerable moment with a complete stranger. I understood that experience in a very personal way because I had been one of those teens, sitting silently in my bedroom, struggling with self-harm, and contemplating my self-worth. Being a compliant employee, eternally afraid of letting people down, I initially attempted to follow the new process.

I quickly discovered that I struggled to type while I talked. The patient would talk for 15 minutes about an experience they had. I would be nodding profusely, only to look down to see I had typed "last week at school, a friend…" but nothing else. I also quickly felt the disconnect between the patient and me. Not only was I not documenting the details needed in my assessment, but I also discovered I couldn't "feel" the patient. I didn't realize how many of my assessment skills involved perceiving and interpreting their body language and other nonverbal cues. Behind the screen, I felt I was missing at least 95% of the information I needed to make a solid clinical decision. This pressure to be efficient and productive had somehow seemed to trump being human in some of the most fragile moments. I felt my patients shut down as I asked questions behind the screen, even though I had felt a conversation and a connection that existed beyond it. I could see the logic behind the decision: that there would indeed be greater efficiency in following the script.

In theory, by following the assessment line by line, I wouldn't miss information that might be overlooked in a more casual conversation.

Since that time, this has become the process for most medical providers. It is rare to have an appointment where a provider isn't asking questions behind the screen, with little to no eye contact with their patient. As a patient, I often feel that disconnect, the vulnerability in that space. I feel myself trying to connect with the provider outside of the screen, holding back my needs. I find myself leaving the medical appointment frustrated. I didn't ask the questions I had or get the information I needed, the reason I had scheduled the appointment in the first place. In my role, I did my best to attempt to incorporate the new process and did my due diligence for a few months until, ultimately, I made the decision that, for me, the separation from humanity was too great, choosing to return to my seat at the bedside, my pen back to paper.

The experience reflected what Fitz and Nikolaidis (2020) described as the democratic dangers of scripted systems: they narrow opportunities for authentic engagement while privileging procedural compliance. Although the computerized process increased efficiency, it diminished the humanity of the interaction. The hidden curriculum in that environment became clear: productivity mattered more than presence. Compliance mattered more than connection.

Lesson Learned – Just Smile and Nod

I often find myself thinking back to when my journey as a social worker began, to that first social work class that planted the seed. My courses taught me the crucial competencies in social work. I learned about how to assess, engage, and intervene with clients. I realized the importance of human rights, as well as social, economic, and environmental justice. I was taught to demonstrate ethical and professional behavior in accordance with the NASW Code of Ethics. I was encouraged to recognize and respect individuals' differences, apply cultural humility, and manage personal biases. I embodied these competencies. I remember arguing with family members at family events, using my newfound tools to challenge every injustice I perceived or encountered. When I first entered the field of social work, I had idealized visions of "helping others." I had met "my people," my fellow social workers, and together we were going to make a difference and make the world a better place. As one of my employer's mottos states, we wanted to "change the outcome" for those in need.

In my college courses, I learned about social justice, empowerment, and advocacy for the oppressed. As I embarked on my career, I quickly realized the systems I was working within weren't quite ready for the difference that I was ready to make. Early in my career, I was employed at a local children's hospital where we were participating in a hospital-wide training session on customer satisfaction. I remember the training that compared us, as employees, to the individuals employed as Disney princesses at Disney World. The expectation they stated was to always be "on" and always smiling. I sat with this idea and then slowly raised my hand. I pointed out that, as a social worker, I was often working with families who were experiencing difficult situations such as medical crises, financial difficulties, and even death. I stated that I didn't feel that those families needed a Disney princess but rather an empathetic, real person to hold space for them. Additionally, I pointed out that those Disney princesses had limited time when they were actually "on" with the public and could retreat to private spaces when they were "off duty." This is a luxury not experienced by those in the medical profession. I was quickly reminded of the importance of being friendly and energetic with patients and their families. This experience parallels what Love

(2018) critiques as survival-based systems that prioritize behavioral control and institutional comfort over liberation and humanity. In many professional environments, workers are socialized to suppress discomfort, avoid conflict, and perform scripted empathy rather than engage authentically with suffering and silence. Lesson learned: Be a Disney princess; practice scripted empathy.

Best Practice vs. Complacency, the Road Less Traveled

I decided to try my hand as a school social worker. The hospital system wasn't quite ready for that difference-making, but perhaps the school system would be. I was working at a low-income elementary school that primarily served minority children. One afternoon, one of the children became frustrated with the teacher. I was called in to assist in de-escalating the situation. The child gestured as if he was going to throw a chair, and the teacher punched him directly in the face. The child ran out of the classroom crying. I stood in shock, disbelieving what I had just seen. I felt frozen in time. The teacher quickly began an attempt to control the narrative, "You saw what happened, right? He was going to hit me; I had to defend myself." I quietly mumbled that I should go check on the student and excused myself from an incredibly awkward moment. I recall that the principal later called me into his office, and I was directed to write a statement about what had occurred. I wrote my statement, and then I was redirected. The statement I was to write was not what I had actually witnessed but rather the version of the story the principal directed me to write. In this version, the teacher was innocent of any wrongdoing, and the child was the aggressor. Regarding my social work competencies, I refused to write the revised statement. Lesson learned: Protect the system, not the client.

Silencing the Harm, Play Nice

As my career progressed, I was promoted to Director of a local residential center for children. Aha, I thought I would finally have an opportunity to make a difference, this time in leadership at the macro level. I trained my staff on trauma-informed care and physical restraint as a last resort. In my program, staff were learning to practice de-escalation techniques and incorporate trauma-informed practices. On occasion, however, staff from a parallel program would pick up overtime shifts in my program. Those staff often used physical restraint as a primary source of intervention, and unfortunately, children were harmed. I was very vocal in my concerns, again referencing my social work competencies, and I fought against the injustices my clients were experiencing. I contacted HR, processed the employment terminations for the staff members, and escalated my concerns to my CEO. Sitting in a meeting with the director of the parallel program and our CEO, the crimson color rose in my peer's throat to her face as she ranted about my decision to terminate her staff. As a result of this disagreement, I was encouraged to find a compromise and learn to play nice. I was sent to an organizational mediator to "learn how to work collaboratively" with my colleague. In one mediation session, the mediator was guiding me through the likes and dislikes of my current role. She was prompting me on how to reach a compromise with my colleague regarding the concepts of restraint and harm to clients. Suddenly, I exclaimed, "What am I doing? I absolutely will not sacrifice my professional values to keep the peace. I quit." Lesson learned: Protect power, not principles.

BOUNDARIES AND SELF-CARE? WHAT'S THAT?

I maneuvered the profession of social work across a variety of roles and systems. I looked for opportunities to practice the competencies I had learned and continually wanted to be a part of the solution. In each role, I felt the growing pressures and expectations of productivity and efficiency—the heavy weight of challenging broken systems. I quickly found the concepts of boundaries and self-care were just that, concepts. Social workers, it seemed, were expected to function as Shel Silverstein's (2002) *The Giving Tree*, where the tree gives endlessly and is reduced to a stump. We were consistently expected to carry an unrealistic case load, to deny the invisible emotional toll of caregiver fatigue and secondary trauma, and often functioned in roles with limited support and supervision. The result of these practices is burnout. Burnout is seen as an inevitable stage of a career in social work, unavoidable and accepted. Those who experience burnout often become cynical and detached, ultimately leaving the field. Accepting burnout as inevitable resulted in the final lesson: You can't make a difference without sacrificing yourself. Love (2018) argued that institutions often demand survival rather than flourishing from both students and professionals. Similarly, social work systems frequently frame self-sacrifice as a virtue while neglecting the structural conditions that produce burnout.

BACK TO THE BEGINNING: TEACHING THE HIDDEN CURRICULUM

As I reflect on the lessons that I have learned throughout my career and the recent administration's attempts to undermine the field of social work as a profession, I find myself wondering what lies ahead for the field. I recognize now that these lessons were the unspoken curriculum of the profession. This hidden curriculum, it seems, can either erode the profession or redefine it. These lessons were certainly not printed in the National Association of Social Work's code of ethics. In classrooms, we teach empowerment and advocacy; in practice, we learn compliance and complacency. Social workers cope with this cognitive dissonance by becoming quiet, hardening, or leaving the profession. If the hidden curriculum continues to teach compliance over courage, then the systems remain unchanged.

Frustrated with my attempts to "make a difference" in my 26th year as a social worker, I became a college professor of social work. I chose this role because I wanted to share my passion for the profession and prepare students for the bureaucracies they would face. Working in academia presented new opportunities, yes, but also some unseen challenges. I had become familiar with the concept of hidden curriculum but was now facing scripted curriculum expectations and trying to marry those with lived experiences, which felt like a complicated balancing act. That ADHD little girl resurfaced, and I felt myself wrestling with imposter syndrome, questioning once again if she was "good enough" or "smart enough" to be a college professor. I found myself telling my students that I had ADHD, in part to challenge the stigma of processing differences and learning needs. Students began approaching me after class, expressing their appreciation for my openness and for feeling safe naming their needs. Using the framework of *currere*, Poetter (2024) emphasized the importance of examining life experiences as sites of curriculum and identity formation. My own experiences had become central to how I taught and understood social work education. Suddenly, that little girl had a voice. I began to see myself as the change agent; I could name our social work competencies and arm students with the tools to battle that unspoken curriculum, that is, until Ohio Senate Bill 1, or the Advance Ohio Higher

Education Act (SB1, 2025), was born. SB 1 implemented sweeping reforms across public universities and community colleges, targeting DEI programs, faculty labor rights, and classroom instruction. Ultimately, this bill would censor the very concepts on which social work was built. Restrictions were placed on courses, workshops, and initiatives focused on anti-racism practices, LGBTQIA+ inclusion, cultural humility, privilege and oppression, social justice advocacy, and systemic injustices. These restrictions are currently at odds with the ethics to which social work deeply is tied, such as social justice, dignity and worth of the person, challenging discrimination and oppression, and advocacy for vulnerable/marginalized communities. The implementation of this bill has directly impacted the education students receive. Many faculty members now feel pressure to self-censor or to frame topics more cautiously or in a neutral manner. Some have even been terminated, the administration stating they violated restricted DEI practices. An example of this occurred in November 2025, when a social work lecturer at Indiana University was removed from teaching her master's-level "Diversity, Human Rights and Social Justice" course after a student filed a complaint. Per the student, the professor had utilized a "Pyramid of White Supremacy" graphic. The complaint arose as a result of "Make America Great Again" being listed on a graphic as an example of covert white supremacy.

CONCLUSION

In the end, the story of the ADHD child in a scripted world is not just about individual struggle; it is about systems that quietly demand conformity at the expense of connection, creativity, and courage. From the classroom to clinical practice to higher education, the same pattern emerges: a hidden curriculum that rewards compliance while discouraging critical thought, authentic relationships, and advocacy. For those of us who do not naturally fit within rigid structures, the cost is often internalized as self-doubt, imposter syndrome, or burnout. But the greater cost is borne by the very people these systems are meant to serve: students, clients, and communities who need presence, empathy, and individualized care, not scripted responses and checkbox interactions.

Yet, within this reality lies a choice. The lessons of compliance, silence, and self-sacrifice do not have to define the profession or the individuals within it. My journey has shown me that meaningful change rarely comes from following the script; it comes from questioning it, resisting it, and, at times, refusing it altogether. Whether returning to the bedside with pen and paper, refusing to alter the truth in a report, or creating space in the classroom for authenticity and difference, these moments of resistance matter. They are small but significant acts that challenge the status quo and reclaim humanity. If we are to move forward, especially in a time of increasing standardization and political constraint, we must be willing to name the hidden curriculum and confront it directly. We must prepare future professionals not only to understand systems, but to navigate and challenge them with integrity. And perhaps most importantly, we must create spaces where neurodivergence, vulnerability, and lived experience are not seen as deficits, but as essential strengths. Because in the absence of a script, what remains is something far more powerful: the ability to truly see, hear, and advocate for one another at the core of both education and social work.

REFERENCES

Advance Ohio Higher Education Act, Ohio Senate Bill 1, (2025). https://www.ohiosenate.gov/legislation/136/sb1/documents

Fitz, J. A., & Nikolaidis, A. C. (2020). A democratic critique of scripted curriculum. *Journal of Curriculum Studies*, *52*(2), 195–213. https://doi.org/10.1080/00220272.2019.1661524

Giroux, H. A., & Penna, A. N. (1979). Social education in the classroom: The dynamics of the hidden curriculum. *Theory & Research in Social Education*, *7*(1), 21–42. https://doi.org/10.1080/00933104.1979.10506048

Jackson, P. W. (1968). *Life in classrooms*. Holt, Rinehart and Winston.

Love, B. (2018). *We want to do more than survive: Abolitionist teaching and the pursuit of educational freedom*. Beacon Press.

Pinar, W. (1994). *Autobiography, politics, and sexuality: Essays in curriculum theory 1972-1992*. Peter Lang.

Pinar, W., Reynolds, W., Slattery, P., & Taubman, P. (2002). *Understanding curriculum.* Peter Lang.

Poetter, T. S. (2024). *Curriculum fragments: A currere journey through life processes.* Routledge.

Posner, G. J. (2004). *Analyzing the curriculum* (3rd ed.). McGraw-Hill.

Silverstein, S. (2002). *The giving tree.* Harper Collins.

Timberlake, M. T., Burns Thomas, A., & Barrett, B. (2017). The allure of simplicity: Scripted curricula and equity. *Teaching and Teacher Education*, *67*, 46–52. https://doi.org/10.1016/j.tate.2017.05.017

Vaughn, M., Parsons, S. A., & Gallagher, M. A. (2022). Challenging scripted curricula with adaptive teaching. *Educational Researcher*, *51*(3), 186–196. https://doi.org/10.3102/0013189X211065752

Yorkey, B. (Executive Producer). (2017). *13 reasons why* [TV series]. Anonymous Content.