EDITORIAL

William H. Barton

The year 2008 is nearing its end. If nothing else, the year has been a wild roller-coaster ride. Considering the global economic woes, continuing armed conflicts, energy and climate crises, and the United State's historic presidential election, the future certainly presents social work with both challenges and opportunities.

As I assume the editorship of *Advances in Social Work*, I invite you to share your innovative efforts towards promoting knowledge that can improve social work practice, education and research by submitting your work to our journal. Our new, all-online format encourages timely review of manuscripts and free, open access to all new and archived issues.

The current issue continues the journal's history of presenting articles addressing a wide range of issues and employing diverse methods. It begins with several articles relevant to social work education. In "A Multiparadigmatic Approach to Judeo-Christian Religion in Social Work Education," Jon E. Singletary presents a carefully constructed framework for integrating sociological paradigms of knowledge and practice to incorporate content on religion and spirituality in social work education. In "The Generalist Model: Where do the Micro and Macro Converge," Shari E. Miller, Carolyn J. Tice and Diane M. Harnek Hall present data suggesting that, despite efforts by many schools of social work to incorporate content on macro practice, undergraduate social work students feel less prepared to practice with larger system sizes. They offer recommendations for classroom techniques and greater emphasis on macro learning assignments in field in addition to curricular changes. In the third article, "Online Practice Course Development with Action Research: A Case Example," Khadija Khaja, Phillip Ouellette, Carenlee Barkdull and Joanne Yaffe tackle this sometimes controversial issue through a qualitative analysis of student and instructor responses to a pilot attempt to offer portions of an MSW practice course online. Student feedback was mixed, and the instructors faced a sizeable learning curve, but the authors conclude that the approach holds promise. Scott E. Wilks uses quantitative survey methods to explore "Resilience amid Academic Stress: The Moderating Impact of Social Support among Social Work Students." The results demonstrated that social support, particularly from peers, positively influenced resilience in the presence of academic stress.

The next three articles present research related to practice with youths with serious emotional disturbances, Latinos living with HIV/AIDS and neighborhood-based community initiatives, respectively. Nathaniel J. Williams and Michael Sherr present findings from a "Longitudinal Evaluation of Outcomes for Youth with Serious Emotional Disturbance during Two Years of Children's Psychosocial Rehabilitation." They evaluated the Children's Psychosocial Rehabilitation treatment model using a 24-month retrospective panel design of 49 youths, with outcome data from seven administrations of the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 2000). They

found a statistically and clinically significant improvement in outcomes between intake and 16 months. Although the rate of change decreased during the last eight months of the study, significant improvements were observed during treatment, especially during the first year. In "Social Work Practice with Latinos Living with HIV/AIDS," Diana Rowan, Rich Furman, April Jones and Kevin Edwards discuss a qualitative case study of a support group for Latinos infected or affected by HIV. They ground their study in values specifically relevant for practice with Latinos, and argue that translating such values into skills is essential in providing culturally competent services in this context. Next, Daniel Brisson and Susan Roll describe "An Adult Education Model of Resident Participation." Following a review of the literature on Comprehensive Community Initiatives, they present a stage model for developing true participation of residents in community change efforts, and apply that model to reflect upon their experience working with the Annie E. Casey Foundation's Making Connections initiative in one city.

In this issue's concluding article, Jeong Woong Cheon makes a case for the "Convergence of a Strengths Perspective and Youth Development: Toward Youth Promotion Practice." He argues that social work is particularly well-suited to champion youth promotion practice as an antidote to the prevailing problem-focused, deficit-based interventions found in a variety of contexts involving children and youth. Those of you who may be familiar with some of my own writings will notice a certain kinship here (see Barton & Butts, 2008).

I will end my inaugural editorial with an hypothesis: no one reads the editorial in an issue of an online journal. When opening a printed copy of a journal, your eyes are confronted with the editorial and you will likely at least skim through it. In the online format, you'd have to take the initiative to click on the link to the editorial. I suspect that you would be much more likely to simply go directly to the links to the articles themselves. So, if you actually are reading this, you can disprove my hypothesis by sending me an email at wbarton@iupui.edu. Feel free to provide feedback about the journal's format or contents.

Finally, I would like to acknowledge the many years of hard work my colleagues and editorial predecessors, Jim Daley and Barry Cournoyer, devoted to building *Advances in Social Work* into a well-respected journal in our field. I hope the new online format helps to extend its reach. Welcome aboard. It will be an interesting journey.

References

Barton, W. H., & Butts, J. A. (2008). *Building on strength: Positive youth development in juvenile justice programs.* Chicago: Chapin Hall Center for Children at the University of Chicago. Available from: http://www.chapinhall.org/article_abstract.aspx?ar=1471.

Hodges, K. (2000). *The Child and Adolescent Functional Assessment Scale* (2nd Rev.). Ypsilanti: Eastern Michigan University.

A Multiparadigmatic Approach to Judeo-Christian Religion in Social Work Education

Jon E. Singletary

Abstract: The attention given to faith-based human services in the past decade has created interest in pedagogical models of the ethical integration of spirituality, religion and social work practice. Following a discussion of philosophical, theoretical, and theological perspectives, this paper explores different sociological paradigms of knowledge and practice that may be of value when seeking to utilize spiritual and religious content into social work education. The implications of this article relate to educational settings that seek to incorporate content on religion and spirituality in social work education as well as to social work practice in religious organizations.

Keywords: Paradigm; religion; planning and administration

INTRODUCING PARADIGMS

The language of paradigms has been used across disciplines to describe current and shifting understandings of knowledges, beliefs, assumptions, and practices. Thomas Kuhn (1962) made the term "paradigm" recognizable with his publication of *Structure of Scientific Revolutions*. For Kuhn, a paradigm is a collection of shared beliefs, a set of agreements about how the world may be understood. According to Kuhn, the differences between Newton's mechanical universe and Einstein's relativistic universe represent a shift in paradigms. Each of these two approaches to physical science represent a worldview, or a paradigm, that guides how scientists see the world.

Hans Kung (1988) is among those who has applied Kuhn's understanding of paradigms to religion. He identifies several paradigms that have shaped religious history. Among recent Christian worldviews are the modern, Enlightenment paradigm and an emerging Ecumenical paradigm. In comparing these two paradigms, Frederick Schleiermacher's (1996; 2001) contributions that shaped much of modern liberal theology are challenged by the pluralism of more recent ecumenical and interfaith theological understandings (Cobb, 1982; Hick, 1982). The new does not replace the old, yet it does provide an alternative foundation of thought for understanding contemporary religious practices.

In *Organization Practice: A Social Worker's Guide to Understanding Human Services*, Netting and O'Connor (2003) bring the matter of paradigms to relevance in social work organizational settings. They define paradigm as a worldview containing deep-seated assumptions that are so much a part of a person that it is often difficult to step back and see what the assumptions are. Such assumptions and views of the world are central to a person's belief system and to the ways that a person lives and acts in relation to others. Netting and O'Connor encourage social workers to be able to practice multi-

_____
Jon E. Singletary, Ph.D., is an assistant professor and Director of the Center for Family & Community Ministries at Baylor University.

paradigmatically, to discern the assumptions most often used within an organization and then use critical thinking and practice skills to move across different paradigms to accomplish goals congruent with social work values.

This contribution by Netting and O'Connor builds on another text that focuses on paradigms and has relevance for practice and research in social work and religion: Burrell and Morgan's (1979) *Sociological Paradigms and Organisational Analysis.* Burrell and Morgan provide a discussion of four paradigms, as well as a philosophical understanding of each paradigm in terms of ontology, epistemology, human nature, and research methodology.

In the same way that Netting and O'Connor utilize Burrell and Morgan as a foundation for their work in social work organization practice, I build on both texts to propose multiple paradigms that can be utilized when including religion in discussions of social work, particularly in educational settings. This paper includes a discussion of philosophical assumptions, paradigms that emerge from these assumptions, examples of these paradigms in social work practice in religious organizations, and implications of these paradigms for social work education. The multiparadigmatic framework offered by Burrell and Morgan, as well as the adaptation for social work by Netting and O'Connor (2003; see also Martin & O'Connor, 1989), will shape this effort to demonstrate the value of paradigms as heuristic tools for incorporating this approach to religious content in social work education and practice.

There are several practical and theoretical elements to think about when considering this multiparadigmatic framework for social work education. While the material may lead some readers to approach paradigmatic assumptions from a clinical perspective (Martin & O'Connor, 1989), other readers may choose to approach this material from a generalist approach. With my interest and experience in planning and administration, I have found value in applying these paradigms with a focus on knowledge and skills relevant at the macro level of organization practice (Netting & O'Connor, 2003; Netting, Thibault, & Ellor, 1990). It is from this organizational perspective that I present the integration of religion in the paradigms and provide examples of religious organizations whose purpose and programs fits within the four paradigms.

To place the discussion of religion within the multiparadigmatic framework, a definition of religion may be of value. Religion and spirituality have a range of meanings in social work literature and are discussed in educational settings in a variety of ways (Bullis, 1996; Ellor, Netting, & Thibault, 1999). For the purposes of this article, I understand religion to be a category for understanding the context of broad and diverse spiritual and sacerdotal practices engaged in by individuals and communities. I primarily discuss spirituality together with religion because so many spiritual practices traditionally developed within the context of a religion, yet because I also recognize that so many contemporary spiritualities are practiced outside the confines of a specific religion, I am attentive to the role of spirituality apart from religion (see Bullis, 1996). These understandings of religion and spirituality, in part, reflect paradigmatic differences. Issues related to defining religion and spirituality in social work education, as well as the

issues related to the practices of religion, spirituality, and social work will be further discussed in terms of the framework of four paradigms to which I now turn.

THE MULTIPARADIGMATIC FRAMEWORK OF BURRELL AND MORGAN

Burrell and Morgan (1979) present a framework for understanding philosophical assumptions related to sociology and the place of organization theory in society. These foundations will be shown to be equally relevant to our discussions of faith, theology, religion, and spirituality. The core philosophical concepts they discuss are epistemology (the nature of knowing), ontology (the nature of what is known), and research methodology (processes for knowing).

Philosophical Concepts of Knowledge

Epistemology has to do with the nature of knowledge: how do we know what is true or real? Traditional sources of knowledge include intuition, perception, testimony, experience, and rational thought. Within religious history, there are four common sources: reason, revelation, tradition, and experience. There are, of course, variations on these sources and the weight they carry, with some sources dominating others. For example, the socially hegemonic force of authority seen in religious traditions tends to displace individual emotion as an experiential source of knowledge. Here, we begin to see one important factor: the distinction between hard knowledge, which is capable of being transmitted in a tangible form (e.g. the tradition of sacred writings), and soft knowledge, which is more innate and personal. These issues continue to be relevant to religious and secular debates about the grounds of knowledge as well as the ways knowledge is used.

Ontology addresses the nature of reality. Once we consider *how* we know, we then ask *what* we know. If we know about things divine through traditional sacred writings or through revelation, then what can be said about the nature of divine reality? Different sources suggest different ontological statements. Some traditional religious sources and many personal experiences allow people to present feminine characteristics of God; many sacred writings and other personal revelations describe masculine characteristics. Which is true? Which is real? You may say neither or both, but the issue is more than a matter of language. It is a matter of prayer, worship, service, and devotion and there are strong positions on either side arguing that gendered language for God does matter (Ruether, 1993). Another ontological theme relevant to religion is the discussion of whether our truths are external to the knower or the product of individual conscience; are they true or are they 'T'rue?

Methodology relates to practical matters of how we know and what we know. How do we investigate what is real? How do we receive truths? Consideration of subjective and objective ways of knowing points to both an epistemological question (e.g., what is the nature of how we know?) and a practical question (e.g., what are our processes for knowledge-building?). This and other relationships between these terms will be shown in the paradigmatic framework below.

Burrell and Morgan (1979) arrange these concepts in terms of two dimensions that are presented as perpendicular linear continua. The result is a table of four paradigms (see Figure 1). In considering various philosophical issues of epistemology, ontology, human nature, and methodology, Burrell and Morgan identify schools of thought, such as social theories, within these paradigms and to this list, I place comparable theological perspectives. First let us consider the nature of the two continua and the four paradigms.

FIGURE 1:   **Burrell and Morgan's Two Dimensions (1979, Figure 3.1, p. 22)**

Sociology of Radical Change

Radical Humanism	**Radical Structuralism**
Interpretive	**Functionalism**

Subjectivity (left)   **Objectivity** (right)

Sociology of Regulation

Radical Change – Regulation

Perspectives on the first continua, ranging from radical change to regulation, vary according to understandings of the inherent ordering or conflict present in a society. As you think about this continuum, there are a variety of issues to be considered: What role do both social work and religion have in a society? Are these disciplines more oriented to radical change or regulation? Should they be oriented otherwise? Each reader will approach these questions differently, and as a result, there are multiple perspectives that will be identified showing change oriented approaches to both social work (acknowledging the role of theories) and religion (acknowledging the role of theologies). Table 1 presents a variety of questions relevant to each side of this continuum.

TABLE 1:   The Continuum of Radical Change – Regulation

Radical Change	Regulation
Are our ways of knowing (epistemology) focused on knowledge for action?	Are our ways of knowing (epistemology) focused on knowledge for knowledge sake?
Are we focused on knowing in order to bring about revolution?	Is our focus maintaining traditions or conserving norms?
Is our understanding of reality (ontology) ever-changing?	Is our understanding of reality (ontology) relatively steady?
Are we free to understand differently or to change society as new knowledges arise?	Are we largely destined to know what we know? To know within limits?

Subjectivity – Objectivity

The second continuum, ranging from subjectivity and objectivity, relates to assumptions about the nature of social science, the nature of knowledge about the world around us. From a subjective perspective, theories tend toward nominalism with an understanding that reality is a product of one's mind. This antipositivistic position regards knowledge as experienced and interpreted in a variety of ways according to different persons (consider constructivism or social constructionism). The objectivist perspective embraces realist and positivist views of the social world and of knowledge about the world. Objectivity assumes the existence of truth with a capital "T" that can be firmly known through a best way or a right way (positivism) or that can be approached or approximated with careful attention to our knowledge-building processes (postpositivism). Questions aligning us on this continuum are listed in Table 2 below.

TABLE 2:   The Continuum of Subjectivity – Objectivity

Subjectivity	Objectivity
Are there multiple ways of knowing? Is our knowledge dependent upon and limited to our processes?	Is knowledge best created by a scientific method? Or, is knowledge granted to us by church tradition?
Are there multiple realities (subjectivity)	Is there a single ultimate reality (objectivity)?

Four Paradigms

From the matrix formed by the two continua, Burrell and Morgan offer their understanding of four paradigms that include: functionalism, interpretivism, radical structuralism, and radical humanism. Each paradigm contains separate explicit, mutually exclusive assumptions which take into consideration one's epistemology, ontology, human nature, and methodology as arranged on the two continua (See Figure 1).

The *functionalist paradigm* is found in the quadrant of objectivism and regulation. Many theologians, social workers, and other professionals, at least in terms of what "the powers that be" have to say about these disciplines, are situated in this paradigm. A rational, orderly approach to work and a feeling that there is "one best way" or a commonly accepted "right way" to accomplishing tasks characterize functionalism (Netting & O'Connor, 2003). A postpositivist philosophy of science, central to social work research, depends on objectivity within standard quantitative methods. Similarly, most assumptions and theories that have guided social work practice in the twentieth century are also central to a functionalist paradigm (Burrell & Morgan, 1979; Martin & O'Connor, 1989; Netting & O'Connor, 2003). In religion, theology is not dependent upon scientific epistemology, but the authority involved in much of Christian orthodoxy assumes that there is a large amount of objective Truth in its doctrine and practice making this paradigm seemingly appropriate to their beliefs about reality.

If the focus on objectivity is central to your understanding of social work and/or religion, but you are more oriented toward radical change, then the *radical structuralist paradigm* may be a better fit for you. There is found here a firm foundation for universal knowledge, as with functionalism, but there is more of a focus on large systems changes rather than incremental changes within the status quo. Jewish, Christian and other theologies of liberation (Ellis, 2004; Gutierrez, 1988), which seek to address social structures that are oppressive, and socially-engaged Evangelicalism (Sider, 1999), which is a more theologically conservative approach still addressing social power and privilege, offer appropriate, but substantially different models for this paradigm. Both make substantial theological claims of truth, yet realize that the practice (*praxis*) of this truth leads to social and economic change. Radical feminist theory (Calas & Smircich, 1996) and theology (Heyward, 1984), calling for institutional transformation, and critical theory (Habermas, 1971; 1984), addressing conflict in societal power relations, are other perspectives that fall within the assumptions of a radical structuralist paradigm relevant to social work practice.

The *interpretive paradigm* has as its focus the consensus and equilibrium of the regulation perspective (*qua* functionalism), but is subjectivist in nature so that social reality is based on human experiences and exists primarily as human social construct (Burrell & Morgan, 1979; Netting & O'Connor, 2003). Similarly, interpretations of what is real reflect individual understandings and intersubjectively shared meanings. This paradigm may be a comfortable fit for Christian educators with knowledge of biblical hermeneutics, particularly Reader Response Criticism, and approaches shaped by Ricoeur (1976) and Gadamer (1989). Whether seeking to understand written texts or the lived experiences of the populations served by social work, this paradigm assumes

participation in a world of emerging, local truths. As such, constructive ethical relativism, influenced by situational ethics and cognizant of the importance of human relationships, can be valued in this paradigmatic perspective (Netting & O'Connor, 2003; Rorty, 1999; Welch, 1989). Rather than seeing social issues in black and white, social workers who are comfortable with many shades of gray might see themselves in this paradigm.

The final of the four paradigms, where subjectivity meets radical change, is known as the *radical humanist paradigm.* With a focus on emancipating the human consciousness, a major concern of this paradigm is releasing human development from the constraints of the status quo (Netting & O'Connor, 2003). Postmodern philosophers who concentrate on individual changes rather than social change, including Foucault (1980) and Derrida (1981) may be relevant to this paradigm. Due to their generalizing nature, few theoretical perspectives are found in this paradigm; rather, the individual focus of emerging spiritual, transpersonal and holistic practice modalities align with the assumptions of this paradigm (Netting & O'Connor, 2003). Sufi Mysticism is one of the developments from a major religion, namely Islam, fitting within this paradigm. If you value the subjectivity of the interpretive paradigm, but feel that change emerging from understanding doesn't match your understanding of societal and individual conflict and even contradiction, then the change-oriented and consciousness-raising relativism of this paradigm may be a more appropriate fit.

INTEGRATING RELIGION IN THE PARADIGMS

Using this multiparadigmatic framework for understanding one's view of religion and of the world, social workers may be able to recognize and articulate more readily their own assumptions, beliefs, and values as well as those of coworkers, clients, and the organizations and systems where they find themselves. This framework serves as a heuristic that can be useful for persons learning about the meanings found in the intersections of religion and social work practice because it addresses philosophical theological assumptions that often remain tacit for both teachers and learners.

A brief analysis of religious organizations and some characteristics of their practice provide examples of social work practice in each paradigm. Religious organizations have a wide array of functions from sacerdotal responsibilities to addressing human needs. These organizations can be studied according to theological orientation, service delivery, organizational development and structure, administration, including the role of faith in the activities of these organizations (Cnaan, Wineburg, & Boddie, 2000; Jeavons, 1998, 2001; Wineburg, 2001).

The following diagram (Figure 2 below) includes both practice theories and theological perspectives that may be of relevance to religious organizations or social workers with an interest in religion. Furthermore, it provides a way to visualize side by side the theory and theology (i.e., the knowledge, beliefs, and values) shaping intersections of religion and social work practice. Following this diagram, I present brief descriptions of real organizations that serve as exemplars meant to illustrate the practical side of the paradigmatic concepts. The names have been changed to protect the identity of the agencies, but their characteristics remain true to my experiences with an

ethnographic study of each of them (Singletary, 2003). For each one, sources of knowledge and understanding are offered that may be explicit or implicit in the organization's practice. Also, individuals within the organizations approach practice and faith with different assumptions, but the principles guiding the organizations as a whole or their primary leaders are being considered.

FIGURE 2:   Theory, Theology, and Organization Practice Models in Four Paradigms

Radical Change

Subjectivity	**Radical Humanist Paradigm**	**Radical Structuralist Paradigm**	**Objectivity**
	Theory: Postmodern; Critical; Feminist; Transpersonal *Theology:* Postliberal; Pluralist; Pagan; Liberation or Feminist with Postmodern and Pluralist Emphases; some Buddhist and Sufi Practices; Reconstructionist Judaism *Organization Practice Model:* Small Religious Nonprofit Organizations; Spirituality Groups; Some Individuals within more Traditional Organizations	*Theory:* Systems; Critical; Power & Politics; Feminist *Theology:* Feminist; Liberation; Neoorthodox; Correlative; Critical; Reform Judaism *Organization Practice Model:* Faith-Based Advocacy Organizations; Councils of Churches; Denominational Bodies; Mission/Advocacy Groups within Congregations	
	Interpretive Paradigm	**Functionalist Paradigm**	
	Theory: Organizational Culture; Sensemaking *Theology:* Postmodern; Process; Pagan; Pluralistic; Narrative; Reform Judaism *Organization Practice Model:* Congregations; Small Religious Nonprofits	*Theory:* Bureaucracy; Scientific Management; Systems; Cognitive and Behavioral Approaches; Psychoanalytic; and many more *Theology:* Traditional; Orthodox; Neoorthodox; Evangelical; & Reformed Christian *Organization Practice Model:* Religious (Denominationally) Affiliated Organizations; Congregations	

Regulation

Christian Ministries Incorporated: An Organization in the Functionalist Paradigm

To begin with the functionalist paradigm, and an example relevant to current policy and practice, let us consider a Christian perspective that fits with an objectivist approach to knowledge (epistemology) and assumptions about Truth that is ultimately real (ontology). Many traditional views of God's revelation would provide an appropriate fit here. A functionalist approach to biblical texts may acknowledge subjectivity in reading, but assumes that ultimately objective Truth will be maintained by God's revelation through the Bible, religious tradition, and authority.

When seen from a modern mindset, we can identify Christian and Jewish organizations that align such a theology with their professional provision of social services. For example, there are Catholic, Mainline Protestant, and Jewish child welfare organizations that hold firmly to their doctrinal perspectives, and when it comes to providing social services, they hold equally tight to professional standards. As a part of this, they increasingly value evidence-based or theory-based practice. Religious affiliated agencies provide an example of this type of setting as they hope to achieve effective outcomes that demonstrate their understanding of an ethical realism stemming from God's love and justice, as well as, occasionally, from professional knowledge and values. Commonly, their perspectives are based on common assumptions that we are to serve and help meet the needs of others as the proper way of serving God.

Christian Ministries Incorporated, a large traditional religiously affiliated organization, exemplifies these functionalist assumptions.[1] A statement of values posted near the entrance reads that the love and grace of God revealed in the person and work of Jesus Christ is to be demonstrated by staff and volunteers in all client interactions. A few lines below, the statement proposes that professional standards of confidentiality, respect, and dignity are also to be shown. According to the Executive Director, religious and social work values are well aligned in this organization that strives to incorporate theological perspectives reflective of their denominational teaching, as well as professional rigor in assuring measurable outcomes in their interventions. In this, Christian Ministries Incorporated affirms what has become commonly accepted in many social service organizations: the outcomes of human service programs can be evaluated by quantitative measures of effectiveness. True to a functionalist paradigm, these outcomes are said to be objective criteria for measuring the effectiveness of their theory-based interventions that also reflect "God's desire for social justice".

While working for change in their clients' lives, Christian Ministries Incorporated rests in the functionalist paradigm because the organization assumes commonly accepted expectations for service delivery. As a result, Christian Ministries Incorporated tends to promote change only in terms of what is expected and valued in their denomination's belief system and its acceptable standards that are reflected in this conservative Southern community. Due to funding constraints and a variety of philosophical and leadership considerations, they are not radically challenging the status quo—that is not the best use

---

[1] The examples all represent real faith-based organizations from practice experience, the names of which have been changed for this paper.

of limited resources—yet they do meet a variety of real and growing needs in this community.

Religious Women's Service Organization: A Radical Structuralist Organization

In moving to the radical structuralist paradigm, where objectivity is valued as above, but where the goal of change is more radical, I present a recent program implemented in a feminist organization with a traditional religious name, but that has gone in very different directions from those originally conceived by the organization. Religious Women's Service Organization operates an advocacy program to change legislation that would protect women who have experienced domestic violence. The combination of feminist theory and liberation feminist theology allow the Center to some objective claims that are certainly of value; namely, that God has a preferential option for poor women and demands that we work to end the oppression and the experiences of abuse among low income women. These women work in protest against patriarchy and in solidarity with other women of various religions in the community.

Along with this position of objectivity in terms of what is true and right, one can see that they are also oriented toward radical change. On one hand, Religious Women's Service Organization offers shelter programs that promote change in the women's lives, but these commonly accepted programs fit into the status quo of what is acceptable for an organization such as this. On the other, more radical hand, the Religious Women's Service Organization is seeking to raise public awareness and advocating for legislative changes; in doing so, they are engaging in a marketing campaign that promotes change in public perceptions about women who experience abuse. They stand solidly in claiming the truth of their convictions and in calling others to join in their change activities.

This is an example of a radical structuralist organization because the assumptions are that the Religious Women's Service Organization has a perspectives about women's real needs and that their responses to the needs reflect God's teaching about what is ultimately best for these women (and, as a result, what is best for all of society). The Religious Women's Service Organization focuses their energy on changing other people's points of view to be more aligned with their own in an attempt to change social policies and promote social justice.

Community Ministry Center: An Organization in the Interpretive Paradigm

A new organization is being developed in our community that may be understood as interpretive. Let us consider this next as I move to a different set of assumptions about the nature of knowledge. Subjectivity and local meaning-making will be shown to be relevant in this paradigm.

The populations served, the programs that serve them, and the processes of the board structure at the Community Ministry Center are all emergent in nature as this young organization continues to create itself. While the Center does have a board and a director, the students and community members served by the Center take an active role in the consensus-building processes related to what the center does and what it will become. While developing out of a mainline Protestant Christian tradition, there is no commonly

accepted theory base or single theological perspective driving the programs or services—actually there may not be any programs or services offered in the traditional sense of the words!

The Center engages in a continual process of community praxis related at times to promoting social justice, but with an ever-present intentional focus on understanding the needs and desires of the multiple constituencies who occasionally gather at this space. This faith-based Center receives funding from its denominational body, but matters of meaning found in the faith are left to the discernment of individual participants in the community. Two groups met recently in this space--the leaders of one group were atheist and the other, Catholic--for a consensus building activity related to an upcoming community event. A similar example among leadership of the organization is seen as one month's board meeting began with a Bible reading and another with a Buddhist meditation.

The Community Ministry Center incorporates the consensus related perspective (of the regulation dimension) with subjective approaches to interpreting multiple realities (on the epistemological dimension) in ways that make a good fit in an interpretive paradigm. Participants in the diverse religious and spiritual views found in the broader community find a safe place to dialogue and reflect in this organization.

All God's Children: Radical Humanist leadership in a Functionalist Organization

Discerning a radical humanist approach to practice is not easy. The assumptions related to subjectivity and radical change relate more to individuals than organizations, particularly religious organizations. The closest organizational example is that of a small agency led by a woman trained in Cistercian, or "Trappist," monasticism yet who engages in the earth-based spirituality of deep ecology. The director of All God's Children, a local transitional shelter, works in a style befitting some of the criteria of radical humanism. To demonstrate this paradigm, I will discuss her style and a program they offer women leaving the agency.

Consistent with the radical humanist paradigm, All God's Children seeks change within individuals, but it seeks radical change from within the women rather than according to societal standards that are more in line with a functionalist paradigm. The director encourages the women individually and subjectively to discern what is best for them in the communities where they find support. It could be that living in community (similar to what the program offers) is what they feel is best for themselves, or that they take next steps to achieve independent living.

The termination program of All God's Children may be seen as a radical humanist service. She encourages the individual spiritual formation of the women through the practice of inner healing, a practice that encourages each woman to work toward her own transformation of mind, body, and spirit. The assumption is that spiritual formation leads to change and that it allows each woman her own subjective approach to meditative practice. These practices, allowing for individual change according to directions the women choose, provide some insight into radical humanist practice. The women feel a sense of power as they go, not "empowered" by the director but rather by their own

process of spiritual direction. The approach is said to be a matter of consciousness-raising for the women with the potential for personal, social, and spiritual change.

IMPLICATIONS FOR INTEGRATING MULTIPLE PARADIGMS

A student beginning a placement in a religious organization recently realized that the questions she raised became more interesting (or confusing!) when she considered the assumptions that underlie the organization. While analyzing her organization in class, she identified the organization where she is placed as thoroughly functionalist because of programs offered and governance issues, yet states that the director is leading in an interpretive fashion that is more in line with her personality style. She observes the board president, who is expected to make a tough decision related to why things feel so dysfunctional and unproductive for everyone else, and a board vice president, who is content that everything will work out according to "God's plan". In this example and in many others, social work educators can formulate questions for students about guiding philosophical assumptions, sociological issues, approaches to knowledge, and overall views of the world. The multiple paradigms in this student's service system may have her bewildered about what direction the organization should go, but they offered a valuable framework for learning not only about her own perspectives but the perspectives of others.

One way to approach this example and others like it is to incorporate into classroom discussions some of the questions I raise above related to philosophical concepts of knowledge such as epistemology, ontology, and methodology. Specifically, before addressing social work theory, I ask students about paradigms using philosophical concepts and questions to guide the conversation. Subjectivity and objectivity are commonly discussed concepts in social work theory, practice and research, and as shown in Table 2, they represent philosophical issues. These philosophical issues undergird theological issues. Responses to these questions help students understand the differences between the four paradigms also discussed above. Conversations about religion are about values and beliefs, but the paradigmatic issues related to philosophy and theology underlying these values and beliefs contribute to deeper meaning when seeking to understand the role of religion in practice.

Learning about multiparadigmatic practice, as Netting and O'Connor (2003) describe it, goes well beyond simply identifying for ourselves, or our students, a paradigm of best fit. Realizing how we tire of being put in boxes, they suggest that this framework can be a guide for realizing that there is a range of alternative ways to know, experience, and engage the world (or worlds) around us. When we are able to recognize where we and others around us are "coming from," then we will be able to identify when our assumptions align with and when they conflict with others. We will be able to validate the existence of differences, and we hope that we will be able to put these differences to use as strengths (Netting & O'Connor, 2003, p. 91-92).

To help students recognize personally how they understand and function in different paradigms, the questions presented in Tables 1 and 2 may be of value. From this conversation, we are able to shift the conversation to ask how these paradigms relate to

religious perspectives. Figure 2 can be used in classroom discussions as a way to consider where students are most comfortable personally, but also to help them see where other individuals and organizations might be represented. Religious leaders in your community can serve as helpful resources for thinking about philosophical and theological themes that undergird practice. To interview religious leaders using some of the questions from this article may serve as a helpful way to teach this content.

Students may enjoy the process of finding the paradigm where they personally fit, but then struggle in realizing that their field placements, congregations, and universities may all be organized according to different assumptions and found in different paradigms. Students should not feel forced to merge the parts of themselves that are in one paradigm with parts of themselves in another, but to understand the differences that exist even within themselves. On one dimension, the goal may be to help them understand how they may have a subjectivist perspective that values multiple realities, yet participate in an organization that affirms objective Truth. On the other, they will occasionally be driven to radical change while in other situations and in response to other social or individual issues feel comfortable taking more incremental steps or maintaining accepted norms.

There will, of course, be other questions that can arise from paradigmatic considerations—questions that move from philosophical education to professional practice. Questions like these can be relevant not only to students, but to practitioners working with leaders of different religious backgrounds: How do we survive and thrive in organizations that promote incremental change supporting the status quo, when we value radical change? How do we design an intervention based on "one best way" when we feel that each individual must find her or his own way?

This paper introduces questions that are likely to develop when tacit assumptions become explicit in the self-awareness and critical thinking processes that are a part of social work education. These are not just philosophical issues, for they undergird a wide range of professional questions and concerns. Social work educators may consider not only how students respond to these issues, but also how practitioners utilize theology as well as theory in practice. For in the same way that we encourage critical thinking about theoretical perspectives in practice, we know that religious organizations, the people they employ and the people they serve, have beliefs and values that represent underlying theological perspectives.

The multiparadigmatic framework can raise questions about theological foundations; it can also help us address the ethical integration of faith and practice. Furthermore, this framework can provide guidance in shaping responses to philosophical and religious questions that arise in social work education and professional practice. Discovering the assumptions related to multiple paradigms of practice and theory may encourage students to articulate and ask questions such as those raised here. It may provide educators with the language and knowledge to respond with a heuristic model. And, it may contribute to the journey of lifelong learning for professionals seeking appropriate responses rooted in contexts of faith. Likewise, my hope is that the same implications can be found in practice settings. For organizations where religion is relevant, the themes addressed in

this paper can help practitioners recognize the multiple ways in which religion and spirituality can be brought be bear upon organizational and community life.

CONCLUSION

The multiparadigmatic approach offered here reflects one understanding of the complex intersections of theory and theology and the integration of religion and social work practice. With the knowledge and expertise that social workers develop, as well as their own religious understandings, the information in this basic introduction to different paradigms of practice hopefully provides a heuristic for considering issues of religion from diverse perspectives. I feel that the information in this multiparadigmatic framework can be of value to social work students and practitioners, particularly social workers who work with people who are religious or spiritual, in organizations with a faith-based identity, or who are themselves religious or spiritual.

This understanding of paradigms may serve as a teaching tool for promoting increased self-understanding, for conducting organizational analysis, for evaluating practice theories, or for discussion related to the integration of religion and social work practice. The philosophical assumptions can be utilized in conversations about self-awareness and the professional use of self. The continua, as well as the paradigms, can also be of value in framing our use of practice theories and practice models.

This framework may also serve to aid in understanding differences and similarities among student assumptions about the world. Any time we say or hear, "Well, God expects us to…," "The Bible says…," or even, "the Code of Ethics demands…" we have an opportunity to reflect on our assumptions, and this matrix of paradigms provides a tool to aid us in considering these things. Whether used in teaching human behavior, practice or research, in discussing the relationships between faith and knowledge, or in introducing social work ethics in relation to different religious perspectives, this framework can be built into existing curricular materials in an effort to encourage students to consider the role of our many underlying assumptions that often go unnoticed and unmentioned.

References

Bullis, R. (1996). *Spirituality in social work practice*. Philadelphia: Taylor and Francis.

Burrell, G., & Morgan, G. (1979). *Sociological paradigms and organisational analysis* Burlington, VT: Ashgate.

Calas, M. B., & Smircich, L. (1996). From "the woman's" point of view: Feminist approaches to organization studies. In S. R. Clegg, C. Hardy, & W. R. Nord, (Eds.), *Handbook of organization studies* (pp 218-256). Thousand Oaks, CA: Sage.

Cnaan, R. A., Wineburg, R. J., & Boddie, S. C. (1999). *The newer deal: Social work and religion in partnership*. New York: Columbia University Press.

Cobb, J. B. (1982). *Beyond dialogue: Toward a mutual transformation of Christianity and Buddhism.* Philadelphia: Fortress.

Derrida, J. (1981). *Positions*. Chicago: University of Chicago.

Ellis, M. (2004). *Toward a Jewish theology of liberation*. Waco, TX: Baylor University.

Ellor, J. W., Netting, F. E., Thibault, J. M. (1999). *Understanding religious and spiritual aspects of human service practice*. Columbia, SC: University of South Carolina Press.

Foucault, M. (1980). *Power/knowledge*. New York: Pantheon.

Gadamer, H. G. (1989). *Truth and method*. (Rev. ed., J. Weinsheimer & D. G. Marshall, Trans.). New York: Crossroad.

Gutierrez, G. (1988). *A theology of liberation: History, politics, and salvation* (2nd ed., C. Inda & J. Eagleson, Trans.). Maryknoll, NY: Orbis.

Habermas, J. (1971). *Theory and practice*. (J. Viertel, Trans.). Boston: Beacon.

Habermas, J. (1984). *Theory of communicative action: Reason and the rationalization of society Vol. 1*. (T. McCarthy, Trans.). Boston: Beacon.

Heyward, C. (1984). *Our passion for justice*. New York: Pilgrim Press.

Hick, J. (1982). *God has many names*. Philadelphia: Westminster.

Jeavons, T. H. (1998). Identifying characteristics of "religious" organizations: An exploratory proposal. (Program on Nonprofit Organizations Working Paper #197) New Haven, CT: Yale University.

Jeavons, T. (2001). Being faithful. *Nonprofit Quarterly, 8*(2), 37-39.

Kuhn, T. (1962). *The structure of scientific revolutions*. Chicago: University of Chicago Press.

Kung, H. (1988). *Theology for the third millenium*. New York: Doubleday.

Martin, P. Y., & O'Connor, G. G. (1989). *The social environment: Open systems applications*. New York: Longman.

Netting, F. E., & O'Connor, M. K. (2003). *Organization practice: A social worker's guide to understanding human services*. Boston: Allyn & Bacon.

Netting, F. E., Thibault, J. M., & Ellor, J. W. (1990). Integrating content on organized religion into macropractice courses. *Journal of Social Work Education, 26*(1) 15-24.

Ricoeur, P. (1976). *Interpretation theory: Discourse and the interpretation of meaning*. Fort Worth: Texas Christian University.

Ruether, R. R. (1983). *Sexism and God-talk: Toward a feminist theology*. Boston: Beacon.

Schleiermacher, F. (1996) *On religion: Speeches to its cultured despisers* Richard Crouter (Editor). Minneapolis: Fortress.

Schleiermacher, F. (2001). *The Christian faith*. (H. R. MacKintosh, Trans.). Minneapolis: Fortress.

Sider, R. (1999). *Good news and good works: A theology for the whole gospel.* Grand Rapids, MI: Baker Book House.

Singletary, J. E. (2003). *A constructivist inquiry of the meaning of church-state relationships for faith-based organizations.* Unpublished Dissertation. Richmond: Virginia Commonwealth University.

Welch, S. D. (1989). *A feminist ethic of risk*. Minneapolis: Fortress.

Wineburg, R. (2001). *A limited partnership: The politics of religion, welfare, and social service*. New York: Columbia University Press.

Author's note:

Address correspondence to: Jon E. Singletary, Ph.D., School of Social Work, Baylor University, One Bear Place #97320, Waco, TX 76798-7320. E-mail: Jon_Singletary@baylor.edu.

The Generalist Model: Where do the Micro and Macro Converge?

Shari E. Miller
Carolyn J. Tice
Diane M. Harnek Hall

Abstract. Although macro issues are integral to social work, students continue to struggle with the acquisition of knowledge and skills pertaining to larger systems. Educators have developed innovative methods to integrate learning across systems of various sizes however it appears an imbalance persists. This challenge is supported by baccalaureate student responses to a social work program evaluation. Four years of data from 295 undergraduate students revealed that they felt less prepared to practice with larger, macro systems. Changes in curriculum to reflect collaboration and holism, and more research are needed to adequately provide macro learning and macro practice opportunities within the generalist model and in the context of the current socio-economic-political environment.

Keywords: Generalist model; macro practice; macro learning; social work education

Research findings indicate that social work students have notably more learning opportunities to work with individuals, families, and groups than they do to work with communities and organizations (Butler & Coleman, 1997; Hymans, 2000; Koerin, Reeves, & Rosenblum, 2000; Raber & Richter, 1999). Of particular concern is the reluctance of many students to consider involvement in social action through activities such as lobbying, legal advocacy, and neighborhood organizing (Kasper & Wiegand, 1999). As such, social work students may be hampered in their abilities and/or willingness to develop the skill sets necessary to identify and utilize organizational and community strengths to empower clients and effect systems change (Koerin et al., 2000).

REVIEW OF THE LITERATURE

The Generalist Model

The socio-political climate of the late 1960's and 70's encouraged social work educators to evaluate the content and conceptual frameworks of social work practice (Bisno, 1971; Iacono-Harris & Nuccio, 1987; Pincus & Minahan, 1973; Teare & McPheeters, 1970). The result of this evaluative effort was the emergence of the generalist model, a method of practice that integrates casework, group work, and community organization, and focuses on the interaction between persons and their environments. According to Compton, Galaway, and Cournoyer (2004), the notion of person-in-the-environment allows for change strategies directed toward (a) individuals, (b) the environment, and, (c) the interface between the individual and his/her environment (Iacono-Harris & Nuccio, 1987, p. 80). For Johnson (1998), the generalist

Shari E. Miller, Ph.D., is an assistant professor at the School of Social Work, University of Georgia, Athens. Carolyn J. Tice, DSW, is Associate Dean and Program Chair of the University of Maryland Baltimore County Department of Social Work. Diane M. Harnek Hall, Ph.D., is an assistant professor in the Department of Family Studies and Community Development at Towson University.

approach requires that social workers recognize the variety of systems that interact with one another and that interact with people (Meenaghan, Gibbons, & McNutt, 2005). The generalist model provides the overarching structure for the undergraduate social work and foundation year graduate curriculum continuum.

Several generalist perspectives have emerged including those of Tolson, Reid, and Garvin (2002) who present a task-centered approach to generalist practice; Miley, O'Melia, and Dubois (2008) who suggest an empowerment approach; and McMahon (1990; 1996) who presents a problem-solving approach. These models all include a structure and process that direct the social worker to approach each client and situation with openness to the use of a variety of techniques and levels of intervention (Waites, 2000). Whatever the perspective, generalist practice is multi-method, multi-theoretical, and transferable across diverse fields of practice, settings, and populations. Further generalist practice uses problem-solving to assess and intervene in micro, mezzo, and macro systems. Though there are some definitional differences between and across social work programs at the undergraduate and graduate levels, there appear to be universal points of agreement, including that generalist practice:

1. Uses the person-in-the-environment perspective as the theoretical foundation for assessments and interventions.

2. Involves assessments that support interventions involving micro, mezzo, and macro practice.

3. Assumes that social workers will have diverse roles such as educator, advocate, counselor, planner, organizer, and administrator.

4. Integrates practice, policy, and research through roles and functions.

5. Conceptualizes practice as comprised of engagement, assessment, planning, implementation, and evaluation (Gelman & Mirabito, 2005; Kirst-Ashman & Hull, 2008; Miley, et al., 2008; Poulin, 2000).

Macro Practice

Macro practice is intrinsic to the generalist model, so how is this level of intervention defined? According to Long, Tice, and Morrison (2006), macro practice "involves the ability to see and intervene in the big picture, specifically with larger systems in the socioeconomic environment" (p. 3). Macro practice can include collaboration with clients to strengthen and maximize opportunities for people at the organizational, community, societal, and global levels. Many social workers would argue that the profession's particular attention to state, national, and international issues of importance to clients, distinguishes social work from other helping professions (Glisson, 1994; Long et al., 2006).

Historically the term indirect practice was used to denote the elements of macro practice. Unlike the term direct practice, which characterized specifically face-to-face contact with clients, indirect practice was used to refer to social work's commitment to change-efforts at the environmental level with a focus on societal issues such as poverty,

housing, and healthcare (Pierce, 1989). Thus, macro activities, by definition, extend beyond individual interventions but are often based on needs, problems, issues, and concerns identified in the course of working one-on-one with clients (Netting, Kettner, & McMurtry, 1998).

Larger systems are typically the focus of macro level work. According to Rothman, Erlich, and Tropman (1995), there are three key arenas of macro intervention: communities, organizations, and small groups. Kirst-Ashman and Hull (2008) state that integrating generalist social work practice with macro systems involves interventions that (a) maintain positive community social processes, (b) develop and restore social processes that can contribute to human development and functioning, and (c) empower individuals and small systems to influence the larger systems affecting people's lives (pp. 116-117).

Other writers focus on the policy context in which macro intervention occurs as policy change is integral to communities and organizations (Fisher, 1995; Flynn, 1992; Jansson, 1994). As stated by Netting, et al. (1998), fundamental to macro practice and subsequent broad based change is "an understanding of overriding ideologies and values that influence local, state, and national politics" (p.7). The strengths and empowerment models have enhanced the macro perspective by focusing on elements such as positive attributes and social power essential to achieving positive change (Meenaghan et al., 2005; Saleebey, 2005; 2003).

The literature related to social work education includes a variety of different strategies to enrich macro content, some of which engage students in the context of the classroom, others through the field experience (Koerin et al., 2000). One identified approach requires students to engage in an in-depth community study or needs assessment within the context of a macro practice class (Hymans, 2000; Sherraden, 1993). Bordelon (2003) describes a practice class in which students create a university-community partnership along with their instructor, and Huber and Orlando (1993) define an innovation that engages students in an in-class, hypothetical project to challenge the bounds of their interventive thinking. Other approaches invite students to engage in advocacy (Butler & Coleman, 1997; Raber & Richter, 1999), and still further approaches are designed to address the nature of field placements, field assignments and field instruction (Allen & Shragge, 1995; Kasper & Wiegand, 1999; Koerin et al., 2000; Siu, 1991; Skolink & Papell, 1994; Wolk, Pray, Weismiller, & Dempsey, 1996).

Social work educators conclude that macro practice necessitates that students both produce and consume research (Walsh, 1998). Examples of assignments that integrate a macro perspective with research are community assessments, organizational analyses, and surveys (Dunlap, 1993; Grinnell & Kyle, 1977; Plionis, 1993). Thus macro practice much like micro and mezzo intervention uses critical thinking to engage in (a) problem identification and definition, (b) study, exploration, and data collection, (c) differential assessment, planning, and intervention, (d) evaluation, (e) termination, and (f) follow-up (Meenaghan et al., 2005, p. 9).

STUDENTS' EVALUATION OF MACRO LEARNING

To better understand the student experience of learning macro practice several years of program evaluation data were analyzed. A program evaluation was developed in accordance with the Council on Social Work Education standards by faculty at a large mid-Atlantic baccalaureate social work program. Questions were designed to help evaluate the quality and effectiveness of (a) the overall baccalaureate social work program, (b) the field education setting and experience including evaluation of the agency, field instructor and specific assignments within the agency, and (c) the field liaison component of the program. Face validity was confirmed through faculty development, and internal consistency was analyzed and found to be high (Cronbach's α = .97). However no other tests of validity or reliability were administered.

The sample included all graduating baccalaureate social work students for the years 2004 through 2007 (n=312). Completed program evaluations were collected from a total of 295 students (95% response rate) at the end of the spring semester during their graduating year. A majority of the respondents were female (91.3%) and white (59.8%). The other racial groups represented were African American (22.0%), Hispanic (10.4%), Asian American (3.5%), bi/multiracial (1.2%), and other (3.1%). The respondents ranged in age from 20 to 63 years, with a mean age of 28 years. The gender and racial characteristics of the study's respondents are similar to those of social work students across the nation (Lennon, 1999; Knight, 2002).

A MANOVA analysis was utilized to compare data from year to year (2004 through 2007) – no significant differences on overall program evaluation findings emerged. In the four years of program evaluation the same two areas of inquiry reflected a noticeable pattern of responses related to the level of system. Responses to two areas of questioning (feelings of preparedness and extent of experience) illustrate the differences in students' perspectives regarding varying system levels.

Macro Experience in Field Assignments

The program evaluation asked the respondents to evaluate on a 5-point Likert scale ("1" = low; "5" = high) the extent of experience gained in field education assignments that integrated generalist practice across client systems. Such assignments pertained to individuals, groups, and community involvement. As described in Table 1, respondents reported a high degree of experience with field assignments involving individuals (M = 4.43; SD = .961). Assignments with groups (M = 3.35; SD = 1.46) yielded a lower level of experience, yet still more experience noted than that pertaining to community assignments (M = 3.24; SD = 1.29). The findings from the evaluation suggest that, for the evaluation of assignments in this sample, the larger the client system the lower the level of experience among students.

TABLE 1:   What was the extent of your experiences in assignments with: (1 low through 5 high)

Rating	Individuals	Groups	Communities
1	2.4%	18.2%	12.4%
2	3.4%	10.7%	16.5%
3	9.2%	18.9%	25.1%
4	19.1%	22.7%	26.5%
5	65.9%	29.6%	19.6%

Preparedness to Use Knowledge and Skills in Macro Practice

Respondents were asked to consider their overall preparation in generalist social work including both class and field education, and to rate on a 5-point Likert scale ("1" = not at all; "5" = very much) for each item how well the program prepared them to appropriately use the knowledge and skills of generalist social work practice with individuals, groups, and communities. As indicated by Table 2 a majority of respondents reported feeling very prepared to work with individuals ($M = 4.46$; $SD = .702$), while responses of very prepared were much lower in work with groups ($M = 3.80$; $SD = 1.06$) and communities ($M = 3.18$; $SD = 1.05$). Most graduates from this program seem to feel less prepared to work with larger systems at graduation.

TABLE 2:   How well has the program prepared you to practice with: (1 not at all through 5 very much)

Rating	Individuals	Groups	Communities
1	.3%	4.2%	5.9%
2	1.0%	5.9%	18.5%
3	7.0%	24.8%	38.3%
4	35.9%	36.0%	26.1%
5	55.7%	29.0%	11.1%

It is important to note that the lack of clarity and consistency in the language used to discuss macro interventions and generalist practice in the literature had bearing upon the

questions asked in the program evaluation. Similar to a limitation noted by Koerin, et al., (2000) the program evaluation reflected ambiguity when asking students to describe their macro learning experiences in both the classroom and field placement. Also the findings discussed are descriptive of this sample of graduates. Though the sample may reflect the demographics of the population of baccalaureate social work graduates it may not be representative of the population, which limits generalizability.

DISCUSSION OF PROGRAM EVALUATION FINDINGS

The four years of evaluation data reported in this article support the challenges of integrating macro learning in the social work curriculum. Of particular concern is students' perceived imbalance between the micro and macro in the curriculum content and field education experiences. Though the authors do not believe that a polarization of micro and macro practice is a productive construction for the social work profession, the authors recognize that an imbalance exists in the described baccalaureate program, and from what is gathered from the literature, this imbalance exists pervasively (Butler & Coleman, 1997; Huber & Orlando, 1993; Hymans, 2000; Kasper & Wiegand, 1999; Koerin et al., 2000; Raber & Richter, 1999; Siu, 1991; Wolk et al., 1996). Over the past 100 years a debate has persisted within the profession that encourages the idea that micro and macro social work are two mutually exclusive orientations (Haynes, 1998). By polarizing practice in this way the fundamental values and ideas at the heart of social work become muted. What identifies social work as a distinct profession is its focus on the possibilities for change in the person and the environment. By polarizing micro and macro practice social work becomes about the person in one vacuum and the environment in another.

Over the course of the four years of evaluation the social work program discussed in this article introduced pedagogical and experiential methods that attempted to integrate micro practice with macro practice through lectures, in- and out-of-class assignments, case studies, and continuing education sessions. However these attempts have not yet resulted in any significant change in students' evaluations – clearly other barriers to integrating micro with macro practice exist.

Barriers to Integration of Micro and Macro Practice and Learning

The enormous changes in the fabric of the nation's social welfare and social service delivery systems are of particular significance to social work education. Welfare reform legislation, devolution of policy responsibility and involvement in social service delivery to states and localities, the increasing privatization of social services, agency budget cuts and downsizing, the dominance of managed care in both health and mental health arenas, and economic globalization have influenced the practice of social work and by extension social work education (Jarman-Rohde, McFall, Kolar, & Strom, 1997; Reisch & Jarman-Rohde, 2000).

Within this socio-political climate there is an enormous impact upon the availability and quality of field placements and subsequently a great deal of shifting and increasing demands placed on field education (Jarman-Rohde et al., 1997). According to Jarman-

Rohde et al. (1997) for agencies the focus on productivity, accountability, and managed care has created barriers to providing social work students with appropriate placements and/or adequate supervision. Field instructors often carry heavy caseloads, are required to do more paper work, and have less time to spend supervising students. At the same time agency expectations regarding the types and breadth of student assignments increase parallel to agency needs. Students are assigned increasing numbers of clients with complex and multiple problems, yet agencies are also concerned about the potential liability associated with having students on-site (Jarman-Rohde et al., 1997).

It has been documented that other barriers to making macro learning assignments available to students in field education, though related to the large-scale shifts as discussed above, are also traceable to the orientations of agencies and field instructors. "Most agencies fail to validate macro practice tasks as worthy aspects of workers' defined responsibilities, while the individual workers serving as field instructors possess neither the competence nor the confidence to model and teach macro level practice responses" (Butler & Coleman, 1997, p. 65). Although this position points to current realities, and might even explain the strikingly consistent program evaluation findings, it unfortunately fosters the culture of micro-macro encampment within the profession and social work education.

The Future of Macro Learning

The complex environment of social work practice requires social work educators to reassess the profession's fundamental purpose. Historically social work has supported the dynamics of individual, community, and societal change. Given the centrality of change to social work, Reisch and Jarman-Rohde (2000) suggest that:

> An expectation of change can provide social work educators with a framework to comprehend and potentially influence that environment, and thereby nourish a sense of hope and possibility in an era shrouded with a growing sense of powerlessness and resignation (p. 212).

Reflective change is integral to this article's focus. Program revisions are needed to enhance macro learning content and to better integrate micro practice with macro practice at the same time as the profession struggles to redefine its focus in an increasingly complex and contentious social and political climate.

A number of social work educators suggest that the need for change in curriculum and field education can be embraced as an opportunity (Abramowitz, 1998; Bisno & Cox, 1997; Jarman-Rohde et al., 1997; Reisch & Jarman-Rohde, 2000; Weil, 1996). Such change values a model of social work education and practice that fosters a sense of leadership and empowerment in clients, students, educators, field instructors, and in our collective selves. A model of social work that invites meaningful change across levels of interactions encourages not only students, but also practitioners and educators, to consider their actions in the context of environments. A reflective stance that encourages a view of the environment from within might encourage students, field instructors, and classroom educators to see both what is up close and what might be a bit further away. Expanding and enhancing content that connects micro and macro theory with practice

requires faculty to ask questions as part of a dialogue with students, field instructors, and each other. Some of these questions are:

1. In what ways does the "use of self" offer opportunities for re-organizing how the macro can be found in and around the micro?

2. How do the values and principles of social work complement and/or conflict with the national and international socio-political climate?

3. Does the generalist social work curriculum include content that supports not only analysis of societal issues like oppression and poverty but also a call for collective action that leads to peace, social justice, and social change?

4. What is the role of the international and/or the nontraditional field placement in generalist social work education?

5. How can social work programs collaborate with agencies and communities to provide students with macro learning opportunities?

6. To what degree do social work educators, field instructors, and professional organizations model macro change efforts?

Although these emerging questions appear divergent in some ways, and although they each require extensive dialogue to fully address, they share some common ground and interlocking themes. Reflectivity, collaboration, and holism undergird the above avenues of inquiry. In keeping with the work of Ruffolo and Miller (1994) the above questions point to the need for university and agency collaboration and partnerships to reciprocally inform curriculum development. Effective learning relies on exchange of ideas, resources, and energy to teach practice skills in an increasingly diverse community of social work agencies. Further, another ingredient of collaboration embedded in the questions is that of social work educator as *activist*. By this we mean that, in order to teach macro skills in an integrative way, the questions imply that the instructor be an active participant in the learning process in and outside of the classroom. The practice experience gained and shared by the instructor encourages students to reflect upon their skill acquisition in a mutual learning environment (Ringel, 2003). Finally the challenge of teaching macro skills in an integrated fashion underscores the need for a multi-method holistic teaching approach in which students actively engage with readings, research, case studies, multimedia resources, and social action opportunities that capture both domestic and international large scale settings (Dewiest & Roche, 2001). Using an array of teaching approaches encourages students to understand and apply macro practice from different perspectives and by doing so bridges the gap between recognizing problems, needs and strengths, and designing strategies for systematic change.

CONCLUSION

The program evaluation discussed in this article suggested that over a period of four years undergraduate social work students rated their macro learning experiences as less satisfactory than their micro ones. This consistent imbalance underscores the need to examine the generalist curriculum as well as field experiences that involve the acquisition

of skills and knowledge related to macro practice. Future research is needed to examine approaches to enhance macro learning including agency and community collaborations and in-class teaching innovations. The language of generalist practice might need to be further clarified to best undertake future research. Research should also include measurement of students' macro skill development; evaluation of students' opportunities to gain practical experience in organizing, community assessment, and advocacy; and assessment of the inclusion of macro content across the generalist curriculum.

Ideally this article and others like it will generate a dialogue within the profession regarding macro experiences in generalist social work and where the micro and macro converge. Given that all clients and agencies are influenced by their communities, as are all social workers, the understanding of and skills to effect broad-based change are critical to practice across all levels of intervention. Change as a unifying construct makes social work, be it direct service in a clinical setting or grassroots organizing in a community, the unique profession it is.

References

Abramowitz, M. (1998). Social work and social reform: An arena of struggle. *Social Work, 43*, 512-526.

Allen, H. S., & Shragge, E. (1995). Community-based field placements: Recent innovations. In G. Rogers (Ed.), *Social work field education: View and visions* (pp. 92-105). Dubuque, IA: Kendall/Hunt.

Bisno, H. (1971). A theoretical framework for teaching social work methods and skills, with particular reference to undergraduate social welfare education. In F. Lowenberg & R. Dolgoff (Eds.), *Teaching of practice skills in undergraduate social welfare and other helping services* (pp. 72-88). New York: Council on Social Work Education.

Bisno, H., & Cox, F. (1997). Social work education: Catching up with the present and the future. *Journal of Social Work Education, 33*. Retrieved on October 12, 2005, from EBSCOhost database.

Bordelon, T. D. (2003). People first: A case study in partnering with the community. *Journal of Baccalaureate Social Work, 8*, 147-161.

Butler, S. S., & Coleman, P. A. (1997). Raising our voices: A macro practice assignment. *Journal of Teaching in Social Work, 15*, 63-80.

Compton, B. R., Galaway, B., & Cournoyer, B. R. (2004). *Social work processes* (7th ed.). Pacific Grove, CA: Brooks/Cole.

Dewiest, M., & Roche, S. E. (2001). Teaching about human rights in social work. *Journal of Teaching in Social Work*, *21*(1/2), 137-155.

Dunlap, K. M. (1993). A history of research in social work education 1915-1991. *Journal of Social Work Education*, *29*, 293-300.

Fisher, R. (1995). Political social work. *Journal of Social Work Education*, *31*, 194-203.

Flynn, J. P. (1992). *Social agency policy: Analysis and presentation for community practice*. Chicago: Nelson-Hall.

Gelman, C. R., & Mirabito, D. M. (2005). Practicing what we teach: Using case studies from 9/11 to teach crisis intervention from a generalist perspective. *Journal of Social Work Education, 41*, 479-494.

Glisson, C.A. (1994). Should social work take greater leadership in research on total systems of service? Yes. In W. Hudson & P. Nurius (Eds.), *Controversial issues in social work research* (pp. 155-159). Boston: Allyn & Bacon.

Grinnell, R. M., & Kyle, N. S. (1977). A model for bridging the gap between undergraduate research and practice. *Journal of Social Work Education, 13*(3), 30-36.

Haynes, K. S. (1998). The one hundred-year debate: Social reform versus individual treatment. *Social Work, 43*, 501-509.

Huber, R., & Orlando, B. (1993). Macro assignment: Think big! *Journal of Social Work Education, 29*. Retrieved on November 5, 2005, from EBSCOhost database.

Hymans, D. J. (2000). Teaching BSW students community practice using an interdisciplinary neighborhood needs assessment project. *Journal of Baccalaureate Social Work, 5*, 81-92.

Iacono-Harris, D. A., & Nuccio, K. E. (1987). Developing the macro pool: Turning undergraduates on to macro practice. *Administration in Social Work*, *11*, 79-86.

Jansson, B.S. (1994). *Social policy: From theory to policy practice* (2nd ed.). Pacific Grove, CA: Brooks/Cole.

Jarman-Rohde, L., McFall, J., Kolar, P., & Strom, G. (1997). The changing context of social work practice: Implications and recommendations for social work educators. *Journal of Social Work Education, 33*. Retrieved on October 18, 2005, from EBSCOhost database.

Johnson, L. C. (1998). *Social work practice: A generalist approach* (6th ed.). Boston: Allyn & Bacon.

Kasper, B., & Wiegand, C. (1999). An undergraduate macro practice learning guarantee. *Journal of Teaching in Social Work, 18*, 99-112.

Kirst-Ashman, K., & Hull, G. (2008). *Understanding generalist practice* (5th ed.). Chicago: Nelson-Hall.

Knight, C. (2002). Teaching generalist social work practice: Students' perceptions of the importance of the instructor's practice experience. *Journal of Teaching in Social Work, 7*, 93-111.

Koerin, B. B., Reeves, J., & Rosenblum, A. (2000). Macro-learning opportunities: What is really happening out there in the field? *Journal of Baccalaureate Social Work, 6*, 9-21

Lennon, T. (1999). *Statistics on social work education in the United States: 1998*. Alexandria, VA: Council on Social Work Education.

Long, D., Tice. C. J., & Morrison, J. (2006). *Macro social work practice: A strengths perspective.* Belmont, CA: Thomson Brooks/Cole.

McMahon, M. (1990). *The general method of social work practice: A problem solving approach* (2nd ed.). Englewood Cliffs, NJ: Prentice Hall.

McMahon, M. (1996). *The general method of social work practice: A generalist perspective*. Boston: Allyn and Bacon.

Meenaghan, T. M., Gibbons, W. E., & McNutt, J. G. (2005). *Generalist practice in larger settings: Knowledge and skills concepts.* Chicago: Lyceum Books.

Miley, K. K., O'Melia, M., & Dubois, B. (2008). *Generalist social work practice: An empowering approach* (6th ed.)*.* Boston: Allyn & Bacon.

Netting, F. E., Kettner, P. M., & McMurtry, S. L. (1998). *Social work macro practice*. New York: Longman.

Pierce, D. (1989). *Social work and society: An introduction*. New York: Longman.

Pincus, A., & Minahan, A. (1973). *Social work practice: Model and method*. Itasca, IL: F. E. Peacock.

Plionis, E. M. (1993). Refocusing undergraduate research training: Making conceptualization experiential. *Journal of Teaching in Social Work, 7*, 49-61.

Poulin, J. (2000). *Collaborative social work: Strengths-based generalist practice*. Itasca, IL: F. E. Peacock.

Raber, M., & Richter, J. (1999). Bringing social action back into the social work curriculum: A model for "hands-on" learning. *Journal of Teaching in Social Work, 19*, 77-91.

Reisch, M., & Jarman-Rohde, L. (2000). The future of social work in the United States: Implications for field education. *Journal of Social Work Education, 36*, 201-21.

Ringel, S. (2003). The reflective self: A path to creativity and intuitive knowledge in social work practice and education. *Journal of Teaching in Social Work*, *23*(3/4), 15-28.

Rothman, J., Erlich, J. L., & Tropman, J. E. (1995). *Tactics and techniques of community intervention* (3rd ed.). Itasca, IL: F. E. Peacock.

Ruffolo, M. C., & Miller, P. (1994). An advocacy/empowerment model of organizing: Developing university-agency partnerships. *Journal of Social Work Education*, *30*(3), 310-316.

Saleebey, D. (Ed.). (2005). *The strengths perspective in social work practice* (4th ed.). Boston: Allyn & Bacon.

Saleebey, D. (2003). Power in the people: Strengths and hope. *Advances in Social Work*, *1*, 127-136.

Sherraden, M. S. (1993). Community studies in the baccalaureate social work curriculum. *Journal of Teaching in Social Work, 7*, 75-88.

Siu, S. F. (1991). Providing opportunities for macro practice in direct service agencies: One undergraduate program's experience. *Arete, 16*(2), 46-51.

Skolink, L., & Papell, C. P. (1994). Holistic designs for field instruction in the contemporary social work curriculum. *Journal of Social Work Education, 30*. Retrieved on November 5, 2005, from EBSCOhost database.

Teare, R., & McPheeters, H. (1970). *Manpower utilization in social welfare.* Atlanta: Southern Regional Education Board.

Tolson, E., Reid, W., & Garvin, C. (2002). *Generalist practice: A task centered approach* (2nd ed.). New York: Columbia University Press.

Waites, C. (2000). Assessing generalist problem-solving skills: An outcome measure. *Journal of Social Work Education, 6*, 67-79.

Walsh, J. (1998). A model for integrating research, practice, and field instruction in the undergraduate curriculum. *Journal of Social Work Education, 17*, 49-63.

Weil, M. O. (1996). Community building: Building community practice. *Social Work, 41*, 481-499.

Wolk, J. L., Pray, J. E., Weismiller, T., & Dempsey, D. (1996). Political practica: Educating social work students for policymaking. *Journal of Social Work Education, 32*. Retrieved on October 24, 2005, from EBSCOhost database.

Author's note:
Address correspondence to: Shari E. Miller, Ph.D., School of Social Work, The University of Georgia, 209 Tucker Hall, Athens, GA 30602. E-mail: semiller@uga.edu.

Online Practice Course Development with Action Research:
A Case Example

Khadija Khaja
Phillip Ouellette
Carenlee Barkdull
Joanne Yaffe

Abstract. *Despite the proliferation of online courses in social work, questions still exist about learning practice skills in an online instructional environment. This paper describes a case example of an action-oriented approach to the development of an online practice course. Lessons learned from students' and instructor's perspectives are shared as well as recommendations for future research relative to course development and evaluation of online courses. The study examined student feedback with respect to their overall learning experience. Findings indicated that involving students in the design and development of an online practice course benefited both students and faculty and can be an effective teaching and learning strategy regardless of the instructional medium used.*

Computer technology has affected social work education in many ways. The rapid use and growth of internet technology have provided students and educators with opportunities to retrieve large quantities of information quickly from all over the world, and technological advancements have given rise to a wide array of multimedia teaching tools. These developments have contributed to increased demand for online social work courses in colleges and universities (Siebert & Spaulding-Givens, 2006). Social work education in the 21st century is experiencing a paradigm shift in which traditional classroom-based teaching is being supplemented or supplanted by technology-delivered instructional content.

While research would seem to indicate that there is no significant difference between the efficacies of learning outcomes with courses taught in an online learning environment versus those in a face-to-face classroom learning setting (Macy, Rooney, Hollister, & Freddolino, 2001; Ouellette & Chang, 2004; Ouellette, Westhuis, Marshall, & Chang, 2006), social work educators still appear apprehensive about teaching practice courses in an online setting. In a field where interpersonal communication skills and use of self are emphasized, the development and implementation of online social work practice courses may be resisted by students, faculty and administrators due to the perceived need for face-to-face contact between instructors and students.

Khadija Khaja, Ph.D., is an assistant professor and Philip Ouellette, Ph.D., is an associate professor, both at the Indiana University School of Social Work, Indianapolis. Carenlee Barkdull, Ph.D., is the MSW Coordinator in the Department of Social Work at the University of North Dakota. Joanne Yaffe, Ph.D., is an associate professor in the College of Social Work at the University of Utah.

A case study conducted within an action research framework was designed and implemented in collaboration with graduate students enrolled in a practice class in an effort to explore this question. Challenges and lessons learned through this collaborative process will be shared, as will implications for further research relative to social work practice classes in online learning environments.

LITERATURE REVIEW

Social work programs generally appear to be behind many other disciplines in using Web-based technology for offering their programs (Siebert & Spaulding-Givens, 2006). Although many social work programs offer some baccalaureate and graduate level courses in an online setting, few are offering their degree programs entirely online. The resistance or apprehension of many social work faculty to teach curricula entirely online may be that "social work's focus on human connection and hands-on practice skills can seem antithetical to technology-mediated education" (Siebert & Spaulding-Givens, 2006, p. 2). Hence, there has been lively debate and even controversy around teaching social work courses in an online environment. This resistance is beneficial to the field as it places a higher burden on social work educators to design online social work courses that are accountable to a profession that values human connectedness (Ouellette, Khaja, & Westhuis, 2007).

Increasing Use of Technology in Social Work Education

Online course enrollment is clearly on the rise in the United States with enrollment in a number of disciplines increasing by as much as 33% each year (Pethokoukis, 2002). In 2002, approximately 2.3 million students took online courses (Katz-Stone, 2000). In the academic year of 2000-2001, about 90% of two-year public schools and 89% of public four-year academic institutions offered online courses (Waits & Lewis, 2003).

The increased use of technology as an instructional medium has clearly continued to grow rapidly in the field of social work education as well. Distance technology can be employed to reach students in rural areas; for example, the use of technology has been successfully used to reach Aboriginal social work students in remote areas of Canada (Hick, 2002). Online social work courses are now offered to teach areas such as diversity, gerontology, policy, human rights, introduction to social work, international social work (Ouellette et al., 2007), advocacy (McNutt & Menon, 2002), research (Westhuis, Ouellette, & Pfahler, 2006), and clinical practice (Coe & Elliot, 1999; Ouellette et al., 2006; Shibusawa, VanEsselstyn, & Oppenheim, 2006). Other examples for integrating technology for teaching and learning practice skills include the use of digital practicum portfolios and online assessment tools (Lee, 2007).

There is also a growing body of literature relative to social work training that describes the use of various technological tools worldwide, from CD-ROMS and video disks to interactive web-based modules, both for students and those seeking additional professional development opportunities (Ballantyne, 2007; Menon & Coe, 2000; Sandell & Hayes, 2002; Shibusawa et al., 2006). Increasingly, communication technologies are

also being employed as knowledge storage (Holden, 2002) and as possible delivery systems for reaching at-risk population groups (Ouellette & Wilkerson, 2008).

Characteristics of the Online Learner

Studies have shown that students who tend to do well in independent learning environments generally succeed in their online courses (Tallent-Runnels et al., 2006); however, online learning environments may not be perceived as user-friendly by all students (Schrum, 1995). One survey of 70 academic institutions conducted by Schrum and Hong (2002) revealed that learner success in an online environment was predicted by eight characteristics, including access to the latest tools, technology experience, learning preferences, study habits, goals, purposes, lifestyles, and personal traits. In another study, nearly 42% of online students were not content with their learning experience if their instructors' sole teaching strategy was to simply post a great deal of written text online. Students preferred that instructors utilize more audio-visual technology in their online classes (Faux & Black-Hughes, 2000).

Teaching Practice Courses in Online Settings: Framing Questions

The debate or controversy around the integration of computer technology for teaching practice courses in social work has prompted several critical and important questions: (1) What constitutes good teaching and learning in an online environment? (2) What can be done to assist faculty in integrating traditional teaching strategies to an online setting? (3) What leadership roles can administrators play to support an online learning culture?

For faculty, time for development of online courses is often a major barrier. Another issue is the necessity of developing a new set of technical skills to integrate technology into curriculum design. The authors have learned from their own experiences that one cannot simply mimic or transfer a traditional classroom-delivered social work course into an online environment without a major shift in how we think about what constitutes good learning via an electronic medium. In addition to the pedagogical challenges, many social work educators are not as savvy with technology as are their students and require considerable mentoring and support in this area (Ouellette et al., 2007).

The implications of alterations in student-instructor relationships must also be considered. It has been asserted that online learning environments shift considerable amounts of power, authority, and control from the instructor to the students because they are expected to demonstrate more initiative and must be motivated to learn independently (Jaffee, 1998). Others argue that online learning environments give a great deal of authority and power to the instructor, especially if students do not have easy access to the technological tools they need to engage in online learning (Ouellette et al., 2007).

The development of interpersonal skills is emphasized in social work practice courses, yet instructors may underestimate the difficulty in capturing feelings in online instructional settings (Tallent-Runnels et al., 2006). Some instructors have used emoticons such as smiley faces, pictures, and cartoon characters to create more of a relational atmosphere (Bielman, Putney, & Strudler, 2000; Tallent-Runnels et al., 2006),

but it is not known how successful these attempts to create a sense of interaction and community in the classroom really are.

Practice skills curricula focus intently on the nature of interpersonal interaction, including non-verbal communication, listening skills, empathy, and authenticity. Social work students are expected to learn how to simultaneously read and interpret the complex communications of others while monitoring and modeling high-level communication skills themselves. Mindful of the challenges mastering these skills presents, Siebert and Spaulding-Givens (2006) offer several recommendations for teaching clinical content in practice social work courses in an online setting. They suggest that instructors need to have taught clinical social work face-to-face for a number of years before even attempting to transfer this knowledge to an online setting; the course design must be able to capture feelings and emotions of students; video technology that illustrates exemplars of clinical skills should be available for students to see and hear in their online courses; publishing companies should make it easier and less complex for educators to use such materials; instructors with technology expertise need to be consultants or coaches to the process so that audio-visual interaction with students is available; and web camera communication technologies should be utilized to enable students to communicate with each other and to engage in practice role plays which can be reviewed by the instructor. While these recommendations are instructive and helpful, research related to how such practice-related skill sets can be developed and assessed in online learning environments is largely absent (Siebert & Spaulding-Givens, 2006).

The Case for Building Online Learning Communities

One key question about teaching social work practice courses online is whether or not an online environment can contribute to the development of a community of learners (Tallent-Runnels et al., 2006). We assume that attention to this aspect of online pedagogy is particularly relevant for online social work practice courses in which students are expected to learn empathic communication skills as well as skills for relating to other professionals. Some have reported that students can form a learning community in an online environment where a sense of camaraderie, support, and warmth can be experienced (Johansen & Ouellette, 2006). Others have suggested that online instructors can establish a community of learners early on by modeling and reinforcing effective communication techniques, identifying potential problems early in the course, and designing a plan of action for dealing with a lack of student interaction in an online class (Knupfer, Gram, & Larsen, 1997).

Knupfer and colleagues (1997) found that collaboration and flexibility were critical to the success of online classes, yet instructors who promote collaborative learning environments in face-to-face classroom settings may find the online environment presents some real challenges to instructors in this regard (Ouellette et al., 2007). While social work educators embrace such concepts as the strengths perspective (Saleebey, 2006), empowerment, (Ellsworth, 1999) collaborative learning (George, 1999), and principles of adult learning (Knowles, 1980), the literature provides few illustrations of how students are actively involved with their instructors to contribute to the design, implementation, and evaluation of online courses.

Fetterman (1996) defined empowerment as a process in which client self-determination is fostered. One of the prime roles of helpers is to help clients to realize that they can "gain control, obtain needed resources, and critically understand one's social environment" and "become independent problem solvers or decision makers" (Fetterman, 1996, p. 4). In many ways this empowering role is not so different from educators' roles. Empowerment at its best is a "collaborative group activity" that if successful creates a more "open forum" (Fetterman, 1996, p. 5). Research indicates that empowerment teaching models can help students take more responsibility in the design, implementation, and evaluation of their courses (Huff & McNown-Johnson, 1998). Increased participation and collaboration by students with instructors to assist in conceptualizing design of a course may help to develop a "dynamic community of learners" (Fetterman, 1996, p. 4). In other words, if students feel that their voices count and that they can be trusted, they will develop greater confidence, initiative and leadership skills which will benefit their clients and communities. Other literature has indicated that when students are invited to share in the responsibility for actively defining mutually shared learning objectives with their instructor, they will subsequently take more interest in and responsibility for their own learning (Saleebey, 2006). Inevitably they begin viewing themselves as more responsible, competent, significant, empowered, and trusted (Ellsworth, 1999). Levin (1996) indicates that if one includes students in the process of a course design that it provides students with "unity of purpose," "responsibility," and builds upon student strengths (p. 52). Unity of purpose ensures an environment where students and faculty are working together in a collaborative culture that incorporates the setting of goals, standards, and a school community.

One major gap in the research is whether active student involvement in the design, development, and implementation of an online practice course could be helpful in making such courses more conducive to the learning needs of students. Hence, the central question for further study would be to explore to what extent student collaboration and student participation in course design actually contributes to learning of practice skills in an online environment. Students were asked the following research questions: How similar or different were online course modules to materials presented in the classroom? What ideas or concepts presented in online course modules needed more clarification? What online exercises or assignments were useful/not useful and why? What ideas or recommendations did students have to improve the quality of online course modules with special reference to suggestions on audio-visual presentations and practice exercises?

Although social work educators embrace principles of empowerment, collaborative learning, and adult learning, the literature does not appear to sufficiently address the role of the student or the adult learner in online course development, much less how this could be done in a practice course. Hence, studies that would investigate how student involvement impacts the development of effective course designs and how this could realistically be implemented in an actual course would further enhance our understanding of what constitutes good teaching and learning practices in an online setting. What follows is a description of such a study.

METHODS

Participants

The lead author is an experienced social work practice instructor, but a novice to online course delivery. With assistance from a technologically-savvy social work colleague, she embarked on a journey to develop an online practice skills course using an incremental approach that would also harness the expertise and experience of social work practice students.

Graduate students in a three-credit, classroom-based, social work practice course at a large Midwestern university were offered the opportunity to voluntarily remain in the classroom environment for the entire course, or to opt for online instruction for the final one-third of the course (a five-week period). All twenty-nine students opted to enroll in the online segment. Twenty-one of the students in the participating class were female; the class was also relatively ethnically diverse. Students appeared intrigued both by the opportunity to provide feedback on their experience of the online modules in relation to the classroom segment, and to help evaluate newly-developed online course materials. The course was taught by an experienced practice instructor who is also a relative newcomer to online instruction.

Procedure

Action research was deemed most congruent with the purposes of this inquiry as it is concerned with both "practical knowing" and with participatory values (Reason & Bradbury, 2001). An action research framework, which can incorporate any combination of methods appropriate to a given research question, was viewed as most appropriate to this line of practical pedagogical inquiry as it involves "stakeholders both in the questioning and sense making that informs the research, and the action which is its focus" (Reason & Bradbury, 2001, p. 2). Thus, an action research framework was employed to recruit the active involvement and assistance of key stakeholders, i.e., social work students, in pursuit of a pragmatic objective: the development and evaluation of an online practice course segment that might serve as a "launching pad" for an eventual online offering. It was also hoped that this inquiry would help yield some broader insights into some of the thornier questions surrounding the teaching and learning of social work practice via online technology. In other words, instructors and students embark together on a journey of discovery as both co-teachers and co-learners, and commit together to the enterprise of mutual support and continuous improvement.

Instruments

The Web-based instructional materials were developed in collaboration with the second author, a fellow faculty member with many years of technological experience and technical expertise in designing online courses. A graduate research assistant, who had previously taken the practice course in a traditional classroom setting, was hired as a research assistant to help develop the new online class sessions or course modules, and to provide her unique insights as a former course student.

The level of student participation in this effort was remarkable given that all students voluntarily provided feedback on an ongoing basis via anonymous online questionnaires after reviewing each online practice module. The questionnaires addressed the following questions: How similar or different were online course modules to materials presented in the classroom? What ideas or concepts presented in online course modules needed more clarification? What online exercises or assignments were useful/not useful and why? What ideas or recommendations did students have to improve the quality of online course modules with special reference to suggestions on audio-visual presentations and practice exercises?

Data Analysis

The course instructor and technological expert reviewed student feedback, recommendations, and suggestions, noted themes for each course module, and worked collaboratively to incorporate this feedback into the subsequent module. Making such responsive and action-oriented course adjustments necessarily entailed additional time and effort for everyone involved. The consistently high level of participation in the questionnaire process, however, reinforced the instructor's impressions that students were aware that their insights and input were valued and put to use in hopes of better promoting the dynamic process of learning.

FINDINGS

The findings in this study illustrated several themes that may be helpful for instructors who are considering teaching practice courses in an online learning environment. Some of the key themes that evolved form this action research initiative illustrated the following: (i) Students' online learning experience of an online practice course varied depending on their technology skill level. (ii) Students were generally surprised at the rigor of the online practice modules that were developed because initially they assumed it would not be challenging. (iii) Skeptical students found they learned practice skills effectively but still missed live interaction with peers and the instructor in the online setting.

Student Learning Experience – Similarities and Differences

Not surprisingly, students did not all share the same impressions of the classroom and online instructional environments. For instance, some reported that the materials in the online course modules were rigorous and demanding and provided more detailed practice information than what was presented in the classroom. Other students reported that both learning environments provided a great deal of information, and that both were comparable. In addition, some students did not feel that they were receiving the same kind of feedback from their classmates or instructor in the online context, while others indicated that, "it was not very different [online]."

Presentation of Online Course Materials

Some of the Web-based materials for the online course modules were prepared using a variety of multimedia tools and software such as Impatica OnCue, Breeze Presenter, and streaming videos. As a result, the online materials included a significant number of audio-visual presentations, including taped videos of the instructor's lectures. Students were asked to evaluate how these presentations contributed to their overall learning experience in the online environment. The majority of students thought that the online lectures, presented through streaming video and audio-visual PowerPoint presentations were clear, well-presented, enjoyable, and user-friendly. One student suggested that it would be more interesting if the PowerPoint presentations were taped in front of a live classroom audience so that they could hear other students' comments and reactions. Other students recommended that learning would be enhanced through live interaction with both instructor and peers via the use of desktop videoconferencing technology.

A few students reported difficulty with some of the multimedia presentations due to their home computers being "too slow" or too outdated to enable utilization of all of the features of the presentations. Students without easy access to DSL or a broadband Internet connection found that their ability to access some of the online materials was limited.

Student Reaction to Online Materials

The vast majority of the social work students in this course enjoyed the face-to-face classroom experiences, but also judged the online segment quite positively. They reported being surprised at the amount of information they grasped from the practice online course segments. The following comment from one student was fairly typical:

> "I can't really think of anything else. I liked the fact that the presentation included the power point, your explanation, and reading notes at the bottom. I also think the exercises you provided helped me retain the information. I think it is about as good as an online course can be. If you can't tell, I'm a little biased to the old fashioned teaching methods? But nonetheless, I thought it [the online segment] was really good."

Another student's overall experiences with the online course modules were summarized in this way:

> "It took me a couple of hours to complete but I was rewinding a lot and pausing to take notes and that is another thing that I liked about it. It didn't freeze up or anything. I really enjoyed it actually!"

Generally students found the online modules easy to understand, interesting, and informative, and loved that they could fast forward, and rewind taped sessions of the instructor.

Online Exercises and Assignments

The course modules that were initially developed for this course were designed so that material was as interactive as possible, which required students to view and study materials online. The disadvantage was that it was difficult for students to copy or download content for viewing and/or studying the materials offline. This was a departure for students who have traditionally used the electronic medium mostly as a means to capture materials that can be downloaded and reviewed offline. As one student commented:

> "I think it would be nice if all the notes for the assessment process were under one tab so I didn't have to click back and forth so many times. Then we could print the information as one document as well."

The inability to work offline may explain why some students thought that reducing the information in the online lectures could help.

Student Feedback and Comments on Course Design

A few students commented that clicking too many buttons in the online practice modules seemed to be a lot of unnecessary work. This suggests that when too many links on a course Web site are provided, students tend to find it difficult to navigate through the materials presented, and may even find it somewhat overwhelming, and frustrating.

Other students found the online design strategy that was used to be useful and responded very positively to its interactive emphasis. They indicated that the instructional design used helped them remain organized and on task. For example, one student reported, "I felt that I was able to learn a lot from the presentations because I was able to go back and listen again if I missed a concept. I did not feel that I needed more clarification." Another reported, "I felt that all the information in the presentations was clear and concise, and it helped even further when accompanied by the PowerPoint, the quiz, and the required readings."

Student Skeptics

Overall, the students valued the online course modules. It is important to note that, initially, many students expressed concern that the online practice modules might not be helpful for developing practice skills. In retrospect, however, even more skeptical students stated they were surprised that they learned so much about practice skills in an online setting. In summary, students participating in this project judged the online course modules effective in meeting course objectives as articulated in the course syllabus, and asserted that the online assignments contributed to their learning. One student commented:

> "As with the other online assignment, I found this surprisingly effective. Perhaps I was a skeptic (yes, I was), but I have completely enjoyed this format. I believe not incorporating discussion would be a disservice to the students, however."

LIMITATIONS

There are several caveats to the findings. This non-random single case study was exploratory in nature and findings obviously cannot be generalized. Although students in this project completed all the survey questionnaires as requested, they may have felt some pressure to frame their responses positively because they were reviewing and giving feedback on online course modules while simultaneously enrolled in a course graded by the instructor. Although student feedback was anonymous, students may still have been reluctant to be perceived as critical of the online practice course modules.

The key course assignment, consisting of three video-taped practice sessions with a colleague, was carried out in face-to-face class time. Thus, this study was not able to explore whether students could have successfully carried out a comparable skills-related assignment that they would have found as meaningful in an online setting.

Finally, the extent to which students' experience of the real classroom environment favorably disposed them toward the online segment of the course must also be taken into account. Students' impressions of a "hybrid" course are likely to be qualitatively different from students' experiences of a course that is delivered solely online, and such comparisons must be made with great caution.

DISCUSSION

Lessons Learned – Students' Perspectives

While students indicated that they felt instructional material presented in the online course module and in the face-to-face classroom were similar in content, most reported missing the live social interaction with their classmates and the instructor. One student said, "It was similar with the same amount of information, but it lacked the interaction of the class." The use of synchronous (i.e., live or real time) class discussions via electronic chat rooms or group conferencing software (e.g. Macromedia Breeze Meeting or Elluminate Live) might have helped students feel more connected to their peers and less isolated. The addition of webcams for video desktop conferencing might also have expanded opportunities to communicate and connect with peers, thus creating an environment similar to the more interactive cohesive learning community of a classroom (Siebert & Spaulding-Givens, 2006).

Our experience with asynchronous discussion groups (i.e., students not present in the "virtual" classroom at the same time) received mixed results from both students and the instructor. Some students found that online asynchronous discussion groups were helpful for discussion of certain topics, but many students reported that the quality of the discussion and the interaction largely depended on the extent to which students were truly engaged in the discussion. Other students found it difficult to actively participate due to the lack of postings by group members during an assigned discussion period or at times when the group was too large for a meaningful discussion. This suggests that synchronous discussion groups might be used to enhance the quality of social interaction in an online context, and that the size of discussion groups should be limited to small groups to facilitate participation. When asynchronous groups are used, highly-focused

discussion questions, clear criteria relative to participation and assessment of participation, and a high level of monitoring may be required by the instructor to enhance learning. Because of the high level of ongoing engagement necessary to successfully facilitate asynchronous online discussions, the use of teaching assistants should be considered if this technique is employed extensively (e.g., Siebert & Spaulding-Givens, 2006).

Lessons Learned – Instructors' Perspective

Even with the assistance from an excellent technical support staff and consultation from a faculty colleague with considerable online instructional design experience, the instructor found that developing online course modules was a lengthy, exhausting and rather tedious process. Having release time from regular teaching responsibilities before starting this process could have reduced these stressors. In addition, it was erroneous to assume that the first step toward online practice course development is simply to upload a number of Powerpoint Presentations and reading materials onto a course management system such as WebCT, Blackboard, or Angel. When we developed the first online course module, which primarily focused on introducing the student-learner to the online instructional environment, we discovered a number of unexpected challenges. First, we had to describe in great detail exactly how students were going to navigate and use the virtual classroom for learning purposes. Further, we had to specify what computer equipment would be needed to successfully participate in an online session, as well as provide a detailed description of how assignments were to be submitted and evaluated. This procedure took the most time for students to grasp. As a novice online instructor, the first author was quickly overwhelmed with a barrage of student e-mail messages, requiring the development of new strategies for managing the virtual classroom, such as the use of electronic drop boxes and the creation of troubleshoot discussion forums to reply to student concerns. The first author also had to spend a great deal of time learning how to monitor and retrieve student assignments in an online setting.

The immediacy of follow-up and responsiveness to 'mid-flight adjustments' created a great deal of work for the instructor, but made the developmental process student-driven, and, judging from student comments made both formally and informally, contributed to student enjoyment of learning in the online setting. The use of diverse and creative multi-media audio-visual teaching strategies also made the course visually appealing, but required a great deal of collaboration with technical support staff and a colleague experienced in instructional design.

Another valuable lesson learned was that students needed to feel that they could freely express their concerns regarding their online learning experience with the instructor. The instructor also had feel free to be herself in an online instructional environment without fear of repercussions. Initially, she was rather nervous and worried that any response made inadvertently would be recorded, and eventually come back to haunt her. As she developed her confidence, this fear subsided, and she began to value the ways the online learning environment made her more accountable as well. In an online environment, one cannot assume that knowledge is always being clearly disseminated. For example, when teaching in a classroom environment, students benefit

from immediate and spontaneous instructor and peer feedback to help clarify course presentations and materials. However, in an online environment, students are more reliant on the electronic medium. This requires the instructor to be particularly sensitive to how each student is interpreting and learning from the online content and format. As a result, instructors may be forced to examine course materials and presentation formats more thoroughly for clarity than they would normally do for classroom instructional materials. As such, the online instructional environment encourages "outside-the-box" thinking and testing of creative pedagogical alternatives which, in turn, enhances classroom-based instruction.

Involving students by encouraging the provision of voluntary feedback to inform the design of online course materials was a wonderful and empowering experience both for the instructor and the students. Students took more responsibility for directing their learning in the on-line course environment, and dispelled much of their own skepticism with regard to the potential effectiveness of teaching and learning practice skills online.

An equally important outcome of this process was the apparent change in the teacher-student relationship. The somewhat hierarchical relationship between the instructor and her students became more egalitarian and open as a result of this initiative. This, in turn, led to a more collegial atmosphere where both the students and the instructor formed a genuine partnership in their teaching and learning journey. Modeling openness and free expression of thought and feelings is possible when an instructor teaching in an online context is open to critical feedback.

CONCLUSIONS

The authors believe that involving students in the design and development of a course benefits both students and faculty. The development of this "hybrid" course served several important functions. 1) The experience provided a scaffolded learning experience for a novice online instructor. 2) It enhanced the development of unique online instructional materials. 3) It contributed to the instructional design process. 4) It aided to the development of criteria to better evaluate learner outcomes in an online instructional environment. 5) And finally, it encouraged students to take more responsibility for their own learning.

Empowering students and faculty to co-create new and innovative learning environments can be an effective teaching and learning strategy regardless of the instructional medium used. When students are given the opportunity to assist in collaborating in the designing of course materials, and to provide continuous evaluation throughout the process of while taking the course, it communicates to students that their feedback is valued, important, and helps to create a more tailored, responsive, and user-friendly learning environment. The authors also maintain their initial assumption that the task of designing a quality online learning environment is greatly facilitated if the instructor has also excelled in teaching in a face-to-face classroom setting. In other words, the same principles of good teaching and learning in the classroom (e.g., Chickering & Gamson, 1987) apply to the virtual classroom.

The most critical and unaddressed area of research concerns the task of determining whether or not students in field placements who have taken practice classes online perform as well, better, or worse than students who complete their practice classes in a more traditional face-to-face instructional format. Operationalizing this research may also prompt thoughtful educators to question deeply-held assumptions about the effectiveness of traditional classroom-based practice courses, how these might also be improved, and how learning outcomes might be better assessed. Action research is a promising tool for social work educators on this journey as it flexibly accommodates methods needed to address specific research questions, harnesses the expertise of multiple key stakeholders, and enlists us as collaborative change agents in both traditional and virtual classroom settings to address these critical issues.

References

Ballantyne N. (2007). Object lessons: A "learning object" approach to e-learning for social work education. *Journal of Technology in Human Services, 25*(1/2), 1-15.

Bielman, V., Putney, L., & Strudler, N. (2000). *Constructing a community in a post secondary virtual classroom.* Paper presented at the annual meeting of the American Educational Research Association, New Orleans, LA.

Chickering, A. W., & Gamson, Z. F. (1987). Seven principles for good practice in undergraduate education. *AAHE Bulletin, 39*(7), 3-7.

Coe, J. R., & Elliot, D. (1999). An evaluation of teaching direct practice courses in a distance education program for rural settings. *Journal of Social Work Education, 35*, 353-365.

Ellsworth, A. (1999, Spring). The democratic classroom: Giving students power. *NEA Higher Education Journal*), 61-70; [Online] http://www.nea.org/he/heta99/s99p61.pdf

Faux, T. L., & Black-Hughes, C. (2000). A comparison of using the internet versus lectures to teach social work history. *Research on Social Work Practice, 10*(4), 454-466.

Fetterman, D. M. (1996). Empowerment evaluation: An introduction to theory and practice. In D. M. Fetterman, S. J. Kaftarian, & A. Wandersman (Eds.), *Empowerment evaluation: Knowledge and tools for self-assessment and accountability* (pp. 3-48). Thousand Oaks, CA: Sage Publications.

George, P. (1999, Spring). Using cooperative learning in the college classroom. *NEA Higher Education Journal*, 33-38. [Online] http://www.nea.org/he/heta99/s99p33.pdf

Hick, S. (2002). Connecting Aboriginal learners in remote communities: An online social work course. *Journal of Technology in Human Services, 20*(3), 267-281.

Holden G. (2002). Delivering knowledge for practice: A world wide web-based example. *Journal of Social Work Education, 38*(1), 167-172.

Huff, M. T., & McNown-Johnson, M. (1998). Empowering students in a graduate-level social work course. *Journal of Social Work Education, 34*(3), 375-385.

Jaffee, D. (1998). Institutionalized resistance to asynchronous learning networks. *Journal of Asynchronous Learning Networks, 2*(2), 21-32.

Johansen, P., & Ouellette, P. (2006) Integrating learning community strategies for enhancing academic and social agency partnerships in social work education. *Advances in Social Work, 7*(2), 101-114.

Katz-Stone, A. (2000). Online learning. *Washington Based Business Journal, 18*(38), 35.

Knowles, M. (1980). *The modern practice of adult education: From pedagogy to andragogy.* Chicago: Association Press.

Knupfer, N. N., Gram, T. E., & Larsen, E. Z. (1997). *Participant analysis of a multiclass, multistate, on-line, discussion list.* (ERIC Document Reproduction Service No. ED 409-845).

Lee T. (2007). The use of information technology to enhance the quality of teaching and learning in social work practicum: An example from the City University of Hong Kong. *Journal of Technology in Human Services, 25*(1/2), 123-126.

Levin, H. M. (1996). Empowerment evaluation and accelerated schools. In D. M. Fetterman., S. J., Kaftarian., & A. Wandersman (Eds.), *Empowerment evaluation: Knowledge and tools for self-assessment and accountability* (pp. 49-63). Thousand Oaks, CA: Sage Publications.

Macy, J. A., Rooney, R. H., Hollister, C. D., & Freddolino, P. P. (2001). Evaluation of distance education programs in social work. *Journal of Technology in Human Services, 18*(3/4), 63-84.

McNutt, J. B., & Menon, G. M. (2002). Teaching internet-based social work advocacy practice in cyberspace: A course example and conceptual framework. *Electronic Journal of Social Work, 1*(1), 1-6.

Menon G. M., & Coe J. R. (2000). Technology and social work education: Recent empirical studies. *Research on Social Work Practice, 10*(4), 397-9.

Ouellette, P., & Chang, V. (2004). The acquisition of social work interviewing skills in a web-based instructional environment: Preliminary findings. *Advances in Social Work 5*(1), 91-104.

Ouellette, P., Khaja, K., & Westhuis, D. (2007). *Developing student-sensitive online instructional materials: A collaborative process*. Paper presented at the Annual Program Meeting of the Council of Social Work Educators, San Francisco, CA.

Ouellette, P., Westhuis, D., Marshall, E., & Chang, V. (2006). The acquisition of social work interviewing skills in a Web-based and classroom instructional environment: Results of a study. *Journal of Technology and Human Services, 24*(4), 53-76

Ouellette, P., & Wilkerson, D. (2008). "They won't come": Increasing parent involvement in parent management training programs for at-risk youths in schools. *School Social Work Journal, 32*(2), 39-52.

Pethokoukis, J. M. (2002). E-learn and earn. *U.S. News and World Report, 132*(22), 36.

Reason, P., & Bradbury, H. (2001). Introduction: Inquiry and participation in search of a world worthy of human aspiration. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp. 1-14). London: Sage Publications Ltd.

Sandell K. S., & Hayes S. (2002). The Web's impact on social work education: Opportunities, challenges, and future directions. *Journal of Social Work Education, 38*(1), 85-99.

Saleebey, D. (2006). *The strengths perspective in social work practice* (4th ed.). New York: Pearson Education Inc.

Siebert, D. C., & Spaulding-Givens, J. (2006). Teaching clinical social work skills entirely online: A case example. *Social Work Education. 25*(1), 78-91.

Schrum, L. (1995). *Online courses: What have we learned?* Paper presented at the World Conference on Computers in Education, Birmingham, UK.

Schrum, L., & Hong, S. (2001, April*). The potential for electronic educational environments: Ensuring student success.* Paper presented at the annual meeting of the American Educational Research Association, Seattle, WA.

Shibusawa, T., VanEsselstyn, D., & Oppenheim, S. (2006). Third Space: A Web-based learning environment for teaching advanced clinical practice skills. *Journal of Technology in Human Services, 24*(4), 21-33.

Tallent-Runnels, M. K., Thomas, J. A., Lan, W. Y., Cooper, S., Ahern, T. C., Shaw, S. M., et al., (2006). Teaching courses online: A review of the research. *Review of Educational Research, 26*(1), 93-135.

Waits, T., & Lewis, L. (2003). Distance education at degree-granting postsecondary institutions, 2001-2001. Retrieved October 10, 2007 from http://nces.ed.gov/surveys/pequis/publications/2003017/

Westhuis, D., Ouellette, P., & Pfahler, C. (2006). A comparative analysis of two class formats for teaching and learning social work research. *Advances in Social Work, 7*(2), 84-100.

Author's note:
Address correspondence to: Khadija Khaja, Ph.D., Indiana University School of Social Work, 902 West New York Street, Indianapolis, IN 46202. Email: kkhaja@iupui.edu.

Resilience amid Academic Stress:
The Moderating Impact of Social Support among Social Work Students

Scott E. Wilks

Abstract. *Purpose: The purpose of this study was to examine the relationship between academic stress and perceived resilience among social work students, and to identify social support as a protective factor of resilience on this relationship. A conceptual model of moderation was used to test the role of social support as protective. Methods: The sample consisted of 314 social work students (BSW=144; MSW=170) from three accredited schools/programs in the southern United States. Voluntary survey data were collected on demographics and constructs of academic stress, family support, friend support, and resilience. Hierarchical regression analysis was conducted to show the composite impact of demographic and model factors on the resilience outcome. Moderation was tested using a traditional regression series as guidelines of moderation with continuous variables. Path analyses illustrated main effects and moderation in the study's conceptual model. Results: The sample reported moderate levels of academic stress and social support, and a fairly high level of resilience. Academic stress negatively related to social support and resilience. Social support positively influenced resilience. Academic stress accounted for the most variation in resilience scores. Friend support significantly moderated the negative relationship between academic stress and resilience. Conclusion: The current study demonstrated the likelihood that friend support plays a protective role with resilience amid an environment of academic stress. Implications for social work faculty and internship agency practitioners are discussed.*

Keywords: Academic stress; resilience; social support; social work students

A number of demands reportedly comprise academic stress: course requirements; time management issues; financial burdens; interactions with faculty; personal goals; social activities; adjustment to the campus environment; and lack of support networks (Kariv & Heiman, 2005; Misra, 2000; Von Ah, Ebert, Ngamvitroj, Park, & Hang, 2004). Specific to this latter demand is an implicit assumption that existence or upsurge of social support may moderate, to some degree, academic stress. Social support is often deemed a buffer against the negative effects of stress, including stress in an academic context (Steinhardt & Dolbier, 2008).

Several studies have revealed the impactful relationship between social support and academic stress among a variety of academic disciplines and college student populations. Heiman (2006) noted that academic perceptions are significantly attributable to external factors, including social networks, among university students with learning disabilities. Negga, Applewhite, and Livingston (2007) showed that greater levels of social support were significantly related to lower levels of stress among African American students at historically Black colleges and universities. MacGeorge, Samter, and Gillihan (2005) observed a moderating effect of informational, supportive communicative behaviors from

_____
Scott E. Wilks, Ph.D., is an assistant professor at the School of Social Work, Louisiana State University, as well as a John A. Hartford Foundation Faculty Scholar in Geriatric Social Work.

family and friends on the relationship between academic stress and psychological health students in communication classes. MacGeorge et al. explained that "the association between academic stress and depression decreased as informational support increased" (p. 369). Cahir and Morris (1991) stated that a principal component of stress among graduate psychology students is limited by emotional support from friends.

A recent study by Steinhardt and Dolbier (2008) emphasized the interactional relationship between academic stress and social support among students with various majors at undergraduate, graduate, and doctoral levels. They noted that the stressful academic environment of the college student warrants research with outcomes that reflect the student's ability to adapt to and/or overcome adversity. Such is the case with the current study of social work students. The purpose of this study is to examine the potential, moderating role of social support in the relationship between academic stress and successful adaptation to stress, i.e., resilience. Conceptually specific to this study, a moderator is a phenomenon that interacts with academic stress and ameliorates the relationship between stress and resilience (see Baron & Kenny, 1986). The literature review explicates the three primary constructs for this study, beginning with academic stress.

LITERATURE REVIEW

Academic Stress

For many students, the pursuit of higher education is a time of transition marked by a set of demands germane to the setting. Academic stress is the product of a combination of academic related demands that exceed the adaptive resources available to an individual. If a student is unable to cope effectively with academic stress, then serious psycho-social-emotional health consequences may result (Arthur, 1998; MacGeorge, Samter, & Gillikan, 2005; Tennant, 2002). Zaleski and colleagues (1998) found that as the number of stressful life events increased for college students, physical symptoms also increased. Students who experience mental and physical health problems are then at greater risk for poor academic performance, thus increasing academic stress and perpetuating a cycle of stress, maladaptive coping, and compromised health (Haines, Norris, & Kashy, 1996; Ward Struthers, Perry, & Menec, 2000). Interrelational factors often coincide with academic stress. Many of these are related to juggling multiple roles, including interpersonal relationships in the home and at work. These factors may dictate time management skills (Misra, McKean, West, & Russo, 2000) and consequently the decision of traditional, full time enrollment versus part time enrollment, also suggested as a source of stress among the general college student population (Ting, Morris, McFeaters, & Eustice, 2006).

As Ting et al. (2006) asserted, the strain of multiple roles is evident among social work students. Like other *care* or *helping* professions, they must adapt not only to their role as students, but also to the obligations inherent to their chosen profession (Dziegielewski, Roest-Martl, & Turnage, 2004; Kamya, 2000). Social work students are vulnerable to high levels of psychological distress, and the education period may be more stressful than the actual social work career (Pottage & Huxley, 1996; Tobin & Carson,

1994). In addition to the more common stressors faced by college students, social work students have the added burden of coping with the role expectations of professional placement experiences. Sun (1999) found that students entering their first practicum placement had an array of concerns: role(s) in the placement agency; skill level in working with clients; personal responses to clients (e.g., stereotyping); and quality of supervision they receive.

Contextually related to resilience research, academic stress can be viewed as *risk*. Risk implies an individual or environmental hazard that increases susceptibility of a negative outcome (Masten, 2001). Academic stress is a risk factor that may lead social work students to negative health outcomes, particularly psychological distress (Steinhardt & Dolbier, 2008). Yet, few studies have examined the resources available to social work students as they attempt to temper this risk (Rompf, Royse, & Dhooper, 1993; Gelman, 2004). Consequential to a recent review of scholarly literature, there appears a deficit of social work research that examines aforementioned resources with an explicit, resultant outcome of adaptational success. Thus, a brief review of a construct of adaptational success, along with the functions of resources that temper risk and consequentially enhance such success, ensues.

Resilience, Risk and Protective Factors

Resilience is a successful outcome of healthy adaptations during stressful life events (Rutter, 1990). Resilience is often viewed in the psychological context insomuch as it refers to cognitive capacity to avoid psychopathology despite difficulties (Tugade, Fredrickson, & Barrett, 2004). It is a psychological phenomenon as it is a perception of inner strength that allows for the physical manifestation of that strength, i.e., the quick recovery from disruptions in functioning and return to previous level of functioning (Carver, 1998; Steinhardt & Dolbier, 2008). Individuals who are highly resilient exhibit adaptive coping skills and often convert stressors into opportunities for learning and development. In a sample of college students, Campbell-Sills and colleagues (2006) found that resilience was positively related to task-oriented coping, or employing active, problem-focused to address stressors (Kariv & Heiman, 2005). Similarly, Clifton and colleagues (2004) found that, of several demographic and environmental variables, problem-focused coping strategies as well as perceived control had the largest effects on academic achievement. Ward Struthers and colleagues (2000) also found that students who used problem-focused coping strategies performed better academically compared to students who used emotion-focused coping strategies. Therefore, a student's level of resilience and the manifestations of that resilience are related to effective adaptive resources to academic stress.

These adaptive resources can be viewed as *protective* in the resilience research context. The protective factor is often viewed as the opposite pole of the risk factor (Ortega, Beauchemin, & Kaniskan, 2008). Rutter (1990) defined a resource, internal and external, as protective if it moderates risk, tempering the negative impact of risk on resilience. Internal resources related to stress and coping include hardiness, self-esteem, and self-efficacy (Kamya, 2000; Kobasa, 1979; Zaleski, Levey-Thors, & Schiaffino, 1998). These concepts do not exist in a vacuum, and associations between protective

factors are common. For example, Kamya's study found that greater levels of hardiness were associated with greater self-esteem among social work students. In turn, individuals with greater self-esteem are better able to cope with stress and achieve higher GPAs (Clifton, Perry, Stubbs, & Roberts, 2004). The interrelatedness of these concepts further suggests the existence of an overarching internal strength such as resilience.

In addition to internal protective resources, external or environmental factors may interact with academic stress as protective resources. Research (e.g., Werner & Smith, 1992) has shown that social support can be a robust protective factor when individuals experience various forms of stress. The question relevant to the current study is whether social support functions as a protective factor within the process of the social work student's academic stress–resilience relationship. Discussed next are examples of the utilization of this external protective factor in the educational context relevant to the current study.

Social Support

The beneficial impact of social support has been associated with both physical and mental health outcomes. Greater levels of social support are associated with lower levels of depression, fewer episodes of negative life events, more positive mood, and greater life satisfaction (Aldwin, 1994; Balk, 1995; Demakis & McAdams, 1994; Ford & Procidano, 1990; Losel & Bliesener, 1990; Sarason, Shearin, Pierce, & Sarason, 1987). Within higher education settings, a palpable social support for students is faculty. Support from professors and student friends have been positively associated with self-esteem (Clifton, et al., 2004). Also, the lack of social support from professors had a negative effect on the academic performance of students (Clifton, 1997). Student perceptions of social support have also been positively associated with health-promoting behaviors such as exercise, good nutrition, and avoidance of substance abuse (Hubbard, Muhlenkamp, & Brown, 1984; Martinelli, 1999). Conversely, research among college students suggests that withdrawing from social support relates to negative life satisfaction (Mori, 2000). Social support examined in this research is the perceived availability of resources provided by family and friends that assist the person in everyday activities (Rayle, 2006). Analogous to previous research with measures of social support (e.g., Dolbier & Steinhardt, 2000; Procidano & Heller, 1983), the current study does not limit the defined parameters of family member and friend; rather, it defers the concepts of a family member and friend to those strictly defined by the research participant.

Most, but not all, studies propose that social support is inevitably perceived as supportive. MacGeorge et al. (2005) highlighted the beneficial impact of supportive behaviors from family and friends on the student's psychological health. Similarly, Zaleski et al. (1998) noted that social support provided by friends was positively associated with adjustment to college life. Yet, Zaleski et al. noted that support from family appeared to worsen problems experienced by students.

Research in this area among social work students, albeit sparse, suggests the beneficial nature of social support in stress-related contexts. Forte (1995) emphasized support of social work student classmates as positive on course anxiety. Rosenblatt and

Mayer (1975) underscored the guidance of fellow students as important to the success of coping with field supervisory conflicts. The purpose of the present study was to obtain a better understanding of the protective role of social support amid the relationship of academic stress and resilience among social work students. To serve this purpose, a moderation model was adapted for the current study using the three integral elements of resilience research (Masten, 2001; Rutter, 1990): risk, resilience, and the protective factor.

CONCEPTUAL MODEL

The model for the present study (Figure 1) fused Glass and Singer's (1972) traditional understanding of moderation with Wang, Badley, and Gignac's (2006) illustrative models. Glass and Singer (1972) noted that the effect of a particular factor on an outcome can be based on the presence or level of a third variable, i.e., a moderator. Wang et al.'s (2006) illustrated three similar moderator models using the primary factor, outcome, and potential moderator. These models are distinguished by whether significant relationships exist between the moderator and the other model variables.

The model in the current study (Figure 1) theorizes that the effect of risk on the resilience outcome depends on the presence or level of the moderator. The risk in the current study is academic stress (AS). The moderators tested separately are two forms of social support: family support (FaS) and friend support (FrS). The outcome in the model is resilience.

FIGURE 1:   Input Model: Moderating Function of Social Support on the Relationship of Academic Stress and Resilience of Social Work Students
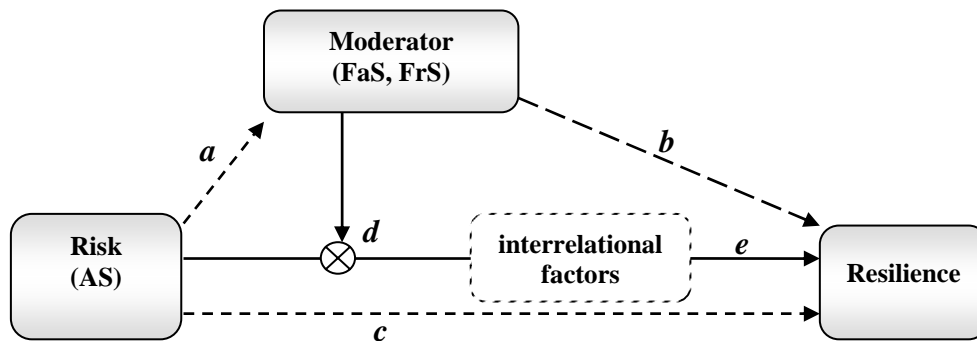
Abbreviations: AS – academic stress; FaS – family support; FrS – friend support

The dashed connectors represent three direct paths that are not statistically critical to observing moderation (Wang et al., 2006); nonetheless, these paths are worth noting for descriptive purposes: academic stress→social support (path *a*), social support→resilience (path *b*), and academic stress→resilience (path *c*). The solid connector represents the

critical path in moderation analysis; the *circled X* represents the interaction of AS and the moderator on the resilience outcome (path *d*). Previously mentioned, interrelational factors have been exposed as potentially influential with AS. Accordingly, the inclusion of demographic factors relating to home, occupational, and educational interpersonal relationships – marital status, number of children, employment status, and academic status – was deemed relevant as controls in the interaction path (path *e*). Two separate models were used to distinguish social support by its two factions, familial and friend support. Moderation exhibited by family or friend support would offer preliminary evidence of social support as a protective factor of resilience among this student population.

METHOD

Research Questions and Design

The following research questions guided this inquiry:

- To what extent do social work students perceive academic stress?

- What is their level of overall social support?

- What is their level of support among family members?

- What is their level of support among friends?

- What is their perceived level of resilience?

- Do family support and friend support moderate the relationship between academic stress and perceived resilience?

The study used a correlational analysis via self-report questionnaires distributed to BSW and MSW students. Operationally, within a correlational analysis framework, a moderator is a third variable that affects the zero-order (bivariate) correlation between two other variables. Such moderation is observed via a significant interaction effect between a primary independent variable and the proposed moderating variable on a particular outcome (Baron & Kenny, 1986; Wang et al., 2006).

Sampling

The sampling frame consisted of social work students from three schools/programs of social work: one with an accredited BSW program, one with an accredited MSW program, and one with both accredited programs (Council on Social Work Education, 2006). All are academic units within public universities located in the southern United States. Surveys were distributed by participating instructors to students in BSW and MSW classes at all levels within the programs. Cover letters attached to each survey provided information necessary for informed consent, including the voluntary nature participation and no influence of grade based on participation. Surveys completed by students with non-social work majors were collected but not analyzed, as they were few

and represented data outside the study's purview. Three hundred fourteen students (BSW, n=144; MSW, n=170) participated in the study.

Measures

The survey instrument solicited demographic data on gender, ethnicity, age, and interrelational demographics – marital status, number of children, employment status (full time, part time, unemployed), enrollment status (full time, part time), and academic level (BSW, MSW). The remaining empirical measures on the survey are discussed below.

Academic stress. The risk in the current study, academic stress, was measured aptly using Kohn and Frazer's (1986) Academic Stress Scale (ASS). The 35-item ASS measures the extent of academic worry across three subscales: physical, psychological, and psychosocial (Ginsberg & Gapen, 2008). Examples of physical stressors include temperature, lighting, and noise in the classroom. Psychological stressors are emotional consequence that results from events such as excessive homework, forgotten assignments, and studying for exams. Psychosocial stressors are similar to psychological stressors with the inclusion of interpersonal interactions; psychosocial events include evaluating classmates' work and preparedness to respond in class. Item responses range on a 10-point Likert format from *0-not stressful* to *9-extremely stressful*. Item responses are summed then averaged. A higher mean indicates greater academic stress. Prior research (Burnett & Fanshawe, 1996; Kohn & Frazer, 1986) found good-to-excellent internal reliability for the entire measure ($\alpha = 0.92$) and on each subscale and factor ($\alpha = 0.73 – 0.84$), suggested predictive validity.

Social Support. Two forms of social support serve as protective, moderating factors tested in the current study. Family support and friend support were measured via Maton et al.'s (1996) shortened, 20-item version of the Perceived Social Support Scale (PSSS20; Procidano & Heller, 1983). The PSSS20 measures perceived quantity and quality of social support with two, 10-item subscales for familial and friend support. Responses range on a 5-point Likert format from *strongly agree* to *strongly disagree*. Total scores range 0 to 40 on each subscale; a higher score indicates greater perceived family or friend support. Shute and Spitzberg (2003) cited previously tested properties of the PSSS20, including a solid range of internal consistency coefficients ($\alpha = 0.79 – 0.94$). Wording on each subscale is similar except for the family and friends distinction. Item examples include the following: "My family/friends give me the moral support I need"; "I rely on my family/friends for emotional support"; and "My family/friends are good at helping me solve problems."

Resilience. The outcome of resilience in the current study requires an explicit measure of such. Neill and Dias (2001) revealed a 15-item Resilience Scale (RS15) that solicits data on positively stated self-descriptions relating to the psychological characteristic of resilience, i.e., the capacity for successful adaptation following exposure to stressful life events (Werner, 1989, as cited in Neill & Dias, 2001). Responses range on a 7-point Likert format from *strongly disagree* to *strongly agree*. Summed item responses are averaged. Mean scores range from 1 to 7; a higher mean indicates greater overall perceived resilience. Past research (Neill & Dias, 2001; Skehill, 2001) reported a

good-to-excellent range of internal reliability coefficients on the S-RS ($\alpha = 0.85 - 0.91$). Examples of item content relate to self-discipline, determination, and finding meaning in life.

Data Analyses

Descriptive statistics and correlations were calculated for demographics and conceptual model variables: academic stress, family support, friend support, and resilience. Hierarchical regression analysis was conducted to show the composite impact of the combined demographic factors, academic stress, and both forms of social support on the resilience outcome. Using Baron and Kenny's (1986) guidelines of moderation with continuous variables, resilience was regressed on academic stress, on social support, and on the interaction of academic stress and social support. After calculating an aforementioned interaction term, moderation was tested by observing any significant interaction effect on resilience while controlling for theoretically confounding, demographic factors relating to interrelational issues. Path analyses illustrated main effects and moderation in the study's conceptual model.

RESULTS

Sample Characteristics

Three hundred fourteen students constituted the sample size. Females comprised the vast majority of the sample (89%, n=278). The average age was approximately 26 years, ranging from ages 19 to 53. The highest reported ethnicity was White (79%, n=239) followed by African American (16%, n=48). In terms of number of children, almost eight out of ten (n=242) reported having none. The plurality of the student sample reported an employment status of part time (44%, n=133), while only 19% (n=155) work full time. A great majority in the sample reported full time enrollment in their social work program (91%, n=280). The distribution between undergraduate and graduate students was fairly balanced, as MSW students represented a slight majority (54%, n=169). Table 1 reveals complete demographic statistics from the social work student sample.

Descriptives, Correlations

Looking at the primary variables, the sample of social work students reported moderate levels of academic stress (AS), family support (FaS), and friend support (FrS); and a moderately high degree of resilience (RS). Correlational analysis confirmed significant bivariate relationships among all of the primary variables except between AS and FrS. Table 2 presents correlations and descriptives among the primary variables.

Hierarchical regression analysis explained variation in resilience scores based on the composite impact of all factors, including demographics. Upon initial inclusion of demographics, the ordering of primary factors was based on magnitude of main effect on the outcome. To avoid redundancy, overall social support was examined by its subcategories. Table 3 presents results from the hierarchical regression analysis.

TABLE 1:   Sample Demographic Characteristics (N = 314)

Characteristics	n (valid %)	*M* (*SD*)	Median
Gender			
Female	278 (89%)		
Male	36 (11%)		
Ethnicity			
African American	48 (16%)		
Asian	9 (3%)		
Caucasian	239 (79%)		
Other	7 (2%)		
Marital Status			
Single	208 (67.8%)		
Married	66 (21.6%)		
Divorced	21 (6.7%)		
Cohabitating	12 (3.8%)		
Number of children			
0	242 (79%)		
1	34 (11%)		
2	20 (6.5%)		
3+	11 (3.5%)		
Employment status			
Full time	55 (19%)		
Part time	133 (44%)		
Unemployed	111 (37%)		
Enrollment status			
Full time student	280 (91%)		
Part time student	28 (9%)		
Academic level			
BSW	143 (46%)		
MSW	169 (54%)		
Age		25.2 (6.43)	23.0

TABLE 2.   Correlations and Descriptive Statistics among the Primary Conceptual Variables (N=314)

Variable	1	2	3	4	M	SD
1. AS	---				4.7	1.38
2. FaS	-0.21[+]	---			30.8	8.07
3. FrS	-0.12	0.34[+]	---		31.4	5.63
4. RS	-0.38[+]	0.30[+]	0.29[+]	---	5.8	1.01

[+]$p \leq .01$; Abbreviations: AS – academic stress; FaS – family support; FrS – friend support; RS – resilience

TABLE 3.   Results from Hierarchical Regression Analysis Predicting Resilience Scores

	ΔR^2	F	β
Step 1			
Demographics (non-interrelational)			
Gender			.076
Ethnicity			.023
Age			.168
R^2	.013		.101
Step 2			
Demographics (interrelational)			
Marital status			.129
No. of children			-.096
Employment status			.040
Enrollment status			.101
Academic level			.018
R^2	.040	.99	
Step 3			
AS	.142	4.62[+]	
Step 4			
FaS	.052	5.68[+]	
Step 5			
FrS	.032	6.10[+]	
R^2 total	.266		

[+]$p \leq .01$; Abbreviations: AS – academic stress; FaS – family support; FrS – friend support

Following Baron and Kenny's (1986) moderation suggestions, a three-equation series regressed RS on: (a) the IV of interest, AS; (b) the tested moderator; and (c) their interaction. Table 4 shows results of this series, conducted twice to test separate moderators: family support (series 1) and friend support (series 2).

**TABLE 4.   Results from Baron & Kenny's Regression Series for Moderation**

Regression Equation	Series 1: FaS as Moderator	Series 2: FrS as Moderator
a) RS regressed on AS	$R^2 = 0.15$, $F = 35.30^+$, $\beta = -0.382$	$R^2 = 0.15$, $F = 35.30^+$, $\beta = -0.382$
b) RS regressed on moderator	$R^2 = 0.09$, $F = 19.89^+$, $\beta = 0.296$	$R^2 = 0.09$, $F = 19.15^+$, $\beta = 0.291$
c) RS regressed on interaction (moderation path)	$R^2 = 0.01$, $F = 1.23$, $\beta = -0.077$	$R^2 = 0.03$, $F = 4.71^*$, $\beta = -0.149$

$^*p < .05$, $^+p < .01$

Abbreviations: AS – academic stress; FaS – family support; FrS – friend support; RS – resilience

Figures 2 and 3 show similar path models of moderation with distinct moderators: family support (Fig. 2), and friend support (Fig. 3). The direct path of AS on the resilience outcome in both models was negative and moderately strong (-.382, $p < .01$, $r^2 = .15$).

FIGURE 2.   Output: Family Support Moderation Model
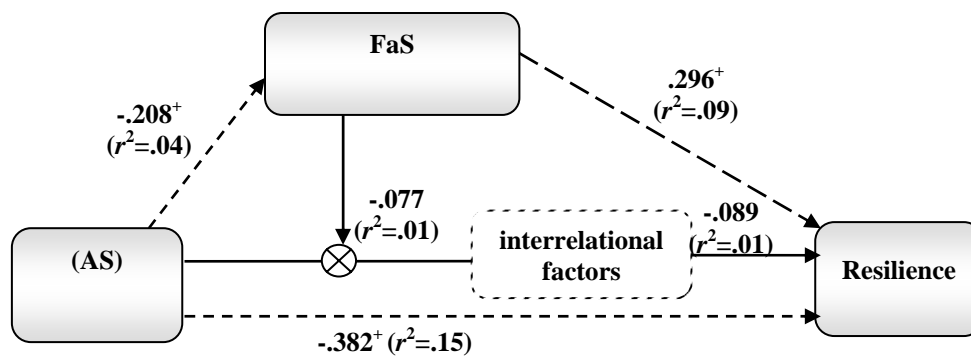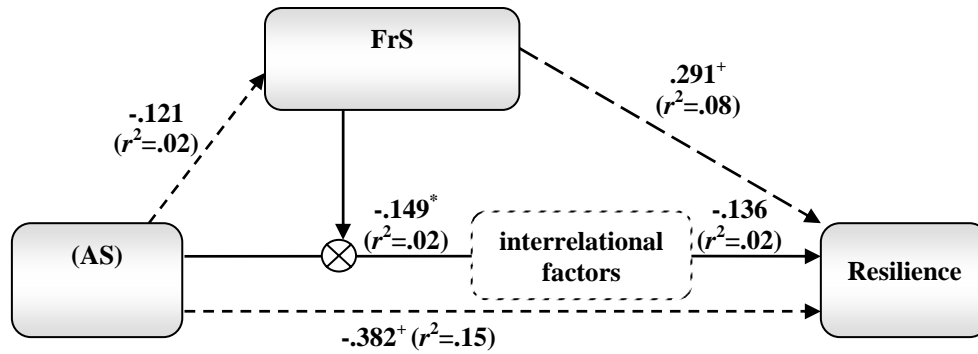

$^+p < .01$
Abbreviations: AS – academic stress; FaS – family support; FrS – friend support

Figure 2 illustrates the path coefficients in the family support moderation model. The moderation effect (interaction) of AS *x* FaS on the outcome was non-significant initially

(-.077, p=.268, r^2=.01). Upon controlling for interrelational factors, the moderation effect remained non-significant and its inverse effect to resilience slightly increased (-.089, p=.214, r^2=.01).

FIGURE 3.   Output: Friend Support Moderation Model

$^*p < .05, ^+p < .01$
Abbreviations: AS – academic stress; FaS – family support; FrS – friend support

Figure 3 shows the path coefficients in the friend support moderation model. The moderation effect of AS x FrS on the outcome was significant initially (-.149, $p < .05$, r^2=.02). Upon controlling for interrelational factors, the moderation effect loses significance though its negative effect to resilience reduces slightly (-.136, $p = .06$, r^2=.02).

DISCUSSION

Consistent with recent research (Ting et al., 2006), the current sample of social work students reported a moderate level of academic stress. Given this extent of stress, students reported a fairly high degree of resilience. This phenomenon of adaptational success amid substantial risk (stress) has been elucidated in past research (e.g., Werner & Smith, 1992), at least in part, on the basis of protective resources that bolster adaptive functioning. The current study examined the protective nature of two resources: the magnitude of available family and friend support and their potential, moderating functions bounded concurrently by academic stress and resilience.

Students reported a fair amount of social support for both support systems – familial and friend. The primary variables significantly related to each other in expected directions. As highlighted in previous resilience research (Ortega et al., 2008; Rutter, 1990; Werner & Smith, 1992), risk should exhibit a negative effect with resilience, while the protective factor often exhibits enhancing effect with resilience. Such was the case with the current results. The risk in the study, academic stress, inversely related with resilience, and both forms of social support positively related with resilience. All of these associations were moderately strong and empirically significant.

Two, distinct moderation models were examined with family support and friend support as potential moderators. Moderation would indicate preliminary evidence of these support systems as protective factors of resilience. Results indicated that family support did not significantly moderate the negative relationship between academic stress and resilience. This lack of significance is noteworthy. The amounts of family and friend support reported among the sample were reportedly comparable; yet the utility of these support systems were divergent (see later discussion on friend support). Hence, quantity of social support does not equal similar functioning. Previous research (Zaleski et al., 1998) found a similar result with family support. They speculated that the youthful age (18.3 years) of their student sample and lack of emotional independence during the early transition to college contributed to family support's lack of moderating efficacy. The current study's sample revealed a larger mean age (26 years) and college longevity (54% graduate students), calling to question the aforementioned justifications posited by Zaleski and her colleagues. Psychological developmental theories may offer reasoning for lack of moderating, protective functioning of family support. Traditional college-age students want to leave the family home, physically and psychologically. Developmental stage theories like Erikson's (1968) and Loevinger's (1994) assert that during the typical college years, the individual enters a life phase of *finding oneself*, detaching from family identity and forming friendships independent of family conformity. Further speculation on the statistical shortcoming of family support can be expansive and deficit-focused. Instead, the discussion shifts to the factor that exhibited moderation.

Friend support significantly moderated the relationship between academic stress and resilience. The negative effect of academic stress with resilience was tempered upon the interaction of friend support with stress. This result corresponds to previous theoretical and empirical research that remark on the positive value of friend support as a coping resource (Forte, 1995; Zaleski et al., 1998) and resource that is deemed protective of resilience (Tusaie, Puskar, & Sereika, 2007).

The result of friend support moderation is notable, but it should be noted vigilantly. The student's relationships at home (marital status, children), at work (employment status), and at school (enrollment status, academic level) exerted extraneous influence on the moderation effect; when the influence was controlled, the significance of that effect waned. This is an interesting finding. Friend support is evidently more apt to moderate the stress of academia on the student's perceived ability to overcome stress during real life settings, i.e., when relational factor(s) are present, rather than controlled, statistical settings. It is logical to speculate that the student may not recognize academic stress as an independent stressor, or even a stressor at all, when other relational stressors are perceived at the forefront. Milner and Criss (2006) noted that many social work students bear an overarching sense of stress simply by being a social work major. It may be difficult for social work students (or any population, for that matter) to categorize stress into autonomous segments, and for the social work student, the stress of academia may be one segment in a larger, more ambiguous fusion of overall life stress.

These findings bear implications on social work faculty and field agency practitioners. It should be no surprise to faculty that the current study revealed a substantial amount of students' academic stress. Ting et al. (2006) noted that students in

helping professions such as social work may experience higher stress than their cohorts in other disciplines because of the "additional responsibility of helping others" (p. 40). Social work students regularly discuss their academic stress, e.g., workload, upcoming deadlines and overall stress levels, among their classmates and faculty in the classroom setting (Milner & Criss, 2006). Yet, social work faculty, though sympathetic and interested in enhancing student coping, are reluctant to modify the academic environment (Reeser, MacDonald, & Wertkin, 1992). Given the tight windows of time that faculty face in disseminating course content and the student-teacher boundaries that must remain intact, there are still ways that social work faculty may dissipate this stress. Milner and Criss (2006) offered faculty a number of simple yet effective stress-relieving suggestions for their students in class, including the following:

- allow students an occasional venting process, i.e., brief, general discussions about stress associated with the academic lifestyle;

- encourage students to identify and empathize with each others' feelings; and

- create a regular ritual to begin classes, e.g., moment of silence to allow for the student's personal prayer or reflection.

All of the aforementioned suggestions point to the faculty member's commitment to appropriate student expression in the classroom, whereby the student may "find validation for the stress and difficulties they share" (Milner & Criss, 2006, p. 18). This commitment to encourage student expression is supported by the Council on Social Work Education's (2008) educational policy on the student's active participation toward professional development.

Despite the stress, social work students characterized themselves with a strong level of resilience. It is unlikely that their perceived abilities to overcome stress exist by chance. The current study demonstrates the likelihood that social support, namely that from friends, plays a role in this resilience perception. Social work faculty can enhance friendship support by fostering connectedness in the classroom (Milner & Criss, 2006). This can be accomplished by a number of methods, including class seating arrangement; group project assignments; and encouraging study groups as a pre-assignment, social learning tool and as a post-assignment, stress debriefing tool. These findings also emphasize the need for field agency practitioners to inform practicum students on protective resources, including social support systems, which may create awareness to the rigors of practice stress beyond the logistics of particular agency duties. As Maidment (2003) poignantly stated, students need "access to preparation and placement integration material that (is) less about what they might do on placement and more about the processes of learning and managing stress while working in a contemporary agency environment" (p. 57).

LIMITATIONS AND FUTURE RESEARCH

Common to survey research with students, data was collected in class by the instructor. This setting enhances sample size, but also runs the usual risks of (a)

inadvertently creating a sense of academic bias toward some students for participation, and (b) receiving skewed data based on survey completion in a group setting. The survey cover letter assured the contrary to the aforementioned bias, yet the efficacy of this safeguard remains indefinite. Future studies with social work students with data collection sites outside of the classroom setting may minimize a Hawthorne effect (Merrett, 2006) and yield possibly truer results.

Results on the RS15 displayed limited distribution of resilience responses. While the reported high level of RS15 scores is informative in terms of a descriptive appreciation of the sample's elevated self-perception of successful adjustment, it may be difficult to generalize results from the moderation model given this limited variation in outcome scores. Perhaps a larger sample of social work students would lend disparity in resilience scores and increase generalizability.

The effect sizes (r^2) in the moderation models were low in this study. Though moderation was deemed statistically significant in the friend support model, the nominal effect size suggests extraneous influence of moderation by other factors uncontrolled in the current study.

The present study's sample revealed limited diversity in terms of gender, ethnicity, and enrollment status. As such, observing no significant demographic differences in outcome scores is a restricted observation. Future studies with increased heterogeneity in sample characteristics would allow for increased understanding of social work student resilience with demographic breadth.

CONCLUSION

The author of this study has attempted to provide insight into the resilience of social work students amid a common source of stress and potentially protective, social resources. Results demonstrated that the support of friends moderates the negative relationship between academic stress and resilience. The author hopes that recognition of moderating resources such as friend support may help social work educators and professionals design and target more effective interventions to improve academic and health outcomes for their students.

References

Aldwin, C. M. (1994). *Stress, coping, and development: An integrative perspective*. New York: Guilford.

Arthur, N. (1998). The effects of stress, depression, and anxiety on postsecondary students' coping strategies. *Journal of College Student Development*, *39*, 11-22.

Balk, D. E. (1995). *Adolescent development: Early through late adolescence*. Monterey, CA: Brooks/Cole.

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator distinction in social psychological research. *Journal of Personality and Social Psychology, 51*, 1173-1182.

Burnett, P. C., & Fanshawe, J. P. (1997). Measuring school-related stressors in adolescents. *Journal of Youth and Adolescence, 26*(4), 415-428.

Cahir, N., & Morris, R. (1991). The psychology student stress questionnaire. *Journal of Clinical Psychology, 47*, 414-417.

Campbell-Sills, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of resilience to personality, coping and psychiatric symptoms in young adults. *Behaviour Research and Therapy*, *44*, 585-599.

Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues, 54*, 245-266.

Clifton, R. A. (1997). The effects of social psychological variables and gender on the grade point averages and educational expectations of university students: A case study. *The Canadian Journal of Higher Education*, *27*, 67-90.

Clifton, R. A., Perry, R. P., Stubbs, C. A., & Roberts, L. W. (2004). Faculty environments, psychosocial dispositions, and the academic achievement of college students. *Research in Higher Education*, *45*, 801-828.

Council on Social Work Education. (2006). *Directory of accredited social work degree programs*. Alexandria, VA: Author. Retrieved on February 10, 2007, from http://cswe.org.

Council on Social Work Education. (2008). *Educational policy and accreditation standards*. Retrieved May 1, 2008, from http://www.cswe.org/CSWE/accreditation.

Demakis, G. J., & McAdams, D. P. (1994). Personality, social support and well-being among first year college students. *College Student Journal*, *28*, 235-243.

Dolbier, C. L., & Steinhardt, M. A. (2000). The development and validation of the sense of support scale. *Behavioral Medicine, 25*(4), 169-179.

Dziegielewski, S. F., Roest-Martl, S., & Turnage, B. (2004). Addressing stress with social work students: A controlled evaluation. *Journal of Social Work Education*, *40*, 105-119.

Erikson, E. (1968). *Identity: Youth and crisis*. New York: Norton.

Ford, G. G., & Procidano, M. E. (1990). The relationship of self-actualization to social support, life stress, and adjustment. *Social Behavior and Personality*, *18*, 41-51.

Forte, J. (1995). Teaching statistics without sadistic. *Journal of Social Work Education, 31*, 204-218.

Gelman, C. R. (2004). Anxiety experienced by foundation-year MSW students entering field placement: Implications for admissions, curriculum, and field education. *Journal of Social Work Education*, *40*, 39-54.

Ginsberg, J., & Gapen, M. (2008). Academic worry as a predictor of sleep disturbance in college students. *Journal of Young Investigators, 18*. Retrieved April 30, 2008, from http://www.jyi.org/research/re.php?id=708.

Glass, D., & Singer, J. (1972). *Urban stress: Experiments on noise and social stressors*. New York: Academic Press.

Haines, M. E., Norris, M. P., & Kashy, D. A. (1996). The effects of depressed mood on academic performance in college students. *Journal of College Student Development*, *37*, 519-526.

Heiman, T. (2006). Social support networks, stress, sense of coherence and academic stress of university students with learning disabilities. *Social Psychology of Education, 9*, 461-478.

Hubbard, P., Muhlenkamp, A. F., & Brown, N. (1984). The relationship between social support and self-care practices. *Nursing Research*, *33*, 266-270.

Kamya, H. A. (2000). Hardiness and spiritual well-being among social work students: Implications for social work education. *Journal of Social Work Education*, *36*, 231-240.

Kariv, D., & Heiman, T. (2005). Task-oriented versus emotion-oriented coping strategies: The case of college students. *College Student Journal*. Retrieved February 9, 2007, from http://www.findarticles.com/p/articles/mi_m0FCR/is_1_39/ai_n13603935.

Kohn, J. P., & Frazer, G. H. (1986). An academic stress scale: Identification and rated importance of academic stressors. *Psychological Reports, 59*(2), 415-426.

Kobasa, S. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, *37*, 1-11.

Loevinger, J. (1994). Has psychology lost its conscience? *Journal of Personality Assessment, 62*, 2-8.

Losel, F., & Bliesener, T. (1990). Resilience in adolescence: A study on the generalizability of protective factors. In K. Hurrelmann & F. Losel (Eds.), *Health hazards in adolescence* (pp. 299-320). New York: deGruyter.

MacGeorge, E. L., Samter, W., & Gillihan, S. J. (2005). Academic stress, supportive communication, and health. *Communication Education*, 54*, 365-372*.

Maidment, J. (2003). Problems experienced by students on field placement: Using research findings to inform curriculum design and content. *Australian Social Work, 56*, 50-60.

Martinelli, A. M. (1999). An explanatory model of variables influencing health promotion behaviors in smoking and nonsmoking college students. *Public Health Nursing*, *16*(4), 263-269.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-238.

Maton, K. I., Teti, D. M., Corns, K. M., Vieira-Baker, C. C., Lavine, J. R., et al. (1996). Cultural specificity of support sources, correlates and contexts: Three studies of

African-American and Caucasian youth. *American Journal of Community Psychology, 24,* 551–587.

Merrett, F. (2006). Reflections on the Hawthorne effect. *Educational Psychology, 26*, 143-146.

Milner, M., & Criss, P. (2006, October). *Use of spiritual practices and classroom rituals of connection to reduce impact of stress in social work students*. Presented at the National Association of Christian Social Workers 2006 Convention, Philadelphia, PA.

Misra, R. (2000). Academic stress of college students: Comparison of student and faculty perceptions. *College Student Journal*, *21*, 1-10.

Misra, R., McKean, M., West, S., & Russo, T. (2000). Academic stress of college students: Comparison of student and faculty perceptions. *College Student Journal, 34*, 236-245.

Mori, S. (2000). Addressing the mental health concerns of international students. *Journal of Counseling and Development, 78*, 137-144.

Negga, F., Applewhite, S., & Livingston, I. (2007). African American college students and stress: School racial composition, self-esteem and social support. *College Student Journal, 41*, 823-830.

Neill, J. T., & Dias, K. L. (2001). Adventure education and resilience: A double-edged sword. *Journal of Adventure Education and Outdoor Leadership, 1*(2), 35-42.

Ortega, S., Beauchemin, A., & Kaniskan, R. B. (2008). Building resiliency in families with young children exposed to violence: The Safe Start Initiative pilot study. *Best Practices in Mental Health, 4*, 48-64.

Pottage, D., & Huxley, P. (1996). Stress and mental health social work: A developmental perspective. *International Journal of Social Psychology*, *42*, 124-131.

Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology, 11*, 1–24.

Rayle, A. D. (2006). Mattering to others: Implications for the counseling relationship. *Journal of Counseling & Development*, 84, 483-487.

Reeser, L., MacDonald, F., & Wertkin, R. (1992). Enhancing student coping and modifying the stressful academic environment. *Journal of Teaching in Social Work, 6*, 87-97.

Rompf, E. L., Royse, D., & Dhooper, S. S. (1993). Anxiety preceding field work: What students worry about. *Journal of Teaching in Social Work*, *7*, 81-95.

Rosenblatt, A., & Mayer, J. E. (1975). Objectionable supervisory styles: Student views. *Social Work, 20*, 184-189.

Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. Rolf, A. Masten, D. Cicchetti, K. Neuchterlein & S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 181-214). New York: Cambridge University Press.

Sarason, B. R., Shearin, E. N., Pierce, G. R., & Sarason, I. G. (1987). Interrelations of social support measures: Theoretical and practical implications. *Journal of Personality and Social Psychology*, *52*, 813-832.

Shute, C. L., & Spitzberg, B. H. (2003, June). *Intercultural couples: Examining the role of social support*. Paper presented at Hawaii International Conference on Social Sciences, Honolulu, HI.

Skehill, C. M. (2001). *Resilience, coping with an extended stay outdoor education program, and adolescent mental health*. Retrieved January 2, 2007, from http://wilderdom.com/pdf/Skehill2001ResilienceCopingOutdoorEducation.pdf

Steinhardt, M., & Dolbier, C. (2008). Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *Journal of American College Health, 56*, 445-453.

Sun, A. (1999). Issues BSW interns experience in their first semester's practicum. *The Clinical Supervisor*, *18*, 105-123.

Tennant, C. (2002). Life events, stress, and depression. *Australian and New Zealand Journal of Psychiatry*, *36*, 173-182.

Ting, L., Morris, K. J., McFeaters, S. J., & Eustice, L. (2006). Multiple roles, stressors, and needs among baccalaureate social work students: An exploratory study. *Journal of Baccalaureate Social Work, 12*, 39-55.

Tobin, P. J., & Carson, J. (1994). Stress and the student social worker. *Social Work & Social Sciences Review*, 5, 246-255.

Tugade, M., Fredrickson, B., & Barrett, L. (2004). Psychological resilience and positive emotional granularity. *Journal of Personality, 72*, 1161-1190.

Tusaie, K., Puskar, K., & Sereika, S. (2007). A predictive and moderating model of psychosocial resilience in adolescents. *Journal of Nursing Scholarship, 39*, 54-60.

Von Ah, D., Ebert, S., Ngamvitroj, A., Park, N., & Kang, D. (2004). Predictors of health behaviors in college students. *Journal of Advanced Nursing*, *48*(5), 463-474.

Wang, P. P., Badley, E. M., Gignac, M. (2006). Exploring the role of contextual factors in disability models. *Disability and Rehabilitation, 28*, 135-140.

Ward Struthers, C., Perry, R. P., & Menec, V. H. (2000). An examination of the relationship among academic stress, coping, motivation, and performance in college. *Research in Higher Education*, *41*(5), 581-592.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

Zaleski, E. H., Levey-Thors, C., & Schiaffino, K. M. (1998). Coping mechanisms, stress, social support, and health problems in college students. *Applied Developmental Science*, *2*(3), 127-137.

Author's note:
Address correspondence to: Scott E. Wilks, Ph.D., School of Social Work, Louisiana State University, 203 H.P. Long Fieldhouse, Baton Rouge, LA 70803. E-mail: swilks@lsu.edu

Longitudinal Evaluation of Outcomes for Youth with Serious Emotional Disturbance during Two Years of Children's Psychosocial Rehabilitation

Nathaniel J. Williams
Michael E. Sherr

Abstract. *This study assessed the course, rate, and significance of change in participants' day-to-day functioning during two years of Children's Psychosocial Rehabilitation (CPSR). Hierarchical linear mixed models were used to analyze Child and Adolescent Functional Assessment Scale (CAFAS) outcome data for 49 youth with serious emotional disturbance, aged 7 to 17 years. The authors estimated participants' change trajectory, difference in initial versus 16-month status, and difference in rate of change between the first 12 and last 8 months of the study. Controlling for age, participants improved by 13.73 points on the CAFAS every four months, generating a statistically and clinically significant improvement from intake to 16 months. The rate of change decreased significantly to 1.37 points per wave during the last 8 months of the study. CPSR participants improve significantly during treatment, with the majority of changes occurring in the first year.*

Keywords: *Serious emotional disturbance; children's psychosocial rehabilitation; community-based treatment; Child and Adolescent Functional Assessment Scale*

Influenced by the national direction of treatment for youth with serious emotional disturbance (SED; Duchnowski, Kutash, & Friedman, 2002; Ringeisen & Hoagwood, 2002; Stroul & Friedman, 1986), Children's Psychosocial Rehabilitation (CPSR), a Medicaid-funded, home- and community-based treatment for youth with SED, quietly sprung up in the state of Idaho in the mid-1990's and has grown into a $38 million-a-year enterprise (Idaho Department of Health and Welfare, 2007; Williams, in press). CPSR bears many hallmarks of a quality SED-specific treatment and has shown promise empirically (Williams, in press). Despite its widespread use in Idaho, however, CPSR is understudied, with only one uncontrolled investigation of outcomes (Williams, in press). In order to determine whether or not CPSR is effective, and whether other states should adopt it, additional and more rigorous research is needed. This study advanced the evidence base on CPSR by using a retrospective longitudinal design to estimate participants' rate of change in functioning during 24 months of treatment, and differences in the rate of change between the first 12 and last 8 months of the study.

Context for Children's Psychosocial Rehabilitation

Within the Idaho Medicaid system, private, for-profit providers deliver CPSR services under a managed-care arrangement. Privatization, combined with broadly written rules which govern the program, resulted in a proliferation of providers and CPSR treatment models, all with their own treatment philosophies, staff training and supervision practices, models of intervention, and most likely, differential outcomes.

Nathaniel J. Williams, LCSW, is Children's Psychosocial Rehabilitation Program Director, CenterPointe, Inc., Nampa, Idaho. Michael E. Sherr, Ph.D., LCSW, is an assistant professor in the School of Social Work at Baylor University.

Unfortunately, despite mandates in the Idaho Administrative Code directing the Idaho Department of Health and Welfare to evaluate the effectiveness of CPSR (Idaho Administrative Code, Dept. of Health and Welfare, Code number 16.03.09.701 – 16.03.10.199, 2006), no statewide efforts have been implemented to date to assess the outcomes of this innovative but expensive program.

In the absence of a statewide evaluation or any literature on CPSR, staff at one large clinic in southwestern Idaho initiated a program of research to assess the efficacy of their specific CPSR program model (Williams, in press). In an open trial design (e.g. Piacentini, Bergman, Jacobs, McCracken, & Kretchman, 2002; Vernberg, Jacobs, Nyre, Puddy, & Roberts, 2004), Williams (in press) compared participants' intake scores on the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 2000a) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS; Hodges, 1994) to their most recent CAFAS/ PECFAS scores across an average treatment time of 13 months. Findings were positive—78% of participants evinced clinically significant change, defined by a drop of 20 points or more on the CAFAS or PECFAS, with a large effect size of 1.29 on CAFAS/ PECFAS total score, and significant improvements on all but the Substance Use subscales.

Although the study was an important first step in evaluating CPSR, methodological issues limited the inferences that could be drawn. First, the trial was uncontrolled, prohibiting causal inferences as to CPSR's efficacy (Kazdin, 2003). Second, the length of treatment varied widely between participants (min = 4 months, max = 36 months), muddying the interpretation of mean changes in functioning. Third, the study lacked longitudinal data points. Pre-post evaluation models have been criticized in the literature (Bereiter, 1963; Linn & Slinde, 1977), with experts now calling for longitudinal analyses to provide more valid estimates of changes in symptoms, functioning, or other outcomes of interest (Rogosa, Brandt, & Zimowski, 1982; Singer & Willett, 2003; Willett, 1989). Finally, the study was of limited duration compared to the average length of CPSR treatment; the mean treatment time was 13 months (SD = 8.89) with nearly half the sample receiving 8 months of treatment or less. Conversely, Williams (in press) reported that most participants remain in the program for 18 months. Further evaluation was therefore necessary to improve our understanding of CPSR's effectiveness over time and the nature of participants' change during treatment.

The current study took several logical steps forward in empirically evaluating CPSR. First, we focused our evaluation on the same CPSR program Williams (in press) examined in the original trial. Second, we employed a retrospective longitudinal design that redressed several shortcoming of the earlier report. Treatment time was held constant, easing interpretation of mean changes in functioning, and was long-term, aligning more closely with practice realities. The longitudinal design allowed us to assess the course, rate, and significance of participants' changes in functioning over time through the use of hierarchical linear mixed models (Singer & Willett, 2003). Third, we sought to inform utilization management decisions by comparing children's intake to 12-month change trajectory to their 16- to 24-month change trajectory. One of the crucial practice questions in an open-ended service like CPSR is, "How long should treatment last?" To date, no empirical literature has addressed this issue. We therefore sought to inform the question

of service duration by looking for differences in children's change trajectories during different periods of treatment. Taken together, these features produced a better understanding of participants' changes as they moved through the program and provided useful information for evaluation, treatment planning, and policy.

Research question and hypotheses

In sum, the current study asked "What was the course, rate, and significance of change in children's day-to-day functioning during two years of CPSR as measured by the CAFAS (Hodges, 2000a)?" We tested three hypotheses. The first related to participants' *rate* of change during CPSR: participants' functioning will improve significantly during their participation in the program. The second focused on the *course* of change: participants' functioning will improve rapidly during the first 12 months of treatment and slowly during the subsequent 8 months of treatment. Our third hypothesis related to the difference in participants' *level* of functioning at two points in time: after 16 and 24 months of CPSR, participants' day-to-day functioning will be significantly improved over their initial status.

METHOD

Design

This study used a retrospective 7-wave panel design diagrammed as O_1 x O_2 x O_3 x O_4 x O_5 x O_6 x O_7 (x = CPSR). Outcome observations (CAFAS ratings) were conducted by CPSR treatment staff during the course of treatment; specifically, at intake and every four months thereafter. These data were subsequently gathered from clients' medical charts by the researchers. The study period spanned 24 months; this timeframe was deemed sufficient to capture significant trends and counter-trends in participants' functioning during CPSR. In order to inform questions of service duration (i.e. "How long should CPSR treatment last?") we compared children's change trajectory during the first 12 months of the study (O_1, O_2, O_3, O_4) to the trajectory during the last 8 months of the study (O_5, O_6, O_7). The comparison periods were chosen after visual inspection of children's change trajectories suggested that functioning leveled off significantly beyond the 12-month mark.

Participants

Participants were 49 clinic-referred children, aged 7 to 17 years (M = 11.5, SD = 2.9, min = 7, max = 17), who participated in CPSR. Inclusion criteria limited the study to CPSR participants aged 7 years or older, with two years or more of treatment. The sample included all youth who met inclusion criteria at the study site as of October 2007. Participants were diagnosed with SED, as defined by (a) one or more psychiatric diagnoses according to the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. Text Revision, American Psychiatric Association, 2000), (b) a total CAFAS score of 80 or higher, and (c) a 20 on any one of three CAFAS subscales: Moods/ Emotions, Self-harm, or Thinking. The most common primary psychiatric diagnoses were any type of Attention Deficit/ Hyperactivity Disorder (31%) or anxiety

disorder (31%), including Posttraumatic Stress Disorder. Mood and depressive disorders were also common (14% and 12%, respectively). The mean number of diagnoses in the sample was 1.61 (*SD* = .67, min = 1, max = 3). Diagnoses came from community practitioners who saw the children during the course of routine clinical practice in a community mental health clinic.

The sample was predominantly Caucasian (82%) and male (63%). The racial diversity of the sample was limited (10% Hispanic, 8% "Other"), reflecting a lack of diversity in the surrounding geographic area (U.S. Census Bureau, 2008). A large majority of participants lived with their biological families (84%); 12% lived in foster care, and 4% were adopted. All participants' families had low annual incomes which met guidelines to qualify for Idaho Medicaid.

Study site

The study took place at a large, for-profit, children's mental health clinic that specializes in the treatment of youth with SED. Located in southwestern Idaho, the clinic primarily serves Canyon County (estimated 2006 population = 173,302; U. S. Census Bureau, 2008), one of the more populous regions in a largely rural state. Clinic referrals came from pediatricians, schools, juvenile justice, child welfare, and word-of-mouth. The majority of participants served at the clinic meet income guidelines to qualify for Idaho Medicaid.

In order to ensure the protection of human subjects, we obtained ethical review, oversight, and approval for the study from the Administrative Oversight Committee at the clinic where the study took place. Because the data were archival, stored in a retrieval system without identifiers, and not originally intended for research purposes, the risk to participants was minimal.

Children's Psychosocial Rehabilitation

CPSR programs differ considerably across the State of Idaho and beyond. Idaho State guidelines require that CPSR providers undergo a credentialing process in which their records are audited to ensure appropriate documentation of services and compliance with Idaho Administrative Code (Idaho Administrative Code, Dept. of Health and Welfare, Code number 16.03.09.701 – 16.03.10.199, 2006). In addition, all CPSR services must be prior authorized by regional mental health authorities, which ensure that clients meet enrollment criteria for CPSR and that proposed CPSR service plans comply with code.

The practice parameters outlined in Idaho Administrative Code (2006) define minimum standards for program quality and practice; they do not operationally define CPSR interventions or program features in great detail. As an example, the Code specifies minimum educational requirements for CPSR Specialists (bachelor's degree or higher in behavioral science, education or medicine), but does not outline specific pre-service training requirements. The code requires CPSR Specialists to be supervised weekly, but does not dictate the format or amount of supervision they should receive. Because of this, CPSR programs vary considerably in terms of quality, staffing, training

practices, and outcomes. The following description applies only to the CPSR program evaluated in this study.

Children's Psychosocial Rehabilitation is a home- and community-based program for youth with SED who need more intensive treatment than weekly outpatient psychotherapy, but who do not need to be psychiatrically hospitalized or placed in residential treatment. The goals of the program are to prevent youth from moving into more restrictive levels of care, to minimize the impact of mental illness, and to maximize their positive developmental trajectory. The focus is on reducing the impact of functional impairments associated with symptoms of SED. Treatment is here-and-now focused, ecologically valid (occurs in the child's home and community), and emphasizes building a positive alliance with the client and caregiver, teaching and building skills, and behavior modification. Within CPSR, psychiatric symptoms and functional impairments are thought to arise from combinations of biological, psychological, and environmental factors unique to each child and family. Similarly, each child and family is viewed as possessing unique strengths and skills that aid in remedying the presenting problems.

Each child who participates in CPSR undergoes a thorough clinical assessment that covers nine areas: psychiatric/ substance use, medical, educational, financial, social, family, housing, basic living skills, and community. The child's functioning is assessed in each area and specific strengths and weaknesses are identified. The focus is on how the psychiatric symptoms impact functioning in each area. Based on the assessment, a CPSR service plan is developed that describes (a) the child and family's broad goals, (b) concrete, measurable objectives that serve as benchmarks toward the goals, and (c) specific tasks that the CPSR Specialist, client, and family will do to achieve the objectives and goals. Tasks describe specific intervention strategies that will be used. For example, a task might state "The PSR staff will teach, practice, and review with the client skills for redirecting his anger when upset." The PSR worker then tailors the specific teaching, practicing, and reviewing activities to the interests, developmental level, and needs of the specific client. Interventions are cognitive and behavioral in nature, and occur in relevant community settings, enhancing their ecological validity. Ideally, CPSR specialists deliver interventions within the context of a strong therapeutic alliance with the child and family; workers are intentional about fostering such alliances.

A typical CPSR service plan includes 4 to 8 hours of face-to-face skill-building intervention time per week, with an additional 2 hours per week for "collateral contacts" with important adults in the child's life (e.g. parents, teachers, coaches, youth pastor, extended family). During skill-building sessions, the CPSR Specialist works one-on-one with the child, in the context of his or her natural ecology, to teach and rehearse skills. Skill-building sessions can, and often do, include the child's parents when skill deficits involve functioning in the home. During collateral contacts, the CPSR Specialist receives information and updates from important adults in the child's life, provides education and intervention strategies to the adults, and coordinates interventions across settings. In cases where children receive additional clinical services (e.g. psychotherapy) efforts are made to coordinate intervention approaches and treatment targets. Anecdotally, CPSR treatment tends to last from 4 to 36 months, with an average of 18 to 24 months.

CPSR Specialists are the primary intervention agents in CPSR. These individuals possess a bachelor's degree in social work, psychology, or a human services related field with 21 semester credits or more of coursework on human behavior. CPSR Specialists receive 10 hours of pre-service training, including didactic and written instruction, role-plays, and opportunities to "shadow" more experienced CPSR Specialists. Specialists receive weekly one-on-one supervision with a master's-level clinician in which they staff cases and receive guidance on clinical aspects of the work; typically this lasts from 15 to 45 minutes per week. Finally, Specialists receive 20 hours per year of continuing education related to the field of children's mental health. Standardized training materials and a manual are being developed for the CPSR program under study.

Fidelity to the intervention was not quantified in this study as no rating scales exist. Instead, as a community-based study, we relied on the clinical judgment and guidance of CPSR supervisors to ensure that treatment was provided in accordance with program standards.

Outcome measures

Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS is a clinician-administered paper-and-pencil measure designed to assess the day-to-day functioning and psychological symptoms of children ages 7- to 18-years-old (Hodges, 2000a). The CAFAS includes eight subscales which correspond to various areas of functioning or psychological well-being and include: School, Home, Community (primarily assesses delinquent acts), Behavior toward others, Moods/ emotions, Substance use, Self-harm, and Thinking. Children receive a score on each subscale ranging from 0 (minimal to no impairment) to 30 (severe impairment); subscale scores are summed to generate a total CAFAS score which can range from 0 to 240. Guidelines published on the CAFAS indicate that total scores of 50 or higher indicate the need for additional services beyond traditional outpatient care.

The CAFAS is in wide use across the United States; several states, including Idaho, use it to determine eligibility for services and to monitor outcomes in public systems of care (Bates, 2001). The psychometric characteristics of the CAFAS have been thoroughly evaluated and it has been found to have good inter-rater reliability in different samples of raters, as well as construct, concurrent, and predictive validity (Hodges, Doucette-Gates, & Liao, 1999; Hodges & Wong, 1996; 1997; Hodges, Wong, & Latessa, 1998).

CAFAS ratings for this study were completed by bachelor's and master's-level clinicians during the course of CPSR treatment. Ratings reflected the child's worst level of functioning during the preceding three months. CAFAS scoring guidelines encourage raters to gather as much information about the client as possible in order to make the most accurate rating (Hodges, 2000b); accordingly, CAFAS ratings were based on parent- and child-report and on information from collateral contacts, including the child's CPSR Specialist once treatment was initiated. All CAFAS raters had successfully completed the CAFAS inter-rater reliability training and passed the inter-rater reliability test to be considered reliable CAFAS raters (Hodges, 2000b).

Analyses

We performed univariate, indicator, and multivariate analyses on the data. Univariate analyses assessed the significance of changes in functioning from intake to each subsequent wave and from wave to wave, using a series of dependent t tests. Because these were preliminary analyses we did not adjust our probability values. Indicator analyses revealed the number of participants who achieved clinically significant change from intake to 24 months. Hodges, Xue, and Wotring (2004) defined a change of 20 points or more on the CAFAS as a marker of clinically meaningful improvement; they note this corresponds to half a standard deviation on the CAFAS and a medium effect size according to Cohen's criteria (1988). Taken together, the univariate and indicator analyses provided a rough picture of the pattern and significance of participants' pre-to-post, and inter-wave changes.

Our main analysis sharpened the picture using hierarchical linear mixed models (a.k.a. random coefficients regression or the multi-level model for change; Singer &Willett, 2003). The hierarchical linear mixed models provided estimates of participants' initial status (intercept), and slope of change over time, including differences in slope between the first 12 and last 8 months of the study. Hierarchical linear mixed models allow participants' individual growth parameters (intercept and slope) to vary, an important feature in clinical work where all participants will not respond the same to an intervention (Gibbons et al., 1993; Gibbons, Hedeker, & Davis, 1987). Mixed models also allow participants' individual growth parameters to represent a random population sample of all possible growth parameters (Singer & Willett, 2003), thereby permitting more accurate and generalizable estimates of changes in participants' functioning. Prior to our analyses, we centered *age* on its mean (11.5 years), forcing the parameter estimates to represent the intercepts and slopes of an average-age child in the study. All analyses were run using SPSS version 15.0 for Windows.

RESULTS

Univariate analyses

Table 1 presents participants' mean CAFAS scores and standard deviations at waves one through seven, mean difference and standard deviation values from intake to each subsequent wave, mean difference and standard deviation values from wave to wave, and the effect size for intake to subsequent wave changes. CAFAS total scores at waves 2 through 7 were significantly lower (improved) than the CAFAS total score at intake, all p < .001. This finding supported hypothesis (c). The effect sizes for these changes were all large, according to criteria specified by Cohen (1988). Participants improved significantly from wave to wave in succession up to 12 months after intake, all p < .05; after that, scores did not improve significantly between waves.

TABLE 1.   Child and Adolescent Functional Assessment Scale means, standard deviations, mean differences from intake to subsequent waves, and mean wave to wave differences.

Wave	M (SD)	Intake to wave difference M (SD)	Wave to wave difference M (SD)	Intake to wave effect size (Cohen's d)
Intake	119.36 (26.08)			
4 months	91.91 (27.32)	27.45 (32.47) ***	27.45 (32.47) ***	1.03
8 months	84.04 (32.95)	35.32 (39.39) ***	7.87 (25.28)**	1.19
12 months	73.40 (25.73)	45.96 (34.30) ***	10.64 (27.22)*	1.77
16 months	71.70 (25.73)	47.66 (36.90) ***	1.70 (23.89)	1.84
20 months	66.17 (25.33)	53.19 (33.76) ***	5.53 (22.54)	2.07
24 months	68.72 (30.40)	50.64 (38.41) ***	-2.55 (24.36)	1.79

Note: n = 47 due to missing data points for two cases. Probabilities based on dependent samples *t* tests. Error rate inflated due to the use of unadjusted *p*-values.

*** $p \leq .001$. ** $p \leq .01$. * $p < .05$.

Indicator analyses

The average participant's CAFAS score improved by 47.35 points ($SD = 42.17$) from intake to 24-months, a score well-above the 20 point "clinically significant" criterion suggested by Hodges et al. (2004). In total, 77.6% of the sample achieved clinically significant change from wave 1 to wave 7.

Multivariate analyses

Participants' overall change trajectory, initial status, and difference in change trajectory between the first 12 and last 8 months of the study were estimated using hierarchical linear mixed models. We used maximum likelihood estimation with an unstructured covariance structure and random slopes. We first ran an unconditional growth model, which estimated participants' overall change trajectory with no predictor or control variables. In subsequent models we included control and predictor variables in a theoretically-driven fashion, using goodness-of-fit statistics and changes in the random covariance parameters to determine which model best fit the data.

Based on children's medical charts, available control variables included: age, gender, ethnicity, and living arrangement status. Previous work indicated living arrangement status does not significantly moderate outcome in CPSR (Williams & Sherr, in press) and therefore was not included in any analyses. Gender and ethnicity did not contribute significantly to the model and were therefore excluded, leaving age as the only control variable. Age significantly impacted participants' initial status, but not their slope of change (Wave x Age interaction term); consequently, we included age as a fixed effect for the intercept only.

Table 2 presents parameter estimates, standard errors, and confidence intervals for the best fitting and final model. The model was based on 348 observations for 49 participants. Model coefficients represent the value for an average age participant (11.5 years old). The average CAFAS score at intake was 127.58, a figure significantly different from zero, $p < .001$, and reflective of a severely impaired group of youth. Each year of age predicted a significant increase in initial CAFAS score of 3.44 points, $p = .001$. Participants experienced a statistically significant improvement in CAFAS score of 13.73 points per 4 months, $p < .001$. After 16 months of treatment, the average participant's CAFAS total score had dropped significantly by 47.63 points, $p < .001$. Finally, the rate of change worsened significantly, by 12.36 points, $p < .001$, during the last 8 months of the study, as compared to the first 12 months, for an average improvement in CAFAS score of (13.73 - 12.36) 1.37 points per four months during the last three waves of the study. These findings support hypotheses (a) through (c).

TABLE 2. **Hierarchical linear mixed model parameter estimates, standard errors, and 95% confidence intervals for CAFAS outcome data during two years of CPSR.**

Variable	*B*	*SE*	95% confidence interval	
			Lower bound	Upper bound
Intercept				
Initial status	127.58***	4.53	118.61	136.55
Age (centered)	3.44***	0.92	1.58	5.29
16-month	-47.63***	13.32	-73.87	-21.38
Rate of change				
Wave	-13.73***	1.48	-16.65	-10.82
First 12 vs. last 8 mos	12.36***	2.50	7.44	17.28

Note: $N = 49$; CAFAS = Child and Adolescent Functional Assessment Scale. Pseudo-R^2 (predicted x observed values) = .71.

*** $p \leq .001$

In order to get an idea of the total variance accounted for by our model, Singer and Willett (2003) suggest computing a pseudo-R^2 statistic by examining the correlation between the predicted and observed dependent variable values. The resultant correlation, $r = .84$, $p < .001$ (two tailed) indicated our model accounted for 71% of the variance in outcome.

DISCUSSION

This study provided reliable estimates of the rate, course, and significance of change in children's day-to-day functioning during two years of CPSR at the study site. Findings suggest the CPSR program under study is an efficacious form of treatment for children and youth with SED. Children who participated in CPSR achieved statistically and clinically significant improvements in functioning over 24 months of treatment, with

the brunt of progress occurring during the first year. The variance accounted for by the final regression model was substantial. As practice realities have so far prevented the implementation of a randomized controlled trial (RCT) of CPSR, this evaluation was a logical next step in empirically testing our CPSR program; the findings provide further support of its effectiveness.

Findings presented here suggest CPSR may be as effective as other more thoroughly evaluated and disseminated forms of treatment for SED, such as wraparound (Burchard, Bruns, & Burchard, 2002; Burns & Goldman, 1999; Grundle, 2002) and Multisystemic therapy (MST; Henggeler, Schoenwald, Rowland, & Cunningham, 2002). Table 3 compares our findings to the mean 18-month CAFAS scores reported in a recent study of wraparound, MST, and wraparound plus MST (Stambaugh et al., 2007). Findings from the current study are comparable at 12 months (and thereafter), falling between the average CAFAS scores for wraparound and MST participants at 18 months post-intake. By comparison, participants in the Stambaugh et al. (2007) study received an average of 15 months of wraparound, 5.5 months of MST, and 10.2 months of wraparound plus MST. Although preliminary, this finding warrants further investigation because CPSR may require less start-up and maintenance costs than MST and may be more compatible with Medicaid reimbursement guidelines than wraparound. These findings are significant given the current push for dissemination of evidence-based treatments for SED (Duchnowski, Kutash, & Friedman, 2002; Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001).

TABLE 3.   Comparison of current findings to outcomes from other forms of SED-specific treatment.

Outcome	CPSR[a] M (SE)	Wraparound[b] M (SE)	MST[c] M (SE)	Wraparound + MST[d] M (SE)
Pre CAFAS total score	119.4 (3.80)	113.6 (2.41)	109.3 (5.76)	131.3 (5.06)
Post CAFAS total score	73.4 (3.75)	79.4 (nr)	61.5 (nr)	82.3 (nr)
Mean change	46.0	34.2	47.8	49.0

Note: CAFAS = Child and Adolescent Functional Assessment Scale; *nr* = not reported. Comparison data reported in Stambaugh et al. (2007).

[a] Scores differ from Table 1 due to rounding; post-score is mean 12-month CAFAS; *n* = 47. [b] *n* = 213; average length of treatment was 15 months. [c] *n* = 54; average length of treatment was 5.5 months. [d] *n* = 53; average length of treatment was 10.2 months.

Despite their significant improvement, CPSR participants' mean CAFAS total score after two years of treatment was still in the clinically impaired range (i.e. above the 50 point criterion indicating the need for services beyond traditional outpatient care). This is typical of trials involving youth with SED (Duchnowski, Hall, Kutash, & Friedman, 1998; Greenbaum et al., 1996; Henggeler et al., 1999; Hodges, et al., 2004; Kazdin, Bass,

Siegel, & Thomas, 1998), even amongst empirically supported interventions like wraparound and MST (Stambaugh et al., 2007). Such findings underscore the importance of continued support and services for this vulnerable population and their families throughout the lifespan.

Importantly, participant age had a significantly negative impact on severity of impairment at intake but did not moderate participants' rate of change during treatment, suggesting that youth between the ages of 7 to 17 years benefit similarly from the program. This finding differs from other child treatment outcome literature which shows older youth, especially those with conduct or externalizing behavior problems, tend to respond less favorably to treatment (Dishion & Patterson, 1992; Ruma, Burke, & Thompson, 1996). The non-significant difference in rate of change is a positive preliminary finding that should be interpreted cautiously given our small sample size.

Unfortunately, practice realities prevented inclusion of a control group in the study; consequently, we cannot conclude that CPSR caused participants' functioning to improve. However, longitudinal studies exploring the trajectory of change in this population's functioning suggest that youth with SED typically experience a worsening of symptoms and functional impairments over time (Armstrong, Dedrick, & Greenbaum, 2003; Greenbaum et al., 1996; Wagner, 1995; Zigmond, 2006). Combined with the similar performance of CPSR to other targeted, SED-specific interventions (e.g. Stambaugh et al., 2007) the current findings appear promising.

Because CPSR services are open-ended, with no limits on duration posed by statute, the current findings inform utilization management decisions at the study site. Our results suggest participants in this CPSR program experience rapid improvement during the first year of treatment, followed by minimal change during the subsequent eight months. The obvious conclusion might be to limit services to 16 months. However, such a conclusion may be flawed, if the latter phase of treatment is viewed as a "maintenance" phase which provides necessary, ongoing support to youth with serious emotional and behavioral problems. Moreover, these findings are limited to a single CPSR program at one site. Future research is needed to replicate our findings in a larger cross-section of CPSR participants and providers, and to experimentally evaluate the effect of setting limits on the duration of CPSR services.

Although the findings from this study do not generalize to other CPSR programs in the sense of describing their outcomes, the findings do provide a comparative baseline against which other CPSR program sites might compare their outcomes. If some sites do not achieve outcomes comparable to those presented in this study, it may be that certain agency, programmatic, or organizational factors could be targeted for change at the comparison site as a means of improving client outcomes. Conversely, if another program is shown to have outcomes superior to those documented in this study, research might compare and contrast the programs to determine what factors contribute to enhanced functioning for children in the comparison program.

Findings also provide support, at the practice and policy level, for the use of evidence-based cognitive and behavioral interventions for youth with SED. At the practice level, practitioners are guided toward treatment choices that favor here-and-now

focused skill building, behavior modification, cognitive interventions, and an ecologically valid, coordinated, collaborative, multi-system approach. For policy-makers seeking to increase system efficiency and accountability, these findings offer support for community-based, multi-system, coordinated, cognitive and behavioral interventions with child and adolescent populations. Based solidly in the medical model, third-party payers have been slow to reimburse newer forms of community-based treatment such as CPSR; the current findings offer another round of empirical support for this new wave of services.

This study was not without methodological limitations related to the conduct of research in a community practice setting. First, findings from this study cannot be generalized to other CPSR programs as we employed a small sample from a single CPSR program. As noted above, CPSR programs vary considerably on many important agency-level variables that may impact client outcomes. Second, our retrospective design and reliance on existing medical records prevented us from examining the impact of important covariates such as the level of family engagement, family functioning, and/ or organizational factors, such as the quality of CPSR Specialist supervision, worker experience level, or other program quality indicators. These variables represent important potential sources of variation in CPSR outcome and should be addressed in a planned, prospective longitudinal study. Third, the study was not controlled or randomized, preventing causal inferences. Fourth, outcome ratings included information from intervention agents, introducing the possibility of rater bias. Finally, due to our retrospective design, we lacked standardized measures of intervention fidelity; this introduced unknown variability into the independent variable.

Perhaps the most significant implication of these findings is they warrant state or federal funding to engage in a large-scale demonstration study of CPSR using an experimental design with random assignment to treatment and control groups. Such a study should include longitudinal analysis of outcomes across multiple domains, including clinical, functional, and systems-level measures (see Hoagwood, Jensen, Petti, & Burns, 1996, for a comprehensive outcomes model). Future studies should also attempt to tease apart the relative impact of CPSR versus other forms of treatment such as psychotherapy, service coordination, and psychotropic medications, as these often occur concurrently in the clinic setting. Studies are in the planning stages to address these important issues in CPSR.

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Armstrong, K. H., Dedrick, R. F., & Greenbaum, P. E. (2003). Factors associated with community adjustment of young adults with serious emotional disturbance: A longitudinal analysis. *Journal of Emotional and Behavioral Disorders, 11,* 66-76.

Bates, M. P. (2001). The Child and Adolescent Functional Assessment Scale (CAFAS): Review and current status. *Clinical Child and Family Psychology Review, 4*, 63-84.

Bereiter, C. (1963). Some persisting dilemmas in the measurement of change. In C. W. Harris (Ed.), *Problems in the measurement of change* (pp. 3-20). Madison, WI: University of Wisconsin Press.

Burchard, J. D., Bruns, E. J., & Burchard, S. N. (2002). The wraparound approach. In B. J. Burns & K. Hoagwood (Eds.), *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders* (pp. 69-90)*.* New York: Oxford University Press.

Burns, B. J., & Goldman, S. K. (Eds.). (1999). *Systems of care: Promising practices in children's mental health, 1998 series: Vol. IV. Promising practices in wraparound for children with serious emotional disturbance and their families.* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Dishion, T. J., & Patterson, G. R. (1992). Age effects in parent training outcome. *Behavior Therapy, 23*, 719-729.

Duchnowski, A., Hall, K., Kutash, K., & Friedman, R. (1998). The alternatives to residential treatment study. In M. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Programs and evaluation best practices* (pp. 55-80). Austin, TX: Pro-ed.

Duchnowski, A. J., Kutash, K., & Friedman R. M. (2002). Community-based interventions in a system of care and outcomes framework. In B. J. Burns & K. Hoagwood (Eds.), *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders* (pp. 16-38). New York: Oxford University Press.

Gibbons, R. D., Hedeker, D., & Davis, J. M. (1987). Regression toward the mean: More on the price of beer and the salaries of priests. *Psychoneuroendocrinology, 12*(3), 185-192.

Gibbons, R. D., Hedeker, D., Elkin, I., Waternaux, C., Kraemer, H. C., Greenhouse, J. B., et al. (1993). Some conceptual and statistical issues in analysis of longitudinal data: Application to the NIMH Treatment of Depression Collaborative Research Program dataset. *Archives of General Psychiatry, 50,* 739-750.

Greenbaum, P. E., Dedrick, R. F., Friedman, R. M., Kutash, K., Brown, E. C., Larieri, S. P., et al. (1996). National adolescent and child treatment study (NACTS): Outcomes for children with serious emotional and behavioral disturbance. *Journal of Emotional and Behavioral Disorders, 4,* 130-146.

Grundle, T. J. (2002). Wraparound care. In D. T. Marsh & M. A. Fristad (Eds.). *Handbook of serious emotional disturbance in children and adolescents.* New York: John Wiley & Sons, Inc.

Henggeler, S. W., Rowland, M. D., Randall, J., Ward, D. M., Pickrel, S. G., Cunningham, P. B., et al. (1999). Home-based multisystemic therapy as an alternative to the

hospitalization of youths in psychiatric crisis: Clinical outcomes. *Journal of the American Academy of Child and Adolescent Psychiatry, 38,* 1331-1339.

Henggeler, S. W., Schoenwald, S. K., Rowland, M. D., & Cunningham, P. B. (2002). *Serious emotional disturbance in children and adolescents: Multisystemic therapy.* New York: Guilford Press.

Hoagwood, K., Burns, B. J., Kiser, L., Ringeisen, H., & Schoenwald, S. K. (2001). Evidence-based practice in child and adolescent mental health services. *Psychiatric Services, 52,* 1179-1189.

Hoagwood, K., Jensen, P. S., Petti, T., & Burns, B. J. (1996). Outcomes of mental health care for children and adolescents: I. A comprehensive conceptual model. *Journal of the American Academy of Child and Adolescent Psychiatry, 35,* 1055-1063.

Hodges, K. (1994). *The Preschool and Early Childhood Functional Assessment Scale.* Ypsilanti, MI: Eastern Michigan University.

Hodges, K. (2000a). *The Child and Adolescent Functional Assessment Scale* (2nd Rev.). Ypsilanti: Eastern Michigan University.

Hodges, K. (2000b). *Child and Adolescent Functional Assessment Scale self-training manual* (2nd Rev.). Ypsilanti: Eastern Michigan University.

Hodges, K., Doucette-Gates, A., & Liao, Q. (1999). The relationship between the Child and Adolescent Functional Assessment Scale (CAFAS) and indicators of functioning. *Journal of Child and Family Studies, 8,* 109-122.

Hodges, K., & Wong, M. M. (1996). Psychometric characteristics of a multidimensional measure to assess impairment: The Child and Adolescent Functional Assessment Scale. *Journal of Child and Family Studies, 5,* 445-467.

Hodges, K., & Wong, M. M. (1997). Use of the Child and Adolescent Functional Assessment Scale to predict service utilization and cost. *The Journal of Mental Health Administration, 24,* 278-290.

Hodges, K., Wong, M. M., & Latessa, M. (1998). Use of the Child and Adolescent Functional Assessment Scale (CAFAS) as an outcome measure in clinical settings. *The Journal of Behavioral Health Services and Research, 25,* 325-336.

Hodges, K., Xue, Y., & Wotring, J. (2004). Use of the CAFAS to evaluate outcomes for youths with severe emotional disturbance served by public mental health. *Journal of Child and Family Studies, 13,* 325-339.

Idaho Department of Health and Welfare. (2007). Unpublished raw data obtained through public records request.

Kazdin, A. E. (2003). *Research design in clinical psychology* (4th ed.). Boston, MA: Allyn & Bacon.

Kazdin, A. E., Bass, D., Siegel, T., & Thomas, C. (1998). Cognitive-behavioral therapy and relationship therapy in the treatment of children referred for antisocial behavior. *Journal of Consulting and Clinical Psychology, 57,* 522-535.

Linn, R. L., & Slinde, J. A. (1977). The determination of the significance of change between pre- and posttesting periods. *Review of Educational Research, 47,* 121-150.

Piacentini, J., Bergman, R. L., Jacobs, C., McCracken, J. T., & Kretchman, J. (2002). Open trial of cognitive-behavior therapy for childhood obsessive-compulsive disorder. *Anxiety Disorders, 16,* 207-219.

Ringeisen, H., & Hoagwood, K. (2002). Clinical and research directions for the treatment and delivery of children's mental health services. In D. T. Marsh & M. A. Fristad (Eds.), *Handbook of serious emotional disturbance in children and adolescents* (pp. 33-55). New York: John Wiley & Sons, Inc.

Rogosa, D. R., Brandt, D., & Zimowski, M. (1982). A growth curve approach to the measurement of change. *Psychological Bulletin, 90,* 726-748.

Ruma, P. R., Burke, R. V., & Thompson, R. W. (1996). Group parent training: Is it effective for children of all ages? *Behavior Therapy, 27,* 159-169.

Singer, J. D., & Willett, J. B. (2003). *Applied longitudinal data analysis: Modeling change and event occurrence.* Oxford University Press: New York.

Stambaugh, L. F., Mustillo, S. A., Burns, B. J., Stephens, R. L., Baxter, B., Edwards, D., et al. (2007). Outcomes from wraparound and multisystemic therapy in a center for mental health services system-of-care demonstration site. *Journal of Emotional and Behavioral Disorders, 15,* 143-155.

Stroul, B., & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances* (Revised Edition). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

U. S. Census Bureau. (2008). *State and County QuickFacts.* Retrieved May 25, 2008, from http://quickfacts.census.gov/qfd/states/16/16027.html.

Vernberg, E. M, Jacobs, A. K., Nyre, J. E., Puddy, R. W., & Roberts, M. C. (2004). Innovative treatment for children with serious emotional disturbance: Preliminary outcomes for a school-based intensive mental health program. *Journal of Clinical Child and Adolescent Psychology, 33,* 359-365.

Wagner, M. M. (1995). Outcomes for youths with serious emotional disturbance in secondary school and early adulthood. *The Future of Children, 5,* 90-112.

Willett, J. B. (1989). Some results on reliability for the longitudinal measurement of change: Implications for the design of studies of individual growth. *Educational and Psychological Measurement, 49,* 587-602.

Williams, N. J. (in press). Preliminary evaluation of Children's Psychosocial Rehabilitation for youth with serious emotional disturbance. *Research on Social Work Practice.*

Williams, N. J., & Sherr, M. E. (in press). Children's Psychosocial Rehabilitation: Clinical outcomes for youth with serious emotional disturbance living in foster care. *Child and Adolescent Social Work Journal.*

Zigmond, N. (2006). Twenty-four months after high school: Paths taken by youth diagnosed with severe emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders, 14,* 99-108.

Author's note:
Address correspondence to: Nathanial J. Williams, LCSW, Children's Psychosocial Rehabilitation Program Director, CenterPointe, Inc., 915 Park Centre Way, Suite 7, Nampa, Idaho 83651. E-mail: nwilliams@centerpointeinc.com.

Social Work Practice with Latinos Living with HIV/AIDS

Diana Rowan
Rich Furman
April Jones
Kevin Edwards

Abstract. *This article explores social work practice with persons living with HIV/AIDS within the Latino community. It presents a general discussion of social work practice HIV/AIDS, followed by an exploration of culturally sensitive social work practice with Latinos. The authors then synthesize these bodies of knowledge into a discussion of HIV/AIDS in the Latino community, and social work practices that can be useful when working with this population. A case example of group work practice with Latinos living with HIV illuminates many of the themes explored throughout the paper. Finally, implications for social work practice are examined.*

Keywords: HIV/AIDS; Latinos; social work practice

INTRODUCTION

Social Work as a profession is concerned with helping and empowering vulnerable populations. The two vulnerable populations that have garnered national attention in the last three decades now come together to create a new population that presents both challenges and opportunities for the social work profession, are people living with HIV/AIDS (PLWHA) and Latinos. Social Work practice with Latinos living with HIV/AIDS encompasses several areas of knowledge that include practice interventions for people living with HIV/AIDS, knowledge of cultural values of Latinos that affect treatment, and effective strategies for dealing with HIV/AIDS based on those cultural values. The authors seek to explore the aforementioned issues in this article and will provide a case study to illustrate certain principles related to working with this vulnerable population.

SOCIAL WORK WITH HIV/AIDS

HIV/AIDS

HIV or human immunodeficiency virus is a virus that destroys the immune system. HIV is transmitted through sexual contact (via such fluids as semen, vaginal, cervical, and anal secretions), blood, and breast milk. The HIV virus progressively develops into AIDS (Acquired Immune Deficiency Syndrome) while the person living with the disease eventually succumbs by way of opportunistic infections associated with the later stages of the disease. HIV/AIDS is considered a pandemic with sixty million people infected

worldwide. The United States prevalence for the disease is 1.2 million cases with 16% affecting Latino Americans (Centers for Disease Control and Prevention, 2005).

Social Work Case Management

Case management, formerly called social casework, is a staple characteristic of the social work profession. Chernesky and Grube (2000) describe case management's core functions or activities as consisting of: intake, assessment, care or services planning, linkage with formal and informal resources, advocacy, and follow up and monitoring. The Case Management Standards Work group acknowledges that social work case management distinguishes itself from other forms of case management because it "addresses both the individual client's biopsychosocial status as well as the state of the social system in which case management operates" (2002, p. 248). Therefore the social worker plays a vital role in helping the client manage all of their needs and accomplish this task by moving fluidly through distinct helping processes.

Social Worker Roles and HIV/AIDS

Providing services to clients with HIV/AIDS can be daunting to even a seasoned social worker simply because of the sheer magnitude and scope of services these clients need. Chernesky and Grube (2000) noted several themes in the HIV case management process that highlight both the characteristics of the clients and the roles of the social workers in servicing those clients.

The first theme noted was that HIV/AIDS clients are an extremely vulnerable population and thus are often in need of advocacy services from social workers. The functions of an advocate include interventions on both a micro and macro level. Social workers providing case management services can help clients by assisting them with the disability determination process. Macro level social workers can affect change by lobbying for increased funding from varied sources to assist in the treatment of clients with HIV/AIDS and prevention efforts (Krisberg, 2006; Linsk & Keigher, 1997).

The second component of HIV case management involves linkage with other services and systems and requires that social workers take on the role of a services broker. The most common overlapping systems that clients and workers interface with are the governmental, medical, and legal systems. Linkage with the governmental system includes receiving subsidized housing for People Living with AIDS (HOPWA funding, 1999) and assistance in procuring HAARTs (Highly Active Anti-Retroviral Therapies) and medications from federally funded AIDS Drug Assistance Programs (ADAPs) (Subways, 2005). The medical system provides PLWHA referrals to physicians specializing in infectious diseases and experimental clinical trials that may offer free medications in exchange for participation. The legal system also provides relevant services to HIV/AIDS clients by assisting them in the preparation of living wills, estate planning (Shernoff, 1998), power of attorney orders, and documentation of domestic partnerships. Also, the stigma surrounding HIV/AIDS can make clients a target for discrimination and harassment and they may require help with legal proceedings.

The third theme is that the case manager is often the central support system. Serving as a vital part of a client's support system requires that workers often simultaneously work as counselors and educators. PLWHA experience many losses and grief work is an essential component of counseling (Guilino, 1998). Clients often express a variety of fears, including fear of isolation, rejection, and abandonment. They may express fear over developing painful symptoms associated with diagnosis with one of the 23 AIDS-defining illnesses and opportunistic infections (OIs). Social workers also work on educating the client and their support network of family and friends about the disease.

SOCIAL WORK PRACTICE WITH LATINOS

In culturally competent practice with other groups, social workers must develop the skills, values and knowledge for working with a diverse population (Leigh, 1985). In this section, we will briefly address the areas of relevant values and knowledge. Important skills for working with Latinos with HIV/AIDS will be addressed more fully in a subsequent section.

Knowledge

Social work practice with Latinos is as diverse and complex as the group itself (Furman & Negi, 2007). The term Latinos, usually used interchangeably with the term Hispanics, refers to people whose ancestry can be traced to the countries of Latin American and the Caribbean. However, many Latinos did not "arrive" in the United States, but were actually Mexican nationals whose ancestral territories were annexed by the United states as part of the treaty of Guadalupe Hidalgo at the end of the Mexican American War. The same can be said for Puerto Ricans living on mainland Puerto Rico, who have been citizens of the United States for nearly a century. The United States population consists of nearly 14% Latinos, according to the latest census statistics (Marotta & Garcia, 2003). It is thought that by the year 2025, 25% of the population of the United States will Latinos (U.S. Bureau of Census, 1998).

For many Latinos, the term itself is a social construction which is perhaps less important to their identity than other factors (Furman & Negi, 2007). Most Latinos, for instance, identify primarily by their nation of origin. Some, for instance Guatemalan decedents of the Maya, identify primarily by their ethnic group (Little, 2004). However, in spite of the diversity within the Latino population, thinking of Latinos in terms of group identity is useful for several reasons. First, with the exception of Brazilians who speak Portuguese and those who primarily speak indigenous languages, Latinos are bound by the historical use of Spanish. Second, many Latinos have come to view themselves as being an increasingly powerful political entity whose unity is a considerable source of power (Gregory, Steinberg, & Sousa, 2003). National and local elections are increasingly influenced by Latino votes. Recent legislative actions concerning immigration have, in part, been slowed by politicians' concern about the impact of legislation on Latinos as a voting block. Third, Latinos share many similar values which are rooted within the lives of post-colonial Latin America. The centrality and importance of these values contrast to those of the dominant U.S. society and set Latinos apart as a distinct and evolving group.

VALUES AND THEIR TRANSLATION INTO SKILLS

Several key values are extremely important to all social work practice with Latinos. While the several presented are only a partial list, they form a core that binds Latinos and will help social workers who are new to providing services to the population. Each of these values has important practice implications for working with Latinos with HIV/AIDS. In general, the values expressed below are extensions of the overall collectivist values that many Latinos hold, which compares to the more individualistic values of the dominant American culture. These collectivist values have been shown to be adaptive in that they have lead to historical group cohesion during times of social disruption and distress (Cabrera & Padilla, 2004) and have been shown to be a protective factor inculcating against some types of psychosocial problems, such as substance abuse (Sale, et al., 2005).

Familismo

Social workers and other professionals new to working with Latinos often misinterpret the importance of family and its centrality in how Latinos view identity and existence (Lugo Steidel & Contreras, 2003; Valenzuela & Dornbusch, 1994). For white Americans, the individual is viewed as the most essential unit of analysis. We tend to think of people as individuals who live in the context of environments and groups (Williams, 2003). Social work in the United States is largely a reflection of this individualistic focus. For instance, one of the most central organizing principles of social work practice is "person in the environment" (Ashford, LeCroy, & Lortie, 2001). In this perspective, the individual is located within various levels of systems that form its social context and create its reality. However, implicit within this perspective is the centrality of the individual to the practice model. This perspective breaks down for work with Latinos who view themselves as inextricably connected to family life in ways that white Americans cannot understand (Garcia & Zuniga, 2007). Social workers often express confusion at Latinas' willingness to sacrifice their well-being for their families and may "diagnose" them as having poor boundaries or insufficient individuation. The worker may seek to help women develop individual goals and more "ego" strength. These concepts are largely inconsistent with Latinos' culture in which such concepts will sound selfish (Cauce & Domenech Rodríguez, 2002). When working with Latinos, workers need to suspend or "bracket" their negative assumptions about how their clients relate to their family members and adopt a strengths-based orientation.

Personalismo

Personalism, or personalismo, refers to Latinos preference for warm, personal and engaged relationships (González-Ramos, Zayas, & Cohen, 1998). This applies to both the helping relationship and the nature of agency life itself. For instance, cold, impersonal, highly structured and bureaucratic services often make Latinos feel unwelcome. While respecting professional roles and expertise is extremely important, this respect is not of a detached and distant manner. Professionals are expected to be engaging, warm, kind, and empathic. It is also valuable for social workers to share some personal information about themselves and especially their own families. Self-disclosure of this nature is an

important practice skill. It helps Latinos feel a sense of trust and view their social workers as authentic, real and caring people. This is especially important when providing services to Latinos, such as newly immigrated or undocumented residents, who have good cause to mistrust mainstream institutions.

Orgullo and Respecto

Orgullo, or pride, is an extremely important value within Latino communities. Orgullo manifests as pride for one's cultural identity, pride about one's skills and capacities, and pride for the ability to maintain one's family. Orgullo at times may make it difficult to seek and receive help, as Latinos often perceive the need for help as harming their sense of self (Delgado & Humm-Delgado, 1982). Respecto, or respect, is a key value within Latino communities. As treating individuals with dignity and respect is a core social work value, social workers should find adhering to this value congruent with their practice. However, what constitutes respect can differ greatly between Latinos from different countries of origin and between individuals within groups. It is therefore important for social workers to ask their clients about their own understanding of respect and what the worker can do to make them feel respected. As a general guideline, social workers can demonstrate respect by attempting to value the cultural and personal worth of all of their clients. It is also important that social workers spend a great deal of time establishing a quality helping relationship before they "intervene" in a manner that would make a Latino feel judged or criticized. Analysis and clinical interpretations, while an important part of some clinical systems, should be used judiciously with Latinos by those from other cultural contexts, especially early in treatment. Critical analysis can often be viewed as being disrespectful, as tact and delicacy are important cultural means of expressing respect.

Machismo

Within Latino society, machismo is considered the constellation of ideal male characteristics which include physical power, social domination, and a discounting of feminine characteristics. The roots of machismo have been traced to the influence of Catholicism on indigenous peoples and the reaction of indigenous men to their own subjugation at the hands of Spanish Conquistadors (Hardin, 2002). Too often, the "negative" aspects of machismo have been highlighted. Taylor and Behnke (2005) contend that a central component of machismo is centered on the role of the Latino father and their capacity to provide for the family and the lengths they will go to do so. Latino men who for socioeconomic reasons are unable to engage in this pro-social aspect of machismo may engage in other, less positive ways of proving their worth and masculinity. When working with Latinos, it is important to recognize that machismo can often be a double edged sword. On one hand, many Latino men believe they can handle problems on their own and will therefore neglect to seek services. On the other hand, Latino men can be helped to tap into the more positive aspects of machismo, their responsibility to family and community, as a motivation for seeking help and resources. The other side of machismo is Marianismo. In Marianismo, women are expected to be

subservient and obedient to their men (Sherraden & Barrera, 1997). As we shall see, this has important implications in terms of safe sex and sexual choice.

SERVICE DELIVERY CONSIDERATIONS FOR LATINOS WITH HIV/AIDS

As noted, culturally sensitive practice with Latinos with HIV/AIDS is influenced by a large degree of within-group variation. Therefore, the information presented must be carefully applied after assessing the specific needs of each client and their system. The following are specific suggestions for delivery of effective, culturally relevant social work interventions to Latinos with HIV/AIDS. They draw upon important ideas from the previous discussion on values and extend to other important clinical and macro level issues.

Spanish Speaking Service Providers for Less Acculturated Clients

There exist various degrees of acculturation within the Latino culture. For those clients that are less acculturated and speak mostly Spanish, services should be provided in Spanish to reduce misinformation and miscommunication (Aronstein, 1998; Deren, Shedlin, & Beardsley, 1996; Giulino, 1998). For example, specific details about anti-retroviral medication regimens may be complex and difficult to understand even without a language barrier, so the potential for miscommunication should be removed whenever possible. Furthermore, medical terminology regarding AIDS symptomology and pharmacology should be phrased to clients in easy to understand, jargon-free language.

Culture-Bound Illnesses and Folk Healing in Medical Care

When working with HIV, the client's sicknesses and ailments are often a subject of discussion with the social worker. Culturally sensitive practice entails awareness of culture-bound illnesses such as *empacho*, which is a stomach ailment, *embrujado*, which is erratic behavior possibly due to bewitchment (Koss-Chioini & Canive, 1993), and *ataque de nervios*, a panic reaction following a time of grief (Guarnaccia, DeLaCanceela, & Carillo, 1989). Being acquainted with these conditions within the Latin culture can help the practitioner determine what is a culture-bound syndrome and what may indicate the need for medical or psychiatric intervention.

In evaluating culture-bound syndromes in Latin American culture, the social work practitioner must also maintain an awareness of the role of folk healers, priests, etc., who treat such illnesses. In immigrant populations coming from Mexico and Central America, the *curandero*, or folk healer, would treat such illnesses. A potential problem is that c*uranderos* sometimes claim that they can "cure" HIV (Bowden, Rhodes, Wilkin, & Jolly, 2006) and also numerous culture-bound illnesses through less traditional interventions such as the use of herbs (Land, 2000), teas purchased at a *botanica* (botanical shop) (Delgado & Santiago, 1998), and intercession and healing services, which could lessen the clients' efforts to avoid infection or participate in traditional medical treatments. Social workers should be sure to advise clients to use the alternative herbal therapies only with physician approval.

Sometimes the culture-bound traditions impede care or place an individual at risk. Consider a case where uninfected Latino immigrants were known to wear amulets (available at local Latino grocery stores called *tiendas*) around their wrists to protect them from sexually transmitted diseases (Bowden, Rhodes, Wilkin, & Jolly, 2006). Myths such as this should be addressed with facts in order to save lives.

Recognition of Importance of Traditional Religion

Recitation of prayers, praying to the saints, blessing oneself with holy water, wearing holy artifacts (Land, 2000) and lighting religious candles are important elements of Latino practice of Catholicism. Prayers to the Our Lady of Guadalupe or other representations of Mary are common especially during times of crises. Acknowledgement that these are important practices to Latino clients may be helpful to their establishing a bond with the social worker.

Sexuality and Latino Culture

One Latina service provider interviewed in the Bowden, Rhodes, Wilkin, and Jolly (2006) study reported, "The Catholic influence that sex is for procreation and not for pure enjoyment, combined with the idea that talking about sex encourages more sexual activity, poses barriers to educating the Hispanic population about HIV/AIDS (p. 553)." This silence surrounding sexuality in Latino culture affects different Latino sub groups in varying ways and poses different challenges to social workers.

HIV Positive Gay, Lesbian, & MSM Latinos

Diaz (1998) reports that open discussion of sexuality is often seen as taboo in Latino culture. When this sexuality taboo and the concept of machismo collide, many gay Latinos often feel alienated from their own culture. Hunter and Hickerson (2003) note that "the primary allegiance for Latino lesbian and gay persons usually remains with their ethnic identity, their community, and most prominently, their family" (p. 24). By disclosing both their HIV status and homosexuality, it can cost these individuals their family support (Hunter & Hickerson, 2003). Also, to complicate matters, there are men who identify as heterosexual yet engage in risky (unprotected) sexual behavior with other men without informing their female partners (Wolitski, Jones, Wasserman, & Smith, 2006). This is a significant problem in the Latino community as Fernandez et al. (2005) found that 43% of Latino MSM (men who have sex with men) are having unprotected sex, with 22.5% of those men being HIV-positive. To address the needs of Latino MSM, The Sex Check was developed (Katz et al., 2005). Katz et al. (2005) describe The Sex Check as a brief, one-on-one, telephone-delivered HIV prevention intervention used to target individuals who were at risk for HIV infection or transmission but were not seeking support or engaging in harm-reduction strategies. Social workers can use interventions such as The Sex Check to aid them in discussing issues around sexuality with their clients. Also, social workers working with HIV-positive gay, Lesbian, bisexual, transgender, and MSM Latinos must maintain a constant awareness of the role that their culture plays on expressing their sexuality.

Latina Women's Sexuality

Women of color have a history of disenfranchisement, oppression, and marginalization in both the U.S. and global community. This oppression expresses itself in a myriad of ways. One method of controlling women's sexuality is to control their access to reproductive health services and information. Latina women have suffered such oppression and as a result are reluctant to encourage condom use "because women fear verbal and physical abuse and because condoms are associated with prostitution, poor hygiene, and contraception" (Land, 2000, p. 90). Social workers can help confront the oppression present in Latinas' primary relationships by making referrals to culturally sensitive physicians and other medical professionals who can educate them about issues surrounding their reproductive health. Social workers can also provide assertiveness training techniques to Latina clients to help facilitate more equality in their relationships.

The Family as a Supportive and Preventative Mechanism

The value that Latinos place on the family has been well-documented. However, a scarcity exists in the availability of HIV prevention literature about the role of the Latino family in helping to mitigate risk factors associated with the HIV virus. Despite this scarcity, social workers can examine and draw from research focused on other minority populations to gain knowledge and find some relevant practice guidelines. Icard, Schilling, and El-Bassel (1995) found that when comparing two groups of African American parents who had received standard HIV prevention training, the experimental parental group that received communication and problem solving skills training were found to feel more comfortable talking with their children about sex and safer sex practices. Social workers can adapt certain techniques and strategies for use with this population to reflect a cultural practice that is sensitive to their client's needs.

Latino families also, as noted before, provide much tangible as well as intangible support to their families. However, special attention must be paid to Latina women. Latina women are often the main caregivers in the home, and when they are HIV-positive they must carry the burden of caring for themselves and the other people in the household. Often their own needs for rest and reduced stress are ignored (Remor, Penedo, Shen, & Schneiderman, 2007). In addition to the numerous responsibilities taken on by HIV-positive Latina women in the household, the pervasive cultural attitude mandates that the caretaking activities of household members be placed solely on the immediate family, making the hiring of a personal assistant prohibited. Social workers should provide education to caregivers about issues regarding burnout and provide linkages to organizations offering respite care in an effort to help clients deal with the stress of caretaking.

LATINO SUPPORT GROUP CASE STUDY

A common method of service delivery in ASOs (AIDS service organizations) targeted at sub-groups of the HIV/AIDS population is the use of culture-specific or age-specific support groups. At a local ASO in the community of Charlotte, North Carolina, targeted support groups are offered for adolescents and Latinos with HIV. Based on

actual group dynamics seen at the ASO, the following is a composite case example of a Latino social worker facilitating a support group for Latinos infected or affected by HIV. Notice the following Latino-related themes: the worker establishing personal contacts with the clients, viewing the group as an extended family, the need for Spanish-speaking practitioners and culturally sensitive agency procedures, the *machismo* tendency to see females as caregivers, and the importance of spiritual beliefs and practices. The following AIDS-related themes are illustrated: the need for support at times of crisis such as hospitalizations, PLWHA's lack of support due to isolation or death of partner, judgments made about the mode of one's transmission, the presence of debilitating symptoms such as forgetfulness due to AIDS-related dementia, and struggles around if, when, and/or how to disclose one's seropositive status to family members. The group is led in Spanish, but for purposes of usage, dialogue will be presented in English.

Isabel heads down the hall of her workplace, an urban AIDS service organization (ASO) located on the outskirts of a Latino community. She is on her way to lead a support group offered once a month for Latino clients of the agency. She mentally thinks through who will be in attendance. She knows who will be at the group meeting because she is conscientious to call each of her members the day before to remind them of the meeting time and find out if they will attend. She knows this practice is much more effective than the use of mailings or flyers. Her group population responds well to her personal contacts. (Isabel has effectively utilized the value of personalismo to reach her clients and encourage attendance for the support group).

As she enters the group room, an older lady named Rosa is talking with other members about their visit to see Maria in the hospital earlier in the week. Maria, a group member, has had back to back hospitalizations for kidney failure, as a consequence of her AIDS.

"Who will visit Maria tomorrow?" Rosa asks.

"I will. Do you want me to pick you up, also?" responds Jose, a young man who contracted HIV through an IV drug habit. (Jose is offering tangible support to Maria and providing others the opportunity to participate by offering transportation to the hospital; He views the group as an extended family).

"Yes, I would. She needs visitors. We're all she has …I don't have anyone to visit me since my dear husband died of respiratory failure from his AIDS so I'll be there for Maria," says Rosa. (Rosa shows compassion for Maria and provides support as she is aware of the hardships associated with dealing with the illness without a partner).

After a few minutes of group discussion about Maria and the importance of feeling connected to a group of supportive people at times of crisis, the door to the group room opens.

"Sorry we're late," says a young couple, in unison. "We had trouble finding the place."

"Did the receptionist lady give you directions? Because I got lost my first time, too. I couldn't follow all those crazy street names. Look, just remember to turn left at the fire station, then another left at the funky pink daycare center and you're here," explains Chico. (Chico fills in a gap regarding culturally sensitive agency procedures by providing directions with landmarks so that the couple may better find the meeting location).

Isabel smiles because she has noticed that her clients respond well to following directions using landmarks. She's learned to use that method to help get them to their numerous medical and resource appointments around the city. She knows it is the young couple's first meeting, but she doesn't want to lose an opportunity to point out the importance of promptness.

"Try to be on time, because it's important to get in that habit. What happens if you're late with a dosage of medications or you're late for your new doctor or late for your appointment for emergency rent help?" Isabel asks.

"They skip over you. Yep, they do," confirms Rosa.

"Remember, if anyone needs a calendar I have some free ones from drug companies to share with you. It's very important to keep your appointments written down so you won't miss them if you have memory difficulties," explains Isabel.

"I've been having a hard time with forgetting things the last couple of months," confides Jose. "I found something that helps. I have Chico call me the morning of my appointments to make sure I remember and I do the same thing for him." (Notice how the group members find supportive solutions to dealing with such symptoms like AIDS related dementia by calling each other on the day of their appointments).

"Yea, when he remembers…which is rarely!" chides Chico, with a laugh.

"I don't need anyone to call me. Lupe tells me what I need to do. She keeps it all straight," says Julio. Julio and his wife, Lupe, are regular attendees, but rarely participate in the group discussions.

"Does she make your appointments, too?" asks Isabel, the group facilitator.

"Of course! What's a wife for?" laughs Julio.

The group collectively looks puzzled and concerned.

Jose asks Lupe, "Why are you taking all the responsibility for your husband's care?"

Lupe shrugs her shoulders and looks to Julio in a subordinate manner.

Chico, a gay man who contracted the virus from a partner who did not disclose his own positive status, says, "Honey, your man needs to take care of his own stuff…and mister, you need to take responsibility for your own treatment." (The group notices the cultural values of machismo and confronts both Lupe and Jose

to take responsibility for themselves and how the disease is affecting each of them).

Julio seems threatened and volleys back, "What do you know about marriage anyway, you (Spanish gay slur)!" (Julio demonstrates prejudice and bias regarding Chico's sexuality by insulting him with a derogatory slur).

Jose chimes in with "Hey, we're all family in here. We don't put each other down. It doesn't matter how you got it, now you have to deal with it."

Isabel intervenes, interjecting the importance of personal responsibility and of someone taking ownership for care. "Mr. Sullivan may extend you more grace in your case management meetings," says Isabel, making reference to the fact that Mr. Sullivan, a non-Latino practitioner may be overcompensating in an effort to be culturally sensitive. "I will not allow group family members to be disrespectful in this place," adds Isabel.

"That is the truth," adds Rosa.

"Julio, you may not understand this now, but from now on if you need something from me, I'd like you to make the call, not Lupe," explains Isabel. She feels that his disengagement from the coordination of his care is part of Julio's denial at being HIV positive and shows he doesn't want to deal with it.

The group discussion continues, with various members drawing out the new couple and finding out their story. They have both recently been diagnosed as positive, and are struggling with the decision of whether or not to tell their families back in Guadalajara. (Lupe and Julio struggle with whether or not to reveal their HIV status to their families, which is a major decision that could result in reduced support from their families).

"I'd like to close the meeting with a prayer to Our Mother Mary, for help for Maria in the hospital," says Rosa, gathering up the hands of those on each side of her. (By closing the meeting with a prayer to a Catholic saint, group members feel validated and that their religious beliefs are valued and respected). The group closes in prayer for one of their "family" members.

CONCLUSION

The preceding case study demonstrates examples of how values and skills are implicated in providing services to Latinos with HIV/AIDS. The case example also points out the complexities of providing culturally competent services. It is important to note that developing cultural competence is a lengthy process; and while we have explored many key issues in working with HIV-positive Latinos, social workers are encouraged to view the development of cultural competence as a life-long journey. This is especially true when working with a population as diverse as the Latino community. Working with Latinos suffering from HIV/AIDS challenges social workers to understand the confluence of complex and varied psychosocial factors; social workers providing services to this population are also working with two groups who have been the recipients

of tremendous discrimination. In addition to direct practice interventions, social workers are encouraged to engage in advocacy on the organizational and community levels to insure that increased and competent services are developed for Latinos. Future research is needed on effective means of providing services to this population.

References

Ashford, J. B., LeCroy, C. W., & Lortie, K. L. (2001). *Human behavior in the social environment: Multidimensional perspective*. Belmont, CA: Wadsworth/ Thomson Learning.

Aronstein, D. (1998). Organizing support groups for people affected by HIV. In D. Aronstein & B. Thompson (Eds.), *HIV and social work: A practitioner's guide* (pp. 293-302). Binghamton, NY: The Harrington Park Press.

Bowden, W. P., Rhodes, S., Wilkin, A., & Jolly, C. (2006). Sociocultural determinants of HIV/AIDS risk and service use among immigrant Latinos in North Carolina. *Hispanic Journal of Behavioral Sciences, 28,* 546-562.

Cabrera, N. L., & Padilla, A. M. (2004). Entering and succeeding in the 'culture of college': The story of two Mexican heritage students. *Hispanic Journal of Behavioral Sciences, 26*(2), 152-170.

Case Management Standards Work Group. (1992). *NASW standards for social work case management*. Washington, DC: National Association of Social Workers. Retrieved July 15, 2008 from http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp

Cauce, A. M., & Domenech Rodríguez, M. (2002). Latino families: Myths and realities. In J. Contreras, A. Neal-Barnett, & K. Kerns (Eds.), *Latino children and families in the United States: Current research and future directions* (pp. 3-25). Westport, CT: Praeger Publishers.

Centers for Disease Control and Prevention. *HIV/AIDS surveillance report, 2005* (Vol. 17. Rev ed.). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2007:[inclusive page numbers]. Also available at: http://www.cdc.gov/hiv/topics/surveillance/resources/reports/.

Chernesky, R., & Grube, B. (2000, November). Examining the HIV/AIDS case management process. *Health & Social Work*, *25*(4), 243.

Delgado, M., & Humm-Delgado, D. (1982). Natural support systems: Source of strength in Hispanic communities. *Social Work, 27*(1)*,* 83-89

Delgado, M., & Santiago, J. (1998). HIV/AIDS in a Puerto Rican/Dominican Community: A collaborative project with a botanical shop. *Social Work, 43*(2), 183-186.

Deren, S., Shedlin, M., & Beardsley, M. (1996). HIV-related concerns and behaviors among Hispanic women. *AIDS Education and Prevention, 8(4),* 335-342.

Diaz, R. M. (1998). *Latino gay men and HIV: Culture, sexuality, and risk behavior.* New York: Routledge.

Fernandez, M. I., Perrino, T., Bowen, G. S., Hernandez, N., Cardenas, S., Marsh, D., & Rehbein, A. (2005). Club drug use, sexual behavior, and HIV risk among community and internet samples of Hispanic MSM: Implications for clinicians. *Journal of Social Work Practice in the Addictions, 5*(4), 81-100.

Furman, R., & Negi, N. (2007). Social work practice with transnational Latino populations. *International Social Work, 50*(1), 107-112.

Garcia, B., & Zuniga, M. A. (2007). Cultural competence with Latino Americans. In D. Lum (Ed.). *Culturally competent practice: A framework for understanding diverse groups and justice issues* (3rd ed., pp.299-327). Belmont, CA: Thompson Higher Education

González-Ramos, G., Zayas, L. H., & Cohen, E. V. (1998). Child-rearing values of low income, urban Puerto Rican mothers of preschool children. *Professional Psychology: Practice and Research, 29*, 377-382.

Gregory, P. G., Steinberg, Y. J., & Sousa, C. M. (2003). *Voluntary community involvement of Latinos: A literature review.* Unpublished manuscript. Download at: http://www.ucce.ucdavis.edu/files/filelibrary/5433/8114.pdf

Guarnaccia, P., DeLaCanceela, V., & Carillo, E. (1989). The multiple meanings of Ataque de Nervios in the Latino community. *Medical Anthropology, 11,* 47-62.

Guilino, P. U. (1998). Individual clinical issues. In D. Aronstein & B. Thompson (Eds.) *HIV and social work: A practitioner's guide* (pp. 165-182). Binghamton, NY: The Harrington Park Press.

Hardin, M. (2002). Altering masculinities: The Spanish conquest and the evolution of the Latin American machismo. *International Journal of Sexuality and Gender Studies, 7*(1), 1-22.

HOPWA funding. (1999). *AIDS Policy & Law, 14*(18), 12.

Hunter, S., & Hickerson, J. (2003). *Affirmative practice: Understanding and working with lesbian, gay, bisexual, and transgender persons.* Washington, DC: NASW Press.

Icard, L., Schilling, R., & El-Bassel, N. (1995, September). Reducing HIV infection among African Americans by targeting the African American family. *Social Work Research*, *19*(3), 153-163.

Katz, J., Orellana, E., Walker, D., Viquez, L., Picciano, J., & Roffman, R. (2005). The Sex Check: The development of an HIV-prevention service to address the needs of Latino MSM. *Journal of Gay & Lesbian Social Services*, *18*(1), 37-49.

Koss-Chioini, J. D., & Canive, J. (1993). The interaction of popular and clinical diagnostic labeling: The case of embrujado. *Medical Anthropology, 15,* 171-188.

Krisberg, K. (2006). Changes for Ryan White Act as HIV/AIDS evolves in U.S. *Nation's Health, 36*(2), 1-14.

Land, H. (2000). AIDS and women of color. In Lynch, V. (Ed.), *HIV/AIDS at year 2000* (pp.79-96.). Needham Heights, MA: Allyn and Bacon.

Leigh, J. W., Jr. (1985). The ethnically competent social worker. In J. Laird and A. Hartman, (Eds.), *A handbook of child welfare: Context, knowledge, and practice* (pp. 449-459). New York: The Free Press.

Linsk, N., & Keigher, S. (1997). Of magic bullets and social justice: Emerging challenges of recent advances in AIDS treatment. *Health and Social Work 22*(1), 70-74.

Little, W. E. (2004). *Mayas in the marketplace*. Austin, TX: University of Texas Press.

Lugo Steidel, A., & Contreras, J. M. (2003). A new familism scale for use with Latino populations. *Hispanic Journal of Behavioral Sciences, 25,* 312-330.

Marotta, S. A., & Garcia, J. G. (2003). Latinos in the United States in 2000. *Hispanic Journal of Behavioral Sciences, 25*(1), 13-34.

Remor, E., Penedo, F., Shen, B., & Schneiderman, N. (2007). Perceived stress is associated with CD4+ cell decline in men and women living with HIV/AIDS in Spain. *AIDS Care, 19*(2), 215-219.

Sale, E., Sambrano, S., Springer, J. F., Pena, C., Pan, W., & Kasim, R. (2005). Family protection and prevention of alcohol use among Hispanic youth at risk. *American Journal of Community Psychology, 36*(3-4), 195-205.

Sherraden, M. S., & Barrera, R. E. (1997). Culturally-protective health practices: Everyday pregnancy care among Mexican immigrants. *Journal of Multicultural Social Work, 6(*1/2), 93-115.

Shernoff, M. (1998). Getting started: Basic skills for effective social work with people with HIV and AIDS. In D. Aronstein & B. Thompson (Eds.) *HIV and social work: A practitioner's guide* (pp. 27-50). Binghamton, NY: The Harrington Park Press.

Subways, S. (2005). ADAP status now: What you can do. *AIDS Treatment News, 412,* 4.

Taylor, B. A., & Behnke, A. (2005). Fathering across the border: Latino fathers in Mexico and the U.S. *Fathering: A Journal of Theory, Research, & Practice about Men as Fathers, 3(*2), 99-120.

United States Bureau of the Census. (1998). *United States population estimates, by age sex, race, and Hispanic origin, 1990-1997* (PPL-991). Washington, DC: U.S. Government Printing Office.

Valenzuela, A., & Dornbusch, S. M. (1994). Familism and social capital in the academic achievement of Mexican origin and anglo adolescents. *Social Science Quarterly, 75,* 18-36.

Williams, B. (2003). The worldview of dimensions of individualism and collectivism: Implications for counseling. *Journal of Counseling and Development, 81,* 370-374.

Wolitski, R. J., Jones, K. T., Wasserman, J. L., & Smith, J. C. (2006). Self-indentification as "Down Low" among men who have sex with men (MSM) from 12 US cities. *AIDS and Behavior, 10,* 519-529.

Author's note:
Address correspondence to: Rich Furman, Ph.D., Social Work, University of Washington, Tacoma, 1900 Commerce St, Tacoma WA 98402-3100. Email: rcfurman@u.washington.edu

An Adult Education Model of Resident Participation: Building Community Capacity and Strengthening Neighborhood-Based Activities in a Comprehensive Community Initiative (CCI)

Daniel Brisson
Susan Roll

Abstract. *Comprehensive Community Initiatives (CCIs) are of growing interest to social work and the social services field as they are an effort to move away from remediation of individual problems within neighborhoods to a comprehensive change effort that builds resident and institutional capacity for long term sustainability of healthy communities. Built on ongoing lessons learned from the community development field, CCIs are largely foundation supported projects that engage low-income neighborhood residents in a holistic change effort. However, based on what is known about community organizing, CCIs will likely face challenges as long as they involve a top-down approach with an outside funder entering a community to make change. This manuscript frames an adult education model of resident participation that can be used in CCIs and provides a case example illustrating the model in action. A discussion of how the model can be an effective means for communities to take advantage of outside resources while maintaining their power and voice for change is offered in conclusion.*

Keywords: *Adult education; community development; community capacity; comprehensive community initiative; resident participation*

The War on Poverty was first declared by President Johnson in his State of the Union address in January of 1964. Yet today, 37 million people in the US remain in poverty (US Census Bureau, 2007). Poverty is associated with, and confounded by, a number of social issues including high crime, unemployment, poor health and educational outcomes, homelessness, substance abuse, and juvenile delinquency (Booth & Crouter, 2001; Brooks-Gunn, Duncan, & Aber, 1997). The disproportionality of families living in poverty by race, ethnicity and legal status further complicate this complex dynamic (Massey, 1990; Quillian & Redd, 2006; Wilson, 1987).

In addition to the vast social impacts, poverty has far reaching policy implications including financial responsibilities from local, state and federal sources, housing, welfare and publicly funded health insurance programs (Jencks & Mayer, 1990; Joassart-Marcelli, Musso, & Wolch, 2005; O'Conner, 1999; Wilson, 1987). The illumination of the depth of the problem that was brought forth in the 1960s has been tempered by political and social battles over welfare expenditures, undocumented immigrants and "family values." With such far reaching implications, notwithstanding the moral and ethical obligations of the wealthiest nation in the world to care for its citizenry, it is of critical import that social scientists work cooperatively with policy makers, private funders, communities, and social work practitioners to address issues related to poverty.

Daniel Brisson, Ph.D., is an assistant professor and Susan Roll, MSW, is a doctoral candidate in the Graduate School of Social Work at the University of Denver.

In response to the multiple issues facing families in impoverished neighborhoods, practitioners have attempted varied community development initiatives aimed at improving outcomes for low-income community members (Annie E. Casey Foundation, 2007; DeSouza Briggs & Muller, 1996; Rohe, Bratt, & Biswas, 2003). The most recent approach is the Comprehensive Community Initiative (CCI). CCIs are an effort at addressing, in a comprehensive way, the myriad issues facing families in low-income neighborhoods, typically by bringing together community leaders, and the varied organizational and governmental stakeholders to work for common community solutions.

On the surface, and based on what is known about community organizing, the success of CCIs will be partly based on an initiative's ability to navigate the tension between resident participation and a top-down approach of an outside funder entering a community to make change. There are examples from across the country of well-meaning philanthropies and foundations investing money in a community only to see that the power differential, the lack of community buy-in, and the differences in culture and values present obstacles that the project cannot overcome (Brown & Fiester, 2007). We suggest, however, that through the careful development of resident participation, CCIs can be an effective way for communities to take advantage of outside resources while still maintaining their power and voice for change.

Resident participation, a cornerstone of CCIs, is critical for building community capacity and neighborhood-based initiatives (Annie E. Casey Foundation, 2007). Resident participation allows community change efforts to sustain healthy communities over time. One of the most clearly articulated and applicable theories for resident participation can be found in the field of adult education. Although multiple definitions of adult education can be found in the literature, it generally refers to the development and acquisition of knowledge by adults through both formal and informal methods that bring about changes in attitudes and behaviors that in turn affect both the individual and society (Selman, Selman, Cooke, & Dampier, 1998). Because adult education is voluntary, those who participate are generally highly motivated. In addition, particularly when it involves learning skills through community engagement, adult education has a benefit for both individuals and the community as a whole.

What is unique about this presentation is two-fold. One, although adult education has made significant contributions to the field of social work and community development, the linkages have not been made explicit. CCIs are a growing resource for communities; however, if resident participation through adult education is not carefully developed, neighborhoods will not be successful in capturing this valuable resource. As was seen in the Model Cities project of the 1960s, money alone is not the answer for community change. Meaningful resident participation cannot be assumed. A thoughtful and often time consuming process of resident engagement is critical. Second, this manuscript offers a prescription, using a specific case example, for engaging residents in change. While activists and academics alike hail resident participation as tantamount to creating meaningful change, often this charge is not articulated in a practical model that can be applied by practitioners.

The contribution of this manuscript is to provide a concise and practical model of resident participation that can be used in CCIs as well as other community change efforts in marginalized communities. The model is informed from the well developed literature on adult education, with a focus on critical learning, citizenship, and civil society (Johnston, 1999; Mezirow, 1996; Welton, 1997). The manuscript begins with a discussion of adult education in the context of critical learning theory as a rationale for a resident participation model. Then, a detailed description of CCIs as a holistic community change strategy to address the multitude of urban poverty issues is offered. An adult education model of resident participation is then presented with case examples at every stage illustrating the practical application of the conceptual model. A critique and implications are considered in conclusion.

RATIONALE FOR RESIDENT PARTICIPATION

Resident participation, at its best, is the voluntary gathering of individuals and groups with the intention of making positive change on specific issues for improved quality of life for the entire community (Gamble & Weil, 1995). Although resident participation is an essential component of a CCI, the CCI literature does not address the development of resident participation as does the adult education literature using language such as *critical learning theory* (Brookfield, 2005; Mezirow, 1996), *citizenship* (Johnston, 1999; Welton, 1997), and *civil society* (Gramsci, 1986). Also known as "lifelong learning" (Johnston, 2000), adult education forms the conceptual underpinning of resident participation. Johnston (2000) articulates it well when he says, "one of the most important agendas for lifelong learning is education for active citizenship" (p.22).

In the development of critical learning theory, adult educators have long recognized issues of power and control in civic engagement as well as the promise of positive outcomes when community members are actively involved in decision-making through a process of critical reflection. Brookfield (2005) suggests that fully integrating several different types of learning such as reflexive learning, evolutionary learning, and communicative action into community change efforts is the necessary component to overcome innate issues of power, particularly in disadvantaged communities. Critical learning theory's focus on free and open communication allows adult learners to confront issues of power and also allows for the exploration of multiple types of learning.

A leading scholar on critical learning, Mezirow (1996) addresses the issue of the critical self-reflection of assumptions. This is particularly important in diverse communities and where an outside agency is coming in to make change. Presuppositions and prejudices commonly get in the way of progress. Here, each individual involved in the process, from the facilitators to the resident participants, must be meaningfully engaged in the change effort. Drawing on the writings of Habermas, Mezirow (1996) outlines the specific conditions under which members are free to participate in change efforts, including an open and inclusive environment in which each individual is free to discuss and question without judgment, the encouragement and space to critically reflect and share differing views and opinions, and the ability to come to a consensus that is informed and objective.

Citizenship is another prominent theme in the adult education literature which underscores the importance of resident participation. Johnston (1999), in his discussion of citizenship and social purpose adult education, suggests a framework for adult learning through citizenship that includes both reflective citizenship, e.g. critical learning and active citizenship where individuals are involved in community change efforts. Welton (1997) and others (Hill, 1994; Mayo 1997; Newman, 1995) also illustrate citizenship as a crucial component of social change as individual learners become invested in the betterment of their community.

Finally civil society, made up of social, voluntary and non-government organizations provides a context for adult learning through social change efforts. It is precisely this absence of government in the context of civil society that allows adult learners to have power to make change (Gramsci, 1986). Many examples of change efforts by traditionally disempowered groups are seen in the context of civil society (Johnston, 1999).

Particularly in the realm of civil society, issues of race, class, gender and ethnicity play key roles in defining power structures that either create or inhibit change. For example, Nesbit (2006) suggests that while it has been missing from conversations of adult learning, social class clearly plays a central role in power dynamics and social strata. He shows that this context influences education and education, in turn, affects the broader social arena. Civil society is the arena in which social change through adult learning can flourish. Different from government, this realm of society is ideally free from structured power and thus can create power based on equality and inclusivity. Although no community is totally free from the many pitfalls of power differences, successful and sustainable change in low-income neighborhoods will only come from within this context.

RESIDENT PARTICIPATION IN A CCI

Resident participation in CCIs presents a unique situation that calls for critical thinking about participation strategies and stages. Residents are likely to participate in an externally funded project only if they are included in goal development, planning and implementation of activities. Typically, resident participation is mobilized through a grassroots effort around a common issue or concern. For CCIs however, there is a basic difference from classic grassroots community change efforts. Namely, initiators of CCIs are likely to be philanthropic foundations often in partnership with local governments or with some set of local organizations as partners for change. Therefore, rather than the gradual process of building resident participation, or the militant mobilization against a clear neighborhood foe, residents of communities which may be "targeted" for CCIs face a complex set of potential benefits as well as likely risks.

What is a CCI?

CCIs are largely foundation supported projects that engage low-income neighborhood residents in a holistic change effort. CCIs have extended from the

Community Development Corporation (CDC) movement in the 80s and 90s (Glickman & Servon, 1998; Rohe, 1999; Rohe et al., 2003). The CDC movement attempted to address issues faced by families in low-income neighborhoods by focusing on housing needs. As numerous additional needs became apparent, CDCs took on the tasks of community organizing and business development in neighborhoods, broadening and addressing multiple issues in low-income neighborhoods (Glickman & Servon, 1998; Rohe, 1999). The broadening of the CDC mission spurred the development of CCIs as the next wave of interventions in low-income communities. According to the Aspen Institute's Roundtable on Community Change, there are at least 16 CCIs with participation from over 50 communities around the country (Roundtable on Community Change, 2008).

Most often funded through philanthropic organizations, but occasionally by government bodies, CCIs promote change at the individual, neighborhood and systems level (Aspen Round Table, 1995). This change is realized through the development of both community capacity and a set of comprehensive, neighborhood-based activities that permeate through physical, social, and economic sectors (Aspen Round Table, 1995; Kubisch, 1996). Key to capacity building in the neighborhood is genuine participation by residents in the community change effort and thus resident participation becomes a fundamental building block of social change in low-income communities (Aspen Round Table, 1995; Kubisch, 1996).

Resident Participation Applied to a CCI Framework

Figure 1 illustrates how resident participation is applied to the CCI framework. According to the model, resident participation is the essential element for the development of both community capacity and neighborhood-based activities – which together result in the success of CCIs. As articulated in the CCI literature, the development of both community capacity and neighborhood-based activities then produces improved outcomes at the individual, neighborhood, and system levels (Kubisch, Auspos, Brown, Chaskin, Fulbright-Anderson, & Hamilton, 2002).

FIGURE 1.   **Resident Participation Applied to a CCI Framework**

```
                    ┌─────────────────────────┐
                    │  Resident Participation │
                    └─────────────────────────┘
                       ↙                 ↘
   ┌──────────────────────────┐   ┌──────────────────────────┐
   │ Build Community Capacity │   │  Develop Comprehensive   │
   │                          │   │ Neighborhood-based Activities │
   └──────────────────────────┘   └──────────────────────────┘
                       ↘                 ↙
             ┌──────────────────────────────┐
             │   Improved Outcomes at the   │
             │ Individual, Neighborhood, and│
             │        System Levels         │
             └──────────────────────────────┘
```
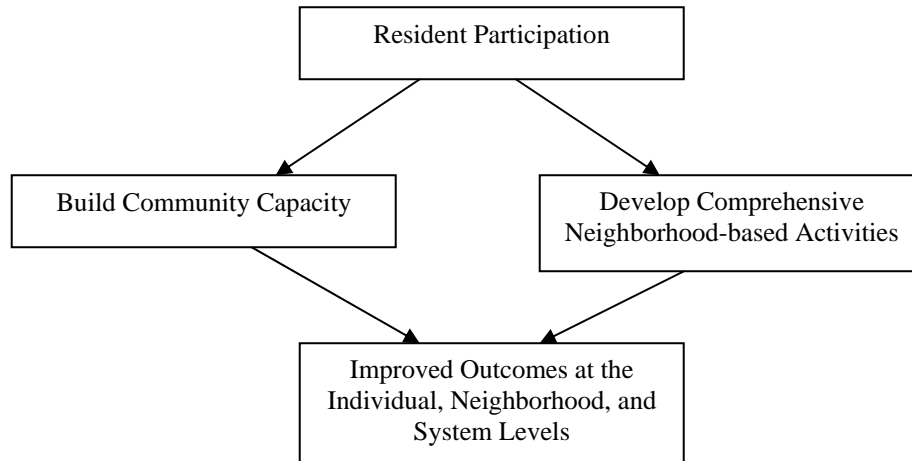
The development of community capacity is the first essential element for improved outcomes for families. Like similar concepts of social capital (Coleman, 1988; Putnam, 2000) and collective efficacy (Sampson, Raudenbush, & Earls, 1997), community capacity is realized through the actions and interactions of individuals, organizations, and networks of a community (Bowen, Martin, Mancini, & Nelson, 2000). Chaskin (2001) defines community capacity as "the interaction of human capital, organizational resources, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of a given community. It may operate through informal social processes and/or organized effort" (p. 295). Chaskin goes on to note that differences in community capacity can affect safety, economic opportunities, health and educational outcomes and the general quality of life for individuals and families.

In his framework, Chaskin (2001) defines the fundamental characteristics of community capacity. First is a sense of community where members share values, norms and vision that allow them to work together for a collective purpose. Second is a level of commitment where people see themselves as part of a community and are willing to participate in activities for the betterment of the community. Third is the ability to solve problems, which Chaskin emphasizes as a key to community capacity. It is through the ability to solve problems that ideas and concepts are turned into action. Fourth and finally, Chaskin identifies access to resources which include human, physical, political, and economic, from both community resources as well as outside resources, as a fundamental aspect of community capacity. These four building blocks of community capacity are reflected in adult education discussions of critical learning, citizenship, and civil society.

The second critical component for supporting improved outcomes for families is the development of comprehensive neighborhood-based activities. This happens in two ways. First is an attempt to build on the strengths that already exist in the community. Second is

the identification and implementation of services where the neighborhood has needs (Kubisch, et al., 2002). While community work, until recently, focused on remediation of specific problems, for example housing, health or education, the CCI movement is an attempt at a more comprehensive approach to neighborhood improvement. This comprehensive approach frees an initiative from the constraints of categorical aid to communities and allows for pursuit of opportunities as they present themselves (Aspen Round Table, 1995), building on community strengths, and filling in service gaps.

Problematic in the CCI model is an inattention to the developmental process of resident participation. Despite the best intentions, establishing trust and building participation that is broadly based among residents and institutions in neighborhoods cannot be assumed (Brown & Fiester, 2007). Adults in many low-income neighborhoods have justifiably become very skeptical of "outsiders" who seek community change (Kretzmann & McKnight, 1993; Medoff & Sklar, 1994). There are noticeable failures among community change efforts to "maintain" participation when adults feel they are used only to "sign off" but not to influence directions of plans and change (Twelvetrees, 1996). Residents of low-income communities have all too often engaged in work for neighborhood improvement or development, only to find that there were strict limits on opportunities for participation, or that their engagement was seen only as an entry into the community rather than an authentic step towards partnership. To address this oversight, an adult education model of resident participation is now offered. A case example for each of the stages is offered to illustrate the practical application of the model.

AN ADULT EDUCATION MODEL OF RESIDENT PARTICIPATION

Figure 2 is an adult education model of resident participation built on theory and past practice successes, designed specifically for implementation in a CCI. Table 1 details in tabular format the specific contributions of each stage.

As seen in Figure 2 and informed by critical learning theory, action and learning pervade every developmental stage of resident participation. It is through action and learning that residents build skills and confidence that can lead to sustainable community change (Mezirow, 1996). Action is necessary for change to take place, while learning is necessary to move the developmental process from one stage to the next. Although Figure 2 can be viewed as a linear process, it is important to keep in mind the constant activities of action and learning taking place concurrently, empowering both individuals and the community. Thus, resident participation develops both by moving down the developmental model in stages, and through feedback loops, created through the process of action and learning, that can move residents back up to a previous stage of the model.

FIGURE 2:   An Adult Education Model of Resident Participation
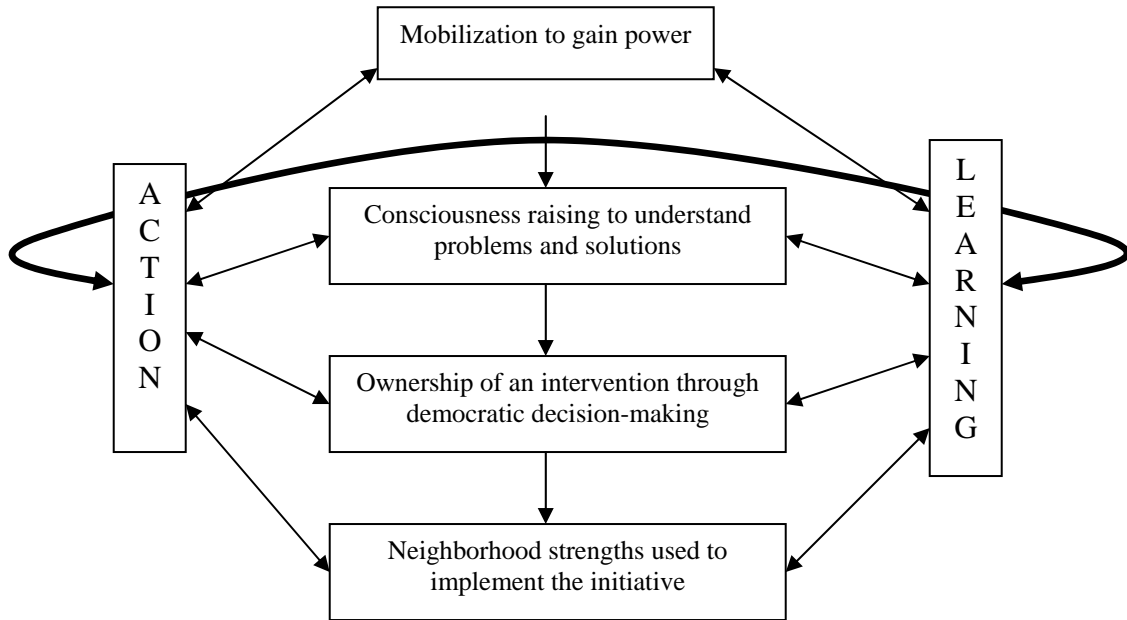
Successfully navigating the potentially problematic power differential is critical to the success of a CCI. In a CCI, a necessary precursor to mobilization is a funding source for community development, but often a crisis that demands community action stimulates the change process. In either scenario, the process for engagement in participation needs an early focus on mobilization of the members within the community in response to the unequal power between an external funder and the community residents. Here adult education plays a key role in managing the unequal distribution of power (Cervero & Wilson, 1994).

TABLE 1:   An Outline of the Model and Contributions at Each Stage

Characteristics of the participation model	Contribution to the development of community capacity and neighborhood-based activities
Action and learning	- Refines action and interaction skills of community members - Builds problem solving skills
Mobilization to gain power	- Builds a sense of community - Develops networks of relationships - Provides access to resources - Builds a representative forum for decision-making
Consciousness raising to understand problems and solutions	- Reveals hidden resources - Builds a sense of community - Develops networks of relationships - Builds problem solving skills - Develops trust - Facilitates commitment of community members
Ownership of an intervention through democratic decision-making	- Builds a sense of community - Develops trust - Facilitates commitment of community members - Builds problem-solving skills
Neighborhood strengths used to implement the initiative	- Facilitates commitment of community members - Builds problem-solving skills - Provides access to resources

Stages of the Participation Model Illustrated with a Case Example

The specific stages of the participation model are described in detail and illustrated using a case example from the authors' work as consultants with a CCI. The case example comes from work done, primarily in one city, as part of the Annie E. Casey Foundation's Making Connections initiative. Making Connections is a ten year comprehensive community initiative in ten cities around the country.[1] An explicit goal of Making Connections is to fully engage residents in the initiative. From the authors' experiences, Making Connections achieved many successes in garnering resident participation. However, there were also instances were obstacles to resident participation were not overcome. We will illustrate the stages of the participation model through case

---

[1] For more information see http://www.aecf.org/MajorInitiatives/MakingConnections.aspx.

examples of both successes and obstacles experienced during our work with Making Connection*s*.

Stage 1: Mobilization to Gain Power

The first developmental stage of the resident participation model is mobilization to gain power. Mobilization is a process that was popularized by community organizers during the protest movements of the 1960s, and is used to build community capacity (Alinsky 1971; Kahn, 1995; Weil & Gamble, 1995). Mobilization occurs when residents of a community are acting as one unit and often results in a group working for a common cause. Mobilization may start simply as a group of residents meeting about an issue, but could culminate in a mass of people using their collective numbers to right unequal power structures and influence decision-making. This process is particularly salient in low-income communities where collective action is used in lieu of other resources to acquire power. Collective action then becomes the power source for the previously powerless community (Cervero & Wilson, 1999).

For multiple reasons, mobilization is the building block of the resident participation model. Mobilization will develop community capacity by generating a sense of community, and begin to develop a community's network of relationships. Also, mobilization allows for a representative forum in community problem solving and decision-making. Mobilization may also maximize the resources available to the community.

Mobilization, at its most powerful, involves the full participation of the community. To truly develop a comprehensive initiative the input of the full range of stakeholders is vital. Therefore, the entire community must be mobilized. If certain residents of the community are not participating, then there is danger that needs are not being met in the comprehensive set of activities. Mezirow (1996) argues that meaningful discourse can only come as result of full participation through solidarity of the community. This does not mean that every individual must agree, but they must be committed to making change together. This has been well demonstrated in the literature (Castelloe, Watson, & White, 2001; Freire, 1994; Rubin, 2000; Schleifer, 1991; Wilkinson & Quarter, 1995).

In one *Making Connections* site, community organizations were successfully brought together as partners to mobilize residents. One of the organizations, Metro Organizations for People (MOP), specialized in mobilizing community residents. MOP's ability to mobilize is partially based on the trusting network of residents they have successfully organized in the past. Thus, when mobilization becomes necessary there is already a network on which to build. The main element of MOP's mobilization strategy is two-fold. The first is to spread the word. This is done not simply through hanging flyers and posting public notices in newspapers to bring together a neighborhood force, but involves one-to-one, in person contact with community members. MOP participants and volunteers, as neighbors and members of the community, are asked to make one-to-one contact within the neighborhood with the goal of sharing information and eliciting support. Each MOP members is given a minimum number of residents to contact in these one-to-one opportunities in an effort to reach the greatest number of people. For example,

recently, following a promise by Denver's mayor to provide scholarships to all high school graduates from one of the poorest performing middle schools in the city, MOP organizers conducted over 250 face-to-face visits with middle school families to educate and secure pledges of students' commitment to graduate from high school.

Although the *Making Connections* site was successful in bringing together organizational partners, *Making Connections* never fully utilized MOP's mobilizing skills to bring together a resident group to support the CCI. Instead, MOP was simply brought to the table as a partner organization with other partner organizations. Using the case example, one can conclude that *Making Connections* was successful in mobilizing organizations, but unsuccessful in organizing residents. By not utilizing MOP's skills and experience in organizing residents, *Making Connections* did not fully mobilize the community—a mistake that is exacerbated when examining future stages of the model.

Stage 2: Consciousness Raising to Understand Problems and Solutions

The second developmental stage of the residential participation model is consciousness raising to understand problems and solutions. Consciousness raising is a process in which members of a community come together to share their individual concerns, and through sharing and active listening, come to understand the root causes of individual issues. These root causes often are embedded in community issues that the mobilized community can address. Consciousness raising is a powerful emancipation exercise from the adult learning tradition (Freire, 1994).

Consciousness raising begins with an understanding of the social, political, and economic inequities in a system that contribute to individual and collective poverty, and disempowerment. Once this awareness has been achieved, an action step to right the unequal system can take place. According to Freire, liberation from poverty can only occur through consciousness raising followed by action by the poor themselves. It would be a basic contradiction for liberation from poverty to occur through policies generated through an oppressive system. In the participation model presented here, consciousness raising occurs seamlessly through the introductions, encounters, meetings, and relationships that develop through the mobilization process. The empowerment of both individuals and the community continues at this consciousness raising stage as ideas are shared, information is revealed, and insights are developed through the learning process (Mezirow, 1996; Wilkinson & Quarter, 1995).

While one *Making Connections* site was successful in mobilizing partner organizations, the site did not mobilize residents and therefore had no opportunity to successfully engage in consciousness raising of the full community. Further, other than bringing partner organizations together for meetings, there was no explicit effort made to have partner organizations share stories and ideas to reach a collective understanding for the community. The result was the familiar organizational strategy of cross-organizational meetings dictated by self-interest, and struggles over limited power within the new CCI.

Interestingly, partner organizations from the *Making Connections* site have tools available to engage in community consciousness raising. In fact a Story Circle Toolkit was developed by *Making Connections* partner organizations for precisely this reason.[2] Unfortunately, the toolkit was only used in small constituent groups to address isolated issues, and never to develop full participation for the CCI. Using the participation model as a guide, it would first be important to fully mobilize residents so that outcomes from the story circles would be representative of the full community.

Stage 3: Ownership of an Intervention through Democratic Decision-Making

The third developmental stage of the resident participation model is ownership of the initiative through democratic decision-making. The first part of this stage, ownership, refers to the meaningful participation in the development of the initiative. One way that this has been framed in the field of adult education is through Participatory Action Research (PAR) (Fals-Borda & Rahman, 1991; Freire, 1994; Leach, 1994; McTaggart, 1997; Sarri & Sarri, 1992). PAR is a research and evaluation methodology where subjects are considered experts on the topic and inform programmatic and research decision-making. Through PAR community dialogue and critical consciousness serve to empower individuals and communities, develop individual change, and drive collective action (Leach, 1994; McTaggart, 1997; Sarri & Sarri, 1992). Research shows that community development initiatives experience resistance when community members do not feel included, do not have power, are not given access to information, and are not active participants in the change process (Lewin, 1946; Sarri & Sarri, 1992).

In addition to ownership, the third stage of the resident participation model involves democratic decision-making. As defined by Jefferson and Tocqueville, participatory democracy invites participation in decision-making by all members of the community (Schleifer, 1991). Although democracy is practiced in many forms (Thompson, 1976), the use of participatory democracy is emphasized in this model because of its strengths that include: the opportunity for equal participation by all, the opportunity for true consensus on decisions, and the inclusion of dissenting and minority opinions. As quoted by Brookfield (2005), to Habermas, democracy is "*the* adult leaning project of the contemporary era" (p.1130).

An inherent issue in ownership of the intervention and democratic decision-making is the notion of power. One site from the *Making Connections* initiative valiantly struggled with the issue of power in trying to take ownership of the intervention and trying to consistently enact a democratic decision-making structure. The site's struggles are illustrated at two different points in the initiative. The first point was at the introduction of the initiative. Implied in a foundation initiated program is ownership by the foundation. To transfer ownership of the initiative, the funder talked openly about their desire for true resident participation. The funder used jargon such as 'authentic demand' to describe how the goals of the initiative were to come from the community and not the

---

[2] The toolkit is available publicly at
http://www.makingconnectionsdenver.org/publications/uploads/66/StoryCircleToolkit.pdf

foundation. However, the foundation had a model for success that was informed by high profile experts in the field and this model was a major driver in programmatic decision-making. Further, the foundation board had an outcome agenda for the initiative, which often competed with the authentic demand from the community. Resident participants from this *Making Connections* site were successful in 'pushing back' and scoring some 'wins' from the foundation, but it was always clear to participants at the site that the agenda of the foundation needed to be a high priority.

One of the 'wins' for this *Making Connections* site was establishing a community-driven learning group, as opposed to a community-based learning group. However, even in establishing the community-driven group, issues of power interfered with ownership and the democratic-decision-making of the group. Our role in the group was as outside consultant and expert. As an 'expert' we often struggled to know when it was appropriate to use expertise to inform the decision-making of the community-driven group. Ultimately, it was the trusting relationship with community members that allowed us to successfully navigate the often confusing role that the group wished us to fill.

In our experience the issue of power places serious obstacles in front of successfully establishing ownership of an intervention through democratic decision-making in the participation model. These obstacles are not easily overcome, and may need to be resolved through an upward movement in the participation model, specifically by repeating the consciousness raising stage. From our experience, ownership does not happen quickly but is built over time through incremental wins, the building of trust, and gradual transformation.

Stage 4: Neighborhood Strengths Used to Implement the Initiative

The final developmental stage of the resident participation model is using neighborhood strengths to implement the initiative. From this perspective the individuals and the community are not viewed in terms of deficit areas but instead in terms of their strengths (Kretzmann & McKnight, 1993; Saleebey, 1997; Weick, Rapp, Sullivan, & Kisthardt, 1989). For example, low-income communities are often measured in terms of their earnings, or educational level, which may be deficit areas. From a strengths perspective, low-income communities are measured according to their assets or abilities, which might consist of solid family bonds, a strong work ethic, and informal networking skills (Friedmann, 1992).

One site from *Making Connections* was bold, and subsequently very successful, in using community strengths to implement the initiative. Each *Making Connections* site is responsible for a local evaluation of their initiative. One site developed a resident research group (to which we served as advisors) to evaluate local performance. The resident research group is composed of neighborhood residents and carries out the site's research and evaluation activities, a role typically reserved for experts from outside of the community.

Members of the resident research group work on tasks that build on their strengths and interests. For example, one resident utilized her math and computer skills in data

analysis. This resident researcher works on cleaning and analyzing quantitative data for the initiative. Another resident prefers the one-to-one contact in the community. This resident has been assigned a number of qualitative field interviews.

The concept of utilizing neighborhood strengths has multiple benefits. For one, residents develop an increased investment in the community. Those who work on the resident research group, and those who come in contact with the group, either through participating in interviews, newsletter updates, or in the receipt of additional funding based on positive evaluation outcomes, build an increased sense of pride in the community and are motivated to continue to invest in change efforts. Clearly, for individuals whose strengths can be utilized and fostered, there is a potential for job and career advancement. For example, several resident researchers have been promoted internally to management and program planning positions. As internal promotions occur, new community members are hired on to the resident research group. Finally, the research itself has an authentic perspective from within the community that research performed by outsider researchers can not claim.

Action and Learning

At its core, it is important to reemphasize that concurrent with the developmental stages of resident participation is an ongoing dynamic process of action and learning that promote adult education. Through action and learning, residents move fluidly between the stages of resident participation toward the dual goals of building community capacity and strengthening neighborhood-based activities. As described in critical learning theory (Mezirow, 1996), this combination of both instrumental and communicative learning through critical reflection creates change and growth both within the individual and the community. Therefore, as a community progresses through the stages of participation, the use and interaction of action and learning are refined.

CRITIQUE AND IMPLICATIONS

Considering the great potential resident participation has for the success of CCIs and other social work community development efforts, one criticism of the model is that the power differential between funding experts and community residents undermines the substantive contributions and participation of residents. As one resident participating in a CCI put it, "when you get to the table with these outside folks, you are nobody" (Kubisch et al., 2002, p. 37). Our resident participation model seeks to address these power differentials that are omnipresent in change efforts by using the empowering principles of adult learning theory and putting power, skills and learning in the hands of community members.

Garnering resident participation for community initiatives is not a new idea. Many skilled organizers have struggled with the implementation of the participation stages put forth in this model only to see their work undermined by the protocols and regulations of experts and funders. Some organizations have stood their ground and insisted that community change be done their way. Most others have had to find middle ground,

choosing their battles in order to maintain funding for critical neighborhood programs. This manuscript puts forth a model, or a map, for practitioners who believe that sustainable community change will only be accomplished if led by community residents.

The model is not a panacea. Each stage of the model requires substantial effort and resources and progress will likely not occur in an efficient linear pattern. Instead, real life will get in the way. There will undoubtedly be challenges like when community leaders move, funding gets cut, or the burden of fighting the system leads to burn-out. At the same time there will be successes in the form of a vote won at a town council, rival gang members working along side one another in a co-operative business, or a longtime resident becoming a home owner. All are a part of the process.

In their book, *Adult Learning, Citizenship and Community Voices: Exploring Community-Based Practice*, Coare and Johnston (2003) discuss the changing role of adult education within a new global economy. In this environment, the authors charge that adult education must respond by teaching diversity, social action and citizenship. Heeding this advice, the participation model in this manuscript presents a framework that can be used as practice guidelines to achieve an inclusive and productive plan for resident participation that can be the foundation for success in a CCI. At the same time, such a model will benefit social work by creating ways in which the field can adjust to new, progressive social movements and engage more non-traditional learners.

References

Alinsky, S. D. (1971). *Rules for radicals: A pragmatic primer for realistic radicals*. New York: Vintage Books.

Annie E. Casey Foundation. (2007). *Making Connections: A neighborhood transformation family development initiative*. Retrieved 1/17/07, from http://aecf.org/initiatives/mc.

Aspen Round Table. (1995). *Voices from the field: Learning from the early work of comprehensive community initiatives*. Retrieved 1/17/07, from http://www.aspeninstitute.org/site/c.huLWJeMRKpH/b.612045/k.4BA8/Roundtable_on_Community_Change.htm

Booth, A., & Crouter, A. C. (2001). *Does it take a village? Community effects on children, adolescents, and families*. Mahwah: Lawrence Erlbaum Associates.

Bowen, G. L., Martin, J. A., Mancini, J. A., & Nelson, J. P. (2000). Community capacity: Antecedents and consequences. *Journal of Community Practice, 8*(2), 1-21.

Brookfield, S. (2005). Learning democratic reason: The adult education project of Jürgen Habermas. *Teachers College Record, 107*(6), 1127-1168.

Brooks-Gunn, J., Duncan, G. J., & Aber, J. L. (1997). *Neighborhood poverty: Context and consequences for children* (Vol. 1). New York: Russell Sage Foundation.

Brown, P., & Fiester, L. (2007). *Hard lessons about philanthropy & community change from the Neighborhood Improvement Initiative*. Menlo Park, CA: The William and Flora Hewlett Foundation.

Castelloe, P., Watson, T., & White, C. (2001). *Participatory change: An integrative approach to community practice*. Asheville, NC: Center for Participatory Change.

Cervero, R. M., & Wilson, A. L. (1994). The politics of responsibility: A theory of program planning practice for adult education. *Adult Education Quarterly, 45*(1), 249-268.

Chaskin, R. J. (2001). Building community capacity: a definitional framework and case studies from a comprehensive community initiative. *Urban Affairs Review, 36*(3), 291-323.

Coare, P., & Johnston, R. (2003). *Adult learning, citizenship and community voices: Exploring community-based practice.* Leicester, UK: National Institution of Adult Continuing Education.

Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology, 94*(Supplement), S95-S120.

DeSouza Briggs, X., & Muller, E. J. (1996). *From neighborhood to community: Evidence on the social effects of community development corporations.* New York: Community Development Research Center.

Fals-Borda, O., & Rahman, M. A. (1991). *Action and knowledge: Breaking the monopoly with participatory action research*. New York: Apex Press.

Friedmann, J. (1992). *Empowerment: The politics of alternative development*. Cambridge: Blackwell.

Friere, P. (1994). *Pedagogy of the oppressed* (M. B. Ramos, Trans. New Revised 20th-Anniversary Edition ed.). New York: The Continuum Publishing Company.

Gamble, D. N., & Weil, M. O. (1995). Citizen participation. In R. L. Edwards (Ed.), *Encyclopedia of social work* (19th ed., Vol. 1, pp. 483-494). Washington, DC: NASW Press.

Glickman, N. J., & Servon, L. J. (1998). More than bricks and sticks: Five components of community development corporation capacity. *Housing Policy Debate, 9*(3), 497-539.

Gramsci, A. (1986). *Selections from the prison notebook of Antonio Gramsci.* (Q. Hoare & G. Nowell Smith, Eds. & Trans.). London: Lawrence and Wishart.

Hill, D.M. (1994). *Citizens and cities*. London: Harvester Wheatsheaf.

Jencks, C., & Mayer, S. E. (1990). The social consequences of growing up in a poor neighborhood. In L. E. Lynn & M. G. H. McGeary (Eds.), *Inner-city poverty in the United States* (pp. 111-186). Washington, DC: National Academy Press.

Joassart-Marcelli, P. M., Musso, J. A., & Wolch, J. R. (2005). Fiscal consequences of concentrated poverty in a metropolitan region. *Annals of the Association of American Geographers, 95*(2), 336-356.

Johnston, R. (1999). Adult learning for citizenship: Towards a reconstruction of the social purpose tradition. *International Journal of Lifelong Education, 18*(3), 175-190.

Johnston, R. (2000). Community education and lifelong learning. In J. Field & M. Leicester (Eds.) *Life learning: Education across the lifespan* (pp 12-28). London: Routledgefalmer.

Kahn, S. (1995). Community organization. In R. L. Edwards (Ed.), *Encyclopedia of social work* (19th ed., Vol. 1, pp. 569-576). Washington, DC: NASW Press.

Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Chicago: ACTA Publications.

Kubisch, A. (1996). Comprehensive community initiatives: Lessons in neighborhood transformations. *Shelterforce Online*.

Kubisch, A. C., Auspos, P., Brown, P., Chaskin, R., Fulbright-Anderson, K., & Hamilton, R. (2002). *Voices from the field II: Reflections on comprehensive community change*. Washington, DC: The Aspen Institute.

Leach, M. (1994). Building capacity through action learning. *Institute for Development Research Reports, 10*(5), 1-29.

Lewin, K. (1946). Action research and minority problems. *Journal of Social Issues, 2*, 34-46.

Massey, D. S. (1990). American apartheid: Segregation and the making of the underclass. *The American Journal of Sociology, 96,* 329–57.

Mayo, M. (1997). *Imagining tomorrow*: A*dult education for transformation*. Leicester: NIACE.

McTaggart, R. (Ed.). (1997). *Participatory action research: International contexts and consequences*. Albany: State University of New York Press.

Medoff, P., & Sklar, H. (1994). *Streets of hope: The fall and rise of an urban neighborhood*. Boston: South End Press.

Mezirow, J. (1996). Contemporary paradigms of learning. *Adult Education Quarterly, 46*(3), 158-173.

Nesbit, T. (2006). What's the matter with social class? *Adult Education Quarterly, 56*(3), 171-187.

Newman, M. (1995). *'Locating learning in social action' Social action and emancipatory learning*. Paper presented at the Seminar Papers, School of Adult Education, Sydney.

O'Connor, A. (1999). Swimming against the tide: A brief history of federal policy in poor communities. In R. F. Ferguson & W. T. Dickens (Eds.), *Urban problems and community development* (pp. 77-138). Washington, DC: The Brookings Institution.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.

Quillian, L. & Redd, R. (2006). *Can social capital explain persistent poverty gaps?* National Poverty Center Working Papers Series, #06-12.

Rohe, W. M. (1999). Do community development corporations live up to their billing? A review and critique of the research findings. In T. Koebel (Ed.), *Shelter and society: Theory research and policy for non-profit housing* (pp. 177-200). Albany, NY: State University of New York Press.

Rohe, W. M., Bratt, R. G., & Biswas, P. (2003). Evolving challenges for community development corporations: The causes and impacts of failures, downsizings and mergers. Chapel Hill: University of North Carolina.

Roundtable on Community Change. (2008). Retrieved 10/20/08, from http://www.aspeninstitute.org/site/c.huLWJeMRKpH/b.612045/k.4BA8/Roundtable_on_Community_Change.htm

Rubin, H. J. (2000). *Renewing hope within neighborhoods of despair: The community-based development model*. Albany: State University of New York.

Saleebey, D. (1997). *The strengths perspective in social work practice* (2nd ed.). New York: Longman.

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science, 277*(5328), 918-924.

Sarri, R. C., & Sarri, C. M. (1992). Organizational and community change through participatory action research. *Administration in Social Work, 16*(3/4), 99-122.

Schleifer, J. T. (1991). Jefferson and Tocqueville. In K. Masugi (Ed.), *Interpreting Tocqueville's democracy in America* (pp. 178-203). Savage, MD: Rowman & Littlefield.

Selman, G., Selman, M., Cooke, M. & Dampier, P. (1998). Terms and functions. In *The foundations of adult education in Canada*. Toronto: Thompson Educational Publishing.

Thompson, D. F. (1976). *John Stuart Mill and representative government*. Princeton, NJ: Princeton University Press.

Twelvetrees, A. C. (1996). *Organizing for neighbourhood development: A comparative study of community based development organizations*. Brookfield: Avebury.

U. S. Census Bureau. (2007). American Community Survey Homepage. Retrieved February 5, 2008, from http://www.census.gov/acs/www/index.html

Weick, A., Rapp, C., Sullivan, W. P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social Work, 34*(4), 350-354.

Weil, M. O., & Gamble, D. N. (1995). Community practice models. In R. L. Edwards (Ed.), *Encyclopedia of social work* (19th ed., Vol. 1, pp. 577-594). Washington, DC: NASW Press.

Welton, M. (1997). Repair, defend, invent: Civil societarian adult education faces the twenty-21st century. In O. Korsgaard (Ed.) *Adult learning and the challenges of the 21st century* (pp.67-75). Odense: Association for World Education.

Wilkinson, P., & Quarter, J. (1995). A theoretical framework for community-based development. *Economic and Industrial Democracy, 16*, 525-551.

Wilson, W. J. (1987). *The truly disadvantaged*. Chicago: University of Chicago Press.

Author's note:
Address correspondence to: Daniel Brisson, Ph.D., Graduate School of Social Work, University of Denver, 2148 High Street, Denver, CO 80208. Email: daniel.brisson@du.edu.

Convergence of a Strengths Perspective and Youth Development: Toward Youth Promotion Practice

Jeong Woong Cheon

Abstract: In recent years, increased attention has been paid to the development and application of the strengths perspective and positive youth development. This paper develops youth promotion practice as a convergence of a strengths perspective and youth development principles. Historical and contemporary contexts of a problem-focused perspective in social work with adolescents are reviewed and a critique developed with emphasis on the evolution of strengths-focused practices. The importance and possibility of combining the strengths perspective and youth development toward youth promotion practice are addressed. Youth promotion is defined as a process of enhancing youth strengths and resources to promote positive outcomes and help young people be healthy adults. Complementary aspects of the two perspectives are expected to support and supplement the strengths and weaknesses of each perspective in synergistic ways. Several advantages of youth promotion practice are discussed as well as its implications for improved social work practices with adolescents.

Keywords: Strengths perspective; youth development; youth promotion; problem-focused; strengths-based practice.

INTRODUCTION

There has been increasing attention given to the positive aspects and strengths of adolescents over the past two decades in the human development, social work, and related fields (Amodeo & Collins, 2007; Saleebey, 2005). More interest in the strengths perspective, positive psychology, quality of life, psychological wellness, and health promotion has been emphasized in social work and allied fields (Crowe, 2007; Maton, Schellenbach, Leadbeater, & Solarz, 2004). In particular, resilience and youth development have gained prominence as ways to help adolescents become competent and responsible adults (Benard, 2004; Clary & Rhodes, 2006).

However, the image of "youth as problems" is still dominant in public discourse, professional work, and social science (Males, 1996; Scales, 2001). Social work has essentially tied its tradition to problems, deficits, and diagnoses rather than strengths and resources. Social work theory and practice have been more interested in troubled youth and the services they require, and youth development is less emphasized than treatments and therapeutic interventions compared to other disciplines (Melpignano & Collins, 2003; Morrison, Alcorn, & Nelums, 1997). Although many agencies state that they practice using the strengths perspective and youth development principles, the field needs more efforts to incorporate these strengths-based practices for improved social work practices with young people.

_____
Jeong Woong Cheon, Ph.D., is a research manager in the School of Social Welfare at the University of Kansas.

This paper proposes youth promotion practice as a convergence of a strengths perspective and youth development principles. It reviews the historical and contemporary contexts of the problem-focused perspectives on adolescents, and then develops a critique with emphasis on a strengths perspective and youth development principles. The importance and possibility of the youth promotion practice are addressed. It concludes with discussion of the advantages of youth promotion practice and its implications for improved social work practice with adolescents.

HISTORICAL CONTEXTS OF PRACTICE WITH YOUTH

According to popular and professional thinking, young people are understood as either problems or victims rather than strengths or resources. Mass media often portray young people as violent, drug addicted, pregnant, dropouts, or homeless (Nichols & Good, 2004). Youth of color and those youth from low-income backgrounds or residing in urban areas usually have been viewed more negatively than other youth from a deficit perspective (Delgado, 2002).

In order to understand the negative perspective toward young people, it is necessary to examine the historical evolution of youth issues, the conceptualization of the dominant discourse on adolescence and their relation to intervention by the social work professionals as responding to the problems of young people. Although youth issues can be found throughout history, the first time that youth became objects of heightened public concern can be traced as far back as the 1830s with the development of America's first urban slums (Trattner, 1999).

Social welfare agencies participated in the child-saving movement, "orphan trains" and the junior republic movement of the 19th century urban youth crisis (Trattner, 1999). Several youth-serving organizations were created in the 1850s, along with religious and charitable groups, to meet the needs of young working people including the Young Men's Christian Association (YMCA) and the Young Women's Christian Association (YWCA). In 1889, Jane Addams established Hull House, the best known settlement house, with the intention of protecting and promoting the development of young people and well-being of their families (Addams, 1910). Youth services agencies and settlement houses utilized group work and emphasized character building. Settlement houses and youth service agencies were once extensively staffed with professionally trained social workers. However, today they staff relatively few of the neighborhood-based youth services (Morrison et al., 1997).

In the beginning of 20th century, the concept of adolescence as a special time between childhood and adulthood had been developed. In 1904, Hall (1904) introduced the concept of adolescence as a time of "storm and stress" to explain the behaviors of youth. He wrote that "development is less gradual and more salutatory, suggestive of some ancient period of storm and stress" (p. xiii). Hall's "storm and stress" description of adolescence influenced adults' perception of adolescence as a stormy period of life and it was internalized by society as a way to describe the typical teenagers (Nichols & Good, 2004).

With the dominant view of adolescence as a stage of turmoil, youth have been viewed by social workers as problems to be solved or victims to be saved (Finn & Checkoway, 1998). Social workers began to call for a more professional approach, and more attention was paid to the problems in people's lives; thus interest in community work was decreased (Day, 2000). Studies of pathology and individual differences were incorporated into the casework approach to social work practice.

By the late 1930s, the social work profession was shifting toward a psychoanalytic approach as the dominant theoretical structure for defining individuals' problems (Weick, Rapp, Sullivan, & Kisthardt, 1989). For example, Freud (1946) argued that youth were inevitably fraught with parent-child conflict. According to de Anda (1995), psychoanalytic theorists see "the developmental processes of adolescence as a recapitulation of earlier infantile stages of development through the re-experiencing of either oedipal or pre-oedipal conflicts" (p.18). The psychoanalytic theory and its derivatives further facilitated pathology theories in their practice with youth (Day, 2000).

By the 1950s, the psychiatric approach and psychosocial approach seemed to exist together. Although psychosocial theories of adolescents emphasized the impact of the sociocultural context on individual development, the two approaches still focused on problems (McMillen, Morris, & Sherraden, 2004). A problem-solving framework for social casework was also introduced and prevailed as one of social work's durable practice models. Moreover, the negative conceptualization of adolescence was further introduced during this period. For example, Erikson (1963) also viewed adolescence as a time of turmoil and stress characterized by the result of an "identity crisis." For Erikson, adolescence came to signify both key physiological changes and the development of a separate independent adult identity.

As the mental health field began to emerge in the profession, problem-focused and deficit-based perspectives and practices became more dominant among social workers (Finn, 2001). In the early 1980s, troubled youth were increasingly pushed into residential hospitals for treatment. Males (1996) asserts that the commitment of adolescents to psychiatric treatment was not increased by a rise in mental health problems of young people, but promoted more by hospital profiteering. Finn (2001) discusses the ways in which particular images of pathology are appropriated and deployed in the constructions of troubled youth. She contends that "young people are assessed and diagnosed in an ever-expanding taxonomy of risk, danger, and pathology" (p. 184).

EVOLUTION OF A STRENGTHS PERSPECTIVE AND YOUTH DEVELOPMENT

Although social work played an important role in dealing with the problems of young people, the problem-focused understanding of adolescence has been too dominant. The neglect of youth's "social agency" has been one of the consequences, and society may miss important opportunities to keep young people on a positive trajectory. Problem-focused perspectives are criticized as promoting a construction of adolescence itself as pathology (Delgado, 2000).

A challenge to biological determinism has been posed along with the conceptualization of adolescence. Many studies have contradicted the understanding of adolescence as a universal life stage of "storm and stress." For instance, Mead (1928) argues through her study of adolescent girls in Samoa that youth do not experience a turbulent time. Rather, given the appropriate cultural context, teenage years could be ages of gradual, peaceful transition to adulthood. In the 1960s, Bandura (1964) reported that published research data showed that the view of "storm and stress" was unwarranted and rather argued that the mass media sensationalizes adolescent behavior. Arnett (1999) found that when asked about teens as a group, adults were more likely to characterize them in negative terms.

Problem-focused views and practices also have been criticized in social work literature. Goldstein (1990) points out that a pathology approach tends to reduce the complexities of the human state to narrow compartments of diagnostic schemes. Weick et al. (1989) summarized the problem with problem-focused practice into three points: "(1) the problem invariably is seen as a lack or inability in the person affected; (2) the nature of the problem is defined by the professional; and (3) treatment is directed toward overcoming the deficiency at the heart of the problem" (p. 352). In fact, the prevailing negative perspective was continuously challenged with the new perspectives or models of practice. Attention to capacity-building has been found in the writings of the settlement house workers (Addams, 1910; McMillen et al., 2004), and motivation and opportunities have been mentioned in social casework. In particular, the ecological models and empowerment models have been presented as a challenge to a deficit orientation.

Although social work has taken pride in being a problem-solving profession, problem-focused treatment practice was further criticized and prevention approaches began to be emphasized. According to Goleman (1995), crisis interventions "come too late, after the targeted problem has reached epidemic proportions and taken firm root in the lives of the young" (p. 256). The prevention approach grew out of the realization that it can be more cost-effective and efficient to prevent problems from occurring initially than to treat them after they are established.

Along with criticisms of the problem-focused perspective, positive views on adolescents have increased over last 20 years. Some people who work with young people recognize the power of an alternative approach, one which focuses on the strengths and positive aspects of the youth. This approach views young people as having strengths, assets, potential, or resources, in contrast to the views of youth as problems and victims. Proponents of this approach have recognized that the solutions to many problems that adolescents face can be found in the strengths of young individuals themselves, their families, and their communities (Edwards, Mumford, & Serra-Roldan, 2007; Maton et al., 2004).

It was in these conditions that the strengths perspective and youth development principles began to attain greater attention among practitioners, researchers, and policy makers working with youth. The strengths perspective has emerged based on the recognition that focusing on the problem does not solve the problem. The strengths perspective is defined as an approach to social work practice that places its emphasis on

the individual's inner and environmental strengths and resources instead of deficiencies and problems. It was based on the assumption that, despite their adversities, such as mental illness, individuals could build a life beyond the problems. It is rooted in the belief that "people can continue to grow and change and should have equal access to resources" (Chapin, 1995, p. 507). Although the concept of strengths is represented in a variety of forms, Saleebey (2005) suggests a simple device for framing and remembering the essence of the strengths perspective as 3P (promise, possibility, positive expectations), 3C (competence, capacities, courage), and 3R (resilience, reserve, resources).

Although a single definition does not exist, youth development can be defined as "the process in which all youths engage over time in order to meet their needs and their competence" (Nixon, 1997, p. 571). Youth development is explained in three ways: a natural developmental process; a set of principles, a philosophy or approach; and a range of practices in programs, organizations, and initiatives (Hamilton & Hamilton, 2004). The youth development perspective sees "youth as resources to be developed rather than as problems to be managed" (Roth & Brooks-Gunn, 2000, p. 3). This perspective assumes that all youth possess individual and ecological assets that have the potential to be marshaled in the service of enhancing their healthy life chances. In contrast to prevention approaches, it moves beyond the eradication of risk and deliberately argues for the positive development and the conditions that contribute to youth health and well-being. Youth development advocates assert that simply preventing problems is not enough to prepare youth for adulthood (Borden & Perkins, 2006).

CONVERGENCE OF A STRENGTHS PERSPECTIVE AND YOUTH DEVELOPMENT: YOUTH PROMOTION

Development and Application of the Strengths Perspective and Youth Development

There is a need for a more strengths-focused practice of social work with adolescents. Seita (2000) called for a shift in child welfare practice toward more positive approaches, including incorporating elements of connectedness, continuity, dignity, and opportunity in working with youth. Benard (2004) acknowledges that "the most effective, efficient, and even rewarding and joyful approach to problem prevention is through supporting healthy youth development" (p. 2). Saleebey (2005) also mentioned developmental resilience, health and wellness, and solution-focused approaches as areas of the important "converging lines of research and practice" that support the strengths perspective.

This understanding is supported with the recent growing interest in the development and application of the strengths perspective and youth development to social work practice with adolescents (Barton, 2006; Bender, Thompson, McManus, Lantry, & Flynn, 2007; Yip, 2006). Needless to say, the strengths perspective is implemented throughout social work practice with youth. This includes adolescents' mental health (Harniss & Epstein, 2005), substance abuse prevention (Delgado, 1997), child welfare (Collins, 2001), group work (Malekoff, 2004), and juvenile justice (Bazemore & Terry, 1997), to name but a few. In particular, Rapp (1998) has developed a strengths-based case management model. Poertner and Ronnau (1992) have used a strengths perspective with

children with emotional disabilities. Laursen (2000) outlines the strengths-based practices that have been found to be effective with challenging children.

A strengths perspective is not limited to social work. It is widely applied in the youth development field. For example, resiliency research offers strong support for the possibility of successful application of strengths perspective to youth development practice. In the words of Benard (2004), "the prevention research community is heartened by the accumulating research evidence that resilience and youth development approaches work" (p. 2). It challenges the youth development field to move beyond a fixation with content to a focus on context. Resilient youth have a set of strengths and competencies that they draw upon.

Recently, youth development practice has been applied to the field of social work with adolescents. According to Melpignano and Collins (2003), "a development relevant to addressing adolescent youth in the child welfare system has been increased attention to principles of positive youth development to help all youth to achieve successful life outcomes" (p. 160). Kim, Crutchfield, Williams, and Helper (1998) describe ways that a youth development approach can be integrated in the prevention of substance abuse and other youth problems. Youth involvement in systems-of-care communities is ever-evolving (Matarese, McGinnis, & Mora, 2005).

The Converging Characteristics of the Strengths Perspective and Youth Development

In addition to these developments of a strengths perspective and youth development practice, some similarities and complementary aspects between these two perspectives emphasize the necessity and importance of a convergence of the two approaches. The first common element of the strengths perspective and youth development is that they both grew from discontent with the problem-focused perspectives, and both transform deficit-based approaches into strengths-based approaches (Rapp, Saleebey, & Sullivan, 2005). As already discussed, the strengths perspective builds interventions on strengths and de-emphasizes pathology. Positive youth development stresses the values, strengths and potential of children and youth regardless of their situations rather than focusing solely on responses to particular risks.

Second, the strengths perspective and youth development begin with a focus on the positive potential of individuals, families and communities. For the strengths perspective, "almost anything, given circumstances and context can be a strength or asset" (Saleebey, 2005, p. 301). Strengths-based practice facilitates client links to community contexts where client strengths can flourish. Youth development also values internal and external assets, supports and opportunities which denote an ecological perspective. For youth development, one of the goals is that society comes to view youth as community resources rather than community problems (Amodeo & Collins, 2007).

Third, both perspectives lay stress on the role of helping people and using environmental resources. The strengths practice often involves helping people put together their personal assets and their environmental resources toward the building of a better life. When using the strengths perspective, the relationship is accepting, purposeful,

and empathetic (Rapp et al., 2005). In addition to the importance of a caring adult, relationships in which youth and adults are partners are considered as the core of youth development (Youngblade & Theokas, 2006).

Youth Promotion as a Converging Practice of the Strengths Perspective and Youth Development

When taken together, all the development and application of the strengths perspective and youth development principles serve as a guiding practice toward "youth promotion" as a convergence of the two perspectives. Complementary aspects of the two perspectives are expected to support the strengths of each perspective in synergistic ways.

The importance of a convergence of the strengths-based practices. Convergence is important to supplement the weaknesses of the strengths perspective and positive youth development in the establishment of "youth promotion" practice. There is criticism of the strengths perspective for underplaying the constraints and the often-overwhelming struggles that poor and oppressed people face in their every day lives (Finn & Jacobson, 2003). Also, youth development is criticized for overlooking the fact that youth face risks that can jeopardize their health and development if not addressed. According to Small and Memmo (2004), "although the likelihood of a problem behavior steadily decreases as the number of assets an individual possesses increases, the presence of even one risk factor can double or triple the occurrence of a problem behavior, even among youth who report many assets" (p. 6).

Efforts of convergence are also significant to embrace youth development principles in the social work field more than ever. Although strong needs and interests in positive youth development programs exist, these have not generally been easily applied in the public child welfare system (Collins, 2001). However, a youth development approach is critical, given that an examination of social work practice literature has suggested that social worker's methodology still predominantly maintains a clinical treatment focus (Morrison et al., 1997).

Convergence contributes to the expansion of the scope and realm of social work with adolescents. The strengths perspective has been applied in case management and thus evolved around the relationship between clients and professional helpers (Arnold, Walsh, Oldham, & Rapp, 2007). However, youth development is especially popular with group activity situations, such as after-school programs or in the activities of youth-serving organizations (Youngblade & Theokas, 2006). Therefore, by converging the two perspectives into youth promotion practice, social work within the field of youth expands its practice beyond case management to youth group work as well as beyond welfare agencies to youth-serving organizations.

Definition of youth promotion. As a converging practice, youth promotion can be defined as a process of enhancing youth strengths and resources to promote positive outcomes and help young people be healthy and productive adults. As a synergistic way of convergence, youth promotion can be defined as having complementary goals of the two perspectives. For example, the strengths perspective on youth emphasizes relationship building and youth development focuses on developing the assets of youth

based on youth-adult relationships (Benson, 2003; 2007; Scales & Leffert, 1999). Thus, youth promotion practice enhances strengths, relationships, and developmental assets of youth. The promotion of strengths and resources can increase psychosocial and competency-based outcomes and hence reduce risk for problem outcomes. Youth promotion assumes positive acceptance of youth and values their role as active participants in their own positive development. Resources and environments, including adults and professional support, also need to be emphasized in the youth promotion practices. In particular, the mechanisms for identifying and mobilizing youths' strengths need to be developed in the process of implementing services (Morrison et al., 1997).

The term, "promotion" is utilized in the literature of youth development to mean that "efforts [are] specifically designed to bring about clearly defined positive outcomes, or designed to foster the development of skills and competencies in young people" (Halpern, Cusack, Raley, O'Brien, & Wills, 1995, p. 1). Promotion by this definition accepts the premise that youth have innate strengths and resources that need to be enhanced rather than developed. Promotion also acknowledges use of strengths and promotes young people's strengths (Delgado, 2002).

The term "promotion" is also utilized throughout the social welfare field and other helping professions. As a multidisciplinary concept that is on a continuum ranging from disease prevention to optimal health, the health promotion perspective also stresses capacities rather than deficits. According to Durak (2000), health promotion believes that "individuals have high capacities for growth and development if their physical and social environments provide them sufficient opportunities, guidance, and support" (p. 225). Family promotion is also applied in the family support field with stress on family strengths, informal support and resources, and helping as the mobilization of social and community resources (Dunst, Trivette, & Deal, 1988).

Practice principles of youth promotion. Practice principles play an influential role in carrying forth the perspectives into the field. The principles of youth promotion, as a social work practice which combines the strengths perspective and youth development, can be inferred from the existing principles of the strengths perspective and other efforts of infusing youth development principles into the social work field. For example, Saleebey (1997) identifies five principles of the strengths perspectives: "(1) every individual, family and community has strengths; (2) trauma, abuse, and struggle may be sources of challenge and opportunity; (3) take individual, group, and community aspirations seriously; (4) collaborating with clients; and (5) every environment is full of resources" (pp. 12-15). Each of these principles serves to guide and direct each element of the strengths approach.

Eccles and Gootman (2002) summarize a list of features of settings that promote youth development based on the best available research: (1) physical and psychological safety; (2) clear and consistent structure and appropriate adult supervision; (3) supportive relationships; (4) opportunities to belong; (5) positive social norms; (6) support for efficacy and mattering; (7) opportunities for skill building; and (8) integration of family, school, and community efforts.

Delgado's (2000) fourteen strengths principles for effective youth programming in youth development can be applicable to the youth promotion principles. As one of the principles, he recognizes activities for youth to participate in and opportunities for youth to increase their self-esteem. He also suggests a principle of effective youth programs to be built upon what youths value and their assets. According to his principles, programs must (1) emphasize innovative, dynamic, and comprehensive approaches to serving youth, (2) provide youths with opportunities to succeed and contribute to their community, (3) have multiple clear, high, and realistic expectations for participants, (4) be voluntary and provide youth with decision-making powers in shaping programming, (5) be built on quality staff and programming and a willingness to invest resources in support of staff, and (6) emphasize positive intergenerational mentoring relationships.

All of these examples of principles are hypothetical qualities of the strengths-based practices that both meet the needs of developing adolescents and attempt to promote strengths rather than correct deficiencies. These sets of principles can apply to youth promotion practice with minor modifications. In addition, since the strengths perspective builds on the values of the social work profession (Gleason, 2007; Weick et al., 1989), youth promotion practice is also consistent with the Code of Ethics of the National Association of Social Workers, as it acknowledges young people's capacities and strengths, preservation of their dignity, the potential of their circumstances, and promotion of positive aspects of the young person from a value stance of self-worth and respect.

Key principles or themes of youth promotion practice. This promotion-based practice emphasizes two key principles or themes: strengths promotion and relationship promotion. First, strengths promotion is the most critical principle and theme of youth promotion practice. The basis for improving quality of life rests on developing youth strengths, but in order to build strength, one must start with existing strengths. All people can be viewed as having strengths. Existing strengths can be valued, tapped, and enhanced and also new strengths can be acquired and developed. The strengths promotion principle is well inferred from the strengths perspective and youth development principles. For instance, the strengths perspective argues that, to be true to the values of the profession, we need to begin our work by recognizing people's capacities and the potential of their circumstances (Weick, Kreider, & Chamberlain, 2005). Youth development principles also offer a shift in perspective "away from a focus on correcting 'deficits' in individual youth toward enhancing the potential for healthy youth development in all youth in the community" (Barton, Watkins, & Jarjoura, 1997, p. 484).

Second, relationships are at the heart of youth promotion practice. Throughout the development of both the strengths perspective and youth development work, the importance of interpersonal relationships in the helping effort has been a constant theme. In the field of youth development, the relationships between young participants and adult youth workers have been shown to be an important protective factor for positive youth development. For the strengths perspective, "clients are engaged as partners; clients least able to function as partners will need an active helper who can structure growth experiences, ensure reasonable goals, and minimize barriers" (Amodeo & Collins, 2007,

p. 77). Thus, belief in youth strengths and facilitation of trustful relationship need to be emphasized as basic principles or key themes of the youth promotion practice.

IMPLICATIONS OF YOUTH PROMOTION FOR SOCIAL WORK WITH ADOLESCENTS

Several advantages emerge as implications of youth promotion for improved social work practice. First, the long-standing dominance of discourse on youth as problems and pathologies can be further challenged and changed. Youth promotion practices are expected to bring into the vision and the vocabulary of social work a compendium of human qualities that are the building blocks of human change. The strengths perspective and youth development approaches clearly focus on human capacity, assets, and aspirations, rather than on deficits and failure (Arnold et al., 2007: Rapp et al., 2005; Saleebey, 2005)

Second, service to targeted youth can be strengthened from the strengths perspective and expanded to the provision of support and opportunities which is advocated by the youth development practice. The strengths perspective offers a way for social workers to move beyond the role of therapy to connect more deeply with the broad roles and goals of the social work profession. As a productive developmental process of growth, youth development can contribute to healthy, satisfying, and productive lives for adolescents by promoting their well-being.

Third, the social work profession can extend its service to the youth development field. One of the challenges that the youth development field faces is the question of who will step forth to claim this practice as their own. Youth development practice needs professionals who can integrate values, skills, knowledge, and leadership into programs (Borden & Perkins, 2006). However, social work education does not really focus on youth development. Youth promotion practice can supplement the lack of a "home" discipline for youth development, thus allowing social work to expand opportunities for the employment of its graduates.

Despite these advantages, since youth development principles have been incorporated into youth promotion practice, social workers who work with troubled youth tend to experience more challenges than other social workers. For example, social workers in specific agencies have to learn to walk in two worlds. As Chalmers (2000) notes, staff need to learn "how to see youth as competent and as having potential, while also emphasizing problems enough to address important issues and to keep referral sources assured that they are attending to fixing problems and issues" (p. 27). Agencies providing foster care need to become more deliberate in utilizing the strengths perspective and youth development principles to work with youth in care if youth are to reap the benefits of youth development efforts.

Therefore, by converging the two perspectives into youth promotion practice, better professional service, support, and opportunities can be provided to adolescents in need and all young people in the end. If promoted with acceptance and belief in the strengths perspective and positive development, adolescents will produce better outcomes and

create more confident relationships in the community. Their energy and strengths will contribute to the societal development in a more productive way.

If the social work profession is to be relevant to youth promotion practice, social workers' professed interest in a strengths perspective and youth development is necessary. If social work wants to infuse youth development principles into existing practices, it needs to emphasize "non-traditional" settings, such as youth-serving organizations and community development centers rather than traditional settings of child welfare agencies and schools. Social work education must put more stress on the strengths perspective and positive normal development of youth. As the quest for new conceptual frameworks for practice is essential for continuing innovation and advances in social work, more studies to conceptualize youth promotion are needed for improved social work practice with young people.

References

Addams, J. (1910). *Twenty years at Hull-House*. New York, NY: Macmillan.

Amodeo, M., & Collins, M. E. (2007). Using a positive youth development approach in addressing problem-oriented youth behavior. *Families in Society*, *88*(1), 75-85.

Arnett, J. J. (1999). Adolescent storm and stress, reconsidered. *American Psychologist*, *54*(5), 317-326.

Arnold, E. M., Walsh, A. K., Oldham, M. S., & Rapp, C. A. (2007). Strengths-based case management: Implementation with high-risk youth. *Families in Society*, *88*(1), 86-94.

Bandura, A. (1964). The stormy decade: Fact or fiction: *Psychology in the Schools*, *1*, 224-231.

Barton, W. H. (2006). Incorporating the strengths perspective into intensive juvenile aftercare. *Western Criminology Review*, *7*(2), 48-61.

Barton, W., Watkins, M., & Jarjoura, R. (1997). Youths and communities: Toward comprehensive strategies for youth development. *Social Work*, *42*(5), 483-487.

Bazemore, G., & Terry, W. C. (1997). Developing delinquent youths: A reintegrative model for rehabilitation and a new role for the juvenile justice system. *Child Welfare*, *76*(5), 665-716.

Benard, B. (2004). *Resiliency: What we have learned*. San Francisco, CA: WestEd.

Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child Youth Care Forum*, *36*, 25-42.

Benson, P. L. (2003). Developmental assets and asset-building communities: Conceptual and empirical foundations. In R. M. Lerner & P. L. Benson (Eds.), *Developmental assets and asset building communities: Implications for research, policy, and practice* (pp. 19-43). Norwell, MA: Kluwer Academic Publishers.

Benson, P. L. (2007). Developmental assets: An overview of theory, research, and practice. In R. K. Silbereisen & R. M. Lerner (Eds.). *Approaches to positive youth development* (pp. 33-58). Thousand Oaks, CA: Sage Publications.

Borden, L. M., & Perkins, D. F. (2006). Community youth development professionals: Providing the necessary supports in the United States. *Child & Youth Care Forum*, *35*(2), 101-158.

Chalmers, M. (2000). Lessons in strengths-based youth involvement: Minding the mays, the dos and the possibles. *Focal Point, 14*(2), 24-27.

Chapin, R. K. (1995). Social policy development: The strengths perspective. *Social Work, 40*(4), 506-514.

Clary, E. G., & Rhodes, J. E. (Eds.) (2006). *Mobilizing adults for positive youth development: Strategies for closing the gap between beliefs and behaviors*. New York: Springer.

Collins, M. E. (2001). Transition to adulthood for vulnerable youths: A review of research and implications for policy. *Social Service Review, 75*(2), 271-291.

Crowe, K. M. (2007). Using youth expertise at all levels: The essential resource for effective child welfare practice. *New Directions for Youth Development*, *113*, 139-149.

Day, P. (2000) *A new history of social welfare* (3rd ed.). Boston, MA: Allyn and Bacon.

de Anda, D. (1995). Adolescence overview. In R. L. Edwards (Ed.-in-Chief), *Encyclopedia of Social Work* (19th ed., pp.16-33). Washington, DC: NASW Press.

Delgado, M. (1997). Strengths-based practice with Puerto Rican Adolescents: Lessons from a substance abuse prevention project. *Social Work in Education, 19*(2), 101-112.

Delgado, M. (2000). *New arenas for community social work practice with urban youth: Use of the arts, humanities, and sports*. New York, NY: Columbia University Press.

Delgado, M. (2002). *New frontiers for youth development in the twenty-first century: Revitalizing and broadening youth development*. New York, NY: Columbia University Press.

Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.

Durak, J. A. (2000). Health promotion as a strategy in primary prevention. In D. Cicchetti, J. Rappaport, I. Sandler, & R. P. Weissberg (Eds.), *The promotion of wellness in children and adolescents* (pp. 221-241). Washington, DC: CWLA Press.

Eccles, J., & Gootman, J. A. (Eds.) (2002). *Community programs to promote youth development*. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education, National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

Edwards, O. W., Mumford, V. E., & Serra-Roldan, R. (2007). A positive youth development model for students considered at-risk. *School Psychology International*, *28*(1), 29-45.

Erikson, E. (1963). *Childhood and society* (2nd ed.). New York, NY: W.W. Norton & Company.

Finn, J. L. (2001). Text and turbulence: Representing adolescence as pathology in human services. *Childhood, 8*(2), 167-191.

Finn, L., & Checkoway, B. (1998). Young people as competent community builders: A challenge to social work. *Social Work*, *43*(4). 335-345.

Finn, L., & Jacobson, M. (2003). Just practice: Steps toward a new social work paradigm. *Journal of Social Work Education*, *39*(1), 57-78.

Freud, A. (1946). *The ego and the mechanisms of defense*. New York, NY: International University Press.

Gleason, E. T. (2007) A strengths-based approach to the social development study. *Children & Schools*, *29*(1), 51-59.

Goldstein, H. (1990). Strengths or pathology: Ethical and rhetorical contrasts in approaches to practice. *Families in Society, 71*(5), 267-276.

Goleman, D (1995). *Emotional intelligence.* New York, NY: Bantam Books.

Hall, G. S. (1904). *Adolescence: Its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion, and education*. New York, NY: D. Appleton & Company.

Halpern, S. J., Cusack, G., Raley, R., O'Brien, R., & Wills, J. (1995). *Contract with America's Youth: Toward a national youth development agenda*. Washington, DC: American Youth Policy Forum.

Hamilton, S. F., & Hamilton, M. A. (2004). *The youth development handbook: Coming of age in American communities*. Thousand Oaks, CA: Sage Publications.

Harniss, M. K., & Epstein, M. H. (2005). Strength-based assessment in children's mental health. In M. H. Epstein, K. Kutash, & A. J. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices* (2nd ed., pp.125-141). Austin, TX: Pro-ed.

Kim, S., Crutchfield, C., Williams, C., & Helper, N. (1998). Toward a new paradigm in substance abuse and other problem behavior prevention for youth: Youth development and empowerment approach. *Journal of Drug Education*, *28*(1), 1-17.

Laursen, E. K. (2000). Strength-based practice with children in trouble. *Reclaiming Children and Youth, 9*(2), 70-75.

Malekoff, A. (2004). Strengths-based group work with children and adolescents. In C. D. Garvin, L. M. Gutierrez, & M. J.Galinsky (Eds.). *Handbook of social work with groups* (pp. 245-258). New York, NY: The Guilford Press.

Males, M. (1996*). The scapegoat generation: America's War on Adolescents*. Monroe, ME: Common Courage.

Matarese, M., McGinnis, L., Mora, M. (2005). *Youth involvement in systems of care: A guide to empowerment*. Washington, DC: Technical Assistance Partnership.

Maton, K. I., Schellenbach, C. J., Leadbeater, B. J., & Solarz, A. L. (2004). *Investing in children, youth, families, and communities: Strengths-based research and policy*. Washington, DC: American Psychological Association.

McMillen, J. C., Morris, L., & Sherraden, M. (2004). Ending social work's grudge match: Problems versus strengths. *Families in Society, 85*, 317-325.

Mead, M. (1928). *Coming of age in Samoa*. New York, NY: Dell.

Melpignano, M., & Collins, M. E. (2003). Infusing youth development principles in child welfare practice: Use of a Delphi survey to inform training. *Child and Youth Care Forum, 32*(3), 159-173.

Morrison, J. D., Alcorn, S., & Nelums, M. (1997). Empowering community-based programs for youth development: Is social work education interested? *Journal of Social Work Education, 33*, 321-333.

Nichols, S. L., & Good, T. L. (2004). *America's teenagers-myths and realities: Media images, schooling, and the social costs of careless indifference*. Manwah, NJ: Lawrence Erlbaum Associates.

Nixon, R. (1997). What is positive youth development? *Child Welfare, 76*(5), 571-575.

Poertner, J., & Ronnau, J. (1992). A strengths approach to children with emotional disabilities. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 111-121). New York, NY: Longman.

Rapp, C. A. (1998). *The strengths model: Case management with people suffering from severe and persistent mental illness*. New York, NY: Oxford University Press.

Rapp, C. R., Saleebey, D., & Sullivan, W. P. (2005). The future of strengths-based social work. *Advances in Social Work*, *6*(1), 79-90.

Roth, J., & Brooks-Gunn, J. (2000). What do adolescents need for healthy development? Implications for youth policy. *Social Policy Report, 14*(1), 3-19.

Saleebey, D. (Ed.). (1997). *The strengths perspective in social work practice* (2nd ed.). New York, NY: Longman.

Saleebey, D. (Ed.). (2005). *The strengths perspective in social work practice* (4th ed.). Boston, MA: Pearson Education, Inc.

Scales, P. C. (2001). The public image of adolescents. *Society, 38*(4), 64-70.

Scales, P. C., & Leffert, N. (1999). *Developmental assets: A synthesis of the scientific research on adolescent development*. Minneapolis, MN: Search Institute.

Seita, J. R. (2000). In our best interest: Three necessary shifts for child welfare workers and children. *Child Welfare, 79*(1), 77-92.

Small, S., & Memmo, M. (2004). Contemporary models of youth development and problem prevention: Toward an integration of terms, concepts, and models. *Family Relations*, *53*(1), 3-11.

Trattner, W. I. (1999). *From poor law to welfare state: A history of social welfare in America* (6th ed.). New York, NY: The Free Press.

Weick, A., Kreider, J., & Chamberlain, R. (2005). Solving problems from a strengths perspective. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4th ed., pp. 116-127). Boston, MA: Pearson Education, Inc.

Weick, A., Rapp, C., Sullivan, W. P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social Work, 34*, 350-354.

Yip, K. (2006). A strengths perspective in working with an adolescent with self-cutting behaviors. *Child and Adolescent Social Work Journal*, *23*(2), 134-146.

Youngblade, L. M., Theokas, C. (2006). The multiple contexts of youth development: Implications for theory, research, and practice. *Applied Developmental Science*, *10*(2), 58-60.

Author's note:

Address correspondence to: Jeong Woong Cheon, Ph.D., School of Social Welfare, University of Kansas, 1545 Lilac Lane, Lawrence, KS 66044-3184. Email: jwcheon@ku.edu.