

EDITORIAL
Sages of the Profession: Celebration of our Heritage

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Special Issue Co-Editors

The Indiana University School of Social Work recently celebrated its 100-year anniversary as the oldest school of social work continuously affiliated with a university. That seminal occasion served as a compelling reminder of the extraordinary history of our profession and its relentless efforts on behalf of the vulnerable, oppressed and disadvantaged members of society. For more than a decade, the School's journal *Advances in Social Work* has been devoted to the dissemination of theory and research that supports these efforts of social work educators and practitioners. Thus it seemed only appropriate that we devote a special issue of *Advances* to a retrospective exploration of some of the critical events in the history of the profession that have contributed to and help shape our present understanding of social work practice and education.

The intent of this special issue is to chronicle the rich heritage of the social work profession and its educational initiatives as seen through the eyes of those who have actually lived and contributed to that heritage. Accordingly, the editorial board felt that the best way to document some of these critical events would be to invite a group of nationally recognized scholars to provide first-person, eyewitness accounts of their observations and direct involvement with the events as they unfolded.

The initial challenge in creating this special issue was to identify a representative group of social work "sages," that is, those individuals with the professional and academic credentials that would qualify them to speak authoritatively about the landmark events and challenges in the history of the profession. The editorial board agreed that the best approach might be to send requests for nominees to all deans and directors of social work programs across the United States and Canada. The request stated, "We are especially interested in capturing the first-hand accounts of our senior colleagues who have either been a part of seminal historical developments within the profession or have been eyewitnesses to those events. The authors will have considerable latitude with respect to the topics they wish to address. Our goal is to provide a forum for the discussion of historical events that have helped shape the culture and direction of the profession and its educational and knowledge-building endeavors."

From an impressive pool of more than 40 highly credentialed nominees, we then contacted a wide range of prospective authors whom we felt would enable us to compile a diverse set of historical documents representative of some of the more significant historical events in the evolution of the profession. The identified prospective authors were then invited to submit manuscripts on topics directly related to their specific areas of expertise.

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The response to our invitations was both immediate and enthusiastic. Virtually all of the invited authors indicated a genuine interest in the project. Some indicated that they had to regretfully decline our invitation due to earlier commitments and the tight turn-around time dictated by the publishing deadlines. However, many invited scholars indicated that they were both interested and willing to submit articles. The scholarly products of this initial group of sages appear in the present volume.

Readers may undoubtedly look for sages they know well or for areas of practice and education not covered in this volume. We recognize that our initial group represents a small sample of the many highly distinguished individuals who might submit authoritative documents for such an historical volume. We also recognize that we have not covered all areas of education and practice.

Nonetheless, despite the limitations of our selection process, we have been very encouraged by the enthusiastic response exhibited by our colleagues for an historical initiative designed to capture some of the rich heritage of our profession before it is lost to posterity. Given our success in this limited initiative, and partially because of its limitations, we would like to perpetuate the organizing principle that has informed this volume by creating a more permanent repository for subsequent scholarly manuscripts directly related to the history of social work. By doing so, we hope to provide a forum for authors of the type represented in this special edition to share their unique first-person perspectives on important historical events in the development of the profession. This continuing initiative will be referred to as the *Heritage Collection*.

As subsequent historical manuscripts that meet the editorial protocol established for both the journal and this present special eyewitness edition are submitted and approved, they will be published in the most current edition of *Advances in Social Work* and, with the approval of the author, included as part of the compendium of articles comprising the *Heritage Collection*. Because of the unique enduring nature of these historical documents, it is anticipated that they will provide an invaluable resource for researchers, faculty compiling course syllabi, or anyone interested in the origins and development of the profession. In addition, the Collection will provide a forum for scholars to compare and contrast individual perceptions of the same historical events.

Our editorial decision was to present the seventeen manuscripts in alphabetical order by primary author name. Each scholarly contribution stands alone in the author's or co-authors' presentation and interpretation of salient historical events and her/his/their unique involvement in these events. Nonetheless readers will see some overlap in terms of such topics as the growth of professional education, research infrastructure for social work, evolution of theoretical approaches and frameworks for practice, ethics and philosophy, diversity and oppression, and pioneer efforts in fields of practice such as child welfare and mental health.

Due in part to the direct eyewitness nature of many of the historical accounts, the authors chose to write in the atypical first-person. This more colloquial approach contributed to the kind and level of authenticity that can only be achieved by someone who has "been there and done that." In many instances, the content of the articles provides intriguing insights, not only into the nature of the subject matter under

consideration, but also into the character of the authors as they struggled to make meaningful changes with respect to the issues with which they grappled.

The editing of this special issue has proven to be a most rewarding and informative learning experience. We have been privileged to be able to communicate and interact with so many noted scholars and pioneers of our profession. We have been struck by the care and sensitivity with which our cohort of authors approached their subject matter. Several indicated that at times, their journey into the past precipitated a sense of nostalgia, and in some instances, painful memories. Nevertheless, a common reaction to having participated in these historical sojourns has been one of satisfaction and fulfillment. In every instance, their manuscripts reveal how passionately the authors feel about the subjects on which they've written and devoted important segments of their lives. We extend sincere thanks and appreciation to all our contributing sages and to those who will consider contributing in the future to the *Heritage Collection*.

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Gerald (Jerry) Powers earned his baccalaureate degree in sociology and philosophy from the University of Scranton, an MSW degree at Fordham University, a PhD at the University of Pittsburgh, and did post graduate work at the University of Chicago. During his 37-year affiliation with the IU School of Social Work, he was instrumental in the development and accreditation of the PhD Program and served as its founding Director during its first nine years. He also served as Acting Dean of the School from 1983 thru 1985. His teaching, research and published scholarship, including a research text entitled *Practice-Focused Research*, have emphasized practice evaluation research, the scholarship of teaching and learning, strengths-based social work and resilience theory. Jerry has several University Awards, including induction into the Indiana University Faculty Colloquium on Excellence in Teaching (FACET) in 1990 and was recently recognized by that organization with the prestigious *Honorary PA Mack Award for Distinguished Service to Teaching*. He was a Captain in the US Army having served as an army social work officer at Brooke Army Hospital in San Antonio, TX and the Irwin Army Hospital at Fort Riley, KS.



Virginia (Ginny) Majewski serves as Professor in the Indiana University School of Social Work. She holds a Master of Arts in Hispanic Languages/Latin American Studies, Master of Social Work, and doctorate in Public and International Affairs from the University of Pittsburgh. In 2013, she received the Distinguished Alumni Award from the University of Pittsburgh School of Social Work. She recently served the IU School of Social Work as Associate Dean, and before as Chairperson and MSW Director at West Virginia University, and Chairperson and BSW Director at California University of Pennsylvania. Dr. Majewski's teaching, service, and scholarship revolve around her commitment to service and experiential learning to enhance professional competence. In 2007, she co-edited the book *Social Work and Service Learning: Partnerships for Social Justice* and has presented extensively in this area in national and international venues. She is also active in the National Rural Social Work Caucus and focuses on food insecurity, indigenous issues, and community organizing.

The Profession's Role in Meeting its Historical Mission to Serve Vulnerable Populations

Dorcas Davis Bowles
June Gary Hopps

Abstract: *This article provides an historical account of how the profession of social work met or failed to meet its mission in the provision of services to those who were poor, oppressed, and vulnerable to societal injustices from the mid-twentieth century, including the turbulent Civil Rights Era, to the early twenty-first century. The profession's growth and expansion and the challenge of mediating resistance to change are highlighted based on eyewitness accounts.*

Keywords: *Professional mission, CSWE standards, civil rights era, poverty, race, injustice, social work theories, women, people of color, sexual orientation and gender expression*

In 1903, W. E. B. DuBois, one of the first writers to speak of oppression based on skin color stated, "The problem of the twentieth century is the problem of the color line – the relation of the darker to the lighter races of men in Asia and Africa, in America and the islands of the sea" (p 16). Forty years later, Gunnar Myrdal was commissioned by the Carnegie Corporation to study race relations in the United States. Myrdal painstakingly detailed obstacles to full participation in American society that Negroes faced which he saw as a white man's problem. He articulated that the race problem in the United States presented a great dilemma that, if not resolved, threatened the ultimate success of the country's democratic experiment (Myrdal, 1944). Some thirty years ago in an editorial entitled *Oppression Based on Color*, Hopps (1982) stated that people of color face a pervasive kind of oppression and discrimination because of racial stereotypes associated with and indelibly marked by the color of their skin. Although many forms of exclusion and discrimination exist in this country, none is so deeply rooted, persistent, and intractable as that based on color.

Do these statements on race, over many years, continue to explain why certain societal conditions have not been improved despite greater national wealth and power? Does the claim by other groups – women, gays and lesbians, physically and mentally challenged, and at times even "white males" – minimize the challenge faced by "traditionally oppressed groups?" The geopolitical landscape is one that makes it attractive to be disadvantaged, even when the term is elusive and thus hard to define. For example, in the last presidential election, several candidates for the Republican presidential nomination described their "disadvantaged heritage." As compelling as those stories were, none of them had to face the abject racism with which the democratic candidate and sitting President had to live. Secret Service protection to Presidential candidate Obama began after the Senator received a death threat in 2007, when he was

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still serving as the Junior Senator of Illinois. This marked the first time that a presidential candidate received Secret Service protection before being nominated by his party (Obama placed under secret service protection (Friedman & Maggs, 2008). The increased number of death threats and subsequent need for additional security was unprecedented in American presidential campaigns.

Social ethicist Daniel Maguire (1980) provided a framework for determining which groups are so disadvantaged that they need preference. He offered the following conditions: “(1) no alternatives to enforced preferences are available; (2) prejudice against the group has reached the level of depersonalization; (3) bias against the group is not private or narrowly localized but is rather entrenched in the culture and distributive systems of the society; and (4) the members of the victim groups are visible and thus lack an avenue of escape from their disempowerment” (Maguire, 1980, pp. 129-30, as cited in Hopps, 1982, p. 3). A report compiled by the Transnational Racial Justice Initiative (2001) concluded that the government has not taken “special and concrete measures to ensure the adequate development and protection of certain racial groups (Article II) (2) despite a preponderance of evidence of racism from both non-governmental organizations and governmental agencies. There are many documented examples of bias, racial discrimination and disparate racial impact in a wide range of policy arenas. There has been both governmental and private opposition to nearly every measure that would reduce white privilege and create greater development and advantage for disenfranchised racial groups” (p. 12).

Within the national context on race noted above, our task in this paper is to highlight the profession’s role in the preparation of practitioners in the delivery of services as well as how the field has historically delivered services to people of color and vulnerable populations. Our observations are drawn from our eye witness accounts from the latter part of the twentieth century, particularly from the 1960s to the 1980s. Our connection to the field spans more than four decades covering a period when we were considered Colored, Negro, Black, Afro-American or African American. We were children of “race women” – those women who advocated the “uplift” of the race in the early 20th century and who were determined that conditions that emerged from enslavement – overt racism and economic deprivation -- needed to be challenged. They had a deep awareness of the liberating role of education, the need to nurture strong families and to build caring communities. Our fathers (and grandfathers) were family and community oriented and subscribed to the values of education, strong work ethic, business orientation, and civil rights advances. During our elementary and high school years, we lived under the 1896 Supreme Court Decision of Plessy v. Ferguson which upheld the legality of separate but legal and where “Jim Crow Laws” were treated as legal. We were young students when, on May 14, 1954, the Supreme Court concluded that in the field of education, the doctrine of separate but equal had no place, that separate educational facilities are inherently unequal. In celebration of the Brown v. Board of Education decision, the choirs sang and the bells rang out in segregated churches, notably the strongest institution, aside from the family, in the Black community (Clayton, 1996). School children, even from poorly equipped schools, knew about the Warren Court and that it had spoken. No, “Colored people” felt that God had spoken!

We were arrested as students at Tuskegee Institute and Spelman College and were moving into the profession during the Civil Rights struggle for freedom and equality in the 1960s. We witnessed far too many deaths of both Blacks and Whites who fought for justice and spoke out for civil rights:

- **June 12, 1963** - Murder of Medgar Evers, a Black civil rights activist in Jackson, Mississippi, in the driveway of his home – by a member of the White Citizens Council.
- **September 15, 1963** - Mass Murder of Four Black girls (Addie Mae Collins, age 14; Cynthia Wesley, age 14; Carole Robertson, age 14 and Denise McNair, age 11) by a bomb placed under the steps at the Sixteenth Street Baptist Church in Birmingham, Alabama while they were attending Sunday school classes.
- **November 22, 1963** - The assassination of John Fitzgerald Kennedy, the 35th President of the United States in Dallas, Texas.
- **June 21, 1964** - Murder in Nashoba County Mississippi of one Black and two white Civil Rights Workers (James Cheney, Andrew Goodman, and Michael Schwerner) by members of the Mississippi White Knights of the Ku Klux Klan as they were driving to register Blacks to vote as part of the “Freedom Summer” campaign.
- **February 18, 1965** - Shooting of Jimmy Lee Jackson, a Black civil rights activist, from Marion, Alabama by an Alabama State Trooper when he joined a group of African Americans who were protesting the jailing of a Southern Christian Leadership Conference Official. Jackson died **on February 26, 1965 and on March 3, 1965** - Dr. King eulogized Jimmy Lee Jackson and called for a March from Selma to Montgomery to protest Jackson’s death and advocate for voting rights. Dr. King publicly admonished President Lyndon Johnson, asking why the government could spend millions defending democracy in South Vietnam, but not do the same for its own U.S. citizens. It was at this time that King began to link the civil rights movement with the anti-Vietnam war movement.
- **February 26, 1965** - **Malcolm X** was assassinated after repudiating the Nation of Islam and its teachings by three of its Black members. He was preparing to address the organization of Afro-American Unity in New York City at Manhattan’s Audubon Ballroom.
- **March 7, 1965** - Attempted Selma to Montgomery March - known as “Bloody Sunday.” Demonstrators, including U.S. Congressman John Lewis, were brutally beaten, when they attempted to cross the Edmond Pettus Bridge. This event prompted federal lawmakers to pass the 1965 Voting Rights Act.
- **March 21-25, 1965** - Demonstrators completed the Selma to Montgomery, Alabama march protected by the Alabama National Guard under federal control.

- **March 25, 1965** - Murder of Mrs. Viola Liuzzo, a white civil rights activist from Detroit Michigan by Ku Klux Klan members on the last night of the Selma to Montgomery March while transporting students from Historically Black Colleges and Universities and other marchers to their homes after the march. One of the Klansman in the car, from which the shots were fired, was a Federal Bureau of Investigation (FBI) informant.
- **April 4, 1968** - The assassination of Dr. Martin Luther King, Jr., prominent leader in the advancement of civil rights, on the balcony of the Lorraine Hotel, Memphis Tennessee as he was preparing to march for Sanitation Workers.
- **June 5, 1968** - The assassination of Senator Robert Kennedy (D. N.Y.), brother of the assassinated President John F. Kennedy, during the campaign season for the U. S. Presidential election, at the Ambassador Hotel in Los Angeles, CA.

We were witnesses to all of the above murders and assassinations and indeed many more. We, together with other Americans, experienced trauma as we mourned and attempted to understand and deal with these losses. Writing about this time frame and these losses for this paper reactivates the stress and pain, and even so we have no choice but to move on. We have seen, during the autumn of our professional life, the election (2008) and re-election (2012) and twice inaugurated first African American President, Barack Obama, something neither of us thought would occur during our lifetime.

Societal Turbulence and the Profession's Move to Public Programs

In the course of the twentieth century, the country flirted with progressivism, was impacted by World War I, the boom of the "roaring twenties" and economic chaos of the 1930s, enacted Social Security and other legislation as a hedge against financial insecurity and, rebuilt the economy during and after World War II, only to "discover" real poverty in the 1960s. In the 1960s, 1970s and 1980s the rights of colored people, women, gay, lesbian, transgender individuals and physically and mentally challenged were acknowledged. At this time, new immigrants as well as traditionally oppressed groups fight for a voice and recognition but the struggle for affirmative change continues.

The profession, since its inception, seems to have been challenged by a "push-pull" or ambivalence vis-a-vis power and powerlessness, wealth and inequality, and social control and benevolence. Prior to the Great Depression, services were delivered primarily through private auspices and largely to urban populations. The Great Depression, when at least a quarter of the population was unemployed and therefore poor, required massive intervention and changed the face of the profession. The Social Security Act was enacted as the nation's response to economic distress that affected so many. The economic loss had to be managed by many and so was the case with our own families: Farm assets and income, wages from labor, college scholarships; and the beginning ideological shift from the GOP (Lincoln's party or Hoover's Party?) to FDR. So we learned about the "great" democratic president who tried to help "our people, colored people." We knew about Eleanor Roosevelt, the First Lady, and respected her because she respected Mary McCleod Bethune, the great "colored" matriarch who founded Bethune-Cookman College and served as advisor to President Franklin D. Roosevelt.

The New Deal changed the social welfare landscape, making services and benefits available to greater numbers of needful people including rural people and eventually people of color. Initially, Social Security programs followed the general societal model of racial discrimination. The social insurance aspects of Social Security were related to employment and early on, those in marginal, low-wage work settings, were excluded, including domestic workers, farm laborers, and restaurant and hotel workers, and a large number of these groups were Negroes. The profession was not initially enamored by the New Deal and its sweeping, undergirding ideological shift where major new resources (money, employment opportunities, and legislative clout) would be centered in the public domain, away from traditional private auspices.

World War II, which pulled the country out of the Depression, helped usher social work's movement to the mental health domain where there was emphasis on Freudian psychological theories which was referred to as casework (i.e., interventions with individuals and families, case by case). These theories placed the focus on the individual (Garrett, 1942; Hollis, 1949; Perlman, 1979). However, from the profession's beginning, there was scant attention given to people of color – Native Americans, African Americans, Puerto Ricans, and Mexicans. Similarly, little attention was given to poor southern whites and so called "hill people." The Mental Hygiene Movement prevailed; casework became king, or perhaps queen since the profession is predominantly female.

From the 1920s to the 1950s, social casework focused on the person in the context of his/her environment, and the therapeutic relationship between the social worker and the client was seen as key to facilitating change. Warmth, caring, genuineness, a non-judgmental attitude, and empathy, among other qualities, were seen as "the soul of casework" (Biester, 1957) and as the "heart" of the helping profession (Garrett, 1942; Hollis, 1965; Perlman, 1979). In seeking a language to understand behaviors, social workers turned to Freud's theories of development which offered them terms such as resistance, transference and counter-transference. With the emergence of ego psychology during the late 50s, social workers found the concepts ego functions, defense mechanisms, and adaptation useful language in their work with clients (Erikson, 1950; Freud, 1936; Hartmann, 1958; Parad, 1958; Parad & Miller, 1963).

Cultural values, economics, and public policy are inextricably linked aspects of the human experience. Hence, public and private policies can encourage or discourage behavior. The 1960s ushered in great social, cultural, and economic upheavals that had a profound impact on marriage and family among African Americans. Shifting occupational structures (from manufacturing to services), stagnating real wages, and the declining relative demand for low-skilled labor undermined the economic status of many and especially African Americans. Welfare policies that focused on helping mothers and children, to the exclusion of fathers, had the practical effect of keeping or driving men out of the household. Housing discrimination that facilitated the movement of whites out of the city while hampering the mobility of African Americans, the increasing suburbanization of employment, inadequate urban school systems, and the growing incarceration of African American men, played crucial roles in undercutting opportunities for African Americans and contributed to blighted inner city neighborhoods. Social work

as a profession was not geared to address these structural issues and continued to use the casework model which was popular at the time.

Systems theory, family therapy, and the ecological systems perspective were pushed by many in the profession (Hopps & Lowe, 2012). Ego psychology was followed by object relations theory which enhanced and provided greater depth to the understanding of the relational dynamic that occurred between worker and client and provided social workers with greater appreciation of the multi-layers of the social worker/client relationship (Blanck & Blanck, 1974; Blanck & Blanck, 1979; Bowlby, 1969; Edward, Ruskin, & Turrini, 1981; Kernberg, 1975, 1976; Mahler, Pine, & Bergman, 1975; Masterson, 1976; Tolpin, 1972; Winnicott, 1965). During the 1970s, Heinz Kohut (1971) launched self psychology which focused on disorders of the self and provided the profession with concepts such as mirroring, idealization of others, and twinship.

As the 1980s came to a close, researchers began to understand the relationship between the brain and the mind. As explained by Siegel (1999), “the mind develops at the interface of neurophysiological processes and interpersonal relationships” (p. 21). Understanding the brain can facilitate change at a bio-psychological level in the right brain hemisphere where emotional experiences are processed to include non-verbal communication such as touch, tone of voice, gestures, etc. (Applegate & Shapiro, 2005; Perry, 2006).

Weick, Rapp, Sullivan, and Kisthardt (1989) were the first to generate the concept “strengths perspective.” These authors offered that a focus on clients’ strengths would better engage and support clients’ growth. In *The Strengths Perspective in Social Work Practice* (Saleebey, 1992), several authors explained, in detail, the theoretical underpinnings of strengths based practice, especially in one’s work with diverse, at-risk populations, and, in so doing, helped to move social work from a problem-focused-deficit model to a view that emphasized strengths, capabilities, and resilience.

Evidence-based practice (EDP) was formally introduced in 1992 with a focus on the medical profession which later crossed over to other professions, including social work. It should be noted however, that practice evaluation and accountability was by no means new to the field which was challenged with the push for evidence since the late 1960s (Sze & Hopps, 1973, 1978).

As seen from the underpinning theories above, social casework was the dominant thrust of the profession for years, and there was limited attention to content that focused on how environmental factors impacted the client’s daily functioning let alone how to affect change in the environment. The theories, as effective as they were thought to have been for individual change, did little to address questions related to client empowerment, structural inequality and/or institutional racism (Austin, 2000; Hopps, Pinderhughes, & Shankar, 1995; Solomon, 1976). Moreover, there was not sufficient awareness of the impact of Freudian theories as related to the changing roles of women, many now educated and work place savvy since the late 1800’s and certainly after two World Wars.

Similarly, the resentment of Black military personnel who had fought so bravely in segregated units was growing deeper and not well noticed by the country or the

profession. Several had gone to school and college using the GI Bill. They went into the professions, moving away from farming, and several became teachers, physicians, morticians and attorneys. They told stories about the war, the Battle of the Bulge, the great Tuskegee Airmen. They expressed wariness relative to the slow road to equal rights. A new rhetoric was growing: Why would we wait so long for rights? Freedom? Students listened to their teachers, their preachers, their doctors.

Moreover, there was minimal attention to race related issues and/or race relations. Poverty, discrimination and legal oppression persisted. Jim Crow laws that were so strong in the early 20th century were overlooked and unchallenged even when they were a central component of the structure and organization of social welfare and the delivery of social work services. For example, we witnessed that in some agency settings, white social workers could serve all clients while Black social workers could only serve Black clients. The Atlanta University School of Social Work had block placements so that second year MSW students were not limited to field experiences in segregated agencies in Atlanta and the southern region where case assignments were made on the basis of race (Bowles & Hopps, personal observations).

The Profession and the Poor

It was the 1960s Civil Rights Movement and civil unrest, aided by Michael Harrington's (1962), *The Other America*, which highlighted the persistence of poverty in the country and challenged the supremacy of the casework mantra. The profession had to make accommodations to serve the poor and acknowledge discrimination, forcing it to examine its positive affinity for services to the middle class – those who were verbal, those who could come for an office appointment, those who could keep scheduled appointments, those deemed capable of developing insight about their problems, etc. The profession was confronted to think back to its founding mission and concern for the real poor. African-American protest, based on the denial of rights and discriminatory practices, introduced this new era of civil rights protests and later civil unrest during the Kennedy/Johnson years. The rights protests, the assassinations of President Kennedy and the killing of a number of civil rights workers, led to the passage of the 1964 Civil Rights Act which outlawed discrimination against racial, ethnic, national and religious minorities and women, and the 1965 Voting Rights Act which outlawed unfair voter registration laws imposed on Blacks. In a brief period, racial barriers in public facilities, the workplace and the ballot box were struck down by law. These new laws were enacted ten years after *Brown v. Board of Education* (1954), the Supreme Court ruling that struck down school segregation. Prior to *Brown v. Board of Education* (1954), the law of the land was separate but equal as set forth in *Plessy v. Ferguson* in 1896, but the practice was separate and unequal. White resistance to the 1954 landmark Supreme Court ruling of *Brown v. Board of Education* was unbelievably strong. To wit, 19 Senators and 81 Representatives from the South, including all of Georgia's congressional delegation, signed the Southern Manifesto, which re-enforced segregation in political ideology and discourse. The Southern Manifesto on Integration, signed in March 1956 to counter and defy the *Brown v. Board of Education* ruling read in part as follows:

We regard the decision of the Supreme Court in the school cases as a clear abuse of judicial power. It climaxes a trend in the Federal judiciary undertaking to legislate, in derogation of the authority of Congress, and to encroach upon the reserved rights of the States and the people. . . It is destroying the amicable relations between the white and Negro races that have been created through 90 years of patient effort by the good people of both races. . . We pledge ourselves to use all means to bring about a reversal of this decision which is contrary to the Constitution and to prevent the use of force in its implementation (Southern Manifesto on Integration, 1956).

Owing to the lawmakers' recalcitrance, the desegregation of schools reached a stand still until 1957 when it became necessary for the federal government to intervene in the Little Rock Central High School case to uphold *Brown v. Board of Education* and allow nine children, who had been subjected to abuse, to enroll. The protests of the 1960s were mostly peaceful; however, there had been growing tensions, especially since World War II, over entrenched inequality and the inability of the social structure to effectively respond to demands for change, voiced by activists, a growing number of whom were young people.

Hundreds of riots in the Freedom Summer of 1964, the "long hot summer" of 1967, and the tumultuous years of 1970-71, brought attention to entrenched poverty and a panoply of ills, including unemployment, poor housing, inadequate education, and lack of health care including maternal and child health and needs of the elderly. On July 28, 1967, President Lyndon Baines Johnson formed an 11-member National Advisory Commission on Civil Disorder to examine and explain the riots that plagued major cities. The Commission's 1968 report, known as the Kerner Report, concluded that the nation was "moving toward two societies, one black, one white – separate but unequal." The Report affirmed that discrimination and segregation that had permeated much of American life, threatened the country's future and unless conditions were remedied, the country faced a "system of 'apartheid'" in major cities. The Report further stated:

"What white Americans have never fully understood but what the Negro can never forget – is that white society is deeply implicated in the ghetto. White institutions created it, white institutions maintain it, and white society condones it." (National Advisory Commission on Civil Disorders, 1968, p. 1)

The Report firmly implored the country to deal with its unfinished business and "make good the promises of American democracy to all citizens-urban and rural, white and black, Spanish-surname, American Indian, and every minority group" (National Advisory Commission on Civil Disorders, 1968, p. 2).

Many college and graduate students, some of whom were social workers, participated in peaceful civil rights demonstrations and marches along with mental health professionals, ministers, and community persons of all ethnic and racial groups. In fact, the authors observed that hundreds of persons who applied for and were accepted into social work programs during this time, participated in these civil rights protests and entered the profession so that they could become "change agents."

The Black Power Movement came to the fore shortly after Dr. King's assassination in 1968, when more militant Blacks took over the leadership of the Student Non-Violent Coordinating Committee. Although the Civil Rights Movement, led by Dr. King, was guided by the teachings of Gandhi, non-violence Christian theology, and the social gospel, the Black Power Movement was largely guided by the work of Malcolm X, who argued the need for organizations to push for liberation and political and economic power based on Black separatism (Day, 2009). The Movement became increasingly more militant, and in the process, lost some middle class support across racial lines. Dr. King was missed.

During this time period, as in others, over eighty eight percent (88%) of students who applied to schools of social work selected the casework track as opposed to fewer than five percent (5%) who selected that of community organization (Morris, 2000). Those students who selected the community organization track were interested in ways in which they could use advocacy and community action to bring about needed structural changes in the environment for People of Color, the poor, and the oppressed. The Economic Opportunity Act (EOA) of 1964 required that Community Action Agencies (CAAs) be established to run Community Action Programs (CAPs). CAPS were developed to advocate for the poor who faced discrimination in employment, service delivery from social agencies that were receiving federal funds, to build and expand Head Start and accelerate the re-building of older urban communities. Funds were allocated directly to local grassroots organizations, passing over established agencies as well as city halls. This would not last long. Maximum Feasible Participation of the poor as prescribed in the Economic Opportunity Act was subsequently described as Maximum Feasible Misunderstanding (Moynihan, 1969). Nevertheless, there was growth in community organizations, aided by CAAS and CAPS, some taking on a more aggressive posture, drawing on the organizing methods used by Saul Alinsky in the 1930s and 40s behind the stock yards in Chicago (Hopps & Lowe, 2012). Growing recognition of the need for structural change and community based advocacy brought renewed attention to macro interventions, especially community organization but also community development, social planning and policy and their value within the profession and in poor communities.

Mobilization for Youth, the New York demonstration project funded by private foundations and federal government agencies, particularly the National Institute of Mental Health, generated theories and intervention strategies for examining urban reform and changing democratic processes that influenced the design of the War on Poverty. The Model Cities Program followed the War on Poverty in the late 1960s and both were signature programs of the Johnson administration's Great Society. The Fair Housing Act was passed in 1968 striking at discrimination in that domain and adding more teeth to anti-discrimination and civil rights laws passed earlier in 1964 and 1965.

An important facet of professional activity included opening up opportunities for Blacks and other People of Color to pursue professional education and also the establishment of many new schools of social work to serve the newly discovered poor, needful population, along with the middle class (Memorandum from Jo Ann Regan, Director, Office of SW Accreditation, CSWE, September, 2013). These new schools with their influx of students changed the social work demographic. Over 20% of enrolled

students were People of Color, a major shift in the profession. Student activists, many of whom were students of color, pushed for a more relevant curriculum and diverse faculty. Some professors made alliances with the poor and found pathways to help change the social work academic establishment (Schiele & Hopps, 2009). Federal funding became more available to schools of social work after World War II and had influence on the curriculum, funding for faculty and financial aid to students. In fact, the development of baccalaureate social work programs in public institutions, funded by federal agencies, provided access to a more racially and socio-economically diverse cohort of students (Austin, 2000). Following formal approval by CSWE in 1974 of a set of accreditation standards for baccalaureate social work programs, the number of BSW programs grew dramatically during the next decade and beyond. In its most recent statistics, CSWE (2013) reports that the number of accredited BSW programs more than doubled that of accredited MSW programs – 489 vs. 227. The baccalaureate programs became entry points for Blacks, other people of color as well as those from lower socio-economic classes.

The students looked different from earlier periods. Despite a continued preponderance of women, there was clearly much greater diversity within the student body in most programs. This increased diversity was fueled in part by an infusion of federal funding from the National Institute of Mental Health (NIMH) which also helped accelerate the growth in the number of accredited BSW programs. Federal funding also provided resources for graduate education at both the master's and doctoral levels (Austin, 2000). Federal funding for social work was important and continued during the Kennedy, Johnson, Nixon administrations, but became more limited under Carter and was drastically curtailed under Reagan and Bush (Austin, 2000; Day & Schiele, 2013; Hopps, 2000; Morris, 2000). Reagan's philosophy towards the social work establishment and clients was guided not only by conservatism but also by right wing ideology; the administration's tone toward the poor and sexual minorities was harsh, for example demeaning commentary about the "welfare queen and the Cadillac."

Although President "Bill" (William J.) Clinton voiced different sentiments about the poor and seemed to understand structural and institutional causation, he followed much of the Reagan/Bush ideology of laissez-faire civil rights and demolition of social welfare and particularly "ending welfare as we know it." (Day & Scheile, 2013). George W. Bush moved back to the Reagan philosophy although advocating a softer conservatism he characterized as "compassionate conservatism." The George W. Bush legacy toward the poor is undoubtedly reflected in the debacle that surrounded the delivery of emergency relief services after Hurricane Katrina. In effect, the "golden age" of funding for social welfare and its professional arm, social work, slowly morphed into one of resource constriction. This pattern, started under Carter, is apparent even in President Obama's signature domestic achievement, The Patient Protection and Affordable Care Act (PPACA) signed into law on March 23, 2010. While this law does create new opportunities within the healthcare domain, there are no funds specifically allocated for social work education with respect to the profession's role in the delivery of health care services.

Today, there are no grassroots groups pushing the profession toward greater progressivism as there were in the late 1960s. During this prior period, the major welfare organizations focused on the poor and their rights. The National Welfare Rights Organization (NWR0) was led by a chemist, the late Dr. George Wiley, not a social worker or cognate professional. Nevertheless, the group was forceful, maybe even militant in pushing established agencies and public welfare offices to better serve the poor, granting them their lawful benefits. Frances Fox Piven (New York University) and Bill Cloward (Columbia University School of Social Work) became known for providing much of the theoretical orientation for the expanded direct participation of the poor in activism for greater access to social services, including voter registration.

Sensing a need for a collective voice and action, a group of Black social workers convened in San Francisco, California on May 8, 1968 to establish a national social work organization that would advocate for and address social issues and concerns of the Black community. The group formed the National Association of Black Social Workers (NABSW) and put pressure on the National Conference of Social Welfare (NCSW), the National Association of Social Work (NASW), and the Council on Social Work Education (CSWE) to increase the number of persons of African ancestry to serve on various committees and hold office in these organizations. NABSW also emphasized the need for accountability of social welfare systems serving Black families as well as the development of service delivery strategies that would better serve Black communities. The organization also pressured CSWE to live up to the mission of the profession by examining content in the social work curricula so that it would become less Euro-centric and more accurately reflect the Black experience and that of other People of Color, the poor and oppressed, as well as the forces that supported structural inequality.

Schools of social work were also pressured to add persons of African descent to their faculties. Once in rank, new Black faculty members, though few in number, added their voices to the importance and need for greater and non-stereotypical content on racial and ethnic groups. In the second special edition of *Social Work*, focused on people of color, entitled *Racial and Ethnic Minorities*, it was reported that some eighty-nine articles were published between 1960 and 1975 that addressed "race relevant questions" (Schiele & Hopps, 2009). Prior to the earlier special edition of social work entitled *People of Color* (Hopps, 1982), the profession had evidenced some concern about issues relevant to people of color and the articles were generally referred to as "the Negro Problem;" and from 1969 to 1975, as "the Black Phenomenon"(Schiele & Hopps, 2009).

NABSW held its first annual conference in Philadelphia in 1969. The theme was "The Black Family" in response to the Moynihan Report on the disintegration of the Negro family as the cause of lower socio-economic status and the limits of government intervention for positive change unless Negroes took more responsibility for self improvement. The Moynihan Report, delivered in a speech by President Johnson at Howard University on June 4, 1965, had stirred controversy among those in the civil rights movement because it seemed to place blame for family formation and lifestyle, poverty and unemployment on individual choices which were greatly limited due to the economy. There was not sufficient weight given to structural inequality. Opposition literature, from Blacks and other scholars, evolved and grew with the intent of showing

the strengths of oppressed Blacks in the face of intractable structural discrimination and inequality. One prominent contributor to this debate was Robert Hill (1972) whose book, *The Strengths of Black Families*, was in direct response to the Moynihan Report.

Several African-Americans who entered social work education in the 1960s-1970s found a way to move up in academe becoming tenured professors, deans, associate provosts and provosts. Many also became key administrators and executive directors of national organizations. Although there was generally a positive response from the profession, albeit a slow one, it was not without controversy and competition from those in power, mostly privileged males and those wishing power, mostly privileged females. The change strategies and arguments here were not unrelated to those which informed and influenced all of the subsequent movements.

The Movements: Women, Sexual Orientation and Gender Expression

The first era of the women's movement was in the 1800s and focused on women's suffrage, the right of women to vote, and abolition. Day (2013) observed that Women, although not owned were:

almost treated like Negro slaves inside and outside the home. Both were expected to behave with deference and obedience towards owner or husband; both did not exist officially under the law; both had few rights and little education; both found it difficult to run away; both worked for their masters without pay; both had to breed on command and to nurse the results (p. 183).

The first phase of the feminist movement occurred during the 1940s and continued through the 1950s, advancing the "suffrage" theme. The publication of Betty Friedan's (1963) classic treatise on *The Feminine Mystique* heralded the onset of a second era in the women's movement during which the primary focus shifted to issues of social and cultural concerns. The book sought to awaken the conscience of middle class American women whose roles in society were limited mostly based on gender. Friedan, a 1942 graduate of Smith College, based her book on survey data from Smith College alumnae, Class of 1942 for their 15th college reunion in 1957. Her systematic survey showed that many of her classmates were unhappy, felt entrapped and that their ambitions were thwarted despite living in material comfort. This prompted her to conduct interviews with other suburban housewives which led to the publication of *The Feminine Mystique*. How many Black, Hispanic, Native American or Eastern European women do we suppose were included in the study? We know that many of these women were in the workforce, and without choice.

Another feminist activist and Smith College graduate, Class of 1956, Gloria Steinem, helped create *Ms. Magazine* in 1971 which provided a sounding board for the voices of contemporary women. The Feminist Movement was criticized by many Black Women who voiced that the movement represented the viewpoint of white, middle-class, educated women and ignored or marginalized the voices and lived experiences of other women. Some Black feminists argued that sexism, class, oppression, and racism were inextricably bound; hence, Black women experienced a different and more intense kind of oppression from that of white women. In short, Black feminists felt that white

feminists minimized or ignored oppression based on race and class thereby marginalizing and excluding them from the "Movement." Some Black feminists thought that white feminists even colluded with their men – their fathers, husbands, brothers, uncles and sons – and therefore held "deferred power" (Hopps, 1982).

Black women had a long history of self-help, social activism and "race uplift." In fact, self help organizations date back to the late 1700s and were active at the local level where Black women provided extensive mutual aid assistance. This continued until the 1890s as a more political agenda evolved focusing on suffrage and anti-lynching. The National Association of Colored Women was founded in 1896, only three decades after the Civil War, pre-dating the founding of the National Association for the Advancement of Colored People (NAACP) by some fifteen years. (It is well to be mindful of the roles of Jane Adams and W. E. B. DuBois in this historic development that began with discussions at Henry Street Settlement in New York City). Equally important was W. E. B. DuBois leaving the Progressives and Jane Addams when she did not support suffrage for Blacks. Race "up-lift" work required Black women to be politically savvy in relation to Black men.

Since race progress was conventionally defined as male dominance and distinction not only within the family, but also within such masculine domains as politics, the market, and the military. Black women's public activities, independence, and leadership were controversial within uplift ideology insofar as they departed from the only legitimate realm for Black women's activity, their reproductive capacity within patriarchal Black families (Gaines, 1996, p. 42).

The social situation of Black women corresponded with that of white women but with the added forces of racism and economic and social disadvantage. Both populations of women had a political struggle, but Black women's struggle was so much harsher owing to race and economics. The feminist agenda was not viewed as inclusive. Although Black women did not begrudge the quest by white women for advancement, they were stunned when some white women did not understand the gravity of racism, historical economic and social disadvantage and the need for affirmative social justice.

A few Black women in the profession did move up. There seemed to have been a convergence among lesbian women who would "coalesce," supporting and advocating for one another for faculty and decanal positions as well as executive positions in professional organizations. Their affiliation and orientation seemed more powerful than race, class or social background. Although they may have identified with oppressed people, and many did, this perspective became moot in instances where there was competition with an oppressed person for positions of power they sought.

In response to the feminist movement, a more economically diverse group of women began to demand affordable child care, birth control and the creation of rape crisis and domestic violence centers which could serve as places where their sisters might be helped to deal with the abuses they received in safe environments. Research in these areas by social workers and other mental health professionals emerged. Significant contributions included the Boston Women's Health Book Collective, *Women and their Bodies* (1970), *Our Bodies, Ourselves* (1971), and others that have continued to proliferate. Many of

these more recent contributions also include content relevant to the needs of pre-teen and adolescent girls and boys. Much of this content found its way into the social work curriculum; however, was there content on eugenics which was experienced by severely oppressed women, often in prison? At issue was whether the curriculum lagged behind the practice environment. Women students began exposing and teaching faculty about issues relevant to their reality related to growth and development including women's health, rape, and domestic violence. Similarly, Black students and poor people exposed and taught the faculty about their reality encompassing race, discrimination, and poverty.

Gay liberation became an active issue in the profession during the 70s and 80s. This population drew upon First Amendment rights and the Civil Rights Act of 1964. The Lambda Defense and Education Fund was active in the pursuit of civil rights for gays and lesbians in employment, child custody, and education paying for legal representation and developing a network of legal experts. The work of this fund was aided significantly by the National Gay and Lesbian Task Force and was the major mover of the March on Washington for Lesbian and Gay rights in 1979. Gains for same sex persons include the repeal of existing sodomy laws as well as repeal of the "Don't Ask Don't Tell" policy on September 20, 2011 by President Obama. The "Don't Ask Don't Tell" policy was adopted by the Clinton administration and prohibited same sex persons from disclosure of their sexual orientation while serving in the U. S. military.

On June 26, 2013, the Supreme Court, by a vote of 5 - 4 ruled unconstitutional a 1996 law denying federal benefits to legally married same-sex couples and permitted gay marriage in California which increased to 13 the number of states that allow for same sex marriage. Ironically, the day before GLBT Rights advocates celebrated this land mark 5 to 4 Supreme Court reversal, the same court deemed as unconstitutional Section 4 of the 1965 Voting Rights Act. This ruling cut at the very core of the Voting Rights Act leaving it to a divided Congress to redefine criteria to determine which states need preclearance by the Justice Department for electoral changes. Obviously, in this instance there was no celebrating among people of color and liberal pundits.

Earlier in this paper, we noted the deaths of civil rights advocates. It is similarly important to reflect, as we and other professionals did, on the deaths of:

- San Francisco Board Supervisor, Harvey Milk and Mayor George Moscone, both of whom were gay, in 1978 by Dan White another City supervisor who had resigned his job and wanted it back;
- Matthew Shepard, a white gay student, near Laramie, Wyoming by 3 white men; and
- James Byrd, Jr., a Black man tied to a truck by 2 white supremacists and decapitated in Jasper, Texas in 1998.

The latter two deaths resulted in the passage of the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act, the country's first Hate Crime Bill that was signed into law by President Barack Obama on October 28, 2009. This was an amazing feat since the 3445 lynchings in the 19th and 20th centuries did not result in the passage of a national anti-lynching law. Now hate groups, including the Aryan Nation, are increasing

and there is growing concern by members of the profession over angry white people, especially males.

New Faculty, New Theorists

Prominent new social work theorists came to the forefront starting in the 1960s, many of whom were women of color whose writings added authenticity, thick context and fresh perspectives (See, 2002): Elaine Pinderhughes, Barbara Solomon, Deloris Norton, Harriette McAdoo, Rosina Bacerra, Joyce Ladner, Jewel Taylor Gibbs, Wynetta Devore, Martha Ozzawa, among others. There were also men of color who made contributions: Leon Chestang, Robert Hill, Lawrence Gary, Andrew Billingsley, Harry Aponte, Juan Longress, Brig Mohan, Julio Morales, and Wade Nobles, among others. Black psychiatrists such as James Comer, Alvin Poussaint, William Grier and Price Cobbs also added to the body of knowledge that was used by the profession. It was after the assassination of Dr. King and the subsequent riots that Grier and Cobbs (1968) wrote *Black rage* which described the insidious effects and psychic stresses Black people experienced in response to slavery, Jim Crow and discrimination which was the basis of their anger and rage. John Turner became the first African American editor-in-chief of the *Encyclopedia of Social Work* and June Gary Hopps became the first African American named editor-in-chief of *Social Work*, the profession's flagship journal. Others also added scholarship helping to advance theory and practice about people of color and race (for example, Carol Stack, Monica McGoldrick, Effie Schlesinger and Jeane Giovanni).

The CSWE Curriculum Standards: Mission Driven or Mission Drift?

The Council on Social Work Education Curriculum Policy Statements did not include the need for the study of oppression and injustice in the curricula of schools of social work until 1983. There was no mention of the concepts of oppression and social justice in the CSWE Curriculum Policy Statements of 1952, 1962 and 1969, "although they noted links between destructive social and economic conditions and the problems that motivate people to seek help" (Gil, 1995, p. 258). The 1982 Curriculum Policy Statement is the first to make reference to the promotion of "social and economic justice" and that "social workers hold that people should have equal access to resources, services and opportunities." Under the heading "Special Populations," the 1982 Policy Statement noted that "the profession has also been concerned about the consequences of oppression and that the "curricula must give explicit attention to the patterns and consequences of discrimination and oppression" (Gil, 1995, p. 258). The "1992 revision of the CSWE Curriculum Policy Statement is clearer than the 1982 statement concerning oppression and injustice," and stresses that schools of social work have the responsibility to teach about social justice and approaches to overcome oppression. However, like the 1982 policy statement, the 1992 revision reflects the fallacious assumption that discrimination, oppression, and injustice affecting women, minorities and other discrete social groups can be overcome without eradicating their sources in the occupational and social class divisions of contemporary capitalism" (Gil, 1995, pp. 258-59). The 1992 CSWE draft Curriculum Policy statement did not include material on poverty and the poor. The issue

was debated and later added. Could this critical issue have been the result of a simple oversight? Not likely! Within the context of the heated debate that engulfed it, one of the profession's highly respected thinkers asked in a provocative co-authored work, *Unfaithful Angels: How Social Work has Abandoned its Mission*, if the profession had indeed abandoned its mission to the poor and drifted to a psychodynamic orientation (Specht & Courtney, 1994; Haynes & Mickelson, 1986).

Obviously, it was a long, hard path from earlier Educational Policy Accreditation Standards (EPAS) to the Standards for 2001 and 2008 where programs are expected to attend to diversity in both the explicit and implicit curricula. The most recent 2008 EPAS recognizes that the education of social work students extends beyond the classroom and field internship; hence elements such as the program and institutional policies, faculty, student resources and activities that impact students must be addressed. The movement to diversity, representing all groups who claim oppression, is not without considerable debate. The question is: When all are considered oppressed, is anyone oppressed?

Although the 2008 curriculum statement moved social work to a competency-based outcomes approach, and includes Educational Policy 2.1.4 – Engage diversity and difference in practice - the question raised at the beginning of this discussion around a framework (see Maguire, 1980) for determining which groups are so disadvantaged that they need preference, based on the four conditions set forth, is still relevant. It seems that what the profession has to do now is step back and debate the components of this framework, starting with the premise that if available “alternatives to enforced preferences” have not worked, then why? Harvard Law Professor Derrick A. Bell (1980) asserts in his theory of “interest convergence” that Black rights are recognized and protected only when it advances the interest of whites. He further asserts that “white institutions have not historically advanced the interests of African Americans through integration or inclusion without accruing equal or greater benefit to themselves or their interest in the process” (1980, p. 526). Hence, an emphasis on diversity lessens or negates the more challenging issues of race and class inequality. Bell clarifies this by focusing on Affirmative Action, a construct that many whites interpret to mean diversity policies designed to benefit white students rather than a means of benefitting those who have been negatively impacted by skin color, Jim Crow and the insidious culture of discrimination that pervades in this country. Hence, the word *diversity*, and not the words *race and class*, is more comfortable to whites because, in the narrow way in which they construe it, they inevitably become the unwitting beneficiaries. Rather than using the word diversity, it may be important to use the words race and class so that those who have been most marginalized in society also gain benefits. Additionally, it speaks to the reality of what has occurred in this country, i.e., the country has been engaged in a conflict about race and class, not a conflict about diversity. Thus, society's propensity to focus on the more benign notion of diversity may actually be serving as a diversion with respect to the achievement of the more substantive (albeit controversial and **ideal**) goal of racial justice on which this country is founded and which we, as Americans, seek to achieve. (Bell, 1980; Daniels & Van Patterson, 2012).

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Building the Social Work Workforce: Saving Lives and Families

Katharine Briar-Lawson

Abstract: *This article depicts a journey over the decades to address some of the needs of children and families in the child welfare system. Recounting a few key milestones and challenges in the past 40 years, it is argued that workforce development is one key to improved outcomes for abused and neglected children and their families. Major events and several turning points are chronicled. Emerging workforce needs in aging are also cited as lessons learned from child welfare have implications for building a geriatric social work workforce. Funding streams involving IV-E and Medicaid are discussed. It is argued that workforce development can be a life and death issue for some of these most vulnerable populations. Thus, the workforce development agenda must be at the forefront of the social work profession for the 21st century. Key funding streams are needed to foster investments in building and sustaining the social work workforce.*

Keywords: *Workforce, IV-E, Medicaid, child welfare, aging, social work, university-agency partnerships*

This article chronicles efforts to advance the leadership role of social workers to address the challenges of the most vulnerable children and families as well as the aging. Change strategies have involved the promotion of university–agency partnerships, workforce development, funding streams for social work education and new service delivery models. While much of the focus of my journey is centered on vulnerable children and families, by extension, inclusionary social work needs to comprise all ages. Thus, efforts at adapting some of these strategies to gerontological social work are delineated as well.

I first briefly recount child welfare workforce challenges, crises, several firsthand accounts of developments in workforce agendas and historical markers. Efforts to promote service innovations related to vulnerable children and families are offered. Following this, a brief overview of implications for gerontological social work is presented with similar attention to both workforce funding and some innovations in service delivery. Lessons learned are offered as are action steps for future developments in the field, including educational and professional supports for social workers.

Workforce development is not often thought of as a key facet of social work practice, let alone one that would be seen as a life and death issue for those we serve. Yet when workforce issues are overlooked, horrific consequences can occur. Children may die of abuse and neglect because a caseworker did not detect or understand domestic violence and its effects on the caregivers who subsequently cannot protect their child. An elder may leave the hospital with 921 different pills and may be unprepared for self-care in the community. Absent a trained social worker, the consequences may be toxic if not life threatening.

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This paper attempts to make the case that more attention is needed to promote workforce development, the partnerships that help incubate professional development of social workers and the potential funding streams that can attract social workers to the field and to working with some of the highest need populations. My journey has been one that has addressed some of these challenges. At the outset it is important to note that no journey is without partners along the way who open doors and make change synergistically possible. As change collaborators and facilitators we are always working with and through others. It is to them, gratefully, that I dedicate this article.

Child Welfare: Partnership Movement

We begin with child welfare, a field of practice that has long been the province of social work. From its inception as a field of practice for social workers over a century ago, social workers have been at the forefront of innovations to address the needs of the most vulnerable children and families (Briar-Lawson, McCarthy, & Dickinson, 2013). While opportunities have abounded for social workers to be leaders in child welfare, the very architecture of this field of practice has hinged on a well prepared and sustained social work workforce.

Historically, from the emergence of the Children's Bureau 100 years ago to the present, social work has been identified as the profession with the most stake and professional alignment with the most vulnerable children, namely those who are abused and neglected. As spearheads for and leaders in the development of the Children's Bureau in 1912, social workers have worked to advance numerous reforms and innovations (Dickinson & Barth, 2013). These included Mother's Pensions to prevent the need for institutional care for children whose mothers worked. In more recent decades, social workers have led innovations in home based services to prevent out of home placements (Landsman, 2013). In many cases such as these, social workers have been at the forefront, shaping many advances in child welfare.

Yet, much of this capacity to build the field of practice in child welfare has been compromised by setbacks. One such impediment in progress, from my point of view, involved the declassification or deprofessionalization movement in public child welfare. This occurred in the late 1960s through the mid to late 1980s. From this setback, as the next section illustrates, the profession has tried to regain its foothold and, even more, to advance a reprofessionalization movement. Some might argue, in fact, that reprofessionalization also requires more integrated services such as those that once dominated public sector social services and public welfare services, prior to the separation of income from services (Berns, Briar-Lawson, & Kim, 2013).

From Integrated Social Services to Deprofessionalization of Public Child Welfare

Public child welfare services in the 1960s relied on social workers in AFDC or income maintenance roles to provide an integrated array of services including foster care, and special need grants to high need families to prevent out of home placement for their children. I learned, first hand, that through my welfare work (or income maintenance)

service role (as a social work intern) in the 1960s that I was able to provide “long term care” for chronically fragile families with children at risk of out of home placement. This was made possible by casework services that included the ability as a caseworker to award “special needs” grants (beyond the basic welfare grant) to address unique family support needs. With the demise of such integrated services (casework and income supports) in the late 1960s and early 1970s (due to the separation of income support and social services) a radical role change occurred (Piliavin & Gross, 1977). Caseworkers, who had previously provided prevention as well as family preservation through income maintenance services, were either shifted over to newly emerging Child Protection Services (CPS) or Adult Protection Services (APS). My frontline work and that of others at the time made it possible for families to remain intact due to the supports, extra financial resources and ongoing casework services for mothers and children. The separation of income maintenance from services severed families from such family preservation supports. Instead of these long term family support roles that were possible in the former welfare caseworker model or public social services, emergent new roles in child welfare comprised predominately CPS. Foster care and adoption services, once part of welfare services, also moved over into the new public child welfare system. Meanwhile, instead of social workers being sought after and recruited for newly emerging investigatory roles in CPS, other kinds of hiring occurred. This meant that the roles and jobs that might have been held by social workers were now going to others, many of whom had no relevant human services preparation. Moreover, in many if not most civil service bureaucracies, social work was not recognized or prioritized as the preferred skill base for work with these CPS families. In fact, by the early 1990s and continuing on to this day, only a handful of states require social work as the degree for practice in public child welfare.

Not surprisingly as public child welfare deprofessionalized, this field of service encountered many tragedies. High profile cases, media attention to horrific child deaths led, in many cases, local and state child welfare leaders to seek out help from schools of social work. Such help included delivery of training to caseworkers needing some exposure to social work knowledge and skills. It seemed so paradoxical that instead of hiring social workers, in many cases, untrained and uncredentialed applicants with a BA degree would be hired, only to face skill, practice and service crises that then resulted in requests to schools of social work to train these workers with “on the job” supports.

Prior to this, one of the most popular and sought after jobs in social work at the time, at least as I recall from the late 1960s, was private adoption services. One might ask how is it possible that the child welfare field could have gone from being a destination for social workers, to a time in which to this day, since then, some 40+ years later, some county agencies in child welfare may not have seen a trained social worker in decades. How is it possible that the most vulnerable and highest need children and their families might be served by someone whose credentials, in some cases, were no more than a high school diploma? Had hospital operating rooms been purged of physicians there would be an outcry. This deprofessionalization movement, on the heels of the separation of income maintenance from services, constituted two strikes against the most vulnerable children and families. This more silent and hidden crisis for our most vulnerable children and

families needed to be exposed. Moreover, when a high profile child welfare crisis occurred, such as a brutal beating or death of a child from abuse and neglect, the caseworker was often misrepresented and mislabeled in the media as being a “social worker.” Such public crises and tragedies compounded the recruitment and retention problems in public child welfare agencies. Thus not only did the crisis involve human and very public tragedies, workforce churning and turnover, but catapulted into the media and to the forefront of the public the denigration if not demonization of social work as a profession.

In the late 1950s it had been estimated that more than half of public sector social service workers were trained social workers (Coll, 1995). Now the rates were very low, with prevalence rates of not more than 20-30% (see Ellett & Leighninger, 2006) being the norm. Such purging of the ranks of social work not only created skill, practice and service gaps but also eradicated or eroded social work values and knowledge as system drivers and redesign tools to address and improve practices.

Such deprofessionalization processes may have been a cost-saving device for some agencies. Moreover, the bureaucratization of services with rule driven and prescribed approaches to serving these highest need children and families, while loathsome to some social workers, may have seemed to some bureaucrats an efficient alternative to the more discretionary, advocacy oriented and professionally informed casework practice of the past. In the absence of social workers, trained to assess and solve problems, an emergent practice model evolved involving case management. (Depending on the skill level of the worker, this model may encourage an under-emphasis on engagement and assessment while over emphasizing “handing off” to other service providers the responsibility for problem solving). Such case manager referrals might involve up to 14 service providers to whom the family was known. Thus the untrained caseworker may “hand off” families to other service providers to address their abuse and neglect, mental health, addiction, domestic violence, disabilities, health, parenting skills, housing, income, employment, education, criminal and juvenile justice, child care and related needs and issues.

Crisis in CPS: Crisis in the Workforce

Insufficient assessment and engagement skills, a by-product of some untrained workers, reached a turning point when crack cocaine epidemics hit impoverished communities in the late 1980s. Child abuse deaths abounded. There were rumors that some cities had a death a day. Recruited away from a faculty post to lead a state based child welfare agency in these times, I was able to see firsthand how the rising challenges of the highest need children and families eluded many of our schools of social work. Few schools at the time had a specialization in child welfare and even fewer prepared or encouraged graduates to enter public child welfare. Moreover, not all agreed in our profession that CPS services were the right or proper paradigm for the use of social work skills and talents, given the investigatory and often adversarial role of CPS workers (Pelton, 1991). At the time I wondered, too, why families needed to maim themselves and those they loved to get help that then was seen as potentially hurtful. This was because CPS was emerging as a stigmatized service, frightening to many families and communities, especially diverse families and communities.

It is not surprising that vacancy rates of up to one third of the workforce in CPS were emerging in many states and counties across the country. CPS work units churned with turnover among caseworkers, in part because many had no preparation for human services work. Many were rightfully daunted by the unpredictability of the effects of drugs on their clients. Others experienced vicarious trauma. One child welfare administrator later recalled that when he was able to get caseloads down to the nationally recommended safety level of 15 families per worker, many of his caseworkers did not know what to do as problem solvers with their families as they had no social work preparation. It was then that he built a campaign to reprofessionalize the workforce with social workers being hired throughout his state public child welfare agency.

Absent a skill base capable of addressing and delivering services tailored to the multiple challenges faced by vulnerable families, such turnover was not only predictable but an endemic indicator of the need for a workforce development campaign. In effect, the crisis among abused and neglected children culminating in high rates of child fatalities became a workforce crisis.

NASW Commission on Families Addresses the Child Welfare Workforce Crisis

To address this crisis I was fortunate to be able to have NASW as a change vehicle and a foundation for institutional reform. In fact, I was able to leverage change in my role as a newly appointed Chair of the Commission on Families for NASW and to approach, with Joan Zlotnik, staffing the Commission, the Acting Associate Commissioner of the Children's Bureau. We made the case that there was a staffing crisis in child welfare, especially in CPS. Such findings had emerged at a national conference in Washington State, hosted by the American Humane Association. The panel, of which I was a part, had been assigned the task of addressing needed competencies for CPS. Yet each speaker representing a state or county system around the country spoke about the staff vacancy crisis in CPS. It seemed to me that the crisis was the opportunity to redouble the efforts of social work to become reinvolved and reinvested in public child welfare.

University-agency IV-E Partnerships Emerge

When Dr. Zlotnik and I approached the Children's Bureau, in the late 1980s, we had identified the staffing crisis as the problem and came with a solution. We had evidence that federal funds, supporting the training of child welfare workers, through Section IV-E of the Social Security Act, were being used in Illinois with Schools of Social Work to educate social workers for public child welfare. At the time, very little in the field was known about IV-E and the potential to support the preparation of the workforce for child welfare. The Children's Bureau response resulted in the funding of a national workshop at NASW on the workforce needs in child welfare. The NASW Commission on Families hosted this and other nationally significant meetings to advance a partnership agenda between Schools of Social Work, NASW and public child welfare agencies (Briar-Lawson, 2012)

It seemed to me that the skills of social workers among the National Association of Public Child Welfare Administrators (NAPCWA) leaders were also untapped. As I served as a member of NAPCWA and its executive committee, it seemed imperative that these leaders in child welfare be mobilized to support and facilitate IV-E partnerships. It was a moving moment when I asked the NAPCWA executive committee how many of them were social workers. To the surprise of many, there was a sizable number. During declassification and deprofessionalization, the profession itself had been sidelined in its leadership of public social services, which seemingly included the suppression of our social work identities. Once our social work identities were transparent we could begin to further the discussion about partnerships with schools of social work.

Then I became the Principal Investigator on two national Children's Bureau grants to forge partnerships between state and county agencies and schools of social work. This partnership movement began as a substantive problem solving agenda given the crisis and child deaths that were headlines around the country. Presentations were made at the National Association of Deans and Directors (NADD) and then I was funded to convene two national conferences on partnerships. Two publications resulted from these conferences (Briar, Hanson, & Harris, 1992; Hooper-Briar & Lawson, 1996). Entities like CALSWEC, first funded by the FORD Foundation, emerged as a national model on addressing workforce needs in child welfare (and in subsequent years adding mental health, aging and related fields of service). What began as an exploratory meeting with a leader at the Children's Bureau to advance the ways in which IV-E could help solve the vacancy crisis and build the workforce, has since evolved into an ever deepening workforce development agenda in social work.

Over 130 schools and educational departments of social work across the country now draw down about \$80 million a year in IV-E funds in support of the preparation of social workers for public child welfare (CSWE, 2011). IV-E funds cover student stipends, tuition, faculty costs for teaching specialty public child welfare courses, competency progress charting, evaluation, and field instruction. It should also be noted that since the mid-1970s to the present the Children's Bureau has funded traineeship grants to schools of social work to prepare students for public child welfare and to develop effective curricula (Briar-Lawson, 2012). From a financial standpoint, IV-E funds are the predominant drivers of explicit workforce development for frontline staff in child welfare.

Protecting IV-E and Deepening the Workforce Development Agenda

At one time, when congressional threats to IV-E looked ominous, we were able to quickly underscore the effectiveness of IV-E funded partnerships with two journal publications (also books, Briar-Lawson & Zlotnik, 2003a, 2003b). These culminated in a new journal that I was able to help co-found: *Public Child Welfare*. It seemed to me at the time that too many fine evaluation studies of IV-E and public child welfare were not being published and another journal was needed to advance the evidence base for practice, workforce and organizational development. Moreover, parallel GAO (2003) and Annie E. Casey Foundation (2003) related reports emerged arriving at conclusions about the need for recruitment and retention innovations in child welfare. These reports and

studies helped to propel a new kind of grant program at the Children's Bureau. Furthering this work was the systematic review done by Dr. Zlotnik and colleagues with the Institute for the Advancement of Social Work Research on Recruitment and Retention (Zlotnik, DePanfilis, Daining, & Lane, 2005).

By 2002 new five year retention and recruitment grants were awarded by the Children's Bureau. These became the foundation for even deeper capacity building in workforce development. By 2008, workforce issues became a more visible focus for the Children's Bureau culminating in the development of the National Child Welfare Workforce Institute (NCWWI), for which I serve as a co-PI. While just a dream in 1987 that workforce would become a national focus in child welfare, the Children's Bureau now has made workforce issues a major focus of its work. NCWWI provides 11 Traineeship grants to schools; Leadership Academies for directors of public and tribal child welfare and deans of social work, middle managers, and supervisors; knowledge development; developmental evaluation and state level saturation models of organizational redesign to build a work culture conducive to effective practice and workforce retention. This newly refunded \$21 million investment in NCWWI (over a five year period) sends a signal nationally and internationally that effective outcomes require a well-trained and sustained workforce. As the child welfare milestone graph depicts some of the major developments of the past several decades, much work lies ahead.

Thus, while there are counties in the country that still may not have a trained social worker in child welfare and where some workers may only have a high school degree, the move toward capacity building and investments in the organizational context for effective workforce supports is a major 21st century milestone. This is essential since some social work graduates complain that they cannot use their skills or feel alienated in compliance driven and sometimes toxic bureaucratic systems. Moreover, while the field still has a mixed workforce of social workers and non-social workers, significant progress has been made on a renewed workforce development campaign. Personally and professionally, for this author, much of my career has been invested in seeing this workforce focus evolve as one of the overriding paradigms for child welfare reform.

Challenges that lie ahead include the ways in which workforce investments can be definitively linked to improved outcomes for child welfare families and children. While we know that length of stay and reunification are affected by turnover (Flower, McDonald, & Sumski, 2005); and have some evidence that IV-E trained social workers make better prepared caseworkers than non-IV-E trained practitioners (Leung & Willis, 2012), closing the research gaps remain another vista for activism for the 21st century. Other challenges involve the goodness of fit between well trained social workers and work conditions that problematically prize case management over sound clinical practice by caseworkers. Work roles of child welfare caseworkers comprise some of the most challenging social work jobs known to our profession. Yet the work conditions and workplace supports for such challenges are often insufficient, and some might say that they feel violated by their work conditions, which are often exacerbated by rule driven bureaucracies. Ideally every child welfare worker would be a trained social worker. At this time it is estimated that up to 40% of the workforce in public child welfare involves trained social workers (Dolan, Casanueva, Smith, & Ringeisen, 2012). Thus, progress has

been made with this workforce development journey through IV-E stipends and funding as well as Children's Bureau Traineeships.

Training administrators, middle and supervisory managers to be change leaders, a goal of NCWWI, will help build some of the necessary or preliminary conditions for organizational redesign. NCWWI change projects also involve the use of design teams, relying on the talents of frontline and supervisory staff and others to build change from the ground up. This may help with retention of staff and re-culturing of the workplace.

Workforce Issues: Lessons Learned and Adapted to Aging

It may seem curious that an advocate for child welfare practice and careers would emerge as one of the champions and spokespersons for building gerontological social work. Yet one of the great challenges facing the profession is the need to advance excellence in workforce development across all ages. This "inclusive excellence" agenda requires a parallel focus on aging. Often marginalized, like child welfare, from such mainstream fields of practice in social work as mental health, or school social work, it has been essential that some of the lessons learned from the child welfare workforce development campaign be brought to a parallel gerontological social work capacity building effort.

The John A. Hartford Foundation has made this possible, advancing gerontological social work as a mission for schools of social work as well as promoting aging and intergenerationally focused research, education and university-community partnerships. In fact, the John A. Hartford Foundation has invested over \$70 million into social work to build a gero savvy workforce. Dismal baseline data show the need (Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000). The vista for social work leadership in community based systems of care in aging, including wrap around services, is very bright. That said, like child welfare, it has been important to find a funding stream beyond the funds from the John A. Hartford Foundation.

To that end the John A. Foundation recruited me early on to bring some of the workforce development principles and passions involving child welfare to gerontological social work. While the foundation has given grants and now is working to build capacity through several national centers, the need for a federal funding stream like IV-E seems ever pressing if we are to expand social work educational opportunities and also close the workforce gap.

It also seems curious that over \$3 billion a year in Medicaid and Medicare funds go to medical schools for medical education. One would think that such funds could be also used for gerontological social work education. Despite a study of Medicaid funding to schools of social work and attempts to bring such funding into stipends for field work in gerontology, the growth of Medicaid investments in social work is small (Behrman et al., 2006). However, given the Affordable Care Act, it may be possible to re-initiate efforts to build such educational investments in social work education. Of all fields social work probably is the most aligned with Medicaid populations and thus is the most likely to be in line for investments that are related to improved outcomes for Medicaid populations.

Thus, like IV-E, Medicaid remains an important workforce development funding stream, but currently relatively untapped.

Comparing Opportunities for Gerontological Social Workers with Public Child Welfare Workers

The Affordable Care Act focuses on medical and behavioral health care in the community for all ages and invites more creative use of peers, community health workers and related supports including those for family centered care teams. Thus the role for social workers as design leaders in these new community based systems of care will be enhanced. Even more, the opportunity for social work as a profession to be aligned with quality care, community based support tailored to one's personal home based needs, underscores the image of social work as a profession on the cutting edge of reform and new 21st century designs for improved life quality.

There is a parallel need for social workers to redesign public child welfare organizations and, in some cases, systems of care. Both fields of practice (in aging and in child welfare) can learn reciprocally about the ways in which "wrap around," home based services are essential to more well supported individual and family well-being. Abuse and neglect dynamics are risk factors across the lifespan. Thus the preventive tools and resources that ensure support and preempt these risk factors are system and service design opportunities for social workers.

Just as laws such as PL 96-272 moved us away from an over reliance on out of home placement and into more family preservation oriented practices so too will the Affordable Care Act and Medicaid redesign models ensure more community based systems of care and supports. Social workers may develop and implement more tailored care systems to lead, organize and build evidence-based family supports with psycho-educational and related interventions.

Social work as a profession depends on workforce supports from IV-E, traineeships and related NCWWI supports, and on John A. Hartford Foundation investments. Such supports for our workforce help to build innovations replacing unhelpful systems and services with more tailored, accountable and family centered strategies.

Social Work: The Architect and Architecture for Systems Redesigns

The profession of social work cannot be a design leader for new 21st century systems unless the profession has workforce development leadership and supports as its backbone for these newly designed programs and services. Thus improved outcomes for the most vulnerable require both the leadership of the profession around new service models as well as workforces comprised of trained social workers to make innovative practice possible.

The work that lies ahead includes more systematic summits and national work plans for developing the workforce. The Social Work Reinvestment Act, still pending before Congress, ignites such a planful approach and offers one such blueprint for our profession's future. At the state and local level, advocacy must occur on behalf of social

workers whose debts are high for their schooling and who need investments in their education. This is especially pressing for students who come from diverse communities and who will return to serve them. In sum, workforce efforts need to increase for the profession and the highest-needs communities we serve to ensure a more effective future for all.

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Appendix A

Child Welfare Workforce Agenda: Selected Milestones

Mid – late 1980s	↓	National workforce crisis in child welfare
1987 – 1990	↓	NASW Commission on Families addresses workforce crisis
1988	↓	K. Briar-Lawson & J. Zlotnik approach and apprise Children’s Bureau of IV-E solution
1988 – 1990	↓	NASW fosters workshops and publications on child welfare workforce and university-agency solutions; beginning calls for police to replace caseworkers in CPS
1990	↓	Children’s Bureau promotes IV-E as a partnership and workforce development resource with schools of social work/child welfare agencies
1990 – 1998	↓	Children’s Bureau funds two national conferences on IV-E partnerships; two books published on partnerships
2000-2005	↓	Institute for the Advancement of Social Work Research with the Children’s Bureau facilitate series of national meetings to address workforce
2001 – 2003	↓	IV-E funds threatened in Congress (\$80m to schools of social work)
2002 – 2003	↓	Two special issues of journals / books published on IV-E impacts and benefits
2002 – 2014	↓	Numerous conferences, national meetings on workforce issues led by NASW, Child Welfare League of America, IV-E Roundtable, universities, Children’s Bureau
2003	↓	Anne E. Casey Foundation and GAO reports focus on recruitment and retention
2005	↓	Zlotnik et al. at Institute for the Advancement of Social Work Research publishes systematic review on factors influencing retention of child welfare staff
2006	↓	New journal created on <i>Public Child Welfare</i>
2003 – 2008	↓	Children’s Bureau funds 8 recruitment and retention grants
2008 – 2018	↓	Children’s Bureau funds (and refunds from 2013-2018) the National Child Welfare Workforce Institute

Reemergence of Policy Practice: A Journey Back to our Roots

Katharine V. Byers

Abstract: *Many people and events have contributed to a renewed focus on policy practice in social work and social work education, culminating in the inclusion of policy practice as one of the ten core social work competencies in the 2008 Council on Social Work Education EPAS. Robert Schneider, founder of Influencing State Policy, was a key player in elevating policy practice, particularly at the state level, in light of the increasing devolution of social policy decision-making to the states. Other social workers and educators created opportunities for policy scholars and practitioners to collaborate, including Leon Ginsberg and the Policy Conference that he and others initiated. Now a new generation of policy practitioners will continue to educate social workers in policy practice skills in the pursuit of social justice.*

Keywords: *Policy practice, Influencing State Policy, teaching advocacy skills*

This narrative reflects my own recollection and sense-making of our collective journey to bring policy practice back into the forefront of social work education. I have highlighted, in particular, the work of Robert L. Schneider, professor emeritus from Virginia Commonwealth University, who created Influencing State Policy, an organization providing resources and opportunities for the exchange of ideas about influencing policy at the state level. Bob has been a collaborative reviewer of this document, as one of the major actors in this history.

I remember it as if it were yesterday. The date is March 8, 1997, and the place is Chicago Illinois, site of the 45th Annual Program Meeting of the Council on Social Work Education. To the casual observer, there was nothing especially unusual about this particular gathering of the profession's educators. There was the typical array of interesting sessions to be attended, old friends huddled over lunch to renew acquaintances, and colleagues engaged in conversations that promised new opportunities for collaborative scholarly activities, while others ventured out into the windy environs of Chicago to explore its many wonders. At 7:30 that evening, unlike most of my friends who were headed out for "a night on the town," I found myself sitting in a small hotel meeting room attending the first ever meeting of the then named National Committee for Educating (Social Work) Students to Influence State Policy and Legislation. Mary Katherine O'Connor, a friend and colleague from Virginia Commonwealth University, had told me her VCU colleague, Robert (Bob) Schneider, had called this meeting of social work policy folks to foster more state level advocacy in light of the devolution of policy making from the federal government to the states with the passage of the Personal Responsibility and Work Opportunity Act of 1996 (commonly referred to as Welfare Reform). I was not sure about going, but Mary Katherine had never led me astray so there I was. The 27 people who attended that first meeting, including the President and Executive Director of the National Association of Social Workers (NASW),

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enthusiastically embraced the idea of forming what is now called Influencing State Policy.

Fast forward to 2008 and the inclusion of policy practice as one of the ten core social work competencies identified in our CSWE Educational Policy and Accreditation Standards:

Educational Policy 2.1.8—Engage in policy practice to advance social and economic well-being and to deliver effective social work services.

Social work practitioners understand that policy affects service delivery, and they actively engage in policy practice. Social workers know the history and current structures of social policies and services; the role of policy in service delivery; and the role of practice in policy development. Social workers

- analyze, formulate, and advocate for policies that advance social well-being; and
- collaborate with colleagues and clients for effective policy action (CSWE, 2008, p. 6).

This elevation of policy practice as one of the ten core competencies was celebrated as a huge accomplishment by social workers, both inside and outside academia, who had long sought return to the policy practice roots of the profession. How did we get from 1997 when few social work educators were talking about policy practice to 2008 and the inclusion of policy practice as one of the core competencies?

In this article, I will discuss my perceptions and understanding of how the persistent efforts of Bob Schneider and others who shared his passion for the policy practice initiative ultimately led to its inclusion as one of the core social work competencies. During this reflective journey, I will attempt to capture some of the historical, ideological and political issues that surrounded this initiative. I will conclude with reflections from a recent discussion with Bob about the next steps needed to advance the field of policy practice as we “elders” pass the baton to the next generation of social workers and social work educators. Before we start, as in all narratives of this sort, it is helpful to set the context and look back at some of the historical underpinnings of policy practice in the social work profession.

Historical Overview

With the roots of our profession deeply embedded in the social reforms of the Progressive Era, it is no surprise that workers in both settlement houses and charity organization societies were engaged in what we currently refer to as policy practice activities. Jane Addams engaged in policy practice when she and other settlement house workers endeavored to improve the living conditions in the tenement neighborhoods where they lived and worked. Julia Lathrop, another settlement house worker, engaged in policy practice when she helped establish the first juvenile courts in Cook County, Illinois. Social workers such as Harry Hopkins, Frances Perkins, Grace and Edith Abbott, who also came out of the settlement house movement and worked at the community

level, were engaged in policy practice when they shaped the New Deal policies of President Franklin D. Roosevelt to respond to the challenges of the Great Depression. Frances Perkins, as Secretary of Labor, was one of the primary architects of the Social Security Act and was particularly adamant that unemployment insurance be included as part of the law (Cummins, Byers, & Pedrick, 2011).

Despite this rich early history in policy practice and advocacy, as social work sought greater professional recognition in the 1940's and 1950's, social workers placed less emphasis on policy practice and instead focused on the provision of mental health services. Later, in the 1960's, turning back to policy practice, social workers like Wilbur Cohen were involved in the development of the War on Poverty programs designed to bring resources and opportunities to low-income communities. Whitney Young, director of the National Urban League, was one of many social workers involved in the civil rights struggles of the 1960's and a major architect of the federally funded Project ENABLE initiative. Though social work leaders were engaged in important civil rights efforts, some worried about the depth of the engagement and commitment of the rank and file social workers in local agencies. Howard Gustafson, President of NASW at the time, after participating in the 1965 Selma to Montgomery March, reflected, "On the way back home, I tried to analyze what the civil rights struggle means to our Association...I was wondering whether social workers, and NASW in particular, are really prepared to act on social issues in their own communities and in their own Agencies" (NASW Foundation, n.d.).

Social workers were involved in many local community efforts to improve civil rights even if their names were not in the headlines or in the national news. They were the people in the crowd scenes. In addition, for those of us who "grew up" during the 1960's, the sit-ins, protests, marches, and door-to-door campaigns, both in the big cities of the North and the rural communities of the South, were pivotal in our own political and social justice development.

Raised in a family in which social activism was a way of life, advocacy on social justice issues has been a driving imperative throughout my life. As a high school student, I volunteered with the Kennedy Presidential campaign. Working the phone banks helped compensate for being too young to vote. As a college student, I marched regularly in civil rights protests in the Boston area. Between college and graduate school, concerned that skyrocketing rents were driving working families out of Cambridge, MA, where I lived, I knocked on tenement apartment doors to gather petition signatures as part of the (Marxist) Peace and Freedom Party's rent control campaign. Later, as an MSW student, it seemed only natural to participate in the protests of both students and welfare rights organizations at the 1969 National Conference on Social Welfare, well-documented in *The Social Welfare Forum* (National Conference on Social Welfare, 1969). Although the exact details of the pressing social justice issues of the time have faded from my memory, I recall vividly the disruptive impact our collective efforts had on that important annual meeting, with some specific memories returning when I read the official commentary on the events. All of these experiences made it eminently apparent to me, as a beginning social worker, that collective social action can indeed make a meaningful difference. These and more recent policy efforts are the examples I use to convince our

contemporary students of the efficacy of their own policy efforts, as I am sure is the case for other social work policy faculty.

Many current faculty and older social workers witnessed this renewed commitment to the profession's core social justice mission during the tumultuous 60's. Despite some significant incremental changes in the law, progress on the ground was much slower to materialize. It was a long and arduous uphill battle that ultimately saw some of the original combatants opt for safer and more predictable career paths. For some of us, that passion for social justice continues to burn to this day with the same intensity that inspired us during those formative years.

In the 1970's and 1980's, much of social work advocacy energy was redirected toward establishing licensing laws in the states and developing clinical, rather than community, practice. The focus of the profession was on enhancing the status of clinical practice at the expense of furthering the community-based initiatives of the '60s. James Wolk (1981) found that social workers were no more politically active than average citizens in the country. Harry Specht and Mark Courtney (1994) even charged that social work had "abandoned its mission." In social work education, community organizing tracks in MSW programs started to decline as more social workers wanted to be "therapists." So how did we get from this "abandonment" to the inclusion of policy practice as one of the ten core competencies in social work? It seems like a huge leap in a little over ten years.

The Shifting Political Winds and their Impact on Policy Practice

The 1996 passage of the Personal Responsibility and Work Opportunity Act (Welfare Reform) served as a wake-up call to social workers and social work educators, both for its policies/guidelines and for the implications of shifting more involvement in social policy formulation and implementation to the state level. This devolution of policy making to the states provided both cautions and opportunities for social work advocates. The new federal law established Temporary Assistance to Needy Families (TANF) to replace the long established entitlement program, Aid to Families with Dependent Children (AFDC), with substantive changes designed to help single mothers become employed in the workforce within a two-year time limit, with very few exceptions. States were given greater latitude in setting eligibility guidelines and work requirements than had been the case under the former AFDC legislation. Ending the entitlement program, the policy goal was clearly to reduce the welfare rolls and government expenditures, not to reduce poverty. And, indeed, average earnings of those leaving the TANF rolls were below existing federal poverty levels (Stoesz, 1999).

Social workers and social work educators became concerned about the impact of TANF on the lives of low-income women and their families (Swigonski, 1996). Some academics turned their concern into a traditional outlet: conducting research on welfare reform implementation (Byers & Pirog, 2003; Larrison, Nackerud, Lane-Crea, & Robinson-Dooley, 2005). Others wrote policy pieces and critiques of the profession (Long, 2000; Mills, 1996). Abramovitz (1998) made recommendations for social workers to recommit to their tradition of activism, noting, "Historically, a small group of social

workers consistently kept the voice of change alive” (p. 524). Schneider and Netting (1999) framed devolution as a crossroads for social work, presenting a new opportunity to develop skills and commitment to influence policy. “Socializing practitioners, faculty, and students to a commitment to change state policy and engage in legislative processes is a continuing challenge,” noted Schneider and Netting (1999, p. 354). Lens and Gibelman (2000) were particularly critical of social work’s lack of involvement in welfare reform efforts, calling it a “failed opportunity to influence the course of public debate” (p. 611). Karger and Hernández (2004) made a case for a “renewed vision around the social justice mission of social work” (p. 51). A crescendo of voices advocating for an increased activist role for the social work profession seemed to be building.

A few social work educators started to take action in new and different directions. I will highlight five specific developments that contributed significantly to the restoration of policy practice as a core social work responsibility: the development of Influencing State Policy and its initiatives; the development of the annual Policy Conference; an increase in the number of policy courses in accredited social work program with the accompanying policy practice-focused textbooks to support those courses; revisions of the Code of Ethics with a renewed emphasis on advocacy; and the feedback to CSWE about the importance of highlighting policy practice in the 2008 EPAS. We will look at each development separately, though many of the same actors were involved in each one so the developments influenced and intertwined with each other, creating an important synergistic effect.

Influencing State Policy

Bob Schneider was not new to political activism when he distributed flyers titled “The States Take Over Welfare Policy: Project to Prepare Students & Faculty” inviting policy faculty, deans, directors, and interested social workers to meet that Saturday night in Chicago in 1997. As a 10-year member (including serving as Chair for 2 years) of the Governor’s Advisory Board to the Virginia Department of Aging, he had become concerned about the 1994 effort by Governor George Allen to consolidate this agency with another state agency in the name of efficiency. Spearheaded by a spirited phone campaign, he was able to build a coalition that ultimately defeated the Governor’s proposal (Jansson, 2011). When welfare reform was passed in 1996, Bob lamented that he was both troubled and disgusted with himself and the profession for not having much of a role in opposing Clinton’s initiatives. “When I was on vacation and visiting the state capital of Olympia, Washington, it hit me. We needed a structure to increase our role in the states. We ‘blew it’ at the federal level and now we had a chance to shift to the states. Why not promote policy practice at the schools of social work that are in state capitals?” (Personal communication, December 30, 2013). When he got home, he realized that all social work programs have access to legislators, not just those in the state capitals, and so all programs should be involved.

But involved in what? From his own teaching, Bob knew that an *experiential* approach, getting students to actually talk with legislators about pending legislation, helped overcome the traditional reluctance and resistance that students bring to policy courses. Prior to this time, most social policies discussed in the social policy classes were

federal in nature: Social Security, Veterans' benefits, Medicare, etc. Welfare reform changed the traditional federal-state partnership for many of the needs-based programs such as TANF, Food Stamps, and Medicaid, tilting the policy making power more toward the states. That change not only required new strategies, but also provided new opportunities for advocacy efforts. Bob wanted students to be able to make a difference in the states where they lived, worked, and went to school. He gained support from his Dean and ran his emerging ideas by colleagues at the national offices of CSWE and NASW. He took the fall to prepare for the spring meeting at CSWE's Annual Program Meeting and sent information about the meeting to all the social work deans to distribute to their policy faculty.

Bob came to the meeting on March 8, 1997, brimming with ideas and handouts on different colored papers. There was excitement in the air. Here were 27 faculty and professional leaders, most of whom shared his vision of an organization that could assist faculty with resources and incentives to get students involved in policy advocacy work. He had drafted a rationale, mission statement, goals, outcomes, objectives, potential products, bibliography, and ideas for student projects. I remember coming away from the meeting inspired and rejuvenated by the energy generated by both Bob's presentation and our brainstorming exchange as we generated even more ideas. And I had signed on to help, along with a number of others. We became friends and collaborators in that room that night because we shared this common passion for policy, a passion not always shared among our peers in social work education or our students.

Some of the people like David Dempsey, John McNutt, and Paul Stuart in the room that night were already known in social work policy circles for their writing, scholarly activity, and practice initiatives. Others, like Janet Dickinson, David Katz, Jim Kunz, Mary Katherine, and me, were younger faculty members, many of us just launching our careers in social work education. The rationale for ISP that Bob presented was one we could all embrace:

If social workers do not exert policy leadership, they allow other people with less commitment to the well-being of vulnerable and oppressed people to shape the human services delivery systems. Social workers need to enhance their credibility by making informed contributions to policy discourse in state capitals ("Purpose," 1997).

And so the mandate for ISP was set: to help faculty prepare social workers to assume these policy practice roles in advocacy work at the state level. We passed the hat (literally) in that first meeting to collect funds so Bob could continue his work in building the organization.

With Bob's guidance, indefatigable energy, and effective organizing strategies, Influencing State Policy grew from that "gang of 27" in Chicago to over 300 paid members at the 10th anniversary celebration. Starting fall 1997, each semester Bob distributed a newsletter, *Influence*, with reports and articles of interest to faculty, including state-by-state counts of how many students visited their state capitals to influence policy. A website was created (www.statepolicy.org) that included resources for teaching policy. With some grant support, Bob guided the development of six 30-

minute videos highlighting different aspects of state policy making, including legislative advocacy, state budget making, and coalition building. The videos, initially on separate VHS tapes and then later combined on a DVD, came to faculty with the modest ISP membership fee. Live auctions were held at several conferences to raise funds for various ISP activities. In addition, during this time, Bob authored or was featured in a number of articles describing the importance of state policy work and the role of ISP (Schneider, 2002; Schneider, 2003; Schneider, 2004; Schneider & Netting, 1999; "Students seek state clout," 1997).

Bob developed three contests to provide an opportunity for faculty to engage students in an experiential process of influencing state policy. Under faculty mentorship, he envisioned groups of students creating strategies to influence policy makers in their states on a particular policy. Two-page entries to the contests described the strategies the students used. The advocacy effort did not need to result in success: what was pivotal to the reviewers was that students learned from engaging in the process. The empowerment and sense of self-efficacy expressed in the essays were powerful: "We are inspired to continue being active in the legislative process because we received positive responses at our outreach events, and we discovered that we have the ability to influence change, that our voices will be heard, and even busy individuals will take a few minutes of their time to promote change" (Personal Communication, 2009). Annual contests at the BSW and MSW levels awarded cash prizes to both the students and the faculty member involved. Some schools used the funds to help support their own state Lobby Day events. A Ph.D. contest for doctoral students (later named in honor of Bob) granted awards to those researching a state policy related issue, thereby attempting to increase state policy research among young faculty. Contest winners were honored at a national social work education meeting, such as the Policy Conference and CSWE's APM.

On February 18, 2006, again in Chicago, we celebrated the tenth anniversary of ISP with a gala dinner. That year, there were over 800 people on the email list with 300 dues-paying members. Seven organizations were helping to sponsor the annual contests. Five different videos about state policy making processes had been produced and distributed to members. Reported student visits to state capitals were 6000 to 7000 annually. Nine annual BSW and MSW student contests had been held with awards going to outstanding projects advocating on issues such as mental health budget increases, child welfare issues, immigration, and others. Five annual Ph.D. awards had been granted to doctoral students (R. Schneider, personal communication, 2006).

Since Bob's retirement and my assuming the Chair role, ISP has undergone some retrenchment. Funding has been tighter for programs and sponsors resulting in the reduction in the amounts of the cash prizes for the contests, but the quality of the student efforts in advocacy remains impressive. The email list has remained high, with over 1000, but the number of dues paying members has dropped. Once faculty members receive the DVD, there seems to be less incentive to pay annual dues. At the most recent annual meeting in the fall of 2013, a slate of new officers, to replace the original Board of Advisors that Bob created, was elected to broaden the leadership and incorporate new ideas and energy. Most recently, resource lists for several state policy issues have been developed for distribution to faculty. We are exploring how we might maximize our

Facebook page and other social media to engage more students and faculty. The webpage will be revamped soon and other media will be explored, including a wiki, to broaden participation and involvement of members. New energy and engagement of younger faculty will insure the future value of ISP.

Development of the Policy Conference

Summer in Charleston, South Carolina may not sound like an opportune time and place for social work educators to gather for what became affectionately known as “the Policy Conference.” That first year, 1998, it was titled the Faculty Development Institute on Social Welfare Policy and Services, and sponsored by the University of South Carolina, NASW, and other groups. The Policy Conference was envisioned by organizers, including Leon Ginsberg in collaboration with Dave Dempsey from NASW’s national office and others, as a small gathering of both the policy scholars/sages of the profession as well as younger faculty teaching policy. The description from the 2002 program registration materials captures the intent well:

This conference is designed to help prepare the social work profession to assume a greater role in influencing public social welfare policy by: 1) enhancing educators’ skills in policy analysis and instructional methodologies; 2) becoming familiar with current advocacy and social action efforts and developing advocacy skills; 3) cultivating linkages among the education and practice communities; 4) expanding social workers’ knowledge of the political system and how to work within it to further the objectives of the profession; and 5) enhancing skill and knowledge in the teaching and practice of social administration (*The Policy Conference for Social Work Education and Practice*, 2002).

I remember well my excitement when I saw the Call for Papers and my determination to attend. Can you imagine – a whole conference for people who were passionate about social welfare policy? I could not imagine a better way to spend a few days of my summer. My accepted presentation focused on ways to build more activist social workers through advocacy assignments in policy courses. A number of sessions highlighted welfare reform research. Those of us who attended that first Policy Conference and subsequent ones, whether in Charleston, Atlanta, or in Washington, D.C., found this conference, more than any other, to be formative in our development as policy faculty. What made the conference so special, particularly the ones held in Charleston? First, the conference was on a smaller scale than other social work education conferences. In smaller venues, most of us had breakfast and “happy hour” together, both good “bonding” experiences. The mixture of leaders in social work policy and relative novices created opportunities for good interchange, discussion, and even debate within a very collegial environment. It was an ideal venue to present ideas, get feedback, and gain new insights. As one of the “novices,” I appreciated the opportunity to get to know some policy leaders, such as Bruce Jansson and Diana DiNitto, and form long lasting relationships.

Policy Practice Definitions and Textbooks

Multiple authors have put forth definitions of policy practice and/or advocacy in social work practice. Jansson (1984) was one of the first social work policy scholars to differentiate policy practice from social work practice. More recently, he defined policy practice as “efforts to change policies in legislative, agency, and community settings, whether by establishing new policies, improving existing ones, or defeating policy initiatives of other people” (Jansson, 2005, p. 485). He places policy advocacy as part of policy practice. In their advocacy book, Schneider and Lester (2001) define *advocacy*, with roots in policy practice, as “the exclusive and mutual representation of a client(s) or a cause in a form, attempting to systematically influence decision making in an unjust or unresponsive system(s)” (p. 65). Cummins, Byers, and Pedrick (2011) define policy practice as “using social work skills to propose and change policy in order to achieve the goal of social and economic justice” (p. 2). For them, policy practice includes policy analysis, engagement with policy makers, and advocacy. They use the whole range of generalist social work practice skills to make policy more responsive to the demands of social justice. All of these definitions of policy practice embrace the core value of social work: working in the larger political context toward a more just society. Although political activism of this type has been a hallmark of the social work profession since its inception, historical accounts of such activities are rarely referenced under the more recent term *policy practice*, as noted above.

When I first started teaching in 1974, I was employed full-time as a social worker in a community agency working with families whose children who had developmental disabilities. I started teaching the history of social welfare policy course in a BSW program as a part-time faculty member. The texts we used back then included Romanyshyn (1971) and Gilbert and Specht (1974). Both paid little attention to issues of advocacy or social reform and focused primarily on federal policies. If advocacy was mentioned, it was usually in the context of case-based advocacy that the caseworker would use to secure services for a client.

In 1996 as the welfare reform act was being passed, I taught the second policy class, “Social Service Delivery Systems,” in our BSW curriculum as a full-time faculty member. Most of the course objectives reflected knowledge acquisition and analysis skills. The last one stated: “An ability to employ a broad array of beginning policy practice skills, to initiate and attempt to influence the development of social policy within agencies and the broader community” (Personal, S352 Syllabus, 1996). Not precisely the policy practice we envision today but it seems to capture the essence of the transition from case-based advocacy to advocacy for policy change. We used Gilbert, Specht, and Terrell (1992) and Haynes and Mickelson (1991) as required texts. In the syllabus, I included a range of advocacy-related topics such as, how to write a letter to a legislator and how to monitor the legislation process. Reviewing that syllabus, I found that I devoted a full four weeks exclusively to the subject of policy practice, a new benchmark – at least for me.

The curriculum in our BSW program later evolved so that presently the first policy course covers history, current policy, and policy analysis and the second course reviews

policy analysis but focuses primarily on all aspects of policy practice. We now assign a policy practice text written exclusively for policy practice courses. My sense, from talking with faculty associated with other social work programs, is that they too are experiencing similar developments within their respective policy sequences.

Policy textbooks have also undergone some dramatic transformations, changes that closely parallel and reflect the trends taking place within the policy curriculum as they respond to marketplace demand. Traditionally, most policy texts used a policy analysis framework to analyze important federal social welfare policies designed to meet basic human needs, including Gilbert and Specht (1974), DiNitto & Dye (1983), Karger and Stoesz (1987), and Chambers (1993), and did not delve into policy practice. Some early pioneers started to hone in on policy practice skills such as Pierce (1984), McInnis-Dittrich (1994), Richan (1996), and Haynes and Mickelson (1997). Bruce Jansson (1990) merits special recognition in this discussion as authoring probably the first widely adopted textbook with a primary focus on policy practice. In the preface, he notes that since first writing about *policy practice* in his 1984 text:

I have become even more convinced that policy and funding realities of contemporary American society require social workers to become proactive participants in the shaping of policies – for ethical reasons (to try to redress inequalities and inequities), for professional reasons (to shape the policies that serve the needs of clients and oppressed populations), and for pragmatic reasons (to protect the prerogatives and interest of the social work profession) (Jansson, 1990, p. iv).

Both as a textbook writer and a social work educator with some prestige, his conviction and commitment to helping students learn specific policy practice skills, no doubt, was taken seriously by others. Policy practice started to be included in policy texts such as Segal & Brzuzy (1998), Chapin (2007), and Ritter (2013). Other social work policy educators started to write texts that focused more completely on policy and advocacy skills such as Schneider and Lester (2001) and Rocha (2007). Now, with policy practice as a core competency, we see more textbooks with a primary focus on policy practice and advocacy skills, including Cummins, Byers, and Pedrick (2011), Hofer (2013), and Jansson (2011). Many social work educators today are demanding ‘competency-based’ textbooks that will help equip students with the important practice skills needed to carry out effective policy practice.

In addition, *The Social Policy Journal*, edited by Rick Hofer, appeared on the scene in 2002, raising the research profile for social policy in general and providing a publication opportunity for social policy researchers, including those conducting research in policy practice. I remember that Rick was an early supporter of ISP and attended many of the Policy Conferences.

Ethical Basis for Policy Practice

Interestingly enough, it so happens that in the 2008 revised version of the NASW Code of Ethics, policy practice was clearly mandated as one of social work’s core principles: “Social workers challenge social injustice” (NASW, 2008). It would be

virtually impossible to uphold that principle of social justice without following the ethical standard of social and political action identified below. The two certainly go hand in hand.

6.04 Social and Political Action (a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice (NASW, 2008).

Social work, with its person and environment perspective, challenges us not only to help people and their families achieve the changes they want in their lives but also to work toward changing the environments within which they live to more readily achieve that goal of social and economic justice. As C. Wright Mills has so aptly noted, behind every private problem resides a broader public issue (Mills, 1963, 1967). As social workers, we commit to working at both the micro and macro levels in practice.

Inclusion in EPAS

Though a policy advocacy role for social workers was acknowledged in the 2001 EPAS, the explicit mention of policy practice is brief: “Analyze, formulate, and influence social policies” (CSWE, 2001, p. 7). And within the discussion of the Social Welfare Policy and Services component of the foundation curriculum, the development of policy practice skills is imbedded only in a much broader discussion of policy.

Programs provide content about the history of social work, the history and current structures of social welfare services, and the role of policy in service delivery, social work practice, and attainment of individual and social well-being. Course content provides students with knowledge and skills to understand major policies...; analyze organizational, local, state, national, and international issues...; analyze and apply the results of policy research...; understand and *demonstrate policy practice skills in regard to economic, political, and organizational systems, and use them to influence, formulate, and advocate for policy consistent with social work values* (italics added for emphasis); and identify... processes required to deliver social services (CSWE, 2001, pp. 9-10).

Some of us feared that policy practice skill development could be easily overlooked or minimized when it seemed to play such a minor role in the standards. As the 2008 EPAS was under development, we started to advocate for greater prominence for policy practice within social work education. After chairing a roundtable discussion and brainstorming session at the 2006 Policy Conference on ways to evaluate the policy practice curriculum for CSWE accreditation site visitors, I wrote a note to myself about a possible research project, “Is policy practice dependent on individual faculty or institutionalized in different programs and how would you know?” Many of us, who were both involved with ISP and the Policy Conferences, saw scant attention to policy practice within the policy course syllabi that we saw. We were concerned that inclusion of policy

practice skills was too dependent on the individual faculty teaching the policy courses. We noted that some faculty teaching policy courses had little or no direct experience with advocacy efforts themselves. Without that experience, how could we expect them to engage students in policy practice in a passionate, empowering manner? It was a topic of discussion at meetings, lunches, and other informal encounters that we had together. Both ISP and the Policy Conferences, in bringing policy faculty together for multiple interactive opportunities, provided the synergistic effect of giving policy faculty a greater voice as a critical mass. As policy advocates, we knew how to “speak up.”

I remember small, intense meetings at several conferences during the debate and discussion in the years of the development of the 2008 EPAS. Members of ISP wrote letters to the CSWE EPAS committee advocating for a specific and detailed statement on policy practice in the new EPAS. Bob Schneider remembers that about 150 comments/letters were submitted to the committee about all areas of the curriculum statement and, of that number, over 50 of them were from ISP members. As policy practitioners ourselves, we know the importance of letter writing campaigns. I remember my absolute joy when I first read the strong statement that the 2008 EPAS made about policy practice by identifying it as one of the core competencies.

From late 2007 into the spring of 2008, CSWE posted online and circulated drafts of the new EPAS, with multiple (though some, at the time, suggested there were not enough) opportunities for CSWE members to provide feedback, both at national social work education meetings and in written submitted comments. In multiple forums, there was lively discussion and debate on both the content of the EPAS and the process. Despite the controversy, the ultimate shift to competencies in EPAS brought social work education into a position of leadership within the national movement in higher education toward competency-based education and assessment (Williams, 2007). Those ten core competencies included one focused on policy practice: “Educational Policy 2.1.8—Engage in policy practice to advance social and economic well-being and to deliver effective social work services” (CSWE, 2008, p. 6).

Next Steps – Moving the Agenda Forward

With policy practice now institutionalized as a core competency, the question becomes how to move the policy practice agenda forward. Many of us who were involved in the effort to achieve this goal over recent years have retired or are nearing retirement. Though some of us may remain engaged in social work education issues, we will not have the same clout that comes with occupying leadership positions in social work organizations and programs. New leadership is emerging with new authors of textbooks, new faculty teaching policy practice, and new leaders in partner organizations such as NASW. In our recent phone conversation, Bob Schneider and I discussed some possible next steps so that policy practice remains central and essential to social work practice.

1. For ISP, we need to maintain a focus on state level policy as devolution has continued since 1996. Current hot legislative and administrative issues at the state level include Medicaid expansion under the Affordable Care Act, marriage

equality, immigration, voting rights, mental health, and gun control. While many of these issues will undoubtedly change or evolve over time, the need for the skills required to influence the direction of such changes will remain constant. Social work faculty can provide advocacy leadership in the states and help get students involved to develop policy practice skills. Helping students and practitioners use social media, both to provide information and to do grassroots organizing, will help ISP move beyond its web presence. While ISP has a Facebook page, it is in the early stages of development and needs more “friends” and further development. ISP must find more institutional support for the contests as they provide powerful experiential learning opportunities for students as well as a tangible recognition for substantive advancements in the field of policy practice. Developing new videos and other more current resources will be important for faculty who are always looking for ways to support their classroom teaching.

2. Providing opportunities for policy practitioners and policy educators to come together continues to be important for our future development. At the time of this writing, Sunny Harris Rome, Jessica Ritter, Stacey Borasky, and I are planning Policy Conference 2.0, in Austin, TX from May 29-31, 2014, with the theme, Energizing for Activism: Recommitting to Policy Change. The conference will both revive the Policy Conference, a pivotal experience in the development of many current policy practice educators, and help us set the agenda for the future in policy practice as we engage new policy faculty as well. The call for papers is out and we anticipate a strong response with the growing interest in policy practice.
3. A new generation of student activists with front-line experience in advocacy through the Occupy Movement and other social actions will come into social work programs. As they pursue their social work careers, we hope they will continue to maintain that activist orientation within the profession and within social work education, if that is the direction they follow. Preparing them with a wide range of policy practice skills will be important as we and they move forward.
4. Both social work practitioners and faculty need to identify those to whom we will pass the advocacy baton. Who will organize the future Lobby Days, whatever form they take? Who will testify at hearings and mount the letter writing campaigns on important social justice issues? Who will do the door-to-door knocking (both virtual and situated in communities) to engage the grassroots in voting and other acts of civic participation? The role of current faculty is to inspire their students to engage in policy practice and develop the necessary skills for successful social change. We will always need social workers with advocacy skills since, to quote Frederick Douglass (1857), “Power concedes nothing without a demand. It never did and it never will.”

Conclusion

Reflecting on this evolutionary journey toward a renewed emphasis on policy practice and the roles that so many played in that process reinforces for me the power of both passion and hard work in policy practice itself. At the time of this writing, I am working with other advocates in Indiana to defeat a proposal that would amend our state constitution to include a ban on marriage that is not between a man and a woman, or any other legal status that would grant rights and privileges “substantially similar” to those granted by marriage. Passion and hard work will ultimately result in the defeat of this discriminatory amendment, even if it is passed and has to be challenged in the courts. Passion and hard work will pay off in achieving social justice in the end; that I know from my own experience. Through the passion and hard work of many social workers and social work educators, we now have a mandate to educate students in policy practice so that they can continue this fight for social justice long after you and I are gone. I have a sense that we are on the right path as we move forward.

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Parent Group Education to ENABLE “Barrio” Parents

Herman Curiel

Abstract: *This paper describes a 1960s “War on Poverty” parent group education program that brought together three national private voluntary agencies with federal funding by the Office of Economic Opportunity (OEO). Project ENABLE (Education Neighborhood Action for a Better Living Environment) sought to direct professional efforts to help/empower the poor and societal members of ethnic minority groups. Group education as a preventive modality was used to strengthen parents’ problem solving skills in their roles both as parents and as community leaders. The author describes his group leadership role together with that of the indigenous case aides who helped direct/enable the collective power of a group of poor Spanish speaking Mexican origin families living in barrios (neighborhoods) of a major metropolitan southern city. Project ENABLE embraced a strengths-based perspective characteristic of social work’s historical empowerment traditions. Despite its brief existence, Project ENABLE functioned as a demonstration program in 62 communities across the United States. Ironically, its prevention focus and demonstration nature served to undermine its ability to compete with other OEO initiatives like Head Start and job training programs. The author cites a combination of historical and logistic factors that contributed to the short life and ultimate demise of a once promising outreach program.*

Keywords: *Empowerment, enable, war on poverty, Mexican-origin, indigenous case aide, promotora, Economic Opportunity Act, Whitney Young, Blacks, outreach, barrio*

Created during the mid 1960s, Project ENABLE (Education, Neighborhood Action for a Better Living Environment) was one of the Federal programs of the so-called War on Poverty. The project was envisioned as an outreach prevention demonstration model designed to serve impoverished families living in minority communities through a collaborative strategy that utilized private social agencies supported with public funding. Project ENABLE was a partnership initiative between the Child Study Association of America (CSA), The National Urban League (NUL) and The Family Service Association of America (FSAA) with funding from the U.S. Office of Economic Opportunity (OEO). The Economic Opportunity Act was part of President Lyndon Baines Johnson’s social and economic initiatives known as the “Great Society” in which we were waging a “War on Poverty.” Sargent Shriver, a key architect of the Economic Opportunity Act served as director of OEO until 1969. Although the architects of Project ENABLE did not use the term “empowerment,” it was the aim of the collective initiative to empower families living in poverty. Simon (1994) rightly reminds us that the profession of social work has a long history of empowerment traditions. The empowerment perspective, she says, seeks to help clients draw on personal, interpersonal and political strengths to enable them to gain greater control, individually and collectively, over their environment. Despite its brief existence, this is exactly what Project ENABLE hoped to achieve. It utilized non-client groups to develop and strengthen the participants’ parental coping skills, and the

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leadership skills needed to solve neighborhood concerns. The formative challenges for leaders of this innovative demonstration project were significant. The basic processes of the empowerment perspective are used to analyze Project ENABLE within the context of its developmental stages. The author concludes by relating a combination of historical and logistical factors that contributed to the relatively short life span of Project ENABLE.

Formative

Before the birth of Project ENABLE in 1961, leaders from the Child Study Association of America (CAA) and Family Service Association of America (FSAA) had begun collaborative discussions that led to a three year training project funded by the National Institute of Mental Health. The purpose of the project was to train FSAA case workers in group-discussion techniques for parent education. Family life education was envisioned as a preventive strategy to forestall family breakdown (Morris, 2004). The success of this training program led to further interest and discussions by Oscar Rabinowitz (CSAA), Project Director and Ellen P. Manser, Project Coordinator for FSAA on ways to extend training to many more agencies through utilization of people already trained in the NIMH project (Manser, 1968). In 1965 leaders from FSAA and the Child Study Association proposed a joint venture with leaders from the National Urban League to use the family life education model to reach minority families with OEO funds. National Urban League staff had had previous inquiries on the use of the family life education methodology with CSAA and FSAA nationally and locally at various times.

The more militant members of the War on Poverty, particularly those working within the Community Action Programs, were viewed as advocates for the poor seeking to change bureaucracies that were seen as barriers or were not consumer user friendly. Voluntary agencies were not immune from criticism. Richard Cloward, professor at Columbia University, maintained that social welfare institutions and the people who staffed them were in many instances barriers, rather than aids, to the progress of poor people. In 1963 he singled out voluntary-sector "family service" agencies as examples of how the poor had been abandoned by the institutions intended to serve them (Cloward, 1963).

Project ENABLE Director, Ellen Manser (1968) describes the back and forth leadership communication challenges between public (OEO) administration levels and private agencies. Federal funds for projects were funneled through state, regional and local Community Action Agencies (CAA) which added additional hurdles for Family Service, Child Study & National Urban League administrators. In 1965, conducting agency meetings across locations was frustrating for administrators who did not have access to cell phones, computers, e-mail, faxes or other modern day communication tools. After extensive negotiations between partner agencies and the new OEO, funding for Project ENABLE was approved September 10, 1965 in Washington (Manser, 1968). In retrospect, the creation of these partnerships by Whitney M. Young, Jr., Clark W. Blackburn and Alfred D. Buchmueller and others represented a significant political and logistics achievement. Whitney M. Young was Executive Director of the National Urban League, Inc., Alfred Buchmueller, was executive Director of the Child Study Association

of America and Clark W. Blackburn was General Director of Family Service Association of America. Critics of the partnership initiative questioned the competence of private agencies serving the poor. Private social service agencies, such as FSAA and CSAA, were viewed by critics as elite white agencies with limited experience working with the poor. Historically, they had established a reputation based primarily on serving middle class families and professional knowledge building. Private agencies attracted a large number of new social work graduates seeking continued professional mentorships. The National Urban League, although a private agency, was viewed less critically due to its long history serving Black families in their communities. The War on Poverty presented opportunities for private agencies to acquire public funding to test innovative group strategies to work with the "hard to reach" poor families. The leadership of private agencies expressed fears as well. Board members were concerned about administrative control and possible consequences of accepting public funding and engaging in social action activities. The formative leadership challenges for FSAA and partner initiative agencies were obviously considerable.

On Becoming a Group Leader

In 1966 there was no National Urban League affiliate in Houston, thus requiring local trainees to learn group leadership roles for conducting both parent and community education (community organization) groups. This was fortunate for me because I was assigned a seasoned mentor in Felton Alexander. Felton, a MSW staff member for the Dallas, Texas National Urban League office and regional community organization trainer became my community organization supervisor. In addition to Felton, Alline Del Valle, another MSW, supervised my parent group education learning. She directed the Family Life Education program at my home agency in addition to being parent education regional staff-trainer for Project ENABLE. Alline Del Valle was a gifted group leader who loved teaching that role to others. Seemingly, she could do anything with groups and group members loved her instantly. Her group interaction style reminded me of Virginia Satir's work with families (Satir, 1976). Alline frequently expressed pride in my group work efforts on behalf of Spanish speaking parents. I still picture her reaching for a cigarette as she eagerly arranged her chair to listen to my weekly group session report. In addition to my Project ENABLE roles I had a counseling caseload that required additional supervision. Before my weekly supervision conference I had to record and submit case process recording notes. Process recordings, for readers unfamiliar with this form of clinical training, read like a play script. They were exceedingly labor intensive for both supervisee and supervisor. At the time, I shared my peers' dislike of process recording, but in retrospect I have learned to appreciate its educational value and how it contributed to my increased self-awareness. Ruth Searls, a MSW from Smith College with many years of clinical social work experience, supervised my direct client work. Ruth's supervision, like Alline's, was supportive and growth oriented. As I reflect on my extensive supervision I feel privileged to have had so much support. My supervision was a formative process that definitely contributed to my successful work with agency clients and group leadership work in Project ENABLE. What is not known is whether similar supervision was missing for Project colleagues at other sites.

Innovative Outreach

The use of “indigenous” neighborhood case aides was a significant innovative outreach strategy. Neighborhood case aides with “on the job” training and on-going close supervision were key contributors to successful projects. Being neighborhood residents, the case aides had the kind of knowledge and personal connections to neighbor residents the social workers typically lacked. The case aides solicited potential group participants at local venues such as churches or by door to door neighborhood contacts. The social worker, with the help of the case aides identified community needs. The aides found local meeting space and made arrangements for child care at the neighborhood sites.

The social worker, on the other hand, had social service resource knowledge the social work case aide lacked. Together their shared knowledge increased their power as helpers and as a team. The role of the case aides was similar to that of promotoras (promoters) in health care prevention programs in Mexico and in some U.S.-Mexico border states (see Curiel, 2013 on promotoras). The indigenous case aides extended the group leader’s credibility with “hard to reach” families most of whom had little experience with professional social workers. These families were mainly from ethnic or racial minority populations that traditionally have had trust issues with non-minority members of the larger society and little or no experience with professional social workers. The social work aides symbolically became a psychological bridge for trust building between the professional social worker and parent group members and/or their community counterparts.

Training Group Leaders

Training consisted of social workers attending two regional one week training sessions, one held in April 1966 before the project began, and a second in July 1966 timed to coincide with the completion of the first eight week series of ENABLE groups. Whitney Young, Executive Director of National Urban League, was present for the initial project orientation. He described the initiative goals and the role expectations of trainees and indigenous case aides. He introduced the program area expert-trainers who in turn described their respective background experiences and project roles. Alline del Valle, parent group educator, demonstrated group leadership techniques by leading a live parent education group. Felton Alexander, a community organization expert, explained role of community organizer and principals of community organization plus techniques for forming and maintaining groups. Dr. Aaron Rosenblatt, Project research director, described purpose of Project ENABLE research and explained how to train and supervise social work aides whose role included the collection of data during home visits. His handouts included a research manual, “Supervising the research interviewing of social work aides” and questionnaire forms that would guide data collection. His book, *Attendance and attitude change: A study of 301 Project ENABLE groups* (Rosenblatt, 1968) describes data and results by regional sites.

Race Climate in the 1960s

Recruitment of Project ENABLE (1966-1967) parent groups occurred at a time when race relations between blacks and whites were at a boiling point. President John F. Kennedy's response to national violence and his desire to end racial discrimination was the focus of his June 11, 1963 Civil Rights Address. His assassination on November 22nd of that same year represented a serious symbolic and substantive blow to the civil rights movement, but did serve to bring about the nation's resolve for change. During the early 1960s the city of Houston was in the process of desegregating public facilities that had barred blacks from white establishments such as hotels, theaters, restaurants, public schools, colleges, parks, jails, and hospitals (Scott, 1967). Kennedy's death undoubtedly helped Lyndon B. Johnson achieve the landmark passage of the Civil Rights Act of 1964 as well as the Voting Rights Act of 1965. The August 11-17, 1965 Watts riots in South Central Los Angeles was one more manifestation of the tense racial climate. These events, occurring in close time proximity to the introduction of Project ENABLE, likely had an effect on team work at some sites. However, as Morris (2004) notes, the African American and Mexican American teams worked closely and smoothly in Houston. While this was true with respect to team relationships in general, recruitment and attendance were a consistent problem for the Houston Black community team leader. There was an unanticipated initial leadership change for the Black community team. The original African-American group leader learned she was pregnant during the group leadership training phase. Fortunately, she was able to hire two indigenous African-American case aides before vacating her position. A non-Hispanic White social worker with extensive group work practice experience assumed the vacated leadership role with the help of case aides hired by her predecessor. In a recent telephone interview with the group leader's successor (M. Kleymeyer, personal correspondence, August 20, 2013) conducted for purpose of this manuscript, said: "Being white, without a doubt, introduced trust issues for neighborhood parents that her case aides could not bridge." Her case aides were not able to recruit members for a single group. However, they did identify a small number of families for whom help was provided directly by her case aides with her direction. As indicated earlier, the parent recruitment phase of Project ENABLE, which occurred during a national period of racial crisis, almost certainly contributed to group recruitment and retention problems particularly at sites where racial differences existed between group leaders and the indigenous community.

Reaching Barrio Families

Apart from the national racial crisis, whenever the characteristics of the group leader, the case aides, and the community were similar, the group was free to pursue the intended learning objectives of Project ENABLE. Auerback (1968) contended that while the general field of parent education was identified as a middle class movement, its methodology, as evident in Project ENABLE, could be applied to virtually all socioeconomic levels and educational backgrounds. Project ENABLE sought to give parents an opportunity to discuss family issues and community concerns with a social worker either directly or through the case aides. Del Valle and Alexander (1967) maintained that the basic philosophy of Project ENABLE was to help poor people change

their environment, not to simply adjust to a miserable set of environmental circumstances (p. 637). Manser (1968), the Director for Project ENABLE, noted that the bulk of participants in the program were among the poorest in society, generally falling one level above the lowest category on Hollingshead's classification of social status. The parent groups that were the focus of this barrio community were Spanish speaking Mexican-origin Hispanics. The term "barrio," Spanish for neighborhood, is generally analogous to the concept of "ghetto" as it appears in the literature for describing inhabitants in an ethnic poverty community.

I was raised by a non-English speaking grandmother in a poor Mexican barrio where my early formal education began as a non-English speaking student. I was fortunate to have had many caring non-Hispanic white teachers who cared and were patient with my learning English. I must have had some instruction in Spanish because I was able to read and write in Spanish by the time I enrolled in middle school. Knowing Spanish and sharing a similar ethnic-cultural world view with the case aides and parent group members was a definite advantage. As a bilingual group leader, I was able to conduct sessions for both Spanish speaking groups as well as those comprised of both Spanish and English speaking members.

The initial orientation meetings for Project ENABLE groups included information on its purpose as well as description of the discussion format that would be employed during the ninety-minute sessions over the eight weeks. The various roles of key actors, the discussion leader and the social work case aides were explained. The research need for informed consent to permit case aides to collect information to evaluate project outcomes was also explained.

All the parent meetings were held during the evening hours in local neighborhood facilities with child care and transportation provided. The composition of the groups consisted primarily of Mexican origin Spanish speaking mothers. Fathers were more likely to be present in the groups formed to address community concerns. Group member attrition was not a significant problem at any of the five neighborhood group sites. One multi-ethnic group was held at a public integrated housing project. This diverse group of twenty mothers included three sub-groups represented in almost equal numbers, women of Mexican origin who spoke only Spanish, non-Hispanic White women, and Black women who were new to integrated housing.

Given the bilingual composition of this group, the leader served as interpreter for both the Spanish and English speaking participants. Again, member drop-outs were rare and no obvious conflict among the subgroups was observed.

The term "parent education" is often used interchangeably with "family life education" (Auerback, 1967). In this context, parent education is viewed as only one aspect of family life education. Project ENABLE utilized principles of parent education as articulated by Auerback (1967). The role of the leader was not to lecture, but to facilitate discussion. During the initial session, themes based on expressed parental concerns or interests were identified for subsequent topics for discussion. These parent discussion groups were used to help parents talk about child rearing concerns or family problem solving approaches. Other discussion groups were formed to help parents

develop problem solving skills to improve quality of life in their neighborhood communities (physical environments). The acronym ENABLE meant just that – to enable or empower the participants. Simon (1994) in her book, *The Empowerment Tradition in American Social Work: A History*, identifies five basic processes associated with the empowerment approach: (1) constructing collaborative client partnerships; (2) emphasizing client strengths; (3) focusing on social and physical environments; (4) recognizing client-group rights, needs and responsibilities; and, (5) directing professional energies toward helping historically disempowered groups and their members. In the following section the Project ENABLE processes are examined within the context of these five basic processes as identified by Simon (1994), with a primary emphasis on the first three.

(1) Constructing Collaborative Partnerships

To achieve collaborative partnerships with prospective parent group members, we first had to create and function as a collaborative team. Both case aides were Spanish-English bilingual parents themselves with a high school education. Both had a history of doing volunteer work in their respective communities, and after their initial training, readily identified with the team concept. I quickly learned to appreciate their indigenous skills for recruiting group members and collecting data during home visits as well as their interpersonal skills for relating to members between meetings. Weekly team meetings were used to exchange information on group member needs and progress on tasks such as acquiring meeting space and data collection. It was through the case aides that I was able to gain the trust of poor families who had little or no experience with professional social workers. While the impoverished background that characterized my formative years mirrored that of many of the participants, my subsequent professional education created a social distance characteristic of professional care providers who work with clients from impoverished backgrounds. In addition, since virtually all of the participants were female, my gender difference could have potentially introduced trust issues with male family members if I were to visit homes during the father's absence.

The inclusion on the team of female case aides who had had similar life experiences to group members proved to be an important factor in gaining the parents' trust. During home visits, and with the permission of the parents, the case aides were able to explore in depth many of the specific family needs or concerns that were part of the group identified general themes discussed during the weekly team meetings.

The commitment to the team philosophy was evident in the level of the case aides' excitement during weekly team supervision meetings. I suspect this collaborative spirit contributed significantly to our continued success with respect to the high level of retention among group members.

(2) Strengths Emphasis

The group paradigm employed in Project ENABLE intentionally placed primary emphasis on the parents' coping strengths. There were no taboo discussion subjects and all ideas were found to have merit. Participants were not viewed as clients; they were

voluntary group members seeking to learn how to improve their parenting skills. Despite their limited formal education and the crippling conditions of poverty that enveloped their lives, the innate resilience of these parents was readily evident in their day-to-day coping skills. Project ENABLE aimed to help poor families help themselves. The “hard to reach,” target population of Project ENABLE were poor ethnic/racial minority parents and families. The use of indigenous case aides helped poor families overcome their trust barriers with the social workers, which in turn ultimately helped facilitate the social worker’s efforts on behalf of the “hard to reach” poor.

(3) Persons in their Environment

Project ENABLE’s dual goal was to help members as parents and as change agents in the context of their neighborhood environments. As indicated earlier, the focus of the parent discussion groups was to help parents become more effective in their role as parents. When members in the parent group expressed a community concern of mutual interest, the group leader would typically explore their interest in forming a new group to address the issues engendered in the expressed concern. The existing group would continue with its focus on parenting related issues. The new group with a macro problem solving focus would meet separately and at a different time. The macro-focused groups frequently included males who had been absent in the parent education groups.

According to Johnson and Johnson (2013), problem solving is the process of finding an answer to a perceived difficulty. The six steps to problem solving identified by them, paraphrased here, characterized the process of community focus group meetings: (1) problem identification, (2) contextual issues, (3) alternative strategies, (4) pro and con merits of alternative potential strategies, (5) implementing the most appropriate strategy, and (6) evaluating outcomes. The following actual community case illustrates the problem solving process:

Case Example: A community action group was formed motivated by parental anger with a neighborhood park manager who routinely called police to report their children for alleged use of profane language. The group identified the problem as the park manager’s unwillingness or inability to handle the children’s behavior, or at least involve them before escalating the problem by invoking police intervention. The subsequent group process explored the scope of the problem, including the number of such incidents in which children were sent to juvenile detention and the number of parental attempts at multiple levels to resolve or call attention to the problem. Group members claimed the park manager and her immediate supervisor were not responsive to their repeated complaints. After several group meetings, a range of potential strategies were explored, including a possible park boycott, a group meeting with both the park manager and her supervisor, publicizing the problem in the public media, and scheduling a meeting with the mayor and City Council. The group ultimately decided a joint group meeting with the Director of Parks & Recreation and local park manager would be the most propitious strategy. With the group’s permission, the group leader met with the Director of Parks & Recreation to convey the substance of the group’s complaint and to schedule a meeting. In

anticipation of the actual meeting with the Director and park manager, the group leader helped the members prepare for the experience by engaging them in a role play. Before meeting with the Park Director and park manager, some group members expressed doubts that the meeting would ever take place as well as concern as to what might happen if it actually did. Not only did the meeting with the Director of Parks and Recreation take place, but it proved to be a pleasant and empowering experience for the group members. Two unexpected outcomes occurred. One was the resignation of the park manager with whom they had had so many negative prior experiences, and the other was the Director's invitation to have the group screen applicants and ultimately approve the final candidate for the new park manager position.

(4) Recognizing Client-Group Rights, Needs, and Responsibilities

The Park Director's willingness to involve the group members in the decision-making process involving the selection of the new park manager gave meaning and substance to Simon's (1994) fourth empowerment principle, namely the "recognition of client rights, needs and responsibilities." It not only served to affirm them as individuals capable of making a meaningful difference in their own lives, but also helped allay some of the debilitating cynicism that tended to characterize their attitudes toward the existing power structure. It provided a compelling argument that constructive change was indeed possible when they exercised their individual and collective right to act responsibly on their own behalf. Part of the challenge in working with the so-called "hard to reach" is that many of them have little or no hope that meaningful change is even possible. They simply had no prior life experiences that give them reason to believe that the investment of time and energy in trying to change the status quo would make any difference. As noted earlier, that very attitude had been expressed in one of the community group sessions. Following their success with this particular issue there was a renewed sense of hope and optimism that laid a beginning foundation for the possibility of meaningful future systemic changes.

(5) Directing Professional Energies toward Helping Historically Disempowered Groups and their Members

Without the careful planning and subsequent training of the members of the Project ENABLE team, it is unlikely that any of the benefits accrued by this group experience would ever have been realized. It was only because of the systematic training that preceded the actual group discussions, including the commitment to a collaborative team philosophy, that it was possible for the parents to gain the courage necessary to act on their own behalf. To the extent to which this is true, it confirms the validity of Simon's fifth empowerment process that emphasizes the importance of professional training as a necessary prerequisite to facilitate the group problem solving learning process.

Summary and Conclusion

Project ENABLE, a 1960s War on Poverty program was a short lived outreach prevention demonstration effort designed to reach poor communities. It became a model

for private/public joint efforts. Having a group leader and social work case aides that shared the groups' cultural world view contributed to positive outcomes for one successful site. Although the concept of empowerment was not in the vocabulary of Project ENABLE, the processes of the empowerment approach later identified by Simon (1994) were present in the actual objectives of Project ENABLE. Group members in Project ENABLE were not treated as clients, but as free agents capable of shaping and controlling their own lives. Group members came from historically underrepresented population groups. The partnership initiative was an effort to direct professional energies to help, ENABLE or empower members of societal groups who had historically experienced societal oppression and discrimination. The use of indigenous case aides was innovative for its time and proved to be a key contributor to successful outreach efforts.

The program was short lived because it was judged to be a low priority compared to job-training and other educational programs like Head Start that were simultaneously competing for limited Federal funds. The multiple funding level decision making structure was problematic and the short term funding cycle proved to be short sighted. New programs require more than one year for stable implementation. It takes time to hire, train and implement staff program roles across multiple agencies. The contentious climate that existed between public and private agencies did not help. The timing of the project in the mid 1960s, when racial tensions were at a peak, contributed to recruitment and retention problems in some sites. Evidence of the program's successful operation in one site has been presented. On this basis, the author submits that the fundamental concepts and principles that informed the original Project ENABLE experiment merits our serious re-consideration.

Implications of Project ENABLE for Contemporary Practice

As indicated above, the fundamental concepts and principles that informed Project ENABLE merit re-consideration for working with today's impoverished minority populations. Preventing social problems is always challenging and a desirable objective for the social work profession. All parents regardless of social class will need help with child rearing and parenting concerns. Agencies continue to be challenged with reaching populations that are labeled "hard to reach." To prepare students to engage in this kind of preventative group work, social work schools need to provide content that will prepare students to work with groups, including community action groups. The training and use of indigenous paraprofessionals with close supervision is an effective means to extend the social worker's reach to clients who fear and have little knowledge of professional helping. Given the increasing growth of the Hispanic population and limited number of social workers fluent in Spanish, the use of bilingual Spanish speaking indigenous paraprofessionals offers a potential source to extend the power of social work services to non-English speaking clients.

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A First-Hand Account of Title IV-E Child Welfare Initiatives in Social Work Education and Practice

Alberta J. Ellett

Abstract: *This article describes the personal experiences and insights of a child welfare practitioner and professor derived from 20 years of involvement in IV-E agency/university partnerships. The author describes perspectives from her work in IV-E programs in multiple contexts (federal, state, and local). Included are descriptions of important historical events and changes in IV-E programs that have served to facilitate or impede successful child welfare practices and the education of IV-E students. Emphasis is given to the importance of: (a) communicating the complexity of work in child welfare particularly by IV-E students; (b) the challenge of sustaining effective IV-E partnership programs; (c) designing and implementing sound IV-E program evaluation procedures; and (d) understanding the political and policy-driven contexts framing current CW practices.*

Keywords: *Child welfare, IV-E partnerships, workforce professionalization*

After 25 years of public child welfare practice as a caseworker (GA & LA), supervisor (GA & LA), state office foster care program manager, and IV-E agency/university partnership administrator (LA), I decided it was time to recruit, educate and prepare the next generation of child welfare employees. Of course becoming a higher education faculty member required a doctorate. I entered the Louisiana State University (LSU) social work Ph.D. program in 1996 which meant that I had to be focused to graduate before I began collecting Social Security. I made this career change in 2000 as an assistant professor where I continue as a professor at the University of Georgia (UGA), School of Social Work. My experiences in a variety of positions in public child welfare and experiences as a social work faculty member have provided me with multiple personal perspectives on current concepts, issues, and practices in CW.

This article traces the evolution of the Title IV-E funded social work education initiatives following the de-professionalization of child welfare (CW) through my first-hand experiences in child welfare practice, policy, education, and research over the past four decades. Social work educators have the responsibility to prepare IV-E graduates to be competent practitioners in their work with families which have multiple problems and needs, and to work with other child welfare employees in stressful and difficult environments. The national IV-E historical context for social work educators is described followed by personal experiences in Louisiana as the state office administrator of the IV-E university/agency partnerships, as the UGA Director of the IV-E Child Welfare Education Program, and several of my national level activities. It concludes with needs and some optimism for the future of a long and grand-intermingling of SW education and CW practice.

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National Policy, Legal, and Practice Context

The U.S. Children's Bureau (CB) was established in 1912 at the same time that social work (SW) education was emerging in universities. Because there were few child welfare programs available to address child maltreatment, foster care and adoption issues, the CB and SW education began to collaboratively address these needs (Thomas, 2012). The IV-E social work education initiative evolved from long standing support from the CB that a social work education provided the knowledge and skills necessary to intervene in family matters as sensitive and serious as child welfare. The Social Security Act of 1935 provided the first federal child welfare program at the state level. The CB provided funding for states to send their CW employees for a SW degree with over 55% of all public CW employees acquiring at least one year of graduate SW education in 1955; however this figure dropped to 30% by 1961 (Coll, 1995). By the late 1970s, only 28% of public child welfare employees had social work degrees (Coll, 1995; Lieberman, Hornby, & Russell, 1988). Perhaps as a result of the IV-E social work educational programs, this number has improved to 39.5% (Barth, Lloyd, Christ, Chapman, & Dickinson, 2008). Historically, the CB provided a number of funding streams for child welfare employee professional development in BSW and MSW education through Titles IV-A (the '60s), XX (the '70s), and IV-E (1980-present) (Zlotnik, 2003). All of these were considered inadequate due to limitations within the legislation and related appropriation levels to professionalize CW practitioners with social work credentials.

Many factors contributed to the de-professionalization of the child welfare workforce (Ellett & Leighninger, 2007). For example, the 1962 service amendments to the SSA combined the Aid to Families with Dependent Children (AFDC) and child welfare employees resulting in the CB losing several major functions and most of its professional identity (Leiby, 1978). While the number of AFDC families grew, the caseloads for child welfare services were simultaneously increasing more rapidly from public awareness of child abuse and neglect (Costin, Karger, & Stoesz, 1996). Following the passage of the Child Abuse and Neglect Prevention and Treatment Act (CAPTA) in 1974, the number of children reported as maltreated increased exponentially. During the 1970s, the numbers of children in foster care swelled to over 500,000, many of whom were growing up in state custody (Costin et al., 1996).

States responded to public criticism, high caseloads, underfunding, and inadequate numbers of social workers for child welfare positions by dropping the social work degree requirement, with some states dropping a college degree altogether, to fill positions paying lower wages (Karger, 1982). Recognizing that they lacked the time and resources to adequately train new CW employees, states responded administratively by compartmentalizing CW work to individual programs, i.e., intake, child protective services, foster care, and adoption narrowly training employees to do tasks in their respective programs (Steib & Blome, 2003, 2004).

The social work profession was also developing competing areas of practice such as mental health, school social work, and community organization which siphoned SW students from CW practice (Kadushin, 1987). During the 1970s, some Schools of Social Work dramatically expanded their programs by funding faculty through Title XX. When

Title XX was block granted and funding evaporated for SW education, some schools nearly collapsed and many simply dropped child welfare content from their curricula. With Title XX funding eliminated for SW education, what historically had been a close and collaborative working relationship between schools of SW and state CW agencies with the shared goal to professionalize CW grew distant (Costin et al., 1996).

IV-E Legislation

In an effort to remedy the problem of too many children in foster care growing up in state custody, the Adoption Assistance and Child Welfare Act of 1980 (Title IV-E of the SSA) was enacted. This legislation aimed to lower the number of children and shorten their time in foster care through (a) *reasonable efforts* to prevent removal and to reunify families, (b) case plans, and (c) permanency via time frames to qualify for federal funds. Title IV-E (IV-E) of the Social Security Act provides federal authorization and funding for U.S. public foster care and adoption programs. Foster children's IV-E eligibility applied only to children at the time of their removal whose parents would have been eligible for AFDC. The IV-E legislation was passed under the Carter Administration, but it came up for appropriation under the Reagan Administration which prohibited issuance of regulations. The Title IV-E law as written was long, technical, and included a brief, obscure clause funding training. States and universities were slow to discover and widely implement IV-E funded training until the 1990s. The legislative intent was to provide 75% federal funding for short and long term (BSW/MSW) training for CW employees and potential employees with states contributing the remaining 25%. However, the Reagan administration imposed restrictions significantly reducing the intended amount of federal funding for training to the percent of IV-E eligible children multiplied by .75. California and Pennsylvania (county administered programs) and Kentucky were among the earliest states to implement IV-E initiatives with multiple universities participating in statewide consortia.

Child Welfare Practice Context

When I began working in public child welfare as a caseworker in 1970 it was still a prestigious and respected area of social work practice and was viewed positively by the general public. This seems remarkable given my BS degree in microbiology; I knew immediately that I needed a MSW degree to successfully assess and engage families to acquire healthier means to parent along with addressing issues of substance abuse, mental illness, domestic violence, and poverty. I worked with clients from intake to closure, i.e. child protective services (CPS), foster care, reunification, relative guardianship, and adoption and learned from my mistakes to improve outcomes for children and their families.

I graduated with my MSW in 1974 to become the first child welfare supervisor in a NE Georgia county. Little did I understand that I entered a CW practice context that was in a rapid era of change due to growing caseloads, woeful underfunding, and public resentment towards *welfare* (AFDC, food stamps, Medicaid). At the same time, the first federal abuse and neglect reporting legislation had been enacted (CAPTA). There was no

child protective services protocol to follow, leaving me to read and interpret the law with no additional resources.

Experiences as an Agency IV-E University Partnership Administrator

Program Development and Implementation

The Louisiana State University (LSU) Dean of the School of Social Work, Dr. James Midgley, and the Louisiana Assistant Secretary for the Department of Social Services, Brenda Kelley, discussed starting a IV-E child welfare/social work education partnership in 1993. I was selected as the CW state agency IV-E administrator for this partnership. My involvement began with a meeting with Dean Midgley and Professor Marian Fatout, assigned to direct LSU's IV-E child welfare education program.

At the same time, Dr. Carol Williams, who headed the U.S. Children's Bureau under the Clinton Administration, held a national IV-E conference in 1993 to encourage public agencies and universities to develop partnerships to provide social work education for CW employees and potential employees through stipends. Dr. Fatout and I attended this conference and began our seven year working relationship during which we developed and implemented a pilot model at LSU before expanding to other Louisiana universities. As I recall, Dr. Kathy Briar-Lawson (now dean of the SSW at SUNY-Albany) was one of the keynote speakers who inspired many attendees with her energetic enthusiasm for IV-E funded SW education to improve client outcomes. Not only was the IV-E conference informative, it was exciting to become part of a national movement to inject SW back into CW practice. As I knew all too well, someone could work a lifetime in CW and never receive permission to attend a national conference. It was particularly gratifying that LSU would insist that I also attend the Council on Social Work Education (CSWE) and the Intensive Home-Based Family Preservation conferences to learn how other states had developed and implemented their models of partnership programs with IV-E funding. Additionally, we traveled to Arkansas to meet with the state office IV-E Administrator and Trainer as well as with Kenneth Millar, Social Work Dean, University of Arkansas at Little Rock, who had maximized IV-E dollars providing all pre-service and in-service CW agency training.

Soon thereafter, a regional meeting in Dallas with the U.S. Region VI Administration for Children and Families (ACF) was held for state IV-E partnership administrators to explain allowed and disallowed IV-E expenses universities could include in their IV-E contract proposals and invoices for which state administrators would be responsible. The ACF Program Manager, Joe Woodard, championed IV-E partnerships, provided fascinating overheads of what appeared to be integrally entangled wires that turned out to represent the very complicated IV-E and child welfare funding mechanism. Considerable IV-E organizational complexity (federal, regional, state, university) was evident from the beginning of this new thrust to enhance professionalization and the quality of CW services. The IV-E rate varied annually and differing university federal cost share rates compounded the complexity of participating university partnership budgets.

During the 1990s in Louisiana, the MSW was the preferred degree for workers and a requirement for Department of Social Service (DSS) CW supervisors and most administrators. DSS set aside IV-E funds for employees to obtain the MSW degree to further increase the numbers of DSS child welfare employees holding social work degrees. Thus, Louisiana DSS reserved the IV-E university partnership stipends for potential DSS employees in MSW and BSW programs. Dr. Fatout announced the IV-E stipend program and we developed objective stipend student selection criteria for the first cohort of IV-E MSW LSU students using a point system that included grades. The university partnership IV-E program included curriculum with CW content, a public CW agency internship, and a DSS work obligation. At the end of the first semester, two of the six students withdrew from or were counseled out the program because they were afraid of the clients, didn't want to make home visits, were found by agency personnel to be ill-suited for CW, etc. Fortunately the Louisiana partnership was initially pilot tested at LSU to identify and correct unexpected consequences rather than implement problems statewide with all universities. The following year the IV-E education program was expanded to three additional universities with BSW programs. A written IV-E application asked open-ended questions eliciting motivation to work in CW, CW knowledge, relevant SW experiences, CW values, and a writing sample. In addition to the application, faculty recommendations were used to invite students to an interview with faculty and local agency administrators who made joint student selections. These requirements represented an improved selection process that also included a IV-E program orientation for selected students and faculty prior to the fall semester. Two more BSW/MSW programs joined the third year, and the last university was added the following year for a total of seven Louisiana IV-E participating universities.

Some Personal Perspectives

Over the seven years that I administered the program for the Louisiana child welfare agency, I experienced a few surprises: (a) a few students who experienced extreme child maltreatment could not separate their personal biases to work with parents; (b) criminal records checks and driving records yielded important information; (c) two universities had substantial central campus dysfunction related to students receiving their stipends in a timely manner; (d) CW content was not adequately addressed unless these were stand-alone courses; (e) agency employees were initially reluctant to take on the added responsibility to provide student supervision, but became enthusiastic supporters once graduates were hired; (f) the state Merit System didn't permit the hiring of BSW IV-E graduates because they lacked paid experience; (g) funds provided for field supervisors to attend a national CW conference encouraged others to become student supervisors; (h) IV-E BSW graduates who were allowed to delay employment to enter as IV-E MSW students were less likely to complete their CW work obligations; (i) IV-E graduates who left DSS employment were often hired by agencies that worked with CW clients; (j) non-IV-E students learned about CW from IV-E students; and (k) few faculty could assist in developing evaluation tools. When I was informed that BSW graduates could not be hired, I worked with our Human Resources Director and met with Merit System administrators to substitute IV-E student internships for the required one year of paid experience.

Program Evaluation

With assistance from LSU Educational Research Professor, Chad Ellett, I developed a Solomon Four Group evaluation plan which became impossible to implement because it included comparison of the annual personnel evaluation of non-IV-E new hires with IV-E new hires. However, I developed a multiple choice CW knowledge exam because there was none that had demonstrated initial validity or reliability characteristics. LSU hired Kristin Gansle, Ph.D. as the evaluator for the seven participating schools. The Louisiana Examination of Child Welfare Information (LECWI) was administered to IV-E and non-IV-E BSW and MSW students at the beginning of the academic year and again at the end of the year (Gansle & Ellett, 2002). In successive years, faculty at all participating universities were requested to submit 10 questions for inclusion in the LECWI to expand the exam item bank and delete unreliable questions after item analyses were completed annually. Cronbach Alpha reliabilities were computed yearly which saw increases from 1994/95 (Alpha=.53) through 1998/99 (Alpha=.84).

IV-E BSW and MSW students' scores on the LECWI were significantly higher on both pre and post-test than non-IV-E students. Some 83% of IV-E MSW and 33% of BSW graduates were employed by DSS in child welfare positions. Of the IV-E graduates employed, 55% of MSWs and 84% of BSW remained employed at the time I resigned as the IV-E administrator in 2000 to join UGA School of Social Work faculty. The employee turnover rate of all new agency hires within the first three years of employment was 39% (C. Ellett, 1995), so it appears that the IV-E grads had longer retention rates and were promoted within DSS. After I left as the IV-E partnership administrator, the program was terminated within a couple of years. It appears that state leadership and professional commitment to IV-E SW education were important to IV-E program sustainability.

Faculty Experiences as PI and Director of a University IV-E Program

Upon completing my doctorate in 2000 at LSU in Social Work with a minor in Industrial and Organizational Psychology, I had the good fortune to be hired as an Assistant Professor at the UGA, School of Social Work for my CW and IV-E expertise. The first IV-E program in Georgia was initiated by Dr. Jim Gaudin (UGA) in 1995 who shared his knowledge with four other universities. Thus, five social work schools had a loose affiliation with the Georgia Division of Family and Children Services (DFCS). They met periodically together with the agency administrator regarding their annual IV-E contract renewal. In Georgia, though the MSW and BSW were preferred degrees, only 20% of DFCS child welfare employees had social work degrees (Ellett, Ellett, & Rugutt, 2003). The UGA School of Social Work initially reserved IV-E stipends for DFCS employees, which was not the case at all participating universities. Gaudin developed a course on social work with abusing and neglecting families, held four half-day seminars each semester, and students completed practicum internships in an alternate DFCS child welfare program to meet CSWE accreditation standards. In 2000 there were 10 MSW stipends and the total UGA contract was \$158,300. Gaudin retired in December, 2000 and I became the Director and PI of successive IV-E contracts from 2001-2011. Gaudin

also had a 426 Children's Bureau Demonstration stipend grant for BSW students that I was also asked to direct.

IV-E Expansion

As PI and Director of the IV-E program in 2001, I raised funding to \$723,695 and increased the number of student stipends to include students as well as DFCS employees in the MSW program. Two UGA doctoral students with extensive CW experience were funded by the IV-E contract to (a) teach BSW child welfare and MSW practice courses and (b) serve as IV-E faculty liaisons. Because it is imperative for IV-E students to also graduate with foster care and adoption knowledge and skills, I developed a second required CW course on social work with foster and adoptive families. To increase CW professional commitment, students could attend a state CW conference and DFCS Field Supervisors of IV-E students were funded to attend a state or national conference. A stipend selection committee was developed that included DFCS administrators, the two doctoral students, and me to select students with a genuine interest in CW as a career. The IV-E contract included summer salary and travel money for the PI to present, attend and network at CSWE, SSWR, and the bi-annual National Child Abuse and Neglect conference sponsored by the U.S. Children's Bureau.

There were several fortuitous situations that developed soon after I joined the UGA faculty. Because the 2000 employee turnover rate of Georgia DFCS child welfare employees was 44%, the Annie E. Casey Foundation and DFCS agreed to fund an employee turnover study. I recommended that it would be far more important to do an employee *retention* study rather than one that studied those who left DFCS. In the end, I was PI for this sole-source contract to UGA and completed the 2003 Georgia DFCS Child Welfare Employee Retention and Turnover Study which identified personal and organizational factors related to both staying and leaving. From this study, we collected empirical evidence that IV-E graduates had stronger intentions to remain employed in child welfare than other graduates (Ellett et al., 2003). This study also examined relationships between employees' intentions to remain employed in CW and a variety of organizational and personal characteristics such as work morale, job satisfaction, organizational culture, self-efficacy beliefs, and human caring (Ellett et al., 2003). Of the many significant findings from this large statewide study (N=1423), one in particular stands out. The variable showing the strongest positive relationship to intentions to remain employed in CW was Professional Commitment ($r=.67$; $p < .0001$), a subscale of a larger measure of human caring.

At about the same time, a faculty colleague, Dr. Geraldine Jackson-White, who had previously worked in DFCS, chose to return to the DFCS state office as the Director of Professional Development. She provided much needed leadership to expand IV-E partnerships by adding three new university social work programs and two private universities for a total of 10 participating universities. All-day university/agency consortium meetings were held monthly to develop fairly uniform IV-E funded competency-based CW education programs including: (a) two specific CW courses in the BSW and MSW programs; (b) DFCS internships including specific delineated CW tasks; (c) DFCS work obligation; (d) an orientation each fall; (e) stipend selection committees

that included both DFCS administrators and faculty; and (f) a UGA administered, multi-site, standardized evaluation with all ten universities.

In 2000, in the DFCS 12-county Region V, there were only a handful of CW employees with a SW degree. To meet CSWE requirements to provide the minimum one-hour per week of field supervision, one of the doctoral students provided this supervision until there was an adequate number of IV-E MSW graduates employed for two years in DFCS. The regional and county directors not only hired all IV-E graduates wishing to work in the region, they also secured state funding for two years to hire selected IV-E MSW students as part-time employees to carry five cases in their last semester of their MSW program. Region V had the largest proportion of BSW and MSW employees in the state with 40% by 2009. The UGA School of Social Work has benefitted by having adequate numbers of DFCS employees with two years post graduate experience willing to supervise internship students. Nearly all DFCS child welfare employees participating in the IV-E program were promoted while in the MSW program. Many received additional promotions following graduation and have risen to county and regional directors and state office positions.

The DFCS asked me to develop a multi-method, research-based *Employee Selection Protocol* (ESP). This protocol was designed for use as a new set of assessment procedures comprising minimally essential, work-related knowledge, skills, abilities and values (Ellett, Ellett, Ellis, & Lerner, 2009; Ellett, Ellett, Westbrook, & Lerner, 2006). While originally designed for use with DFCS job applicants, the ESP was used by the 10 university IV-E partnerships to improve student selection procedures. One goal of the ESP as used in these IV-E partnerships was to increase retention rates of IV-E graduates. This new approach to select IV-E students was implemented with considerable success until IV-E funding was suspended in 2011.

In 2005, a class-action settlement involving GA DFCS's two largest counties included a provision that supervisors needed to have two years CW experience and a SW degree (Kenny A. vs. Sonny Perdue Consent Decree). In response to this situation, DFCS included funding for UGA to double the number of MSW students admitted into the MSW part-time program located in Greater Atlanta and enabled more of its employees to become eligible to supervise. We made several presentations in DFCS country offices to recruit employees to fill this added MSW cohort. UGA had the largest IV-E budget (over two million dollars) including match and 64 stipend students, half of whom were DFCS employees.

At UGA, I have had a continuous flow of IV-E graduates entering our doctoral program following their agency work commitment. These IV-E MSW alumni who obtain their doctorate degrees help retain CW content and practice in SW curriculum in addition to expanding CW research.

IV-E Suspension

Following the Great Recession beginning in 2007, Georgia DFCS experienced substantial budget cuts over 5 years and four years of employee furloughs, was no longer able to help universities with IV-E match funding. It became incumbent upon universities

to generate all IV-E matching funds. Concomitantly tuition was rising and universities experienced about 20% in state funding cuts that shrank the number of stipend students in IV-E social work programs. To maximize IV-E funds to sustain child welfare programs, DFCS altered its method to draw down IV-E funds which universities were instructed to use. In the summer of 2011, Region IV Administration for Children and Families (ACF) disallowed some methods DFCS used to claim federal funds including the IV-E universities education programs. The ACF wanted DFCS to contribute some state match dollars to enable continuation of the 10 IV-E partnerships; however after enduring extreme budget cuts, DFCS didn't have the needed matching funds to continue the partnership. The DHS Commissioner and DFCS Director called an urgent meeting of the ten partnership universities July 13, 2011 and announced the suspension of the IV-E program effective August, 2011. This was devastating news for universities as IV-E proposals had been submitted months earlier, and IV-E personnel and students had been selected with fall classes to begin in less than a month. There were a few UGA IV-E students who had received stipend support in the prior years who had DFCS work obligations upon their graduation in 2012. These remaining IV-E BSW and MSW graduates helped DFCS fill vacancies. DFCS regional and county directors reported that the quality of new hires had declined following the IV-E suspension. At the request of Georgia DFCS, schools of social work submitted contract proposals in March, 2014 to resume the IV-E program fall 2014; however, in April, 2014, universities were notified that resumption will be delayed until January, 2015 due to concerns about ACF financing approval.

The Unexpected

In complex, policy-based initiatives like IV-E there are many unexpected events that serve to impede or facilitate program implementation. This has certainly been the case with IV-E in Georgia. Unexpected impediments to the Georgia's 16 year IV-E partnership experience included (a) a revolving door of politically appointed DHHS Commissioners and DFCS Directors lacking child welfare experience and social work education; (b) difficulty getting IV-E grads to complete evaluation surveys and tracking the length of their employment; (c) six-month contract approval process resulting in universities running their programs sometimes as long as three months before final contracts were officially signed; (d) after the Great Recession DFCS experienced a substantial loss of its state funding which was magnified with the loss of federal dollars resulting in universities putting up all the match money most years; (e) change in IV-E funding claims led to the sudden and unexpected suspension of all IV-E partnerships July 13, 2011; (f) most faculty and staff with CW experience on IV-E contracts were in temporary status and many social work programs dropped CW courses; and (g) many non-IV-E SW faculty dissuaded students from entering DFCS CW employment. The section that follows provides a description of personal experiences and perspectives of national IV-E efforts.

Some National Experiences and Perspectives on IV-E

IV-E Programs Wax and Wane

A primary influence on my IV-E perspectives has been shaped by attending and participating in national professional organizations and meetings. Among these was the conference entitled the Child Welfare Training Partnerships for the 21st Century Workforce Conference, a Special Meeting of the U.S. Children's Bureau. This national conference, held in 2000, had wide professional endorsement of groups such as the Council for Social Work Education (CSWE); the National Association of Social Workers; the National Association of Public Child Welfare Administrators; and the Child Welfare League of America. In this national CB meeting there was obvious excitement for expanding IV-E partnerships. This meeting helped further spread the development of IV-E university/state agency partnerships from 68 in 1996 (Zlotnik & Cornelius, 2000) to 144 in 2004 (Barbee, Antle, Sullivan, Dryden, & Henry, 2012). At the same time, there was growing recognition from the Social Work National Association of Deans and Directors (NADD) of the importance of IV-E participation for SW programs to prepare graduates for careers in CW. The NADD formed an active CW task force and began a small, annual invitational conference around IV-E and workforce research from 2002-2005. Jean Quam, Dean, University of Minnesota, hosted the first invitational conference in 2002 and I followed with the second 2003 NADD workforce conference at UGA. Kristi Nelson, Dean, Portland State University, held the third conference in 2004. The University of North Carolina postponed hosting the fourth conference in 2005 as the CB was holding a national workforce conference the same summer.

Sustaining increases in the number of university/state agency partnerships has been difficult. Joan Zlotnik found in the latest IV-E partnership study that 70% of respondents indicated that their funding had stayed the same or declined, and five schools reported termination of their IV-E program (Zlotnik, 2012). The number reported in this study likely did not include all 10 university partnerships suspended in Georgia.

CSWE Pre-Conference IV-E Partnership

Attending the Council on Social Work Education (CSWE) Annual Program Meeting (APM) for the first time in 1996, I was pleased to attend many child welfare sessions including IV-E. However, I was shocked there was no special interest child welfare track given the long history between SW education and CW, so I initiated one. The CSWE criteria to establish a proposed track included a written request, ten abstracts submitted to the proposed CW track with five accepted through the blind review process. In 1997 at a plenary session on IV-E Partnerships, I circulated a petition supporting the need for a CW Track. Forty nine attendees signed the petition that I submitted along with a letter proposing a CW Track in CSWE. From these 49 supporters plus 30 people who had attended Joan Zlotnik's roundtable, we encouraged individuals to submit abstracts to the proposed CW track for the 1998 conference. Ten abstracts were submitted and five were accepted through a blind review process, thus meeting CSWE's Track criteria. Following the first CW Tract business meeting in 1998, the new Track grew quickly in 2000 to four pre-conference meetings including three specifically addressing IV-E partnership issues

plus a business meeting prior to opening of the annual program meeting. It was from these meetings that a IV-E email distribution list was established by Sherrill Clark from the IV-E California Social Work Consortium. Crystal Collins-Camargo set up a IV-E Partnership website while at the University of Kentucky, and Monit Cheung (University of Houston) organized and still maintains a matrix reporting specifics of each IV-E university program. The CW Track was the largest CSWE Track measured by the number of abstracts submitted for 2-3 years (N=75-80) and the second largest for several years. I was elected and Chaired the CW Track from 1998-2013. To foster sustainability of Tracks, CSWE instituted a system of three-year Co-Chairs followed by three years as Chair in 2011; Crystal Collins-Camargo was the first elected Co-chair and Helen Calhane was elected Co-chair in 2013. There have been many participants who volunteered in the development, evolution, sustainability, and success of the CSWE CW Track which has been held out as a model for other CSWE Tracks. Clearly the national IV-E effort has increased BSW and MSW programs' interest and participation in the professionalization of the CW workforce.

An unobtrusive indicator of waning federal financial support for IV-E university and state agency partnership programs was a dramatic drop in CSWE CW Track abstract submissions in 2013. Submissions dropped from a high of 82 to 50 and attendance at pre-conference all day sessions dropped over the years from 175 to 81.

My experiences in attending and participating in IV-E topical meetings sponsored by professional SW organizations including CSWE and the Society for Social Work and Research (SSWR) through the years have been mostly positive. My observations suggest that: (a) sessions with child welfare and workforce focus have increased and been well attended; (b) participants have provided valuable insights, research, and expressed valid concerns about IV-E; (c) there is general consensus that IV-E partnerships prepare graduates for CW practice; (d) IV-E graduates have longer CW agency retention rates than other new hires; (e) partnership programs enhance communications between agency personnel and university faculty targeting the improvement of professional preparation and practice; and (f) a few IV-E programs (Kentucky and Texas) have been able to link better client outcomes of IV-E graduates than non-IV-E employees.

IV-E Education/Agency Hurdles

From the CSWE CW Track partnership pre-conference meetings and discussion on the IV-E Partnership listserv (I agreed to host at the UGA SSW after Clark at CASWEC could no longer do so), evidence grew that each of the ten Regional offices of the Administration on Children and Families (ACF) interpreted the IV-E legislation and allowable expenses differently. This created angst for states and universities that continues to this day. Also, as individuals in ACF regional offices left, their replacements arrived at alternate decisions on allowable spending not only for their respective regions, but between states within the same region. Over the past 20 years, states that had long standing IV-E agency/education partnerships were terminated or suspended (e.g., Florida, Georgia, Hawaii, Illinois, Kansas, Maine, Michigan, New Jersey, South Carolina, Tennessee, Vermont, and Virginia). Some ACF decisions were compounded after the CB developed regulations limiting topics for which IV-E funds could be utilized in short and

long term training. These decisions have served to *sanitize* or *purify* SW curricula qualifying for this critical source of funding. Oddly, the CB does not have oversight of the ACF regional offices that approve or disallow IV-E budgets and expenditures. This structure has contributed to confusion and disruption for university and state agency partnerships.

Following the great recession, state child welfare agencies including Georgia have experienced budget cuts further limiting their available state matching funds for Title IV-E federal aid. Many state legislatures have significantly cut funding to higher education resulting in colleges and universities steadily increasing student tuition and fees which in turn limits the number of students that social work programs can fund through IV-E stipends. The loss of temporary faculty and professional staff working in IV-E university partnerships has resulted in the loss of expertise and diminished CW in Georgia schools and departments of SW. Other university partnerships also report the declining rate of IV-E eligible children (tied to 1996 AFDC eligibility) and rising tuition and fees have lowered the number of IV-E stipends. States' percentages of children eligible for IV-E funds have drastically decreased, for example, from approximately 75% in 1980 to half or less than that in 2014. Limiting federal funds to support state foster care and adoption programs has also impacted the rate of funding for short and long-term training.

Social work educators have experienced many successes with their IV-E programs, but they have been stymied in efforts to systematically evaluate results. For example, in Louisiana, completing evaluation tasks was a requirement for all universities. Completing the same knowledge exam was essential to implementation of a quality program evaluation design that included a non-IV-E new hires comparison with IV-E graduates. The state agency disallowed these comparisons. Georgia's evaluation plan was approved to use the comparison groups of new IV-E and non-IV-E workers. However, the response rate of both new hire groups was too low to draw meaningful statistical conclusions. In both states, access to employment data was not permitted. Clearly, efforts to accurately assess and evaluate retention and promotion of IV-E graduates have been problematic. A national group of IV-E researchers has for many years tried to link client outcomes with IV-E graduates. However, high turnover (multiple workers per case) has confounded these efforts. Evaluation data are important in assessing program quality, outcomes, and sustainability. Policy makers remain interested in these evaluation concerns. Patrick Leung, University of Houston, has provided considerable leadership in IV-E evaluation efforts.

Optimism for Child Welfare Agency and Social Work Education IV-E Partnerships

The Children's Bureau has renewed its recognition of the importance of a stable and competent CW workforce in recent years. In 2003, the Children's Bureau recognized the importance of SW educated employees in retention and quality of service delivery through eight retention grants and doctoral child welfare research grants. In 2003, I was Principal Investigator on a CB research grant that supported four CW doctoral students' dissertation studies on CW and workforce factors related to employee retention. In 2008

the CB funded the National Child Welfare Workforce Institute (NCWWI) supporting: (a) 12 university/agency partnerships; (b) training through a Leadership Academy of Supervision (LAS); and (c) a Leadership Academy of Middle Managers (LAMM). The NCWWI funding was renewed for another five years in 2013: (a) supporting 11 new university/agency partnerships; (b) developing a Leadership Academy for SS Deans/Directors and State CW Directors; and (c) continuing the LAS and LAMM.

Randi Walters, a CB Program Specialist and IV-E graduate, has presented in the CSWE pre-conference CW Track IV-E Partnership meetings beginning in 2011. Such meetings have presented opportunities for IV-E faculty to share successes and needs of the IV-E program. For example, IV-E graduates have longer retention rates than other new hires and promotion of IV-E graduates builds leadership capacity within state CW organizations. It was my hope in originating the CW Track that it would institutionalize CW within the CSWE, SSWR, and schools of social work curricula, especially if Congress were to defund IV-E for training in higher education.

On another positive note, Alvin Sallee, University of Houston, began the annual Title IV-E National Roundtable Conference in 2011 to maintain the momentum for Schools of SW and state agency collaborations. This roundtable conference is an important opportunity for IV-E partners to identify and discuss issues and concerns about elements of developing, implementing and sustaining programs.

During the 2003 NADD-sponsored small invitational conference, it became clear that more CW journals were needed to disseminate and accommodate the growth in CW research. Following this conference, Dean Katharine Briar-Lawson, SUNY-Albany approached Dean Marvin Feit, Norfolk State, about initiating a new CW journal through Haworth Press. In 2004, I accepted an appointment as co-editor of the new *Journal of Public Child Welfare (JPCW)*. Following my work to establish an Editorial Board of national CW experts, call for papers, editorial work etc. the first volume was published and disseminated in 2007. Since 2008 the JPCW has been published by Routledge Taylor and Francis Groups and since 2011, I have been Editor-in-Chief. To honor and celebrate the CB centennial, Norma Harris (University of Utah) and I were Co-Editors of the JPCW double special issue *One-Hundred Years of the U.S. Children's Bureau Professionalizing and Improving Child Welfare*. The CB, through its contract with Information Gateway covered the cost of doubling the issue pages and printing 600 additional copies. The CB wrote the first article on the CB history and the last article on the CB's vision for the future of CW. This special issue addressed both the vital role of IV-E partnership programs play in the workforce and included four other articles specific to IV-E partnerships. The JPCW has also published a number of other articles on Title IV-E programs. While the NADD small annual invitational IV-E and workforce conference has not resumed, there is interest among NADD members to resume a CW IV-E task group.

As previously mentioned, I had the good fortune to work with the Georgia DFCS in 2006-2007 to develop an Employee Selection Protocol (ESP) which was, and will again, be utilized in the selection of IV-E stipend students interested in a CW career in all ten participating universities (Ellett et al., 2009; Ellett et al., 2006). The ESP has been

presented at the Child Welfare Recruitment and Retention Summit in Denver, CO, 2008, the Children's Bureau Child Welfare Evaluation Summit, Washington, DC 2009, the National Conference on Child Abuse and Neglect (2012 & 2014), and the CSWE and the SSWR annual conferences.

Building on IV-E Experiences to Professionalize Child Welfare

The vast majority of my experiences with the Title IV-E as a state administrator (1993), director of the UGA program from 2000, and at the national level since 1998 were positive until the suspension of Georgia's program in 2011. Of course, there have been many minor impediments to the success of my work in IV-E. Probably the greatest impediment I and others have encountered for the continued success CW and SW education has been confusing policy, inconsistent funding decisions for IV-E university/agency partnership programs, and the organizational structure in which IV-E is situated. Navigating this field of impediments is not easily done. For example, the CB recognizes the importance of IV-E in developing a professional CW workforce. However, the position of the CB within the ACF organization structure administratively cuts off the CB from supervising regional ACF personnel whom approve or disapprove state IV-E fiscal claims. My IV-E experiences over the years show that university CW partnership programs have been in need of CB leadership and revised regulations since the 1990s. Such leadership could invigorate these programs across states. Federal and state CW funding has always been inadequate and IV-E funding is further diminished with eligibility tied to parents' income pegged to 1996 AFDC rates under welfare reform legislation. Given the political climate, it seems clear that there has been little appetite to advocate for introducing revised legislation for fear of further reductions in funding.

Some Final Thoughts

I have been involved in one role or another in IV-E for over two decades. My experiences in IV-E related activities have varied considerably over time. These experiences have provided me with a set of broad perspectives about core elements of this national effort to enhance the professionalization of the CW workforce and ultimately client outcomes. The text that follows provides a brief and closing summary of my perspectives about the importance of student selection, quality evaluation, university/agency commitments, and clearer legislation and policy funding for the IV-E initiative.

Because most CW employees leave within the first two years of employment (U.S. GAO, 2003) student applicants need extensive information about the IV-E education program and CW work to make more informed decisions about a career in CW. Many students are attracted to IV-E programs because of the availability of stipend support provided rather than a broad understanding of the complexities of work in CW. As well, those preparing and hiring CW employees (educators and agency personnel) need better information about applicants' CW knowledge, skills, abilities and values to select individuals committed to a career in child welfare. University and agency collaborative working relationships are important to the success of programs, increasing advocacy for CW, and improved practice interventions. Providing quality supervision is an important

element of work in CW, particularly for new employees. Graduates of IV-E programs often promote to supervisors, managers, administrators and even directors. Thus, IV-E programs become an important conduit to enhance leadership quality and professional organizational capacity. This situation, in light of the larger workforce issue of high CW turnover (Ellett et al., 2003) suggests a continuing need to improve the process of selecting students for IV-E programs and prospective employees as well. Currently, we do not place enough emphasis on the importance of selection of IV-E students and CW employees.

As has been noted above, designing and implementing quality program evaluation procedures, has been a major IV-E challenge. Too frequently, IV-E evaluations have been fraught with design flaws and/or implementation issues that interfere with quality evaluation, including the difficulties of data collection procedures. Participation in many IV-E evaluation efforts is voluntary, and much lower than desired. Sampling considerations aside, low participation rates in IV-E evaluations tax the fidelity and generalizability of evaluation findings. As well, the need to establish linkages between IV-E education efforts and client outcomes remains an *elusive butterfly*. This situation suggests greater acknowledgement and support from agency and university partners for CW agencies to track IV-E graduates' employment and IV-E and non-IV-E employees' participation in evaluations. Increased resource allocations, both human and technical, are essential for completing stronger IV-E evaluations. As well, there is a future need to design more comprehensive program evaluations. The IV-E evaluation literature is replete with single method (qualitative or quantitative) studies and small sample sizes. Larger and more comprehensive evaluation studies are needed given the complexities of preparing CW professionals.

Because the quality of CW services and presumably client outcomes can only be as good as the knowledge and skill level of CW employees, revised legislation and policy is needed to clarify and adequately fund short and long term training for all CW programs. It is clear to me from my experiences that large-scale efforts such as IV-E in CW will stand or fall depending upon political support and accompanying policy. For example, needed supports for IV-E short and long-term training include: (a) clear legislative language to standardize IV-E programmatic efforts; (b) sufficient state and federal funding; (c) standardized and *interpretable* policies and regulations; (d) enhanced understanding between CW agencies and SW faculty; (e) clarifying the relationship between the CB and ACF regarding oversight of funding for IV-E partnerships; (f) clarifying and providing resources to improve the role of partnership evaluation; and (g) identifying a set of experienced and well-respected *strategic champions* to advocate for IV-E partnerships with policy makers and professional meetings of organizations such as NADD, NPCWA, CSWE, SSWR, NASW, CWLA. Given the availability of these supports, monitoring the sustainability of key IV-E program components and outcomes are key concerns. Policy makers are likely to be more supportive of IV-E partnerships that identify and document sustainability of outcomes as an important programmatic thrust, than those that do not. The suggestions provided above are those that this writer considers priorities. Those with different experiences and perspectives might well expand this list.

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Reflections of a Latino in the Social Work Profession

Alejandro Garcia

Abstract: *This is a first-person account of seminal events that have helped shape the rich history and cultural heritage of the social work profession. In examining these events, the author has provided some personal history as a Mexican American growing up in South Texas that provides a historical and value context for his participation in these events. He also discusses his leadership experiences in serving on the national staff of NASW and volunteer leadership experiences in a number of professional organizations during critical times for the profession.*

Key Words: *Autobiography, Latino, Mexican American, diversity, guiding words, ethical perspective, professional associations, professional development, poverty, higher education, role models*

I was asked by the editors of *Advances in Social Work* to contribute to a special issue that would focus on first-person accounts of seminal events that have helped shape the rich history and cultural heritage of our profession. I am humbled by being asked to participate in this effort, as I am not sure that I have been instrumental in any seminal events that helped shape our profession, but I will let the readership be the judge of that. Personal history is a fleeting element unless it is recorded. One concern is that one's personal experiences are of no value to anyone else and, therefore, do not need to be recorded in any way. The problem with this kind of thinking is that the individual determines the value of such information, rather than allowing other interested parties to participate in that assessment.

Personal History

We never know which events will have the strongest influence on our life. I believe that my family was strongly responsible for influencing the shape of my character. I was raised in a poor Mexican-American family with six siblings. My first language was Spanish, and I did not speak a word of English until I entered public schools in South Texas. I spent a year in first grade and a year in "high" first grade to address my limited English fluency (I later skipped a grade because I was too advanced for the rest of the kids in my class and I was being disruptive).

The elementary schools that I attended in my neighborhood were composed exclusively of Mexican American children, and the only non-Hispanic whites were some of my schoolteachers. Both of my parents, who were immigrants from Mexico, had 3rd grade educations. Apparently, they were taken out of schools by relatives and they served as servants for family members or worked in the fields. Before bearing children, my mother worked at housecleaning jobs at the homes of non-Hispanic whites, whom we called "Anglos." After children started arriving, she kept the home while Dad worked a

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number of odd jobs, including shrimp fishing in the Gulf of Mexico and working at gas stations.

Development of Personal Perspectives

I began my studies at the University of Texas in 1958, at a time when it had just started to integrate in line with the *Brown v. Board* of Education mandate. While Mexican Americans were considered to be white for the purpose of integration, as was also the case in the city of Houston, they were still victims of discrimination in a variety of ways (see Mexican American Legal Defense and Educational Fund [MALDEF], 2009; Ross v. Eckels (1970), cited in Rangel & Alcala, 1972). Coming from the lower Rio Grande Valley (Brownsville, Texas), which had very few Black Americans, to Austin, I was unaware of widespread discrimination against them. My only previous experience related to discrimination against Black Americans was going to a department store in San Antonio and finding two water fountains: one marked white and the other marked “colored.” (Out of innocence, I should note that I drank out of both of them because I did not know whether I was white or colored. Needless to say, both tasted the same, although the one for whites was more aesthetically pleasing.)

My experience with discrimination against Mexican Americans was compounded by poverty. We lived in one of the poorest neighborhoods in Brownsville, Texas, and our street was unpaved. When it rained, we were lucky to live next to the railroad tracks that led to the cotton compress that created bales of the cotton that we helped to pick. The train tracks helped us to keep our shoes dry as we walked to the nearest paved road several blocks away. We were so poor that my school band uniform was the best outfit I had.

While my brothers and I picked cotton during the summer months, I sold newspapers after school and was obsessed with the Korean Conflict and the trial of Ethel and Julius Rosenberg, and remember crying when I read that they had been executed. I also remember reading the want ads and noting that a number of them contained notices that “only Anglos need apply.” I wondered why that was the case, but was told that that was simply the way things were.

One of my earliest recollections was having been taught by some Anglo teachers that Mexicans had no culture and implied that American culture was superior. This perspective was reaffirmed in the Texas history books that we were required to read. I learned that Mexicans were vicious killers who had massacred the heroes of the Alamo during the Texas War of Independence. The Alamo still stands today in support of that perspective. It was not until much later that I learned a different perspective of what happened at the Alamo from revisionist historian Rodolfo Acuna (1981). I learned that the heroes of the Alamo were interested in freeing Texas from Mexico and allowing it to become a slave-holding state. Mexico had freed slaves in 1829, and this left slaveholders in Texas in a precarious situation. Had I learned this as a child, I would have been proud of my Mexican heritage. Instead, I was embarrassed that I was a Mexican child who had internalized the Anglo-centric teachings and had become the recipient of a number of pejorative terms. In retrospect, I recall feeling disempowered during these formative

years. I had bought into a perspective that I was worthless and that I could not effect change. I was led to believe that there was nothing I could do that could possibly make a difference.

It was only gradually that I became empowered with the help of people who believed in me more than I believed in myself. Some of these persons were a few of my teachers who selected me for the National Honor Society, the vice principal who had me attend a meeting of the Rotary Club, and my family, particularly my mother who would not let me quit school to help support the family. My affirmation of self was not independent of others, but a collective effort that helped me to celebrate who I was rather than who I thought others wanted me to be. That empowering belief was then transferred to others whom I believed had also been denied their rights. I discovered that the more I actively engaged in advocacy for the rights of others who had been similarly disenfranchised, the stronger I became. I had learned that I was not alone.

It was not until I was in the military that I had a chance to travel to the interior of Mexico. I was taken aback by the metropolitan area of Mexico City with its skyscrapers, colonial buildings, Aztec temples, and Teotihuacan pyramids. I felt a surge of pride in what I saw. I was angry that what I had learned in school was erroneous, ethnocentric, and misleading. I began to collect as much Mexican folk art as I could afford, and have continued to do so until this day. I consider it part of my cultural heritage, an essential part of my identity. I have also pursued photography as a hobby and have tried to capture Mexican spirit and culture in the photographs I take of people, culture, architecture and archeological wonders.

Decision to Pursue Social Work

Toward the end of my three-year enlistment in the Army, I was in an auto accident that left me hospitalized for 20 months. During that long period of time, 9 ½ months of which I spent bedridden, I had much time to consider my career path. I was concerned about the disconcerting limitations of my disability and the prospect that I may never be able to stand and ambulate for extended periods of time. My mood was one of despondence as I ruminated about my lack of movement and having to depend of others for my basic needs. I was in skeletal traction for several months and in a body cast for an additional period of time. This left me feeling depressed, and there were no social workers or other mental health professionals to whom I might have turned for help at the Army hospital.

During my non-ambulatory period, I had much time to read, think, and reflect on my personal life experiences and those of my fellow Mexican Americans. I began to think about Mexican Americans and their socioeconomic status in the United States. While I had not considered social work as a profession before, this extended period of introspection led me to enroll at Cal State Sacramento when I left the military, a decision influenced in part by the extent of my disability and its implications for my professional path. I thought that I would have difficulty standing or walking for extended periods of time. The initial courses that I took in the summer of 1967 convinced me that this profession would help me develop skills and knowledge in my chosen path. The formal

admission date for the fall semester had already passed, but the Director of the program, Dr. Alan Wade granted me an exception and encouraged me to follow through with my application and I was admitted to the program that fall. When I began my MSW studies, I discovered that there was much more literature on African Americans than there was on Latinos. To address my need for greater knowledge in this area, I attended a number of workshops that purported to provide information on minorities, but the discussion focused primarily on African Americans. I would raise questions about Latinos, but the experts leading the workshops were not able to answer them.

While I was not able to find books about Latinos and social work, I did find literature about Latino history in the United States and efforts to address civil rights concerns in organizing in the workplace, voting rights, and problems with immigration authorities and the administration of justice. The more I learned, the angrier I became about Latinos' conditions in Texas and elsewhere.

While a student at Sacramento State University during my MSW studies, I worked with a fellow social worker, Alejandra Ebersole, in founding a chapter of *Trabajadores de la Raza* (Social Workers of our Race – it literally translates to “workers of the people,” but the group was composed exclusively of social workers.). Our efforts were modest. We tried to influence the social work program in hiring Latino faculty and expanding the recruitment of Latino students, and we also tried to encourage social welfare agencies to become more sensitive and responsive to the needs of the growing number of Latinos in the Sacramento area.

Post-MSW Employment

After graduating with an MSW degree, I began working for a state agency that served mentally ill persons, many of whom had recently been released from state institutions in the California deinstitutionalization efforts under Governor Reagan. While the explicit intent of such actions was to return the mentally ill to the community, the implicit intent was economic. The result of such action was the release of thousands of chronically mentally ill persons into an environment that lacked any critical support systems, including adequate housing. Many of these individuals had been in state institutions for years and had developed what Goffman called “institutional syndrome” (Goffman, 1961). In other words, they had difficulty surviving independently without extensive supports. We worked with the Community Services Division of the State of California in Sacramento during that period of deinstitutionalization to help stabilize these vulnerable clients.

Joining the NASW National Staff

While I was working with the Community Services Division, I participated in an NASW leadership conference, where I met some national NASW staff members. Shortly thereafter, I was invited to interview for the newly created position of National Student Coordinator in the national office. I was interviewed for the position in 1970 both by Chauncey Alexander, and then president, Whitney Young. After much consideration, I accepted the position and decided to make the move from Sacramento to New York City.

My primary goal was to work with the National Federation of Student Social Workers (NFSSW). Some social work programs had NFSSW chapters, but most did not. At this time of high student activism and opposition to the war in Vietnam, students were also disenchanted with NASW, and saw it as an agent of the status quo rather than as an agent for change in support of the poor. In my work, I attended a number of NFSSW conferences, and also met with student groups in a number of institutions. I tried to encourage students to join NASW and to provide valuable input from their perspective. My intent was to increase the credibility of NASW with students. A major concern at that time was a division between clinicians and community organizers, with each side claiming the higher moral ground.

Students were drawn to the more politically oriented community organizers, many of whom suggested that NASW only represented clinicians and was not interested in the broader macro issues, such as racism and poverty. Chauncey Alexander believed this to be a false dichotomy and suggested that both clinical practice and community organization were essential interdependent parts of the profession. In visiting campuses around the nation, I found many students alienated from NASW without fully understanding the historical evolution and nature of our profession. I worked with NASW as it moved to include student members on the national board of directors in order to give them a legitimizing voice and greater visibility.

Another major issue that arose during my four years on the national staff occurred when the American Psychiatric Association took action to remove homosexuality from its list of psychopathologies in 1973. The NASW board met and discussed this issue at length. Regrettably, NASW decided not to include any similar statement in its policy manual at that time due to some ambivalence about whether homosexuality belonged in the list of psychopathologies, although it would change its mind at a later date (National Association of Social Workers, 2014).

Diversity within NASW itself was yet another important issue facing the profession during that period. Although a number of us fought hard for greater diversity among the organization's leadership, there did not appear to be widespread recognition of the need for change. It should be noted that while NASW was composed primarily of women members, the majority (both men and women) tended to vote for male leaders. The first woman to become president of the association did so by ascending to the position when the former president died. The creation at that time of a presidential slate with two women candidates was intended to insure the election of a woman to that post. The election of a minority president posed similar difficulties. I ran for president of NASW in the late 1970s against a white male, and was defeated. My recollection is that, at that time, no minority had ever been elected to the presidency when competing with a non-Hispanic white male.

At the same time, NASW was concerned about the low number of persons of color in both its general membership as well as its leadership, and it formed a National Committee on Minority Affairs (NCOMA) composed of Latinos, African Americans, Asian Americans, and Native Americans. All of the individuals initially chosen were recognized leaders within their respective ethnic/racial social worker organizations. I was

asked to staff that body. It was a challenging experience in that NASW had never had this kind of a unit. The group initiated efforts to make persons of color more visible within the professional association and also worked in developing practice components in working effectively with these groups. At that time, the emphasis on minority groups was very limited, and there was a sense of alienation by a number of groups. Their perception was that NASW believed that social work interventions that had been developed were applicable to all groups. As a result, a number of persons of color preferred to work with their respective social work organizations rather than NASW. Minority membership in NASW was very limited for that reason, and NASW made efforts to increase its credibility with these groups through the creation of NCOMA and by hiring additional minority staff. In addition, great efforts were made to insure that persons of color and women were represented in leadership positions.

At NASW, the influence of Chauncey Alexander, Mitch Ginsburg, Alan Wade and Whitney Young was tremendous. Without direct lectures, they taught me through example. Chauncey, the executive director of NASW, was a strong civil libertarian and had friends from across the political spectrum. Whitney Young was executive director of the Urban League and, at the same time, president of NASW, when he lost his life in a drowning accident in Africa. Whitney's commitment to civil rights was strong and eloquent. His loss in the middle of his presidential term at NASW was a shock to all of us. Alan Wade, then director of the social work program at California State University at Sacramento and vice-president of NASW, assumed the NASW presidency with a strong conscience and high standards for the profession and a commitment to equality.

Following Alan Wade's tenure, Mitchell Ginsburg became the president of NASW. Mitch Ginsburg had been dean of the Columbia University School of Social Work and came to NASW with prior leadership experience in the New York City Welfare Department. His commitment to recipients of public assistance was well recognized to the extent that one recipient of public assistance even named a daughter after him: "Mitchellina." I had the opportunity to interact with Mitch regularly when I became President of the staff union at the time the national office was moving from New York City to Washington, DC. Despite occasional disagreements, he served as a valued mentor in relation to the importance of mutual respect and the complexities associated with the negotiation of difficult issues.

Decision to Pursue Doctoral Studies

In 1974, after four years with the NASW national office, I knew that I wanted to pursue doctoral studies and ultimately teach, but I was not sure about my area of study. One of my major mentors was Dr. Juan Ramos, who, when I met him, was conducting much organizing and training of Latino social workers on behalf of the National Institute of Mental Health. Dr. Ramos was an excellent role model for many Latinos and encouraged my pursuit of doctoral studies.

My initial foray into doctoral education at the Florence Heller Graduate School for Advanced Studies in Social Welfare, at Brandeis University, provided me with an opportunity to explore the demographics of an aging society that was ill prepared to deal

with the challenges associated with the aging process. More specifically, I was concerned about the compounding effect that such phenomena were having on an aging Latino population. Three of my role models at the Heller School were my dissertation chair, James Schulz, a welfare economist who made high academic demands of me; Robert Binstock, a political scientist; and David Gil, a sociologist with a strong activist orientation. An additional role model was Charles Schottland, who had been the founding dean of the Heller School and later the President of Brandeis University. I hope that some of their expertise, wisdom, and commitment to high academic standards, as well as commitment to the powerless, have left a powerful imprint on my conscience and actions.

There were also subtle changes occurring within the Latino society relative to the dominant culture. One such concern, especially among younger Latinos, involved the socialization process that seemed to be fostering a more individualistic orientation to life, one that honored filial piety less and less as our members became increasingly acculturated into the American way of life. Even if adult children wanted to help their elderly relatives, they had limited resources to do so. I was also concerned that Latinos were less financially prepared for retirement than other ethnic/racial groups in American society. The convergence of these various social concerns helped focus my scholarly interests around issues involving the economic resources available to Latinos and their ultimate impact on retirement. When I was a doctoral student, I gained a greater appreciation for social action, and I found myself participating in demonstrations in support of unionization of farm workers in the agricultural fields in Salinas, California. I also participated in picketing liquor stores who sold scab wine and grocery stores that sold scab lettuce in Waltham, MA, and the surrounding area.

After gaining my doctoral degree in 1980 and becoming a faculty member at Syracuse University, I learned that racism does not recognize doctoral degrees or professorial status. Some years back, when I was on an intercity bus in south Texas, a non-Hispanic stranger approached me and told me to show him my citizenship papers. He was not wearing a uniform and he had not shown me a badge or other identity. He assumed that because I looked Mexican, I could be ordered to prove my citizenry. He reacted angrily when I asked him who he was. He responded that he was an officer of the Immigration and Naturalization Service. Without thinking, I asked him for his identification, and he demanded my proof of citizenship. I took the first identification I could out of my wallet, and it was my military retirement identification card. He looked at it and tossed it back to me, telling me that the card did not prove my citizenship, as he walked away. Everyone in the bus looked at me as if I had committed an egregious error. At that time, I was unaware that there were many stories of Border Patrol beatings of Mexican Americans who “did not stay in their place.”

Post-Doctorate Involvement with Professional Associations

Over the years since obtaining my doctoral degree, I have had an opportunity to be active as a volunteer with a number of professional and advocacy organizations. Below I have focused primarily on these organizations' involvement in human diversity issues and my role and perspective in those difficult discussions. Primary among those have

been the Council on Social Work Education and the National Association of Social Workers.

CSWE and Diversity

The Council on Social Work Education has been committed to addressing diversity for some time. Each new iteration of the Educational Policy Standards has incrementally called attention to issues involving ethnic and racial diversity, women, LGBT, and disability issues. The efforts have not been without their detractors. Highlighting this trend has been CSWE's commitment to addressing LGBT issues. Some years back, when I was serving on either the CSWE Board or the Commission on Accreditation, some religiously-based programs took exception to CSWE mandating non-discrimination on the basis of sexual orientation and threatened lawsuits over the issue. Upon advice of legal counsel that it would be difficult for CSWE to hold its ground on this particular issue, since religiously-based programs had prevailed on other matters that they indicated violated their commitment to their religious dictates, the Council yielded on this issue, but still mandated that programs address LGBT issues in their curricula. This battle was agonizing in that we were dealing with an issue of discrimination to which we were deeply committed. The compromise satisfied no one, but it was an incremental step in the right direction.

Focus of Publications

My publications include journal articles, op-ed pieces, and three co-edited books. Two of the books focus on Latino elderly on which I worked when I was a member and then chairman of the board of directors of the National Hispanic Council on Aging. The co-editor was the late Marta Sotomayor (Sotomayor & Garcia, 1993, 1999), who was the executive director of that organization. Our concern in developing these two books was to address an area of study that was underdeveloped. Our sense was that older Latinos had been ignored in the gerontology literature and that we needed to address that need through encouraging experts on Latino aging to contribute to these books.

The third book was a co-edited book with a former colleague, Susan Taylor-Brown (Garcia & Taylor-Brown, 1999). She had created an annual camp for families with HIV/AIDS to provide them with a weekend in which they would be able to enjoy themselves and be free from discrimination, harassment, and fear. This led to the two of us discussing the needs of young, vulnerable individuals, many of them in families already affected or infected by HIV/AIDS. We were able to recruit a number of colleagues who were interested in the topic to contribute to our volume in hopes of a better understanding of young, vulnerable persons growing up in the age of HIV/AIDS.

Conclusion

As I reflect on my life in the social work profession, I have realized that our imperfect society is a work in progress and that we need to continue to address the issues that continue to affect our society negatively. My ongoing question is whether I did as much as I could to help others, to change opinions, to change policy outcomes. Our

ethical responsibility to society is clearly enunciated in our code of ethics. This code mandates us to promote the general welfare of society. It mandates us to prevent and eliminate discrimination on the basis of race, gender, sexual orientation, age, handicap, and other criteria. It mandates us to advocate for changes in policy and legislation to improve social conditions and to promote social justice.

We have heard Pope Francis talk more about the poor in the brief time that he has been in office than we heard either of the presidential candidates discuss the issue during their prolonged campaigning. Perhaps we are retreating to a time of Michael Harrington's invisible poor – out of sight, out of mind. But we must make our society aware that one out of six of us is poor and not able to afford the basic necessities of life. We need to stop blaming the poor for their dilemma and examine ourselves as a society that continues to permit this serious inequality among us. While the overall poverty rate approximates 16 percent, the poverty rate for African Americans and Latinos is over 25 percent. We cannot tolerate this disparity! The great farm worker leader, Cesar Chavez, noted that we were involved in a battle in which “the poorest of the poor and weakest of the weak are pitted against the strongest of the strong.”

In spite of all the social issues I have enumerated, these concerns have met resounding silence as each of us goes about his or her own way rather than confronting these social injustices. Many years ago, Dr. Martin Luther King, Jr., reiterated this sentiment when he said, “History will have to record that the greatest tragedy of this period of social transition was not the strident clamor of the bad people, but the appalling silence of the good people.” Unfortunately, this indictment of our society still applies today. The social in social work must remain. Our work with the poor, the oppressed, and the disadvantaged must be directed at multiple levels.

The late Harry Specht, the former dean of the School of Social Welfare at the University of California at Berkeley characterized social workers as unfaithful angels. His perception was that the social work profession has abandoned its traditional mission. Have we abandoned our traditional mission? Are we now more interested in working with middle class, walking wounded than in addressing the larger problems of the poor? Are Jane Addams, Whitney Young, and Mother Jones historical artifacts now considered irrelevant?

Our late colleague Reuben Bitensky suggested that the social work profession has tended to vacillate in how it has related to American society. He said that at times the social work profession has been society's conscience. At other times, the social work profession has been society's apologist.

I suggest that there has never been a greater need for the social work profession to be the conscience of society. Now is the time to be heard: to reiterate our commitment to those who cannot care for themselves, to condemn an era of narcissism and ethnocentricity, and to re-establish the spirit of humanitarianism that has been an essential ingredient of American society.

We must be heard. We must speak and be guided by the spirit that emanates from the depths of our hearts and the wisdom of our minds. We have guiding principles that speak

to the dignity of the individual and advocacy for the downtrodden. With our voices in unison, we can be heard and we can work toward effective change. We can regain our place as the conscience of American society.

- We must keep our priorities clear: We have a responsibility to those who cannot provide for themselves.
- We have responsibilities to continue aggressive efforts toward the eradication of poverty, racism, sexism and homophobia.
- We cannot allow our society to capitulate to narcissistic, self-serving interests.
- We cannot allow what Carl Rowan calls "a spirit of meanness" to pervade this country.
- We have to make certain that terms like compassion, commitment, social justice, and equality continue to be an integral part of our essential vocabulary and focus.

Only then can we reaffirm the meaning of our profession.

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The Evolution and Changing Context of Social Work Education

Sheldon R. Gelman

Abstract: *The nature of social work education has changed dramatically over the course of my academic career: From the degree(s) required for a faculty position to the number of years of practice experience; from expectations for research and publication, to criteria for promotion and tenure; from residential instruction to distance education; from an emphasis on foundation curriculum to practice competencies and outcomes; and, from a commitment to service to a quest to be the highest “ranked” program within the highest ranked institution. Given that change is an ongoing phenomenon, it is difficult to anticipate curriculum direction or plan one’s career path with a high degree of certainty. The future is often determined by external events, fate, where you are at a specific time, the assistance of others, and the opportunities that are presented. These changes and the evolution of social work education as a field of professional practice can best be demonstrated by reflecting on my own experiences in becoming a faculty member and serving in various academic positions over the last 45 years. The contrast between my personal experiences and those of the typical student in 2014 may help demonstrate some of the changes that have occurred in social work education over the intervening years.*

Keywords: *Social work education, academic careers, professional development, mentoring*

I did not begin my professional career with the intent of becoming an academic. When I received my MSW in 1967, I was a group worker with a special interest and expertise in the field of disabilities. Yet I have served as a full time tenured faculty member in two universities, one public (baccalaureate program), the other private (master and doctoral programs), as a graduate school dean for 21 years, and for 12 of those 21 years as a university academic administrator.

My interest in social work began in high school through my involvement with a local community center, where I later served as a club leader and eventually as director of youth programming following my graduation from the University of Pittsburgh (Pitt) with a BS in psychology. During my junior year, I had the opportunity to participate in a summer internship program that exposed me more formally to careers in various fields of social work practice. I was assigned as a case aide in a public assistance office where I made home visits and recertified eligibility of recipients for financial assistance and food stamps. As a college senior I worked as a child care worker in the child psychiatric unit at the university’s teaching hospital. This experience working with a multidisciplinary team with special needs children helped me realize the value of pursuing an MSW degree.

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Contrasting Educational Realities

As a group work major, my first year field placement had been at the Industrial Home for Crippled Children. My second year placement was at Pressley Ridge, a residential treatment center for emotionally disturbed children. In both field placements I was part of a small student unit, staffed by doctoral students from the university, who provided weekly individual and group supervision with a heavy emphasis on the use of “process recording” as a learning tool. It was my first year field instructor, the late Mildred Sirls Pratt (University of Illinois, Normal) who taught me to set realistic and achievable goals for clients and to evaluate the outcomes of practice interventions.

While the MSW program at the University of Pittsburgh required the completion of 60 credits (including field work), I had the opportunity to schedule two additional elective courses, one within the school in program evaluation and the other in the School of Education in special education. By contrast, today’s students in addition to selecting a method, population or social problem as their area of concentration, typically have a range of options to choose from among various specializations or certificates (e.g., gerontology, child welfare, veterans, and substance abuse). While my MSW studies required completion of four semesters of group work methods courses, today’s students usually complete two semesters of foundation methods and only two semesters of the advanced methods or concentration courses.

The focal point of student life in the social work program at Pitt was the library, where, in the absence of the internet, students actually congregated to read assigned and recommended readings, a phenomenon that contributed significantly to both an atmosphere of informal learning as well as socialization to the profession. During the sixties and prior to the onset of the era of entitlement, classes were rarely missed and requests for extra time to complete assignments were unusual. Despite the many benefits associated with the internet, unfortunately, many students see little need to enter a library to access its resources. Similarly, for many schools, socialization to the profession is not necessarily a conscious or structured experience beyond familiarity with the NASW Code of Ethics.

At that time, it was the rare student who simultaneously held down a job, and most students attended school full time. In order to finance my MSW education at the University of Pittsburgh, I entered the Professional Education Program (PEP) offered by the Commonwealth of Pennsylvania. The program provided tuition and a biweekly stipend for individuals willing to commit themselves for two years of post masters practice in an institutional setting serving those with mental and developmental disabilities. Consequently, the cost of my education was not an issue. I was able to attend full time and it was not necessary for me to take out a student loan. Unfortunately, today’s graduate students do not have access to the same funding sources to cover the cost of tuition. They often can only afford to attend school part time and juggle personal obligations and responsibilities with their educational and field work commitments.

Post-Masters Practice

Following graduation I began my professional social work career at the Laurelton State School. Because of my training and experience as a group worker, I was retained as a consultant by a local school district and by the Northeastern Federal Penitentiary at Lewisburg. The Penitentiary also included a prison camp located in Allenwood (PA), which housed large numbers of young conscientious objectors to the Vietnam War. The population at the camp was difficult for the staff to relate to, given that many of their own children had been drafted and were serving overseas. The majority of the professional staff at federal penitentiaries were commissioned officers of the US Public Health Service. Several of my colleagues at the penitentiary encouraged me to apply for a Public Health Service commission. This was an interesting career option in that I had received two previous draft notices for which I had received temporary deferrals. My application to the Public Health Service was successful and I was offered a commission as an officer with an assignment at the Federal Penitentiary at Lexington, Kentucky upon completion of my employment commitment at Laurelton. I mention this simply to point out that often our careers take interesting and unanticipated turns ultimately forcing us to make choices we never anticipated ever having to confront.

While at Laurelton I was involved in a number of program initiatives where my group work skills and innovative program ideas impacted my planned career path. One of the programs I developed was an orientation group for newly admitted residents of the facility. Because this was an approach that had not been previously utilized with this population, my supervisor, William Delaney, ACSW, and Elizabeth Treadway, ACSW the coordinator of the PEP program encouraged me to write about my work. They also encouraged me to join the American Association on Mental Deficiency (AAMD) as well as maintain my transitional student membership in NASW. The social work section of AAMD was sponsoring a writing competition for new professionals. I submitted my program description to the competition and was selected as one of the winners. In addition to a very small cash award and conference registration, I was invited to present my paper at the annual meeting of the association in San Francisco. This paper was ultimately published in a major mental health journal, my first publication.

Laurelton was utilized by nearby universities as an internship site. In my role as director of a special unit for aggressive and acting out high functioning residents, I was requested to provide task supervision to undergraduate students from the social work program and the special education masters program at The Pennsylvania State University (Penn State), as well as undergraduate students in psychology and sociology from several other colleges in the area. This was my first academic exposure in a non-student role and I found it both interesting and gratifying. The performance evaluations I received from the students I supervised, resulted in an unexpected offer of a faculty position in the Sociology Department at Penn State. The baccalaureate social work program, housed within this department, was directed by Margaret B. Matson PhD, who encouraged me to pursue this opportunity following the completion of my obligation to the Pennsylvania Professional Education Program.

Growth of Social Work Education

When I started my academic career in 1969 there were approximately 65 accredited MSW programs and 120 registered BSW programs in the United States (BSW accreditation did not begin until 1974). By 1979 the number of MSW programs had grown to 86 and accredited BSW programs to 178. By 1989 the number of MSW programs stood at 91 and BSW programs numbered 230. Program growth continued through the 1990's reaching a combined total of 391 BSW and MSW programs by 1999. Growth in programs continued into the 21st century reaching a combined total of 516 accredited programs in 2004. Today there are a total of 718 accredited social work programs at the baccalaureate and masters levels, with an additional 29 baccalaureate and masters programs in candidacy.

While enrollment has fluctuated over time, shifting from full time residential instruction to part time study, and now to online learning, the one thing that is clear is that the number of social work programs has quadrupled in the last 45 years. Similarly, the number of institutions offering doctoral programs in social work/social welfare has doubled during that same time period. Teaching positions have grown exponentially. Yet, membership in professional social work organizations like NASW and CSWE has not kept pace with this program expansion. Interestingly, only a relatively small number of individuals trained as social workers identify or affiliate with these two major social work organizations. The membership of both these organizations reflects only a small proportion of faculty teaching in social work programs. While the growth in programs has created new opportunities for aspiring academics, the positions are increasingly part-time or non tenure track.

Practice or an Academic Career? The Importance of Mentoring

This was my first career dilemma. I had two appealing competing offers of employment, one as a commissioned officer in the US Public Health Service assigned to the federal penitentiary in Lexington, Kentucky; the other as an assistant professor at a public prestigious land grant university. With my MSW degree, well established clinical and interpersonal skills, and experience working with diverse populations, I was qualified for both positions. Penn State was only 50 miles from our home in Lewisburg, PA and 130 miles from our families in Pittsburgh. Kentucky was a long way from everyone and everything we knew. I accepted the Penn State offer in late spring of 1969 and attended the AAMD conference in San Francisco two weeks later. At the conference I met Meyer Schreiber, formerly of the US Children's Bureau who had chaired the AAMR writing competition mentioned earlier. He explained what I would need to do if I were serious about pursuing a career in academia. He cautioned me, from his own personal experience, that I would need my doctorate if I was going to succeed. Without a doctoral degree I would have limited opportunities in academia. He was convinced that there was only one doctoral program that would meet my needs and interests and that there was only one person who could guide my specific interests in disabilities and corrections. The program was the Florence Heller School for Advanced Studies in Social Welfare at Brandeis University, in Waltham, Massachusetts. The faculty member was Gunnar Dybwad, an

attorney who was also a social worker. During the conference, Schreiber facilitated my introduction to Professor Dybwad, who in turn encouraged me to apply to The Heller School.

From the day I started my academic career at Penn State, Margaret B. Matson, a sociologist by discipline and widely recognized as a pioneer in baccalaureate social work education and field work education in particular, encouraged me to write and to pursue my doctorate. Her guidance and mentoring coincided with the advice and encouragement I was receiving from Mike Schreiber. Penn State graciously granted me a leave-of-absence after only one year of service to enroll in the doctoral program at Brandeis' Heller School, but not before Margaret Matson had arranged for me to meet Lillian Ripple, Acting Executive Director at CSWE. CSWE contracted with me, as part of a federal grant it had received, to compile an annotated bibliography entitled *Toward Building the Undergraduate Social Work Library*. As I reflect on this series of serendipitous events I am convinced more than ever that quality guidance and mentoring are critical to creating opportunities for professional growth and career development. Yet opportunities for meaningful mentoring may no longer be available as students spend less time in residential instruction.

I returned to Penn State in September of 1972 with my dissertation completed. With Margaret Matson's ongoing mentoring and my PhD in hand, I was promoted to associate and then full professor and granted tenure. When Margaret retired in 1978, I assumed her position as director of Penn State's accredited baccalaureate social work program, a position I held through the 1989/90 academic year. During my time at Penn State, program structure and curriculum were modified to conform to changing CSWE accreditation standards. By that time, newly hired full time faculty members were expected to have earned their doctorate prior to applying for an academic position.

The Historical and Political Evolution of Social Work Accreditation

In 1919, seventeen schools with baccalaureate and masters training programs in social work/social welfare came together to form the Association of Training Schools for Professional Social Work. Several of these programs were agency based rather than college or university based and all reflected urban settings. This organization later came to be known as The American Association of Schools of Social Work (AASSW). Interestingly, in 1939 AASSW voted to limit its membership to graduate training programs. Rural masters and the majority of baccalaureate programs, comprised primarily of Land Grant Colleges and State Universities with a strong public service mission, then formed their own organization in 1942, The National Association of Schools of Social Administration (NASSA). AASSW retained sole responsibility for accrediting graduate social work programs through 1943 when NASSA was recognized as the accrediting authority for undergraduate programs and the first year of graduate education leading to an M.A. or M.S. degree. The overlapping authority, confusion, and tension continued in the field with the publication of the Hollis-Taylor report in 1951, which advocated for a graduate model of professional social work training. Professional social work training developed along two separate paths characterized by differing philosophies of education that reflected differences in status, role, and mission.

The year 1951 was also significant because of the founding of the Council on Social Work Education (CSWE), which replaced AASSW and NASSA. While the creation of a “big tent” for social work education was the product of years of negotiation with input from the educational establishments, professional membership organizations, and employing social service agencies, the tension between graduate and undergraduate education remained with baccalaureate programs being viewed by many graduate programs and faculty as being less than professional. During the late 1970’s and early 1980’s the Annual Program Meetings (APM) of CSWE were filled with open hostility between baccalaureate program directors and graduate school deans.

However, the responsibility for accreditation of social work programs now rested with one organization, the Council on Social Work Education. In 1959, the Council’s 13-volume *Curriculum Study*, known as the Boehm Report, became the blueprint for all professional social work education, with the exception of doctoral studies. Curriculum policy guidelines were issued by the Council every ten years beginning in the early 1960’s with combined Education Policy and Accreditation Standards (EPAS) being promulgated in 2001, 2008, and 2015 (forthcoming). NASW first recognized the BSW degree as a professional social work degree in 1968 and CSWE began accrediting BSW programs along with MSW programs in 1974. The role of baccalaureate social work education was further defined and specified in 1978 with the publication of *Educating the Baccalaureate Social Worker: Report of the Undergraduate Social Work Curriculum Development Project* (Baer and Federico).

Throughout my first 20 years in social work education, I maintained membership in both NASW and CSWE, yet I identified primarily with BSW educators, clearly recognizing that BSW educators and BSW graduates were not valued by many of my social work education counterparts. As I indicated above the historic tensions between the program levels continued even though we now lived in the same “big tent.” From 1983-1985, I served a three year term on the CSWE Commission on Educational Planning. The subcommittee of which I was a member, attempted to define the elements of a social work education “continuum.” While the subcommittee reached agreement on roles, functions, and overlapping areas of BSW and MSW knowledge and skills, the organization declined to formally adopt the notion of a “continuum” of preparation for professional practice. Doctoral social work programs, while clearly part of an educational “continuum” remained outside of the jurisdiction of EPAS. While the Group for the Advancement of Doctoral Education (GADE) has adopted a set of principles for doctoral social work education, doctoral programs remain outside the purview of CSWE’s specialized accreditation.

While social workers are now licensed or certified in all 50 states, there are still states that do not offer licensure to baccalaureate social workers, including New York, because of continuing opposition from the clinical societies, some graduate faculty, and public employee unions. This is an interesting phenomenon given that there are three times as many accredited baccalaureate programs in New York than accredited MSW programs and about a quarter of the BSW programs are in institutions also offering the MSW.

Doctoral Studies: Being at the Right Place at the Right Time

Doctoral education is more than completing a set of required courses, passing comprehensive exams, and writing a dissertation. Doctoral education is a process that is as important as the degree received at the end of the process. My doctoral education at The Heller School was far from ordinary or routine. While the course work was for the most part stimulating and instructive, it was my classmates, the mentoring by faculty, and my external involvements that brought my education to life. I entered the program as one of eleven doctoral students, all of whom had extensive policy, practice or teaching experience and more than half of whom would go on to become deans of graduate social work programs. My wife and I arrived in Waltham in late August of 1970 with two small children, a graduate student loan (for help with living expenses), and a fellowship that covered tuition and provided a small stipend. Within one week as a doctoral student, I was offered a position as an adjunct faculty member to teach a policy course at the Boston University School of Social Work. Within two months I was volunteering with groups of teenagers, working with and advocating on behalf of institutionalized individuals with intellectual disabilities. Within three months I was co-coordinating, with a Heller classmate, a prison reform program at the Concord Reformatory. Finally, within four months I was working on a federal grant that provided the data for my dissertation. Networks and relationships are critical in creating professional and career opportunities.

The opportunities for informal learning at Heller and with Professor Dybwad and his wife Rosemary were unbelievable. It is important to understand the context in which my informal learning occurred. The late 1960's and early 1970's were a critical time in establishing and defining the rights of the mentally disabled in this country and the world. The "right to education," the "right to treatment," the "right to habilitation in the least restrictive setting," the deinstitutionalization/community care movement, and the principle of "normalization" in the care and treatment of the disabled were taking place around me. Gunnar Dybwad was a key player in these events, including an advisor or expert witness in most of the landmark court cases of the day. He had been the first director of the ARC (Association for Retarded Children) and was a consultant to the President's Committee on Mental Retardation (PCMR). Rosemary was the Secretary General of the International League of Societies for Persons with Mental Handicaps. Their home was a stopping place for like-minded advocates from around the world. At least once a month, notes would appear in the study carrels of the doctoral students with interests in the disabilities field, inviting us to appear after dinner (they wanted us to have dinner with our families) at their home. There was no agenda and rarely did we know in advance who the visitor would be. We were never disappointed and often did not return home until well after midnight. To what and to whom we were exposed in this informal learning environment was priceless and provided unbelievable networking opportunities. We not only learned about the "normalization" principle, but we interacted with those who had formulated the principle in Scandinavia and actually implemented it there. We met with parents and teachers who were developing innovative education and treatment programs in developing countries. We also met with justice department officials, parent advocates, and attorneys who were filing litigation aimed at advancing the rights of the disabled.

Periodically, a note would appear in my study carrel asking that I stop by Professor Dybwad's office. The conversation often included a request that I ask my "good wife" to pack me an overnight bag—destination unknown. The most unusual of these requests involved being picked up at 5 AM on a Friday morning by Professor Dybwad and Dennis Haggarty, Esq., a member of the President's Committee on Mental Retardation. We drove to Logan Airport and flew to New York's LaGuardia Airport. We were met by an unmarked van and driven to a monastery on Staten Island to meet with an unusual gathering of advocates, attorneys, educators, and media personalities. That planning meeting resulted in the filing of litigation that led to the eventual closing of the infamous institution known as Willowbrook.

Over the course of my doctoral education I had the opportunity to meet and interact with most of the authors I cited in my dissertation as well as the majority of class action attorneys involved in litigating right to treatment cases. My exposure and relationship with foreign visitors later provided introductions and access to practitioners abroad. One of those connections led to my 30 plus year involvement with Barnardo's, England's largest children's charity. No extra credit was received and no tuition charges were incurred, but the learning/mentoring process and research opportunities were priceless.

In addition to the coursework required for the degree, I was also encouraged to enroll in an interdisciplinary course led by a Boston University law professor along with graduate students from Harvard, Boston College, and Boston University. The seminar was offered under the auspices of Judge David Bazelon of the Washington, DC Court of Appeals. Judge Bazelon had decided the landmark St Elizabeth Hospital right to treatment case.

When it became time to form my dissertation committee I included Professor Dybwad, Dr. Kenneth Jones, whose federal grant I was coordinating, and Dr. David Gil. Dr. Gil had just completed his volume *Unraveling Social Policy*. During my first year policy seminar with Dr. Gil, the students actually critiqued every idea and construct of the draft manuscript during his class prior to its publication. I was the first student to utilize part of his analytic policy framework in a dissertation. The outside member of my committee came from the Harvard School of Public Health, William C. Curran, an attorney. The involvement of Professor Curran once again almost altered my career path when he invited me to enroll in the public health program at Harvard. My experiences as a doctoral student were unique to the times and the individuals involved. The opportunities and connections facilitated by my mentors required a total immersion in the process. It is difficult or impossible to replicate those experiences and learning opportunities when doctoral study is part time and spread out over extended periods.

My Philosophy of Education

The form and nature of my master and doctoral education had a significant influence on my philosophy of education and my career path. I had the luxury of being a full time student in both my MSW and PhD programs. I was able to benefit from classroom and unusual informal learning and earning opportunities. I was fortunate to have had the exposure to and influence of a significant number of individuals who served as mentors

and who guided my learning and development as an academic scholar. How I relate to and interact with students, colleagues, and bureaucracies has been shaped by those experiences. Throughout my academic career I have attempted to mentor my own students in the way that I was mentored. I provided exposure, access, and involvement by maintaining an “open door” policy for students and colleagues and involving them in the work I was doing.

My development as a scholar developed over time and was enhanced by my association with numerous mentors, collaboration with scores of colleagues, and involvement in several professional organizations. As I have indicated, I was fortunate not to have to worry about the cost of tuition or the burden of student loans. I was a product of the times, a time before the profession was impacted by the wonders and burdens of technology, changing sets of expectations for academics, and educational delivery systems driven by economic mandates, budget shortfalls, and increasing demands for accountability. Unfortunately, future academics will not have the options or opportunities that were available to me. They will be faced with excessively high tuition, a heavy debt burden, limited access to mentors and the networks and connections they generate, and a learning environment that is shifting away from residential instruction.

Technology is wonderful. It provides access to resources and materials instantaneously. One can explore new ideas, review literature, and have access to cutting edge research being conducted around the world without leaving one’s office. It is possible to “skype” with colleagues around the world, collaborating on research and writing. Technology has eliminated the need to spend endless hours in the library searching for primary sources. But with all its benefits, it has made many of our students look for the quick and expedient way to complete assignments. Many students do not know how to write and they prefer to communicate in “tweets.” They accept as gospel what they find on the Internet, and feel comfortable lifting entire sections of material they discover in their perfunctory online searches, even though they know it can and will be detected. They record class lectures verbatim on their laptops or tablets, but are reluctant to engage in thoughtful class discussions. They “text” in class and cannot be separated from their I-phones or androids. They enroll in on-line courses, not because of access issues, but because they believe it is more convenient or easier. They also often have conflicting obligations or responsibilities that take precedence over their education requirements. Many avoid involvement in the informal opportunities that are made available by the program or faculty mentors.

Academic Expectations and Scholarship

Entry into and advancement in an educational setting is determined by a faculty member’s educational achievement (completion of a specified degree(s)), level of scholarship (the number quantity and quality of publications in professional journals), grant funding, service to the university and community, and teaching effectiveness. While these are universal attributes across all institutions of higher education, the interpretation and weighting of each attribute is a moving target within and among institutions. When I started my graduate education I knew that my MSW was accepted as the terminal or highest degree in the field. While some faculty members held doctorates, they were the

exception rather than the norm. Therefore, even though I had never thought about teaching or about doctoral studies, I was offered an academic position.

I quickly learned however, that to advance in academia one needed to have a doctorate. Today, the completion of the doctorate in addition to the MSW is a prerequisite for a faculty position in most accredited bachelor and all master social work programs. When I began my academic career, I had two articles accepted and in press. By the time I completed my doctorate, those two articles had been published, and a third article had been accepted. I also had published a book chapter, and a CSWE monograph. By the time I was promoted to full professor in 1981 my publication record included eight articles (single author), three book chapters, two monographs, and three research reports. By today's standards, I probably would not have been promoted or granted tenure. In the early years of my deanship, I was able to facilitate the promotion/tenure of several faculty members whose teaching and occasional publications clearly enhanced the education of our students. As time went by and expectations changed, it became increasingly more difficult or impossible to promote and retain similar contributing faculty. Providing an opportunity for a faculty member to mature over time is no longer an option.

Today, newly minted doctoral graduates applying for entry level faculty positions in top tier social work programs are expected to have an established record (six or more) published articles in top tier journals as well as a number of research grant submissions. They are expected to hit the ground running. While my early scholarly submissions appeared in top quality journals, the bulk of my scholarly contributions did not occur until well after I had been promoted and granted tenure at Penn State. During my first ten years as a graduate school dean, I published more than twenty articles and ten book chapters as well as my first co-authored book with Arthur Frankel. Over the course of my academic career, I have had more than 100 articles and book chapters published in addition to three editions of my co-authored book on case management. I have been the sole author of more than half of those publications. My professional writing has included research and writing collaborations with numerous professional colleagues and almost two dozen were with my late colleague Margaret Gibelman. My point is that scholarship develops at different rates for different people and is informed and must be guided by solid practice experience. While a record of publication achieved during doctoral studies may be an indicator of future productivity, it is not the only indicator. Being well published is also not an indicator of teaching effectiveness. Similarly, the ability to successfully compete for grants and contracts are important expectations for a faculty member, but access and success may depend on whether a social work program is under public or private auspices, the faculty member's teaching load, the presence of institutional infrastructure to support grant submission, funding cycles, and funding sources. Many outstanding grant submissions never get funded because of reduced research budgets and/or political trends which limit funding. Future full time tenured faculty will be a unique group.

Service (Institutional/Community)

Service expectations, while important, have never been clearly defined for faculty and too much or too little service can limit academic advancement. While not as important as scholarship and successful grant experience, excessive committee work and university service can interfere with or limit time for research and writing. Community service can also have a limiting effect unless the service activities lead to expanded research opportunities and scholarship. During my second decade as an academic, I conducted numerous one or two day continuing education or in-service workshops, off campus, for agencies and their employees on topics ranging from confidentiality and record keeping to risk management and agency liability. The topics were directly related to my research interests and are reflected in many of my publications. Many of those workshops were conducted in collaboration with Richard Levine, Esq., Director of The Pennsylvania Child Advocate Program. Community service activities reflect a faculty member's commitment to the profession of social work and are critical in maintaining current knowledge of practice and developments in the field. However, community service that does not benefit a faculty member in more than a monetary way does not make academic sense given current expectations and demands.

Professional Development

Involvement with professional associations has been an integral part of my growth as an academic and my career in academia. In addition to my participation in CSWE on educational policy, the accreditation process, and board service, I also co-chaired three Annual Program Meetings (APMs), served on the Commissions of Program Information Management and Research and Conferences & Faculty Development, the Committee on Spirituality, and the Committee that developed the Code of Responsible Research Behavior for Social Workers (CSWE, 2008). I have served on local, state, and national committees of NASW including the New York City Latino Task Force, and as Secretary/Treasurer of the American Association on Mental Retardation (AAMR), now the American Association on Intellectual and Developmental Disabilities (AAIDD). I have also served and held office with the National Association of Deans and Directors of Schools of Social Work (NADD) and the New York State Association of Social Work Schools of Social Work. I am still active with the Middle States Association for Colleges and Schools and serve on the National Board of Case Management (NBCM). None of these activities would have been possible without the financial support and released time provided by Penn State and Yeshiva University. Given what I have said previously about the current state of academic funding, support for such involvement may no longer be possible for many faculty members trying to build their academic careers. Travel, especially international travel, which such involvement often requires, has become an academic luxury, not a necessity. As academic programs expand their reliance on adjunct faculty, to reduce personnel costs and eliminate the benefits associated with employing full time faculty, participation in professional associations and conferences will suffer, further limiting academic advancement for promising faculty.

Professional Affiliations: A Double-Edged Sword

The decision to identify and affiliate with a professional association is a personal one. While NASW and CSWE are the largest and most well known of the social work professional associations, there have always been specialized associations that represented various practice settings (i.e., hospitals, public health settings, schools, child guidance, disabilities, corrections, family services). When NASW was created in 1957, it was out of a coalition of such associations. The goals were consolidation and strength in numbers. Yet the specialized groups continued to exist and additional specialized associations have emerged. This phenomenon exists within practice settings (i.e., oncology, transplant, dialysis, mental health) and within the context of social work education. Undergraduate social work educators identify with The Association of Baccalaureate Social Work Directors (BPD); social work researchers with SSWR, the Society for Social Work Research; group workers with AASWG, now the International Association for Social Work with Groups (IASWG); community workers with ACOSA, the Association for Community Organization and Social Administration; doctoral social work directors with GADE, the Group for the Advancement of Doctoral Social Work Education; and social work deans in research intensive institutions with the St Louis Group. There are even associations for social work admissions officers, field work directors, and development officers. While these associations clearly address issues of concern for their members, they effectively limit membership in both NASW and CSWE. There exists no single organization with sufficient membership to advocate effectively for the social work profession.

Life Long Learning

I need to point out that the completion of the doctoral degree has never been the end of learning for a faculty member. Knowledge is constantly evolving and new technology facilitates and enhances teaching and the educational process. Attending conferences and workshops as well as presenting papers at professional meetings are integral to a faculty member's growth. Having those opportunities available and having the time and financial resources to participate are essential. As mentioned, given the uncertainties in academic funding, it will be more difficult for faculty to participate in structured development activities. As departmental resources for professional development become less available to faculty, expectations for promotion and tenure will undoubtedly become more daunting, and for some, virtually unattainable.

Knowledge continues to evolve as does the need to remain current with the rapid changes taking place within both practice and academic arenas. In a research class during my MSW education, I learned how to wire a "mother board" that facilitated the sorting of data that was punched on cards. The cards had been coded to represent the answers to questions from a questionnaire and were processed on a mainframe computer. PC's did not exist, there was no Internet, and the cell phone was merely a fantasy in the imagination of people like Steve Jobs. Students and faculty actually had to enter a library to access information. With the proliferation of our body of validated research, together with the emergence of new theories, revised conceptual frameworks, a better

understanding of how racism, cultural competence, genetics, and spirituality affect human development, and changing accreditation standards impact what educators and practitioners have to know. The need for continuing education has never been greater. The amount of knowledge required of students continues to expand exponentially, while the opportunities and resources available to master that knowledge has continued to erode.

It is incumbent on every faculty member to know what they don't know and to act affirmatively to acquire new knowledge and maintain the currency and relevance of their knowledge and skills. I previously shared that during my doctoral studies I worked with attorneys involved in class action litigation. When I returned to full time teaching after completing my doctoral degree, I continued those legal collaborations in my policy research in the areas of disabilities and community reintegration. While I was familiar with legal language and process, I was never fully comfortable with the level of my understanding of the law. Therefore I applied to and was accepted into a unique master degree program at Yale University Law School for my 1977/78 sabbatical year. Not only did I fill the gaps in my knowledge and understanding of the law, but I completed the program with five papers that were later published as articles. The added knowledge enhanced my research skills, prepared me to better prepare testimony for legislative hearings, and to serve as an expert in more than a dozen legal proceedings.

Advancement in Academia

In 1990 I was offered the position of dean and professor at the Wurzweiler School of Social Work of Yeshiva University in New York City. My new school had a history of issues with CSWE dating back to its initial accreditation in 1959. The school was founded in 1957 as a school for training social group workers; required courses in ethics, religious philosophy and spirituality; stressed experiential learning; and generally avoided adhering to the requirements of a scripted curriculum. The charge given to me by the University's President and Provost was to "fix" the schools relationship with CSWE and raise the school's reputation. Provided with both financial resources and administrative support, and a willing faculty of outstanding teachers, those goals were achieved. My serving a three year term on the CSWE Board of Directors, followed by a three year term on the Commission on Accreditation helped in anticipating and responding to emerging curricular and accreditation issues.

The accreditation process has evolved over my academic career, becoming more complex. Maintaining program accreditation is an ongoing process that today must involve all program faculty and administrators. The program's structure and its relationship with both the university and the community must be identified and clearly articulated. Learning objectives must be operationally defined and practice competencies identified. The program must also demonstrate how the identified practice competencies are measured.

Syllabi must be updated regularly and reflect not only course content and readings, but the relationship of specific assignments to desired learning outcomes. Grading criteria, attendance expectations, statements regarding citations and plagiarism,

accommodations for disabilities, HIPAA requirements, appeal procedures, and the estimated cost of course materials must be included. This is totally different from my first syllabus that was two pages long including: the course description, a list of topics, the assigned text book, and several suggested readings. My success in meeting university expectations and developing a highly respected program led to additional unanticipated administrative responsibilities. What started out as a 13 month assignment turned into twelve years in the Office of the Provost changing my academic focus. While my scholarly research and writing continued, my presence in the classroom disappeared. Where you are, what you do, and where your career goes is rarely planned, and often out of your personal control. My career has been guided and facilitated by an endless cast of mentors who showed interest in me as a person and developing social work professional. If it was not for their advice and counsel, I would have never entered or progressed in academia. My interpersonal skills and the relationships that resulted, along with my willingness to learn and risk were only possible in an environment in which face to face contact and opportunities for interaction were possible. While technology certainly provided new kinds of learning opportunities, many of the most meaningful opportunities that were open to me, unfortunately may no longer be available to our new generation of academics.

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Dr. Sheldon R. Gelman, Dean Emeritus, is a member of the Academy of Certified Social Workers and a Fellow of the American Association on Intellectual and Developmental Disabilities (AAIDD) and the New York Academy of Medicine (NYAM). He has held office and served on national commissions of the Council on Social Work Education (CSWE), including the board of directors and Commission on Accreditation, the National Association of Social Work Deans (NADD), the American Association on Intellectual and Developmental Disabilities (AAIDD) and the National Association of Social Workers (NASW). The author of more than 100 professional articles and book chapters, he has served as a consultant to many social welfare organizations, presented testimony before legislative bodies and served as an expert witness in more than a dozen cases. He was named a "Social Work Pioneer" by NASW in 2009.

The Origins and Future of Rural Social Work

Leon Ginsberg

Abstract: *Traced in the article are some of the author's reflections and experiences related to the origins of rural social work practice as well as some of the issues currently crucial for rural social work educators and practitioners. New data on U.S. rural demographics are provided. One factor with a special impact on rural life is the development of technology, which in some ways is changing the nature of rural community life. Integrated into this discussion of rural practice are observations about social work education in general and some of its current trends, reflective of the author's 50 years as an educator.*

Keywords: *Rural social work, social work education, West Virginia University*

Close to fifty years ago, the Council on Social Work Education decided to include a session on rural social work in the 1968 Annual Program Meeting, to be held in Cleveland, one of the classically metropolitan areas of the United States. In that same year I was to be the new director of the Division of Social Work at West Virginia University in Morgantown, when there were only 50 accredited MSW programs. WVU was one of a handful of schools that organized its curriculum around "functional social work," based on the theories of Otto Rank, who although once a colleague of Sigmund Freud, had charted a different approach to psychiatry and psychology.

In order to provide a bit of historical context for those who became social workers more recently than I did, I should note that schools were oriented to one or the other of two ways of understanding human behavior and human services. I will thus begin with a discussion of these two orientations.

Freudian vs. Rankian Social Work Orientations

In the decades before the 1970s, almost all accredited schools of social work, meaning MSW programs because BSW programs were not accredited until 1975, were nominally associated with Freudian or "diagnostic" approaches to human services. I was educated in that approach at the Tulane University School of Social Work in New Orleans in the late 1950s. These distinctions are treated in NASW's various editions of *The Encyclopedia of Social Work* as well as books on the subject (Rozean, 1975).

In 1961, the CSWE Curriculum Policy Statement was changed significantly. It required schools to add to their curricula content from the social science disciplines. Schools, for the most part, continued to focus on the teachings and writings of Freud although often there were more current updates of the diagnostic theory. One of the most popular was the work of Erik H. Erikson and his concept of the eight stages of life laid out in his 1950 book, *Childhood and Society*, as well as in many subsequent works further developing his ideas. The impact of Erickson's epigenetic paradigm has

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demonstrated remarkable persistence over the years and continues to be an important conceptual lynchpin for a number of contemporary psychology programs. Erickson's continuing influence has also been evident in several recent doctoral dissertations on which I have served. Selma Fraiberg's (1959) work on early childhood was also popular with Freudian-oriented schools.

The Rankian school of thought also had an important impact in curriculum development of a number of schools of social work, especially at the University of Pennsylvania where the so-called "functional school" originated with the help of Rank himself (Rozean, 1975). For a time, the University of North Carolina and West Virginia University were also oriented to the "functional" school. Whether or not a school was "functional" or "diagnostic" often depended upon the point of view of its dean or director. At WVU, before I arrived, the director was Bernhard Scher, who had been associated with the University of Pennsylvania.

Eventually the philosophical disputes among the advocates of the Freudian vs. the Rankian points of view were largely forgotten in the wake of the hotly debated issues that emerged during the tumultuous 1960s. There was a heightened awareness of the influence of systemic factors on human behavior. A whole host of new concerns precipitated a growing awareness of the importance of incorporating sociological, anthropological, and political perspectives into mainstream social work theory and practice. Of all the societal issues that seemed to converge during this period, the explication of and action about ethnicity, color, and the civil rights movement were paramount. With increased pressures from both within and outside the profession to validate the efficacy of its interventions, this broader "systems" framework was complemented by approaches such as behavior modification based on learning principles espoused by B. F. Skinner (2011), social change theory (Ross & Lappin, 1967), and the emergence of resilience theory and strengths-based social work (Saleebey, 2006).

The 1960s signaled the origin of the major civil rights battles including: The Brown v. Board of Education Supreme Court decision in 1954, requiring the desegregation of public schools; the Montgomery, Alabama bus boycott; and, the emergence of such leaders as Thurgood Marshall, who argued the Brown case before the Supreme Court and eventually became the first African American member of the Supreme Court, and, of course, Martin Luther King, whose birthday is now a national holiday. Some of that history of the civil rights movement was recently revisited in connection with the 50th anniversary of the 1963 March on Washington.

Richard Cloward and Herman Stein's edited book, *Social Perspectives on Behavior* (1958), was the basis for much of the emphasis on the social science additions to the traditional social work curriculum. Cloward and Stein were social work professors at Columbia University, site of the first school of social work and often known at the time as the flagship school of social work. When Columbia did anything, most other schools fell into line.

So what orientation should the West Virginia University school adopt? The Rankian functional orientation was no longer in the mainstream. However, the faculty was oriented to it. The Freudian diagnostic orientation was perhaps becoming passé given the

new emphasis on social issues and social science ideas. I asked Richard Lodge, then Dean of the Virginia Commonwealth University School of Social Work, who had nominated me for the West Virginia position and who had a history of affiliation with Penn, what he thought. (Lodge later became Executive Director of CSWE.) He suggested that the orientation ought to be rural social work – neither diagnostic nor functional. Eventually, many schools adopted such orientations reflecting settings or fields of practice rather than an allegiance to any particular theoretical frame of reference such as the Rankian or Freudian schools. The WVU School of Social Work selected rural social work as its primary field of practice for its MSW program.

Without belaboring the issues, making such a broad change as orienting the MSW program around rural social work had significant consequences. Over the Scher years most of the WVU school's field placements were all in agencies oriented to the theories of Rank – most of them outside the state. But the changes were made: placements were all to be in the Appalachian region, most in West Virginia.

Parenthetically, although many schools evolved away from the Freudian vs. Rankian orientations, not all did. Some schools continue to emphasize one or the other of the approaches. Even the Freudian adherents adopted some of the Rankian concepts such as limited time, identifying with the agency function, as well as others. And there continue to be agencies that focus on some of those approaches, neither of which makes much sense in disadvantaged and rural settings. Not long ago, I recommended one of my outstanding University of South Carolina students to an Eastern U.S. agency that was committed to Freudian approaches. She was lost during the interviews – had no idea what she was being asked.

The rural social work orientation of the West Virginia University School of Social Work culminated in a special session at the 1968 CSWE Annual Program Meeting in Cleveland, mentioned earlier, a session that was not only oversubscribed but which also attracted a wide range of participants from areas as disparate as New England, the South, and of course, Appalachia. From that early beginning, CSWE obtained grants and contracts to educate about rural social work. Agencies such as the National Institute of Mental Health, which provided grants at the time to all MSW programs, the Children's Bureau, and the Veterans' Administration, all adopted some emphases on rural social work. One of the early grants provided for educational sessions at Indiana University and the University of Denver. Today there is a rural social work educators' caucus, an online journal, *Contemporary Rural Social Work*, and an annual institute on social work in rural areas that has operated continuously since 1976 at sites throughout the U.S.

I discovered, somewhat later, after I began writing about rural social work, that this was not a new initiative. Josephine Brown wrote in 1933 about rural social casework but somehow her work and several other earlier efforts were lost in the new approach to the subject. Emilia Martinez-Brawley's (1981) *Seven Decades of Rural Social Work* traces that history, which began with the Theodore Roosevelt administration in the early Twentieth Century to the inception of the Rural Caucus in the mid-seventies.

Many of Brown's ideas are similar to those I included in the earliest versions of my edited book (Ginsberg, 1976) and in the lectures and workshops I presented. Where did I

get my ideas? For the most part, I made them up, based on a lifetime of small town connections and work with American Indian groups, rural Texas Eastern European contacts, rural Peace Corps centers, serving on the board of the now-defunct Rural America, Incorporated, and other places and organizations in which I lived and worked. The ideas of the domination by primary groups such as churches, families, and neighborhoods, and the importance of relating to and working with and through such groups were primarily based on personal experiences and informal conversations with rural residents. The issues of social policy and the American neglect of its rural areas were obvious and were also emphasized in President Johnson's National Advisory Commission on Rural Poverty (1967) report, *The People Left Behind*.

Changes in Rural America

The *Huffington Post* reported that the metropolitan-rural population differential had changed to 85 percent urban or metropolitan to 15 percent rural by 2011, the smallest rural proportion in American history (Yen & Dreier, 2013). The rural or non-metropolitan population had consistently been 20 to 25 percent of the total since we began writing about rural social work, and stood at 72 percent in back in 1910 (Nusca, 2011). Yen and Dreier (2013) suggest that much of the change can be attributed to older adults leaving their rural homes for cities – often because of necessary and more broadly available health care and the other resources of American cities.

Rural areas, which include manufacturing and farming as well as scenic retirement spots, have seen substantial movement of residents to urban areas before. But the changes are now coinciding with sharp declines in U.S. birth rates and an aging population, resulting in a first-ever annual loss.

U.S. migration data show that older Americans are most inclined to live in rural counties until about age 74, before moving closer to more populated locations. The oldest of the nation's 76 million boomers turn 74 in 2020, meaning the window is closing for that group to help small towns grow (Yen & Dreier, 2013, para. 12-13).

I noticed that my relatives in rural Texas towns such as Weimar and Hallettsville moved to Houston and its suburbs as they advanced in age, confirming, for me, at least, that the *Huffington Post* observations are correct. Of course, many analysts point out that the rural population is also declining because many formerly rural towns have become suburbs of major metropolitan areas.

Technology and Rural People

The fifth and most recent edition of *Social Work in Rural Communities* (Ginsberg, 2011) includes two chapters on technology and its impact on rural people authored by Glenn E. Stone and Karen V. Harper-Dorton. These documents chronicle the major shifts in the lives of rural people. Innovations such as the Internet changed and are continuing to change the lives of people who live in smaller communities. Such remarkable changes were not foreseen by most writers when they envisioned the future. Now that the future

has arrived, it is clear that technology, especially technology tied to the Internet, is the most important development in the lives of rural people.

When we discuss rural limitations and disadvantages several issues tend to arise: the lack of recreational and entertainment options; the lack of the ability to shop at reasonable prices for goods and services; the availability of health care services; and, economic opportunities, principally jobs. Many, but not all of these, are addressed by technological developments. For example, entertainment, which was once limited to movie theatres in metropolitan areas, is now available to anyone in the United States through sources such as Redbox and Blockbuster DVD kiosks, in both traditional DVD and Blu-Ray formats, almost everywhere for relatively low cost. Netflix, which relies on the U.S. Postal Service and the Internet, makes films available conveniently, rapidly, and at low cost. Many current and recent films are available to anyone with a TV cable connection through Video on Demand and various other video streaming services – often at a greater cost than those mentioned above but still significantly less than a typical pair of theatre tickets.

Rural people who invest in securities such as stocks and bonds can track their purchases and holdings on several Internet sites or on financial news networks such as CNBC. Whereas in the past investors had to visit investment companies to follow the markets, that kind of information is now readily and consistently available on TV or on the Internet. The theatre-style rooms in brokerage offices with stock information constantly displayed to a few interested investors are no longer necessary.

Perhaps the greatest entertainment developments are through social networking sites such as Facebook, Twitter, LinkedIn, and several smaller services, all readily accessible via computers, tablets, and smart phones. I first encountered the importance of these “social media” in the Los Angeles area when I stopped for dinner at an IHOP near the LAX airport. A young woman sitting across from me, whose male friend had departed for a while, was looking at her cell phone and smiling and laughing. I couldn’t figure out what she was doing. Why would one stare at a telephone call? Later I realized that Californians were using social media sites. Like most American trends, that one began on the West Coast and spread across the nation.

Now, wherever we go, people are staring at their telephones and, on occasion, fingering them. At the movies or at plays, announcements forbid cell phones to be activated. Nevertheless, when the entertainment becomes tedious or dull, audience members turn immediately to “texting” and their social network memberships. Apparently, networks such as Facebook and Twitter provide unlimited entertainment, gossip, and news about people. Texting while driving has been documented as a major contributing factor in many automobile accidents and is extensive enough that several states have outlawed it. Notwithstanding the FAA’s recent regulation change, most airlines have attempted, often unsuccessfully, to ban cell phone usage while their planes are airborne. Classrooms, which often permit note-taking by computer, are plagued by constant, sometimes noisy, pecking on cell phones and iPads. Even at home, I notice that my children and grandchildren and wife spend hours of their free time reading their cell

phones and connecting with others on computers. The social networks are a major form of entertainment for many people.

As for shopping for clothing, technology hardware and software, toys, sporting goods, or almost anything else, rural people have access through the Internet to all kinds of sites and services that make it possible to purchase almost anything. The Amazon.com site literally sells everything – cosmetics, books, sports equipment, auto parts – although it began as a place to buy books at discount prices. Amazon owns Zappos, one of the largest vendors of shoes as well as clothing. Computer users can try on eyeglasses “virtually” and receive an assortment of frames to choose from before making a final selection. Several years ago, when I frequently traveled to New York, I always visited Forty Second Street Photo, a local chain of stores that sold name brand electronics at discount prices. It advertised regularly in the *New York Times*. But the stores are long gone. Now anyone, anywhere, can purchase all the electronics and photography equipment they want at competitive prices, which can be checked and compared on the Internet. A toll free telephone call or email will yield the purchase by mail, UPS or FedEx. So buying almost anything is available to rural residents through the Internet.

Rural-Urban Inequalities

Despite the technological advances described above, there are still some advantages in urban areas that are not available in rural communities and they are not likely to come to small towns to the extent necessary. Health care is one example. Most of the tertiary care hospitals are located in large urban areas, which may be distant from most small towns. Even office visits with physicians are limited. In Boone, North Carolina, a town with 15,000 permanent residents and a similar number of students at Appalachian State University, almost all of our medical visits are with physician assistants or nurse practitioners – usually quite talented and knowledgeable – rather than MDs. Vision services are often with optometrists rather than ophthalmologists. Those differences in care are not likely to change any time in the future.

Transportation in rural areas is still limited primarily to privately-owned automobiles. There is little public transportation except in special situations. In Boone, Appalachian State University and local government operate a free and efficient bus service available to anyone at no cost. The alternative would have been construction of extensive parking lots, which cause a variety of other problems.

Two major issues that remain unresolved despite the availability of technology are economic disadvantage and unemployment. Jobs are still scarce in rural areas although some corporations are decentralizing their operations to areas outside large cities. BMW operates a plant in Greer, South Carolina. Apple is constructing a facility in Maiden, North Carolina, and Google is doing the same in Lenoir, North Carolina. Honda, Hyundai, and Mercedes operate plants in several Alabama small towns, as does Toyota. So there is some relief to the endemic unemployment and underemployment in rural America.

Technology and Higher Education, Including Social Work Education

Probably the single most revolutionary transformation in the preparation of social work practitioners has been the infusion of technology into higher education. Schools of social work began offering courses online, by television, and on media such as DVDs and videotapes in the latter decades of the Twentieth Century. According to Executive Vice Dean R. Paul Maiden, the University of Southern California School of Social Work offers the MSW throughout the United States wherever there are sufficient numbers to justify a class (personal communication, 2011). Much of the instruction is by means other than traditional classroom activities with students and professors in the same room. The cost differential for studying social work at Southern California or at a state university is significant. According to websites for the institutions mentioned, each semester's tuition at Southern California is \$21,000. At Appalachian State University, where I most recently taught, semester tuition and fees for North Carolina residents is \$3,246 and for residents of other states \$9,356. California state-supported universities such as UCLA charge in-state students about \$6,500 per semester and out of state students about \$11,000 per semester. At Indiana University, a full semester in the Graduate School costs about \$5,000 for residents and \$15,000 for non-residents. Of course, state universities in all states have some support from their state governments, although many of the most distinguished claim that state support amounts to less than half their budgets.

Duke University began offering its Master of Business Administration in non-resident ways several years ago. Harvard offers a number of non-degree programs throughout the year which allow participants to indicate they have studied at the nation's most prestigious university.

Largely non-resident institutions such as Webster University, Nova University, and Capella University, among others, offer extensive education away from traditional campuses. Some were seeking social work education accreditation as this was written. The University of Phoenix is another non-traditional institution that offers extensive higher education throughout the United States. Argosy, whose current president is a former social work education dean, is another.

Many, but not all, of the newer and non-traditional universities are proprietary, profit-making businesses. Some are listed on stock exchanges as stockholder-owned corporations. These universities as well as many of those that are traditional, bricks and mortar institutions, advertise extensively. The competition for students has become increasingly intense. Potential students are recruited in the same ways other products and services are marketed in the United States, by newspaper, TV, and magazine advertising. I'm always a bit surprised to see, read, and hear pitches for education, which was once a staid and limited product.

Higher education administrators, noting the high costs of construction, find that education can be delivered technologically with minimal costs. One of the less often mentioned elements of technology is that information can be conveyed at little or no cost, once the infrastructure is developed for such information transmission. Signals delivered through the air or stored on "the cloud" are basically free as are most telephone

communications. So a small investment in technology can save billions compared to constructing and maintaining traditional classrooms and laboratories.

Part of this trend is also a function of the pervasiveness of modern technology. College recruiters tell me that the first place students look for information on degrees are university websites. So keeping websites attractive and informative becomes one of the main strategies by which institutions promote themselves. Education referral services, which must earn fees for recruiting students, often pop up when one tries to access information about a college or university. For a while, every time I entered the term “social work” in an email document, which is most of the time, I was offered an opportunity to apply to the University of Southern California social work program. While doing research for this article, I entered the term social work and received an ad saying that if I had a BSW I could earn the MSW at Southern California in only one year.

TV advertising, especially during off-prime time hours when rates are lower, is also common and growing. Often the ads are for proprietary programs. Where I live, the most frequent ads are for ITT Technical programs and Virginia College – not the same, of course, as many of the long-standing universities and colleges in the state of Virginia. New Hampshire advertises an online college, which might be confused with the University of New Hampshire, the site of one of the best rural institutes in recent years and home of a distinguished school of social work. They’re quite different institutions.

One also notices highly specialized advertising in specialized magazines. *The B’nai B’rith Magazine*, publishes several pages of ads each month for college and university programs, especially law schools, proclaiming their interest in Jewish applicants. Of course, disproportionate numbers of Jewish people seek university degrees, especially professional degrees. From a 2007 survey, the Pew Forum on Religion & Public Life (2008) reported that 59 percent of American Jewish people have four or more years of college, exceeded only by American Hindus, 74 percent of whom have similar academic achievement. The Jewish community, which is traditionally located in metropolitan areas, has some outlets with a rural focus. The National Association of Jewish Federations is a fund raising and social planning organization principally for rural and small town Jewish residents. Organizations such as the South Carolina Jewish Historical Society regularly reports on Jewish backgrounds in rural communities, most of which disappeared long ago into metropolitan America. Ben Bernanke, former chair of the Federal Reserve, for example, grew up in Dillon, South Carolina, and played in the high school band there.

The online colleges typically advertise that they are “accredited.” However, accreditation, as social work educators know well, comes in a variety of forms. Regional accreditation by one of the six accrediting bodies can give sanction to an institution but not necessarily to every degree it offers. For our own example, an accredited school or department of social work has to be associated with a regionally accredited institution (Middle States, Southern Association, Western Interstate Commission, etc.) and also accredited by the Council on Social Work Education, which has its own standards and accreditation procedures.

Online colleges have their own accrediting bodies such as the Accrediting Commission of the Distance Education and Training Council (DETC). Accreditation by

that group does not imply regional accreditation or the specialized accreditation required for social work, nursing, and many other fields.

Many of the online and other non-traditional colleges and university students are eligible for government-guaranteed student loans and critics often suggest that some of those institutions survive financially because of those loans. Critics also suggest that the failure to pay back these loans is higher in non-traditional institutions than in the more traditional colleges and universities:

For-profit institutions continue to have the highest average two- and three-year cohort default rates at 13.6 percent and 21.8 percent, respectively. Public institutions followed at 9.6 percent for the two-year rate and 13 percent for the three-year rate. Private non-profit institutions had the lowest rates at 5.2 percent for the two-year rate and 8.2 percent for the three-year rate” (U.S. Department of Education, 2013, para. 6).

Of course, all colleges and universities depend, in part, on students receiving federally guaranteed loans. Some critics suggest that many of the degrees provided by non-traditional schools are less than valuable for seeking employment and becoming eligible for promotions.

The Primacy of Money and Fund-Raising

Money and the primacy of fund-raising needed to provide it have changed some older institutions that have not always seemed to need solicitations to keep themselves afloat. When an organization’s primary focus becomes that of fund-raising it would seem to distort the organizational purposes and priorities.

For example, since my teenage years I have read *Consumer Reports* to help determine what to buy. In recent years, however, that publication has become more and more a fund-raising operation – seeking inclusion in their readers’ estates, running sweepstakes, selling automobiles, and marketing specialized publications on various subjects such as health and finances. Recently, they ran an article in their main magazine on the best hospitals for surgery in various parts of the country. But to find detailed information on the subject, one had to subscribe to their health newsletter, in print or online.

AARP, which used to stand for the American Association for Retired Persons and now just stands for itself, sells Medicare supplement plans, automobile insurance, life insurance, and a host of other products and services. Of course, they, along with *Consumer Reports*, also advocate for policies affecting their spheres of interest such as older adults by AARP and product safety and quality by *Consumer Reports*.

My own work, before I moved to the Carolinas was as chief executive officer of higher education in West Virginia. The more I reflect on that position, the more I have come to believe that I was ill-suited for the job. Higher education is extensively about marketing and fund-raising. In state institutions, one of the major preoccupations is real estate – land, construction, and real estate regulation. Many of the board members are in the real estate business at one level or another. They may have some discussions of

academics but the majority of the agendas in meetings of boards of trustees are about buying and selling land and constructing or renovating buildings. My own knowledge of these issues is minimal. I watch the newest president of the University of South Carolina, with whom I served as a dean colleague and in his purview when he became a vice-president. He is masterful in discussing bond issues, interest rates, land acquisition, and construction, yet his professional background is public health. He is so good at his job that the university gave him a bonus if he would promise to stay in the presidency for the coming five years.

I wrote about these issues in the 1980s and was quoted in the *Chronicle of Higher Education*, suggesting that public officials and legislators were more interested in showing that they “got” a building for a local campus than they were in talking about their educational achievements. The reporter from the *Chronicle* said my comments astonished the reporters. They knew the same things but had never found a higher education officer who would discuss them.

Conclusions

Rural social work has changed over the years since this author personally began writing about the subject at West Virginia University. Some of those changes are discussed in this article. Technological changes have made large differences in the lives of rural Americans, who are a dwindling proportion of the American population, according to some analysts of the 2010 Census. Many of the non-economic elements of rural inequalities are mitigated by the developments in technology, especially the Internet, but economic and employment inequalities remain.

Technology is also changing social work education, especially the ways in which it is delivered. Earlier concerns about psychological orientations are no longer extensively discussed – or in most cases even remembered – in a very different social work environment that existed before the 1960s.

As this article has suggested, social work in rural areas is changing, partly because of technological developments. Education for professional social work is also changing, providing aspiring social workers with many more options for pursuing degrees such as the Bachelor of Social Work or the Master of Social Work. With the development of many new delivery systems, social work education is no longer as place-bound as it has been, historically. Students may pursue their studies in their own residential areas.

The costs of education and service delivery are also potentially reduced because of new technological developments. It is much less costly for educational institutions to play their roles economically. Perhaps the reduced costs will be reflected in future tuition and fee assessments.

In essence, rural social work may be in the process of equalizing with metropolitan social work and education for social workers may be changing in ways that make it less costly and less different than it has been in the past.

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Existential Social Work

Donald F. Krill

Abstract: *The existential impact upon social work began in the 1960's with the emphasis upon freedom, responsibility and a sense of the absurd. It affirmed human potential while faulting the deterministic thinking that was popular with psychological theorists at that time. It was open to the prospects of spirituality, but was less than optimistic concerning great progress among social institutions. It was a forerunner to the strengths-based social work programs of our present day.*

Keywords: *Existential social work, theories of social work practice, social treatment, clinical social work*

Existential Social Work had its modest entry into social work in the 60s and 70s. Sixteen articles were published by seven different social workers in the late 70s. Three of these authors also published books on the same topic. In his book *Social Treatment*, James K. Whittaker (1974) declared Existential Social Work as one of the three major theories for social work practice. By 1975 Francis Turner included it as one of fourteen practice approaches in his book *Social Work Treatment* (1974). Even earlier, in the 50s, existential ideas had surfaced in the Pennsylvania School of Social Work wherein the functional approach stemming from the work of Otto Rank. In his award-winning book, *The Denial of Death*, Ernest Becker (1973) contrasted Freud with Rank and linked the latter with existential thought.

Contrasting social work with the fields of psychiatry and psychology, it would seem that philosophical ideas tend to elude the interest of many social workers who appear more practice minded, politically motivated, or both. While social workers embraced social systems thinking early on, they seemed hesitant to expand the systems construct to its cosmological or quantum theory dimensions. Perhaps social work's socialistic leaning from the 30s and 40s raised a cautionary ambivalence to spirituality and philosophy.

In psychiatry there were well known existential advocates such as Viktor Frankl, Rollo May, Ludwig Binswanger, Medard Boss and Thomas Hora. Two outstanding psychologist existentialists were William Offinan and Irvin Yalom. *The Journal of Existential Psychiatry* and the *Review of Existential Psychology and Psychiatry* both appeared in the mid-60s.

Nevertheless, social work did eventually adopt the major existential themes in the form of varied strength-based therapies. A social work article, "Existential psychotherapy and the problem of anomie," identified these five existential principles: Aiding the process of disillusionment; finding meaning in suffering; freedom of choice; affirming the necessity of dialogue; and, the way of commitment (Krill, 1969). In 1989, psychiatrist Irvin Yalom emphasized the existential themes of

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death, freedom, isolation, and meaninglessness in his book *Existential Psychotherapy* (Yalom, 1989).

The existential model was a part of the humanistic psychology movement, in contrast to the psychodynamic and behavioral schools. The emphasis in the psychodynamic school was upon diagnostics and theory. With the behaviorists, the emphasis was upon research and techniques. The humanistic group, sometimes called "the third force," prized the therapeutic relationship above all, emphasizing transparency, authenticity and spontaneity.

Important shifts in social work identity occurred during the 60s and 70s. Government sponsored mental health clinics were springing up throughout the country and there was a dearth of psychiatrists to provide services. They became administrators and consultants but therapy work was largely done by social workers, psychologists and counselors of varied backgrounds. Prior to this time articles appeared in social work journals differentiating social casework from psychotherapy, the latter being done by psychiatrists and psychologists. But the expanding roles of social workers in mental health changed this. Insurance companies also valued social workers as psychotherapists.

In the late 70s psychiatric training programs moved away from teaching psychoanalytic psychotherapy and instead embraced the use of medication for the spectrum of emotional problems. This shift may well have been related to psychiatrists having competition with social workers and other counselors, who were entering the field of private practice and charging considerably less money. The new emphasis on the use of pharmaceuticals gave psychiatrists a significant advantage. Most social work clinicians held on to the psychodynamic approach.

Mounting research studies were indicating that no one theory or therapy model proved itself any more effective than any other one (Krill, 1980). While a nod was given to the behaviorists by social work clinicians using cognitive-behavioral methods, the theoretical loyalties of many avoided the relationship vagaries of the humanist approach, preferring the diagnostic specifications of the traditional psychodynamic model.

Along with the increased demand for therapy, often promoted by local mental health associations, there occurred a knowledge explosion of new therapy methods and their related theories. Turner's (1974) aforementioned book was an indication of how this array of new ideas was being adopted by many social workers. Jurjevich (1973) also described 28 American original therapy models among psychologists.

In addition to the mental health movement of the 60s there were also social movements for addressing the oppressive conditions of the poor, Blacks, Chicanos, students, women and the handicapped. This became a time when social and family system therapies of social work became popular in schools of social work. These represented a major departure from the individual emphasis of the psychodynamic approach. Soon social work theories of practice appeared that sought to incorporate the many new ideas of the knowledge explosion and social action movements. Social

work was coming into its own regarding theories of practice. It can be noted here that existentialism was born in Europe during the depression years of the 30s and with the horrific destruction of the World War II and the Holocaust. In the United States it became popular among the Beat Generation in the 50s in their reaction to what they perceived as mounting conformity of the post war years. Social critics and theologians were echoing similar concerns. Now, with the changing times for social work in the 70s, existentialism made its appearance in the practice arena.

Existential Linkages

I came upon existentialism in college in 1951. Later I had been taught and supervised from a psychodynamic model, about which I had doubts, but it was the only game in town. Denver had the University of Colorado Medical Center, which trained psychiatrists in the psychoanalytic tradition. Books by Rollo May (1958) and Viktor Frankl (1962) as well as existential journals provided me an alternative for study. Yet it was family therapy that best enabled my departure from the Psychodynamic School. In the mid-60s I adopted a family systems orientation following Jay Haley, Salvador Minuchin and Virginia Satir. I finally found integration with existential thinking through family therapist, Carl Whittaker. Then, becoming a social work professor in 1967 enabled me to pursue study of new therapies appearing and making my own linkage with existential thinking.

William Glaser's reality therapy and Albert Ellis' rational emotive therapy both ignored the deterministic emphasis of the Psychodynamic School. They both affirmed the idea of freedom of choice and the capacity of the individual will to make rational choices. Fritz Perls' gestalt therapy, along with psychodrama, Gendlin's focusing model, and the encounter group movement all emphasized the healing power of here-and-now awareness and the expression thereof. Here was the existential notion of problem solving in a present rather than past orientation. Another allied existential-related belief was that the unconscious had a creative core that could be accessed through present awareness experiencing. This was the spiritual dimension found among religious existentialists and was quite compatible with Jungian and transpersonal psychologies as well. Carl Rogers (1961), Frank Farrelly (Farrelly & Brandsma, 1974) and Sydney Jourard (1964) focused upon the healing function of honest, spontaneous, genuine communication between therapist and client. Here also was the dialogical emphasis of the Jewish existentialist, Martin Buber.

Theoretical Dilemmas

In teaching these exciting new approaches, and being able to link my own existential views with them, I still found students struggling with their ability to conceptualize a workable theory. This issue was minimized for me by ideas from two women therapists – Lynn Hoffman, a social worker and family therapist, and Ann Schaefer, a psychologist. Both were quite disillusioned by the use of psychological theories to explain human beings, and both posed post-modern thinking as an answer

to this dilemma (Hoffman, 2007; Schaef, 1992). I was delighted to find them both alluding to the very conclusions I had come to over years of practice. Modernist theories had sought to theoretically explain human problems and their treatment. For researchers and many professional helpers these ideas were found wanting. Post-modern thinking opened us to the unknown, to the mysteries about human functioning and how to change it. The very vagaries of humanistic psychology people on the subject of healing via the relationship itself were closer to this shifted post-modern awareness.

This idea of no theory would not likely sit well with academia, nor with students paying enormous tuitions in order to learn about human beings and how to help them. I did find an answer to this matter, however, and it lay in the use of that much-discredited notion of an eclectic use of therapy methods.

If the relationship between client and therapist was the key ingredient for fostering change, then the challenge was simply this: How was the therapist to discover a relationship-heightening method with each client? Clients varied in their intelligence, motivation, cultural views of the world and their problems. In order for a worker to be effective with the wide variety of clients coming to social workers for help, one needed a good armamentarium of therapeutic methods. Techniques stemmed from various theories of helping, so in order to learn a variety of methods it would be useful to study the theories from which they came. The eclectic approach was not for the big-hearted helper but rather for one well educated in the varied theories and their methods. One need not be wedded to any particular theory in order to utilize its methods.

Quest for Self-Understanding

Then there are the existential ideas of the absurd, disillusionment, suffering as meaningful, and the importance of personal commitment. During the 50s and 60s many social workers, including myself, believed that a personal psychoanalysis was important for their professional development.

This emphasis on self-discovery seemed to subside by the late 60s and 70s, perhaps because of the rising awareness of social liberation of one sort or another. By the 80s and 90s there were signs of a renewed interest in self-examination – that of spirituality and even religion for many. Even joint degree programs that combined theology and social work were occurring. This was a major departure from the decided split between social work and religion from the 30s to the late 70s. Some students would complain that if the subject of religion was brought up in class there was inevitable scoffing and critical responses, even from faculty. In recent years, by way of contrast, meditation is taught in some social work schools not even affiliated with religious institutions.

My own understanding of practice wisdom is that in addition to knowledge that seeks to explain human beings there are two other important dimensions that professionals need to learn, both of which are valid ways to understand people. First is that of spirituality-religion-philosophy, all of which attempt to see why we are

here and what is the point of it all. Second is heightened awareness of oneself, the self-encounter with one's own hopes and failures, fears and potentials, self-deceptions and new insights. This would be the most direct way of experiencing what it is to be human. Practice wisdom then is the integration of theory (or the lack thereof) with one's spiritual-philosophical view as well as with one's ongoing pursuit of self-awareness. When any of these three areas change significantly, a new level of integration will be called for. Such is the notion of professional development and maturity (Krill, 1990).

Existential Perspective

What is special about existentialism, and how does it differ from other humanistic psychologies? Freedom, the absurd and responsibility are its major themes. Professor Robert C. Solomon of the University of Texas states that existentialism is a movement, a sensibility and not a set of doctrines. Contrary to some who imagine its ideas to be pessimistic, he finds the philosophy to be invigorating and positive. It presents a refreshing view of empowerment (Solomon, 2000). Existentialism, Solomon points out, emphasizes the individual and a life filled with passion, self-understanding and commitment. Let's see what some famed existentialists have to say and how they differ.

Jean-Paul Sartre coined the term "existentialism" and defined it simply as "existence precedes essence." This simple phrase is the basis for personal freedom. We are not a determined nature or personality. Consciousness is our observing self, requiring something of which to be conscious. Consciousness is nothing in itself and exists by giving meaning to situations encountered. The good news to this view is that we are quite free to create our own meanings, limited only by the boundaries of any situation. We create our own destiny from arising possibilities. The disconcerting aspect of this position is that we alone are responsible for our lives. We have no excuses. As Sartre says, we are free whether we like it or not. To realize this generates a troubling anguish, and this painful realization, is what Sartre terms "bad faith." This bad faith imagines oneself to be set in place, usually with deterministic or divine explanations denying awareness of one's freedom. One will use roles – social, work, familial, etc. – to proclaim its solidity. Bad faith is based "in memory" (Solomon, 1972).

Existential psychologist, Rollo May, relates existential guilt and anxiety to this very view of authentic awareness of freedom versus its denial in bad faith. Existential guilt occurs when one denies one's actual potentials for growth and expansion. Existential anxiety occurs at those moments when one is aware of one's possibilities for choice, yet senses the risk to one's established security (May, 1958). Sartre agreed with Nietzsche's conclusion that God is dead, meaning that God no longer seems relevant to modern, self-sufficient man. Nevertheless Sartre valued the writings of Kierkegaard, a Christian, and considered him the father of existentialism.

Kierkegaard viewed reason as useful for pragmatic matters of living; however, he declared rational conceptualization of little value in relation to ultimate truths, i.e.,

personal meaning, destiny, love, God. These activities present paradoxes, which elude reason. Such experiences had to be engaged by freedom of choice, and this freedom was to be had in one's subjective experience –not by objective reasoning. Without a reliable authority on such matters to direct one's choices one experienced fear, trembling and dread, similar to Sartre's anguish. A passionate commitment was called for and this was grounded in a depth and richness of feeling, a "leap of faith." For Kierkegaard bad faith often took the form of lives devoted to pleasure or to duty. He contrasted these with the religious life. While Sartre calls for lucidity and authenticity for responsible living, Kierkegaard speaks of infinite resignation before God, a humility that looks to the mercy of God again and again (Solomon, 1972).

Neither Sartre nor Kierkegaard provides a satisfying description of interpersonal relationships. Sartre's play, *No Exit*, concludes, "Hell is other people" (Sartre, 1955). Kierkegaard himself was a social isolate, lonely and unhappy much of his life. In contrast, Martin Buber and Gabriel Marcel, Jewish and Catholic existentialists respectively, both emphasize the importance of interpersonal connections. Spiritual awareness is especially valued between people, with the world of nature, and with God. This view is compatible with science's quantum theory, which describes the universe as a composite of energy forms, a web of vibrating exchanges with endless possibilities (Taylor, 2000).

While there is still the individual's freedom and mysterious unknowns in this perspective, it resembles the universal connections of the mystics in contrast to the apparent lonely anguish of Sartre and Kierkegaard. In fairness to them both, however, it should be noted that they did have valued social relationships: Sartre in the Paris Underground during the war, and Kierkegaard with his Lutheran church community.

The religious existentialist who perhaps embraced freedom the most extensively was Nicolas Berdaev (Vallon 1960). He was Russian Orthodox by tradition, and drew from the mystical writings of Jacob Boehme. Like Sartre, Berdaev believed that freedom is nothingness, but he added that freedom is a nothingness seeking to become something. We humans experience this process as the fire of creative passion. What Sartre described as bad faith Berdaev said was the objectification of freedom. The cooling of freedom's passion into objectified forms was characterized by reason. One's thinking activity was therefore suspect. Too often this objectified process took the forms of dominance of authority, slavery of conformity, and dullness of routines. Freedom, for Berdaev, is a transcendent Spirit, divine in origin. It becomes a repeated upsurge aimed at destroying objectification in its many forms. This may be expressed in love, sympathy, ecstasy, beauty, the need to know, valuing justice, attendance to nature, beauty and wonder. God, he believed, is present in disruptive and creative acts. He described this passion as Messianic will with transformative power in the world (Vallon, 1960).

Historically speaking, prior to the enlightenment of the 18th and 19th centuries, in the western world there was the Judeo-Christian God as an aid and direction for a troubled world, struggling with matters of good and evil, condemnation and grace. With the advent of science and technology and related materialism, humans had

imagined having power to create their own security, pleasure, power roles and destiny. God was eventually removed from the equation and seemed “dead” to human need. Humans could control not only their own behavior but also the economic and political systems of society. Then came the two World Wars, interspersed with the Great Depression, the atomic bombings and Holocaust.

There was an aftermath of fear, confusion, distrust and alienation. Enter the existentialists and later the post-modernists, saying we had fooled ourselves with exaggerated expectations of our own knowledge and hopes. Not only had we found ourselves alienated from nature and each other, but also we had even lost sight of our own centered selves. We felt lost as cogs in a mechanistic wheel of economic and psychological determinism. We were defined by our roles – social, familial, work, gender, racial – all fostering a false sense of our self.

Is it possible to determine a “true self” behind our self-deceptions? The existentialists claim we are free to create our own destinies. Sartre would call this a “nothingness,” meaning that we are not a defined thing, hence “no-nothingness.” The religious existentialists would equate this freedom with Spirit, divine grace and potential – as co-creators with God. Some, like Kazantzakis (1970), would even say we are “Saviors of God” – that God needs us as we need God. Much like Zen Buddhism, or what Abraham Maslow (1962) called “peak experiences,” we have moments when we see reality directly and speak of this as intuitive knowing, wonder, beauty, love and we know we are beyond our predictable social roles and habit patterns of thinking.

So What?

Now here we are in the early years of the 21st century, worried by insecurities of economic depression, loss of jobs, terrorist attacks, street violence, addictions of many forms, ecological damage to our very planet, broken marriages and divided families, and even uneasy about unknown potential consequences of our computerized society. So how do we address our troubled clients? A professional know-it-all stance with pat answers simply doesn’t ring true these days.

The existential social worker will affirm the values of disillusionment and of finding meaning in suffering. “False self” attitudes and conclusions (bad faith conceptions) are identified and seen to be not only causing but even maintaining personal problems of complaint. Troubling feelings of anxiety, guilt, dread, despair and fear not only reflect deceptions of the false self but also indicate possibilities of choice and new directions. Here you have the existential highlight on choices and commitment.

Most clients enter counseling with a sense of despair about solving their own problems. They doubt their ability to choose and remain doubtful of any clear-cut life direction. The challenge to the worker is how to reveal the reality of personal freedom. Since this is the worker’s own core belief he or she is privy to such matters as meditation, dreams, opening to transcendent experiences such as beauty, wonder, nature and intimacy. The worker identifies false versus true self (authentic)

experiencing, emerging choice possibilities and how responsibility accompanies choices. He or she also sees the inevitable function of interpersonal relationships as undergirding matters of true or false self activation, believing that self-esteem is directly related to the quality of one's existing relationships, or the lack thereof. Even addictions are viewed as maneuvers to substitute for what is lacking in current relationships. While it is true that body chemistry can be affected by emotions and physical deprivations, there is a place for the use of medications. But body harmony can be affected by these same factors just as well, and self-knowledge is thereby valuable.

But what of diagnosis, prognosis, and prescriptive techniques? Hogwash! Says the existential worker. What is important is the understanding and clarification of the client's worldview. This consists of the personal conclusions they maintain about themselves, other people, the world at large, and their own limitations and possibilities. The advent of narrative therapy provided one effective way of accessing this information (Kelley, 2011). Along with such knowledge, it is the worker's job to aid the client in accepting responsibility for one's condition, situation and one's responses to it all. In clarifying the client's worldview and its tie to problems, the worker affirms the client's right to not change it (perhaps even calling it a characteristic rather than problem) or change it.

There is one other thought in relation to a relatively theory-less therapy – probably not available to everyone, but most women would have the advantage of this factor. It is called intuitive knowing and is really a Zen idea. One Korean Zen Master regularly advised his students to avail themselves to “don't know mind” (Sahn, 1976). (Not easy for helping professionals who are expected “to know.”) This is similar to the idea in meditation practice of not getting caught up in one's own conceptualizing. A therapist would be invited to simply be with a client without analyzing or thinking diagnostically or even pragmatically about the client. Nor should the worker be reflecting about oneself – judging, evaluating, and planning. Such a stance was described in Persig's (1974) *Zen and the Art of Motorcycle Maintenance* as simply sitting with a problematic engine without trying to figure out the nature of the malfunction. This need not be viewed as being as mystical as it may sound. There is an integrative-creative activity that can operate when the mind is free of trying and conceptualizing (Krill, 1978). A natural connection occurs between one's consciousness and the presenting client situation. Not only will one likely perceive a deeper understanding of the client, but also one will often be spontaneously moved to a responsive action, an appropriate helpful activity.

A mistaken criticism of the existential approach is that it may only be used for clients motivated to discover personal meaning in their lives. Few of our suffering clients show such a philosophical interest. The existential response to this is “healing is revealing,” an idea shared by Martin Buber and Carl Rogers (Friedman, 1955). Revealing is most likely to occur when the worker is able to discover the most effective road for connecting with any client. The very importance of the eclectic model of many and varied techniques addresses this challenge. The worker knows

that goals in treatment must reflect the particular attitudes a client has about treatment expectations.

One variety of goal possibilities is the following: No Change Desired; Sustaining Relationship Only; Specific Symptom (Behavior) Change; Environmental Change; Relationship Change; Directional Change. Each of these goals can be related to a variety of technique possibilities. This scheme is based upon the appreciation of the unique worldview of any client (Krill, 1968). When the worker meets the client at his or her level of motivation and expectation healing becomes a likely possibility.

Concluding Thoughts

The central ideal permeating existential philosophy is that of existential freedom. Sartre describes this as consciousness. Kierkegaard calls it the passion of faith, subjectivity and infinite resignation. Berdaev speaks of it as Spirit and passionate creativity. All three contrast freedom with habitual and learned patterns of self-identity used for personal security, idolization and denial of responsible choice. When experiencing personal freedom we are not necessarily beyond thoughts; we are beyond self-serving thoughts.

As social workers we know firsthand how people have been limited by many factors – social, physical, emotional, racial, class, and gender. Liberation efforts are called for when possible. Where is the choice for them? The existential worker would agree that there is a significant difference between freedom of choice and freedom of opportunity. As Viktor Frankl (1962) pointed out in relation to his own experiences in a German Death Camp, given whatever limits, an important choice remains. He describes such choices as “attitudinal values,” meaning what attitude you choose to take toward your given situation.

Optimism has been a key motivation for most people entering social work. Over time, many have become jaded and discouraged over limited success rates with clients and groups. While existentialists are generally doubtful about the long-range effectiveness of social, economic and political institutions, they do believe in the potential of the individual personality, and this is their very safeguard from cynicism.

Practice wisdom is called for if we are to use ourselves effectively with the wide array of troubled people we serve. The themes of freedom, authenticity and passionate commitment, which characterize existentialism, are not just aims for helping clients. They are guidelines for the worker himself/herself.

Many helping professionals are tempted to seek clients who are somewhat similar to themselves, e.g., neurotics, addicts, abused, having gender or sex identity struggles, etc. Such knowledge from personal experience is meritorious – the commitment of the “wounded healer.” Too often, however, these preferences limit the growth and range of knowledge of the worker.

The pursuit of the spirit of freedom is really a creative venture. Social work has been associated with the poor, misfits, marginal, homeless, lost and “crazies.” Usually these people are unable to pay for private practice. Welfare workers often lack

graduate degrees, so their skills and knowledge are often wanting. Seriously disturbed people are too often left to psychiatrists and other medical doctors, with medication and “follow-up” as their primary treatments.

If one wishes to get beyond the limiting comfort of “workable clients” one needs to consider this basic observation: To expand your helping skills and even discover new insights about yourself, seek out people who are very different from you and your past experiences and find ways to connect with them in a compassionate, helping role. Here is an opportunity to actualize Berdaev’s free spirit by means of “disruptive and creative acts.” Disrupt your own comfort zones and enter the unknowns of true strangers so as to engage your own creative juices.

Of course there is the economic factor. Many of these marginal types cannot afford your service, or don't fit agency policy. So keep doing what you're good at and pay the bills and also volunteer some limited time with the downtrodden who are alien to you. Agencies overloaded with caseloads will be happy for your service and mental health associations can readily provide you with such opportunities.

The challenge of existential thinking is not finding meaningful philosophical discussions with your clients (like yourself), but rather how to engage others of all types, many being fearful and doubtful about the possibility of any caring relationship. Remember what authors Dostoevsky and Solzhenitsyn learned in prison camps – not only about themselves but also of the human condition.

Existential social work and psychotherapy may well be the most appropriate helping approaches for our current cultural condition of anomie. Clients, regardless of their psychological or social limitation, do experience confusion about the present state of our nation, culture and ourselves. There is a deep need for meaning and fulfillment despite our many material advantages. Existentialism can respond to matters of spiritual transcendence regardless of the language used to describe such imperative experiences.

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The Strengths Model: Birth to Toddlerhood

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Abstract: *The Strengths Model/Perspective was developed by social workers and the profession continues to be the leader in its practice, research and refinement. This article traces the three decades of evolution of this approach and the continuing expansion of its use around the world. Cautionary notes are provided and an agenda for future development is proposed.*

Keywords: *Strengths model, strengths perspective, case management, strengths model fidelity, strengths model and social work*

The Strengths Model/Perspective has just passed its 30th birthday and has continuously attracted the interest of many practitioners, administrators, and scholars. While social work remains the lead profession interested in the Strengths Model/Perspective and mental health its most well-developed field of practice, the breadth of its appeal has been quite surprising, involving various helping professions, and a wide group of fields of practice. The new millennium has been marked by a broadening of worldwide interest in strengths based approaches (Francis, Pulla, Clark, Mariscal, & Ponnuswami, in press; Pulla, Chenowith, & Francis, 2012).

It might be a propitious time to reflect on the origins of the model and its evolution. Thirty years, from the perspective of human development, is a significant time span. However, when it comes to the world of big ideas, things we call perspectives or paradigms generally take far more than three decades to simply sketch out the questions that need to be addressed. We see the strengths perspective in just that light. Unquestionably for some, thinking in terms of strengths, particularly in direct practice settings has become routine and accepted. Because of this, there is the inevitable quest to search for what is new and novel, and some may now view this once radical approach as passé.

Even the most fervent strengths model adherents must avoid being caught in a trap. Nothing can breed complacency more than success. Indeed, in some respects, given humble beginnings in pilot mental health projects, to expansion to other fields of practice, and from adoption by few bold organizations across the country, to application across the globe, the strengths model has been an unqualified hit. This creates two significant challenges. First, because the adoption of some strength principles in practice has become so commonplace it may be assumed that the messy development work has been completed. It has not. Not only are there questions left to be answered, but there is evidence of the predictable drift and reinvention that follows any innovation. Such modifications can be positive, but at times the slightest of changes can fundamentally alter the basic values and behaviors that undergird a process or practice.

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The second challenge is to continue to develop and refine the core principles through solid research and draw from this intelligence to develop a reliable litmus test to discriminate what is truly strength-based approaches from those that do little more than merely draw on a subset of principles and practice. The reason for this is simple. Over time it has become apparent that there are many individuals and organizations who claim to draw from the strengths model when their values, attitudes, and behaviors tell a different tale.

Because there is so much left to do, we believe that the Strengths Model has only moved from infancy to beginning toddlerhood. Toddlerhood is generally characterized as a period of rapid learning, improved skills, and greater ability to precisely articulate one's thoughts. These challenges for the toddler are somewhat parallel to the challenges that confront the future of the strengths model and we will offer thoughts on the agenda that lies ahead.

Gestation of an Idea

February 5, 2013 marked the 50th anniversary of a noteworthy benchmark in the history of mental health care in this nation. In a 1963 special message to Congress, President Kennedy introduced what he deemed a bold new approach to mental illness. After contentious debates and exhaustive reports had been offered, community mental health centers were opened for business across the land. Unquestionably, Kennedy's remarks reflected the optimism of the times – an era where dreaming big was nearly commonplace. In his message, the President confidently asserted that new tools and new methods were in place to offer care to those facing emotional disorders closer to home, and in fact, that prevention and early treatment could reduce the reliance on a state psychiatric system. What's more, it was felt in some quarters that some state psychiatric hospitals, both by virtue of their physical condition and overall quality of care, had become a national disgrace (Foley & Sharfstein, 1983).

Soon after the doors of these centers opened to the public, it became clear that there was a strong demand for local mental health services. People arrived troubled by depression and anxieties, marital woes, and concerns about their children. Judged by popularity alone, the new community mental health centers were an unqualified success. Yet, as is always the case in new ventures like this, the bottom line was far more nuanced. What became painfully clear was that community mental health centers were not well-positioned to effectively serve those facing schizophrenia, bi-polar disorder, major depression and the host of serious illnesses that were found on the rolls of every state psychiatric hospital. Additionally, within a decade, key legal decisions rendered entrance to institutional care more difficult, and with relatively new programs like Medicaid and Medicare now operational, state authorities seized on the opportunity to reduce budgetary pressure by closing and downsizing institutions under their purview (Mechanic & Rochefort, 1990).

As a result of these and other forces, the glow that once surrounded community-based mental health services began to fade. All social problems emerge from myriad causes, but in the act of accounting and assessing causation it seems simplistic

explanations are always embraced. Therefore, homelessness, crime, the growth of so called psychiatric ghettos, and even the existence of a young cohort clearly struggling but resistant to care was laid at the doorstep of community mental health, as well as a diverse set of circumstances labeled retrospectively as deinstitutionalization (Mechanic & Rochefort, 1992). Clearly there was no single policy, department, or institution to blame for what appeared to be a crisis. Those challenged by serious mental illness were no longer hidden in far away institutions but found in suburbia and Main Street. Families were increasingly called upon to care for loved ones, often by the same authorities who once erroneously blamed them as the cause of illness. Many of these same weary and frustrated family members spearheaded the creation of an organization called the National Alliance for the Mentally Ill and demanded that changes be made. Clearly, something had to be done.

Einstein was said to have remarked that we cannot solve the problems we currently face with the same thinking we used in creating them. However, in so many ways this appeared to be the operating manual as community mental health ramped up services to deal with those who had once resided in state psychiatric hospitals, and those who would have once been an inpatient in a different age. Therapy, treatment and skills groups, and medications management however were the same as what had been offered before. The hospital, as a total institution, ensured that an individual's basic needs were met, and daily life was marked by a predictable routine and structure. In the community, the basic necessities of life were no longer guaranteed, and beyond family, few were tasked with the responsibility to help. It became apparent to many stakeholders that if we were to be successful, standard treatment services alone were insufficient. Indeed, to be successful, attention must be devoted to the total life of the individual. In response, by the late 1970s the National Institute of Mental Health introduced the Community Support Program, an early attempt to develop a system of care model designed to address the needs of those deemed chronically mentally ill (Turner & TenHoor, 1978). A centerpiece of this new model of care was case management.

Birth

Sometimes things just fall into place. The forces described above stimulated efforts to develop new practice models and new systems of care. In 1982, the University of Kansas School of Social Welfare secured a \$10,000 grant from the state mental health authority to develop a model of case management. Ronna Chamberlain had arrived as a Ph.D. student after years of experience in the mental health field, particularly with those we now deemed psychiatrically disabled. Once in Lawrence, Ronna joined faculty member Charlie Rapp who came to Kansas with experience in child welfare working with those children whom others were prepared to cast aside. Working backwards, Rapp and Chamberlain first devised a list of desirable client outcomes based on the most common goals stated by clients. It was noteworthy that these went beyond compliance and maintenance but looked to real life outcomes in key areas such as vocational activity, independent living, social support including satisfying use of leisure time and affiliation. What became clear when analyzing the state of the art in case management was how ill suited current models were positioned to address these basic human needs let alone help

attain goals that went beyond the necessities for survival. Instead, most models viewed a case manager as a broker of service with a primary role of linking people to standard mental health services and a truncated set of auxiliary social services. Embedded in these models were low expectations for client success. The focus here was on maintenance and protection, and any notions of the possibility of recovery and citizenship were well over the horizon. It was time to roll up the sleeves and try to do something totally different.

During the earliest stages of their work, Chamberlain and Rapp discovered that there were more commonalities in their past experiences than differences. Chamberlain had been experimenting with a strengths perspective while a social worker in a state psychiatric hospital. As Chamberlain (1992) wrote about an early attempt:

Jack, a lovable guy with more hospitalizations than anyone could count, wanted to work but had no job skills. He was quite adept at group therapy, however, having had more experience than even the clinical staff. In fact, he was wonderful at supporting other clients, helping to assuage their anxiety. With a lot of help he ultimately landed a job as a work crew supervisor in a vocational training program for people with psychiatric disabilities. There he spent his days helping people through their anxiety and symptoms so that they could accomplish their tasks. He stopped using the hospital. When that program lost its funding, he went on to a different job and eventually got married (p. xiii).

Her focus was on the strengths of the individual but implicit in her work was an unrecognized view of the environment. Rapp, based on earlier work in child welfare and juvenile justice, had proposed that all environments contain a wealth of resources, that a person's behavior is mightily influenced by the resources available to people, and that our society values equal access to resources (Davidson & Rapp, 1976). Both sets of ideas from Chamberlain and Rapp placed the client's wishes and desires front and center. Thus, less attention was directed to the identified challenge or problem, and more effort was expended towards the practical and tangible assistance and support people needed in the quest to reach their individual goals.

Chamberlain and Rapp firmly believed that merely linking clients to low expectation services that focused on remediating perceived deficits and often separated people from the community, and then blaming them for not doing better was a poor basis upon which to design a helping service. What later became known as the strengths model was based on six fundamental ideas or principles:

1. People with Psychiatric Disabilities Can Learn, Grow and Change
2. The Focus is on Individual Strengths Rather than Deficits
3. The Community is Viewed as an Oasis of Resources
4. The Client is the Director of the Helping Process
5. The Worker-Client Relationship is Primary and Essential
6. The Primary Setting for Our Work is the Community

These ideas were different (if not the opposite) from the prevalent beliefs and practices at the time.

Armed with a mimeographed set of principles, a new tool devoted to identifying individual and environmental strengths, and a simple form used to record and monitor individual goals, the Resource Acquisition model of case management was launched. It was an interesting marriage as undergraduate and graduate social work students began to build a caseload, take the nearly unprecedented step of working in the home and community, and work on goals that the clients identified as important. Even more radical for the times, project case managers were never informed of the diagnosis of individuals they served to avoid negative expectations and stereotypes that inevitably accompanied these terms. Mental Health Center leadership was, at times, uneasy. For example, early into the project, concerns were raised when it became apparent that clients began calling student-case managers when they were in need or in crisis rather than their primary therapist. The significance of this piece of data was that it underscored the power of the case management relationship, one that was fostered by work driven by a partnership and enacted in real world settings.

After the initial project showed promise (Rapp & Chamberlain, 1985), additional pilots were established in greater Kansas City and in Topeka, Kansas. Soon it became clear that this unique model of case management was enjoying some success, and to the surprise of many, often with individuals deemed by others to be the most impaired and the most in danger of returning to institutional care (Modrcin, Rapp, & Poertner, 1988; Rapp & Wintersteen, 1989). Not without struggle, others began to see the utility of this approach to case management and by the mid-1980's the state of Kansas required that all case managers be trained in the model.

Before long, others took notice of what was happening in Kansas. The appeal of the new model of case management was buttressed by its fidelity with predominant social work values. Soon the core participants in the development of the model were offering two-day workshops across the country. To say that ideas like working in the home and community instead of the office, focusing primarily on strengths in people and the world around, and building care plans from the stated goals of the recipients was a hard sell is a vast understatement. There were moments when the resistance was palpable. It was not uncommon for people to walk out of training sessions shaking their heads and visibly angry. However, some key stakeholders did get on board, and many began to feel deeply that the new model held much promise.

Infancy

What followed from here was perhaps unexpected. As Ph.D. students at the University of Kansas School of Social Welfare, who were involved with the strengths model projects, began to describe their work, others began to take notice. Ann Weick, who held a longstanding interest in philosophical frameworks that undergird social work practice, became intrigued by this new model of case management and foresaw implications that went beyond work with those facing serious mental illness. She challenged her students to dig deeper into the work, and began to take a greater interest in

the work being done in mental health. Soon these ideas were codified in a paper that appeared in the journal *Social Work* titled “A strengths perspective for social work practice” (Weick, Rapp, Sullivan, & Kisthardt, 1989).

This article would serve as the first statement for what is now known as the Strengths Model. Not surprisingly it was soon clear that kindred spirits abounded. To that end a group of educators, researchers, and practitioners were invited to participate in a small conference at the Union Building at the University of Kansas to present papers and engage in discussion. Other disciplines were represented and the potential power of a strength perspective became obvious to all attendees. Many of these papers were included in a collection edited by Dennis Saleebey and presented for the first time as *The Strengths Perspective for Social Work Practice* (1992).

For many, the notion of focusing on individual and environmental strengths had intrinsic appeal and resonated with a humanistic style germane to social work. Additionally, specific aspects of case management practice, from the strength assessment, to the goal and case planning method had clear utility in a range of practice settings and with the diverse populations commonly served by social workers. Before long, the strengths model was adopted in substance abuse treatment (Sullivan, Wolk, & Hatmann, 1992). The late Harvey Siegel, Richard Rapp and colleagues at Wright State University began to extensively study the strengths model in substance abuse treatment, often with some of the most difficult of clients (Siegal et al., 1995). From that point on the possibilities were nearly endless, and ultimately went beyond direct practice to include treatises on leadership (Poertner & Rapp, 2007) and social policy (Chapin, 2010; Rapp, Pettus, & Goscha, 2006). In 1998, *The Strengths Model: Case Management with People Suffering from Severe and Persistent Mental Illness* was published as the first practice text on the model (Rapp, 1998).

Towards Toddlerhood

As the strengths movement enters toddlerhood, there are many critical developmental tasks to be undertaken. The following section proposes those tasks we deem most important in three areas: Research, fidelity and practice.

Toddler: Strengths Model Research

The research on the Strengths Model is far from conclusive yet promising. In substance abuse treatment, the strengths model has shown to improve treatment retention which is often a prerequisite for positive outcomes (Siegal, Li, & Rapp, 2002). In other studies, improved employment outcomes and decreased involvement with the criminal justice system were found (Rapp & Lane, 2013; Siegal et al., 1996).

Strengths case management with people with psychiatric disabilities has been investigated the most. There have been 10 studies testing this approach. Four of the studies employed experimental or quasi- experimental designs (Modrcin et al., 1988; Macias, Farley, Jackson, & Kinney, 1997; Macias, Kinney, Jackson, & Vos, 1994; Stanard, 1999) and six used non-experimental methods (Barry, Zeber, Blow, & Valenstein, 2003; Fukui et al., 2012; Kisthardt, 1993; Rapp & Chamberlain, 1985; Rapp

& Wintersteen, 1989; Ryan, Sherman, & Judd, 1994). These studies have produced positive outcomes in the areas of hospitalization, housing, employment, reduced symptoms, leisure time, social supports, and family burden. The most recent study (Fukui et al., 2012) investigated the relationship between fidelity of strengths model case management implementation and the client outcomes of psychiatric hospitalization, competitive employment, involvement in post secondary education, and independent living. It found a statistically significant association between fidelity and all but independent living. This study strongly suggests that improved client outcomes are achieved as adherence to strengths model behaviors occur.

Strengths based practice continues to broaden its reach in terms of both practice applications and global interest. The principal drivers seem to be the practice community. While this is exciting, it does contribute to the paucity of research that has been published on the model. In fact, there are few areas that offer more possibilities for intervention research as the strengths perspective. A myriad of attempts to design and implement strengths based interventions with a variety of different client groups in a wide spectrum of settings (Pulla et al., 2012; Saleebey, 2013) provides many opportunities. We need to apply rigorous (as possible) research designs and measurements to these experiments. Initially, this could involve pre-post designs as a precursor to more rigorous experimental testing.

The strengths perspective is fertile ground for qualitative explorations. In its full flowering, the strengths perspective requires different approaches to engagement, assessment, case planning and interventions. There are many different pieces yet we only have one study (Kisthardt, 1993) that systematically studied clients' experience of receiving strengths-based services. If mounted in conjunction with quantitative outcome data, such an inquiry could help us explain the results we find.

Toddler: Fidelity

A prerequisite for the proposed research agenda is the development of fidelity measurement. For experimental and quasi-experimental research to be able to attribute results to the intervention, we need to know that the intervention was delivered as designed. For the qualitative research proposed, capturing the client experience must be based on the fact that they did receive the strengths-based intervention.

Currently, there is only a single fidelity instrument for strengths case management that has been tested (Fukui et al., 2012). The development of fidelity measures would also enhance strengths-based practice in two related ways. First, fidelity measurement requires us to be precise about the salient methods and elements of the intervention model. It is common for people to treat the strengths perspective as merely a slogan where such superficial behaviors as "being nice to clients" or adding two lines on strengths to an otherwise deficit based assessment is seen as being a strengths approach. We need to be better at separating the fraudulent from the real. Increased preciseness would also mightily help the design of staff training programs.

Second, fidelity measurement would enhance practice by improving quality assurance. At its core, quality assurance is a process for assessing how well service

delivery matched the agency's prescriptions for it. Fidelity instruments would allow strengths-based service to be included in such a process. In many organizations, the front-line supervisor is a de facto core component of quality assurance and periodic fidelity measurement can be a tool for the supervisor.

Toddler: Practice

Over the last 30 years, the strengths model has gained the interest and favor by increasing numbers of practitioners, social administrators and scholars. Several books have documented the wide range of applications to different populations struggling with different challenges in a variety of countries on five continents (Francis et al., in press; Pulla et al., 2012; Saleebey, 2013). Journal articles describe additional applications (Arnold, Walsh, Oldham, & Rapp, 2007; Cox, 2006; Yip, 2005, 2006). There are pilot projects for strengths case management being implemented in New Zealand, Hong Kong, Japan, Australia, and Canada. The growth of the strengths model belies the forces that discourage its adoption. The situation described by Saleebey (1996) almost two decades ago still stands:

Our culture and the helping professions are saturated with an approach to understanding the human condition obsessed with individual, family, and community pathology, deficit, problem, abnormality, victimization, and disorder (p. 296).

This perspective is often reflected in government rules and regulations, funding patterns and training programs for future human service personnel.

While progress continues to be made, there remains two strengths model skill sets that seem particularly challenging to develop: 1. Translating strengths into personal plans (i.e., case plans, action plans, etc.); 2. Exploiting the strengths of the natural environment.

The purpose of an assessment is to gather information necessary for the development of a plan and its implementation to occur. We have found that teaching people to assess strengths is often attainable but more daunting is teaching them to use these strengths to fashion more powerful personal plans. In brief, a well-done strengths assessment can and should be used to identify client goals, provoke various options for pathways to goal attainment, help define specific tasks, and identify resources and social supports that can be pursued (Rapp & Goscha, 2012). The link between the content of an individual's strength assessment and their case plan should be unambiguous.

A second area of difficulty is identifying and using naturally occurring resources in service to the client's goal. This is particularly important for populations for whom community integration is a desired purpose (e.g., various disabled populations and individuals on parole). It is still too often the case that people's perception of the strengths model is narrowly focused on the strengths of the individual excluding the strengths of the environment as the necessary compliment. Similarly, many professionals believe that segregated programs are preferred. As Sullivan (1989) wrote over two decades ago:

Many urban areas hire recreational therapists to develop recreation programs and provide clients with a variety of opportunities to participate in active leisure-time activities. While recreation therapists clearly serve a valuable function in these programs, most rural programs do not have the luxury of hiring this type of staff person. Yet nearly every community has a gymnasium. In many small communities one can find exercise classes, and even aerobic instruction. Softball teams and leagues can be found everywhere. We must resist ideas that clients must engage in segregated activities. While the client may need help in making initial contacts and periodic support throughout the experience of engaging in community recreational activities, success is possible. Key personnel are also available to provide support for clients. High schools employ physical education instructors. Local athletes may be willing to help. All of these resources can be used to develop a good recreation program (p. 22).

The importance of recognizing and exploiting strengths in the natural environment is vitally important to social work, and is one clear area that distinguishes this discipline from others in the helping professions. First, it affirms the long standing person-in-environment perspective that informs all phases of social work practice. Yet, so often we use this lens to help gain a greater understanding of troubling behavior, or to consider how modifications in the environment can compensate for a problem or malady. Many social programs serve as a social prosthesis to aid a person who is viewed as damaged or flawed. There is little question that this can be an important aspect of successful practice in some instances. However, rarely do we simply see the outside world as a source of strength and match the goals and desires of the person with what exists in the world around them. The idea here is to match strength with strength.

Second, because we know full well that many of those with whom we work are shunned by others, the world becomes a closed shop to them. In the case of those with serious mental illnesses, the impress of stigma is pervasive; in fact often there are only half-hearted efforts to hide this. In other populations, for example in services with older adults, the rejection can be far more subtle. We forget that the furloughed or retired banker, teacher, or older homemaker still has viable skills that can be used to their benefit and to the benefit of others. When this happens it calls forth the long standing social work commitment to advocacy and action. At issue is what Kretzmann and McKnight (1993) deemed the contribution of strangers, those who are often hidden away at the margins of society. When social resources are denied others because of their differences or due to oppressive policies and attitudes it is incumbent on social work leaders and practitioners to challenge these head on. Indeed, executed faithfully the strengths model puts the social squarely back in social work.

The following modest example demonstrates the successful use of strengths assessment information and natural community resources to help a person achieve a long-standing goal.

Dave, a 49 year old veteran of the state psychiatric system, had lived marginally and unhappily in the community for the past 7 years. It was a situation most accepted to be part and parcel of dealing with schizophrenia. In that time, he had

been served by three case managers, lived in a squalid board and care home, and often attended a day program at the community mental health center though participating minimally. He was assigned to a new case manager who diligently, over the period of several sessions, completed a strengths assessment. Unbeknownst to the staff, and never noted in the chart, Dave had actually completed an Associate of Arts degree in business and was enrolled in an accounting program at a state university when he was first hospitalized. It began a series of revolving door treatment episodes that was finally stabilized with the help of a newer psychotropic medication. The case manager listened intently to Dave's story and asked a lot of questions about his educational experiences. The case manager noted that when talking about accounting and numbers, that Dave came alive. He liked things such as reading sports statistics, paid attention to the ups and downs of the stock market and other things that involved numbers. He said when bored he would do math problems in his head. He admitted that he was unsure if he could return to school but had always dreamed of working in a bank.

When the case manager shared what he had discovered in a team meeting others tried to quell his enthusiasm. They noted that Dave had been ill for years, his hygiene skills were minimal and he barely kept awake in groups. They suggested reluctantly that he attend a class that dealt with life skills and budgeting to see if he was truly ready to take any significant steps in his life. In short order, Dave quit coming to the center all together.

When the case manager tracked him down, Dave said he was bored and had no interest in ever going to a group again. The case manager, getting to basics asked "what do you want, and how can I help you get it." Reluctantly, Dave noted that he had made it clear numerous times, and to untold numbers of professionals, that he wanted to work in a bank. Taking him seriously the case manager and Dave began outlining steps to reach that goal. Together the case manager and Dave practiced interviewing, considered options for jobs in the area that were reasonably close to home and near a bus line. It was noteworthy that Dave's grooming began to improve without a single prompt from others. With the use of "flex funds" the case manager and Dave went to a local Goodwill where two suits were purchased. In time, and with the case manager's help, an interview was arranged at a local bank. The manager who interviewed with Dave was cognizant that some challenges existed, but was impressed with the effort that was extended and the clear desire to work. He agreed to let Dave do a part-time job he sometimes had difficulty getting done. Every day Dave came to the bank and was responsible for putting bags of loose change through a sorting machine. He loved it. He loved putting on a suit. He loved having a job. Soon he began talking about the possibility of getting his own apartment and even began contemplating returning to school part time.

The case manager honored Dave's goal and his talents with money, and exploited community resources (Goodwill, bus lines, and the bank) on behalf of achieving the goal.

Conclusion

There continue to be forces that impede the future development of strengths-based approaches. On the other hand, there seem to be at least four factors supporting it. First, there continues to be a high level of dissatisfaction with the effectiveness of current methods, interventions and programs that seek to address the difficulties of the poor, the disabled, children and youth, offenders, the elderly and other populations served by social workers. Second, continued reductions in human service funding could force us to embrace the primacy that the strengths model places on the use of natural community resources. Third, at least in mental health, the recovery movement, now codified in the policies of the United States and many other countries, has moved the strengths model from an insurgency to main line thought. Recovery places a premium on self-determination, human rights, and empowerment which are all precepts of the Strengths Model. In fact, the SAMHSA Consensus Statement on Recovery (2006) included “strengths-based” as one of its 10 essential components. Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, and employee). Fourth, the Strengths Approach seems to have an inherent appeal to many people. For them, the approach is hope inducing, energizing, and often highly congruent with the motivations many possessed as they entered social work and other helping professions.

The future will be determined by the people we serve. If the research shows that they achieve their goals at significantly better rates than other approaches, strengths based approaches will spread. If clients view the experiences of receiving strengths-based services as congenial, helpful and uplifting, then strengths-based approaches will continue to diffuse.

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The Development of International Programs in a School Of Social Work

Frank B. Raymond

***Abstract:** During the last decade increasing numbers of schools of social work have adopted an international mission and have developed a variety of activities to reflect their global perspective. In earlier years, however, relatively few schools expressed a global mission, offered coursework on international social work, provided field placements or other opportunities to expose students to international learning, or extended components of their academic programs to other countries. An early leader in doing such things was the College of Social Work at the University of South Carolina (COSW), where the author was privileged to serve as dean for 22 years (1980-2002) when many of these developments occurred. This paper will discuss how this school acquired an international mission and developed various programs to manifest this commitment. The paper will describe, in particular, the college's signature achievement in international social work education – the development and implementation of a Korea-based MSW program. The COSW was the first school of social work in the US to offer a master's degree in its entirety in a foreign country. It is hoped that the recounting of this school's experiences will offer guidance to other social work education programs that are exploring ways of expanding their international initiatives.*

***Keywords:** International social work, international education, globalization, social work education, academic partnerships, study-abroad*

The various international activities that have taken place at the COSW over the past 25 years have occurred in response to the changing world situation and the consequent need for students to be educated appropriately for service in this new world order. The first part of this paper will therefore discuss these global changes and their implications for social work practice and social work education.

The Need for a Contemporary Global Perspective and Mission

During the past several decades the world has experienced several social changes that have been radical, drastic and far-reaching. These major social changes have impacted every nation, altering their culture, economy, and socio-political institutions. They have required paradigm shifts, or a re-ordering of the constellation of concepts, values, perceptions and practices that form society's vision of reality. These changes are best understood as transformational changes in the sense of metamorphosis, whereby an organism (like a butterfly) becomes something new, remarkable and dramatic; in such changes the organism has not been replaced, but has evolved from one state to another.

Throughout earlier periods of history radical social changes occurred less often, took longer to unfold, and were sometimes confined to nations or continents. However, during the past 20-30 years several social changes have taken place that have affected the entire world and they have transpired rapidly. These transformational events have included

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climate change, globalization, innovations in technology, and developments in biomedical sciences and health care. Raymond (2011, 2013) has described how these four changes have had major impacts on challenges, roles and practices of professional social work in the United States and in other countries.

In order for social workers to practice successfully in light of these major social changes they must have a global perspective. All social workers – from those who practice in small US rural communities to those who work in NGOs in other countries – are personally and professionally affected by these radical global changes. The clients they serve are also impacted by these changes. Social workers must therefore embrace a relevant world-view paradigm in order to engage in appropriate and effective practice at either the micro or macro level. This global perspective requires that social workers move beyond a parochial local, regional, or even national perspective and to understand that their clients are directly affected by what happens in other parts of the world. It is essential that social workers understand that “the world is flat” (Friedman, 2005) and that the lives of all people throughout the world are interconnected in a multiplicity of ways. Events in other nations such as war, economic crises, trade agreements, population movements, and climate changes influence the lives of people in all countries and have implications for their social service needs.

Beyond understanding social work practice from such a global perspective, the radical social changes that have occurred require social workers to adopt a more global mission. The world is now our “service area,” and increasing numbers of social workers will practice abroad in coming years. It is important for the field of social work to have such a world vision of practice. Global developments have resulted in the growing need for micro-level and macro-level social workers to serve in more countries, to work with new client populations, to provide new types of services, and to respond to the emergence of new problem areas. There are many types of assistance social workers can provide to help improve the overall health and well being of people in other nations. Now, more than ever, the social work profession has a critical role to perform in helping those who are in need around the world, and this should be a commitment of our field.

The Millennium Development Goals, which were unanimously adopted by all of the 191 member states of the United Nations in 2000, help frame the global needs that social work should be concerned with during the coming years (United Nations, 2010). These goals, which the UN committed to achieving by 2015, are as follows:

1. to eradicate extreme poverty and hunger;
2. to achieve universal primary education;
3. to promote gender equality and empower women;
4. to reduce child mortality;
5. to improve maternal health;
6. to combat HIV/AIDS, malaria, and other diseases;
7. to ensure environmental sustainability; and
8. to develop a global partnership for development.

There are numerous jobs that professional social workers can perform in their efforts to achieve objectives such as those set forth in the Millennium Development Goals.

These include, among other roles, serving as advocates, community organizers, policy developers, organization administrators, lobbyists, social development experts, relief agents, crisis intervention experts, therapists and counselors. As the need for social work services continues to grow globally, the various types of professional roles for social workers also continue to increase. Obviously many of these new roles will require that social workers possess special sets of knowledge, values and skills. The social work profession has never before offered so many possibilities for service, both in the US and abroad. Indeed, the Bureau of Labor Statistics (2010-11) has projected that in the US, alone, the field of social work will be one of the growing areas of employment in coming years.

The Need to Prepare Students for Practice in a Changing Global Environment

The provision of appropriate and effective social work services to respond to problems and needs that have resulted from radical world changes obviously demands social workers who are adequately prepared for these new roles (See Link & Ramanathan, 2010; Pawar & Cox, 2010). All schools of social work must rise to the challenge of educating students to respond to the new client needs of the 21st century. This means that social work educators must have a clear understanding of major changes that are occurring in the world and their impact on social work. It also means that schools should prepare all students to provide services in a global, interconnected society – to engage in what is often referred to today as “international social work.”

In earlier years, international social work was seen by some writers as a discrete area of social work practice, and by others as programs of social work with an international focus (including those carried out by intergovernmental agencies or by non-governmental agencies). Today, however, the term “international social work” is used increasingly to describe social work practice within the context of globalization. Healy and Link (2011), in their comprehensive handbook of international social work, also reflect this broader viewpoint. Their position is that today’s social workers necessarily work with service users and colleagues from diverse cultures and countries, and that they therefore need to operate within an expanded worldview. They also contend that globally relevant concepts such as human rights, development, and inclusion offer new perspectives to enhance one’s understanding of policy and practice. Their book, which contains an extensive collection of content by authors from throughout the world, demonstrates the integral and necessary nature of international social work knowledge to all areas of practice, policy, and research. This conception of international social work from a broader perspective suggests that all schools of social work must prepare students for practice in a changing global environment.

The Council on Social Work Education (CSWE), the accrediting body for social work education programs in the US, now mandates the inclusion of international content in the curriculum. CSWE has signaled its intent to do more to promote a global perspective in social work education. It is noteworthy that the theme of the organization’s Annual Program Meeting in Dallas, Texas in Fall 2013, was “Global Social Work–The

World Is Here.” Clearly CSWE is advocating for schools to see the “big picture” of global social work and prepare students for practice within this new paradigm. CSWE has also provided guidance to schools to assist them in developing such programs. CSWE's Commission on Global Social Work Education developed a white paper on this topic that was adopted by CSWE as its official policy statement on international social work education (Council on Social Work Education, 2008). This document describes, among other things, the history of international social work education; the goals, knowledge base, values and beliefs of this approach; the primary educational models used; and important curricular issues. The paper also provides an extensive listing of resources for schools of social work to utilize in developing international education programs.

It is now incumbent upon schools of social work in the US to follow the recommendations and guidance of CSWE and develop programs that will equip their students with a global vision and with the knowledge, values and skills needed to practice effectively in an interconnected and rapidly changing world. More and more schools are meeting this challenge, although to varying degrees. It is encouraging that increasing numbers of schools of social work are incorporating a global component into their mission statements. These include urban and rural schools, small and large programs, public and private institutions, secular and church-related schools, and programs at all levels of social work education. Many schools also reflect their global missions in their statements of their program rationale, goals and objectives. In addition, more schools are designing or redesigning their curricula so that their educational programs will better accomplish their global purposes. These curricula usually integrate content on social work in a global environment into various courses. Furthermore, the curricula of a great many schools include specifically designed course offerings that focus on different aspects of global social work. Regardless of how a school implements its international curriculum, the focus should be on imparting to students the knowledge, values and skills for practice in a world that is becoming increasingly global.

As schools endeavor to develop globally-related programs, they must do so within the context of major changes that are occurring in the world environment. Examining the impact of current social changes can provide a frame of reference that will lead schools to focus on a variety of other topics that are critical to developing an international perspective – teaching students an understanding of immigration issues; developing in students appropriate attitudes towards diversity; preparing students for services to newly-emerging population groups; equipping students to meet the changing needs of traditional population groups that are expanding; developing in students the knowledge and skills to engage in social advocacy on behalf of specific populations; preparing students to engage in social development; etc.

No doubt there are a number of frameworks schools can use to build a curriculum around the context of current social changes. Raymond (2011, 2013) has described one model whereby schools can develop curriculum content around four themes: the impact of technology, globalization, climate change, and advances in bio-science and health care on the practice of social work.

Many schools have not only included international content in the classroom curriculum, but have also done other things to help students develop a global perspective and acquire knowledge and skills to engage in practice within an interconnected world. These activities include, for example, offering international field placements, providing study-abroad opportunities for students, arranging international student exchanges, providing international faculty exchanges, developing partnerships with foreign academic institutions, and offering online courses collaboratively with faculty and students in other countries. Such activities are effective means of extending a school's global mission. Cross-cultural programs, in particular, can be valuable because of the mutual benefits they provide to parties in the participating countries.

One School's Experience in Developing International Programs

The College of Social Work at the University of South Carolina was an early leader in developing international activities to address new and developing needs resulting from global development, to equip students for practice in an increasingly interdependent world, and to provide current practitioners with learning experiences that will enable them to provide better services in a global environment. Given the other competing demands of social work education, the COSW did not make sweeping programmatic changes overnight. Rather, in response to developing educational needs and opportunities, the college gradually created a number of activities aimed at meeting its larger global objective. (It should be noted that the college did these things within the context of the broader university's mission statement, which included an international component.) These activities are described below.

Curriculum Content

Since the early 1980s the College of Social Work has offered curriculum content on international social work. The COSW began by making a concerted effort to incorporate international content into a number of its normally-required courses, both as substantive content and as illustrative material. In addition to including such content within existing courses, for over thirty years the college has offered specific courses that have a significant focus on international subjects. For example, the COSW developed an undergraduate course, titled *Social Work in Other Nations*. This course examines social welfare systems in selected nations of the world and focuses, in particular, on variations in services. At the graduate level, the COSW created a course titled *Seminar on Social Work Education and Human Services in Another Nation*. During this course students examine the differences and similarities between the human service system of another country and that of the United States. Each student selects a specific area of study consistent with his or her field of practice interests and analyzes this area in depth. Both of these courses are sometimes taught in conjunction with a study-abroad experience offered to students during Maymester or Summer School (see below). In these instances, the coursework also entails travel to and within another nation, and includes visits to social agencies in other nations, visits to human service agencies, and occasionally attendance at an international conference in the other nation that is visited. The COSW also provides independent study options to those graduate students who wish to pursue

in-depth study of particular international topics. The college's doctoral students can also focus their dissertation study on international subjects.

There is a growing body of literature to help schools develop international curriculum content. In addition to the writings of earlier scholars in this area, there have been a number of significant recent contributions to the literature by distinguished academicians such as Lynne Healy, Brij Mohan, James Midgley, Richard Estes, Michael Sherraden, Manohar Pawar, David Cox, Rosemary Link, Chathapuram Ramanathan and others. Furthermore, there are several important journals devoted to international social work such as *Social Development Issues*, *Journal of Comparative Social Welfare*, *International Social Work*, and *International Journal of Social Welfare*. In addition, through its Katherine A. Kendall Institute, the Council on Social Work Education (2013) maintains an extensive database of curriculum resources. All these materials can provide important resources to schools of social work as they expand their international course content.

Study-Abroad Program

In 1985 the College of Social Work created a program aimed at providing study-abroad opportunities for students and current social work practitioners. This college was one of the first schools of social work to offer study-abroad learning experiences. The COSW's study-abroad program has included visits to numerous countries, including Mexico, Israel, Greece, England, Scotland, France, Russia, Sweden, India, Ghana, Ireland, and Brazil.

Students who engage in these learning experiences do so under the direction of one of the COSW professors, and they earn course credit for their work. They are required to do advance study about the country to be visited, to attend lectures and presentations by educators and agency officials in the host country, to gather data while on the trip (often focused on a selected topic of study), and to meet usual course requirements such as the preparation of papers.

From the beginning of this program the COSW's study-abroad trips have been offered not only to students from the University of South Carolina, but also to students from throughout the US. These students can receive course credit either from the University of South Carolina or from the students' respective home institutions (depending on the regulations of their universities).

In addition to students, social work practitioners are also invited to participate in the study-abroad trips. These participants are awarded continuing education credits after meeting appropriate COSW and university requirements. These trips have made it possible for participants to become familiar with social problems and needs in other countries and to learn about social work and human services in other nations. It is believed that these study-abroad experiences make the practitioners more culturally sensitive and equip them with new knowledge that enables them to provide more effective services to their clients in the US.

Although relatively few schools of social work offered study-abroad courses in earlier years, such programs are now widespread in social work education. Given this

plethora of study-abroad opportunities provided by schools of social work, the Council on Social Work Education (2013) maintains a listing of study-abroad programs currently offered.

Given the growth of study-abroad programs in recent years, the CSWE has also established guidelines for all types of academic programs that involve study in other countries including academic courses abroad, field practicums abroad, international service learning projects, internships abroad, independent learning abroad, and group study abroad (Council on Social Work Education, 2012). CSWE's Council on Global Learning, Research, and Practice, one of the councils under the CSWE Commission on Global Social Work Education, created these guidelines for establishing international programs for social work students that meet not only the CSWE Educational Policy and Accreditation Standards but also the Global Standards for the Education and Training of the Social Work Profession established by the International Association of Schools of Social Work and the International Federation of Social Workers. Therefore, these general Study Abroad Guidelines are offered for social work programs to use in planning international study opportunities for their students. Any school that wishes to establish a study-abroad program would be well advised to follow these guidelines from the beginning of the planning process.

International Partnerships

In 1988 the COSW began developing partnership arrangements with academic programs and human service organizations in other countries. Eventually the College established as many as twenty international partnerships in countries including, for example, Mexico, Germany, South Korea, India, and China. These partnerships have had significant positive impact on COSW and the other institutions involved. Healy (1986) has described how international partnerships enable educators to work collaboratively to build knowledge and relationships which contribute to global solutions to common concerns, and to prepare students to live and work in a world in which cross-cultural understanding and cooperation are considered essential.

Despite of the potential benefits of international partnerships, however, the process of developing such collaborative arrangements can be challenging. In another article this author has described many of the issues involved in creating international partnerships (Raymond, 1998). In that article Raymond discusses the importance of developing and demonstrating cultural awareness throughout the collaborative process, especially in the early stages of a new relationship. In fostering the personal relationship with a potential partner, one should move slowly in exploring the possibilities for collaboration in order to develop understanding and trust. The success in achieving formal institutional agreements will be built upon the foundation of the personal relationship between the primary collaborators.

Raymond (1998) also discussed the process of developing the formal written contract between the collaborating institutions, emphasizing the importance of establishing expectations that are realistic, insuring that all key actors are in agreement, and obtaining approvals at all appropriate levels within each institution. Most universities that engage in

international partnerships have well-developed procedures for developing formal agreements, such as those of Princeton University (Princeton, 2013).

There are a number of potential barriers to developing successful international partnerships. These barriers include costs involved, language and cultural differences, bureaucratic differences regarding things such as methods of instruction or transfer of academic credits, and problems that may arise in arranging for visas, transportation or living facilities (Raymond, 1998). In addition to these barriers, perhaps a more serious area of concern in developing international academic partnerships is the historical tendency of schools to export ideas, methods and goals from one country to another without sufficient regard for their relevance to societies whose needs, problems, laws and values are significantly different (Cetingok & Hirayama, 1990; Hartman, 1990). Avoiding, or at least mitigating, such problems and barriers can best be achieved when those persons who are trying to establish an international partnership have an understanding and genuine respect for each other's cultures, traditions, and academic systems. It is therefore helpful when each partner already has a familiarity with the other person's culture. Otherwise, it is wise to devote preparatory time towards learning about the other culture in order to develop the knowledge and attitudes required for a successful partnership.

The COSW has developed formal agreements, or memorandums of understanding, with all of its international partners, clearly describing the expectations for each of the participants. These partnerships have resulted in a numerous activities, including faculty exchanges, student exchanges, curriculum sharing, cross-cultural research, and joint service projects. Many faculty members from these partner institutions have come to the University of South Carolina as visiting scholars, and a number of faculty from the COSW have spent sabbaticals or shorter periods of time for research or study at the partner institutions.

The COSW has also hosted numerous student groups from its partner institutions. These groups are normally led by professors from their respective universities. The COSW assists in arranging lodging and local transportation for the visiting groups. During the visits the COSW provides lectures to the visitors and arranges for them to visit human service agencies in South Carolina in order to learn about the delivery of social work services in this country.

As a result of COSW's partnerships, many students from other countries have enrolled in the college's MSW Program. These partnerships have also led to the enrollment of several students from other countries in the college's Ph.D. program. Reciprocally, a number of COSW students have had field placements in countries of the partners, and some have taken courses at the host institutions.

International Conferences

As part of its commitment to fostering international collaboration and exchange in the field of social work education and practice, the COSW has hosted or sponsored a variety of international conferences and symposia. For example, in 2001, the COSW hosted the annual meeting of Human Services Information Technology Applications

(HUSITA). HUSITA is an international professional association that promotes the ethical and effective use of information technology to serve humanity. The organization, which was created in 1983, focuses on the development of knowledge and the transfer of technology within human services. HUSITA meets at locations throughout the world to bring together social work educators and practitioners as well as professionals from other areas of human services. (For more information on HUSITA, visit www.husita.org.)

In 2004, the COSW and one of its partner schools in Korea, Kangnam University, co-sponsored a conference in South Korea. This meeting, with the theme of “Social Welfare Issues and Social Worker’s New Roles in the Era of Globalization,” brought together social work educators and practitioners from countries throughout the world.

The COSW also served as a sponsor of two international meetings of the International Consortium for Social Development—ICSD (formerly known as the Inter-University Consortium for International Social Development). ICSD is an international organization that is concerned with empowering people to bring about economic and social improvement in their lives. It is comprised of scholars, practitioners and students from social work and other disciplines from throughout the world. In 2003 the COSW, under the leadership of one of its faculty members, Dr. Goutham Menon, sponsored and planned the organization’s 13th biennial meeting which was held in India. In 2005, the COSW sponsored and planned ICSD’s 14th biennial meeting that was held in Brazil, and a faculty member, Dr. Julie Miller-Cribbs, chaired this effort. In both instances, local schools of social work served as hosts and co-sponsors of the meetings. In addition, the author of this paper served as President of ICSD and, in that role was involved in the planning of the 2007 biennial conference, held in Hangzhou, China (and co-sponsored by the COSW), and the 2009 conference, held in Monterrey, Mexico.

The COSW’s leadership in international conferences has served to support its other international initiatives. For example, many people have learned about the COSW’s global mission through participation in its conferences. This international attention has led to enrollment of students from other countries in the COSW’s academic programs, expanded participation in the COSW’s study-abroad programs, fostered the creation of partnerships with academic institutions in other countries, and led to the development of a variety of exchanges and collaborative ventures among COSW faculty and conference participants from other countries.

MSW Program in Korea

One of the most notable achievements of the COSW in advancing international social work was the establishment of a branch program in South Korea to offer the school’s MSW program in that country.

Responding to a Need

In 1992 the Korean Association of Social Workers (KASW), representing the South Korean social work community, contacted the dean of the COSW through a mutual friend, Dr. Paul Kim. Dr. Kim is a Korean-American social work educator who, at that time, was on the faculty at another university in the US. Knowing of the COSW’s

demonstrated commitment to international social work, KASW inquired about the possibility of the COSW's establishing a master's degree program in South Korea. (Social work education in Korea is not comparable to that in the US. It is structured differently than in this country, and is primarily an academic discipline with less focus on practice training.) The KASW representatives said that although many Koreans desired a master's degree in social work from the United States, most of them could not come to this country to study. They were precluded from doing so because of the cost involved, their life circumstances, and their inability to speak English. KASW asserted that the COSW would make an important contribution to the field of social work in Korea if it would offer its MSW program there, with courses taught in the Korean language (Raymond, 1997).

Obtaining Approval

Korean representatives came to South Carolina to meet with the dean and faculty. They described social work and social work education in Korea, explained the educational needs and life circumstances of potential students, and discussed various options for offering a degree program in Korea. After learning about these needs and opportunities, the faculty gave the dean approval to move forward in developing a plan to offer the MSW degree program in Korea. Planning began in spring 1992. The dean, along with Dr. Paul Kim, visited Korea to assess needs, opportunities, and resources that might be available to mount such a program. These visits entailed meeting with potential students, going to various academic institutions with whom the COSW might partner in the venture, locating possible housing for faculty, assessing available resources such as libraries and technology, meeting with officials of agencies that might be supportive of the program and its students, etc.

In response to the needs and circumstances of the Korea social work community, and based on resources of the COSW, the dean developed a formal proposal for an off-site MSW program in Seoul, Korea. He presented this proposal to the faculty and they granted their approval of the plan. The faculty also authorized the dean to submit the proposal to the appropriate authorities. (Different written versions of the plan were required to meet the guidelines of these various authorities. The fundamental elements of the plan were identical in each version.)

Because the program was to be conducted at an off-site location, with all classes being offered in Korea, prior approval by the CSWE Commission on Accreditation was required. A proposal was developed under the Commission's Evaluative Standard 7: Alternative Programs. This standard stated the following.

7.0 Alternative programs introduce change into one or more components of a program already accredited by the Commission. If such alterations do not constitute substantive changes the program must, as part of the self-study process at the time of submitting materials for accreditation, include information about the alternative program and its evaluation results.

7.1 An alternative program that offers the equivalent of one or more academic years of the social work degree program, whether the class or field curriculum or

both, in an off-campus location must submit a proposal to the Commission on Accreditation for approval before implementing the program.

The COSW had been offering a part-time program in South Carolina for many years. This program included options for both block and concurrent field placements. The COSW proposed to offer this same program on site in Seoul, Korea. The intent was that the Korea-based MSW program would be in all ways comparable to the South Carolina-based program, with the only differences being the location, the timing of the courses, the waiver of TOEFL scores for applicants to the program, and the inclusion of interpreters to translate the faculty lectures from English to Korean.

The plan for the alternative Korea-based MSW program was submitted to the CSWE Commission on Accreditation in December 1992, and it was approved by the Commission in January 1993. During this same time period the plan for extending the college's MSW program to Korea was submitted to, and approved by, various levels of authority within the University of South Carolina. Following ultimate approval by the university's board of trustees, the proposal was submitted to the South Carolina Commission on Higher Education, and that state agency also gave its approval to the plan.

While approval of the plan was being sought in the US, it was also necessary to obtain approval in Korea. After the dean's visits to a number of universities in Korea that offered social work education programs, the COSW extended an offer to Kangnam University to serve as a partner in this venture. (Kangnam University was well-known for its reputation of having the oldest, largest and most prestigious undergraduate program in Korea). The president and other officials at Kangnam University accepted the COSW offer, and the proposal was then submitted to the South Korea Ministry of Education. Because of Korea's previous experiences with a number of bogus foreign academic programs, the Ministry of Education was initially somewhat wary of the COSW proposal. Consequently, in addition to submitting the proposal to the Ministry, it was necessary for the dean to meet personally with officials from that government agency to provide reassurance of the legitimacy of the proposed program. The COSW's partnership with Kangnam University, given its reputation as a highly respected university in Korea, also provided credibility to the proposal. The Ministry of Education gave its approval to the plan and steps were then taken to implement it.

Following approval at the various levels in the US and Korea, the COSW began to implement the plan. This included hiring Dr. Paul Kim to be the director of the program (additional Korean-American faculty were later hired by the COSW). Courses were scheduled and faculty were assigned to teach them. Classroom space was set up in Korea and resources such as library materials and technology equipment were sent to Seoul. The COSW began to accept applications and to process them through its admissions office and the university graduate school.

An initial class of 28 students was admitted to the Korea-based MSW program. The COSW began offering courses to this first cohort of students in summer of 1993. With the initiation of this program, the College of Social Work at the University of South

Carolina became the first school of social work in the US to offer its master's degree program in its entirety in a foreign country.

At first the program was offered only in collaboration with Kangnam University, but after the program began several additional Korean universities joined the partnership. These have included Dan Kook University, Hallym University, Induk Institute of Technology, Korea Christian University, Chang Shin College, Sookmyung Women's University, Seowon University, and Suwon University. The participation of these other schools not only provided further enhancement to the credibility and reputation of the MSW program, but also brought to bear additional resources such as classrooms, libraries and technology. Kangnam University has remained the primary partner, however.

Structure of the Program

The Korean program is structured on the framework of the part-time MSW program that the COSW has offered in South Carolina for many years. Faculty from the University of South Carolina travel to Korea to teach courses on-site during the summer and in specially arranged schedules during the fall and spring semesters. As in the part-time program in South Carolina, courses are taught during evenings and weekends in order to accommodate the needs of working students. All faculty members who teach in Korea participate in an orientation program prior to going abroad in order to heighten their cultural sensitivity and make them more effective educators in Korea. In addition to the regular classroom teachers, Korean-American professors from the COSW's faculty serve as interpreters in each class. These interpreters, who hold master's and doctoral degrees in social work from United States schools and are familiar with social work and human services in both the US and Korea, help ensure the correct meaning, cultural relevance, and appropriate application of the course content. (Their roles might best be described as "co-teaching.") These Korean faculty members not only serve as interpreters, but they also teach some courses themselves. When they teach, of course, they do not require additional translators.

Applicants to the Korea-based program must meet the same admission requirements as persons who apply for enrolment in the South Carolina-based MSW program, with the exception of submitting passing TOEFL scores as normally required of foreign students. Their applications must be submitted in English in order to be reviewed by the COSW's admissions office and the university's graduate school. In addition to the Korean students, each cohort includes 3-4 American students that are affiliated with the US military stationed in Korea (either soldiers, military employees, or spouses). This arrangement not only meets the needs of these English-speaking students, but it contributes significantly academic value. This enables all students to experience greater diversity, and the students learn much from each other's personal and professional backgrounds.

The block field placement plan is used in the Korean Program. This follows the same model used with COSW's part-time program in South Carolina. Students must complete all of their foundation courses before they can begin their first year field placements. The first year field placements are offered during Fall Semester of the students' second year

of matriculation. The advanced year field placements occur after all other advanced year courses have been completed, except for the final integrative seminar, or capstone course. This course is offered simultaneously with the second year field placements during the fall semester of the students' last year of enrollment.

The field instruction program is carried out in the same manner as in South Carolina. The field director selects agencies and field instructors who meet the COSW's usual criteria. Most of the Korean field instructors are graduates of the Korea-Based MSW Program, with the exception of a few social workers who are affiliated with the US military in Korea. The field director not only sets up the placements in Korea, but also returns to Korea to participate in the evaluation of the students' learning at the end of the field placement experience. The field director is assisted in these efforts by a Korea-based social worker who received her MSW degree in an earlier class that matriculated in the Korea-Based MSW Program. Having lived in the United States previously, she speaks fluent English. She serves as the field director's translator during visits, stays in touch with the students and the field instructors while field placements are taking place, and keeps the field director informed as to what is happening.

The total Korea-based MSW program requires 2.5 years to complete. Students come to the Columbia campus for graduation (this is not required, but most of them strongly want to do so – often bringing family members with them). Because it would strain the COSW's resources to attempt to offer courses to both foundation and advanced students simultaneously in Korea, the college does not begin to offer classes to a new cohort of students until the preceding one has graduated. After a group graduates from the program in December, another class begins its studies the following summer.

The Korea-based program is completely self-supporting from student tuition. The university does not charge its normal tuition and fees and no state funding is contributed towards the costs of the program. Instead, based on projected costs, a budget is established before each cohort of student begins study and the students pay for these costs on a pro-rated basis over their 2.5 years of study.

Evaluation of the Program

Because the Korea-based MSW program was developed as an alternative program under the CSWE accreditation guidelines, it was necessary to evaluate the effectiveness of the undertaking. Evaluation of the program was also required by the South Carolina Commission on Higher Education.

In order to provide assurance of the program's adherence to accreditation standards, the COSW invited CSWE's Director of the Division of Standards and Accreditation to visit the program in Korea on two occasions for review and feedback purposes. The reviews of the Director were extremely positive and her advice was very helpful to the college in insuring the quality of the program and its compliance with accreditation standards.

In order to provide further assurance that the program was of high quality and was meeting accreditation requirements, in the early years of the program the COSW

contracted with two separate outside evaluators with expertise in social work education, including accreditation standards, to provide independent reviews of the program. These evaluators visited the program in Korea, met with officials from Kangnam University, attended classes, interviewed students, interviewed field instructors, examined course materials and students' performance records, and met with the faculty in Columbia.

The findings of these external evaluation activities provided additional independent assurance that the alternative program was, in all relevant aspects, equal in quality to the Columbia-based program. Specifically, the findings revealed that:

- The program was carefully planned and was administered/managed well.
- Students were well qualified and highly motivated, and many opportunities were available and used to foster connections among students and between students and faculty.
- Students performed better overall on comparable classroom assignments than did similar students in the Columbia program, and most received A's or B's in all their coursework.
- Student field performance was equivalent to performance of similar students in the Columbia program.
- Faculty were very positive about the program and students unanimously rated faculty highly.
- The learning and educational support services (e.g., buildings, technology, library holdings) available to students were at least adequate.
- Most limitations of the program were related to environmental conditions (e.g., heat, travel time, resources, isolation of faculty).
- Initially learning resources were seen as a problem, but the COSW addressed this by developing a supplemental library and utilizing the libraries of more partner institutions.
- In summary, the Korea program was found to be highly commensurate with the part-time MSW program in Columbia in all areas, including curriculum content, texts and other materials, instruction methods, evaluation methods, and student outcomes.

In the year 2000 the COSW went through its regular review for reaffirmation of accreditation and the Korea-based program was part of that review. The above data from outside evaluations were included in the college's self-study document. The Korean-based program evaluation plan for the reaffirmation review also included many of the same measures that were used to evaluate the Columbia-based program. Specifically, these included:

- Student grades
- Field Instructor's Evaluation of Students

- Teaching Evaluations
- Field Work Rating Form
- Field Liaison Assessment

The 2000 reaffirmation review resulted in unconditional approval of the COSW's master's degree program, including the Korea-based component. The regular review of the COSW's accreditation occurred again in 2008 and, once again, the review resulted in unconditional reaffirmation of accreditation. This reaffirmation of the college's accreditation during its last two reviews by the Commission on accreditation has thus provided solid evidence that students in the Korea-based program have parallel course content, similar resources and learning opportunities (libraries, equipment, field placements), and a program of equivalent quality to the Columbia-based MSW.

The Korea-based program has also been evaluated by the Southern Association of Colleges (SACS) as part of its accreditation of the University of South Carolina. This organization has also given its approval to the Korea-based initiative as an integral part of the COSW's master of social work degree program.

Since the COSW began offering courses to the first cohort of students in 1993, six groups of students have graduated. With the graduation of the current cohort in December 2013, over 175 students will have received their MSW degrees through the Korean program.

Most graduates of the Korea-based MSW program have moved into positions of increased responsibility as a result of their graduate degrees. Over 50 are now teaching social work education courses as full-time faculty (20) or adjunct faculty (30) in Korean Universities. A large number of graduates have been promoted to high ranks within their organizations and some have assumed leadership positions in other institutions, including the Korean government (one is now Korea's Senior Secretary to the President for Employment and Welfare). Over a dozen of the alumni have gone on to pursue doctoral study in social work education programs in Korea and in the United States. (Two of the alumni have completed Ph.D. degrees at the University of South Carolina.)

Faculty from the University of South Carolina have enjoyed the experience of teaching abroad, and have found that they are better social work educators as a result of insights they acquired from living, studying, and teaching in another country. Similarly, faculty from Korean universities who participate in the program have emphasized that they profit from this cross-cultural activity. Several faculty from both countries have engaged in joint research projects which have resulted in scholarly publications and papers presented at national and international conferences.

Conclusion

The College of Social Work at the University of South Carolina was not the first school of social work to engage in international activities, nor does it claim to be preeminent in this arena. Other schools have a long history of offering study-abroad courses, providing international field placements, conducting research or developing

special projects in other countries, offering educational content to academic institutions abroad, and so on. However, there were relatively few schools involved in such activities thirty years ago. Starting with its international coursework and its study-abroad courses, the COSW was an early entrant in this field. The COSW gradually expanded its activities to include a variety of internationally-focused projects. With the implementation of its Korea-based MSW program, which represented a unique venture among schools of social work, the COSW established what might be considered a leadership position among schools. In this age of globalization more and more schools of social work are endeavoring to develop international initiatives of various types. It is hoped that the above recounting of the experiences of the COSW can be of benefit to schools seeking to expand their efforts in the global field.

There are several lessons to be learned from the COSW's experiences in developing international activities. One of the most striking conclusions is that the establishment of an international program of any type has widespread effects that extend beyond the immediate objective of that initiative. Often there are benefits of international activities far greater than those imagined by the planners. For example, a study-abroad course provides much more than an exposure of students to another culture and a different system of social services. As Johnson, Johnson, and Good (1995) pointed out, students who have participated in international studies return with noticeable growth in self-confidence, general maturity, adaptability and responsibility, as well as international awareness and an understanding and appreciation for another culture. These authors also noted that faculty members who engage in international projects seem to attain greater vision and credibility, and to emerge as leaders as a result of the challenges they have faced in international settings.

There is no doubt that faculty members from the COSW have become better teachers as a result of their engaging in study-abroad courses, teaching international content, becoming involved in the college's partnerships with schools in other countries, participating in international conferences, and teaching in the Korea-based MSW program. Faculty report that these international experiences have served to broaden their world views, increase their sensitivity to other cultures, and expand their repertoire of options for enriching the curriculum. The overall professional development of the COSW faculty as a result of their international experiences support what other writers have found. For example, Sanders (1980) explained that engagement in multicultural experiences enhances one's flexibility, psychological adaptability, and capacity to make shifts in one's frame of reference. Similarly, Harris (1990) pointed out that developing understanding of differences between oneself and others, as well as points of unity, can help one look again at what was previously believed and to see new possibilities.

Another lesson from the COSW's experiences is that engagement with partners from other countries is inevitably a two-way experience – and it should be. A number of writers (Hartman, 1990; Healy, 1986; Healy & Link, 2011) have emphasized that recognition of mutuality and sharing, in contrast to an attitude of *noblesse oblige*, is essential for international collaboration. Faculty and students who have participated in the COSW's study-abroad courses, international conferences, or the Korea-based program have soon learned that we have much to learn from other countries. Indeed, some of the

human service systems of other countries are far superior to those of the US and offer models for replication.

As a school of social work embarks on an international endeavor it is essential that the leader(s) of the effort be passionate about it. It is not unusual for a school to include an international component in its mission statement, but in order to effectuate that mission there must be a strong commitment to the importance of some specific goals and objectives. This kind of enthusiasm for a proposed international enterprise will lead one to look for opportunities for action.

The next lesson from the COSW's experiences builds on the preceding discussion. That is, one must be aware of opportunities when they arise and quick to embrace them. For example, the COSW's first study-abroad trip grew out of the availability of a university-owned property in Mexico that the university's president encouraged deans to use for academic purposes. The HUSITA international conference took place because that organization, which meets biennially in different countries, was looking for an institution in the US that could host the event. The Korea-based MSW program resulted from an invitation from the Korean social work community to offer a degree in that country.

Another lesson for schools that are interested in developing international programs is the importance of networking with others who are engaged in the global arena. Indeed, many of the initiatives developed over the years at the COSW were generated by the examples of work done at other schools. It is helpful for faculty who want to develop international activities to go to sessions having that focus when attending national conferences such as the CSWE Annual Program Meeting. It is also useful for them to participate in international social work organizations including the International Association of Schools of Social Work (IASSW), the International Federation of Social Workers (IFSW), the International Consortium for Social Development (ICSD), and the International Council on Social Welfare (ICSW). These organizations provide forums for educators, researchers, students, and practitioners to come together to hear expert speakers, present papers on their own work, share ideas, and learn from each other in regard to international social work education and practice. These types of organizations also offer a variety of other resources to facilitate international collaboration and development such as publications, web-based information, and opportunities for online communication and data exchange among members.

Another lesson from the experience of the COSW is that it is essential to obtain support for the proposed venture from leaders at every possible level. It was necessary for the COSW to obtain the endorsement and approval of many authorities in developing the Korea-based program, so efforts were made to assure these parties of the legitimacy and value of the initiative. For example, it was helpful to have the CSWE Director of the Division of Standards and Accreditation visit the program, not just to have her provide guidance regarding accreditation standards, but also to give her the opportunity to see the worth of the program. Similarly, the provost of the University of South Carolina visited the Korean program and he became one of the strongest advocates of the endeavor within the university and with the South Carolina Commission on Higher Education. In Korea,

also, the dean cultivated the friendship of officials within Kangnam University and at the Ministry of Education. Their support helped facilitate the approval processes in that country and has helped maintain the ongoing success of the program.

It is also important to insure the availability of sufficient resources in order for an international project to succeed. This requires being knowledgeable of potential funding sources, such as private and governmental grants. Also, it is sometimes necessary to risk capital expenditures at the front end of a venture in order to develop the potential project. The COSW had to commit resources in order to create study-abroad courses, mount international conferences, and make the necessary foreign trips to develop the Korean program. Sufficient human resources are also necessary for any foreign endeavor. Offering successful study-abroad trips requires faculty with the requisite knowledge and skills. Hosting international conferences calls for faculty with the necessary subject area knowledge as well as planning and management abilities. Offering academic programs in other countries requires faculty that have not only the needed knowledge base, but also the desire and willingness to work abroad. (Sometimes it is necessary to hire faculty with international backgrounds and fluency in another language, as was the case with COSW's Korea-based program.)

Finally, engagement in international endeavors requires full commitment on the part of the school. This means a willingness to commit the necessary money, human resources, and time to insure the success of the project. It is therefore absolutely essential to obtain the support of the school official(s) who have the authority to make such commitments, as well as pledges of full participation from all persons who will be involved. Sometimes long-term financial commitments are not possible, particularly when there is no guarantee of the success of the project. In any case, there should be a clear, written plan for the project that includes goals and objectives, a time frame, a description of the roles of each actor, an evaluation scheme with intermediate measures of progress, and a projection of future efforts that includes contingency plans. As discussed above under the section on "international partnerships," when organizations from other countries are involved there should be formal agreements between the institutions in the respective countries that spell out the roles, responsibilities, and expectations of all parties.

It should be evident from this paper that the involvement of a school of social work in any type of international activity should not be entered into lightly – but thoughtfully, earnestly and resolutely. No doubt this level of engagement will seem frightening and overwhelming to some faculty and administrators. However, we are living in times of transformational social change and it is incumbent upon schools of social work to maintain relevancy in light of these events. Schools must expand their institutional worldviews. Schools must equip their students with the appropriate knowledge, skills and values to practice effectively in our fast-changing environment. And, to be pertinent in a shrinking world, schools of social work would do well to consider developing concrete programs that will involve students and faculty in international activities. As the College of Social Work at the University of South Carolina has learned through its experiences with international programs, the benefits of engaging in such projects are profound and rewarding.

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Author note

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The Evolution of Social Work Ethics: Bearing Witness

Frederic G. Reamer

Abstract: *The evolution of ethical standards in social work, and conceptual frameworks for examining ethical issues, is among the most compelling developments in the history of the profession. Since the formal inauguration of social work in the late nineteenth century, the profession has moved from relatively simplistic and moralistic perspectives to conceptually rich analyses of ethical issues and ethical guidelines. This article examines the evolution of social work ethics from the profession's earliest days and speculates about future challenges and directions.*

Keywords: *Ethical standards, ethics, professional ethics, values*

Prologue

October, 1976. I remember it well. At the time I was a doctoral student at the University of Chicago, School of Social Service Administration, where I had enrolled in 1975. I entered the doctoral program with a reasonably well-defined, relatively narrow focus on issues related to criminal justice and corrections and their relationship to the social work profession. My longstanding professional interest and experience in criminal justice and corrections led me to social work somewhat by happenstance. I started my graduate school career at the University of Chicago in the social sciences, not in social work. Within a matter of weeks I realized that I would not be happy wrestling with relatively abstruse theory, the hallmark of social science education at the University of Chicago. My interests were more applied and practical. I quickly knew that I needed to spend time with colleagues and scholars who cared deeply about the human condition and were earnest about addressing vulnerable populations and promoting social justice.

In my tenacious attempt to climb down from intellectual clouds that seemed very far removed from real-world social problems and challenges, I began working part-time as a group worker at a federal prison in Illinois. I also scoured the University of Chicago in an effort to find kindred spirits. Knowing little about social work, I was intrigued by the range of courses offered by the university's School of Social Service Administration. My eyes widened as I read description after description of courses related to human behavior, poverty, crime, social policy, mental illness, addictions, aging, and so on. "This is where I need to be," I thought. "If only I had known about this program when I applied for admission to the university."

I began knocking on faculty members' doors at the School of Social Service Administration asking for the names of professors who were involved in research on issues related to criminal justice and corrections. I found them and, in short order, was hired to work as a research associate on a project evaluating services provided to Illinois prison inmates.

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For nearly a year I immersed myself in my social work entrée, with noteworthy side dishes related to my passionate interest in criminal justice and corrections. Getting back to October, 1976, I clearly recall sitting in the lobby of the School of Social Service Administration, looking north through the floor-to-ceiling picture window in the building designed by the renowned architect Mies van der Rohe. As I stared at the Gothic buildings that dominate the University of Chicago campus, I chatted earnestly with a fellow doctoral student. At the time we were working together on a research project evaluating the effectiveness of community-based services for juvenile offenders and discovered a shared interest in broad philosophical and moral issues, especially as they pertained to human and social services. During that conversation my doctoral student colleague and I mused about challenging ethical issues germane to the research in which we were engaged. I shared with my colleague my growing realization that embedded in the policy debate about the relative merits of community-based care of juvenile offenders and incarceration are a number of daunting philosophical and moral issues: Is it appropriate to hold juvenile offenders – minors – morally accountable for their misconduct? Under what circumstances, if any, are punishment and retribution warranted when human beings and, more specifically, minors misbehave? When is it appropriate to deprive people of their liberty? Is coercion ever acceptable when we provide social services to people? Are there times when it is morally permissible to interfere with clients' self-determination rights or lie to clients to protect them from themselves (what moral philosophers call paternalism)? What criteria should we use to allocate scarce resources (for example, agency funds, client benefits and services) when we try to assist people in need (philosophical issues of distributive justice)?

This was my “Ah-hah” moment. With only a modicum of insight, I realized for the first time that social work entailed complex ethical dilemmas. Certainly by then I had been exposed to discussions of social work's and social workers' core values, which at that point in the profession's history constituted what was known as social work ethics (Levy, 1976). But *ethical dilemmas* meant something quite different. Ethical dilemmas entailed far more than exploration of the profession's and practitioners' values; they involved complex analysis of ethical puzzles where social work's values, duties, and obligations conflict. And this, it seemed to me, required the application of ethical theory that was the province of moral philosophy, a discipline with which I was then vaguely familiar and which issued its siren song. I was not sure where my 1976 quest would take me, but I had a very strong sense that exploring and cultivating the connections between moral philosophy and social work would bear fruit.

My developing instincts were reinforced by my awareness of a nascent field that was then in its infancy: bioethics. By poking around the professional literature I discovered that a relatively small coterie of physicians and moral philosophers were engaged in a parallel effort to connect ethical dilemmas in medicine with moral philosophy. For a variety of complex reasons, this specialty was taking off and provided a helpful precedent for what I envisioned for social work: identify compelling ethical dilemmas in professional practice and view them through the conceptual lenses that moral philosophers have developed since the time of Socrates, Plato, and Aristotle.

So off I went and, with modest encouragement (and I suspect bewilderment) from my faculty advisors at the School of Social Service Administration, I devoted a significant portion of my doctoral coursework to seminars in moral philosophy, including theories of metaethics and normative ethics, and epistemology (philosophy of science). To be sure, I was out of my intellectual comfort zone, surrounded as I was with extraordinarily bright philosophy doctoral students. But I held on for the ride, challenging myself at every step to extract practical meaning from the stunningly abstract philosophical theories I was studying. There were virtually no kindred spirits or role models in these seminars, and I worked hard to explain to my philosophy instructors what I had in mind. I think they were intrigued to have a social work student in their midst, which may have been unprecedented.

By 1977 I had a much clearer vision of the ways in which moral theory and other philosophical questions connect to social work. By then I had immersed myself in classic and contemporary philosophy and my mind exploded with conceptual and practical applications to the day-to-day challenges faced by social workers. I found myself thinking outside the intellectual box that was so familiar to me: How might Immanuel Kant's (1795) eighteenth century ideas about moral duty and obligation pertain to social workers who contemplate whether to violate agency regulations or the law to benefit vulnerable clients? What are the implications of John Stuart Mill's (1859) nineteenth century reflections in his classic essay *On Liberty* for social workers who consider coercing or lying to clients with major mental illness to prevent them from engaging in self-harming behavior (a classic illustration of paternalism)? Can John Rawls' (1971) powerful analysis in his book *A Theory of Justice* guide social workers who are responsible for allocating scarce or otherwise limited resources, such as emergency shelter beds, agency funds, or subsidized housing units for people who are disabled?¹ The vexing questions seemed endless.

Fortuitously, at the very time I was exploring connections between moral philosophy and social work, the bioethics field – in which a number of scholars and practitioners were engaged in a similar pursuit with regard to the relationship between moral philosophy and medicine – was burgeoning. The lodestars during the 1970s were the Kennedy Institute at Georgetown University and The Hastings Center in New York. Without question, these two pioneering centers put professional and applied ethics on the map. They moved moral philosophy from the intellectual clouds to the practical challenges facing health care professionals, primarily concerning questions related to the end of life, genetic engineering, organ transplantation, reproductive rights, truth-telling in health care, allocation of limited health care resources, and a whole host of nagging and challenging bioethical issues.

Timing may not be everything, but it certainly can be vitally important. I completed my doctoral work in 1978 and by 1980 had taught two graduate student seminars on social work ethics at the University of Chicago. As I developed these courses I struggled mightily to find engaging, relevant, and accessible literature that would help students appreciate the nature of ethical dilemmas, ethical theory, and their relevance to social work. At the time very few social work programs were teaching in-depth ethics courses and there was very little social work literature on which to draw; nearly all of the extant

social work ethics literature focused on the nature of social work values and their implications for professional-client relationships. Social work's body of knowledge at that point in the profession's history lacked a critical mass of scholarly examinations of ethical dilemmas, moral theory, and ethical decision-making.

Fortunately, in 1980 The Hastings Center, with support from the Carnegie Corporation of America, formed a working group of faculty from a range of professions – engineering, law, business, medicine, the military, public policy, journalism, nursing, social work, and criminal justice – to identify compelling ethical issues in the respective professions, identify pedagogical goals for teaching ethics to practitioners, and develop curricular guides. Participants in this cutting-edge Hastings Center project published a series of monographs on teaching professional ethics, which included *The Teaching of Social Work Ethics* (Reamer & Abramson, 1982). In retrospect, these key developments provided the beginnings of a conceptual foundation that influenced the development of social work ethics for at least the next three decades.

The Evolution of Social Work Ethics

My own involvement with social work ethics has occurred within a much broader historical context, only some of which I have experienced firsthand. Although the theme of values and ethics has endured in the profession, social workers' conceptions of what these terms mean and of their influence on practice have changed over time. In my view, the evolution of social work values and ethics has occurred in five key stages: the *morality period*, *values period*, *ethical theory and decision making period*, *ethical standards and risk management period*, and, most recently, *digital period* (Reamer, 2013a).

The Morality Period

The first stage began in the late nineteenth century, when social work was formally inaugurated as a profession. During this period social work was much more concerned about the morality of the client than about the morality or ethics of the profession or its practitioners. Organizing relief and responding to the “curse of pauperism” (Paine, 1880) were the profession's principal missions. This preoccupation often took the form of paternalistic attempts to strengthen the morality or rectitude of the poor whose “wayward” lives had gotten the best of them.

The rise of the settlement house movement and Progressive era in the early twentieth century marked a time when the aims and value orientations of many social workers shifted from concern about the morality, or immorality, of the poor to the need for dramatic social reform designed to ameliorate a wide range of social problems, for example, those related to housing, health care, sanitation, employment, poverty, and education (Reamer, 1992). During the Great Depression especially, social workers promoted social reforms to address structural problems. Many social policies and programs created during the New Deal years in the United States (1933–1941) were shaped or influenced by social workers (McNutt, 2008).

The Values Period

Concern about the morality of the client continued to recede somewhat during the next several decades of the profession's life, as practitioners engaged in earnest attempts to establish and polish their intervention strategies and techniques, training programs, and schools of thought. Over time, concern about clients' morality was overshadowed by debate about the profession's future, that is, the extent to which social work would stress the cultivation of expertise in psychosocial and psychiatric casework, psychotherapy, social welfare policy and administration, community organization, or social reform. After a half century of development, the social work profession was moving into a phase characterized by several attempts to develop consensus about the profession's core values. Several prominent commentaries appeared during this period in which authors defined, explored, and critiqued the profession's core values and mission (Bartlett, 1970; Emmet, 1962; Gordon, 1965; Keith-Lucas, 1963; Levy, 1972, 1973, 1976; Lewis, 1972; Perlman, 1976; Pumphrey, 1959; Teicher, 1967; Towle, 1965; Varley, 1968; Vigilante, 1974; Younghusband, 1967).

In addition to exploring the profession's core values, some of the literature during this period (the 1960s and 1970s) reflects social workers' efforts to examine and clarify the relationship between their own personal values and professional practice (e.g., Hardman, 1975; Varley, 1968). In the context of this so-called values clarification movement, many social workers developed a keen understanding of the relationship between their personal views and their professional practice, especially when it came to controversial and divisive issues such as poverty, abortion, homosexuality, alcohol and drug use, and race relations.

Nearly half a century after its inauguration, the profession began to develop formal ethical guidelines, based on its core values, to enhance proper conduct among practitioners. In 1947, after several years of debate and discussion, the Delegate Conference of the American Association of Social Workers adopted a code of ethics. The profession's journals also began to publish articles on the subject with greater frequency (Hall, 1952; Pumphrey, 1959; Roy, 1954).

This is not to say, of course, that social workers neglected the subject until this period. Social workers have always espoused concern about a core group of central values that have served as the profession's ballast, such as the dignity, uniqueness, and worth of the person, self-determination, autonomy, respect, justice, equality, and individuation (Biestek, 1957; Cabot, 1973; Hamilton, 1951; Joseph, 1989; National Association of Social Workers, 1974; Richmond, 1917). In addition, there were several modest efforts earlier in the twentieth century to place ethics on social workers' agenda. As early as 1919 there were attempts to draft professional codes of ethics (Elliott, 1931). In 1922 the Family Welfare Association of America appointed an ethics committee in response to questions about ethical challenges in the field (Elliott, 1931; Joseph, 1989). However, the late 1940s and early 1950s rather clearly constituted a watershed period in social work when the subject of professional ethics became a subject of study and scholarship in its own right (Frankel, 1959; Reamer, 1980, 1982, 1987; Reamer & Abramson, 1982).

Not surprisingly, in the 1960s social workers shifted considerable attention toward the ethical constructs of social justice, rights, and reform. The public and political mood of this turbulent period infused social work training and practice with a prominent set of values focused on social equality, welfare rights, human rights, discrimination, and oppression (Emmet, 1962; Lewis, 1972; Plant, 1970; Reamer, 1994; Vigilante, 1974). The National Association of Social Workers (NASW) adopted its first code of ethics in 1960.

Perhaps the most visible expression of emerging concern about social work values and ethics was the 1976 publication of Levy's *Social Work Ethics*. Although the profession's journals had, by then, published a number of articles on social work values and ethics, Levy's book was the profession's most ambitious conceptual discussion of the subject. This had great symbolic significance. Since then, scholarship on social work ethics has blossomed. Levy's work, contained in *Social Work Ethics* and other publications (1972, 1973), helped to turn social workers' attention to the study of overarching values and ethical principles.

The Ethical Theory and Decision Making Period

Until the mid-to-late 1970s, the profession focused primarily on the nature of social workers' values and social work's core values and value base. At this point the profession underwent another significant transition in its concern about values and ethical issues. As I noted earlier, this is when I was privileged to join the discussion. The 1970s saw a dramatic surge of interest in the broad subject of applied and professional ethics (also known today as practical ethics). Professions as diverse as medicine, law, business, journalism, engineering, nursing, social work, psychology, and criminal justice began to devote sustained attention to the subject. Large numbers of undergraduate and graduate training programs added courses on applied and professional ethics to their curricula, professional conferences witnessed a substantial increase in presentations on the subject, and the number of publications on professional ethics increased dramatically (Callahan & Bok, 1980).

The proliferation of bioethics and professional ethics think tanks during this period is a major indicator of the rapid growth of interest in this subject. Today, in fact, the number of such ethics centers is so large that there is a national association, the Association for Practical and Professional Ethics. The field has also produced two prominent and influential encyclopedias: the *Encyclopedia of Bioethics* and *Encyclopedia of Applied Ethics*.

The growth of interest in professional ethics during this period was due to a variety of factors. Controversial technological developments in health care and other fields certainly helped to spark ethical debate involving such issues as termination of life support, organ transplantation, genetic engineering, psychopharmacological intervention, and test-tube babies. Key questions concerned, for example, the criteria that should be used to determine which medically needy patients should receive scarce organs, such as hearts and kidneys. Scholars and practitioners also debated when it is acceptable to terminate the life support that is keeping a comatose family member alive; to what extent it is

appropriate to influence, through laboratory intervention, the sex of a fetus; and whether it is ethically justifiable to implant an animal's heart into the body of an infant born with an impaired heart.

Widespread publicity about scandals in government also triggered considerable interest in professional ethics. Beginning especially with the Watergate scandal in the early 1970s, the public has become painfully aware of various professionals who have abused their clients and patients, emotionally, physically, or financially. The media have been filled with disturbing reports of physicians, psychologists, lawyers, clergy, social workers, nurses, teachers, pharmacists, and other professionals who have taken advantage of the people they are supposed to serve. Consequently, most professions take more seriously their responsibility to educate practitioners about potential abuse and ways to prevent it.

In addition, the introduction, beginning especially in the 1960s, of such terminology as patients' rights, welfare rights, women's rights, and prisoners' rights helped shape professionals' thinking about the need to attend to ethical concepts. Since the 1960s, members of many professions have been much more cognizant of the concept of rights, and this has led many training programs to broach questions about the nature of professionals' ethical duties to their clients and patients.

Contemporary professionals, including social workers, also have a much better appreciation of the limits of science and its ability to respond to the many complex questions professionals face. Although for some time, particularly since the 1930s, science has been placed on a pedestal and widely regarded as the key to many of life's mysteries, modern-day professionals acknowledge that science cannot answer a variety of questions that are, fundamentally, ethical in nature (Sloan, 1980).

Finally, greater awareness of social work malpractice litigation and licensing board complaints, along with publicity about unethical professionals, has forced the professions to take a closer look at their ethics traditions and training. As a result of these troubling phenomena, the professions, including social work, have enhanced their focus on ethics education (Congress, Black, & Strom-Gottfried, 2009; Houston-Vega, Nuehring, & Daguio, 1997; Reamer, 2001a, 2003, 2013a).

The emergence of the broad applied and professional ethics field clearly influenced the development of social work ethics (Banks, 2012; Barsky, 2009; Congress, 1999; Dolgoff, Loewenberg, & Harrington, 2009; Mattison, 2000; Reamer, 2013a). Beginning in the early 1980s, a small number of social work colleagues and I began writing about ethical issues and dilemmas, drawing in part on literature, concepts, and theories from moral philosophy in general and the newer field of applied and professional ethics. The net result of these developments was the emergence in the 1980s of a corpus of literature on social work ethics. For the first time in the profession's history, several books (Loewenberg & Dolgoff, 1982; Reamer, 1982, 1990; Rhodes, 1986) and a number of journal articles explored the intricate and complex relationship between ethical dilemmas in social work and ethical decision making. Interestingly, the 1987 edition of the *NASW Encyclopedia of Social Work* included for the first time an article directly exploring the relevance of philosophical and ethical concepts to social work ethics (Reamer, 1987).

Unlike the profession's earlier literature, several publications on social work ethics in the 1980s explored the relevance of moral philosophy and ethical theory to ethical dilemmas faced by social workers; similar developments occurred in nearly all the professions (Rachels & Rachels, 2011). Clearly, this was a key development, one that has dramatically changed social workers' understanding of and approach to ethical issues.

The Ethical Standards and Risk Management Period

And then the winds shifted yet again. In 1990 I received my first telephone call from an attorney who sought my opinion about ethical issues related to litigation. The attorney who called me was representing a social worker who provided services to a young man who committed suicide. Only then did I begin to discover the complex connections between ethical standards in social work and risk management, including professional malpractice and liability. This added a new challenge to my ethics-related work and, as a result, I had to learn a great deal about pertinent legal concepts, including negligence, malpractice, standards of care, acts of commission and omission, misfeasance, malfeasance, nonfeasance, evidentiary rules and procedures, legal discovery, burdens of proof, regulatory law, statutory law, common law, and Constitutional law, among others. I also began to understand that social workers needed much more guidance than was available in the existing NASW Code of Ethics. Social work ethics had become much more complex, in part because of increasing litigation and licensing board complaints and, especially, because of the dramatic growth of the professional and applied ethics field generally and social workers' expanding grasp of complex ethical issues unique to the profession.

This stage in the evolution of social work ethics is characterized mainly by the significant expansion of ethical standards to guide practitioners' conduct and by increased knowledge concerning professional negligence and liability. More specifically, this period included the development of a much more comprehensive code of ethics for the profession, the emergence of a significant body of literature focusing on ethics-related malpractice and liability risks, and risk-management strategies designed to protect clients and prevent ethics complaints and ethics-related lawsuits (Barker and Branson, 2000; Barsky, 2009; Houston-Vega, Nuehring, and Daguio, 1997; Jayaratne, Croxton, & Mattison, 1997; Madden, 2003; NASW, 2008; Reamer, 2001b, 2003, 2009, 2013a, in press). Many ethics complaints and litigation against social workers allege some kind of ethics violation related to such issues as confidential and privileged information, informed consent, conflicts of interest, dual relationships and boundary issues, use of nontraditional and unorthodox interventions, termination of services, impairment, and documentation (Reamer, 2003, 2013a).

Dramatic changes in the NASW Code of Ethics during this period are instructive. The first NASW code was published in 1960, five years after the organization was formed. The 1960 *Code of Ethics* was very brief and consisted of a series of fourteen proclamations concerning, for example, every social worker's duty to give precedence to professional responsibility over personal interests; respect the privacy of clients; give appropriate professional service in public emergencies; and contribute knowledge, skills, and support to programs of human welfare. Brief first-person statements (such as "I give

precedence to my professional responsibility over my personal interests” and “I respect the privacy of the people I serve”) were preceded by a preamble that set forth social workers’ responsibility to uphold humanitarian ideals, maintain and improve social work service, and develop the philosophy and skills of the profession. In 1967 a principle pledging nondiscrimination was added to the proclamations.

However, over time some NASW members began to express concern about the code's vagueness, its scope and usefulness in resolving ethical dilemmas, and its provisions for handling ethics complaints about practitioners and agencies. In 1977 the NASW Delegate Assembly established a task force to revise the profession’s code of ethics and to enhance its relevance to practice. The revised code, ratified in 1979, was much more detailed; it included six sections of brief principles preceded by a preamble setting forth the general purpose of the code, the enduring social work values upon which it was based, and a declaration that the code’s principles provide standards for the enforcement of ethical practices among social workers. The 1979 code set forth principles related to social workers' conduct and comportment, and to ethical responsibility to clients, colleagues, employers and employing organizations, the social work profession, and society.

In 1992 the president of NASW appointed a national task force, which I was asked to chair, to suggest several specific revisions of the code. In 1993, based on the task force recommendations, the NASW Delegate Assembly voted to amend the code to include several new principles related to the problem of social worker impairment and the problem of inappropriate boundaries between social workers and clients, colleagues, students, and so on.

Because of growing dissatisfaction with the 1979 NASW code, and because of dramatic developments in the field of applied and professional ethics since the ratification of the 1979 code, the 1993 NASW Delegate Assembly also passed a resolution to establish a task force to draft an entirely new code of ethics for submission to the 1996 Delegate Assembly. The task force, which I was privileged to chair, was established in an effort to develop an entirely new code of ethics that would be far more comprehensive in scope and relevant to contemporary practice.

Development of this new code represented a fundamental shift in social work’s approach to ethics. The code contains the most comprehensive contemporary statement of ethical standards in social work. The first section, “Preamble,” summarizes the mission and core values of social work, the first ever sanctioned by NASW for its code of ethics. The second section, “Purpose of the NASW Code of Ethics,” provides an overview of the code’s main functions and a brief guide for dealing with ethical issues or dilemmas in social work practice. The brief guide in this section of the code to dealing with ethical issues highlights various resources social workers should consider when faced with difficult ethical decisions. Such resources include ethical theory and decision making, social work practice theory and research, laws, regulations, agency policies, and other relevant codes of ethics. The guide encourages social workers to obtain ethics consultation when appropriate, perhaps from an agency-based or social work

organization's ethics committee, regulatory bodies (for example, a state licensing board), knowledgeable colleagues, supervisors, or legal counsel.

An important feature of this section of the code is its explicit acknowledgment that instances sometimes arise in social work in which the code's values, principles, and standards conflict. Moreover, at times the code's provisions can conflict with agency policies, relevant laws or regulations, and ethical standards in allied professions (such as psychology and counseling). The code does not provide a formula for resolving such conflicts and "does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict." (National Association of Social Workers, 2008:3)

The code's third section, "Ethical Principles," presents six broad ethical principles that inform social work practice, one for each of the six core values cited in the preamble. The principles are presented at a fairly high level of abstraction to provide a conceptual base for the profession's more specific ethical standards. The code also includes a brief annotation for each of the principles.

The code's final section, "Ethical Standards," includes 155 specific ethical standards to guide social workers' conduct and provide a basis for adjudication of ethics complaints filed against NASW members – a radical departure from the one-page code, including only fourteen principles, adopted by NASW in 1960. The standards fall into six categories concerning social workers' ethical responsibilities to clients, to colleagues, in practice settings, as professionals, to the profession, and to society at large. The introduction to this section of the code states explicitly that some standards are enforceable guidelines for professional conduct and some are standards to which social workers should aspire. Furthermore, the code states, "The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards" (NASW, 2008:7).

The Digital Period

I think it is fair to say that the newest period in the evolution of social work ethics has taken nearly all of us by surprise. I know I certainly did not anticipate that in the current era, beginning in the mid 2000s, we would face enormously complex issues related to social workers' use of digital and other "distance" or remote technology to serve clients.

Social work services emerged on the Internet as early as 1982 in the form of online self-help support groups (Kanani & Regehr, 2003). The first known fee-based Internet mental health services emerged in the mid 1990s; by the late 1990s, groups of clinicians were forming companies and e-clinics that offered online counseling services to the public using secure Web sites (Grant & Grobman, 1998; Martinez & Clark, 2000; Reamer, 2012a, 2013b; Schoech, 1999).

In contrast, today's social work services include a much wider range of digital and electronic options, including a large number of tools for the delivery of services to clients (Chester & Glass, 2006; Kanani & Regehr, 2003; Lamendola, 2010; Menon & Miller-Cribbs, 2002). Key examples include online counseling, video counseling, email therapy,

avatar therapy, telephone therapy, social networking, and text-message-based intervention. These new forms of social work intervention raise a wide range of novel and unprecedented ethical issues.

Significantly, for the first time in social work's history, the current NASW Code of Ethics includes explicit references to social workers' use of electronic media to deliver services to clients, particularly with respect to issues of informed consent, privacy, and confidentiality. However, these standards were ratified in 1996, long before the invention of many forms of digital technology social workers currently use. For example, Facebook, the most popular electronic social network site, was created in 2004; LinkedIn, Skype, and Second Life (software that enables clinical social workers to provide avatar therapy and other online services to individual and groups of clients) launched in 2003.

In addition to pertinent ethical standards, NASW and the Association of Social Work Boards (ASWB) have collaborated on standards for social workers' use of technology, a number of which focus on ethical concerns (NASW & ASWB, 2005).ⁱⁱ These standards address such issues as cultural competence, technical competence, privacy and confidentiality, confirmation of client identity, documentation, and risk management.

A number of compelling ethical issues are emerging as social workers make increasing use of a wide range of digital and other electronic technology. Key issues include practitioner competence, client privacy and confidentiality, informed consent, conflicts of interest, boundaries and dual relationships, consultation and client referral, termination and interruption of services, documentation, provision of social work services electronically across jurisdictional lines, and research evidence concerning the effectiveness and impact of distance services.

Social workers' use of digital and other electronic technology raises particularly challenging issues related to client privacy and confidentiality. For decades, social workers have understood their obligation to protect client privacy and confidentiality and to be familiar with exceptions (for example, when mandatory reporting laws concerning abuse and neglect require disclosure of information without client consent or when laws or court orders require disclosure without client consent to protect a third party from harm). However, the rapid emergence of digital technology and other electronic media used by social workers to deliver services has added a new layer of challenging privacy and confidentiality issues. For example, social workers who deliver services using e-mail, avatars, live chat, and video counseling must be sure to use sophisticated encryption technology to prevent confidentiality breaches (hacking) by unauthorized parties and comply with relevant privacy laws and regulations (Morgan & Polowy, 2011). According to the *NASW Code of Ethics*, "social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible" (p. 12, standard 1.07[m]). The NASW and ASWB (2005) standards on practitioners' use of technology state, "Social workers shall protect client privacy when using technology in

their practice and document all services, taking special safeguards to protect client information in the electronic record” (p. 10).

Social workers who use digital and online technology to deliver services must also pay close attention to complex and novel informed consent issues (Berg, Appelbaum, Lidz, & Parker, 2001). The recent advent of distance counseling and other social services delivered electronically has enhanced social workers’ ethical duty to ensure that clients fully understand the nature of these services and their potential benefits and risks (see NASW *Code of Ethics*, standards 1.03[a–f]). This can be difficult when social workers never meet their clients in person or have the opportunity to speak with clients about informed consent. Special challenges arise when minors contact social workers and request electronic services, particularly when social workers offer free services and do not require credit card information; laws vary considerably regarding minors’ right to obtain mental health services without parental consent (Madden, 2003; Recupero & Rainey, 2005).

Novel forms of distance counseling and other social work services may introduce conflicts of interest that were previously unknown in social work. For example, some video counseling sites offer free services to social workers and their clients; the Web sites’ sponsors pay for their development and maintenance. In return, sponsors post electronic links on the consultation screen that take users to their Web sites that include information about their products and services. Clients may believe that their social workers endorse these products and services.

Digital technology also introduces unprecedented boundary issues (Reamer, 2012b). For example, social workers face several challenges involving their use of social networking sites such as Facebook. First, many social workers receive requests from current and former clients – either delivered electronically or in person – asking to be social networking “friends” or contacts. Electronic contact with clients and former clients on social networking sites can lead to boundary confusion and compromise clients’ privacy and confidentiality. Clients who have access to social workers’ social networking sites may learn a great deal of personal information about their social worker (such as information about the social worker’s family and relationships, political views, social activities, and religion), which may introduce complex transference and countertransference issues in the professional-client relationship.

Moreover, clients’ postings on social networking sites may lead to inadvertent or harmful disclosure of private and confidential details. In addition, social workers who choose not to accept a client’s “friend” request on a social networking site may inadvertently cause the client to feel a deep sense of rejection.

Social workers who provide online and electronic services also face unique and unprecedented risks related to what lawyers refer to as *abandonment*. Abandonment occurs when a social worker-client relationship is terminated or interrupted and the social worker fails to make reasonable arrangements for the continuation of services, when needed. Online and electronic services could be terminated for a variety of reasons. Clients may terminate services abruptly, “disappear,” or otherwise fail to respond to a social worker’s e-mail, text messages, or telephone messages. Social workers may

terminate or interrupt services, perhaps inadvertently, because of computer or other electronic equipment failure or because a social worker fails to respond to a client's e-mail, text, or telephone message in a timely fashion.

Social workers' use of online and other electronic services also poses new documentation challenges. Social workers must develop strict protocols to ensure that clinically relevant e-mail, text, social networking (for example, Facebook), and telephone exchanges are documented properly in case records (see *NASW Code of Ethics*, standards 3.04[a][b]). These are new expectations that are not reflected in social work's long-standing literature on documentation guidelines (Sidell, 2011).

Epilogue

Life is full of surprises. My initial career goals did not include immersing myself in matters related to professional and social work ethics. I bumped into these issues unexpectedly during my doctoral-student ruminations about criminal justice issues and their relationship to social work.

I suspect this sort of nonlinear path is common in our profession. I suppose many, if not most of us develop new interests as we travel our career paths and discover challenging and compelling issues of which we were previously unaware. This sort of inquisitive meandering is one of the joyful byproducts of being a professional, especially as a member of a profession that is as diverse as social work.

Over the years I have come to understand two key phenomena pertaining to social work and professional ethics. First, this is an enormously complex subject that requires considerable study in order to grasp its broad range of conceptual challenges. Rarely does a week pass when I have not learned, or have needed to learn, something that I did not know and that is essential to my understanding of ethical issues, especially concerning such matters as ethical theory and moral reasoning, ethical standards, and legal concepts that intersect with professional ethics. I relish the opportunity to continue learning this deep into my career.

Further, I am humbled by my chronic inability to forecast the sorts of ethical challenges that arise in social work. Certainly, many ethical issues have endured over time and, at their core, are not likely to disappear. Examples include fundamental ethical issues pertaining to informed consent, client confidentiality and privacy, professional boundaries, and conflicts of interest. Particular details and challenges may change over time as cultural and social trends, ethical standards, and relevant laws and regulations emerge (for example, new laws pertaining to clients' confidentiality rights and their exceptions). But many overarching issues are not new and are likely to endure.

In contrast, I am stunned by the breadth and depth of ethical challenges in contemporary social work that I could not have anticipated earlier in my career. When I became a social worker, Facebook, video counseling software, and text messaging did not exist. Now I am consulted frequently about ethical and risk-management issues arising out of social workers' use of this digital and related technology. When I became a social worker in the 1970s no one had ever heard of HIV or AIDS. By the early 1980s,

however, I was starting to consult on cases involving the limits of social workers' clients' right to confidentiality, for example, when a client's sexual partner did not know that the client was HIV positive. And there are other examples, too, including healthcare social workers' involvement in daunting ethical decisions about the allocation of scarce organs for lifesaving transplants and end-of-life decisions involving clients who live in states that permit physician assisted suicide. I have been so humbled by my limited ability to predict new ethical challenges that I resist offering strong predictions. In my view, our best bet is for social workers to develop and refine the core knowledge and conceptual skills required to address whatever issues emerge in the future.

The burgeoning of social workers' interest in professional values and ethics, especially since the late 1970s, is remarkable. Today's practitioners have an unusually rich appreciation of the complex challenges associated with professional and personal values, ethical dilemmas, ethical decisions, and ethics risk management. Ethical theories, concepts, decision-making protocols, and related legal guidelines have changed dramatically since social work's nineteenth century origins.

I dare say that these developments are among the most profound and compelling in social work's history. We now know that mastery of these subjects requires in-depth and sustained education and training. Superficial knowledge will not suffice. In fact, I would argue that social workers' preoccupation with professional values and ethics must be the centerpiece of practitioners' education and training. After all, social work is a profession rooted in action, and this action must be anchored in a deep sense of moral mission and ethics. As the social work pioneer Jane Addams (1902) said soon after the profession's formal inauguration, "Action indeed is the sole medium of expression for ethics" (p. 273).

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ⁱ The potential links between philosophical inquiry and social work seemed limitless. In my book *The Philosophical Foundations of Social Work* (1993), I broadened the lens to explore the ways in which a range of core philosophical questions – including epistemology, political philosophy, aesthetics, and logic, in addition to moral philosophy – apply to social work.

ⁱⁱ I am currently chairing an international task force, sponsored by ASWB, that is developing model practice standards and regulations pertaining to social workers' use of digital, online, and other technology.

A Half-Century of Social Work Research: Advances and New Challenges

Allen Rubin

Abstract: *This article provides an autobiographical account of the evolution and role of social work research since the beginning of my career as a social worker in the late 1960s. It traces the bumpy road from the days when the profession's attitude about research was, at best, ambivalent to today's emphasis on evidence-informed practice and empirically supported treatments. It ends by identifying several new challenges and their implications for future efforts to help further bridge the gap between research and practice in social work.*

Keywords: *Social work research, evidence-informed practice, empirically supported treatments, bridging the research-practice gap*

By the time this special issue appears in print, it will be almost a half a century since I was earning my MSW degree and beginning my career as a professional social worker. In discussing the evolution and role of research within the profession over these many years, it might help to begin with some of the research-related experiences I had at the start of my career – things that moved me to change from being exclusively a practitioner to pursuing a research focus in my career. Those were the days when social workers and other mental health practitioners still embraced the notion that dysfunctional family dynamics and schizophrenogenic mothers were the prime and perhaps only cause of all mental illnesses, including psychotic disorders.

Years of Absurdity

In my first job as a social worker – in a community mental health program – I received in-service training in family therapy. The trainers were fond of saying things like, “There are no crazy people, only crazy families,” and “do not focus on any individual as the patient, just the family.” One of the published articles that my co-trainees and I were assigned to read was a case report written by a famous family therapist which focused on an incident in which the author wrote his initials on the shoes of a patient suffering from schizophrenia. He claimed that doing so was at least partially curative because by doing something absurd himself he helped the patient gain insight as to the absurdity of her own behavior. Huh?!

I wanted to believe what I read and become an effective therapist, but I could not get over my skepticism about it all and my sense that even if I accepted the ideas I was “learning,” I was not receiving enough specific guidance as to how to incorporate these things in my own practice. Should I write *AR* on the shoes of my clients? Should I engage in other absurd behavior with them? Should I continue to try to get the parents of children with emotional problems to realize that the root of the child's problem lay in their relationship with each other or in the way one or more of them related to their child, especially since my doing so did not seem to be helping the child?

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My uneasiness with all this was compounded by the in-class behavior of my co-trainees who were accepting without question all that they were being told. After seeing films of family therapy sessions, for example, they sat starry eyed and praised what they had witnessed in the films. Was I the only one in the class who did not get it?

One day at the conclusion of a video I summoned the courage to ask the two prestigious psychiatrist trainers (the social worker trainer was not there that day), “What was the evidence supporting the effectiveness of the therapy sessions we had been watching?” They reacted by asking the rest of the class to discuss the personal dynamics that made me need so much certainty. That did it! I decided to enter the University of Pittsburgh’s social work doctoral program so I could learn how to research the effectiveness of all this stuff.

Program Evaluation: An Avant-garde Idea...Really?

During my doctoral education in social work I was fortunate to take a course taught by Joe Eaton, who at that time was considered a pioneer in program evaluation. I was struck by how avant-garde the notion was thought to be at that time that the outcomes of programs should be evaluated with rigorous research designs. Why, more than six decades after Mary Richmond (1917) advocated the need for practice to be guided by research, was this notion considered to be avant-garde?! I was also struck by the lack of content in the course on overcoming the obstacles to being able to get practitioners and administrators to permit rigorous outcome studies to be implemented and successfully completed (without bias) in their real world practice settings. (I will return to this latter point shortly.)

Joel Fischer and Gerard Hogarty: Two Evidence-Based Pioneer Provocateurs

Those were the days when Joel Fischer jolted the social work profession with his provocative research review in *Social Work* suggesting that social casework was not effective (Fischer, 1973). To many in our profession, at least those who did not want facts to get in the way of their cherished beliefs and vested interests, Fischer was a pariah. But his review was backed up by several other reviews with similar conclusions (Wood, 1978). Slowly but surely, the profession began to learn about the need for critical thinking and questioning about the evidence supporting our beliefs and interventions, and realizing that being on the side of the angels was not enough – we needed to find out if our altruistic efforts were actually helping people.

In fact, thanks to emerging outcome studies, the profession began to learn that sometimes our efforts – despite our best intentions – were harmful. Perhaps the most influential social work researcher at that time whose work alerted the profession to this notion was Gerard Hogarty. Although Hogarty’s highest degree was his MSW (he never pursued doctoral education), he had been completing rigorous randomized control trials (RCTs) – well funded by NIMH – on the impact of social casework and psychotropic medication on the course of schizophrenia. He found that when the casework was

provided without medication, relapse was hastened. But when it was combined with medication, it helped (Hogarty, 1979).

Given what we know now about the biological basis of schizophrenia, Hogarty's results might seem expectable and maybe even humdrum. But in those days many really believed that medication might not be needed and that psychosocial interventions might be sufficient. Thus, learning that psychosocial intervention when provided alone might not only be insufficient, but actually harmful to people with schizophrenia, was quite an eye opener. Hogarty followed those studies up with rigorous RCTs showing that also harmful to clients with schizophrenia were interventions based on the notion that schizophrenia was rooted in faulty family dynamics. His research showed that to be helpful, we need to provide psychoeducational interventions that support families and help them learn how to cope with their relative's biologically based disorder – rather than blame them for the disorder (Anderson, Reiss, & Hogarty, 1986).

A Bumpy Road

Given our current evidence-based practice (EBP) era, we have come a long way in the four decades since Hogarty's research impacted the way we help people suffering from schizophrenia and the people who love them and care for them. But it has been a bumpy transition. Fast forwarding for a moment to 1998, NASW convened a national summit meeting with the purpose of uniting the diverse elements of our profession and identifying what issues and priorities social work organizations could agree upon. Despite that unification purpose, in the Summit's keynote speech one of our profession's most renowned scholars said that he is "insulted" by the notion that we need to research the outcome of our efforts to provide care (Rubin, 1999).

Returning to in the early 1970s, as I was completing my doctoral education on a part-time basis I got to know and briefly work with Gerry Hogarty when he accepted a position at the psychiatric institute that I would soon leave after completing my coursework. I was in awe of his work and felt I needed to get a lot more experience doing research before I deserved to teach it. But in seeking a career as a program evaluator, I found that nobody who wanted to hire me wanted me to carry out rigorous, unbiased studies that might not reflect well on the impact of their agency. Instead, they wanted "program evaluators" whose "evaluations" would merely focus on crunching and massaging data to portray their agency in a favorable light.

Thus, my interest was piqued when my dissertation chair alerted me to a new position announcement from the Council on Social Work Education (CSWE) to work on a NIMH-funded national research project evaluating the ways in which schools of social work were implementing their NIMH-funded community mental health curricula. The research purpose of the study attracted me to the position, but another attractive feature was that the position would help me learn whether I wanted to pursue a career in academia while giving me the research experience to feel more qualified to teach research. Thus, I was delighted to be offered and to accept the position (although the prospect of moving from Pittsburgh to New York was quite daunting. Had I known that in 1977 I would end up

living a block away from the Son of Sam serial killer in Yonkers, I guess it would have been significantly more daunting and with a strong effect size!)

Among the many things I learned from that experience pertained to the politics of program evaluation. A main conclusion of my study was that many schools of social work were merely using the NIMH funds to increase their budgets without adding much community mental health content to their curricula. To my naïve surprise, the staff at NIMH did not want to hear that their funds were not achieving their aims because they feared that if some members of Congress were to read my report they would cut their funding for social work education. I had to soften the wording of my report in order for it to be published (Rubin, 1979).

A Landmark Project and Two Landmark Conferences

At the conclusion of that project, CSWE assigned me to an NIMH-funded project on research utilization. As I began to work on that project, I read emerging studies showing that social workers rarely examined research studies as a basis for informing their practice. Instead, they preferred to be guided by professional consensus and the practice wisdom of respected consultants, supervisors, and revered clinical gurus (Casselman, 1972; Kirk & Fischer, 1976; Kirk, Osmalov, & Fischer, 1976; Rosenblatt, 1968).

I also learned that an extreme research-practice gap existed in social work education as well. Research content was isolated in research courses and not being infused in other parts of the curriculum. Practice courses, for example, were being taught without content on the empirical support (or lack thereof) for the practice methods and interventions being taught. Practice instructors typically made little to no effort to show how research can and should inform practice decisions.

The gap, however, existed not only in other parts of the curriculum, but also in the research curriculum itself. Research courses were being taught in ways that had little relevance to practice and consequently little relevance to students, who took research courses only because they were required to do so. The research methods textbooks used in those courses typically were written by scholars from other disciplines, such as sociology, and contained very little in the way of social work illustrations and examples – and were devoid of social work *practice* applications. In fact, social work research courses often were taught by faculty members from other (social science) departments.

What I learned and did on that project had a profound impact on my career as a social work researcher and educator – both in terms of the way I teach research and in the way I write about it. For example, it influenced me to write a research methods textbook loaded with social work research applications and social work practice applications. At the time of this writing that book is in its eighth edition and continues to be widely required in social work research courses (Rubin & Babbie, 2013). I have long appreciated the feedback I have received regarding the book's impact in making social work research more relevant to students.

One of the ways in which the project attempted to alleviate the research-practice gap in social work education was by convening a national conference and several regional

conferences on research utilization. Around the same time, in 1978, the National Association of Social Workers (NASW) held a national conference on “The Future of Social Work Research,” which also intended to bridge the gap through a dialogue between leaders in social work research (who primarily worked in academia) and leaders from the social work practice community (Fanshel, 1980). The attendees at these conferences developed strategies and tactics for bridging the gap between research and practice in the social work practice community as well as in social work education. By and large, the most emphasized recommendations pertained to the key features of the empirical clinical practice movement, which emerged in social work soon after the completion of the two national conferences.

The Empirical Clinical Practice Movement

A major aim of the empirical clinical practice movement was to bridge the gap between research and practice in social work education as well as in social work practice by providing students and practitioners with research tools and designs that they could use as part of their practice and to enhance their practice effectiveness. In fact, the movement provided a new social work practice model. Called the *empirical clinical practice model*, it contained two major components: 1) employing single-case designs to idiographically evaluate one’s own effectiveness with each case; and 2) making practice decisions in light of the research evidence that can inform those decisions.

Of the above two key components of the model, the first – regarding single-case designs – received the most attention and stirred the most controversy. At that time, proponents of the model expressed a great deal of optimism that these designs would provide practitioners with a research tool that they would find feasible and useful. Some schools of social work developed research courses devoted to these designs, while others revised their existing research courses to increase the amount of emphasis on these designs. Several textbooks emerged devoted primarily to the use of these designs. However, the results of these efforts were disappointing. Study after study found that social work practitioners who graduated from programs that emphasized the empirical clinical practice model rarely utilized single-case designs in their practice. Those who wrote about this disappointing outcome at the time – mainly during the late 1980s and early 1990s – seemed to agree that the main reasons why more practitioners weren’t using those designs had to do with a lack of agency resources – especially regarding caseload sizes and time – necessary to implement the designs and a lack of administrative and supervisory support and incentives for implementing them (Kirk & Reid, 2002).

SSWR, IASWR, and the Task Force on Social Work Research

Three other developments that occurred during the latter years of the 20th century impacted the way social work research is practiced and taught today: the emergence of the Institute for the Advancement of Social Work Research (IASWR); the birth and growth of the Society for Social Work and Research (SSWR); and the federal funding of the Task Force on Social Work Research. Those developments were interrelated in that they supported each other and attempted to improve the social work research enterprise – especially as defined by an increase in federal research grant applications.

The IASWR was born with seed money from the Ford Foundation and from the National Institute of Mental Health (NIMH). Its main mission was to implement efforts to enhance the preparedness and inclination of social work faculty members and doctoral students to conduct rigorous research and compete for research grants from federal funding sources. The IASWR lasted for about a decade before funding losses caused its demise. One reason for those funding losses was the success of SSWR, which eventually duplicated the efforts of IASWR.

At the same time that NIMH provided seed money for IASWR it provided seed money for the birth of SSWR, which became the first professional membership organization for social work researchers per se. As a charter member of SSWR – as well as its second vice president, third president, and later board member – I observed the way it grew and evolved.

SSWR was born at a small charter conference held in Washington, DC in 1994. Two years after that conference some of my colleagues and I wondered whether it still existed. I learned that it did still exist upon receiving a phone call from a dear colleague, Tony Tripodi, asking if I would support his nomination to become its second president, succeeding its first president and SSWR founder: Janet Williams. I enthusiastically agreed to do so. Shortly after that I received another phone call, this one from a SSWR board member asking me to agree to be the other nominee for SSWR president. I declined, noting that I had already promised Tony that I would support him. The caller then asked if I would agree to be nominated to run for the vice presidency, and to that I agreed.

One of my key influences on the growth of SSWR was to persuade Tony and other board members that if the organization was to survive and grow, it needed to convene an annual SSWR conference. During the next three years, several of my colleagues on the SSWR board and I volunteered an enormous amount of time and effort in pulling off these annual conferences, which turned out to be huge successes in building the financial base enabling SSWR to become what it is today. By the end of the 1990s, its membership had quadrupled from its initial 250 charter members, and the registration fees from its conferences provided the resources for later board members to hire professional conference planners to do the work that we had volunteered during SSWR's early years.

As SSWR's membership grew and became more diverse, so did its mission. Instead of focusing primarily on an opportunity for social work researchers to share their works, it became more and more like the CSWE annual conferences. For example, at the early SSWR conferences, the focus was exclusively on attending the session presentations. Today, however, many of the hundreds of attendees are doctoral students seeking faculty positions and deans and faculty members who focus much of their time at the conference on scouting and interviewing prospects for faculty positions.

Another way in which SSWR evolved was to increase its efforts to duplicate (and eventually replace) IASWR efforts to promote federal funding of social work research grant applications and to increase the number of such applications being submitted by social workers. During SSWR's early years during the 1990s these efforts were enhanced by the work of an NIMH-funded Task Force on Social Work Research, chaired by David

Austin. As David's faculty colleague at the time, and in my leadership roles in SSWR, I was kept well informed of the Task Force's efforts.

One of the Task Force's successes was in promoting the NIMH funding of research development centers in a handful of prestigious schools of social work. By improving the research infrastructure in those schools, NIMH and the task force sought to increase the submission of competitive mental health research grant proposals from social work researchers. Today we see an increased submission of such proposals from social work faculty members, especially from those in Research 1 universities. It is debatable, however, whether the impetus for this increase came primarily from the work of the above NIMH-funded efforts versus the increased pressure from university administrators on deans of schools of social work to bring in more research funding. I suspect that the latter pressure had the greater impact, especially when I hear about some deans today telling their junior faculty that securing a well-funded research grant is a prerequisite for getting tenured. In my opinion, this trend has a downside to which I shall return in the final section of this article.

The EBP Movement and Empirically Supported Treatments (ESTs)

I am going to assume that the readers of this issue already are familiar with concept of EBP and don't need me to go over its definition and procedural steps. Instead, I will discuss it in terms of its implications for the focus of this article: advances and emerging challenges in social work research. I'll consider the advances first.

The EBP movement has influenced the nature of social work education and practice. In several surveys that I conducted pertaining to EBP, my coauthor Danielle Parrish and I found grounds for optimism that more and more social work educators and practitioners these days favor the notion that professional practice decisions should be informed by scientific evidence (Parrish & Rubin, 2012; Rubin, 2007; Rubin & Parrish, 2007). As one outcome of a national symposium that I organized and led in 2006 on improving the teaching of EBP, CSWE increased its emphasis on EBP in its educational and policy accreditation standards (Rubin, 2007).

One of the foci of that conference was the need to distinguish between EBP and ESTs. The former is a process for the purpose of having one's practice informed by empirical evidence. The latter is a type of empirical evidence that one may find.

The emphasis we see today among funding sources and agencies regarding developing and selecting policies, programs and interventions based on their empirical support (often in the form of ESTs) suggests that we have come a long way since the start of my career, when my asking an instructor about evidence prompted him to question my neediness!

These are indeed exciting times! Rigorous systematic reviews and meta-analyses – including but not limited to those sponsored by the Cochrane and Campbell Collaborations – are making it easier for practitioners to be guided by research supporting the effectiveness of programs and interventions for more and more problems that

confront social workers and other helping professionals. Some of the programs and interventions with at least promising empirical support are as follows:

- For adults with PTSD or other anxiety-related disorders we have Prolonged Exposure Therapy, Cognitive Processing Therapy, and EMDR
- For traumatized children we have Trauma-Focused Cognitive Behavior Therapy (TFCBT)
- For substance use disorders we have Motivational Interviewing, Cognitive Behavioral Skills Training, and Seeking Safety
- For borderline personality disorders there is Dialectical Behavioral Therapy
- For people with schizophrenia or their families we have Psychoeducational Family Groups, Cognitive Behavioral Therapy, Assertive Community Treatment, Supported Employment, and Critical Time Intervention
- For families at risk for child maltreatment there are programs like The Incredible Years, Parent-Child Interaction Therapy, and Triple-P
- For depression we have Interpersonal Therapy and CBT

Information about many of these interventions is now available at the click of a mouse, as many intervention manuals and support materials are provided online. Moreover, practitioners no longer have to go to a university library to obtain access to books or journal articles – almost all of this information is available remotely at one's home or office on various websites and public libraries. In addition, I have co-edited a series of volumes summarizing the evidence-base for these programs and interventions as well as guidelines for practitioners who want to employ them (see, for example, Rubin, Springer, & Trawver, 2010).

New Challenges: Implementation Science

Despite the great strides that have been made regarding evidence-based practice and the promising implications of those strides for bridging the gap between research and practice, however, the gap is still wide. Various studies have found that ESTs often are being implemented inappropriately and with unsuccessful outcomes in the real world practice of social work and allied professions (Embry & Biglan, 2008).

The emerging field of implementation science is developing recommendations for alleviating this problem by studying factors associated with whether ESTs are implemented properly and with good outcomes. For example, some of the recommendations include utilizing respected peer opinion leaders to persuade practitioners as to the value of implementing the EST and providing ongoing coaching to help maintain the practitioner enthusiasm and self efficacy regarding the EST (Damschroder et al., 2009; Embry & Biglan, 2008; Glisson & Schoenwald, 2005; Weisz, Ugueto, Herren, Afienko, & Ruff, 2011). One challenge for the future of social work research involves conducting studies to learn more about such factors – especially in real world social work practice settings. I'll return to this issue later.

New Challenges: Common Factors

A school of thought has emerged in recent years that argues that engaging in the EBP process to try to select ESTs is a waste of time because common factors, such as the relationship skills of the practitioner and the quality of the treatment alliance, have a much greater impact on treatment outcome than does the choice of intervention. In its extreme form, this argument is referred to as the dodo bird verdict (from Alice in Wonderland), in which all are winners. The dodo bird verdict argues that the choice of intervention has no bearing whatsoever on treatment outcome.

One problem with the dodo bird verdict is that it is based on a controversial meta-analysis (Wampold, 2001) that has been criticized for its methodology and has not been supported by some other meta-analyses (Beutler, 2002; Craighead, Sheets, & Bjornsson, 2005; Lilienfeld, 2007). A less extreme form of the common factors argument maintains that the choice of intervention has some impact on outcome, but its impact is much weaker than the impact of common factors (Graybeal, 2007).

Although I am skeptical about the dodo bird argument and its more moderate version, I believe that we need more research on this issue to settle the argument. For the time being, however, we should recognize that the either/or argument of common factors versus choice of intervention is a false dichotomy. As is evident in every EST treatment manual that I have examined, a good therapeutic alliance is emphasized as a prerequisite for an EST's success. Indeed, every one of these manuals identifies establishing a good treatment alliance as an important and necessary component of the EST itself! Thus, recognizing the importance of common factors need not demean the importance of choice of intervention.

New Challenges: Common Elements

Another emerging line of inquiry involves identifying the core essential and indispensable elements of each EST as well as their adaptable elements. The purpose of doing so is to give practitioners more flexibility to make the EST fit their organization and clientele and also reduce the costs of practitioner training (Galinsky, Fraser, Day, & Rothman, 2013; Sundell, Ferrer-Wreder, & Fraser, 2012). Part of the rationale for the common elements approach is the recognition that even when ESTs are implemented with good fidelity, they often have unsuccessful outcomes because the EST's ideal treatment conditions and relatively homogeneous clientele differ significantly from the far less than ideal treatment conditions and very diverse clientele in real world practice settings (Weisz et al., 2011).

Although the common elements approach holds promise for improving the effectiveness of social workers in real world practice settings, it also poses some risks. For example, two intervention approaches with substantial empirical support for treating trauma symptoms are exposure therapy and cognitive processing therapy. And yet, in a meta-analysis aimed at identifying the common elements for effectively treating "disruptive behavior and traumatic stress among adolescent girls," Bender and Bright (2011) omitted any mention of those two approaches in their identification of eight common elements in which practitioners working with such girls should be trained.

Instead, they recommended only that practitioners be trained in: goal setting, monitoring, communication skills, praise, problem solving, psychoeducation with parents, social skills training, and tangible rewards.

In seeking to understand how these two capable researchers could have made such an important omission, I surmise it is because of the broadness of their search boundaries. By combining disruptive behaviors with traumatic stress in their search, the proportion of the 430 RCTs they reviewed that dealt with disruptive behavior only perhaps far outweighed the proportion of RCTs that focused exclusively on traumatic stress. That would explain why the eight common elements that they identified appeared much more frequently, across far more studies, than the ESTs for traumatic stress. (I surmise that there are far more ESTs on behavioral interventions for various behavior problems than there are for traumatic stress only.)

Consequently, I recommend in our future research on common elements that we keep the search boundaries narrow, such as limiting the search to a single EST and looking at what elements of the EST need to be kept across different practice settings and target clientele, which elements can be adapted, and which (if any) elements need not be kept at all. Or we might aim to identify the common elements across a few ESTs that target the same problem. But to the extent that we broaden the number of ESTs and target problems in our search we risk omitting some important intervention approaches from our list of the elements that appear most frequently in the studies we find.

New Challenges: An Inductive Strategy for Researching Adaptations of ESTs in Real World Social Work Practice Settings

Earlier I mentioned the need to study factors associated with whether ESTs are implemented with fidelity and good outcomes in real world social work practice settings. However, as suggested above, even when ESTs are implemented with fidelity in real world settings their outcomes might be disappointing because the ideal RCT conditions under which they gained their research support may have limited transferability to real world social work practice settings. In those RCTs, their effectiveness typically is assessed with the intervention being provided by practitioners who are well trained and closely supervised – perhaps by those who developed the intervention and their key associates – and who have small caseload sizes and relatively homogeneous clientele. Expensive training and expensive supervision – as well as low caseload sizes with homogeneous clientele – are likely to be infeasible and unaffordable in most real world social work practice settings.

Therefore, we need to investigate the conditions under which adaptations of ESTs in real world social work settings are and are not effective. We need to assess variability in outcome associated with such variables as:

- How ESTs are tweaked to fit the setting
- Clientele and practitioner characteristics
- Nature of training and supervision

- Agency resources and other characteristics (including caseload sizes)

Given the significant practical obstacles, it is hard to imagine using RCT designs to conduct such investigations in real world social work practice settings. However, control group designs might not be necessary to investigate those associations because threats to internal validity have already been ruled out in the RCTs that provided the empirical support for the ESTs. Moreover, a study need not meet all of the criteria for establishing causality to have value in supporting the plausibility of a causal hypothesis. Moreover, if various pretest-posttest studies, without control groups and *conducted at different points in time*, show that when an EST is adapted in a similar way a desirable outcome follows, then the plausibility that history is the real cause of the outcome is reduced.

Therefore, I urge social work researchers to conduct such studies (after connecting with agencies interested in or already adapting an EST in their setting). Such studies do not require large sample sizes or major funding. For example, I have been able to conduct similar studies with virtually no funding as long as the agency agrees to have clients complete self-report pretests at intake and termination of treatment. To limit social desirability bias, the clients would complete their self-reports without their practitioner seeing their answers. The researchers could couple the client self-report results with a descriptive case study of agency and practitioner characteristics, how the EST was adapted, and the nature of the training and supervision practitioners received in the adapted intervention.

As such studies are published over time, an inductive process could be employed to develop and test hypotheses about the conditions under which ESTs can be adapted so that they are more feasible and more effective when provided in real world practice settings. I urge social work research journals (such as *Research on Social Work Practice*) to encourage researchers to conduct and submit such studies, with the assurance that if they conduct the kind of case study I have described above, a control group would not be a necessary prerequisite for publication. I believe that this would be a sufficient incentive – especially in institutions where obtaining major research funding is not a prerequisite for earning tenure or promotion.

I also urge social work faculty and deans in Research 1 universities to try to enlighten their university administrators as to the value of such studies and to the unique and valuable contribution that social work can make in conducting them. If faculty members can be successful in getting major research funding, then pursuing my recommended strategy may not be in their best interest. But how many junior faculty members in Research 1 universities are now devoting their precious tenure-earning years writing, submitting, rewriting, and resubmitting proposals that may never be funded? Although I am not disparaging the value of obtaining major research funding, I would like to see pursuing the strategy that I am recommending as an additional way to gain tenure and promotion. If only we can overcome the dollar signs in the eyes of university administrators who so often today perceive fund raising as the most important criterion regarding how their own performance will be evaluated.

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The Professionalization of Baccalaureate-Level Social Work

Bradford W. Sheafor

***Abstract:** We are occasionally privileged to observe an important event in the history of some aspect of life, but one is rarely an eyewitness to the birth of a profession – or even a specific division of a profession. Nevertheless, along with others, I had the privilege of participating in a series of events over several years that, with hindsight, I realize made me a witness to the birth of baccalaureate social work. This article reflects the perspective of one person engaged in these events and may differ from the observations of other participants. Yet, it represents my best recollection of events that began nearly fifty years ago.*

***Keywords:** Social work education, baccalaureate social work, Association of Baccalaureate Social Work Program Directors, social work as a profession*

The Emergence of a Profession: Social Work

Professions emerge over time and efforts to pin down the date an occupation became a profession depends on the pace of the development of the occupation and the definition one uses to determine professional status. For example, in my view the National Association of Social Workers (NASW) jumped the gun in 1998 when, based on the date of the initiation of the first training program at the New York School of Philanthropy, NASW celebrated the 100th birthday of social work. In reality, in 1898 we were far from being a profession. The title, social work, was not coined by Jeffery Brackett (Sheafor & Horejsi, 2012, p. 3) until the early 1900s and it was not until 1915 that Abraham Flexner constructed generally accepted criteria for concluding that an occupation has indeed become a profession (Flexner, 1916). At that time Flexner concluded that social work did not meet the expectations for being recognized as a profession.

I would argue that somewhere in the 1930s would be the first time a defensible argument could be made for having achieved professional status. By that time social work had in place an accreditation process (at the MSW level), required that academic preparation for social workers must be in institutions of higher education, and had created a stable national membership organization (the American Association of Social Workers, a predecessor the National Association of Social Workers). Then, like a cell dividing into separate but related structures, social work moved in the 1960s and 1970s to carve out a place for a professionally prepared baccalaureate social worker.

Personal Background: Establishing My Vantage Point

In the late 1950s I stumbled into social work thanks to opportunities derived from leadership roles I played in a few human service-related organizations while in high school and college – and the influence of several mentors who were social workers.

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These events shaped my recognition of the need for baccalaureate-level social work education and my appreciation of the “generalist” model of social work.

As an undergraduate student making the decision to enter social work, I looked at what courses I would need in order to complete a social work major. At that time undergraduate programs were restricted from offering much substance – and certainly not practice courses and sound field experiences. Further, there was not recognition of the degree in the human services employment market or upon entering a master’s program. I decided to complete my default major (Business Administration) and apply to the MSW degree program at the University of Kansas. I wonder how many undergraduates were similarly diverted from social work and then never returned. Initially being most interested in community and organizational levels of practice, I was out-of-step with the dominant casework/psychiatric social work orientation of that era, but was forced into a “casework” curriculum with only introduction to group work, administration, and community organization. Fortunately, my macro interests were supported by a few faculty members and through independent study courses and I was able to gain some depth in community practice. The combination of direct and indirect practice prepared me to embrace the generalist model later in my career.

Upon completion of my MSW in 1961, I fell into a job for which I was only marginally prepared: Executive Director of a community health and welfare planning council in Topeka, Kansas, my hometown, with an impressive \$450 per month salary. Thus began my career as a professional social worker. We had some surprising successes in the community planning council and three years later the head of the School of Social Welfare at the University of Kansas offered me a two-year lectureship to create a bachelor’s-level social work program – one that would have substance and meet the emerging national standards. I hadn’t even considered becoming an educator, but with no application needed, no interview to suffer through (Who had even heard of affirmative action?), and a nine-month salary that exceed my twelve-month salary with the planning council, I jumped at the job. It was from this background that I had the rare opportunity to observe and participate in the development of a new level of the social work profession.

First Steps in BSW Emergence

The War on Poverty

In an effort to implement the War on Poverty programs in the mid-1960s, the U.S. Department of Health, Education, and Welfare (HEW) recognized that the MSW programs would be unable to graduate enough social workers to meet the expected demand and, further, a large percentage of the psychiatric social workers they graduated were not interested in staffing the poverty programs. Yet, HEW insisted that persons with preparation in applying knowledge and skills in the delivery of human services were needed to serve this vulnerable population – more than was found in the preparation of psychology or sociology undergraduate majors. Therefore, HEW created incentives for universities and colleges to create undergraduate social work education programs, but also realized that there must be recognition of that degree in the employment market if

the effort was to succeed. Thus NASW was prevailed upon to designate graduates from bachelors-level social work education programs as first-level professional social workers. Immediate opposition was expressed by many masters-level programs that had previously flat-out rejected Herb Bisno's insightful volume on a blueprint for the future of baccalaureate social work education, Volume 2 in the Council on Social Work Education's (CSWE) multi-volume curriculum study chaired by Werner Boehm (Bisno, 1959).

The NASW Referendum

In 1969 NASW put forth the referendum to recognize as professional the graduates of accredited baccalaureate programs (BSWs). In addition to having responsibility for building the BSW program at the University of Kansas (my position magically turned into a tenure-track position), I served as chair of the Topeka (Kansas) NASW chapter and president of the Kansas Council of NASW chapters. Thus I was deeply embroiled in the controversy surrounding this contentious resolution. As I recall, five major themes dominated the discussion.

- Theme #1: The demand for practitioners with basic social work knowledge and skill exceeds the supply of MSW social workers and if social work fails to change, another discipline will take this over as a baccalaureate-level specialty> VERSUS <Social work has worked 50 years to achieve professional recognition and now approving a lower educational level as professional is a step backward.
- Theme #2: Many social work activities do not require the depth of MSW preparation> VERSUS <Professionalizing the BSW with lesser knowledge and skill than the MSW will diminish the reputation of the profession and reduce the ability of MSWs to function as peers with other helping professions.
- Theme #3: BSW programs will attract qualified traditional and non-traditional age students who otherwise will drift into other disciplines> VERSUS <The immaturity of undergraduate students will prevent them from understanding the complexity of social problems and reduce respect for the social work profession.
- Theme #4: By creating social work jobs addressing client needs requiring only bachelor's-level preparation the agencies can be more efficient and stretch limited resources to serve more clients> VERSUS <Agencies will substitute BSWs for MSWs because they command less salary and the distinction between the two levels will disappear.
- Theme #5: Beyond obtaining a general education, it doesn't make sense for undergraduate students intending to become social workers to fill credit hour requirements with courses from other disciplines> VERSUS <Content will be commandeered from the MSW level and there will be problems in distinguishing between the levels – and even with master's

programs completely redesigning their curricula there will inevitably be overlap.

To the surprise of many (including me), the referendum passed and the task of operationalizing this new professional level required the formulation of standards for the education of undergraduate students that would lead to accreditation of the programs that demonstrate inclusion of necessary content and provide high quality instruction.

CSWE Develops a Curriculum Policy Statement and Accreditation Standards

Responsibility fell to the Council on Social Work Education (CSWE) to generate a set of accreditation standards, coupled with a curriculum policy statement that recognized the two levels of social work practice. During this time I had the opportunity to serve on CSWE's Educational Planning Commission where an effort was made to identify content that would be purely BSW (there was not much), content that would overlap the two programs (about the equivalent of a year of MSW education), and specialized content that belonged at the master's level only.

In regard to accreditation, the first step was a set of "approval" standards that did not yet meet the more substantive requirements necessary for recognition as "accreditation" by the interdisciplinary body granting accreditation authority for the professions, then the Council on Post-Secondary Accreditation (COPA). The approval standards largely addressed structural requirements for such things as financial support from the schools, having social work faculty members prepared to teach social work content (the sociologists and psychologists thought they could teach this material just as well), and some degree of control over curriculum. Application of these standards reduced the number of baccalaureate social work education programs previously "listed" by CSWE from 207 to 158 "approved" programs in 1974 (CSWE, 1973, 1974).

Full accreditation standards, to be implemented in 1974, were approved by CSWE with the expectation that each school would develop its own generalist/specialist concept and build a curriculum to match. Beginning in 1975 I served on CSWE's Commission on Accreditation and saw first-hand the frustration the inexperienced BSW program directors faced in being expected to define generalist and build a defensible curriculum. By the time the cycle was complete, the 158 "approved" schools had declined to 135 "accredited" programs (CSWE Statistics, 1976).

Facing the Realities of a New Practice Level

The unrest about professionalizing the baccalaureate level of social work was evident in both social work practice and education. For example, the BSW graduates didn't find job descriptions that recognized the degree as a valid job credential. In fact, many agencies were not aware that degree even existed and if they did, they did not appear to appreciate the advantages a social worker with such preparation would bring to a job. NASW seemed paralyzed by the opposition to professionalizing the BSW graduate and did little to promote this new practice level. In return, few bachelor's level social workers joined NASW. Further, the War on Poverty had ended (with little success) and HEW leadership changed, leaving few champions for baccalaureate-level social workers in high

places. Even in federally mandated programs the BSW was not treated as a valued job credential.

In social work education, too, there was foot-dragging, if not outright hostility about operationalizing the BSW level of education. As a member of the Accreditation Commission it was evident to me that MSW programs received far less scrutiny than BSW programs. In a behind-the-scenes move a few of us who were primarily identified with the BSW level joined a few MSW-identified commissioners in an agreement to apply equal rigor in reviewing both levels. My impression was that indeed this strategy worked and the quality of accreditation review improved at both levels.

Other examples of inequality in the education realm were that the budget, allocation of staff time, focus of journal articles, and lobbying efforts supported by CSWE gave little attention to the BSW level. It was evident that the deans of graduate schools of social work called the shots and their leadership was not favorable to the new practice level, although a number of schools had both BSW and MSW programs. In an attempt to counter the deans' dominant role in social work education, a few of us primarily identified with BSW education concluded that we must form our own organization if this practice level was to be represented and heard when critical decisions were being made. Thus a set of bylaws for the Baccalaureate Program Directors Association (BPD) was drafted and presented to the baccalaureate program director's constituency group during the CSWE Annual Program Meeting in Chicago in 1975. To this day I can picture the large stainless steel refrigerators and counters in the kitchen of the conference hotel--the only affordable (i.e., free) meeting place available to this group that had no resources. I vividly remember Trueheart Titzl (1st president of BPD), Kay Dea (2nd president of BPD), Betty Baer, Ron Federico, Millie Charles, Will Scott, and many others leaning against the stainless steel kitchen equipment as we discussed and voted approval of the first BPD bylaws. A baccalaureate-level membership organization now existed, although it was entirely made up of educators and did not meaningfully engage BSW practitioners.

Engaging the Constituency

In 1979 BPD determined that it could further strengthen baccalaureate social work education programs and build commitment to bachelor's level social work by organizing a national conference where people could interact on a face-to-face basis without the distraction of tagging on to a CSWE conference. Ann McLean and I agreed to co-chair a conference focused on "Competency-Based Education." Held at a mountain resort near Estes Park, Colorado (I had become baccalaureate program director at nearby Colorado State University by that time), 52 program directors from all parts of the U.S. attended the three-day event. Off-season rates at Aspen Lodge were very reasonable; faculty from three programs using a competency-based approach presented papers; the Colorado State University media center made a videotape of the presenters being interviewed by other participants, as well as videotaping interviews with representatives from four important pre-BSW projects; scenes from a play, "Jacques Brel Is Alive and Well," were reheated from on-campus performances by my university's theatre department; and an entertainment night brought out music, dance, and other artistic talents of the participants. We even made a little money off donations for soft drinks, beer, and wine that went to the

paltry BPD treasury. I like to think that the goodwill and free sharing of ideas at this conference set the positive, non-competitive tone that has characterized subsequent BPD conferences and, later, the BPD listserv (i.e., the Baccalaureate Social Work Education List).

Another example of unequal treatment for BSW programs was evident in an annual workshop concerned with leading a school of social work and understanding accreditation requirements sponsored by CSWE for deans, but not baccalaureate program directors. Pressure was applied and CSWE agreed to organize such a workshop for undergraduate programs in 1983. CSWE asked Dr. Titzl to manage local arrangements (which resulted in staying at the infamous convent in Nazareth, Kentucky) and I was asked to lead the program on chairing an academic department. CSWE staff addressed understanding the BSW accreditation requirements. This conference attracted 53 participants. The next year CSWE again invited me to lead a similar workshop with a slightly broader program addressing other issues experienced by BSW programs. We upgraded only slightly from the convent to dormitories on the Colorado State University campus as accommodations for the 77 participants. A party in my backyard generated an informal friendly atmosphere that is often remarked on by the few participants still involved in social work education. In subsequent years CSWE faced serious financial problems and in order to reduce expenditures and reallocate staff time, the sponsorship of these annual meetings was shifted to BPD. Through the leadership of Barbara Shank (now Chair of the CSWE Board of Directors), these meetings began to attract high attendance and became money-making events for BPD – funds that sustained the organization in its early years.

The Drive to Professionalize the Baccalaureate Level of Social Work

By 1957 Ernest Greenwood (a social worker/sociologist) concluded that social work was now a profession based on five criteria he had synthesized from the sociology of professions (Greenwood, 1957). These criteria were 1) a systematic body of knowledge to underpin the work, 2) authority to determine who is a recognized professional and what the educational preparation should be, 3) sanction from the community to do this work, 4) a code of ethics, and 5) a professional culture where members had a sense of identification with the profession. Three of Greenwood's criteria were not contentious when the effort to build a professional baccalaureate level of social work was undertaken. One was Criterion #2, as it was clear that NASW had the authority to determine who were the members of the profession and had already voted to include the baccalaureate level social worker. Further, CSWE had the authority to establish any educational requirements. Also, Criterion #4, the profession's code of ethics was applied equally to all members of the profession and was not an issue for differentiating the practice levels. Finally, the creation of BPD satisfied Criterion #5 by creating a membership organization representing this level of social work. Although I don't think any of us saw the challenges so clearly at the time, the work that needed to be promoted by BPD was to identify the knowledge needed for this level of practice and to help build high quality social work education programs to deliver that knowledge (Criterion #1), and to gain sanction from our practice communities (Criterion #3).

Defining Appropriate BSW Content and Competencies

A major effort to further flesh-out the content of BSW-level work was known as the “West Virginia Project,” a HEW funded effort located at West Virginia University and led by Betty Baer and Ron Federico. I was privileged to be a participant in that rigorous examination of previous efforts to spell out legitimate “less than master’s level” human services positions and then cull out the content appropriate for social work. The project interfaced with the fledgling BPD organization which helped build political support for the results. The first phase of the West Virginia Project focused on content with a sample curriculum model developed that helped program directors gain a perception of what might go into curriculum at this practice level. This model relieved some of the pressure on the schools. The second phase addressed knowledge baccalaureate program directors would need to be savvy enough to build strong programs within their universities and develop the classroom and field instructor skills needed to transmit this content students (Baer & Federico, 1978, 1979). For example, my chapter was titled “The Social Work Program: Its Place in Higher Education.”

Nevertheless, the major sticking point in the implementation of education at the baccalaureate level continued to be identifying the components of generalist practice. Leslie Leighninger helpfully framed the debate (Leighninger, 1980, 1984), but agreement about the content a school should build into its curriculum did not exist. Perhaps a love/hate relationship inherently exists between schools wanting to become accredited and the accrediting bodies. In this case the schools knew that rigorous standards were necessary for accreditation to be considered viable, but how the requirements should be operationalized was at issue. Some schools wanted clear definitive instructions regarding what content and what courses should be required, while others wanted only general guidelines with room to adapt curriculum to regional practice variations. The latter view was adopted and CSWE’s Commission on Accreditation became the arbitrator as it made judgments about each school’s concept of generalist, its ability to distinguish generalist from specialist content, and its infusion into a curriculum.

Gradually some common elements in generalist (sometimes called generic) social work practice began to shake out. In 1983, Anne Minahan (editor-in-chief for a new edition of the *Encyclopedia of Social Work*) asked me to write an item for the *Encyclopedia* on “The Generalist Perspective.” My colleague at Colorado State University, Pamela Landon, joined me in this effort and we scoured the developing literature on the topic with our summary of the state of the art at that time appearing in the new edition (Sheafor & Landon, 1985). In that summary was evidence that there were varying perspectives on generalist and that there was a need to identify where there was consensus and where there were wide variations. Two other colleagues at Colorado State University, Mona Schatz and Lowell Jenkins, were interested in helping to pin-down a generally accepted conception of generalist social work and I joined them in conducting a very elaborate Delphi study involving three rounds of critique and clarification of the concepts that emerged from nearly 50 social work educators. Through this effort we were able to filter out some elements of social work that are generic/foundation material for all social workers, the central components of a generalist perspective and the initial

competencies needed at the first practice level, and then (somewhat vaguely) the additional competencies needed for practice as an advanced generalist social worker (Schatz, Jenkins, & Sheafor, 1990). I may be overstating the impact of this research, but I think that perhaps as much as anything it provided a sufficient summary of areas of agreement regarding a conception of generalist that the topic dropped down on the list of problems the BSW programs experienced.

Another problem rested in how to avoid unnecessarily redundant content for BSW graduates who matriculated to MSW programs. Were they to pay tuition just to repeat the content from their baccalaureate program? Should schools be required to avoid redundancy and waive part of the MSW requirement? If so, how much? One year? One term? Should schools require students to test-out of each course? I had nothing to do with this decision, but CSWE concluded that schools should be allowed to implement some form of waiver, called “advanced standing,” to address this problem. Only about one-half of the MSW programs initially implemented advanced standing and this became one more point of contention between the leadership of the Council of Deans (now the National Association of Deans and Directors) and the Council on Social Work Education. As President of CSWE in the mid-1980s (the two most trying years of my career), it was clear that advanced standing added to the accumulation of issues and motivated the Council of Deans to encourage its members to withhold their annual dues to CSWE in protest – if not in an effort (as some conspiracy theorists contended) to bankrupt the organization so that a new accrediting body (sans a BSW level) could be created. About one-half of the graduate programs delayed paying their dues and indeed the organization almost collapsed. It is my view the 100 percent dues payment by undergraduate programs and the negotiating skills of the Interim Director of CSWE, Diane Bernard, kept the organization alive – barely.

Promoting the BSW

Baccalaureate educators and BPD appeared to be effective in promoting the BSW on their campuses, but they were not effective in creating a job market for the graduates. NASW made one valiant stab at upgrading recognition of this practice level in the early 1990s by creating a parallel recognition to the masters-level Academy of Certified Social Workers (ACSW) – the Academy of Certified Baccalaureate Social Workers (ACBSW). Bob Teare and I were commissioned by NASW to extend a task analysis study of MSW social workers we had developed to underpin the ACSW exams, to now address the BSW practice level. Barbara Shank joined us in collecting and analyzing the BSW-level data. Using these data as the blueprint, NASW developed an innovative ACBSW exam in 1991. However, the practice agencies did not buy into this academy, did not recognize the ACBSW as a job credential, and thus students saw little merit in taking the exam and paying the ACBSW fee. The ACBSW subsequently was discontinued by NASW.

Did the Partitioning of Social Work Last?

Indeed, there were many trials and tribulations as the baccalaureate level of social work became a legitimate professional practice level. So what evidence is there today that this effort succeeded?

- The CSWE website (<http://www.cswe.org>, July, 2013) indicated that there were 472 accredited BSW programs and 19 more in candidacy – a significant increase from the 135 programs in 1974.
- The 2012 *Annual Survey* (also on the CSWE website) reports 52,598 full-time and 7,297 part-time majors. That exceeds the MSW enrollments of 34,484 full-time and 19,351 part-time students.
- The *Annual Survey* also indicated that of the new students admitted to MSW programs in 2012, 5,898 were admitted with advanced standing.
- Amanda Scott (BPD staff member) reports that the BPD membership has grown to a substantial number – from 101 charter members to 698 members in 2013.
- Scott also reports that the attendance at the BPD annual meetings has increased exponentially – from 52 at the first meeting in Estes Park, Colorado to 900 at Myrtle Beach, South Carolina in 2013.
- To be a profession, a certain amount of common work must be done by all practitioners, but if there are multiple levels of the profession there also must be some differentiation. In 1995, Bob Teare and I merged comparable data from the NASW sponsored BSW and MSW task analysis studies, yielding 7,000 usable responses which allowed for a comparison of practice activities at the two levels. Chapter 4 in our CSWE published book, *Practice-Sensitive Social Work Education* (Teare & Sheafor, 1995), identifies similarities and differences in what social workers do at the two professional levels. There was a clear distinction in that BSWs somewhat exceed MSWs in the empirically derived task clusters of risk assessment, protective services, case planning and maintenance, service connection, tangible service provision, and dispute resolution. The MSWs exceeded the BSWs in group work, individual/family treatment, and staff supervision. In the remaining clusters of practice activity (i.e., interpersonal helping, professional development, staff deployment, staff information exchange, organization maintenance, community delivery system knowledge, program development, research and policy development, and instruction) there was virtually no difference between the two levels.

Conclusion

In my judgment the above data indicate that social work has become one profession with two somewhat distinct practice/education levels. Looking back on these developments, the opportunity to participate in and contribute to the emergence of a new practice level of a profession was a unique and rewarding experience. The efforts of many colleagues throughout the United States made this possible and, perhaps, the rich interpersonal relationships developed among the BPDers did the most to make the time and effort spent on this personally worthwhile. On a far more important societal level, the outcome of now having nearly 15,000 new and well-prepared baccalaureate level educated professional social workers available each year to serve the most vulnerable U.S. population groups truly has made a difference.

The single element of Greenwood's criteria for a profession that I believe has not been sufficiently realized is the requirement to gain sanction from our professional communities. To better achieve this important goal, CSWE, BPD, NASW, ASWB and the many human services employers must again undertake carefully planned and articulated strategies to strengthen recognition of these graduates in the employment market. Too often this this rich resource still goes unappreciated.

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(Author's Note: In addition to references cited in the body of this article, sources documenting the events associated with these personal observations are also included in the References list.)

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A Shifting Paradigm – Medical to Interactional Model: A Personal History

Lawrence Shulman

Abstract: *This article chronicles over 50 years of change in the profession with an emphasis on the author's professional experiences and the shift in practice paradigms from the medical model to an interactional model. A number of key phases in this shift are identified and illustrated drawn from the author's work over time.*

Keywords: *Interactional model, medical model, paradigm shifts, William Schwartz*

When I was asked to submit an “Eyewitness to History” article, I was at a loss as to how to approach it. After some reflection, I realized I had a personal and professional history that was closely tied to the development of what I describe as a paradigm shift in thinking about social work practice. I also had the advantage of being influenced by a number of mentors who themselves had significant roles in developing social work practice as we know it today. I decided to simply tell chronologically the story of my professional history, and as I did so, to connect my experiences to developments in social work and social work education during the 52 years since my 1961 graduation from the Columbia University School of Social Work (CUSW).

In particular, I will focus on the events and activities that had a substantial impact on the development of the Interactional paradigm. The list below provides an overview of the sections that follow, each presenting a component of the paradigm shift:

- My MSW education at the Columbia University School of Social Work – Group Work and the Social Goals model
- First contacts with Bill Schwartz and my introduction to the Mutual Aid Model and a new paradigm.
- Defining a paradigm shift and the distinction between the Interactional and Medical Models
- The introduction of system's theory to social work education: The Agency as the “Second Client”
- Operationalizing and researching the Interactional Model
- The Functionalist approach to social work practice at the University of Pennsylvania – Contributions of Taft and Robinson
- Doctoral studies in Educational Psychology and my introduction to Category Observation and other research methods focusing on the process of practice as well as the outcomes.
- The parallel process in social work, supervision and teaching

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- The use of video tapes as a tool for dissemination of the Interactional Model
- Where do things stand now?

Phase 1: The Early Days – MSW Education at CUSSW

I was a “group worker” in those days which meant I went through Columbia with a cohort of 30 group work students. Most students at CUSSW were “caseworkers” and a few were “community organization students” (C.O.). In those days C.O. meant, in large part, fund raising for “Community Chests,” now called United Ways. It wasn’t until later that grass roots organizing, using the Saul Alinsky confrontation model, described in his book *Rules for Radicals: A Pragmatic Primer for Realistic Radicals* (1971), became associated with social work’s version of C.O. The civil rights movement also had an impact on C.O. as did the emergence of organized welfare rights groups. However, the concept of generalist practice and a universal foundation practice course taken by all students was not yet part of our social work education model.

I was placed for my first year field experience at the Mt. Vernon Jewish Community Center in 1960. It was at this placement that I first met two influential thinkers in social work. George Braeger was the agency director and Harry Specht my field supervisor.¹ George and Harry later left the agency to run the Mobilization for Youth project in New York City.

This was a 13 million dollar innovative program funded by President Kennedy based on Cloward and Ohlin’s (1960) delinquency and opportunity theory. Mobilization for Youth, focused on expanding the legitimate opportunities afforded to young people in an effort to decrease delinquent behavior. Braeger wrote the proposal and directed the project and Specht helped to manage it. This project was seen as an application of the Cloward and Ohlin theory that contributed to the social reform movement that led to the war on poverty.

On reflection I realize I did not get strong supervision on my group work practice, but I did get a heavy and helpful dose of concern for social justice. I was exposed to George and Harry, and their views on the role of social work in my field placement, and similar thoughts in my CUSSW class on social issues taught by Cloward. While emphasizing a return to social work’s classic historical mission, epitomized by Jane Adams and the settlement house movement, the model still borrowed from the medical paradigm. Only now, instead of diagnosing the client and developing an assessment and intervention plan, we would diagnose the social systems that impacted our client and intervene with them. The target was different however the three-step model was the same.

This was brought home clearly to me a few years later when, attending a conference presentation by Cloward, I challenged his endorsement of the use of manipulation and

¹ George went on to eventually become Dean of CUSSW and Harry to serve as Dean at the School of Social Work at Berkeley University. George co-authored with Steve Holloway in 1978 the classic book *Changing Human Services Organizations: Politics and Practice*. Harry co-authored with Mark Courtney in 1993 their challenge to what they believed was social work’s loss of its historic mission titled *Unfaithful Angels*.

indirect influence when working with a community action group. His response was that it might be necessary because the social worker knew what was best in a conflict situation and therefore was acting in the client's interest. The core paradigm of practice in which we might act on instead of act with the client had not really changed. Cloward did go on to make a major contribution in his advocacy of the "motor-voter" registration program allowing people to register to vote when they registered their cars.

Phase 2: My Early Practice and How I met Bill Schwartz

In 1964 when I returned to my first year field placement and began working at the Mt. Vernon Jewish Community Center, the social change oriented legacy shared by Braeger, Specht and Cloward was still strong in the agency culture. This orientation fit with the "Social Goals" model of group work taught at Columbia. In addition to recreation, a major purpose for leading groups in Y's, community centers and youth programs, where many MSW group workers worked, was to impart social work's historic values of democracy and social justice.

Returning now to the field instructor's seminar, the real start of this story, in our first session Schwartz asked each of us to share the assignments we had developed for our students. I proudly described a teen leadership group with which I was involved and a project where our teens joined with an African-American church youth group to raise funds for poor residents of color in Mt. Vernon. This was one of the groups in my social work student field assignment. I went on to point out that the real purpose of the group was to improve black and white relationships in Mt. Vernon, a town experiencing a rapid growth in the number of poor families of color and the beginning of "white flight."

I remember to this day Bill Schwartz looking directly at me and asking: "Do your group members know the real purpose of the group?" I felt confused and embarrassed. Wasn't this what my social goals model taught me as the job of a group worker? I remember little of the remainder of the session. I arrived home that night and told my wife I was so mad I was not going back to the seminar. After cooling down, and with some reflection, I realized Bill's question had been reasonable. We believed in "informed consent" but how could the group members be fully informed and give consent if we had a "hidden agenda." I experienced this as a "light going on," raising questions about all of my group practice and supervision of our part-time group leaders. Most of our discussion in supervision was about how to impact the group using program (activities such as games, trips and social events) as it had been in my own supervision as a field student.

The teen project was a good one. When it was initiated, I could have suggested it to the group members, involved them in the planning, and acknowledged the goal of impacting race relations in Mt. Vernon. I was unable to answer the question of why I had not done just that. Later I realized it was an issue related to the paradigm that guided my practice and the field of social work as well. In some ways, as you will see later in this chapter, I believe that this remains true in some respects for social work today.

I returned to the seminar and over the years Bill became an important mentor for my practice, teaching and research. Thus began my sometimes painful paradigm shift from the Medical Model toward what I now call the Interactional Model.

Phase 3: Paradigm Shifts, Social Work, Group Work, and the Medical Model

Thomas Kuhn, in his influential book *The Structure of Scientific Revolutions* (1962), discussed changes in science that occurred not by increment but by revolution. The classic example is the change from Ptolemy's astronomy paradigm which placed the earth at the center of the universe to the heliocentric model advocated by Copernicus in the 15th century, which placed the sun, rather than the earth at the center. Kuhn pointed out that such dramatic shifts often meet strong opposition. He also pointed out that new paradigms continue to emerge often building on the old ones as they replaced them. For example if one thinks of astronomy, there was Einstein and the theory of relativity. More recently we have seen astronomy theories based on black holes, quirks and quarks, etc. These build on previous paradigms and may be gradually accepted because they offer explanations for the old paradigm's anomalies.

Anomalies are unexplained events or findings that do not fit the established paradigm. For example, the sun, moon and other celestial bodies might move across the sky in ways not explained by the predominant, at the time, earth-centric paradigm. (For the Medical Model I believe a significant anomaly was client non-compliance with perfectly sound treatment plans.) Kuhn also believed that the social sciences were not "scientific" enough to have paradigms and shifts. On this point, I disagree.

Social Work and the Medical Model

The Medical Model is often used in social work literature to describe a pathology-oriented approach to assessing and diagnosing clients. Alternatives are offered by many newer models such as the "strengths perspective" and a "systems approach" both of which largely reject the pathology model for assessment and diagnosis. This is not the medical model to which I refer.

The Medical Model challenged by the Interactional Model is based on the three (now four) sequential steps of thinking about social work practice: Study, Diagnosis, Treatment and Evaluation, cycling back to "study" should the evaluation indicate the need. This is the model that social work and other helping professions borrowed from medicine. It had become crucial to the medical profession's early efforts to distinguish itself from other healing professions and to establish itself as "scientific."

Please understand that I am not raising questions about the elements of study (gathering information) or diagnosing (attempting to understand the nature of the client's problem or issue) or treatment (developing and implementing plans for intervention in collaboration with the client). The challenge is not to the individual elements of the Medical Model but rather to the three-step sequential description contained in the paradigm.²

In contrast, one of the essential differences in the Interactional paradigm is the understanding that the worker-client interaction is dynamic, with each actor impacting the

² At one school I taught during these early days, case work students spent their first year in practice class working on "study" and moved to "diagnosis" and "treatment" only in the second year.

other moment-by-moment in the individual interview, family session, group or community setting. Treatment does not wait for the diagnosis since the conversation with a client in the first session is actually the start of an intervention and the helping process. Also, no matter what the diagnosis, treatment or intervention planned with colleagues or with the supervisor in the case conference, the social worker will be strongly influenced, often emotionally, by the responses of the client. That in turn will affect the interaction and so forth. Social work practice does not proceed in the neat and orderly manner described in the Medical Model.

Another example of the paradigm shift involves the separation of the worker's feelings and his or her professional interaction with clients. This separation was advocated in most social work education then, and is still advocated by some today. I refer to this as the personal/professional dichotomy. The need to maintain a separation between the two was also borrowed from medicine. In my early research, practice and teaching I found that professional versus personal was a false dichotomy in that effective practice involved learning how to integrate the personal and professional. The Interactional Model suggests that the social worker needs to "use" his or her feelings not "lose" them.

I should make clear this does not give permission for the social worker to act out. Rejecting the false dichotomy does not allow the worker to express any and all feelings of the moment. Affect must be integrated with the professional purpose and role. For example, a common issue raised in my workshops by child welfare workers who are not parents is the emotional challenge they feel when a client, a mother of three for example, inquires as to how many children the worker has. Defensive responses such as: "We are here to talk about you, not me!" or "I have none but I have taken courses in child psychology at the school of social work" miss the meaning of the question which often is "Can you understand what it is like for me?" or "Can you really help me?" or "Are you going to judge me?"

A worker who is "tuned in," develops preliminary empathy to the meaning of the question and responds directly, with genuine empathy, saying, for example: "I don't have any children. Why do you ask? Are you concerned I may not understand what it's like for you? I'm concerned about that as well. If I'm going to help I have to understand you will need to tell me." This or some version of this is an example of integrating personal and professional. A simple expression of what the unprepared worker may be feeling, such as: "You're right! I don't have kids. How do they expect me to help you?" is not an integration of personal and professional. Those feelings need to be shared with the supervisor.

This dichotomizing of personal and professional, borrowed from medicine, does not work well for doctors either as the emergence of "behavioral medicine" has emphasized. In a study I carried out with 54 family physicians in Vancouver, BC in 1982, I asked doctors, among other variables, to rate their attitudes toward specific patients – positive,

neutral or negative – immediately after seeing the patients.³ The study explored the impact of the physician’s communication, relationship and technical skills on patient compliance, satisfaction, reassurance, comprehension and improvement (Shulman & Buchan, 1982).

In interviews conducted by research assistants with 603 patients at the doctor’s office immediately following the visits, we asked among other things about the patients’ perception of their doctor’s attitude toward them. We found a correlation between the two ratings. In discussions of these findings, doctors were surprised and often indicated they were sure they had hidden their negative feelings, just as social workers may feel they do as well. However, many patients (and clients) have powerful emotional radar and are able to detect these feelings. In our study, using data we obtained immediately following the visit and by phoning the patient one week later, we found that the doctor’s attitude toward the patient – positive, neutral or negative – had an impact on outcomes such as patient relationship, compliance, satisfaction and comprehension.

For some in the helping professions, just as in astronomy, the old paradigms have too strong an influence and do not allow them to see practice from a strikingly different perspective. The well-known Gestalt drawing of an old woman who, when the viewer’s perception shifts, becomes a young woman illustrates the dynamic. You can’t see both the old and young women at the same time. It’s necessary to let go of one in order to see the other. When I used this drawing in a class, some students were not able to let go of their first perception of the old or the young lady just as social workers may practice using the medical model, as defined here, and don’t realize they are guided by that paradigm.

Agency intake procedures, with forms that must be completed for insurance purposes, can occupy a first session. This displaces a contracting process that seeks to clarify the purpose of the encounter, clarify the role of the social worker, reach for feedback on the client’s perception of need, and address issues of authority and confidentiality. These are interventions that are part of the “contracting” process in the beginning phase of practice that may be given less attention while the social worker obtains data.⁴ Many social workers have described to me how the pressure of obtaining “billable hours” or finding themselves supervised by other disciplines (e.g., social workers supervised by nurses in medical settings), forces them to skip the step of engaging the client in the first session.

Implementing these contracting skills at the start of the engagement process actually begins to build the “working relationship,” now termed the “therapeutic alliance” in the literature. When the intake of information is required by the agency or other setting, I encouraged my students to find a way to do both, pointing out that much of the needed information will come out in the contracting conversation. In addition, the data gathering

³ Foundation funding for this study allowed me to serve full-time for one semester as a scholar in residence in the University’s family practice center. I met weekly with a group of family practice residents and site faculty and reviewed video tapes of their contacts with patients.

⁴ These skills and others are elaborated and illustrated in my books and articles including *The Skills of Helping Individuals, Families, Groups and Communities*, 7th edition, 2012.

can be completed in the second half of the session. The central argument is that “treatment” actually begins when the client enters the office, not after a detailed study, and assessment, diagnosis and a treatment plan has been completed.

Phase 4: The Social Worker in the Group

Schwartz’s major publication on this subject was an article published in 1961 titled “The Social Worker in the Group.” It was a compression of his educational doctoral thesis that laid the groundwork for what was later termed the “Mediating Model.” This term was inferred by social work authors Catherine Pappel and Beulah Rothman (1966) because of the role of the group worker, as described by Schwartz, in mediating the engagement between the individual and the group. Schwartz never accepted the term “Mediating Model”; however, the title has been widely used along with the Social Goals and the Remedial Model, based on behavior modification concepts. This came to be known as the trio of approaches to group work practice. Another term used by some to describe Schwartz’s approach was the “reciprocal” model based on the notion that between members of the group and the group leader there was an element of reciprocity in the relationship.

A more accurate term for Schwartz’s approach would have been the Mutual Aid Model since at the core was the concept of the group leader helping members to help each other. The mutual aid concept was based upon the belief that the central relationship between people, the individual and the group (or family) or the individual and society, was symbiotic in nature. This relationship was often obscured by obstacles that prevented group members and people in general from seeing their common ground. The group for Schwartz was an “enterprise in mutual aid” and the role of the leader was to help the group members to discover and act on their need for each other. For example, the “all-in-the-same-boat” phenomenon, in which group members discover they are not alone, came to be seen as a supportive and healing process.⁵

This was a departure from the Medical Model in which the group leader was someone with authority who would structure the group and influence the interaction to change the member’s values (social goals model) or behavior (remedial model). A major tool used by group workers at that time was the use of activity specifically selected and designed to have an influence on group members, again often without their knowledge. For example, a group worker might select an activity for a children’s group that would allow a scapegoated child to excel thus indirectly attempting to influence and diffuse the scapegoating process. This intervention could fit within the social goals or remedial model approach to practice.

This contrasted with an article I published in *Social Work* in 1967 (“Scapegoats, Group Workers, and the Pre-emptive Intervention”) which tried to understand the scapegoating process as a dynamic interaction in the group in which group members projected onto the scapegoated member some of their own doubts, concerns and feelings

⁵ I attempted to inventory and illustrate a number of mutual aid processes in “The Dynamics of Mutual Aid” which was a chapter in a collection of articles by Schwartz and many of his former students entitled *The Legacy of William Schwartz: Group Practice as Shared Interaction* (Gitterman & Shulman, Eds., 1986).

about themselves.⁶ This was consistent with the biblical interpretation in which the sins of the people were projected onto the “scape” (skin) of a goat that was then sent out into the wilderness to die taking the mortal sins with them, at least for that year.

In the article, I urged group leaders who naturally experience protective feelings toward the scapegoat not to side with the group or the scapegoated individual, but rather to see the group as the “second client” calling for help through the process of scapegoating. The significant paradigm change was that the scapegoating was not a behavior to be changed but rather seen as a message to the group leader by the scapegoating group members. By addressing the “meaning” of the behavior, the group leader was helping members deal with their own sense of low self-esteem. The group would no longer need a scapegoat. In theory, the scapegoat would no longer need to “volunteer” for the role.

The “pre-emptive intervention,” a term borrowed from the card game bridge, for example siding with the scapegoat, pre-empts the important work that needs to be done by the group members. Central to the mutual aid process is the idea of getting help by giving help. In the diagnostic framework of the time, one that is still referred to in social work and counseling publications today, the role of the group leader was to select the right activity (treatment) to help the scapegoated child and stop the process, rather than explore its meaning helping the individual *and* the group.

Phase 5: Operationalizing and Researching Practice Intervention

A position as a full-time faculty member at the Rutgers University School of Social Work opened up the next phase of my work at understanding, researching and writing about the Interactional Model.⁷ My position at Rutgers involved leading a field unit of 6 MSW students placed in a large New Jersey institution for what was then referred to as “mildly retarded” teen agers with behavioral problems. Meeting regularly with the 6 group-work students, I required them to write process recordings of their work with groups and also of their significant interactions with staff. The institution had a semi-military culture with house staff concerned mostly with keeping order and keeping the teenage boys away from the girls.

The two years I worked in this position had a significant impact on my developing ideas about the importance of identifying and measuring practice interventions and also on the concept of viewing the agency as the “second client.” My efforts to help my students develop the skills and interventions needed to work with their groups forced me to operationalize what they were doing. I needed the words to describe these interventions and to teach them consistently. This was the next step in identifying

⁶ This article led to my over 40 years of friendship and collaboration with Alex Gitterman, the co-author with Carel Germain of *The Life Model of Social Work Practice* (1980). Attending a conference and meeting me for the first time, he invited me to be a fourth in a bridge game since I had used bridge in the article. He was surprised to hear that I had no idea how to play bridge. This was the beginning a wonderful friendship and professional collaboration.

⁷ I should point out that the term Interactional Model was one I used later in my work since I think it more accurately described the broader paradigm of which the mutual aid model of group work was one example.

behaviors that put the “mediating” functional role of the social worker, in individual and group practice, into action.

I came to more fully understand this task a few years later in 1973 when Joel Fisher, who later became a good friend and colleague, published a controversial article entitled, “Is Casework Effective?” Joel had reviewed social work research on the effectiveness of practice. The findings indicated that social work was not effective. This was an example of a paradigm “anomaly.” All of the reported research projects were outcome studies in that they looked at the results of intervention models (e.g., family practice, group work, particular intervention models) but did not operationalize the independent variable, that is, what the social worker actually did when working with the client. If we could not clearly distinguish the “predictor” variable of practice we could not know, for example, if some social workers interacting in certain ways were actually very effective. Other social workers in the same study might, through their use of less effective interventions, offset the positive findings.

I realized that the real question, and the subject of needed research, was an answer to the question: “What is casework?” not “Is Casework Effective?” This became a required step when I later researched the impact of specific interventions. Outcome measures were, and still are important; however, I believed that as a profession we needed to first operationalize the “independent” variable at the level of specific worker skills. I also came to understand that there would be mediating or intervening variables – such as the development of a working relationship – now referred to as the therapeutic alliance in the literature – that would then influence outcome measures. Rosenberg’s work in sociology (1968) on third variable analysis was helpful to me at that time.

Phase 6: The Emergence of Social Systems Theory: The Agency as the Second Client

My other significant learning as a full-time field instructor was my growing understanding that one could not practice within a setting, such as the institution housing my field unit, without using a dynamic and interactional perspective in which the “environment” was affecting the group, and the group in turn was affecting the environment. For me, this was the beginning of the concept of the setting as the “second client,” and the use of an “organismic” model with the group and the setting seen as dynamic systems. Early organizational theory had often used a “mechanistic” model with “input,” “through puts” and “outputs” central to the framework. A shift to the organismic model considered the organization as an organism with the ability to change, to grow, and to interact with its environment.

This understanding was crystalized for me by an incident involving a conflict between our student run program and the residential staff of the agency. The staff members, most of whom were middle age or older adults, former police or correction officers or army veterans, were responsible for the behavior within the dormitories. Monitoring and restricting behavior and discipline using rewards and punishment was their basic job.

On a Monday morning, at my usual student unit meeting, one of my field students reported that the housing department had cancelled all social activities planned by my students and their group members. There had been an incident on Friday evening. After a structured and chaperoned party, as the teen boys walked their girlfriends back to the girls' dormitory, they kissed them goodnight on the dormitory steps while the other girls in the residence hung out the windows shouting encouragement and advice. The dormitory staff experienced this as a minor uprising and the solution was to ban all future parties planned by my students. I didn't realize at first that this was actually a deeper organizational response to our work which was challenging the existing culture of the agency.

My first reaction was anger at the staff group dictating what my social work students could or could not do. The parties were an important part of the social developmental work of these teenagers who were otherwise kept completely separate from each other. As we discussed this in the student unit meeting my thinking shifted to trying to understand the meaning or the message of the staff reaction. We had learned to understand our clients' "deviant" behavior as signals they were sending of underlying feelings and issues. Was the housing staff of the institution sending one to us? Was this a signal of issues for the entire staff and residents in an institution that had been run from the top down with little consultation or involvement with others? Could we apply principles we were using to describe the group process to a larger entity, the institution with the residential staff as one sub-group?

This was a breakthrough both for me and my students in our thinking about the social work role. Using contacts I had developed with heads of all of the departments (social work, housing, psychology, job training)⁸ I suggested we meet to consider the impact of our program on their work and what, if any, problems we were causing other staff. I was amazed at the number of department heads and staff who showed up at the meeting, which also was attended by my MSW students. Word of the meeting had spread throughout the institution with some expecting it to be a confrontation.

Applying the skills we had identified in working with the residents to our interaction with staff, skills I now refer to as the skills of professional impact, the students and I acknowledged the problems we may have caused in the system in a non-defensive manner. This diffused the negative tone of the meeting and the discussion shifted from our program's impact on other departments to the minimal influence of all staff on the running of the institution.

In hindsight after the meeting, we understood that the reaction of the housing staff was a signal of their feelings about their lack of influence in the system. We have learned to understand that in dynamic systems (e.g., families, groups, organizations) the members that experience the stress and feelings most strongly take on the role of acting them out. Housing staff did not have professional degrees, or college degrees, and were seen as

⁸ I also learned the importance of developing informal relationships in a system. All of the department heads liked to play ping pong in a staff lounge during lunch. In the first few months of our unit's involvement, I had developed friendships through ping pong competition that were important to the success of my first efforts at organizing.

“low status” in the staff system. No wonder they took on the role of acting out the feelings of impotence experienced by most of the other staff.⁹

After meeting with the institution’s Superintendent in which I outlined the issues in a manner designed not to make him feel defensive, and then proposed steps we could take to improve morale and the staff’s sense of involvement, we obtained his approval to go ahead with a plan that involved setting up cross-department staff groups addressing identified issues. My social work students worked as the “staff” for the staff groups, keeping minutes, etc. We were not yet at the stage where we could invite residents; however, the establishment of resident councils was one of the end results of this work. What was clear to me was that staff did not feel empowered and thus were not able to empower residents.¹⁰

I decided to write about my experiences in a monograph entitled, *A Casebook of Social Work with Groups*, published in 1968 by the Council on Social Work Education. The publication included the operationalizing and illustrating of a number of practice skills, critically analyzed process recordings and a discussion of the concept of the “setting” as the second client. Up to that point, the Council had published individual process recordings that social work faculty could purchase and use with their classes. This was the Council’s first publication of an integrated monograph containing theory and process recordings. It was well received in the field and for years was one of their best-selling publications.

At about the same time, Gordon Hearn, a Canadian social work educator, was exploring the implications for social work of social systems theory, which had first emerged in sociology. This theory drew upon the “general systems theory” of von Bertalanffy and others. At the core were universal principles which could apply to systems at many different levels, such as a small group, a family and a large institution.

My casebook came to Hearn’s attention and I was invited to present as part of a panel assembled for a national social work conference. This led to the inclusion of a chapter I wrote entitled “Social Systems Theory in Field Instruction” in Hearn’s ground breaking book entitled *Social Systems Theory in Social Work Education* (1969). While the idea of using systems theory seems obvious today, it was not so obvious at that time. Social work education had required courses on human behavior, most with a psychoanalytic orientation. Not yet widely developed was the idea of teaching courses addressing human behavior within the social environment (HUBSE) as we now do.

⁹ This concept has been useful in my work as a consultant on supervision and management when I have worked with large organizations. For example, when a hospital is under stress generally because of reduced funding one often finds the problems are acted out in the emergency room or other high stress departments. In a sense, they are acting for the institution as-a-whole.

¹⁰ As a resolution of the issue that triggered this process, the residents demonstrated self-empowerment. It was agreed that they could kiss each other goodnight but not on the dormitory steps. A stop sign was designated as the boundary. The second rule was that they had to keep walking. On a Monday after the first party my student reported that they had stopped at the stop sign but remained there, kissing each other, while walking in place.

While social systems theory was not inherently connected to the Interactional Model, it provided a theoretical structure for understanding both our practice in a group, the interactive nature of practice with worker and client constantly and immediately affecting each other, and the role of the profession in dealing with the setting and community as the second client. One could conceptualize a “boundary” surrounding the group, which was an open systems boundary with influence in both directions.

Phase 7: The University at Pennsylvania and the Functional Approach to Practice

The next stage of my professional development came when I left Rutgers and accepted a position as a lecturer at the University at Pennsylvania’s (U of P) School of Social Work. My new appointment was controversial since I was the first recently hired full-time practice teacher who had not been a graduate of the U of P program. A new Dean, a social policy professor, had been appointed and the University insisted that the “in-breeding” of practice faculty had to stop.¹¹ Some insight into this issue and its impact on development of the Interactional Model may be helpful at this point.

Although not a U of P graduate, I felt comfortable with the basic principles of the functional approach. Schwartz had borrowed major concepts from two former faculty members – Virginia Robinson and her partner Jessie Taft. Taft and Robinson had been psychoanalyzed by Otto Rank who developed the “Rankian Approach” to therapy which I won’t describe in detail here other than to mention that “birth trauma” and the concept of “will therapy” were considered important. Will therapy emphasizes “conscious will” and its impact on behavior as opposed to the Freudian emphasis on the unconscious. Rank had been a Freud disciple but had broken with Freud and was afterward marginalized by the psychoanalytic profession.

Taft was analyzed by Rank in New York in 1926. Taft and Robinson had rejected the medical model, without calling it that. Instead they adopted a Rankian functional approach. The U of P SSW became the center for this model and the school itself ultimately was marginalized by the profession, which was still very much committed to Freud, psychoanalysis, and the Medical Model.

My early exposure to the marginalization of the U of P and the functional school was as an undergraduate in a course taught by a social worker. He provided an inaccurate and ridiculing characterization of the difference between the “functional approach” and the “diagnostic approach”: “If a social worker was standing on a beach and a swimmer was clearly drowning, the diagnostic social worker would make the assessment and would swim out and save the swimmer. The functional social worker would wait until the swimmer asked for help.”

More serious isolation of the functionalist model and scholars by the mostly diagnostic oriented field included excluding U of P faculty from presenting at conferences or publishing their articles in scholarly journals. This may partially explain

¹¹ This Dean died three weeks after I started my appointment which explains, in part, some of the difficulty I experienced at the school without my “protector.”

why the school turned inward and hired only its own graduates to teach practice, at least until my appointment.

Elements of the work of Taft and Robinson incorporated by Schwartz into his model included the importance of affect and the impact of time. The feelings of the client (not the worker in the functionalist model) were very much a part of the helping process and needed attention. The concept of the phases of work – beginning, middles and endings – with the preliminary phase added by Schwartz, drew on the functional literature. Many of the disciples of Taft and Robinson went on to teach and publish an approach to practice, while not the Interactional Model nevertheless focused on the interaction between the social worker and the client. The functional approach was in part an important predecessor of the Interactional Model.

I had assumed I would feel at home in this school since my writing and teaching had a strong functionalist theme. I soon discovered that while the group work sequence in which I taught described its approach as functional, as elaborated by Helen Philips (1957) a major figure in the field whom I replaced at the school, the actual paradigm in U of P group work was still diagnostic. Although the functional terminology was used, students were taught to assess the needs of the group members, diagnose the problems, and develop treatments (usually activities) without ever using these terms.

The problem of disciples not evolving and building on the theory of the founders, Taft and Robinson, was also evident in the notion of the agency as a “given,” one not to be challenged. It was the client’s willful struggle against the agency’s function during the exchange with the social worker that would lead to change. It was the social worker and the agency on one side and the client on the other. Fresh off of my systems theory thinking and the publication of my casebook, I taught a model in which the social worker considered the agency as the second client and, as such, would remain open to systematic and skillful intervention directed toward potential agency change. The social worker in the mediation function as described by Schwartz would try to have professional impact on the agency to make sure it was effectively meeting the needs of the clients. The social worker was a “third force” between client and systems including the agency and was not overly identified with the agency versus the client.

This was a significant rejection of a core functional concept, and was being taught by this new faculty member (myself), a non-U of P graduate, who was hired over the objection of many on the practice faculty. The response to my “heresy” was brought home when the students invited me to present at one of their lunch time discussion groups. My topic was to be “Social Work Impact on the Agency as a System.” These lunch time discussion groups were usually well attended by students and faculty; however, my heretical topic led to a planned boycott with not a single faculty member attending. This experience along with my not receiving a promotion to Assistant Professor after my two years at the school, despite positive teaching evaluations and more

publications than most other faculty, was the signal that shifting paradigms would not be that easy.¹²

Phase 8: Doctoral Studies, Research Methodology and the Move to McGill University

At the end of my second year of teaching at U of P, I was offered a position at the School of Social Work at McGill University in Montreal. My disappointment over not receiving what I believed was a deserved promotion led me to accept this offer in 1969. The fact that my wife was a Canadian who grew up in Ontario also affected my decision.

During my two years in Philadelphia, I had attended an evening and summer part-time doctoral program in Educational Psychology offered at Temple University. The Temple program was attractive to me because of a specialization in group development and counseling. This provided an opportunity to study many of the foundational thinkers and revolutionaries cited in Schwartz's writing, including John Dewey, George Herbert Mead, Martin Buber, Talcot Parsons, Mary Follett and others who were not part of my original social work education (Schwartz, 1986).

In addition, the strong research component in this program allowed me to begin to develop the tools that I later would use in my practice research. At that time many if not most practice teachers in schools of social work, at least those I knew, did not have doctorates. Social work faculty who had PhDs tended to teach in policy, research, or human behavior and the social environment. Practice teachers came from practice settings which was their strength but also limited the amount of practice research done by practitioners. This may partially explain the focus on outcomes (the dependent variables) versus the nature of practice itself (the independent variables) by practice researchers.

Another advantage of my educational psychology doctorate was that the education field was conducting extensive research using category observation systems. These systems involved the development of categories of teacher and student behavior and then the analysis of the teaching, through observation or from videotapes. The numeric entries categorizing the behavior every number of seconds (e.g., five in one system) could then be entered onto punch cards and delivered to the main frame computer for analysis, with a printout available hours or days later. (Yes, a far cry from current technology; however, this all predated the use of the personal computer).

Education was clearly ahead of social work in its interactional analysis research with as many as 70 different systems outlined in Simon's book, *Mirrors for Behavior* (1967), which was an anthology of observational instruments. In my judgment at the time, many of these systems were based on overly simplistic underlying educational theory so that the researchers reported the obvious. One system, the one developed by Amidon and Flanders (1963), seemed different with a structure and categories that more closely paralleled those I would want to explore.

¹² A number of years later, when the school had undergone significant changes in its leadership, curriculum and faculty, I was given an award by the school and invited to be the speaker at a well-attended meeting on the shifting paradigm and the functional approach.

I used this framework to develop my own interactional analysis tool for classroom teaching. My doctoral dissertation research examined teaching at the university level. My plan was to implement a study at McGill University in Montreal where I now was teaching.

Once again, it's interesting how seemingly chance factors can have an important impact. In my first semester at McGill, I became a social friend with another American ex-patriot, the director of McGill's Instructional Communication Center (ICC). This Center had sophisticated video equipment and studios for use by McGill faculty. A second ex-patriot, also a social friend, was working in McGill's Center for Learning and Development (CLD). This Center's mission was improving teaching at the University. In my second year at McGill, I served for one semester as a full-time visiting scholar at CLD conducting workshops on teaching for faculty from many McGill schools and departments.

This system was adopted by the University and a funded project allowed faculty members to sign up for the videotaping of one class and to have a questionnaire on teaching effectiveness, also developed as part of my doctoral research, distributed to their students. They would then meet with a CLD consultant to review the interaction analysis print out as well as the student questionnaire data. The video tapes were time coded, as were the printouts, so the consultant and faculty member could select sections of the video for deeper analysis and discussion. This was a popular tool used for a number of years by some of the best teachers in the University as well as those who were new to teaching and by some who received negative teaching evaluations.

This work laid the groundwork for my later interactional analysis research into social work individual and group practice in two Canadian child welfare agencies, one in Montreal and one in Ottawa. This project was funded by the Canadian Government and involved videotaping and analyzing 120 hours of social work practice, 60 hours of individual sessions and 60 hours of group sessions. The videos were coded by trained and validated research assistants entering a number every three seconds that described the interaction they observed. We had over 100,000 coded entries.

For example, the number 10 represented three seconds of silence. A software program developed for the project would pair the first coder entry with their second, their second with their third, the third with their fourth, and so on. The print out provided a crude sense of interaction which allowed us to determine, for example, how long silences lasted and whether or not the client or the worker broke the silence. In another example, we could also determine whether or not the worker, in our judgment, was responding to the client's concerns or missing them completely. One interesting finding was that in the face of 3 seconds or more of silence the worker often intervened and at times did so by changing the subject.

We were also able to analyze the sessions according to rough estimates of time – the first (beginning), second (middle) and third (ending and transitions) segments. Understanding the impact of the phases of work in a single session was an important subject for the Interactional Model. We found that many workers were not responding to the direct or indirect “offerings” of the clients in the first third of the sessions, something

we termed the lack of “sessional contracting.” They were missing each other like ships in the night. This was often due to the worker having his or her own agenda determined by the treatment plan developed after completion of the study and diagnosis steps.

In addition the research included questionnaires completed by the clients, workers and their supervisors. We were exploring twenty-seven distinct social work skills. Research assistants also examined the client files to rate outcomes, such as stability of homes, days in foster care, etc. This analysis helped us to find answers to the earlier posed question: “What is practice?” as well as “Is practice effective?”

The first sharing of the results of this study in 1978 was an article in *Social Work* entitled, “A Study of Practice Skills.” The findings were integrated into the first of seven editions of *The Skills of Helping Individuals and Groups* (1979).¹³ The results of this project were also jointly published in 1981 by the Council on Social Work Education and the Canadian Association of Schools of Social Work in a book entitled, *Identifying, Measuring and Teaching the Helping Skills*.

For a number of years my publisher, Peacock Press, had been producing a successful book on generalist practice (Pincus & Minahan, 1973) that integrated a social system perspective but within the medical model. This widely used textbook described social work practice at a more theoretical and abstract level and referred to “change agent systems,” “client systems,” “target systems” and “action systems.” The authors drew upon family systems practice which was evolving to recognize the interactive nature of members of a family and the family’s relationship to the environment. Examples were included, but most often they were observations about the problem in a particular system and did not include process recordings that would focus on the specific social worker interventions.

I believe the positive response to the Pincus and Minahan book and to the espoused model related in part to the rapidly spreading shift to generalist social work practice in schools of social work. Schools that formerly organized according to method, casework, group work and community work, were rapidly moving to teaching a generalist approach in the first year (MSW and BSW) and then using a specialization approach in year two. For some schools year two was method organized (e.g., individual, family, group and community) while for others it was field of practice (e.g., child welfare, medical). A first year practice book at this higher level of abstraction could be used to describe a generalist practice model within the diagnostic Medical Model.

The 1979 publication of the *Skills of Helping Individuals and Groups* was an important transition time in the wider dissemination of the Interactional Model. This book was adopted by many faculty members for first year generalist practice courses and according to my publisher, Peacock, was replacing the sales of the previously widely used text by Pincus and Minahan. I would mark this period and the years that followed as the beginning, for some social work educators and practitioners, of the paradigm shift.

¹³ The editions expanded over the years with the 7th published in 2012 titled, *The Skills of Helping Individuals, Families, Groups and Communities*, thus applying the Interactional Model to a full range of practice modalities.

Phase 9: A Study of the Parallel Process

In 1974 I moved to the University of British Columbia in Vancouver. This marked the beginning of 10 years of research into child welfare practice, supervision, management, teaching and the doctor-patient study mentioned earlier. With significant private foundation funding I was able to expand and replicate over a three-year period the previous study of practice but this time across 10 regions of the Provincial Ministry of Human Resources.

Participants in this project included 5 Ministry Executive Directors, 10 Regional Managers, 68 District Office (front-line) Supervisors, 175 social workers and 53 family support workers. Practice with 305 families (449 children) was studied over a three-year period. The central focus of the study was the impact of the use of a number of specific practice skills on the development of the working relationship with clients, and in turn, the impact of this relationship on a number of outcome measures.

Working relationship was defined as rapport (“I get along with my social worker”), trust (“I can tell my social worker anything on my mind”; “I can share my mistakes and failures as well as my successes with my social worker”) and caring (“My social worker cares as much about me as he/she cares about my children”; “My social worker is here to help me not just to investigate me”). Outcome measures included client satisfaction with the social worker and case outcomes (e.g., number of days in care, court determinations, etc.).

This study also included examination of the impact of race on practice since a number of families in the study were from Canadian Aboriginal tribes while their workers were mostly Caucasian Canadians. Findings suggested that inter-cultural barriers could be overcome in practice when social workers effectively used a number of the interactional skills. Of particular importance was the client perception of the worker as sharing his or her own feelings. As one client commented, writing on her questionnaire: “I like my social worker. She isn’t like a social worker but was more like a real person.” As pointed out earlier, this was a key element in the Interactional Model as compared to the dichotomy between personal and professional widely taught in the Medical Model.

In addition, a significant cut in the number of Family Support Workers (600) providing preventive services to families was implemented by the Provincial Ministry during the course of this study. The cuts were implemented in different regions over time. We were able to track the impact of the cuts on such factors as the number of children taken into care in the region, how long they remained in care, and if they were returned home. Data analysis suggested that cost savings through the cuts in staff may well have been offset by significant increases in the number of children going into and staying longer in foster or residential care.

It was in this study that the Interactional Model concept of the importance of the parallel process was tested. A central tenant of the model is that the core skills of the helping process are important in all helping relationships including supervision and management. The use of these skills would be guided by the specific role of the helping professionals. For example, clarifying one’s role and clarifying the purpose of the

engagement would be important in the beginning phase in all professional relationships; however, the purpose and role of supervision would be significantly different than in direct practice.

Thus, it was possible to construct and test questionnaires for each of the levels of the study – executives, managers, supervisors, line workers and parents and explore the same skills and the working relationship for each. The specific wording was adapted to reflect the study population: for example, “I can tell my social worker anything on my mind” would be modified to “I can tell my supervisor anything on my mind.” The finding of the study supported, among other findings, an association between the worker’s perception of support from the supervisor and the resulting client’s perception of support from the social worker. In other words, how a supervisor supervised had an impact on how social workers dealt with their clients. In turn, this could impact how parents responded to their children.

I published a complete report of the study in 1990 in a book entitled *Interactional Social Work Practice: Toward an Empirical Theory*. Using Causal Path Modeling techniques (Lisrel) I viewed the model as describing “Person, in Interaction, in Context over Time.” This was an effort to construct and test a holistic model that included variables such as client background, stress, motivation and support as well as worker background, stress, motivation and attitudes. Organizational context and supervision were examined as they impacted workers’ practice. The impact of socio-economic context on the client was also modeled.

While the large sample was still too small to create one statically valid causal path model containing all of the variables, sub-models were created and examined. The effort was to determine how these complex variables affected the working relationship and the outcomes with a view toward determining the percent of the impact on the outcome variance. For example, how much did the social worker’s education and skill impact the working relationship with the client and through the relationship the outcome measures of the study. In another example, what was the contribution of the client’s socio-economic status, motivation, stress, etc. to the working relationship and, in turn, to the client outcomes? How much did these client variables directly impact the outcomes?

Phase 10: Dissemination of the Interactional Model Through the Use of Videotaping

Returning to my time at McGill and the University of British Columbia and to my friendship with the Director of the McGill Instructional Communication Center, I was able to use videotaping as a potent tool for communication of the model to the field.¹⁴ In 1975 a series of videotapes titled: *The Helping Process in Social Work: Theory, Practice and Research* were produced at McGill as was a video of Bill Schwartz in conversation with students entitled, “Private Troubles and Public Issues – One Social Work Job or Two.” In this video Bill made the case for the social worker’s responsibility, using a

¹⁴ Many of these videos are now available as DVDs through Insight Media, "Justin Baer" <justin@insight-media.com>, 800-233-9910)

phrase from C. Wright Mills, not only for the client's "private troubles" but also for the "public issues" that impacted the client.

During my first year at the University of British Columbia I co-led a married couples group at the University's Health Science Center video camera-equipped meeting room. With the clients' permission, all 21 sessions were videotaped. The first session and the eighteenth session were selected for editing and use as training tapes. With the clients' additional permission, after viewing the two tapes following the last session, these programs were edited at McGill. Both the first and the eighteenth sessions were particularly illustrative of the mutual aid model and the role of the co-leaders in conducting a group within the framework of the Interactional Model.

The use of social work produced videotapes for teaching in social work was innovative at that time. The program committee for the Council on Social Work Education's annual meeting that year decided to play around the clock all of the produced tapes through the conference hotel's internal video system so that they could be viewed in a meeting room as well as in each of the participants' hotel rooms. I have no doubt that this event significantly increased interest in the Interactional Model. There was wide distribution of the programs at that time, and for some programs, a continued interest in their use today.

Additional programs were produced in 1980 (*The Skills of Helping*), 1983 (*Core Skills for Field Instructors*), 1988 (*The Dynamics and Skills of the Middle Phase of Practice*, in collaboration with my colleague Alex Gitterman) and in 1990 (*Social Work Practice: An Interactional Approach*). In 1994, while teaching at Boston University, a series of programs titled, "Teaching About Practice and Diversity: Content and Process in the Classroom and Field" were produced with my BU colleague Cassandra Clay and were (and still are) distributed by the Council on Social Work Education.¹⁵ These also were widely used as social work education searched for ways of addressing inter- and intra-cultural issues in practice and social work education further disseminating the Interactional Model framework.

Finally, recognizing that the dynamics of classroom teaching and that the concepts of the Interactional Model were just as relevant for education, where my research began in the 1970s, I have led or co-led workshops on classroom teaching for over 20 years at the Annual Meetings of the Council on Social Work Education attended by hundreds of practice faculty. Recognizing that "more is caught than taught," I presented a model for new and experienced faculty on how to conduct their classes in a manner that demonstrated good practice through the teaching role and mutual aid possibilities in a social work practice class.

In my final year of full-time teaching at the University at Buffalo, I led a year-long monthly workshop for faculty and doctoral students on the same topic. These sessions were videotaped and seven one-hour sessions edited and indexed (according to the topic). This collection of programs was produced and made available for free viewing or

¹⁵ Available on the CSWE Website (www.cswe.org).

downloading on the School's Web site (http://www.socialwork.buffalo.edu/facstaff/skills_dynamics.asp).

Where Does the Paradigm Shift Stand Now?

I have tried to share my personal and professional life experiences over a period of 52 years as a practitioner, researcher and educator, and to tie these experiences to what I believe has been an evolving shift in paradigms from the Medical Model to the Interactional Model. I was not alone in attempting to influence this paradigm shift and many others have contributed to extending the work started by Bill Schwartz. What I take from my experience is that it is possible for elements of a paradigm to change even if the paradigm itself does not.

For example, the Interactional Model led to an emphasis on operationalizing social work interventions and researching the process instead of just focusing on outcomes. Similar work was done, for example, by Truax (1966) with his emphasis on the Rogerian models of empathy, warmth and genuineness in-group psychotherapy. However, the medical model paradigm involving the three stage process – study, diagnosis and treatment – still guides practice in this area.

In another example, social systems theory has been widely integrated into helping models with an understanding that the client (or family, group or community) must be understood in a dynamic interaction within the system and with the environment; however, the interaction between the social worker and the client is not necessarily viewed in the same way.

The psychotherapeutic concept of being genuine is a step toward integrating the personal and professional selves; however, I still meet hundreds of social workers (and other professionals) in workshops or presentations who tell me that the concept of the worker sharing his or her feelings is refreshingly different from their current or recent past education. The use of spontaneity and “trusting their feelings” are also cited as welcome ideas but contrary to the model shared in their professional training or in their supervision. Others indicate that they were taught the Interactional Model in the MSW or BSW program; however, it may not have been specifically named nor the paradigm switch identified.

The recent emergence of Evidenced-Based Practices (EBP), such as Solution Focused, Cognitive-Behavioral Treatment and Motivational Interviewing, offer mixed evidence of a shift. On the one hand they are all very much concerned with process between the helping professional and the client. An example would be the key concept in Motivational Interviewing of recognizing that clients may be in a “pre-contemplation” stage, and describing interventions that respond to this reality. On the other hand, fairly rigid protocols associated with these EBPs may have restricted the ability of helping professionals to respond spontaneously and with their own emotions, even their own words, when interacting with a client. This results in a science that restricts art rather than encourages its expression, reinforcing the false dichotomy between science and art. I suspect this contributes to the concern, raised in publications of the National Institutes of

Health (NIH) about the lack of “sustainability” when EBPs are introduced into agency practices.

So I conclude this description of my personal and professional journey with a mixed assessment of where we are in the paradigm shift. A recent positive event has been my receiving the Council on Social Work Education’s Significant Lifetime Achievement Award. I believe this represents recognition of the work I have done in the development of the Interactional Paradigm. When I accept this award at the CSWE annual meeting, I will indicate that I believe I share it with William Schwartz. Certainly the process has moved further along, which is encouraging; however, I share my concern that we may not have gone far enough. A complete paradigm shift is difficult to accomplish and takes significant time and effort. We need also to recognize that for some professionals and educators the earth remains the center of the universe and the old lady never becomes the young lady.

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Building the Profession's Research Infrastructure

Betsy S. Vourlekis
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Abstract: *Beginning in 1988, the social work profession undertook a twenty-five year endeavor to enhance its research capacity and to assure greater representation of social work research needs, priorities and findings at the federal level, where major policy initiatives take place. Described here are some of the key processes, highlighting the efforts to achieve professional solidarity, and the interventions, by social workers, federal "insiders" and outside advocacy agents that carried the work forward. Details and accomplishments of this long-term, carefully sustained, and still incomplete professional self-strengthening change strategy provide insights for future collective professional endeavors.*

Twenty-five years ago the social work profession began a sustained effort to strengthen its research infrastructure in support of demonstrating practice effectiveness, advancing knowledge for critical social problems, and informing national policy. The steps and processes undertaken and the outcomes achieved by this effort have been described elsewhere (Austin, 1998; Corvo, Zlotnik, & Chen, 2008; TFSWR, 1991; Zlotnik, Biegel, & Solt, 2002; Zlotnik & Solt, 2006, 2008). What we want to capture through this, our eye-witness account, are some of the nuanced and specific actions, obstacles, and decisions involved in this effort. Recreating this case study of a profession's self-strengthening change strategy – targeted both to the external environment and its own internal one – can provide insights for future profession-wide, collective efforts.

Keywords: *Social work research, history, change process*

Background

The social work profession has been involved in research and research strengthening for much of its history. The first state policy for providing systematic aftercare to institutionalized persons with serious mental illness emerged in New York in 1907, a result of advocacy bolstered with data collected by students of the New York School of Philanthropy (now Columbia University School of Social Work) (Vourlekis, Edinburg, & Knee, 1998). The historical record with respect to research prior to the period under consideration has been well synthesized in the 1991 report of the Task Force on Social Work Research (TFSWR, 1991) and by Zlotnik (2008).

The effort to be described here begins in the 1980s. There had been a number of significant changes at the federal level, heightening awareness of social work's

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vulnerability in key practice domains and marginalizing the profession's main social concerns and contributions. Public Health hospitals and treatment centers were closed, eliminating many direct service and administrative social work positions. Congressional action in early 1981 converted funding and regional structures for Community Mental Health Center initiatives, previously overseen and funded by the National Institute of Mental Health (NIMH), and led and staffed to a significant degree by social workers, to Block Grants overseen by the states, resulting in a twenty-five percent cut in the NIMH budget. NIMH's Division of Manpower training, including for social work, long a source of graduate stipends for its students, was eliminated. Also in the early 1980s NIMH's research portfolio was stripped of significant "social" research programs, eliminating another ten percent of the agency's budget and further diminishing connections with social workers. New Medicare/Medicaid regulations for hospitals, proposed and sent to the field for comment in the early 1980s, and approved as Final June 17, 1986 (51 FR 22010), eliminated the requirement for a director of social work. State and local child welfare agencies were experiencing growing numbers of children that were reported for child abuse and neglect and placed in out of home care without a workforce of well-trained social workers with the necessary competencies and low enough caseloads to address the increasingly complex needs of children and families served by these systems. As states struggled to deal with these issues, technical assistance, leadership and guidance from the federal government, i.e., The Children's Bureau, were lacking.

In 1985 NASW identified a vacancy on the National Mental Health Advisory Council (the key federal level mental health policy oversight group) and worked to have a social work member appointed. The director of NIMH, Shervert Frazier, MD let it be known that he would support only a federally funded mental health researcher. Lacking at the time a systematic data base to identify such social work researchers, NASW staff relied on their own knowledge, yielding very few names. That summer NASW's Health and Mental Health Commission undertook to contact every school of social work to generate names, again yielding very few. In an interesting twist of federal influencing, none of the suggested social work researchers got the appointment. It went to Dennis Jones, MSW, then the Indiana commissioner for mental health. Indiana was the home state of the Secretary (1981-89) of the Department of Health and Human Services, Otis "Doc" Bowen, to whom NASW had made a case for gaining a voice at the council. Social work got its spot on the council via our strong practice identification. This reflected reality: Social workers were the largest provider group of mental health services in the United States and a number of state directors of mental health were social workers, yet the profession was represented in federal research in a limited way

In 1987 Lewis Judd, MD became director (1987-91) of NIMH. Responding to his wife's (a clinical social worker) query about NIMH's relationship with social work, Judd asked his deputy director for Prevention and Special Populations, Juan Ramos, for an appraisal. Ramos detailed the ramifications of policy and budgetary actions since 1980 in creating disconnects between NIMH and the social work profession, both its practitioners and researchers. Ramos argued that social work was involved with an array of critical issues for which a body of knowledge was needed. He recommended a mechanism to audit and reconnect with the field's research capacity. Advocacy by staff within NIMH

and by NASW and CSWE led to Judd's appointment of the NIMH Social Work Research Task Force in 1988. David Austin, professor at the University of Texas School of Social Work, was appointed chair (Appendix A).

The group was charged to have a broad focus "with regard to the role of research in social work and the role of research in the underpinning and development of the individual social worker..." and to specifically examine "What is the current state of research in social work? What should be the role of research in social work? ... How can social work most broadly and quickly be influenced by the recommendations of the Task Force?" (Vourlekis, personal letter, October 3, 1988). When Judd met with the Task Force at its first meeting in November, 1988, he encouraged an unstinting and courageous effort at professional self-scrutiny, "like the Flexner Report."

Task Force: 1988-91

Austin, employing his community organization and administrative skills, began a tireless process of connecting the Task Force's assignment, inquiry process and eventually its findings to key constituent groups – social work education, specialty practice organizations, and social welfare associations and their leaders – as they held annual meetings. He maintained a clear vision of the true nature of the undertaking as a change process, not just a "report to sit on the shelf."

Ramos, NIMH project officer for the Task Force, facilitated resources for the comprehensive effort involving nine face-to-face multiple day meetings of the entire task force, Austin's travel throughout the country, exhaustive data-based assessments of the current state of the social work research enterprise, meetings with private and government funders, and finally, editing and publication of the Task Force final report.

The Task Force's comprehensive sweep of the environment revealed the profession was facing a supply problem (e.g. inadequate numbers and preparation of researchers) as much as a demand problem (e.g. limited funding and different priorities). Capacity building in the profession was always the TF's end goal; however, the perceptions for many in our field were of limited research dollars and federal research agendas seemingly incompatible with primary social work concerns. While there was some validity to these views, by the late 1980s the reality at NIMH had shifted. Judd, in a 1989 speech to social workers (NASW Annual Meeting of the Profession, November 10, 1988, Philadelphia, Pennsylvania), outlined some of these changes. The Institute had experienced its largest ever increase in funding in the two years 1986-88, with a budget jumping from 382 million to 515 million dollars. With the objective of diversifying its research portfolio and encouraging "all science," NIMH priorities now included the homeless mentally ill, AIDS, youth suicide, service system research including psychosocial rehabilitation and psychotherapy, environmental and clinical services research in the schizophrenia initiative, and a push for public system-academic research partnerships (Judd, 1989).

As the Task Force work proceeded, some stark facts about the profession's capacity, not unknown to many, but hard to acknowledge publically, emerged and were documented in the report. For example, social work doctoral graduation numbers remained stagnant despite an increase in the number of programs available (TFSWR,

1991, p. 21). The quality of preparation for research was uneven across programs and often deficient. Alan Leshner, Ph.D., then associate director of NIMH, met with the Task Force and was struck by the average age of late 30s of social work doctoral recipients and its implications for a grueling research career trajectory. Often entering doctoral studies after a number of years in practice, these individuals were less likely to apply for post-doctoral fellowships (and their modest stipends) that were considered essential for building research expertise, and aimed for teaching positions instead. Social work researchers and their investigations infrequently involved the interdisciplinary approach and partners that were viewed as essential for the complex problems facing policy makers and service providers. Social work education had been largely unsuccessful in creating models of advanced research training that incorporated or were integral to social work practice activities, fostering a concern that future educators for the profession would lack a sufficient grounding in the practice they were teaching, and their research would be too far removed from the central needs of practice.

Austin made another round of communicating conclusions and recommendations from the Task Force as the report was being written. These included comprehensive and detailed recommendations for action to federal government agencies, private funders, and to the full range of social work organizations. Paramount was the urgent need for the profession itself to establish dedicated research advocacy structures that would address issues of both supply (professional capacity) and demand (appropriate funding opportunities) on a long-term basis. NASW and CSWE each were urged to have an office of research development. The Task Force also recommended that a national social work research institute be established by the profession to focus exclusively on “increasing recognition and support accorded to research career development and research productivity within the profession...” (TFSWR, 1991, p. 47). NIMH agreed to fund a two-year implementation effort as the Task Force disbanded.

Implementation Committee: 1991-1993

Again with the change process paramount, membership on the Implementation Committee (IC) consisted of leaders from both the educational and practice domains. Appointed to the task were the president and executive director of CSWE, the presidents of the National Association of Deans and Directors, Group for the Advancement of Doctoral Education (GADE), and the Baccalaureate Program Directors (BPD), all representing social work education; the president, executive director, and one board member of NASW, and representative practitioner/leaders from each of the health, mental health, child welfare, and aging fields, all representing social work practice. Betsy Vourlekis served as chair, and Austin, ex officio, providing continuity with the original Task Force (Appendix B).

As the IC met, each organization quickly committed to specific implementation recommendations from the Task Force Report that were viewed as feasible at the time. The majority of the IC's time and activity were devoted to discussing and fleshing out the parameters, governance, structure, and possible initial financing of a national social work research entity, or what came to be known as the Institute for the Advancement of Social Work Research (IASWR).

There were formidable challenges to the establishment of an entity such as the one under consideration. The group argued initially to prioritize advocacy efforts for a federal social work research institute (as the National Institute for Nursing Research), emphasizing their enthusiasm and collective will to address the demand problem. While that was (and remains) a goal for the profession, realistic assessment dictated: 1) this was a long-term goal; and, 2) there was a need for the profession to demonstrate its own commitment to capacity building. Building solidarity to undertake action by the profession itself was more complicated. To begin, the group asked Mark Battle, Don Beless and Betsy Vourlekis to flesh out a draft proposal for an organizational structure, mission, and goals. Delineating the purpose and scope of activities required careful weighing of the potential competing interests of schools and programs, who would be pursuing research dollars on their own. IASWR would actually do research only as part of capacity building and in response to initiatives for which schools were ineligible. Some committee members challenged the need for such an institute. They wondered if some of its proposed functions were redundant or necessary. This was primarily because these advocacy functions and activities were, and still are, poorly understood – except by seasoned federal influencers and players – for the time-consuming, nuanced and relationship-based work they involve.

Concurrent with the IC's work, meetings held in different parts of the country throughout 1991-93 reinforced the message and directives of the Task Force Report. One such meeting, "Building Social Work Knowledge for Effective Mental Health Services and Policies," sponsored by the Services Research Branch of NIMH (April 6-7, 1992, Bethesda, MD), culminated with a brief address by Janet Williams entitled "Organization of a Society for Social Workers in Research." She presented an outline of her proposed goals and structure for an individual membership, dues-paying entity to an enthusiastic response from attending social work researchers. The potential benefits of such a group were clear. Social work researchers had not had an organized interest group, as such, since the Social Work Research Council was disbanded in NASW's 1974 reorganization (Zlotnik, 2008). However, with the IC's discussions and negotiations about the proposed IASWR at a critical point, Vourlekis and Austin were concerned that starting the Society just then could derail the more contentious profession-wide effort. The existing organizations, each with their freight of constituency demands, might see themselves as off the hook, fiscally and agenda-wise. Williams agreed to hold off organizing the Society until the Implementation Committee concluded its work.

Funding for the proposed IASWR was the major difficulty. All the represented organizations had limited budgets as well as fully allocated programmatic funds and priorities. Committee members questioned the long-term fiscal viability of even the modest sized establishment already under consideration. Ultimately, leaders of the profession's organizations at the table were challenged to come up with dollar figures for an initial appropriation for each year for three years, based on each group's size and budget. BPD was the first to put an offer in play. Baccalaureate directors accepted their recommended actions with prominent activities and initiatives. In his speech at the group's 25th anniversary meeting, President Grafton Hull emphasized again how important strengthening research comprehension and utilization was to the mission of

baccalaureate programs, and said that working with the IC and its agenda had been a highlight of his term (BPD 25th Anniversary Conference, March 5-9, Destin, Florida).

After the professional organizations' funding parameters were established, the IC hammered out a mission statement and initial set of goals and objectives, and the structure and representation of the oversight Board of Directors was determined. NIMH indicated willingness to consider an initial contract for capacity building activities, some of which had already begun under NIMH auspices that would provide funds for projects plus overhead to the proposed institute. At the IC's final meeting in the shadow of the Alamo in San Antonio the committee voted for the institute plan and agreed to take it to their respective boards. Ultimately the boards of each organization represented on the IC voted to approve the plan, including the funds involved, and IASWR was born.

Institute for the Advancement of Social Work Research: 1993-2009

IASWR began with an initial budget of 94,000 dollars, based on contributions from CSWE, NASW, NADD, GADE, and BPD, donated office space at NASW, an interim director (Vourlekis, on a semester leave from the University of Maryland), and a part-time administrative assistant. The first task was to write the response to the RFP for an NIMH contract for technical assistance activities. Thanks to the "inside" advocacy – including interest, dogged determination, superb writing, and skillful bureaucratic infighting – of Kenneth Lutterman, staff social scientist at NIMH, both this discipline-specific contract as well as the far more consequential RFP for Social Work Research Development Centers issued a few months later moved through the contentious process of approval at NIMH. NIMH senior staff questioned the need for any discipline-specific initiatives, arguing for interdisciplinary Center RFPs exclusively. In a key "outside" advocacy intervention, Ronald Feldman, dean at the Columbia School of Social Work, met with Alan Leshner, by then acting director of NIMH, and made a persuasive case for the potentially unique and consequential contributions of social work research. NIMH ultimately funded eight social work research centers (Washington University, Fordham University, Portland State, the Universities of Tennessee, Pennsylvania, Pittsburgh, and Michigan).

The expertise and stature of a permanent director at IASWR to oversee and implement its largely federally funded efforts was a dominant concern at NIMH. Opportunely, at TF and IC meetings NIMH staff had offered an IPA (Intergovernmental Personnel Act) position for a social worker to come to work at NIMH. Rino Patti, then dean at USC and serving as president of the newly formed IASWR, urged Kathy Ell, who was beginning a sabbatical leave year, to come east and take the IPA position. After eight months at NIMH, Ell, with the blessings of her NIMH colleagues, agreed to take the directorship of IASWR, thereby providing both permanence and serious research credentials to the position (Ell, 1996, 1997; Ell & Martin, 1996; Inouye, Ell, & Ewalt, 1995).

Under Ell's leadership (1994-1996), IASWR reached out to other federal agencies, successfully garnering contracts and grants from NIMH, NIDA, Department of Defense, and the Centers for Disease Control and Prevention (CDC). In addition, IASWR began

participating in multi-disciplinary groups calling for increased NIH funding for psychosocial research. Simultaneous to the expanded focus on social work research was increased advocacy for behavioral and social sciences research at NIH, resulting in the creation of the Office of Behavioral and Social Sciences Research (OBSSR).

A key IASWR activity was its significant contribution in supporting and facilitating the creation in 1994 of the Society for Social Work and Research and playing a leadership role in the NIMH funded, SSWR inaugural meeting April 9-11, 1995 in Arlington, Virginia. As a part of that meeting and organized by IASWR, leaders from NIH and members of Congress attended the first ever Capitol Hill social work research poster session, bringing researchers and their work in important areas of social concern to the attention of national policy makers and research funders.

After Ell's return to her university position, John Lanigan, a former foundation program officer was hired to lead IASWR (1996-2000). During his tenure one of the recommendations from the initial Task Force report was realized when a bill was introduced by Senator Daniel Inouye (D-HI) to create a federal National Center for Social Work Research, most likely to be placed at the National Institutes of Health. Also during this time NIDA, now under the directorship of Alan Leshner, launched a social work research development center program as well. Championed within NIDA by social workers Peter Delany and Jerry Flanzer, over the course of five years seven centers were funded (Washington University, Arizona State, SUNY-Albany, Case Western Reserve, Columbia, and the University of Texas - Austin).

The *National Center for Social Work Research Act* legislation garnered bi-partisan support in the House of Representatives, when Asa Hutchison (R-AR) (with a social work educator as his chief of staff) and Ciro Rodriguez (D-TX) (himself a social worker educator) together introduced the bill in the House. There was also bi-partisan support in the Senate for several Congressional sessions, when Republicans Tim Hutchison (R-AR) and Susan Collins (R-ME) served as cosponsors. Senator Collins was approached by Kim Anne Perkins, president of the Maine NASW Chapter and director of a BSW program in Maine. Senator Hutchison was the brother of Congressman Hutchison, who had attended high school with social worker Betty Guhman, who made the contacts and the case. Relationships matter.

Although the Federal Center has yet to be realized, the introduction of the legislation energized the Action Network for Social Work Education and Research (ANSWER), a coalition of the same organizations that supported IASWR, along with IASWR to mount a large scale lobbying campaign. In addition, the focus on NIH attracted interest from the CDC that thought social work research should also have a place at the CDC. This resulted in a contract to IASWR to focus on social work contributions to injury prevention and prevention of child maltreatment (IASWR, 2003).

Despite having key social workers in Congress reintroduce the bill in both the House and the Senate during several subsequent sessions of Congress, it was hard to maintain the bi-partisan support as Congress became more polarized, and as the profession's advocacy focus moved on to other priorities, especially the Dorothy I. Height and Whitney M. Young Social Work Reinvestment Act. The effort was further depleted by

concerns that institutes and centers were proliferating at the NIH, resulting in the 2006 reauthorization of NIH (P.L. 109-482) limiting the number of institutes and centers (Office of Legislative Policy and Analysis, 2014).

Despite the on-going challenges of a small staff and severe budget constraints, IASWR made robust progress during Joan Levy Zlotnik's nine year tenure (2000-2009) as director. Zlotnik came to IASWR after working both at NASW and CSWE. Her reputation for creating collaborations, knowledge about how to work with the executive branch of government and with Congress, as well as her connections with social work academic and practice leadership positioned her well for taking on IASWR's agenda. In assuming the directorship, Zlotnik immediately sought to reach out further to multiple institutes of the NIH, and to assess how IASWR could best support the strengthening of research culture and infrastructure within social work education and through the many social work practice organizations.

The IASWR board engaged numerous stakeholders in developing a strategic plan (Zlotnik, Biegel, & Solt, 2002). In its implementation, one of the first tasks was to invite SSWR, the rapidly growing membership organization of social work researchers, to become one of IASWR's supporting organizations. Another was to increase social work's visibility in the Washington (inside the Beltway) behavioral and social science research community. IASWR pursued active involvement with the advocacy efforts undertaken by the Consortium of Social Science Associations (COSSA) and three of the coalitions COSSA leads (Coalition to Advance Health through Behavioral and Social Science Research [CAHT-BSSR]; Coalition to Protect Research [CPR]; and Collaborative for Enhancing Diversity in Science [CEDs]) (Zlotnik & Solt, 2006). IASWR's advocacy and continual presence at these meetings, along with attendance at NIH's various advisory groups, resulted in greater inclusion of social work researchers in hearings, briefings, review panels and workgroups. IASWR also arranged for social work leaders and researchers to meet with key institute and center directors, resulting in new research support, social work researcher training, and knowledge building strategies. In addition, through IASWR's advocacy, the National Advisory Mental Health Council finally appointed a social work researcher, Enola Proctor of Washington University in St. Louis, who served for three years.

IASWR worked closely with the ANSWER coalition and NASW to bring attention to social work research through the strategy of recommending "report language" to be inserted into House and Senate appropriations bills, language that directs the executive branch to take certain actions. IASWR's outreach had by now moved beyond NIMH, and included efforts to promote social work research at NIDA, NIAAA, National Institute on Aging (NIA) and the National Cancer Institute (NCI). Zlotnik had also cultivated IASWR's engagement with the new NIH Office of Behavioral and Social Sciences Research (OBSSR). Consequentially, report language was included in the 2003 NIH Senate Appropriations report (Senate Report 107-216) directing NIH to create a *social work research plan* (National Institutes of Health, 2003). The plan was the first trans-NIH effort to recognize the importance of social work research and identify steps to build social work research opportunities at NIH. OBSSR convened a workgroup to develop the plan. Members of the group were representatives from NIMH, NIDA, NIAAA, NCI, the

National Institute on Aging (NIA), the National Institute on Nursing Research (NINR), the National Institute on Child Health & Human Development (NICHD), and the Office on AIDS. That workgroup, 10 years later, continues to meet and plan efforts to provide technical assistance, training and nurturance to the social work research community. Continuing members since the beginning include Stephane Philogene of OBSSR, Denise Juliano-Bult of NIMH, Peggy Murray of NIAAA, and Suzanne Heurtin-Roberts of NCI. The working group has included both social workers on the NIH staff as well as non-social workers. They have been challenged to garner support from their own institutes as well as from OBSSR and to monitor the social work research enterprise.

The need for a systematic, comprehensive, and continuously updated database covering all facets of the profession's research infrastructure has been evident since before the initiation of the TF. In 2004, IASWR undertook the seemingly simple, but actually complex task of trying to track social work researchers funded by NIH between 1993 and 2004. Many people thought such a database ideally should include research funding from other federal and state entities as well as foundations, but Zlotnik knew how hard it was to gather such information and thought it was important to have a specific focus as a starting point. Information for the directory was gathered from the institutes themselves (although their data was not readily retrievable by discipline, only by degree and university affiliation, resulting in considerable ambiguity), and by asking researchers to enter their information in a database. In addition requests were made to deans and directors, and IASWR staff became copious readers of a range of newsletters, e-alerts, press releases and conference programs, scouring as many sources as possible for information about social work researchers. The document highlighted the longstanding and growing investments that NIMH had made in social work research as well as the other lead institutes that supported social work research.

Despite its accomplishments both within the profession and within the Washington, DC scientific community, IASWR was always challenged. The routinely changing leadership of the supporting social work organizations required regular orienting of new board members and convincing once again the new leaders of the value and utility for the profession and their own organizations represented by their contribution to the collaborative undertaking. Sometimes the message and the institute itself was well received; other times less so. Funding support from the organizations would shrink and grow with some of the leadership changes and, at best, IASWR was always in need of outside, contracted support. This challenge was made more onerous with a new environment at the NIH. Changes in staff and changes in available funding made it difficult to garner large-scale contracts after 2003. While the NIH budget doubled between 1998 and 2003, a time of important growth in the number of NIH funded social work researchers, after that point budgets became flat or actually decreased in real dollars. IASWR successfully garnered smaller, short-term contracts and grants from several federal agencies including the Children's Bureau, CDC, the Agency for Healthcare Research and Quality, and at NIH – OBSSR, NIDA, NIAAA, NCI, and NIMH as well as from the Annie E. Casey Foundation, Casey Family Programs, and the Gill Foundation. However, the 2008 and 2009 economic downturn had all funders and

supporting organizations considering how to prioritize the funds they had available, resulting in a stagnant funding environment.

By 2009, the IASWR Board of Directors determined that the Institute would have great difficulty continuing with its limited contributed funds and shrinking outside funding opportunities. When Zlotnik was offered a new position at NASW, the Board realized it would have difficulty attracting someone new to lead the organization. Agreeing to planfully dissolve the organization, the IASWR Executive Committee, working with key deans and SSWR leaders, held a retreat at the University of Maryland School of Social Work in June 2009. Certain IASWR goals and tasks were taken on by other organizations. SSWR, fiscally strengthened through membership and a successful annual conference, planned a National Research Capacity Building Initiative, hoping to maintain social work research's presence with federal agencies and within coalitions. The popular IASWR Listserv, with more than 3000 subscribers migrated to the Boston University School of Social Work, with the dean agreeing to take on this task because she valued the product (www.bu.edu/swrnet). Zlotnik's new position as director of NASW's Social Work Policy Institute assured some continuity in key federal relationships and a focus on garnering research and research-generated information for issues of practice.

As the Taskforce and Implementation Committee had envisioned, the research advocacy and facilitative organization that became IASWR, collaboratively undertaken, successfully gave visibility to social work research in Washington, DC and supported social work research development within social work institutions. It was an essential entity in building the social work research enterprise and the profession's knowledge development over the past 25 years. Its demise may have come too soon – as much work continues to be done. But organizations such as IASWR are always challenged to maintain collaboration among organizations with many competing demands, and need champions among all of the potential stakeholders.

Conclusion

The many and diverse successes of the profession's twenty-five year collective change effort with respect to its research capacity and infrastructure have been documented elsewhere (Jensen, Briar-Lawson, & Flanzer, 2008; McRoy, Flanzer & Zlotnik, 2012; Zlotnik, Biegel, & Solt, 2002; Zlotnik & Solt, 2006, 2008). Certainly there are enormous challenges remaining. Among the most intractable is the need for social work intervention research that is of sufficient scale and rigor to influence key decision makers including provider organizations, service system funders and administrators, and state and federal policy. Furthermore critically needed is research across our many fields to generate evidence-based and demonstrably effective social work practice that integrates social work practice settings (and their practice concerns) with social work researchers and research resources. Equally needed is research that will bring evidence-based interventions into the complex service systems that provide services and support to our nation's most vulnerable individuals and families. This remains as vitally true today as it did ten years after the Task Force Report, when David Austin concluded in a 1998 progress report "Only as research contributes systematically to the knowledge base that

will improve professional practice, in all of its forms, can there really be a justification for expanded financial support for such research” (Austin, 1998, p. 43).

An important lesson from the perspective of twenty-five years is the sustained and lengthy nature of the effort itself. Change has been incremental, piecemeal and certainly incomplete. The practice of policy influence at the federal level is intricate, time-consuming and on-going and must be learned and mastered. Relationships matter and must be cultivated – researchers with federal agency staff and staff with social work researchers. At critical junctures in the endeavor recounted here, career federal civil service social work colleagues played leading roles. Their expertise was indispensable in making a case for the profession’s actual and potential contributions to important initiatives within their agencies; in promoting opportunities and providing thoughtful guidance to social work researchers; and skill in bureaucratic maneuverings to create legitimate space and attention for social work priorities. In moving forward, the profession and its educational enterprise need to promote such career-long commitments to federal policy positions as a key component of “insider” knowledge and influence and as valued social work professional roles.

From the beginning, the effort described here relied on our own profession’s organizational collaboration, inclusiveness, and recognition of common as well as disparate interests. For us an important insight suggests that professional unity and a collective “voice” are possible around specific, bounded goals. Results and progress toward such delineated goals are more likely to be achieved in this manner than are larger scale structural and conceptual efforts at professional unification. The scope and diversity of social work’s practice and educational enterprise generate more needs and demands than our financially limited organizations can hope to meet, so the struggle over what to “talk about,” let alone in one voice, and then to collectively “do about it” continues. The solidarity to address our research infrastructure remains a powerful and successful example.

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Betsy Schaefer Vourlekis is Professor Emerita at the University of Maryland School of Social Work. She received her B.A. from Harvard, MSW from Columbia, and Ph.D. from the University of Maryland. She practiced psychiatric social work at St. Elizabeths Hospital, Washington, DC, and was staff director for Health and Mental Health at the National Association of Social Workers prior to joining Maryland's faculty in 1988. She served on the NIMH Task Force on Social Work Research and chaired the follow-up National Implementation Committee. She was the project consultant and field researcher for NASW's Clinical Indicator Guideline project that developed quality improvement indicators for social work/ psychosocial services in medical and psychiatric settings. She worked extensively with social work groups designing program evaluation tools that improve visibility and accountability for their practice.



Joan Levy Zlotnik has a B.A. from the University of Rochester, an MSSW from the University of Wisconsin-Madison, and a Ph.D. from the University of Maryland, Baltimore. She currently serves as the director of the Social Work Policy Institute (SWPI), a think tank established in the NASW Foundation to enhance social work's voice in the public policy arena and to use research findings to inform policy and practice. Dr. Zlotnik served as executive director of the Institute for the Advancement of Social Work Research (IASWR) from 2000 to 2009 and also previously served as director of special projects at the Council on Social Work Education (CSWE) after working at NASW from 1987 to 1994. Dr. Zlotnik is an NASW Social Work Pioneer®, a fellow of the Gerontological Society of America, and was identified as one of the six most influential social workers in the United States by the University of Maryland School of Social Work.



Juan Ramos retired after 35 years at the National Institute of Mental Health (NIMH/NIH/HHS) having served in various positions, including a 12-year period as a Division Director, and 20 years as Associate Director for Prevention and Senior Advisor on International Activities. He was the NIMH Project Officer for the Task Force on Social Work Research from 1988 to 1991. He is a member of the Steering Committee of the NASW Social Work Pioneers; Vice-Chairman of the Board of the Center for Behavioral Health Solutions; a Board member of the Catholic Social Workers National Association; past Board member of the National Hispanic Council on Aging; assisted in the founding of the Society for Social Work and Research (SSWR) and the Society for Prevention Research (SPR); and has been a longtime advocate for the full implementation of Title VI of the Civil Rights Act of 1964. He holds an MSW from the School of Social Work at the University of Southern California and a Ph.D. from the Heller School for Social Policy and Management at Brandeis University.



Dr. Kathleen Ell's nationally and internationally recognized research has addressed two overarching scientific questions: 1) how is the mind and body linked in acute, chronic and life-threatening illness, quality of life and mortality; and 2) how can access to health care, patient self-care and treatment activation and adherence, and health outcomes be improved. Her work has focused on: a) improvement of community-based services for patients with abnormal cancer screens, individuals diagnosed with clinically significant depression, often concurrent with acute and/or chronic medical illness; b) socio-cultural adaptations aimed at reducing barriers to optimal care receipt; c) patient-centered care preferences and uptake, psychological and medical outcomes, and medical provider needs to advance collaborative care models. Her emerging health information technology application research is also significantly focused on social work clinician preferences, needs, and application in real world practice.

Appendix A

National Institute of Mental Health Social Work Research Task Force Members

David M. Austin, PhD, Chair

Ronald A. Feldman, PhD, Vice-Chair

Glenn Allison, MA

Scott Briar, DSW

Elaine M. Brody, MSW

Claudia Coulton, PhD

King E. Davis, PhD

Patricia L. Ewalt, PhD

W. David Harrison, PhD

Steven P. Segal, PhD

Barbara Solomon, DSW

Tony Tripodi, PhD

Betsy S. Vourlekis, PhD

Juan Ramos, PhD, NIMH Project Officer

Appendix B

Social Work Research Task Force Implementation Committee

David Austin (University of Texas), ex officio

Mark G. Battle (Executive Director, NASW), ex officio

Don Beless (Executive Director, CSWE), ex officio

Sandra Butcher (Georgetown University Hospital, representing health practice, NASW)

Michael Frumkin (CSWE, Alternate)

Grafton Hull (President, BPD)

Dennis Jones (Texas Commissioner of Mental Health, representing mental health practice)

Jack Sellars (BPD, Alternate)

Sheila Kamerman (President, GADE)

C.W. King (Board Representative, NASW)

Ruth Massinga (Casey Family Foundation, representing child welfare practice, NASW)

Julia Norlin (President, CSWE)

Rino Patti (President, NADD)

Nola Proctor (GADE, Alternate)

Frank Raymond (NADD, Alternate)

Fernando Torrez Gil (UCLA, representing aging practice, NASW)

Betsy S. Vourlekis (University of Maryland), Chair

Barbara White (President, NASW)

Juan Ramos (NIMH Project Officer)

Ruth Irelan Knee: Influencing Progress in Mental Health

Kenneth R. Wedel

***Abstract:** Ruth Irelan Knee (1920-2008) was a major player and eyewitness observer of dramatic changes in the treatment of the mentally ill. Early on in her career she experienced interdisciplinary treatment for the mentally ill and organized efforts for addressing mental health and other afflictions, which confront families and communities. She believed that social work could be at the forefront in developing rational approaches to addressing mental health and other social issues through community development. And she placed great value in having social workers at the table with other disciplines to accomplish needed change. Throughout her career and life she stood out as an extraordinary advocate for her chosen profession.*

***Keywords:** Ruth Knee, mental health legislation, treatment for mental illness, social work in mental health, long-term care ombudsman*

Ruth Irelan Knee was born and raised not far from Tulsa, in Sapulpa (Creek County), Oklahoma. She took pride in the fact that she grew up in what had been Indian Territory and maintained a great respect for the Tribal people that had earlier been relocated there. Ruth and her older sister, Marie, enjoyed the advantages of a happy childhood provided by caring and educated parents during a period of relative prosperity for middle-class families in her locality. Her father was a newspaperman, oilman, church and civic leader. Her mother was a member of several civic clubs, school board member and active church member. Throughout her life Ruth maintained contact with Sapulpa classmates and made regular pilgrimages to her beloved home town.

By the time Ruth had passed the teenage years, she had witnessed dramatic changes in the social conditions of her home state; one that suffered greatly as the result of the “dust bowl” and “great depression.” In preparation of editorials for the paper, her father shared stories about the effects of economic stress that had a strong influence on Ruth and her sister. Her mother’s activities in charitable causes further shaped a character trait for “assisting people in need.” When Ruth entered the University of Oklahoma, she followed her sister’s choice to major in Social Work, where she received the Bachelor of Arts degree in 1941, and following a year of graduate work, the certificate in Social Work in 1942. She graduated Phi Beta Kappa. It was during her college days that Ruth met a fellow social work student through activities in the “Social Work Club,” Junior K. Knee, who eventually became her husband and lifetime companion in social advocacy.

At the University of Oklahoma the school’s director and professor, Dr. J. J. Rhyne, stressed the importance of social statistics in advocating for improving the state’s welfare. Students were required to become involved in collecting statistical indicators to define social problems of their communities as a prerequisite in fashioning potential

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solutions. Dr. Rhyne led by example with his book, *Social and Community Problems of Oklahoma*, a publication filled with Oklahoma statistical data at that time (Rhyne, 1929). The use of statistical data in advocacy remained a feature of Ruth's work. She recalled her first field work experience as an undergraduate student during the Depression in the deprivation of so-called "Hoovertown," along the river in Oklahoma City. "Just getting food was a major problem" (Stephenson, 1986).

Ruth earned her Master's degree in Social Service Administration from the University of Chicago. There she gained academic exposure to renowned faculty: Charlotte Towle, Edith Abbott, Helen Wright, and Wilma Walker, among others. The credo of that era was "responsible, accountable public service: help out where the people need you" (Coyne, 1986). Ruth reminisced about her graduate education experience at an award banquet held by the University of Chicago Club of Washington DC:

I enrolled in SSA in June 1942 – as a second year student (My earlier graduate work had been at the University of Oklahoma). It was a total cultural change. Of course, the whole country was changing. It was Wartime. This was reflected everywhere in Chicago. Chicago was a very large city. For the first time in my life, I was in an integrated setting – in the classroom, in stores, and streetcars – in the fieldwork setting. There were many adjustments to be made in daily living-- as well as in how I studied. In SSA – we were not just studying textbooks – we were being taught by the authorities who had written the texts. About half our time was spent in field work – I was assigned to the Illinois Neuropsychiatric Institute – then a very new research/teaching hospital of the University of Illinois (Knee, 2000).

That field experience led to her first professional employment, which was with the Neuropsychiatric Institute.

The Institute had recently been established (1942) under the auspices of the Illinois Department of Public Welfare and the University of Illinois, Chicago (UIC). It was a joint venture between the UIC departments of Neurology and Psychiatry. Ruth recalled that Charlotte Towle had recommended that she accept a position there. Ruth held the job titles of Psychiatric Social Worker and Assistant Supervisor, Social Work Service. This early work history exposed Ruth to an interdisciplinary approach to the treatment of the mentally ill. The mission of the Institute was to study mental and nervous disorders and provide psychiatric training for practitioners.

Francis Gerly, MD, first chairman of the Department of Psychiatry, brought together an interdisciplinary group that included Franz Alexander, founder of the Chicago Psychoanalytic Institute; W. S. McCullough, MD, DPH, who developed computational models of brain function; Ladislav van Meduna, MD, developer of metrazol, convulsive shock therapy, and other organic therapies for medical psychosis; and Abraham Low, MD, who developed the recovery method of self-help for recently discharged psychiatric patients (UIC Department of Psychiatry, n.d.).

The value of an interdisciplinary approach for addressing mental illness and other social ailments remained a focus of her advocacy throughout the years. Later, Ruth would reminisce that “family work was the focus then, when 25-page social histories were commonplace and the worker really got to know the whole family fabric after hours and hours of intense interview” (Coyne, 1986, p. 4).

The Federal Government in Mental Health

In 1944, Ruth moved to the nation’s capital and began a distinguished career in the federal service. She and her husband, Junior Knee, built their lifetime home in Fairfax, Virginia, on the property they named “okie acre,” in affection for their common roots in Oklahoma. Throughout their lives this home became the meeting place for family and friends, colleagues, and visitors from throughout the world. During this time she began networking through involvement in professional associations and social organizations. She was a member of the National Society of Daughters of the American Revolution and became involved in the Vienna Presbyterian Church, Vienna, Virginia, where she would eventually become a deacon; the Oklahoma State Society of Washington, DC; and the Mantua Woman’s Club, Fairfax, Virginia. While some social workers would later become critical of their colleagues who were involved in what appeared to be “uppity conservative” organizations, Ruth believed such organizations would be positively influenced by the progressive philosophy that a social worker could bring to that environment.

Ruth began her career in DC when she was offered a position in the U.S. Public Health Service. In that setting, she became Chief Psychiatric Social Worker, Federal Employees Mental Hygiene Clinic, Public Health Service Dispensary, Washington, DC. Ruth’s reflection on the experience is noted in the following (DuMez, 2003):

This wartime program had been established at the behest of Eleanor Roosevelt. She had become aware of the many physical and mental health problems experienced by the young people (mostly young women) from all over the country who had left their home for the first time in their lives in order to help the war effort in the nation’s capital. The Mental Hygiene Control Unit was one of the first industrial mental health clinics in the country. It was a forerunner of employee assistance programs, as they are known today. One of our goals was to minimize job absenteeism in the federal agencies. As a social worker, I spent most of my time in intake evaluations and interpreting clinic recommendations to the referring agency counselor or nurse. They were very few community social or mental health resources that could be used for follow up (p. 85).

Employment in the agency served Ruth with the opportunity to sharpen her skills in clinical practice.

In 1949, Ruth’s career took a significant turn with her appointment as Psychiatric Social Work Associate, Walter Reed Army Hospital. Walter Reed at the time was one of four training centers for military social workers, and “much of her time there was spent in working out a professional development program for military social workers, officers, and technicians” (University of Oklahoma Association, 1961, p.3). The Walter Reed

program serves as one timid example of federal involvement in funding and promoting mental health. In 1851, U.S. President Franklin Pierce, vetoed legislation that would have provided federal funding in the form of land grants and income derived therefrom for states' public care of the indigent mentally ill. Federal support for mental health languished for the next century, until modest increments appeared, mostly for research relating to psychiatric disorders and the development of more effective methods of prevention, diagnosis, and treatment. As noted by Levine (1981), "[f]rom 1830 to 1945, there were no real developments in mental health services affecting the general public" (p. 31).

Mental health policy and programming can be seen as connected to health promotion principles. It was a theme promoted throughout Ruth's career, and quite naturally reinforced by the fact that her husband dedicated his career in public health. Vandiver (2009) categorizes the health promotion principles as involving individual and community level change. At the intersection of health promotion principles, processes and public mental health policies are three processes: (1) legislative, (2) regulatory, and (3) judicial. An example of the legislative process is the National Mental Health Act of 1946. An example of the regulatory process is Title V of the Public Health Services Act, requiring states' plans for comprehensive community mental health services. Examples of judicial processes include court cases such as *Wyatt v. Stickney [1970]*, involving criteria for evaluation of care in psychiatric hospitals. Each of the processes and examples identified above (Vandiver, 2009) would play a key role in Ruth's career path in mental health.

A significant legislative breakthrough occurred before the decade of the 1940s closed. As a result of the National Mental Health Act of 1946, the National Institute of Mental Health (NIMH) was formally established in 1949. In 1955, the Mental Health Study Act with leadership from NIMH called for "an objective, thorough, statewide analysis and reevaluation of the health and economic problems of mental health" (National Institute of Mental Health, 2013). As a result, the Joint Commission on Mental Illness and Health was formed. It was in that same year (1955) that Ruth's career with NIMH began. Once again she would be involved in a collegial relationship with interdisciplinary professionals in a newly formed agency with fresh energy and creative ideas. This setting became the centerpiece of Ruth Knee's career. There she observed and was involved in the changes in mental health that occurred until her retirement from NIMH in 1972. During this phase of Ruth's career, a decline was occurring in the use of state public mental hospitals as the sole resource for the care of the mentally ill in the United States. Contributing factors were several, but especially the discovery of psychoactive drugs which became available to stabilize patients with psychotic disorders. Another major contributing factor was the involvement of the federal government in funding community mental health centers throughout the U.S. and financing services through Title XVIII and XIX of the Social Security Act—Medicare and Medicaid.

Reporting on recent advances at the time in the care and treatment of the mentally ill (Knee, 1959), Ruth identified emerging patterns. In the report, she noted that the concept of change over the past fifteen years was "perhaps the most significant in the care for the mentally ill – because for too long, things had appeared to be frozen and immobile" (p.

51). A ray of hope, however, was seen in her work on a multidisciplinary team whose responsibilities included the provision of staff services for the initiation and development of the Mental Health Project Grant's program under Title V of the Mental Health Act. Ruth could proudly relate the involvement of social workers regarding the program.

There are social workers involved as staff members on a majority of all-current projects with many different functions and roles. In a number of projects, a social worker is the program director or codirector. In others, social workers are working in case finding, community organizations, and in the development of therapeutic programs. In a few, social workers are responsible for the evaluation of service (Knee, 1959, p. 59).

Regarding current developments in treatment at that time, the following listing was given by Ruth (Knee, 1959) as specific contributing factors in advancing understanding of mental illness from biological, social, and psychological standpoints and of the interrelationships of these influences upon behavior:

1. Impact of the contribution of social science theory to the understanding of mental illness upon the practice of psychiatry as a branch of medicine, and upon the other mental health professions.
2. Awareness of the importance of social relationships in the etiology of mental illness and in its treatment.
3. Study of the mental hospital as a social institution.
4. Recognition that certain practices that had long been accepted as a part of treatment (or hospitalization) probably contributed more to chronicity and social crippling than the disease itself.
5. Development of a broader philosophy of rehabilitation.
6. Recognition of the importance of a therapeutic environment – in the hospital, in the family, and in the community.
7. Increased use of group techniques in treatment.
8. Extension of the traditional “clinical team” of doctor, nurse, social worker, and psychologist to include persons with many other skills – the psychiatric aide, the rehabilitation specialist, the occupational therapist, the industrial therapist, the recreational worker, the volunteer, the social scientist- with concomitant changes in roles and responsibilities of team members.
9. Differential services related to the concept of comprehensive care and the continuum of the patient's needs as he moves from health to illness – and returns to health – or remains chronically disabled. Closer integration between the mental hospital and the total community is a prerequisite to continuity of care.
10. Utilization and availability of tranquilizing drugs.

11. Introduction of public health concepts in the planning for, and development of, treatment and rehabilitation services as well as in efforts toward prevention and promotion of health.
12. Recognition of the unique needs of special problem areas, such as, aging, alcoholism, and mental retardation (pp. 51-52).

The following were also observed by Ruth (Knee, 1959) as patterns pointing to areas in which exploration and experimentation were being concentrated and gave promise for lasting acceptance:

1. Changes in the Traditional Mental Hospital

From the advantage of hindsight, it almost appears that the social movement, which encouraged each state to assume responsibility for the care and the treatment of the mentally ill through the establishment of state tax supported hospitals, carried with it certain negative aspects. The hospitals became larger and larger – and like malignant tumors, were not really interacting, functioning organisms within society. The concepts of the “open” hospital, increased patient freedom and improved staff-patient relationships are major themes in the transition from concentration on custody to emphasis on treatment and rehabilitation.

2. Treatment of Acute Illness

Twenty years ago there were fewer than fifty psychiatric units in general hospitals throughout the United States. In 1958, there were almost a thousand general hospitals – that would accept psychiatric patients.

3. Alternatives to Hospitalization

A variety of treatment and rehabilitation services are being developed that are designed to shorten or to make full-time hospitalization unnecessary, or to be used before or after hospitalization for an acute phase of illness. These include day hospitals, “half-way” houses, social therapeutic clubs, and rehabilitation workshops.

4. Community Planning for Mental Health Services

There is increased recognition of the imperative need for coordinated planning of services for the mentally ill.

5. Long-Range Planning

Several major studies have been in process in recent years which will have far-reaching effects in the direction of planning and establishment of services for the mentally ill. The World Health Organization, the U.S. Joint Commission on Mental Illness and Health (1956), and in England, the Royal Commission Report in 1956 were cited (pp. 56-57).

The next decade (1956-1966) was witness to what may be considered the greatest expansion of federal funding for the mentally ill. In 1963 Congress passed the

Community Mental Health Centers Act (P.L. 89-97) authorizing construction grants for community mental health centers. A year later (1965), Medicare and Medicaid (Title XVIII and Title XIX of the Social Security Act) were enacted. Together, these laws and the regulations which followed changed dramatically the venues and funding for treatment.

Community Level Treatment and Deinstitutionalization of State Hospitals

Access to mental health treatment facilities was expanding between the late 1940s and 1960s. As an administrator of the Mental Health Project Grant's program under Title V of the Mental Health Act, Ruth played an important role in influencing the increase of local access to mental health treatment that could be observed during the decades following passage of the above program (Rice, Knee, & Conwell, 1970).

In 1946, there were about 586,000 beds for the care of the mentally ill in the United States. About 80 per cent of these beds were located in state and county hospitals; the remaining 20 per cent were in private psychiatric hospitals. At that time, they constituted 42 per cent of all the hospital beds in the United States. There were known to be 315 public hospitals, 265 private hospitals, 109 general hospitals with psychiatric units, and 524 outpatient psychiatric clinics – a total of over 1,000 facilities. By 1967, the number of such psychiatric facilities had increased to over 4,000, including 1,316 general hospitals with psychiatric services and 2,213 outpatient psychiatric clinics. In addition, there were over 500 partial hospitalization services, mostly day hospitals. Funds for the construction and/or staffing of 351 comprehensive community mental health centers had been awarded by 1969 (Rice et al., 1970, p. 2247).

As noted above, while facilities for treatment of the mentally ill were expanding, traditional state hospitals experienced significant deinstitutionalization. In 1955, there were 559,000 beds in state mental hospitals in the U.S., representing 339 beds per 100,000 population. By December, 2000, the number of state mental hospital beds had dropped to 59,403. The change represented a drop to 22 beds per 100,000 population (Lamb & Weinberger, 2005, p. 530).

Funding for Treatment and Quality of Care

In 1966, mandated mental health services were included in Medicare, and while the federal law does not contain explicit provisions concerning the exact types of mental health services that can be provided, all State Medicaid programs provide some mental health services to enrollees. Medicaid has become the single largest payer for mental health services in the United States (Medicaid, n.d.).

Following passage of Medicare and Medicaid in 1965, Ruth continued in a leadership role at NIMH in activities related to the regulatory process emanating from Title V of the Public Health Services Act. Specifically, she was in charge of planning and implementing the oversight of Medicaid funding for psychiatric facilities. At the time, The Joint Commission on Accreditation of Hospitals had no specialized standards for psychiatric hospitals. Few hospitals were accredited

and general hospital standards were applied. An NIMH grant resulted in convening stakeholders for the purpose of drafting standards for psychiatric hospitals. Included in the efforts were participants from the American Psychiatric Association, American Psychological Association, National Association of Social Workers, American Nursing Association, Occupational Therapy Association, mental hospital administrators and public and private mental health programs. The draft that emerged described the documentation and staffing necessary to assure the psychiatric patients' effective treatment. The proposal was accepted by the Health Insurance Benefits Advisory Council and the then Secretary of Health, Education, and Welfare, Wilbur J. Cohen. The ongoing efforts resulted in the development of the special conditions of participation for psychiatric hospitals.

In addition, NIMH, through collaboration with other governmental agencies within the Public Health Service, the Social Security Administration and the Social and Rehabilitation Services provided consultation to state and local mental health programs for the interpretation and implementation of Medicaid standards. These efforts focused upon specific needs and unique approaches of mental health services delivery systems/programs. Policy makers as well as administrators of third-party payment programs participated. NIMH staff training programs, national and regional conferences for both state and mental health professionals and administrators in public and private sectors were held. Reimbursement studies, utilization review problems, approaches for quality assurance and therapeutic approaches for the elderly mentally ill were addressed.

Finally, in 1969, the Bureau of Health Insurance, Social Security Administration and the then Health Care Financing Administration (HCFA) requested NIMH to recruit a panel of specialized psychiatric consultants to conduct surveys of psychiatric facilities. Two conditions were required for the facilities to receive federal Medicare reimbursement for mental health services provided. The conditions concerned adequate standards for staffing and for record keeping (Centers for Medicare & Medicaid, n.d.). These "survey teams" would determine whether or not the hospital met the Five Special Conditions of Participation. Initially a Joint Interagency Agreement was enacted between then HCFA and NIMH; later it became solely HCFA, and most recently the Centers for Medicare and Medicaid Services. Initially NIMH agreed to provide qualified mental health professionals to assist the state's licensure and certification agencies and the then HCFA Regional offices in the actual performance and assessment of Medicare surveys of Psychiatric Hospitals. The survey program continues to this date and is administered by the Centers for Medicare & Medicaid (I. Javellas, personal communication, August 21, 2013).

Mental health professionals (e.g., Ruth and her colleagues) found a guiding philosophy for professional standards for quality care in the statement of Chief Judge David L. Bazelon of the U.S. Court of Appeals, Washington, DC.

To provide adequate treatment, the critical requirement is, that the hospital pay individual attention to each patient and make an individualized effort to help him. There may be certain gross benchmarks to which a court may look in scrutinizing the adequacy of treatment at a hospital – the ratios of professional and paraprofessional staff to patients, the physical facilities for treatment, the overall level of expenditures within the hospital. But there is only one way to measure treatment provided. If there is an individualized treatment plan created at the inception of treatment and modified as treatment progresses, a reviewing court can hope to assess whether a bona fide effort to provide a meaningful amount of some appropriate form of treatment has been made.

To perform this task, the judge need not be or even pretend to be a psychiatrist. His role is not to make independent judgments concerning treatment, but rather to scrutinize the record to insure that an expert more qualified than he has made a responsible exercise of his professional judgment (Burris, 1969, p. 3).

A particularly significant outcome for patients' right to treatment, and quality of care conditions set forth for the survey process resulted from the court case of *Wyatt v. Stickney*. The case involved Ricky Wyatt, who at fifteen was institutionalized at Bryce Hospital in Alabama. Wyatt had been incarcerated for "delinquency" but had never received any other diagnosis of mental disability or condition. He and his aunt (a former employee) testified about the intolerable conditions and lack of therapeutic treatment at the hospital under supervision of state mental health commissioner, Stonewall Stickney (Carr, 2004).

The suit initially was prompted by layoffs at Bryce Hospital, with attorneys alleging that insufficient staff at the hospital would prevent involuntarily committed mentally ill patients from receiving adequate treatment, a violation of their civil rights under the Fourteenth Amendment of the U.S. Constitution. Federal District Court judge Frank M. Johnson Jr. ruled in favor of the plaintiffs, concluding from evidence submitted during litigation that standards for adequate treatment did not exist (Encyclopedia of Alabama, 2009).

During the lawsuit, Ruth Knee and other mental health professionals gave expert testimony on standards for care of people with mental health and mental retardation residing in institutional settings. The standards which became known as the "Wyatt Standards," cover three fundamental areas: individualized treatment plans, qualified staff in numbers sufficient to administer adequate treatment, and humane psychological and least restrictive environments (Prigmore & Davis, 1973).

Advocacy for Social Work

With federal funding for expansion of mental health facilities and services, social work experienced a rise in services for the mentally ill. Social work originally was formally undertaken in psychiatric hospitals, and with a limited function. But the infusion of federal funds presented an opportunity for the profession to create an area of turf. "The social worker was first added to the staff of the hospital to follow patients discharged from care in order to assist with their adjustments when they returned to their families

and communities” (Vourlekis, Edinburg, & Knee, 1998, p. 573). Interest in aftercare for the mentally ill surfaced in the United States in the late 19th century, and expanded in some states in the first decades of the 20th century. As noted previously, by the 1940s and 1950s, with the advent of the Mental Health Project Grants program, social workers as staff members of new projects began fulfilling increasing functions and roles. However, by 1998, Ruth and her colleagues would advocate:

As state Medicaid programs move to private managed care models, it is critical that the profession promote understanding, strongly advocate for this population, and build social work functions – among them case management – that adequately and realistically address the comprehensive biopsychosocial needs of people with serious and persistent mental illness. Social Work has a clear and compelling action agenda with significant implications for client care and for professional turf (Vourlekis et al., 1998, p. 573).

As a Social Work Pioneer, Ruth gave perspective to her career in mental health and the developments through the years:

My federal career provided me with many interesting challenges. When I joined the staff of the National Institute of Mental Health in 1955, my focus became mental health issues of concern across the country. This was the advent of the use of psychotropic drugs in the treatment of psychiatric problems. State hospitals were filled to overflowing with chronically mentally ill patients. I was the psychiatric social worker on a ‘mental hospital improvement’ team, which included a psychiatrist, a clinical psychologist, and a psychiatric nurse. Our mission was to identify useful approaches and new modalities that were being used effectively and to communicate these ideas to administrators and staff of hospital and community programs throughout the country. The new approaches included after-care programs, social rehabilitation units, halfway houses, and vocational rehabilitation programs. We traveled a lot, identified positive change, and documented serious problems. Some said we were like honeybees, gathering the pollen of ideas and then spreading it around.

Development of community-based mental health resources became the national priority for mental health service in the 1960’s. This is still a work in progress. Deinstitutionalization, third-party payments, changes in federal and state mental health and social service responsibilities and funding, and advances in knowledge about mental disabilities have brought about many changes in community care systems. I suppose one of the things that I am most proud of was my role in networking and in facilitating innovative approaches to ‘improvements’. In addition to being ‘honeybees,’ my colleagues and I were ‘mental health missionaries’ (DuMez, 2003, p. 85).

Through her professional leadership, Ruth was in an advantageous position to advocate for social work in mental health and other emerging areas. She was a member of a number of professional organizations and emerged as a leader of several. As a member of the American Association of Psychiatric Social Workers, she served as president from 1951 to 1953. In the two years following, she was active in efforts to merge that

association and several others into the National Association of Social Workers (NASW) in 1955. Ruth remained a dedicated and active member of NASW until the time of her death. Among the numerous leadership functions she fulfilled in NASW, the following are included: the organization's first secretary; member of the executive committee and board of directors in 1955-57, and again in 1984-86; and representative from Region V, the metropolitan Washington, DC chapter. At the conclusion of the latter office, she received a salute from members of the Region:

A "founding mother" of NASW, Ruth I. Knee is more than just a footnote in the annals of social work history. This extraordinary woman, who just turned 66, has recently received a Certificate of Recognition from the NASW Board of Directors.

Her multifaceted resume is full of councils, and committees, task forces and research projects, running the gamut from quality care issues to mental patients and long term care for the aged (Coyne, 1986, p. 4).

The Ruth Knee/Milton Whitman Health/Mental Health Achievement Awards program was established in 1989 by the Board of Directors of NASW to honor the outstanding careers of these two pioneering social workers. Since its inception, this distinguished awards program has annually recognized individuals for their lifetime achievement in health/mental health practice and for outstanding achievement in health/mental health policy. Ruth was a co-founder and recipient of The Social Work Pioneer Program, created in 1994 to honor members of the social work profession who have contributed to the evolution and enrichment of the profession. The Pioneer Program identifies and recognizes individuals whose unique dedication, commitment and determination have improved social and human conditions, and serve as role models for future generations of social workers.

Following her retirement from NIMH in 1972, Ruth would relentlessly continue in advocacy roles in the federal service. During the decade of the 1970s and beyond, Ruth occupied positions that related to concerns of the aged and their experiences with mental illness and long-term care. Out of that work Ruth revealed a strong passion for societal safeguards to enhance quality of care and protection for the elderly. In a 1977 document, Ruth relates to the national concern as to how best provide long-term care that is responsive to the idiosyncratic needs of a rapidly aging population, including individuals with disabilities and chronic "inabilities" who become dependent.

...many professionals, consumers and members of the community-at-large are demanding that more than sustenance be provided in long-term programs. "Custodial" is now an unspoken, unpopular word, as people have come to recognize that even a bleak and marginal existence can be improved through concentration on "quality of life," through humanizing the process of institutionalization, de-institutionalization, the delivery of services, routine and otherwise, in any environment to the ill, the infirm, the poor, and the isolated (Health Resources Administration, 1977, p. vii).

Ruth and her social work colleagues were influential in promoting patient rights for individuals as they enter and interact with health and mental health care systems. They especially focused on supporting a “bill of rights” for nursing home patients, which in 1980 were contained in the Civil Rights of Institutionalized Persons Act (CRIPA). Amendments to that Act in 1987 are collectively known as the Federal Nursing Home Reform Act included as part of the Omnibus Budget Reconciliation Act (OBRA). Closely related to patient rights was promotion of an ombudsman function for nursing homes. The Long-Term Care Ombudsman Program (OAA, Title VII, Chapter 2, Sections 711/712) began in 1972, and is included in the Older Americans Act (Administration on Aging, 2013).

As a public servant working for the U.S. Public Health Service, Ruth Knee became the first coordinator of this nationwide program which was later transferred to the U.S. Administration on Aging. Ruth continued her highly respected work with the program until she retired. Her guidance was fundamental to the continued successful expansion of the innovative program. The National Citizens’ Coalition for Nursing Home Reform (NCCNHR) (which I founded in 1975) established a national advocacy award in the early 1980’s. Ruth, who was often referred to fondly as ‘the grandmother’ of the ombudsman program was an early recipient of this award. Soon after this, Ruth began giving an annual donation to fund the award which would always honor a local or state ombudsman. Ruth herself later requested that the award be renamed as the Censoria Johnson Advocacy Award when her former co-worker in the ombudsman program died (E. Holder, personal communication, August 23, 2013).

A close colleague sums up the contributions Ruth made in her untiring efforts as a mentor and advocate for improving the lives of individuals requiring institutional care. “Ruth was one of the greatest mentors of all time for those of us who worked with her. Her role in the federal government improved the quality of life for people of all races in the U.S. requiring services of long term care, especially for the mentally ill (B. Harper, personal communication, July 29, 2013).

Ruth’s professional values correlated with her personal commitments and generosity. In 1982, she donated the Irelan family home of her youth in Sapulpa, Oklahoma, to the Sapulpa Handicapped Opportunity Workshop Corporation. The home serves as a group home living arrangement for the developmentally disabled. Endowment funds were provided to the social work educational programs from which she had graduated. At the University of Chicago, School of Social Service Administration, she provided funding for a lectureship in spirituality. And, at The University of Oklahoma, Anne and Henry Zarrow School of Social Work, she willed her estate in 2008. As a result, the School has established the Knee Center for Strong Families, dedicated to building theory, knowledge, practice and education for development of strong families in their diverse forms.

During her lifetime, Ruth received many honors and awards related to her advocacy for mental health, the profession of social work, and quality of care for individuals in

long-term care. Appropriately, late in her career she was one of the first women to be admitted to the prestigious Cosmos Club of Washington, DC. The Cosmos Club is a private social club that through the years has included as members U.S. Presidents, Vice Presidents, Supreme Court Justices, Nobel Prize winners, Pulitzer Prize winners and recipients of the Presidential Medal of Freedom. Membership in the Club is reserved for persons of "distinction, character and sociability." Criteria for membership include persons who have "done meritorious original work in science, literature, or the arts; though not professionally occupied in science, literature or the arts, is well known to be cultivated in some field thereof; or, is recognized as distinguished in a learned profession or in public service" (Cosmos Club, n.d.). Ruth served on the program planning committee, and enjoyed the opportunity to suggest topics of social awareness at program events.

Today, a mental health challenge can be observed in the dismal statistics that reveal a trend for incarceration of the mentally ill.

Severely mentally ill individuals who formerly would have been psychiatrically hospitalized when there were a sufficient number of psychiatric inpatient beds are now entering the criminal justice system for a variety of reasons. Those most commonly cited are: (1) deinstitutionalization in terms of the limited availability of psychiatric hospital beds; (2) the lack of access to adequate treatment for mentally ill persons in the community; (3) the interactions between severely mentally ill persons and law enforcement personnel; and (4) more formal and rigid criteria for civil commitment (Lamb & Weinberger, 2005, p.530).

If Ruth Knee were living today, she would likely be at the forefront with her social work colleagues in her words to "rattle a few cages" for change.

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