

# Advances in Social Work



Indiana University  
School of Social Work



*Advances in Social Work* is committed to enhancing the linkage among social work practice, research, and education. Accordingly, the journal addresses current issues, challenges, and responses facing social work practice and education. The journal invites discussion and development of innovations in social work practice and their implications for social work research and education. *Advances in Social Work* seeks to publish empirical, conceptual, and theoretical articles that make substantial contributions to the field in all areas of social work including clinical practice, community organization, social administration, social policy, planning, and program evaluation. The journal provides a forum for scholarly exchange of research findings and ideas that advance knowledge and inform social work practice. All relevant methods of inquiry are welcome.

*Advances in Social Work* is a peer-reviewed journal that publishes original work. Articles are accepted on the basis of appropriateness, clarity, sound methodology, and utility for social work practice, research, and education. Articles are abstracted in *Social Work Abstracts*.

Editor: Barry R. Cournoyer

*Editorial Board*

Margaret Adamek  
William H. Barton  
Valerie Chang  
Gail Folaron  
Roberta Greene  
Paul Newcomb  
Michael Patchner  
Gerald T. Powers  
Irene Queiro-Tajalli  
Linda Smith  
Pat Sullivan

*Consulting Librarian*

Mary Stanley

*Editorial Assistants*

Carol Satre  
Traci Holt

*Copy Editor*

Karen E. Wilczewski

*Consulting Editors*

Paula Allen-Meares, *University of Michigan*  
Frank R. Baskind, *Virginia Commonwealth University*  
Cyrus Behroozi, *Indiana University*  
Edward R. Canda, *University of Kansas*  
Elaine P. Congress, *Fordham University*  
Charles Cowger, *University of Missouri*  
Creasie Finney Hairston, *University of Illinois at Chicago*  
Karen S. Haynes, *University of Houston-Victoria*  
Srirnika Jayaratne, *University of Michigan*  
Grafton Hull, *University of Utah*  
Alfred Kadushin, *University of Wisconsin*  
Shanti K. Khinduka, *Washington University*  
Nancy P. Kropf, *The University of Georgia*  
Harry J. Macy, *Ball State University*  
Thomas M. Meenaghan, *New York University*  
John G. Orme, *University of Tennessee*  
Paul Sachdev, *Memorial University*  
Dennis Saleebey, *University of Kansas*  
Sheldon Siegel, *Indiana University*

**Subscription Rates:** *Advances in Social Work* is published twice each year (Fall and Spring) by Indiana University School of Social Work. Annual subscription is US \$30.00 and the price includes postage by surface mail.

**Order Information:** Payment may be made by check or money order (payable in US funds to "Indiana University School of Social Work").

Mail orders, request for sample copies, and all other editorial and advertising correspondence should be directed to: Editor, *Advances in Social Work*, Indiana University School of Social Work, 902 W. New York Street, Indianapolis, IN 46202-5156. Telephone: (317) 274-6705; Fax: (317) 274-8630; E-mail: [editor@iupui.edu](mailto:editor@iupui.edu); Website: <http://iussw.iupui.edu/aisw/>

The opinions expressed in *Advances in Social Work* are those of the authors and do not necessarily represent those of the editor or the Indiana University School of Social Work.

©2000 ADVANCES IN SOCIAL WORK. All rights reserved.  
No part of this work may be reproduced beyond limits set by fair use,  
without written permission from the Editor.

ISSN 1527-8565



# Advances in Social Work

Vol. 1, No. 2 ..... Fall 2000

## CONTENTS

Vol. 1, No. 2 Fall 2000

|   |     |
|---|-----|
| <b>Editorial</b> .....  | .i  |
| <b>Message from the Dean</b> .....                                    | .iv |
| <br>  |     |
| <b>Power in The People: Strengths and Hope</b>                        |     |
| Dennis Saleebey .....   | 127 |
| <br>  |     |
| <b>Cultural Sensitivity in ATOD Agencies: Administrator and Staff</b> |     |
| <b>Perceptions in the Hispanic Heartland</b>                          |     |
| David R. Hodge, Paul Cardenas, and Harry Montoya .....                | 137 |
| <br>  |     |
| <b>Faculty-Student Collaboration: Issues and Recommendations</b>      |     |
| Angeline Barretta-Herman and Kendra J. Garrett .....                  | 148 |
| <br>  |     |
| <b>Economic Modeling in Social Work Education</b>                     |     |
| Barry R. Cournoyer, Gerald Powers, James Johnson and                  |     |
| Robert Bennett .....  | 161 |
| <br>  |     |
| <b>Social Welfare Policy Changes and Social Work Practice</b>         |     |
| Doris McGartland Rubio, Julie Birkenmaier, and Marla Berg-Weger ..    | 177 |
| <br>  |     |
| <b>Perceptions of Field Instructors: What Skills are Critically</b>   |     |
| <b>Important in Managed Care and Privatized Environments?</b>         |     |
| Michael N. Kane, Elwood R. Hamlin II, and Wesley Hawkins .....        | 187 |

## AISW Editorial

Barry R. Cournoyer

I am delighted to assume the role of Editor of *Advances in Social Work: Linking Research, Education & Practice*—journal of the Indiana University School of Social Work. I am also grateful to the Editorial Board and to Dean Michael Patchner for their invitation and support. Although this issue is only the second of many, we are proud to contribute to the emerging knowledge base of the profession.

The mission of *Advances in Social Work (AISW)* is to provide a forum for the presentation of scholarly work related to innovations within social work research, education, and practice. The impetus for the development and publication of *AISW* is, of course, multifaceted. A driving force, however, is the recognition that social work educators and practitioners must become familiar with advances in knowledge that may contribute to improvements in the quality and effectiveness of our professional service—whether that involves the education of students, the advancement of social justice, the prevention of social problems, or the treatment of clients.

Early in the 21st century, we are well into the “third-wave” information age (Toffler, 1983). As such, knowledge and learning are becoming increasingly valuable—in some circumstances more valuable than material goods. We already recognize the signs of a new form of class system where “haves” may be distinguished from “have-nots” by the facility with which they obtain and apply up-to-date, valid, reliable, and relevant knowledge. According to some estimates, the total amount of knowledge on earth doubles approximately every seven years (Davis & Botkin, 1994). This knowledge-doubling process undoubtedly occurs more rapidly within certain areas than others. Disciplines and professions that actively participate in the discovery and dissemination of relevant new knowledge are likely to become increasingly recognized and valued in the ever-expanding “big bang” of the knowledge explosion.

We hope that social work researchers, educators, and practitioners will become major actors in an information age where teaching, learning, and service become increasingly based upon and guided by the most current, valid, and relevant knowledge. “In a time of drastic change, it is the learners who inherit the future. The learned usually find themselves equipped to live in a world that no longer exists” (Hoffer, 1973, p. 22). In effect, contemporary social workers must be extraordinarily competent learners both during their professional studies and as practicing researchers, educators, and service providers. During the 21st century lifelong learning is not optional. It is required. Alvin Toffler suggests that the “illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.”

Unfortunately, many social workers have been more “learned” than “learning” in their approach to service. Relatively few seem to draw upon the wealth of emerging knowledge that could dramatically improve the quality and effective-

ness of their professional activities. As indicated by studies undertaken during the course of the past 40 years, few social workers regularly read scholarly publications or review the results of practice-related research (Holosko & Leslie, 1998). We presume that fewer still actually apply up-to-date knowledge in the conduct of their service to others. This does not apply to practitioners alone. Indeed, we suppose that many social work educators continue to "preach" essentially the same theories and doctrines year after year—as if new knowledge were somehow irrelevant to the contemporary learning needs of their students. Eileen Gambrill (1999) eloquently refers to this process as "indoctrination" rather than "education" and practice informed by it as "authority-based" rather than "evidence-based."

Through *AISW*, we at the Indiana University School of Social Work seek to contribute to a revolutionary change within the profession. We envision a social work profession that genuinely embraces learning and scholarship; that actively searches for valid, relevant service-related knowledge; that disseminates applicable knowledge in a form that is readily accessible and usable by consumers of all kinds; and that continuously applies emerging knowledge in service to others.

This issue of *AISW* offers much of value to learning social workers across the full range of research, education, and practice. In an article based upon his keynote address to the April 2000 Annual Doctoral Symposium at Indiana University School of Social Work and written especially for *AISW*, Dennis Saleebey of the University of Kansas discusses the fundamental elements of strengths-based social work practice. As affirmative and enthusiastic as ever, Dr. Saleebey calls upon us to seek out assets and resources within and around each and every person. Provocatively, he envisions a new kind of DSM—a *Diagnostic Strengths Manual*—to provide needed counterbalance to the ever-present *Diagnostic Statistical Manual* of the American Psychiatric Association.

David Hodge, Paul Cardenas, and Harry Montoya discuss their study of cultural sensitivity among administrators and staff in agencies that provide services for clients who have problems with alcohol, tobacco, and other drugs (ATOD) in a predominantly Hispanic area within the United States. This is a fascinating investigation and one of the first to assess cultural sensitivity in agencies that address ATOD misuse within an acculturated Hispanic community.

Angeline Barretta-Herman and Kendra Garrett of the College of St. Catherine/University of St. Thomas School of Social Work identify pertinent issues and provide recommendations concerning the timely topic of faculty-student collaboration. In an interesting qualitative study, the authors conducted in-depth interviews with faculty members throughout the United States. Several respondents had, as students, participated in collaborative efforts with faculty members during their formal studies. Their findings alert today's faculty members to recognize the potential for real or perceived exploitation by students with whom we collaborate.

Barry Cournoyer, Jerry Powers, James Johnson, and Bob Bennett of Indiana University discuss the application of economic modeling to social work education. They demonstrate how modern computer software may be used to analyze

costs associated with various educational processes. Economic modeling may also enable deans and program directors to consider the economic impact of alternate "what if" scenarios. Their innovative application may be useful not only for administrators within social work education but for those in human service agencies as well.

Doris McGartland Rubio, Julie Birkenmaier, and Marla Berg-Weger of St. Louis University discuss the relationship of social welfare policy changes and social work practice. Their survey of nearly 300 community service agencies from a large metropolitan area reflects respondents' views of the effects of welfare reform on their organizations as well as the responsibilities and activities of agency-based social workers. We anticipate the publication of additional studies that describe the results of investigations of the impact of welfare reform upon individuals, families, organizations, and communities.

Michael Kane, Elwood Hamlin II, and Wesley Hawkins of Florida Atlantic University enhance our understanding of necessary skills for service within managed care and privatized environments through their study of the perceptions of social work field instructors. Their findings may encourage educators, supervisors, and agency administrators to consider carefully the contemporary learning needs of their social work students and practitioners.

The Editorial Board and I are pleased to present this second issue of *AISW* to the social work community. In 2001, the Indiana University School of Social Work will celebrate its 90th birthday. We dedicate this issue and the next two to the thousands of students, faculty, field instructors, agency administrators, and university colleagues who have contributed to the growth and development of the school over these nine decades. We hope that *AISW* readers and all members of the social work community will join us in a hearty happy birthday celebration during 2001.

## References

- Davis, S., & Botkin, J. (1994). The coming of knowledge-based businesses. *Harvard Business Review, 82* (September/October), 165-170.
- Gambrill, E. (1999). Evidence-based practice: An alternative to authority-based practice. *Families in Society, 80*(4), 341-350.
- Hoffer, E. (1973). *Reflections on the human condition*. New York: Harper & Row.
- Holosko, M. J., & Leslie, D. (1998). Obstacles to conducting empirically based practice. In J. S. Wodarski, & B. A. Thyer (Eds.), *Handbook of empirical social work practice: Social problems and practice issues* (Vol. 2, pp. 433-451). New York: John Wiley & Sons.
- Toffler, A. (1983). *The third wave*. New York: Bantam.

## Message from the Dean

We at the Indiana University School of Social Work are very pleased to present this second issue of *Advances in Social Work*. In publishing *Advances in Social Work*, we envision a journal that provides an opportunity for faculty, practitioners, students, and other professionals to have a forum whereby scholarly work related to social work research, education, and practice can be published. *Advances in Social Work*, as the title connotes, serves to contribute to the knowledge base of the social work profession by providing a publication that advances knowledge and demonstrates effectiveness and quality improvements for social work through research, education, and practice.

The Indiana University School of Social Work has a very distinguished history. Founded in 1911, it is the oldest social work program in the nation continuously affiliated with a university. Next year we will be celebrating our 90th anniversary, commemorating many milestones in teaching, research, and service. This year we celebrated the 25th anniversary of the BSW Program. The publication of *Advances in Social Work* marks another milestone in the history of the School of Social Work. It advances our mission by disseminating new knowledge for the advancement of the profession.

I am grateful to a number of individuals who have contributed extensively to make *Advances in Social Work* possible. My gratitude is extended to Dean Roberta Greene and Interim Dean Sheldon Siegel for supporting the development and publication of the journal, and to Dr. Paul Sachdev, the first editor, whose vision gave birth to the journal. A special thank you goes to Dr. Barry R. Cournoyer, who now serves as Editor. His leadership, attention to detail, and quest for quality are clearly evident. The Editorial Board, whose names appear inside the front cover, deserve special credit for their direction, support, and hard work. Finally, the Consulting Editors, whose names also can be found inside of the front cover, have served as reviewers for the manuscripts submitted. Their able assistance is greatly appreciated.

In closing I feel compelled, as the new Dean, to make a few personal comments about the Indiana University School of Social Work. The School has approximately 900 students and offers the BSW, MSW, and Ph.D. degrees. The School offers educational programs on five Indiana University campuses, located in Bloomington, Gary, Indianapolis, South Bend, and Richmond. The School of Social Work has a rich history of providing quality social work education, producing excellent research and scholarship, and having a strong commitment to serving the profession and the people of Indiana. Headquartered in the state capital, Indianapolis, the School has strong ties to state agencies and engages in a variety of projects in collaboration with these agencies. The University and the School of Social Work serve as models for utilizing advanced technology in the management of its programs. *Advances in Social Work* represents another significant contribution that the School is making. With such a strong history, quality faculty, and strong support, it is a privilege to be at such a high quality school of social work.

Michael A. Patchner, Ph.D.  
Dean  
Fall 2000

## **Power in The People: Strengths and Hope**

Dennis Saleebey

**Abstract:** *The strengths perspective and resilience literature suggest that social workers may learn from those people who survive and in some cases flourish in the face of oppression, illness, demoralization, and abuse. Social workers need to know what steps these natural survivors have taken, what processes they have adopted, and what resources they have used. In this article, written specifically for Advances in Social Work, Dennis Saleebey discusses the central tenets of strengths-based practice.*

**Keywords:** *Strengths, resilience, strengths-based, social work, hope, diagnostic strengths manual*

The wildly expanding resilience literature compels us to regard and respect the qualities, traits, virtues, and resources that people develop, acquire, and accumulate as they confront and struggle with the challenges in their lives. The strengths perspective acknowledges that reality, too. In addition, the strengths approach obligates us to understand—to believe—that everybody (no exceptions here) has external and internal assets, competencies, and resources. These may be a realized part of a person's life or they may be inchoate—unrealized and unused. But the understanding and work of people who employ a strengths perspective is driven by the search for, the definition, and employment of peoples' resources in helping them walk, however hesitatingly, in the direction of their hopes and dreams. We are called to venerate the remarkable abundance of human experience, to acknowledge that every individual, family, and community has an array of capacities and skills, talents and gifts, wiles and wisdom that, in the end are the bricks and mortar of change. We must assume the humble stance that we cannot know, except in the most obvious of cases, the upper limits of a person's capacity to grow and change. The strengths perspective holds firm the idea that everyone who struggles learns something from their struggle and develops capacities and traits that may ultimately turn out to be bountiful resources in moving towards a better life. It is to assert that everyone has dreams, visions, and hopes even though they may currently be dashed on the shoals of disease, oppression, poverty, or muted by a run of rotten luck.

The work of the strengths approach is the work of empowerment—helping individuals, families, and communities see and utilize their capacities; recognize the options open to them; understand the barriers and scarcities they may face; surface

---

Dennis Saleebey, Ph.D. is Professor, University of Kansas School of Social Welfare, Lawrence, Kansas 66045 USA.

Copyright© 2000 *Advances in Social Work* Vol. 1 No. 2 (Fall 2000) 127-136.  
Indiana University School of Social Work.

their hopes and aspirations; and align them with their inner and outer resources to improve the quality of their lives (Cowger, 1994; Rapp, 1998; Saleebey, 1997). Empowerment is both a process and a goal. As a goal, those who are empowered seek a firmer sense of purpose, a place to be and belong, an operating fund of esteem, the possibility of choice, connections to resources and ties to others, and a palpable awareness of their achievements—both in the short run and in the distant future. Empowerment as a process is the collaboration between, say a social worker and a family or individual, working together on a mutually-crafted project that in some sense will move people closer to their visions and aspirations (Rapp, 1998). The strengths perspective, then, is about “uncovering, naming, embellishing, and celebrating abilities, talents, and aspirations in the service of desired change”(Weick & Saleebey, 1995).

The strengths perspective is a way of thinking about and looking at the people social workers help and the work they do with clients. In a sense it is a paradigm shift, although social workers have insisted for years that they build on the strengths of clients. But it is only recently that there has been any significant work—whether inquiry and research or clinical practice or community work—focused on developing a strengths perspective. In addition, there are concurrent developments in other areas that provide conceptual and ideological support for this framework for professional thinking and doing. These include, among others: empowerment and liberatory approaches (many of which have been built on liberation theology and the social activism of the '60s and '70s); the resilience literature; healing and wellness practice and inquiry; solution-focused orientations, as well as narrative approaches to practice (see Saleebey, 1996). While these are all different in many ways, they include some common understandings:

- People who confront stress almost always develop some ideas, capacities, traits, or defenses that may subsequently stand them in good stead. Heretofore, social workers have been much too avid in looking at the impediments and injuries, the deficits, and desolation rather than people's compensating and transformative responses to the challenges they confront.
- Even in the most demanding, tough, lean, and mean environments, there are natural resources—individuals and families, churches, associations, groups—available to individuals, groups, and families. While some are clearly more bountiful than others, all environments have assets (Kretzmann & McKnight, 1993).
- Even though people may have labored under years of the blame and disapproving opinions of others or self-criticism, habitual pessimism, or unfortunate life decisions, at some level they almost always know what is right for them.
- As a species, humanity surely has—or we would not have survived thus far—an innate capacity for health and self-righting.
- Healing, transformation, regeneration, and resilience almost always occur within the confines of a personal, friendly, supportive, and dialogical relationship. Whether a physician, social worker, psychologist, friend, or relative, the more the power of a caring relationship is actualized with those served, the better for the individual's future and for social work's equipoise.

- Everyone has knowledge, talents, capacities, skills, and resources that can be used to help move them towards their aspirations, solve problems, meet their needs, and bolster the quality of their lives.
- A positive orientation to the future is far more important in the long run for healing and helping than an obsession with a dark and disappointing past.
- Every maladaptive response or pattern of behavior may also contain the seeds of a struggle for health and self-righting.

To sum up: Imagine an equilateral triangle. The left angle is fronted by the letter C; the angle to the right by the letter R. The apex of the triangle is topped with the letter P—CPR, as it were. C represents *capacities*, *competencies*, and *character*. P stands for *promise* and *possibility*. R symbolizes *resources*, *resilience*, and *reserves*.<sup>1</sup> These make up the dynamic core of a strengths-based approach to practice. All three must be a part of any kind of healing or helping.

Much of the impetus for developing and emerging a strengths/resilience-based practice comes from American society's preoccupation and fascination with pathology, problems, moral and interpersonal aberrations, violence, and victimization. Add to that the continuing penchant towards "medicalizing" and "pathologizing" almost every pattern, habit, trait, and inclination of human behavior and one has an intoxicating mix of diagnoses, labels, and identities at the ready—all broadcasting one's abnormalities, disorders, weaknesses, fallibilities, and deficits (Kaminer, 1993; Peele, 1989; Peele & Brodsky, 1991; Rieff, 1991). But important, too, has been the developing realization that the social worker's focus on aberrations and problems has not yielded much in the way of social betterment or the lessening of the incidence and prevalence of various disorders (Hillman & Ventura, 1992). Likewise, there is a growing body of evidence that the linchpin of many theories of disorder and mental illness—that childhood troubles of various kinds are fateful for the development of pathology in adulthood—is not very powerful or convincing (Lewis, 1997).

It needs to be understood that a strengths perspective does not require one to blithely ignore or mute the real pains and troubles that afflict children, groups, families, and classes of people. Poverty is real.<sup>2</sup> Child sexual abuse is real. Violence is real. Cancer is real. Schizophrenia is real. Racism is real! The strengths perspective does not require one to discount the grip and thrall of addictions or the humiliating, frightening anguish of child abuse, or the unbidden disorganization and confusion of psychosis. But from the vantage point of a strengths perspective, *it is as wrong to deny the possible just as it is to deny the problem*. And the strengths perspective does decry the intemperate reign of psychopathology and illness as the central civic, moral, and medical categorical imperative. Adherents of the strengths perspective *do not* believe, with good reason, that most people who are the victims of abuse or their own rampant appetites, or that all people who have been traumatized inevitably become damaged goods. Followers of the strengths approach *do* believe that the recovery movement, now so removed from its original boundaries and intent, has:

...pumped out a host of illnesses and addictions that were by earlier standards, mere habits, some good, some bad. Everywhere publicly, social work-

ers find people talking freely, if not excitedly, even proudly about their compulsions—whether it be gambling, sex, exercise, or the horrible desire to please other people. We are awash in a sea of codependency, wounded inner children, and intimacy crises. (Wolin & Wolin, 1993, p. 7)

Old paradigms die hard. Theories about patients, clients, victims, and the disadvantaged have been around for a while.<sup>3</sup> On the one hand, it is good that the attic door has been opened so that women and children who have been or who are abused can tell their story. On the other hand when that door has been opened, social workers have failed to see all that was in there—including a variety of resources and possibilities. Defining these heretofore silent ones as victims seemed initially to be a service to them. But unfortunately, victim has become for far too many a master status (Becker, 1972), a controlling set of expectations, norms, images, and behaviors that have become hardened over time, difficult to penetrate, and supercede every other element of identity (one becomes, for example, a *schizophrenic* violinist or a *gay* plumber). Worse yet, many people are invited or persuaded to think of themselves as victims when they have experienced only the bumps and bruises that many can expect at some point in our lives. The same might be said of the recovery movement. In spite of the widespread good it has done, it has now spread so widely and captivated so many people that its good is obscured by its overweening dictates (Kaminer, 1993; Peele & Brodsky, 1991).

### THE CORE CONDITIONS OF CHANGE

One way to understand the orientation of those who adhere to a strengths-based approach to practice is to ask, *What are the factors in life and in helping that make things go well?* It is odd, when you think of it, that even though we know that most people in the midst of significant challenges and stresses do better than we might expect and do not eventually succumb to the pressures of their lives, that social workers know so little about them. On the other hand, they have a prodigious lore about those who, at least initially, fall or fail under these stresses and ordeals. Social workers' knowledge about those who change naturally and spontaneously everyday is trifling by comparison. So what does one know about discovering and building upon strengths? There are ideas, hints, and data everywhere but let us look at one perspective that this author finds rich in implication. In his review of the efficacy of psychotherapy studies conducted over many years, Michael Lambert (1992) says there are four factors that account for most of the positive change in individuals and families. These are plump with inferences for strengths-based approaches.

The largest share of the benefit experienced by individuals can be attributed to their personal and social resources, as well as contingent factors (luck) that intercede in their lives. (Lambert calls them extra-therapeutic change factors that aid in positive change, whether or not an individual ever experiences psychotherapy.) The matrix of clients' lives goes a long way toward explaining how they might react: their strengths and assets, how they see their misery (their theory) and motivation, their social supports, and the contingent factors that move inexplicably in and out of their lives. This means being mindful of things in a person's world—relationships, culture, opportunities—those conditions and people that might be positive, supportive, helpful, or even therapeutic. It also means listening and looking for

evidence of the resources and aptitudes of clients as they tell their stories. These speak to the power of context as well—those micro-environments, the intimate spaces and places where people live and work, that have a powerful impact on how one acts, thinks, and feels. We are exquisitely sensitive to changes in context, says Malcolm Gladwell (2000). He claims that the power of context is revealed in the “broken windows” theory of Harvard criminologists James Q. Wilson and George Kelling. Basically, the idea is that if windows are broken in a neighborhood, the walls are covered with graffiti, lots are filled with trash and refuse, etc., people conclude that no one is taking care of this place, no one cares, and no one is in charge. It is because of those very assumptions that these small environments then become targets for criminals—no one is concerned or has ownership and no one will notice. Many cities, notably New York, have begun to look at this and by simply repairing windows, erasing graffiti, cleaning up lots, keeping at it, and involving neighbors in the project, they find things begin to change. A still more positive note: in many neighborhoods across the country, especially economically-distressed ones, people, without knowing its name, are beginning to put the broken-windows theory into operation and taking it a step further: painting murals, growing community gardens, building sculptures, and refurbishing playgrounds and parks. The context becomes more livable, more humane, more interesting, and very importantly, more hopeful (Delgado, 2000; Gladwell, 2000).

The second most powerful force for change is the character and tenor of the helping relationship (common factors, according to Lambert). The quality of the relationship between helper, physician, and client and patient has always been understood (and in some cases undervalued) as a powerful tool for healing. Hans Strupp (1995), who has studied the effectiveness of psychotherapy for decades, said that the relationship is the *sine qua non* of all forms of therapy. It is the medium of change, a dynamic that is not to be underestimated. The important elements of that kind of relationship are well-known, thanks in large part to the pioneering work of Carl Rogers (1951): respect, genuineness, concern, collaboration, and empathy. In addition, release of tension, reassurance, the alliance forged with the client, and direct activity play a role here. If healers are seen as nonjudgmental, trustworthy, caring, and expert, they have some influential tools at hand, whether they are addressing the depths of a serious depression or the disappointments and pains of unemployment. A relationship of this sort provides a milieu and context for confronting the difficult and considering the imaginable.

The third and fourth factors, roughly equal in their impact, are the placebo effect and the technical operations and methods of the theory employed by the helper (for example, family systems, cognitive, or behavior therapy). We will more closely examine the power of expectancy and the placebo below. The methods of theory carry with them assumptions about cause, the nature of the problem, as well as directives about what to do. But, to a significant extent, they succeed or fail because of the presence (or lack of it) of these other, apparently more salient, factors (for an excellent discussion of these factors, see Miller, Duncan, & Hubble, 1997).

Of great interest to those who subscribe to a strengths-based orientation is the influence of expectancy, hope, and the placebo effect. Consider the following.

Michael Fisher (2000) reports that in the 1950s at the University of Kansas Medical Center in order to test a new medical procedure for the treatment of angina, surgeons performed real operations on one group of male patients with angina and a “placebo operation” on the other group. The placebo group was told they were going to have heart surgery; they were given a local anesthetic and incisions were made in their chests. But no operation was done. The surgeons merely worked somewhat, and the patients had the scars and pain to indicate that they actually had surgery (the ethics of this are distressing, and this author assumes that such an experiment would not happen today, but he really does not know for sure). Seventy percent of those who had the real surgery reported long-term improvement in their angina; but all of the placebo group did, as well. It is not at all uncommon in tests of psychoactive drugs for the placebo groups to show improvements ranging anywhere from 25 to 60%. The extent that the real drug is better than the placebo is thought to be the extent that the drug is effective. But one cannot say, for instance, just how much of the effect of the real drug is also a placebo phenomenon. In more recent years, people have been getting an “active placebo” from which they experience side effects. People are more likely to get better on active placebos because they experience side effects, which convince them that they are getting a real and powerful drug. Joseph Arpala reports that a study by Fisher and Greenberg revealed that in 30 to 40% of all the studies of antidepressant drugs and placebos they reviewed, the placebo was as powerful or therapeutic as the drug (Arpala, 2000).

So what is happening here? Many things, no doubt. One possibility that many have proposed is that when people are sick and have an expectation, thanks to a procedure or pill, they get better. There is an “unconscious” mobilization of the healing systems within, whether it is the psychoneuroimmune system, endorphins (endogenous morphine produced by the body), or a parasympathetic nervous system relaxation response that lowers, among other things, cortisol, the production of which is related to stress, or some unknown process. Perhaps even more important here is the expectation of the healer that the patient will get well, the gathering of hope and possibility that things will be different in the future. Social workers spend much of their possible good will hinting or directly saying that things will not be better; that once stuck, hurt, disappointed, abused, or ill that clients will always suffer scars, or the effects of these will continue to reverberate in one way or another throughout our lives. It is not just the individual's expectation that he or she will recover, rebound, or do better; it is the unmistakable expectation of the social worker, physician, healer, minister, teacher, coach, relative, friend, or parent that they will. This is the attitude and belief that “we” can make it, “we” can leap the hurdle, climb the wall, escape the burden. “We” may need help. It may take time, but this author's belief in the individual is constant and unwavering. As a child, heretofore defined as “at-risk,” this author sees the patient, as Beth Blue Swadener says, as a child “at promise” (Swadener, 1995).

This author thinks the two key ideas here are hope and possibility. Oddly enough, there has been much conceptual work and actual application of ideas related to hope, anyway—more than one might think. C. R. Snyder, the University of Kansas, has done considerable work in this area. Hope is also very much a part

of the strengths perspective and the recovery and resilience movements. This author cannot “hope” to reflect the depth of work he and others have done but can begin with a quote from the late Paulo Freire, one of the most eloquent spokespersons for the oppressed worldwide. His book, *Pedagogy of the Oppressed* (2000), should be required reading for all social workers. In *Pedagogy of Hope*, Freire wrote before his death:

*There is no change without the dream, as there is no dream without hope.*  
(1996, p. 91)

Hope is about imagining the possible, the “untested feasible,” as Freire would have it. But more specifically, it is about thinking of one’s self as an *agent*, able to effect some change in one’s life, having *goals* that not only have promise but also *pathways* to their accomplishment—pathways that may be short or long, full of ruts or smooth, well-lit or darkened. As social workers, we consort with the subjunctive, the possible, and help to assure the agency of others, working on fashioning their hopes into goals and finding, as partners with them, those pathways to promise. In one sense, it matters little whether one reaches the end of the journey but merely that one begins the journey and reaches some of the stops along the way (Snyder, 2000).

So, the expectation that one will get better; that there is a chance that the odds can be beat; that one has within the power to transform or at least fight the disease process; this author’s expectation as a friend, intimate partner, or social worker that the client will do as well as possible when confronted with whatever difficulties they have, are all extremely important elements in recovery or at least the progress of the illness.

### ELEMENTS OF STRENGTHS-BASED PRACTICE

There are some root principles of strengths-based practice that should not be ignored. They are disarmingly simple but difficult to put into practice because they run counter to some of the thinking that characterizes some practices today.

1. Believe the client and *believe in* the client. Social workers are sometimes encouraged by our own experience or by the expectations of others to disbelieve clients. We are leery of being trumped or duped by the artful manipulator or the deft sociopath. But, until proven otherwise, believing the client and believing in the client are two of the most powerful tools for engaging clients in what is a most difficult and arduous task—making life better (De Jong & Miller, 1995).

2. Affirm and show interest in the client’s view of things. It is the narratives and stories that clients bring to us and share with us that allow us to discover who they are, what they know, what virtues they possess, what troubles they have faced, and what dreams they have (Hoyt, 1996).

3. A focus on the dreams, hopes, and visions of people encourages them to begin thinking subjunctively about what might be and how it might come about. Troubles may trump their ability to do this, but at some point, it is the possible, the promise that drives the engine of change (Snyder, 2000).

4. Central, of course, to the strengths approach to practice is to begin making an accounting of the assets, resources, reserves, and capacities within the client and

in the environment—family, extended family, neighborhood, and institutions (like churches, schools, and informal associations). This inventory of strengths should be every bit as detailed, descriptive, and refined as the diagnostic categories of the *DSM-IV-TR* (American Psychiatric Association, 2000). In that spirit this author offers an example of an imagined doppelganger of the DSM IV—the *Diagnostic Strengths Manual*. Under the section 300.00 Estimable Personal Qualities, we find:

### 302.00 Trustworthiness

Criterion A. For at least six months, nearly every day, the individual has exhibited at least three of the following:

1. Has done what he or she promised.
2. Kept at a task that needed to be done despite problems and obstacles.
3. Did not reveal a confidence.
4. Stuck by a colleague, friend, or relative during a difficult time.
5. Did more than expected.

Criterion B. This is not better explained by co-dependency or the pathological desire to please.

Criterion C. Such behavior must have improved the lives of other people at some cost to the person's own comfort.

Criterion D. Rule out the possibility of a self-seeking desire to cash in on these loyalties later. (Saleebey, in press)

Social workers need to develop fully as lexicon, an encyclopedia of strengths so that they have a language and imagery as compelling and captivating as that found in the *DSM-IV-TR*.

5. Believe that there are forces for healing, self-righting, and wisdom within or around the person or family and begin to search for and employ them in the service of achieving goals on the path to the dream. Many observers, some clinicians, and researchers have begun to realize just how potent natural forces for recovery and transformation can really be (Deegan, 1996; Mills, 1995).

In summary, to *enlist participation*, involvement, and to engage individuals, families, and/or communities: a) assume a positive, collaborative demeanor; b) radiate the resilience attitude (see above); c) rely on indigenous wisdom, resources, and natural assets, capitalizing on what people know, what they can do, and where they want to go; d) convey positive expectancies, affirmations of the possible; e) be engaging, likable, credible, responsive, working eyeball-to-eyeball, shoulder-to-shoulder with individuals, families, and community members and; f) be flexible and willing to assume many perspectives and take on many roles.

To discover the *strengths and health within*: a) develop an enriched roster, an exceptional accounting of exceptions, resources, assets, and possible solutions or pathways to goals; b) find and celebrate, draw lessons from the times where the individual, family, or community has surmounted adverse conditions and bad luck, as well as their own harmful decisions; c) seek out “survivors pride” (Wolin &

Wolin, 1993)—that spark of recognition and esteem that comes from having met challenges and survived them; d) always seek to discuss and imagine how things could be otherwise, what a dream fulfilled would feel, taste, smell, and look like; e) seek out, elaborate, and employ the client's theory of change about how to make it to a better life; f) celebrate success; g) think small but think success when developing goals and; g) look around, look ahead, but try not to look back.

## CONCLUSIONS

At the very least, the strengths perspective and the resilience literature obligate us to understand that however downtrodden, beaten up, sick, or disheartened and demoralized, individuals have survived, and in some cases even flourished. They have taken steps, summoned up resources, coped, or maybe just raged at the darkness. Social workers need to know what they have done, how they did it, and what resources provided ballast in their struggles. People are always engaged in their situations, working on them even if they just decide to resign themselves to their fate. Circumstances can overwhelm and debilitate. We do know a lot about that. But dire circumstances can also bring a surge in resolve and resilience. We must know more about that and how to make an alliance with those forces.

### Endnotes

<sup>1</sup>Thanks to my daughter, Meghan, a social worker, for this scheme.

<sup>2</sup>The designations "schizophrenia," "poverty," etc. are linguistic and social constructions that carry freight on their own, but the human anguish of the experience is unmistakable.

<sup>3</sup>We have a variety of designations for those whom we think of as "other" or "different" from the rest of us—either by their own doing or by the malfeasance of others.

---

### References

- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual IV—Text Revision*. Washington, DC: The American Psychiatric Association Press.
- Arpala, J. (August, 2000). Sweet sabotage: How sugar pills compromise drug trials. *Psychology Today*, 32, 66.
- Becker, H. S. (1972). *Outsiders: Studies in the sociology of deviance*. Glencoe, IL: The Free Press.
- Cowger, C. D. (1994). Assessing client strengths: Clinical assessment for client empowerment. *Social Work*, 39, 262-268.
- Deegan, P. E. (1996). Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal*, 19, 91-97.
- De Jong, P., & Miller, S. D. (1995). Interviewing for client strengths. *Social Work*, 40, 729-735.
- Delgado, M. (2000). *Community social work practice in an urban setting: The potential of a capacity-enhancement perspective*. New York: Oxford University Press.
- Fisher, M. J. (October, 2000). Better living through the placebo effect: It pays to believe. *The Atlantic Monthly*, 286, 16-18.
- Freire, P. (1996). *The pedagogy of hope: Reliving pedagogy of the oppressed*. New York: Continuum.
- Freire, P. (2000). *The pedagogy of the oppressed* (3<sup>rd</sup> ed.). New York: Continuum.
- Gladwell, M. (2000). *The tipping point: How little things can make a big difference*. Boston: Little, Brown and Company.

- Hillman, J., & Ventura, M. (1992). *We've had one hundred years of psychotherapy and the world is getting worse*. San Francisco: Harper San Francisco.
- Hoyt, M. F. (1996). Introduction: Some stories are better than others. In M. F. Hoyt (Ed.), *Constructive therapies 2* (pp. 1-32). New York: The Guilford Press.
- Kaminer, W. (1993). *I'm dysfunctional, you're dysfunctional*. New York: Vintage Books.
- Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out*. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Lambert, M. J. (1992). Implications of outcome research for psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy and behavior change* (pp. 94-129). New York: Basic Books.
- Lewis, M. (1997). *Altering fate: Why the past does not predict the future*. New York: The Guilford Press.
- Miller, S. D., Duncan, B. L., & Hubble, M. A. (1997). *Escape from Babel*. New York: W.W. Norton.
- Mills, R. (1995). *Realizing mental health: Toward a new psychology of resiliency*. New York: Sulzburger & Graham.
- Peele, S. (1989). *The diseasing of America*. Lexington, MA: Lexington Press.
- Peele, S., & Brodsky, A. (1991). *The truth about addiction and recovery*. New York: Simon & Schuster.
- Rapp, C.A. (1998). *The strengths model: Case management with people suffering from severe and persistent mental illness*. New York: Oxford University Press.
- Rieff, D. (1991). Victims all. *Harper's Magazine*, October, 49-56.
- Rogers, C. (1951). *Client-centered therapy: Its current practice, theory, and implications*. Chicago: Houghton-Mifflin.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41, 295-305.
- Saleebey, D. (Ed.). (1997). *The strengths perspective in social work practice*. New York: Longman.
- Saleebey, D. (in press). The Diagnostic Strengths Manual? *Social Work*.
- Snyder, C. R. (2000). Hypothesis: There is hope. In C. R. Snyder (Ed.), *Handbook of hope: Theory, measures, and application* (pp. 3-24). San Diego, CA: Academic Press.
- Strupp, H. H. (1995). The psychotherapist's skills revisited. *Clinical Psychology*, 2, 70-74.
- Swadener, B. B. (1995). Children and families "at promise": Deconstructing the discourse of risk. In B. B. Swadener & S. Lubeck (Eds.), *Children and families "at promise": Deconstructing the discourse of risk* (pp. 17-49). Albany: SUNY Press.
- Weick, A., & Saleebey, D. (1995). A postmodern approach to social work practice. Paper presented at Adelphi University, School of Social Work, Garden City, New York.
- Wolin, S. J., & Wolin, S. (1993). *The resilient self: How children of troubled families rise above adversity*. New York: Villard.

**Author's Note:**

Address correspondence to: Dennis Saleebey, Ph.D., Professor, University of Kansas School of Social Welfare, Twente Hall, Lawrence, Kansas 66045 USA.

## **Cultural Sensitivity in ATOD Agencies: Administrator and Staff Perceptions in the Hispanic Heartland**

David R. Hodge  
Paul Cardenas  
Harry Montoya

**Abstract:** Administrator and staff perceptions ( $N = 72$ ) of alcohol, tobacco, and other drugs (ATOD) agency cultural sensitivity were explored in a predominantly Hispanic rural area with elevated levels of acculturation and high ATOD usage. While providers generally agreed that a relatively moderate need existed for training related to cultural issues, a more nuanced picture emerged in the purview of culturally-related barriers. Administrators viewed the lack of appropriate interpreters and language as a greater barrier than did the staff. Administrators also held higher perceptions of agencies' cultural competency. The overall high assessment of cultural sensitivity may result from the substantial number of Latino providers.

**Keywords:** Alcohol, drugs, culture sensitivity, Hispanic, Latino, prevention, administration, ATOD agencies

**H**ispanics are projected to surpass African Americans in the next few years as the nation's largest minority group (Castex, 1994; Perez & De La Rosa, 1993) due to their relative youth, high fertility rates, and high documented and undocumented immigration. Although long-range projections are problematic, one census estimate predicts the Hispanic/Latino population will reach 128.3 million by 2050 (Castex, 1994). Castex (1994) highlighted four social indexes as particularly salient in illuminating the Hispanic context (1992 figures): High poverty levels (26.2% vs. 10.3% for non-Hispanic families, a high ratio of single-parent families (30% vs. 20% for non-Hispanics), low levels of median income (\$22,848 vs. \$33,388 for white households), and a low median age (26 vs. 33.5 years).

While it is commonly assumed that such social indicators presage high levels of alcohol, tobacco and other drugs (ATOD) usage (Austin & Gilbert, 1989), studies exploring ATOD use and related issues have produced inconsistent results (Warheit, Vega & Khoury, 1996). For example, the US Department of Health and Human Services' (1997) latest National Household Survey on Drug Abuse (NHSDA) data revealed overall Hispanic ATOD use and abuse as significantly below that of whites and frequently less than African Americans. It is noteworthy

---

David R. Hodge, M.C.S., M.S.W. is a Rene Sand Doctoral Fellow at the George Warren Brown School of Social Work, Washington University, St. Louis, Missouri, USA. Paul Cardenas, M.S.W. is President, National Multicultural Associates, Denver, Colorado. Harry Montoya, M.A. is President, Hands Across Cultures, Espa ola, New Mexico, USA.

that the NHSDA is the most extensive source of national information on ATOD usage patterns among members of the civilian, non-institutionalized population age 12 and over in the United States.

Conversely, other observers (Austin & Gilbert, 1989; Caetano, 1983, 1994; Carrasquillo, 1991; Casas, et al., 1998; Deren et al., 1997; Rodriguez & Brindis, 1995; Warheit, Vega & Khoury, 1996; Weeks et al., 1996) have found a more nuanced picture. These authors cite, in at least some contexts, higher rates of ATOD usage and related problems as compared to the general population.

Numerous methodological factors may underlie the difference in the results obtained. Possible causes for the lack of consensus have been credited to sample size and location, non-random sampling, differences in operationalizing the constructs measured, underreporting of certain groups due to fear of deportation, undercounting youth due to the high Hispanic drop-out rate, and confounding due to the disproportionately higher rates of abstinence among Latina females (Austin & Gilbert, 1989; Casas et al., 1998; Warheit et al., 1996). As Parker, Weaver, and Calhoun (1995) noted, despite the recent interest in exploring ATOD issues among minority populations, few studies of Latinos have been conducted.

Another critical element in the disparate findings may be the relative degree of acculturation. In aggregate, ATOD use tends to increase with acculturation (Austin & Gilbert, 1989; Caetano, 1994; Casas et al., 1998; Deren et al., 1997; Warheit et al., 1996). For example, Warheit, Vega, and Khoury (1996) found in their longitudinal study a generally linear trend between length of time in the United States and increased substance use among all four Hispanic subgroups. Thus, high rates of recent immigration may have produced a relatively favorable portrayal of current ATOD usage in the NHSDA data set. Furthermore, this depiction may be substantially altered in the future, as a relatively young, unacculturated population is exposed to acculturating influences.

Corporate America's (Roslow & Nicholls, 1996) recent discovery of the Hispanic market has exacerbated the acculturation effect. Alcohol and tobacco companies are leaders in employing psychologically sophisticated advertising to penetrate the Latino market (Nuiry, 1997). Examples of the manifestation of this targeted marketing effort (Rodriguez & Brindis, 1995) are Spanish cigarette brands and the predominance of liquor outlets in Hispanic neighborhoods.

Accordingly, it seems probable that ATOD use and related issues will increase among the Latino population in the immediate future. ATOD problems are likely to grow significantly due to a high percentage of the Hispanic population reaching adolescence, an anticipated increase in the level of acculturation, and the stepped-up use of psychological marketing techniques by alcohol and tobacco advertisers. In fact, studies employing smaller sample sets of highly acculturated Hispano subjects may be more representative of the future than the extensive NHSDA study.

While consensus has not yet been reached concerning the prevalence, extent, or antecedents associated with ATOD use, a widespread agreement exists regarding the importance of developing culturally sensitive methods for delivering services to Hispanos. In addition to the importance of culture sensitivity in agency settings

(Applewhite, Wong & Daley, 1991; Colon, 1996; Gant & Gutierrez, 1996; Santiago-Rivera, 1995; Weeks et al., 1996), it has been cited as a critical component in a number of diverse areas. For example, assessment and prevention of aggressive behavior (Delva-Tauili'i, 1995), health care interventions (Bird, Otero-Sabogal, Ha & McPhee, 1996), caregiving for elders (Delgado & Tennstedt, 1997), community organization/practice (Kahn, 1997; Weil, 1996), as well as ATOD programs (Austin & Gilbert, 1989) have all been mentioned as areas where an awareness of Latino cultural issues is crucial.

Yet, as Gant and Gutierrez (1996) noted, the empirical investigation of agencies' cultural sensitivity is still in its infancy. While a growing body of literature that delineates the cultural characteristics significant for the delivery of services in Latino settings exists, to the best of the authors' knowledge, the cultural issues in ATOD agencies have not been empirically explored. This is a significant oversight given the growing prevalence of ATOD problems in Hispano communities.

Accordingly, this study examines cultural sensitivity issues in ATOD agencies in a predominantly Hispanic area that has experienced a high degree of acculturation. In line with Gant and Gutierrez' (1996) observations that provider perceptions of the agency environment are often more significant than the actual characteristics of the agency, administrator and staff perceptions are explored in three areas: Culturally-related training needs, culturally-oriented barriers that inhibit access to ATOD services and programs, and an overall assessment of agency cultural competency.

## METHOD

As suggested above, it may be especially salient to examine perceptions in relatively acculturated environments, as such contexts may presage the future for a substantial segment of the relatively unacculturated Hispanic population. Accordingly, the geographic area surrounding the town of Espanola in northern New Mexico was selected. This catchment area includes the counties of southern Rio Arriba, northern Santa Fe, and southern Taos. In total, this sparsely populated district comprises an area approximately the size of Massachusetts.

In this tri-cultural area, 70% are Hispanic, with the remaining 30% equally divided between Native Americans and Anglos or non-Hispanic whites (1998 U.S. Census). Hispanics or Hispanos have been the dominant population in the area for almost 400 years. In fact, with a history of settlement stretching back to 1598, the region is the center of the nation's oldest continuous European settlement and proudly self-identifies as the nation's Hispanic Heartland.

Despite becoming a United States possession in the mid-19th century, until relatively recently, acculturating influences have been minimal. The relative geographic and linguistic isolation, combined with the strong Spanish/Latin culture (the area was under Spanish rule for 213 years and Mexican for 25 years) and mainstream oppression (Wright, 1994), has limited acculturation. However, wide ranging societal changes dating from the end of WWII, including such factors as mass communication, increased access to transportation, and a growing influx of Anglos, have fostered a high level of acculturation in the past few decades.

Interestingly, the area's current poverty rates, incidence of single-parent families, income levels, and median age among Hispanics approximate Castex's (1994) national averages for Latinos (New Mexico Department of Health, 1996). However, ATOD use and related problems are generally significantly higher than state or national averages (Lewis, 1997; New Mexico Department of Health, 1996). As suggested above, the rates of ATOD usage may be related to the extended acculturation process the area has experienced during the preceding 50 years.

In light of the existing ATOD problems, a number of agencies have developed programs to address the area's concerns. As part of a previous project undertaken by Hands Across Cultures—an Española-based prevention agency—an exhaustive list of the area's community agencies had been compiled. From this schedule, 52 agencies were identified as having the potential for providing ATOD services. Phone interviews with the respective organizations yielded 29 agencies involved with ATOD issues in some form (e.g., education, counseling, prevention).

After confirming ATOD services, permission was sought from each agency's executive director, CEO, or in their absence, an administrative assistant for authorization to mail surveys to the appropriate personnel. Twenty-six agencies agreed to participate. In organizations with fewer than five staff involved with the direct provision of services, every individual was mailed a survey. In agencies with 5 to 10 employees, every second staff member was sent a survey. Executive directors and when warranted by agency size, department heads or their equivalents, were sent administrator surveys.

In addition to the survey, the mailed package included a personalized cover letter, postage-paid return envelope, and a \$2.00 bill as an incentive. One week after the mailing a phone call was placed to ensure the package had arrived and to offer assistance in facilitating the return of the survey. Three weeks after the mailing a second follow-up call was placed to those individuals who had not returned completed surveys.

Thirty-two of the administrator surveys were sent to identified personnel at the 26 agencies. Twenty-four were returned, for a response rate of 75% among executive directors and department supervisors. Seventy-eight staff surveys were sent and 48 were returned, resulting in a 61% return rate by staff involved in the direct provision of ATOD services.

### **Survey Instrument**

The instrument explored cultural issues from three angles. Administrators and staff were asked to assess their agencies in two domains: Training needs that would enhance ATOD services, and barriers that inhibit the utilization of programs and services. The questionnaire utilized a series of Likert-type scales (1=Not at all, 5=Extremely) to operationalize perceptions in the 10-question training domain (see Table 2) and the 9-question barriers domain (see Table 3).

Providers were also asked to choose the best statement from a choice of four that most accurately depicted the cultural stance of their agency—the one that most accurately reflected different levels of cultural orientation (see Table 4). Researchers specializing in minority studies at Arizona State University (Castro, 1997) pretested and refined the instrument on a prior sample of administrators and staff.

## FINDINGS

### Sample Characteristics

Table 1 reveals that provider characteristics are generally reflective of the surrounding community, although Native Americans are noticeably under-represented. This finding suggests the need for further empirical exploration. The lack of Native American representation is particularly notable in light of the high percentage of Latino providers. In fact, among administrators, 71% were Hispanic (vs. 55% of staff and 70% of the catchment's general population). However, chi-square tests revealed no significant differences among provider characteristics, with the exception of professional status ( $\chi^2=19$ ,  $df=3$ ,  $p<.001$ ). There were, for example, substantially more social workers among staff (34%) than administrators (8%).

### Training Needs

As Table 2 demonstrates, independent two-tailed *t*-tests revealed no statistically significant differences between administrators and staff in any of the areas surveyed. The resulting scores of the two groups were basically congruent. The general parity is also demonstrated by the fact that administrators recorded marginally higher assessments on seven queries, while staff had slightly higher scores on the other three questions.

Table 2 is organized in descending order of perceived training need in terms of the provider mean. In other words, when administrator and staff scores are averaged together, the question concerning how to involve community members in the planning of ATOD programs received the highest score. Thus, in aggregate, providers perceived this to be the area reflecting the greatest need for training. Accordingly, it is listed first on the table. However, it should be kept in mind that there was minimal variation between the areas requiring the most and the least training. In short, providers gave all areas an essentially moderate score in terms of culturally oriented training needs.

### Barriers to ATOD Services

As Table 3 reveals, there was more variation between administrators and staff in the purview of barriers. Independent two sample *t*-tests disclosed statistically sig-

Table 1: *Characteristics of ATOD providers (N = 72)*

| Characteristic     | %  |
|--------------------|----|
| Gender             |    |
| Male               | 51 |
| Female             | 49 |
| Ethnicity          |    |
| Hispanic           | 61 |
| Anglo              | 31 |
| Native American    | 4  |
| Other              | 4  |
| Birthplace         |    |
| New Mexico         | 60 |
| Southwest          | 14 |
| Other              | 26 |
| Fluency in Spanish |    |
| Excellent          | 31 |
| Good               | 22 |
| Fair               | 39 |
| None               | 8  |
| Social Work Degree | 25 |
| Education          |    |
| High School or <   | 11 |
| Associates         | 7  |
| Bachelors          | 37 |
| Masters            | 35 |
| Doctorate          | 10 |

**Table 2: Agency Training Needs (N = 72)**

|  | Administrators |      | Staff |      | <i>t</i> -score |
|--|----------------|------|-------|------|-----------------|
|  | M              | SD   | M     | SD   |                 |
| How to involve community members in program planning                             | 3.42           | 1.04 | 3.21  | .93  | .86             |
| Evaluating programs designed to help clients from diverse backgrounds            | 3.50           | .72  | 3.24  | 1.05 | -1.07           |
| Learning about community resources (e.g., churches, traditional healers)         | 3.20           | .83  | 3.38  | 1.05 | .71             |
| Understanding ATOD services barriers various clients face                        | 3.42           | .83  | 3.23  | .96  | -.79            |
| Helping clients become more involved in meeting their own health needs           | 3.25           | .85  | 3.17  | 1.11 | -.31            |
| Understanding the health-related beliefs, behaviors, and traditions of clients   | 3.25           | .79  | 3.17  | 1.01 | -.34            |
| How to provide cultural sensitivity training to others                           | 3.15           | 1.01 | 3.12  | .61  | .12             |
| Understanding how to communicate and work more effectively with minorities       | 3.21           | 1.06 | 3.17  | 1.01 | -.15            |
| Learning how to make the agency more sensitive and responsive to diverse clients | 3.29           | .86  | 2.98  | 1.03 | -1.28           |
| Understanding the major health needs of minorities                               | 3.12           | .85  | 2.87  | 1.13 | -.96            |

nificant differences in the areas of access to appropriate interpreters and lack of congruence between clients' language capabilities and those of providers. In both cases administrators perceived the obstacle to be of greater consequence than did the staff. However, in the remaining insignificant areas, administrators and staff were evenly split, with each assessing three areas as marginally more of an impediment.

Table 3 was also arranged in descending order based upon provider means, with the greatest obstacle listed first. Unlike training needs, which demonstrated little variation, there were marked differences in how the various barriers were rated. Client transportation was cited as the most prominent obstacle to clients receiving ATOD services, perhaps an expected finding given the poverty and lack of transportation networks in the region. Lack of advertising agency services and restrictive scheduling policies, followed by eligibility criteria, which limit some clients, were also listed as important barriers. At the other end of the continuum was the issue of appropriate interpreters and having a significant number of minority providers with whom minority clients can identify.

### **Agencies' Cultural Competency**

Respondents were given a choice of four cultural orientations and asked to select the perspective that best embodied their agency's orientation towards cultural issues. Providers were asked to consider both program development and service

Table 3: *Barriers to ATOD Services (N = 72)*

|   | Administrators |      | Staff |      | <i>t</i> -score |
|---|----------------|------|-------|------|-----------------|
|   | M              | SD   | M     | SD   |                 |
| Clients' limited transportation   | 3.33           | 1.00 | 2.96  | 1.22 | -1.29           |
| Lack of advertising of agency services in clients' communities                  | 2.71           | .91  | 2.41  | 1.21 | -1.06           |
| Agency's scheduling policies that don't offer evening or weekend service        | 2.42           | 1.21 | 2.56  | 1.16 | .48             |
| Eligibility criteria that limit access of ATOD services for some groups         | 2.36           | 1.25 | 2.21  | 1.12 | -.50            |
| Cultural differences between clients and providers                              | 1.96           | .98  | 2.00  | .94  | .18             |
| Clients' language skills (speaking only Spanish or other language)              | 2.29           | .80  | 1.73  | .78  | -.80**          |
| Providers' negative attitudes towards clients                                   | 1.83           | .92  | 1.91  | 1.00 | .32             |
| Too few minority staff with whom minority clients can identify                  | 1.83           | .76  | 1.78  | 1.06 | -.23            |
| Lack of appropriate interpreters (having to use children, cleaning staff, etc.) | 1.96           | .98  | 1.51  | .76  | -2.01*          |

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

delivery. As can be seen by the choices delineated in the Agency Cultural Competency Scale presented in Table 4, a higher score represents a greater degree of cultural awareness.

Independent two sample *t*-tests revealed a significant difference in perceptions. Administrators rated their agencies as more culturally competent than did staff ( $M=3.72$ ,  $SD=.57$  vs.  $M=3.18$ ,  $SD=.90$ ;  $t=-2.32$ ,  $p < .05$ ). Although on balance, both groups had very positive assessments of their agencies' level of cultural competency.

## DISCUSSION

As an exploratory study examining providers in one geographic region, the results cannot be generalized to other contexts. Further, in light of the diversity intrinsic to the Hispanic classification (Castex, 1994), the applicability of results obtained from one group to others has been questioned (Austin & Gilbert, 1989). Since a single homogeneous Hispano culture does not exist, replication with other Latino populations is clearly warranted.

Despite their diversity, there tends to be a number of shared cultural values among the discrete populations that comprise this group (Rodriguez & Brindis, 1995). For example, *familismo*, the understanding that family is central to one's personal ontology, is a widely held value (Munoz, 1997; Rodriguez & Brindis, 1995). Indeed, Madison Avenue's success in targeting the Latino market testifies to numerous points of congruence among discrete Hispanic groups.

**Table 4: Agency Cultural Competency Scale**

1. Attention to cultural issues is seen as totally unnecessary in ATOD programs and service delivery.
2. People should be treated equally in all situations; no one should receive special attention.
3. Cultural issues should be examined from time to time; although cultural factors are not major issues in the development of ATOD programs and service delivery.
4. Cultural issues should be examined in depth and with respect in order to offer better ATOD programs and services.

Furthermore, there is evidence that similarities may also exist in the purview of ATOD issues, as well. For instance, ATOD usage patterns show more symmetry than dissimilarity among diverse Hispanic populations (Warheit et al., 1996). In fact, Warheit, Vega, and Khoury (1996) have suggested the similarities are of such magnitude in this area that one can generally place Latinos in a single category without violating the integrity of their individuality.

Similarly, as noted in the introduction, widespread agreement exists that cultural sensitivity issues have broad applicability. In addition, acculturation tends to foster increased ATOD usage among numerous Latino subgroups. Indeed, in light of the acculturation effects seen in this geographic area, as well as other settings (Caetano, 1994; Casas et al., 1998; Deren et al., 1997; Warheit et al., 1996), this study may have particular salience for Hispanic-area ATOD agencies.

The high level of Hispano presence among providers was an unexpected finding. As mentioned above, the percentage of Latinos among administrators slightly exceeded the proportion within the surrounding population. This suggests acculturation may be a double-edged sword for Hispanics. While it may foster increased ATOD use, it may also facilitate higher levels of education and ATOD agency involvement.

Interestingly, Munoz (1997) has posited that the Hispano sense of *familismo* is not limited to the immediate family but is often generalized to the community. Correspondingly, individual identity development is intertwined with community development. In other words, as wholeness in the community is achieved, it is achieved in the individual. This dynamic may foster increased Hispanic involvement in ATOD agencies as a means to achieve community development. While some qualitative evidence supports this theory (Lazzari, Ford & Haughey, 1996), further research with other samples of highly acculturated Latinos is required to confirm this hypothesis.

In terms of the cultural issues explored, providers perceived their agencies as needing only average amounts of training. There is little doubt that provider characteristics played a substantial role in this assessment. Providers were well educated, exhibited high levels of Spanish fluency, and perhaps most importantly, incorporated minority representation on a par with the surrounding community.

There was a noticeable pattern in both the training and barriers domains, although more pronounced in the latter. In questions that addressed cultural sensitivity issues at the interpersonal level, agencies were rated with more proficiency

and barriers perceived to be less formidable. Conversely, broader, systemic, and macro issues were found at the other end of the continuum. Thus, for example, the lack of appropriate interpreters was the lowest obstacle impeding service utilization, while the lack of transportation systems was the highest.

Colon (1996) has suggested that the most important aspect of cultural sensitivity is the macro dimension (cf. Gant & Gutierrez, 1996). Integrating the agency into the community through outreach, recruitment of community members, and inclusive decision making were understood to be essential to facilitating widespread Hispano use of services (Colon, 1996). Interestingly, even with the substantial numbers of locally "recruited" providers evident in this study, macro issues remained at the forefront of provider concern. It would seem that agency integration with the community is a prominent issue regardless of provider characteristics. In other words, recruiting local community members, even at the provider level, is only part of the solution. Macro outreaches, such as strategically located advertising agency services in Spanish, are a crucial element to enhancing service provision to Latinos (Bird et al., 1996).

Spanish language skills are essential in working with most Latino groups (Applewhite, Wong & Daley, 1991; Ross, 1995; Santiago-Rivera, 1995). Provocatively, this was the only area where significant differences emerged between administrators and staff in the training and barrier domains. In both cases (lack of appropriate interpreters and clients' lack of proficiency in English), administrators, rather than staff, perceived a greater barrier existed.

Although no significant differences emerged between administrators and staff in terms of birthplace, ethnicity, or Spanish linguistic ability, staff were somewhat more likely to be born outside of New Mexico, to be Anglo, and to report less fluency in Spanish. These factors may have resulted in administrators' perceiving linguistic areas as more of an obstacle. The counterpoint to this explanation, however, is that no significant differences arose in other cultural areas. For example, assessments were essentially identical in other barriers, such as too few minority staff with whom minority clients can identify, and cultural differences between clients and providers. While more research is required, perhaps the most salient point is that both sets of providers perceived language to be a relatively minor hindrance to service.

Both administrators and staff had positive overall assessments of their agency's cultural competency in program development and service delivery. Although administrators held significantly higher perceptions of competency, this may have resulted from an enhanced sense of ownership toward their agencies. In spite of the differences, both sets of providers held very high opinions of their agency's attention to cultural issues.

## CONCLUSIONS

This is the first empirical exploration through the eyes of administrators and staff of ATOD agency cultural sensitivity in an acculturated Hispanic area. No outstanding culturally related training needs appeared in administrators and staff perceptions. Concurrently, with the exception of clients' access to transportation, all culturally associated barriers received net negative scores, indicating that on

balance, cultural barriers were not an overriding obstacle. This positive picture was confirmed by providers' high assessment of their agency's cultural competency in the purview of overall program development and service delivery. Additional corroboration is seen in the high degree of overlap between the results obtained in this study and the principles outlined by Gant and Gutierrez (1996) in terms of embodying their related concept of culturally sophisticated agencies.

The key factor that emerged in the substantial degree of cultural sensitivity can be traced to the high percentage of Hispano providers. Replication in alternate settings, including a qualitative component, may reveal that acculturation in tandem with a generalized sense of *familismo* fosters a high level of Latino presence among providers. Since minority providers play a critical role in facilitating a culturally sensitive environment, further empirical exploration is imperative.

### Acknowledgment

The lead author would like to express his appreciation to Dr. David Arguello of New Mexico Highlands University for his encouragement and suggestions.

---

### References

- Applewhite, S. R., Wong, P., & Daley, J. M. (1991). Service approaches and issues in Hispanic agencies. *Administration and Policy in Mental Health, 19*(1), 27-37.
- Austin, G. A., & Gilbert, J. M. (1989). Substance Abuse Among Latino Youth: Prevention Research Update, Number 3. *The Western Center for drug-free schools and communities*. Portland, Oregon: Northwest Regional Educational Laboratory.
- Bird, J. A., Otero-Sabogal, R., Ha, N., & McPhee, S. J. (1996). Tailoring lay health worker interventions for diverse cultures: Lessons learned from Vietnamese and Latina communities. *Health Education Quarterly, 23*[Suppl.], S105-S122.
- Caetano, R. (1983). Drinking patterns and alcohol problems among Hispanics in the U.S.: A review. *Drug and Alcohol Dependence, 12*, 27-59.
- Caetano, R. (1994). Drinking and alcohol-related problems among minority women. *Alcohol Health & Research World, 18*(3), 233-241.
- Carrasquillo, A. L. (1991). *Hispanic children and youth in the United States: A resource guide*. New York: Garland Publishing.
- Casas, M. J., Bimbela, A., Corral, C. V., Yanez, I., Swaim, R. C., Wayman, J. C., & Bates S. (1998). Cigarette and smokeless tobacco use among migrant and nonimmigrant Mexican American youth. *Hispanic Journal of Behavioral Sciences, 20*(1), 101-121.
- Castex, G. M. (1994). Providing services to Hispanic/Latino populations: Profiles in diversity. *Social Work, 39*(3), 288-293.
- Castro, F. (1997). *Organizational capacity evaluation*. Forms A & B. Draft 2.0. Unpublished Survey Instruments. Arizona State University.
- Colon, E. (1996). Program design and planning strategies in the delivery of culturally competent health and mental health prevention and treatment services to Latino communities. *Journal of Multicultural Social Work, 4*(4), 85-96.
- Delgado, M., & Tennstedt, S. (1997). Making the case for culturally appropriate community services: Puerto Rican elders and their caregivers. *Health & Social Work, 22*(4), 246-255.
- Delva-Tauil'iili, J. (1995). Assessment and prevention of aggressive behavior among youths of color: Integrating cultural and social factors. *Social Work in Education, 17*(2), 83-91.
- Deren, S., Shedlin, M., Davis, W. R., Clatts, M. C., Balcorta, S., Beardsley, M. M., Sanchez, J., & Jariais, D. D. (1997). Dominican, Mexican, and Puerto Rican prostitutes: Drug use and sexual behaviors. *Hispanic Journal of Behavioral Sciences, 19*(2), 202-213.

- Gant, L. M., & Gutierrez, L. (1996). Effects of culturally sophisticated agencies on Latino social workers. *Social Work, 41*(6), 624-631.
- Kahn, S. (1997). Leadership: Realizing concepts through creative process. *Journal of Community Practice, 4*(1), 109-136.
- Lazzari, M. M., Ford, H. R., & Haughey, K. J. (1996). Making a difference: Women of action in the community. *Social Work, 41*(2), 197-205.
- Lewis, N. O. (Ed.). (1997). *Minor under the influence: Underage drinking in New Mexico*. Santa Fe, NM: New Mexico Traffic Safety Bureau.
- Munoz, V. I. (1997). The passion that absorbs you: Latina/Latino identity development through community development. *Education and Urban Society, 30*(1), 41-57.
- New Mexico Department of Health. (1996). *1994 New Mexico selected health statistics: Annual report*. Santa Fe, NM: Bureau of Vital Records and Health Statistics.
- Nuiry, O. E. (1997). Hispanics now a mass market in their own right. *Public Relations Quarterly, 42*, 28-29.
- Parker, K. D., Weaver, G., & Calhoun T. (1995). Predictors of alcohol and drug use: A multi-ethnic comparison. *The Journal of Social Psychology, 135*, 581-590.
- Perez, S. M., & De La Rosa Salazar, D. (1993). Economic, labor force, and social implications of Latino educational and population trends. *Hispanic Journal of Behavioral Sciences, 15*(2), 188-229.
- Rodriguez, M. A., & Brindis, C. D. (1995). Violence and Latino youth: Prevention and methodological issues. *Public Health Reports, 110*(3), 260-267.
- Roslow, P., & Nicholls, J. (1996). Targeting the Hispanic market: Comparative persuasion of TV commercials in Spanish and English. *Journal of Advertising Research, 36*(3), 67-77.
- Ross, J. (1995). Who are they, where are they and how do we talk to them? Hispanic Americans. *Hospitals and Health Networks, 69*(19), 65-68.
- Santiago-Rivera, A. L. (1995). Developing a culturally sensitive treatment modality for bilingual Spanish-speaking clients: Incorporating language and culture in counseling. *Journal of Counseling and Development, 74*(1), 12-17.
- U. S. Bureau of the Census. (1998). 1990 US Census Online Database: C90STF1A. <http://venus.census.gov>.
- U. S. Department of Health and Human Services. (1997). *National household survey on drug abuse: Main findings 1995*. Rockville MD: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies.
- Warheit, G. J., Vega, W. A., & Khoury, E. L. (1996). A comparative analysis of cigarette, alcohol, and illicit drug use among an ethnically diverse sample of Hispanic, African American and non-Hispanic white adolescents. *Journal of Drug Issues, 26*, 901-922.
- Weeks, M. R., Himmelgreen, D. A., Singer, M., Woolley, S., Romero-Daza, N., & Grier, M. (1996). Community-based AIDS prevention: Preliminary outcomes of a program for African American and Latino injection drug users. *Journal of Drug Issues, 26*(3), 561-590.
- Weil, M. (1996). Model development in community practice: An historical perspective. *Journal of Community Practice, 3*(3-4), 5-67.
- Wright, J. D. (1994). Hispano forestry, land grants and the U.S. forest service in Northern New Mexico. *Focus, 44*, 10-14.

**Author's Note:**

Address correspondence to: David R. Hodge, Washington University, 1 Brookings Drive, Campus Box 1196, St. Louis, Missouri 63130-4899 USA.

## **Faculty-Student Collaboration: Issues and Recommendations**

**Angeline Barretta-Herman  
Kendra J. Garrett**

**Abstract:** This exploratory qualitative study of 11 social work faculty identified the benefits and risks of faculty-student collaboration. Benefits articulated include helping students learn to write for publication, learning the publication process, getting innovative student material published, and enriching the project through shared problem-solving. The benefits, however, must be weighed against the risks of exploitation of the student collaborator. Successful faculty-student collaboration in this dual relationship demands that faculty take responsibility for safeguarding boundaries, following the NASW Code of Ethics, and openly negotiating roles, tasks, workload, and order of authorship with the student.

**Keywords:** Faculty-student, collaboration, mentor, multiple authorship, dual relationship, publication ethics

Academia encourages faculty-student collaboration in research and publication as a strategy for creating a mentoring relationship and providing students with a valuable opportunity to gain experience in working with a proven researcher (Austin & Baldwin, 1991). Nevertheless, there are risks that must be acknowledged when forming faculty-student collaborations (Congress, 1996). The *NASW Code of Ethics* (NASW, 1996) prohibits dual relationships in academia when there is a "risk of exploitation or potential harm to the student" (Section 3.02 (d), p. 19). Students are dependent on faculty for expertise, grades, and references, leaving them in a less powerful position (see Leatherman, 1997). The power differential inherent in the faculty-student relationship carries over into the collaborative relationship (Kagel & Giebelhausen, 1994). Bonosky (1995) suggests that educators have a fiduciary accountability to protect students who are dependent on the knowledge and skills of the faculty. Thus, it is the faculty's responsibility to set clear boundaries and protect students from exploitation. This is particularly pertinent when the student works with faculty on a research project that could potentially lead to publication or co-authorship. Because of these concerns, the authors conducted exploratory qualitative research to learn the perceptions of social work faculty who had participated in faculty-student collaborations. This was viewed as a critical first step toward developing ethical guidelines.

---

Angeline Barretta-Herman, Ph.D. is Professor and M.S.W. Program Director, and Kendra J. Garrett, D.S.W. is Assistant Professor, School of Social Work, College of St. Catherine/University of St. Thomas, St. Paul, Minnesota, USA.

Copyright© 2000 *Advances in Social Work* Vol. 1 No. 2 (Fall 2000) 148-159 .  
Indiana University School of Social Work.

## REVIEW OF THE LITERATURE

Faculty-student collaboration as the major focus (Fine & Kurdek, 1993; Netting & Nichols-Casebolt, 1997; Over, 1982) or as part of discussions on collaboration (Austin & Baldwin, 1991; Krysik & Nichols-Casebolt, 1994), mentorship (Wright & Wright, 1987), and multiple authorship (Gelman & Gibelman, 1999; Zook, 1987) has received limited attention across the disciplines. Discussions of collaboration and co-authorship between colleagues of equal or unequal rank has dominated the literature.

### Benefits of Collaboration

Several benefits to collaboration are noted in the literature. Aram, Morgan, and Esbeck (1971) assert that collaboration promotes psychological well-being by penetrating the barrier of academic isolation. Collaboration can assist the student or academic neophyte to negotiate the maze toward publication (Wright & Wright, 1987). For colleagues, collaboration can serve to generate ideas, maintain momentum, emphasize individual expertise, and provide opportunity for faculty to develop new skills (McCullagh, 1988).

Research by Gordon (1980), Presser (1980), and Endersby (1996) suggests that collaboration is particularly beneficial when conducting interdisciplinary research. Zook (1987) notes that the challenge to remain current in this period of exponential knowledge and methodological development demands collaboration among colleagues because "the chances that a given individual can maintain currency with a wide spectrum of fields is increasingly... remote" (p. 78).

### Impact on Tenure and Promotion

The literature reports wide variations in academia regarding the relative importance of solo, dual, and multiple authorship. Bayer and Smart (1991) note that the biomedical fields and "hard sciences" are highly collaborative in stark contrast to the humanities, which have "markedly lower rates of collaboration" (p. 613). They suggest that a biomedical scientist with a solo pattern of publication might be considered suspect when compared to a colleague with a collaborative pattern. The latter colleague is likely to be viewed as a "team player" (p. 614)—able to work with colleagues, learn from them, and expose his or her work to critical commentary. Endersby (1996) concluded that "collaboration in the physical sciences is the norm... and the number of credited authors is increasing in most disciplines" (p. 376).

In the humanities where work in libraries and archives is performed independently, collaboration is less common. Here, the primacy of solo scholarship is most apparent in tenure and promotion decisions. Collaboration for developing scholars can be particularly detrimental in settings where solo authorship is deemed supreme (Austin & Baldwin, 1991; Fox & Favor, 1984). The case is much the same in the social work profession. Netting and Nichols-Casebolt's (1997) respondents agreed that "sole authorship is important for tenure and promotion decisions in schools of social work. Single authorship demonstrates one's ability to do independent scholarship" (p. 562).

### Author Order

Bayer and Smart's (1991) research on author order in multiple authorship highlights the wide variations in protocol. In some fields, senior faculty traditionally

take the first author position. However, Martin's study (cited in Bayer & Smart, 1991) noted the "reverse snobbery" practiced in selected disciplines that place the senior faculty last. "Authorship order is not entirely a function of just individual attitudes. It is also a reflection of differences in disciplinary practices" (p. 616). Endersby (1996) highlighted discipline-based protocols. He found that although social sciences most often cite multiple authorship in alphabetical order, there are dramatic differences within the social sciences. "Four-fifths of economists list authors alphabetically, only a third of psychologists do" (p. 382).

The American Psychological Association (1992) published ethical standards for reporting and publishing of scientific information. The standards mandated that psychologists should not present the material of others as their own, nor credit others who did not contribute to the work. Psychologists were advised that "Mere possession of an institutional position...does not justify authorship credit" (Section 6.23(b), p. 1609). With regard to faculty-student collaboration, the standards state that a student is to be principal author on any article that is "substantially based on the student's dissertation or thesis" (Section 6.23 (c), p. 1609). The Social Work Code of Ethics (NASW, 1996) concurs regarding acknowledging the credit of others. "Social Workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed" (Section 4.08 (a), p. 24).

### **The Challenges of Collaboration**

The potential conflicts in assigning credit, identifying the origin of the idea, negotiating author order, and determining "substantial credit" can be a "matter of individual perspective" (Floyd, Schroeder, & Finn, 1994, p. 744). The *APA Publication Manual* (1994) attempts to distinguish between substantial professional contribution to a work (formulating the problem or hypothesis, structuring the experimental design, organizing and conducting the statistical analysis, interpreting the results, or writing a major portion of the paper) and lesser supporting contributions for which only acknowledgment might be necessary (such as suggesting or advising about the statistical analysis, collecting or entering the data, and recruiting participants). However, the challenge of distinguishing between substantial and supporting contributions is widely acknowledged, and that distinction may become more or less clear over the life of the project.

It is important to explore understanding of this complex issue for three reasons. First, discussion of faculty-student collaboration in social work is in its initial stage. The lack of research, literature, and guidelines is acknowledged in the literature (Gibelman & Gelman, 1999). Second, encouraging faculty-student collaboration is one means to prepare "the next generation of social work scholars" (Netting & Nichols-Casebolt, 1997, p. 563). And lastly, the social work profession has been challenged to increase research productivity (Task Force on Social Work Research, 1991). Through mentoring, faculty-student collaborations may provide a way to make student scholarly work available to the professional community and support faculty scholarship.

### **METHODOLOGY**

The authors chose a qualitative research design due to the exploratory nature of the research and their desire to gain in-depth understanding of the respondents'

experiences. Gibelman and Gelman (1999) point out the improbability of gathering reliable data on unethical practices through survey research. Using a modified snowball sampling technique, the authors sought to draw a regionally representative sample of social work faculty who had experience being in a faculty-student collaborative relationship either as faculty or students. As Table 1 indicates, 11 taped interviews were conducted with faculty from all parts of the country. A respondent gender balance of five women and six men was achieved. Faculty rank was unevenly balanced among the three ranks of assistant, associate, and full professor, with six of the 11 respondents holding the assistant professor rank. Although half the respondents are presently in teaching institutions, eight described collaborative relationships that took place in research institutions.

Table 1: *Demographics*

| Respon-<br>dent | Gender | Rank   | Location  | Position<br>as<br>Collabo-<br>rator for<br>This<br>Research | Kind<br>of<br>Insti-<br>tution | Years<br>Since<br>Collabo-<br>ration | Gender of<br>Collaborator(s) |
|-----------------|--------|--------|-----------|---|--------------------------------|--------------------------------------|------------------------------|
| 1               | F      | Asst.  | South     | Student   | Research                       | 10                                   | F                            |
| 2               | M      | Asst.  | Midwest   | Student   | Research                       | 3                                    | M                            |
| 3               | M      | Full   | Midwest   | Faculty   | Research                       | 2                                    | M,F                          |
| 4               | F      | Assoc. | West      | Faculty   | Teaching                       | 2                                    | M                            |
| 5               | F      | Full   | Southwest | Faculty   | Research                       | 2                                    | F                            |
| 6               | M      | Asst.  | East      | Student   | Research                       | 5                                    | M                            |
| 7               | M      | Asst.  | Northwest | Student   | Research                       | 10                                   | F                            |
| 8               | F      | Full   | East      | Faculty   | Research                       | 1                                    | F                            |
| 9               | M      | Asst.  | Midwest   | Student   | Teaching                       | 20                                   | M                            |
| 10              | F      | Assoc. | Midwest   | Faculty   | Teaching                       | 5                                    | F                            |
| 11              | M      | Asst.  | Southeast | Student   | Research                       | 2                                    | M                            |

Respondents were initially contacted by phone with a description of the research. If they agreed, a consent letter was sent describing the types of questions they would be asked and detailing the arrangements for the interview. Respondents were asked to describe their experience in a faculty-student collaboration of their choosing. The researchers did not intervene in that choice but asked only that the respondents choose an experience with collaboration details they could recall and an experience they wanted to discuss. It is important to note that of the six student collaborations that respondents chose to describe, three occurred 10 or more years ago.

The respondents were asked questions regarding the process, including workload decision-making, determining authorship order, satisfaction with the process, other collaborative work, and recommendations for successful collaboration. Five face-to-face interviews were conducted at a place of the respondents'

choosing; the rest were conducted using a speakerphone in order to audiotape the interviews. The tapes were transcribed and independently analyzed to identify categories and themes, employing standard manual content analysis techniques.

Confidentiality was of major concern to several of the respondents who expressed concern that the details of their experience, if reported accurately, would unnecessarily embarrass or anger their collaborators. The researchers carefully selected quotes and described the reported experiences. To protect the confidentiality of the respondents, drafts of the finished manuscript were sent to all respondents for review. Respondents were asked to review and comment on the manuscript. No respondent requested that any reference or description be altered or excised. Sending the manuscript for review had a second, but equally important function. Respondents' review and comment on the manuscript enhanced its accuracy and validity.

## RESULTS

Although all of the respondents currently hold a faculty position, six were students at the time of the collaboration. They are described below as "student collaborators." Those who were faculty at the time of the collaboration are labeled "faculty collaborators."

None of the respondents' schools had policies, formal or informal, about faculty-student collaboration for publication. One faculty collaborator indicated that final projects were viewed as an opportunity for such collaboration, but faculty were left on their own to determine how that collaboration was to occur. Three respondents indicated that they had created their own rules to guide the process. One discussed being very clear about the equality of authorship credit and described her experience as an application of a feminist model. Another indicated that the student is always the first author in a collaborative effort between herself and a student.

### Decision Making and Planning

Faculty members, rather than students, initiated most of the reported collaborative efforts. There was a beginning phase in which faculty chose students with whom they felt comfortable and who were interested in similar topics:

*As she and I worked on developing [a classroom assignment], I really was impressed with the work on it and we talked about the possibility that maybe we would work together to publish it when she finished the course. After she finished her assignment and graduated, we worked on it over the summer and it became published.*

Faculty viewed the students with whom they collaborated as among their best students:

*I got involved with [the students] because they had been with my advanced research class... The students at [location] were extremely bright, hard-working people. I could have picked any one of 20 students in that research class, but I picked these three women.*

The faculty initiated discussions about roles, tasks, responsibilities, or order of authorship before the collaboration began. Three faculty collaborators indicated that they felt it was important to discuss roles and expectations and the way the collaboration would take place before deciding to work together. When no discus-

sion about the collaborative process occurred, student collaborators assumed that the faculty collaborator would assign tasks. They felt humbled by the prospect of writing a professional paper for publication, were pleased to be involved, and rarely thought about authorship issues. Some described themselves as naive about how collaboration generally takes place and expressed a wish that there had been a discussion about the collaborative processes, what was expected, and how authorship would be determined. One student collaborator said:

*There was never any discussion about tasks and who was going to do them other than that the two experienced faculty members were going to do the majority of the work. So, for the most part, I didn't do any of the writing. I was wondering about that, but I wasn't assertive about it, and I wasn't clear about what I should be doing.*

One faculty collaborator used what she described as a feminist model in writing, in which collaborators shared the work but did not, in her words, "worry about the amount" of each person's contribution. Authorship order in this case was alphabetical. The planning done by this group was an ongoing process.

*Some people felt much more comfortable with the majority of the literature search and literature review. Other people had other strengths. It was a process we went through as we worked through and sometimes shifts would be made... It was always a process... always in motion, which might drive some people nuts.*

### The Collaboration Process

Respondents described a broad range of activities under the term "collaboration." Some shared responsibility equally, others had a relationship in which one person (usually the faculty collaborator) took major responsibility for assigning roles and tasks, one did virtually all of the work, and others described shifting responsibilities. One faculty respondent advocated for a partnership involving compromise and shared ownership:

*When you are collaborating, you spell out and develop and reach consensus on what the project is so that everybody has ownership. So, if I come to you with a project, we have to massage that and incorporate your ideas so that we're really looking at something that's the whole. We talk about shared power; we talk about how decisions are going to be made; we talk about how conflict is going to be resolved. I think that it's really a collaboration when two people come together and give up some pieces... When we both come with our distinct roles and they don't at some point merge, then, that's not collaboration... You've got to have something that everybody owns.*

Respondents also described a wide variety of working styles. Some would meet regularly to compare notes and combine what they had written separately. One pair sat together in front of a word processor and composed simultaneously. Some wrote independently, then blended the parts together. Most described meetings in which joint work was discussed either before or after it had been entered into a document. One student collaborator who felt less satisfied by the collaborative effort described reporting to the first author who did not reciprocate by sharing information.

## Power Issues

Four faculty collaborators indicated a desire to work together and encourage students to work with them as equals or partners. They acknowledged that this was difficult at first, as students were accustomed to viewing the faculty person as an evaluator. Initially, even when faculty members were working toward a sense of partnership, students were hesitant to challenge them. "I think the issue of power became problematic . . . because I was bending so hard over backwards not to be using power . . . I felt a little bit taken advantage of."

One faculty collaborator indicated a sense of responsibility to set guidelines or boundaries because of the power differential:

*I am always very clear that I'm the professor with the student, the authority. And with a [MSW] graduate, there hasn't been much of a [power] shift. With a doctoral student, the shift comes fairly quickly that they [move] to a co-equal status before they begin [the collaboration].*

Student collaborators also commented on the need for equality to feel a true sense of collaboration. One felt mentored by his faculty person who encouraged him to express his ideas and take ownership of the project. Others did not feel their faculty collaborator shared power with them. They were continuously aware of their lower status and aware of the extent of their dependency on the faculty person, "I did feel very vulnerable during the whole process. I felt subservient . . . [I] definitely felt a sense of hierarchy and a certain amount of fear that if I didn't play the game right I wouldn't get my Ph.D."

Of the six student collaborators interviewed, five felt that the faculty person with whom they collaborated had exploited them in some way. These former students talked about how they felt betrayed by someone they trusted to look after their interests. Four spoke with anger and a sense of pain because of what they perceived as a clear misuse of power.

*I did all the research on it and wrote up the paper, pretty much the whole thing, and then we got back together and recommendations were made about how it could be changed, and then I would go back and change it because I was the one who had it on the computer. . . But it finally came after multiple revisions. . . to a version that we sent out to a publisher and basically it went out with my name second on it.*

It is important to note that none of these student collaborators had communicated their anger or concern to their faculty collaborator. Two expressed concern that their faculty collaborator not be identified or learn that they had participated in this research. Two others indicated that they knew that their faculty collaborators had published their material without giving the student collaborator credit because colleagues had informed them of it. However, neither had personally looked up the published article and both expressed a reluctance to do so.

*I never tried to find [the article published by my professor]. I think that I was so stunned by it all that I just kind of went on. I think that basically I was in a very vulnerable place personally at that time. I think the reason that I didn't try to find out more about it is that I didn't have the psychological strength to deal with it because it felt like it was going to be a conflict.*

## Costs of Collaboration

Student collaborators talked about the process as an exchange. They gave up some independence and solo authorship in exchange for help from the faculty person and experience in the publication process. "At the time I don't think I did [feel taken advantage of]. Now I do. But, like I said, at the time...I was fairly happy to be getting what I wanted."

Three former student collaborators still feel confusion about the collaborative process, and especially about feelings towards their former faculty collaborators. They questioned their own feelings and judgment. They wondered how responsible they were for having been taken advantage of by the person in power. One student collaborator spoke about the internal contradiction he felt towards his former mentor, indicating that he felt a fondness for the mentor while at the same time knowing the mentor was using him. He indicated that the confusing boundaries of that relationship still haunt him many years later. Another student collaborator doubts his ability to read the situation:

*Part of me says that I don't have a policy, nothing to go on, so, is it just me? Or, is this really unethical? That's a big part of why I hesitate. There isn't anything to compare what I see has occurred and what's appropriate... I guess I'm kind of torn and ambivalent about it. On the one hand, I'm irritated by it because of all the work I put in. On the other hand, I don't know. I don't have anything to compare it with—whether this was O.K. to do.*

Another cost of a poorly structured collaborative relationship between faculty and student merits mention. Two of the student collaborators who felt they had been exploited by a faculty collaborator indicated that they are now reluctant to enter into faculty-student collaborations: "I think that I've been pretty hesitant to [collaborate with students]. I haven't sought it out...And, I hadn't really thought about why not... Maybe because of my bad experience, I worry about the boundary issues."

## Perceptions of Other Students

Three respondents mentioned reactions from other students regarding the faculty-student collaboration. One student collaborator indicated that his fellow students were quite accepting of the collaboration and expressed a wish that they could also find such a mentoring relationship. A faculty collaborator indicated that she always waits until after a student has graduated before initiating a collaborative project so that the collaboration does not affect relationships in the classroom. Another expressed a desire to keep the collaboration quiet:

*I'm not sure that other students were aware of [the collaboration] and I think that it was [deliberate], because how could I explain that these nine were part of it and others weren't? It was a matter of hurt feelings or feeling like maybe they weren't liked. So, I'm not sure that I made other students that widely aware of it. It was a sticky piece... I really didn't want other students to know about it.*

## Faculty as Mentor

Faculty collaborators assume part of their role is to mentor students and help them learn to publish. They spoke of the satisfaction in helping students move

beyond the student role and become contributors to the knowledge base of the profession. "I felt like I had a part in getting something important into the literature. I really felt like it was a wonderful, important study. That was fun and I liked the feeling of nurturing somebody." Another said, "My goal is ... to help them really learn how [to publish] ... so I see it as an apprenticeship learning."

Others spoke of the responsibility of faculty, once they are established in their own careers, to help others become established as well.

*That is kind of the role I see myself in as a faculty member... to help develop people's capacities and skill to a point where they demonstrate it ... through some type of publication in a scholarly journal.*

A student collaborator indicated gratitude for the willingness of a senior faculty person who shared time, effort, and first author status to help him begin his writing career: "I felt very honored just to be working with somebody with that stature. Somebody who has all those skills but is very willing to give—it's a gift."

Student collaborators expressed their desire for help in learning how to publish, and some described experiences in which they received it:

*I did write another paper... [and] some professors looked at it. One professor in particular, worked with it, helped me, taught me how you do it, and that paper got published. And, I was sole author on it. He did not put his name on it at all, but that paper was a published paper. I think that I learned a lot from him in terms of how you can help students with that.*

### **Collaboration in Social Work**

Respondents expressed the opinion that collaborative work was valuable and a model toward which to strive. They indicated a satisfaction and enjoyment they had with collaboration, which was not there when they worked on their own:

*I think that one of the major advantages that I see in it is that it makes the project richer because you have two minds or more working. I think it becomes richer and more valuable because it's not just one person's thinking going on. I also think that it's a healthful model for what we should be doing more of, collaborating with each other. Not only within the university, but out in the community.*

Despite the idea that social workers can benefit from collaborative work, two respondents indicated that their institutions regarded collaborative work as sub-standard, particularly for purposes of promotion and tenure.

### **DISCUSSION**

The respondents described a wide variety of experiences that ranged on a continuum from equal contribution and credit for theory development, literature review, data collection, writing, and overall management of the project at one extreme, to student collaborators who performed most or all of the work and received no credit or acknowledgement at the other extreme. All respondents acknowledged their commitment to assume responsibility for setting boundaries and safeguarding student rights when working collaboratively with them. Of the six student respondents who were involved in faculty-student collaboration, five felt exploited in

some way by their faculty collaborators. The pain and anger of their experience remains despite the passage of a considerable amount of time. Their negative experience constrains the way these former students, now faculty themselves, work with students. Two hesitate to collaborate with students. All of the student collaborators who described negative experiences also discussed a subsequent successful collaboration with colleagues. Although this positive collaborative experience gave them a model for appropriate, non-abusive collaboration, the memory of the negative experience remains strong.

It is especially important to recognize the mixed and ambivalent feelings that five of the student collaborators reported. They felt both beholden to and taken advantage of by the person they trusted as a mentor. These mixed feelings led to a sense of self-doubt that has been extremely slow to resolve. This parallels the dynamics of other boundary violations in which the victim was unsure whether or not he/she was the responsible party. It underscores faculty responsibility to safeguard boundaries and avoid student exploitation. Two respondents expressed a lingering concern that their participation not be identifiable to their former mentors.

It is also worth noting that three of the faculty collaborators who were interviewed were aware of these boundary issues and had created their own set of rules for collaborating with students. They viewed collaboration with students as a part of their responsibility to ensure that future social work scholars will continue to contribute to the knowledge base of the profession.

There are recognizable limitations to this study. It is not possible to generalize about faculty-student collaborations, as it was an exploratory study with a small sample. It is possible that the subjects chose to elaborate on their negative experiences rather than their positive ones because the negative experiences stand out for them or because they perceived that the researchers were more interested in their negative stories. Nevertheless, the concerns and issues raised by these respondents highlight the risks of dual relationships in faculty-student collaboration. If faculty do not take responsibility for safeguarding student rights in collaborative relationships, students are likely to be at risk for exploitation.

## RECOMMENDATIONS

**One:** It is imperative that social work, as a discipline, engage in deliberate, focused, frank, and open discussion regarding the value of collaborative efforts and the regard attributed to them in academia. Social work educators must address the extent to which collaboration and the synergy of small group scholarship efforts should be recognized and respected. Only then can the issue of the relative value of solo versus co- or multiple authorship in tenure and promotion decisions be addressed.

**Two:** Deans and directors must take responsibility for initiating discussions with faculty to develop protocols that guide faculty-student collaborations. The experiences reported in this study raise several disturbing issues that can best be addressed by thorough discussion and full understanding of the complexity of collaboration, in general, and faculty-student collaboration, in particular.

**Three:** The faculty member in faculty-student collaborations carries the primary responsibility for avoiding the risk of exploitation. Professional responsibility is clearly delineated in the *NASW Code of Ethics* (NASW, 1996). Initial discussions about each collaborator's responsibilities, authorship order, and credit about workload, tasks, and responsibilities must be followed by periodic review of those expectations and contributions with modifications to the original agreement, as required.

**Four:** Collaboration can be enhanced by written agreements. Making those agreements known to others can minimize the risk of exploitation. Faculty-student collaboration agreements reviewed in consultation with non-collaborating colleagues, deans, or directors can provide an opportunity to forestall future misunderstandings and enhance the development of non-exploitative guidelines.

This study raises several difficult issues that must be researched before firm guidelines can be established. The ethical implications of multiple authorship are coming under scrutiny (see, for example, Gelman & Gibelman, 1999). Not enough is known about the processes and myriad implications that collaborations have for the individuals involved. Replication of this study with a random sample of social work educators will confirm or refute the findings of this study. Other questions need to be answered: Does faculty-student collaboration lead to increased dissemination of student research? How can "substantial contribution" to a project be evaluated? How should changes in responsibility be renegotiated over the course of collaboration? How do the perceptions of collaboration differ in the faculty-student dyad? What is the ideal protocol for authorship order? What approach to multiple authorship best serves the social work profession? Is the absence of program and institutional protocol, as evidenced in this study, the result of default or design? Are the products of faculty-student collaboration valued in social work programs and the academic institution?

We are convinced that discussion must occur regarding the faculty-student collaboration issues raised here. Our profession has an opportunity to maximize the benefits that accrue through collaboration, including helping students learn to write for publication, getting innovative student material published, and enriching projects through shared problem solving. While these are advantageous to the students, they also benefit faculty, the profession, and ultimately those we serve. Social work is a profession that espouses the virtues of collaborative and cooperative efforts and emphasizes the importance of a systemic view of phenomena. The basic assumption of the superiority of solo authorship in social work needs to be rigorously questioned through strong advocacy of the multiple benefits of fair and ethical collaboration.

---

## References

- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- American Psychological Association. (1994). *Publication Manual* (4th ed.). Washington, DC: Author.
- Aram, J. D., Morgan, C. D., & Esbeck, E. S. (1971). Relation of collaborative interpersonal relationships to individual satisfaction and organizational performance. *Administrative Science Quarterly*, 16, 289-296.

- Austin, A., & Baldwin, R. (1991). *Faculty Collaboration: Enhancing the Quality of Scholarship and Teaching*. (ASHE-ERIC Higher Education Report No. 7). Washington, DC: The George Washington University, School of Education and Human Development.
- Bayer, A., & Smart, J. (1991). Career publication patterns and collaborative "styles" in American Academic Science. *Journal of Higher Education*, 62(6), 613-636.
- Bonosky, N. (1995). Boundary violations in social work supervision: Clinical, education, and legal implications. *The Clinical Supervisor*, 13(2), 79-95.
- Congress, E. (1996). Dual relationships in academia: Dilemmas for social work educators. *Journal of Social Work Education*, 32(3), 329-338.
- Endersby, J.W. (1996). Collaborative research in the social sciences: Multiple authorship and publication credit. *Social Science Quarterly*, 77(2), 375-392.
- Fine, M., & Kurdek, L. (1993). Reflections on determining authorship credit and authorship order on faculty-student collaborations. *American Psychologist*, 48(11), 1141-1147.
- Floyd, S., Schroeder, D., & Finn, D. (1994). Only if I'm first author: Conflict over credit in management scholarship. *Academy of Management Journal*, 37, 734-747.
- Fox, M. F., & Favor, C. A. (1984). Independence and cooperation in research: The motivations and costs of collaboration. *Journal of Higher Education*, 55(3), 347-359.
- Gelman, S. R., & Gibelman, M. (1999). A quest for citations? An analysis of and commentary on the trend toward multiple authorship. *Journal of Social Work Education*, 35(2), 203-213.
- Gibelman, M., & Gelman, S. R. (1999). Who's the author: Ethical issues in publishing. *Arete*, 23(1), 77-88.
- Gordon, M. D. (1980). A critical assessment of inferred relations between multiple authorship, scientific collaboration, the production of papers, and their acceptance for publication. *Scientometrics*, 2, 193-201.
- Kagel, J., & Giebelhausen, P. (1994). Dual relationships and professional boundaries. *Social Work*, 39(2), 213-220.
- Krysik, J., & Nichols-Casebolt, A. (1994). Women authors in social work journals: A research note. *Social Work Research*, 18(3), 186-193.
- Leatherman, C. (1997, July 18). Should dog walking and house sitting be required for a Ph.D.? *The Chronicle of Higher Education*, A10-A11.
- McCullagh, J.G. (1988). Trends in publication: A study of contributors to the *School Social Work Journal*. *School Social Work Journal*, 13(1), 4-12.
- National Association of Social Workers. (1996). *NASW Code of Ethics*. Washington DC: author.
- Netting, F., & Nichols-Casebolt, A. (1997). Authorship and collaborations: Preparing the next generation of social work scholars. *Journal of Social Work Education*, 33(3), 555-564.
- Over, R. (1982). Collaborative research and publication in psychology. *American Psychologist*, 37(9), 996-1001.
- Presser, S. (1980). Collaboration and the quality of research. *Social Studies of Science*, 10, 95-101.
- Task Force on Social Work Research. (1991). *Building social work knowledge for effective services and policies: A plan for research development*. Washington, D.C.: National Institute of Mental Health.
- Wright, C., & Wright, S. (1987). The role of mentors in the career development of young professionals. *Family Relations*, 36, 204-208.
- Zook, A. (1987). Trend toward multiple authorship: Update and extension. *Journal of Counseling Psychology*, 34, 77-79.

**Author's Note:**

Address correspondence to: Angeline Barretta-Herman, Ph.D., School of Social Work, College of St. Catherine/University of St. Thomas, 2115 Summit Avenue, St. Paul, Minnesota 55105 USA.

## Economic Modeling in Social Work Education

Barry R. Cournoyer  
 Gerald T. Powers  
 James Johnson  
 Robert Bennett

**Abstract:** *Economic modeling provides academic administrators with a logical framework for analyzing costs associated with the processes involved in the delivery of social work education. The specific costs associated with activities such as teaching, research, and service may be determined for a school of social work as a whole or for specific responsibility centers (e.g., programs and services within the school). Economic modeling utilizes modern spreadsheet software that can be configured in relation to the idiosyncratic needs and budgeting strategies that exist in virtually all colleges and universities. As a versatile planning tool, it enables managers to identify specific "cost-drivers" that cause the occurrence of real costs in relation to designated programmatic initiatives. In addition, economic modeling provides academic planners and decision-makers a useful vehicle for considering the economic impact of various projected ("what if") scenarios.*

**Keywords:** *Economic, modeling, social work, education, administration, management, accounting*

In an era of escalating costs, diminishing resources, and increasing demands for accountability, academic administrators are faced with the apparent paradox of increasing productivity and performance, while reducing or maintaining costs. "Doing more with less" has become a virtual mantra for deans and directors. Financial resource management must be carried out in the most efficient and effective manner possible.

Although specific references to the term "economics of education" first appeared in the literature in 1960 (Leslie & Brinkman, 1988), journal articles that specifically address economic modeling or activity-based costing strategies in higher education have only recently begun to appear (Brimson, 1991; Brimson & Antos, 1994; DeHayes & Lovrinic, 1994; Lewis, 1993; Zemsky & Massy, 1990).

Familiar with traditional accounting approaches, social work deans and directors have long understood the income side of the economic equation, including tuition and fees, governmental appropriations, extramural grants, and the like. They are well aware that when the books are closed at the end of the fiscal year, income is

---

Barry R. Cournoyer, D.S.W. and Gerald T. Powers, Ph.D. are Professors, and Robert Bennett, D.S.W. is Assistant Professor, Indiana University School of Social Work. James Johnson, M.B.A. is Management Analyst, Economic Model Office, Indiana University Purdue University Indianapolis (IUPUI).

supposed to offset expenditures. However, when it comes to the activities and processes undertaken within school programs, many deans and directors may not be especially well prepared to respond to the expectations for increased fiscal accountability.<sup>1</sup> Although balanced budgets continue to be necessary, they are, of course, insufficient to meet the accountability and planning demands of modern academia (Elliott, 1998). Contemporary social work deans and directors are challenged to do much more than merely provide "balanced books."

Demands for improved accountability have come from forces both within and outside academia. Despite heightened interest regarding the costs of public higher education, governmental appropriations alone remain inadequate. Competition for the most highly qualified students has increased even as the sources of external support for the recruitment and retention of such students has decreased. Tuition costs and student fees continue to escalate dramatically. Parents, governmental officials, and other stakeholders increasingly question whether public higher education warrants these higher costs.

The very nature of higher education itself is in transition. As advances in technology occur at what seems to be an exponential rate, administrators are faced with dual problems: (1) paying for each new generation of equipment and related software, and (2) determining how the technological revolution can best serve the purposes of social work education without draining operating costs. While such changes may dramatically affect how faculty and students engage in the educational process, the long-term financial and curricular implications remain unclear.

Effective leaders provide focus for the future through visions, goals, and strategies. More and more, academic administrators are expected to identify, meet, and even exceed high level goals in a cost-effective manner. They are also expected to not only provide sufficient revenue to meet these goals, but sometimes to surpass revenue expectations. Furthermore, they are expected to respond quickly and efficiently when opportunities arise or when diminished resources necessitate programmatic changes. However, deans and directors may lack adequate information regarding the total cost of current or potential activities undertaken in pursuit of organizational goals. In order to meet these increasing demands, schools and departments of social work must be able to examine their costs and activities in ways that will enable them to make informed and timely decisions regarding allocating the most effective and efficient available resources (Martin, 1994). Economic modeling is an effective framework for addressing these issues.

### THE ECONOMIC MODEL

The economic model presented in this paper is designed to assist social work administrators understand the current internal operations of their academic programs as well as help them focus toward the future through projections and forecasts. This proposed strategy is an extension of a similar model developed and adapted for use in a university setting (Johnson, 1999; Lovrinic, DeHayes & Althoff, 1993). Economic modeling provides a logical framework for analyzing the costs associated with activities undertaken in pursuit of program goals. Application of the economic model allows administrators to examine the full spectrum of organizational efforts typically associated with the delivery of social work education. Faculty

activity costs such as teaching, research, and service may be determined for the school as a whole or in relation to specific cost centers (e.g., academic programs, advising, student services). This model enables administrators to identify the individual and aggregate costs associated with each activity. As a versatile planning tool, economic modeling leads to identifying "cost drivers" (Lewis, 1993)—those factors that actually cause real costs to occur in relation to designated programmatic initiatives.

Essentially then, schools and departments of social work may use economic modeling to determine the costs associated with their processes and activities. As a form of activity-based accounting, the economic model is designed for implementation through modern computer spreadsheet software. Social work programs that adopt an economic modeling strategy may find it a valuable planning tool that enables them to:

1. Determine the costs associated with delivering academic programs and other cost centers.
2. Assess the current and long-term fiscal implications of current and projected ("what if") personnel distribution and organizational schemes.
3. Assess the organizational investment in general processes such as teaching, research, and service as well as more specific activities such as field liaison, advising, and administration.
4. Augment overall organizational evaluation efforts by providing a framework within which to determine the relative costs of alternative programming.
5. Contribute to the fiscal side of the strategic planning process, including resource allocation decisions and potential revenue sources.

In essence, economic modeling results in an accounting system that can determine the costs associated with current and projected educational program delivery and trace those costs to specific personnel activities and cost centers. Thus, using economic modeling offers the advantage of addressing current accountability issues as well as forecasting future possibilities of involvement for the school or department. The economic model, as applied in a school of social work, is constructed around a flexible set of user-determined modules (i.e., electronic worksheets). Individual social work programs may readily develop, adapt, or revise the parameters of modules in order to address idiosyncratic or changing circumstances, needs, and goals.

## COMPONENTS OF THE ECONOMIC MODEL

Several essential prerequisites to effective economic modeling exist within the context of social work education. First, each school or department must have access to accurate financial accounting data, especially information about revenues and expenditures. Second, the program must identify and classify the range of processes and personnel activities that collectively comprise the program. Third, the program must specify "cost centers" that logically encompass the processes and activities. Fourth, the program must determine a measurement system from which to assess quality or productivity. Fifth, the program requires some methodology for determining the distribution of personnel effort across various cost centers. Some sys-

tems follow “workload policies” that may aid in this process. Finally, the program requires access to and the ability to use modern computer spreadsheet software.

### **Access to Financial Accounting Data**

Accurate accounting information concerning the sources of revenue and the institutionally defined expense categories associated with the program represent the essential foundation for any economic model. Without this information, the process becomes little more than a theoretical exercise. In most publicly supported educational systems, revenues are generated from five major sources: tuition and fees, governmental allocations, voluntary contributions and gifts, private and institutional endowments, and internal and external grants. The type and amount of income generated from any one of these sources will vary widely relative to the nature and mission of the educational institution.

On the cost or expenditure side of the ledger, monies are typically allocated to two major categories; each may contain any number of subcategories. The larger of the two categories contains all personnel-related expenses (including faculty, staff, work-study students, etc.). In school and department budgets, personnel costs (including fringe benefits) usually account for most of the expenditures. Therefore, the key to understanding business-related costs is learning how the people within the system spend their time and determine the outcomes of their efforts.

The second major category encompasses the wide array of direct and indirect costs associated with doing business (including, for example, equipment, supplies, travel, utilities, building maintenance, accreditation fees, and institutional taxes for library/technology services). While the bulk of the budget covers personnel costs, administrators generally have somewhat more freedom when allocating non-personnel discretionary funds.

The amount of fiscal information available to educational administrators generally depends on the organization, the culture, and the traditions of the institution in which the program is housed. At one end of a continuum program administrators are accorded full access to all financial information. Open systems of this type are usually more conducive to the planning process. They tend to encourage collaboration and reduce suspicion among important stakeholders.

At the other end of the continuum are those program administrators who, whether by design or by choice, have limited access to pertinent budgetary information. In systems such as these, program administrators (e.g., deans, directors, coordinators) may need to educate their superiors (e.g., presidents, chancellors, deans) about the potential value and utility of economic modeling and the need for access to financial data. Such data is essential for creating a viable economic planning model.

### **Program Processes and Personnel Activities**

Revenues make possible the various processes and activities necessary to realize programmatic goals. Administrators know this but rarely take the time to identify and classify specific processes and activities for which revenues are allocated. Nor do they define the financial and qualitative milestones necessary for programmatic

success. In order to identify, then classify the essential activities undertaken within the system, administrators must determine how the key actors spend their time. People (i.e., faculty, administrators, and staff) carry out the activities and implement the processes deemed necessary for the realization of organizational goals.

The section's title refers to "processes" and "activities." These terms are similar but not synonymous. Activities refer to fairly specific tasks or circumscribed functions assigned to or expected of a particular person. They tend to be more concrete and time limited. Processes imply a sequence of activities that generally involve a number of related steps or operations and often require more than one person for completion. Processes tend to be somewhat more abstract. However, both activities and processes should be identified and accounted for in the economic planning process.

At the most general level, educators are typically expected to engage in activities involving varying degrees of teaching, research, and service. These general activities may be subdivided, as appropriate. For example, the teaching category might include a range of instructional modalities, such as classroom teaching, field instruction, individual tutoring, or other forms of independent study or mentoring. In more complex systems, these subdivisions might be further categorized in relation to any additional factors that make organizational sense. For example, classroom courses might be specified according to academic program level, curriculum area, or simply by title and number. Activities related to research and service may be similarly classified and sub-classified based on the particular interests and needs of the organization. The nature of the organizational unit and the scope of the organizational issues drive the elements of the classification scheme as well as the level of specificity.

Deans and directors are well aware that in an economic sense some activities are potentially "resource enhancing" (e.g., teaching, funded research, and fundraising), while others tend to be "resource depleting" (e.g., advising, committee work, and community service). While all activities may be considered essential to the ultimate success of the program, in the final analysis, the economic goal is to assure a balanced budget where the deficits generated by the latter are offset by the income produced by the former. A well-designed economic model can greatly enhance an organization's capacity to discover ways and means to achieve that goal.

### **Cost Centers**

A "cost center" may be defined as any cluster of focused activities for which the organization has identified a set of programmatic goals (Trussel & Bitner, 1996). Once the relevant activities and processes have been identified and classified by type, they may be organized in relation to appropriate cost centers. The actual number of cost centers vary widely depending on the size and complexity of the organization.

Typically, cost centers are associated with programs, projects, or offices with designated leaders and possibly some administrative overhead. Each educational program (B.S.W., M.S.W., Ph.D., and continuing education) would commonly be identified as a cost center, as might clusters of activities that cut across the major

program areas (e.g., enrollment services, general administration, field instruction, student services, and collaborative research initiatives). Within a cost center entitled “Enrollment Services” for example, one might find activities such as admissions, financial aid, registration, and student accounts. The key to forming a cost center is that the activities housed within it have some logical basis for being grouped together. Those activities, when viewed in the aggregate, share some common organizational mandate. Ideally, there is also a designated person (i.e., a “process owner”) within the system who ensures that the purposes for which the cost center was created are met.

### **Measurement System**

The organization assesses the quality or productivity within a cost center by means of a measurement system. Typically, the “unit of measure” varies according to the nature and purpose of the program or activity. For example, an academic program might track the number of graduates, retention rate, proportion of honor students, or the number of credit hours generated. A research center might track the number of grants submitted, the percentage approved, and the amount of external grant money received each year. A field department might track the number and kind of practicum settings arranged and the number of students placed. A school or department might track the number of articles and books published, honors received, and the nature and amount of community or professional service contributed by its faculty.

### **Distribution of Effort**

Organizations need some means to determine how personnel expend their time and effort across various cost centers. Some educational programs have a workload policy or formula that provides a general calculus for the organization of individual effort. Formulas of this type are usually determined at the institutional level, and as such, provide only general parameters for how the major components of an individual’s workload are to be distributed—typically in relation to teaching, research, and service. While most general workload formulas are flexible enough to accommodate individual differences in roles and responsibilities, all are based on the assumption that everyone makes a commensurate effort. For example, a particular professor who serves as a field liaison to twice as many practicum students as prescribed by the workload policy might teach one less classroom course than normally expected.

Despite their shortcomings, even crude workload policies may be useful in applying the economic model. At the very least, they provide general guidelines for distributing valued activities among faculty and serve as a basis for making comparisons between the ideal and the actual labor distribution. Even if the program has no workload policy, an economic model can provide information that may assist faculty and administrators frame the dialogue related to those activities that should be recognized and rewarded within the system.

### **Modern Spreadsheet Software**

The final prerequisite for implementing a reliable cost accounting system based on economic modeling involves a more practical, but no less important consider-

ation. Organizations interested in creating an economic model must have access to and competency in using modern spreadsheet software (e.g., Microsoft Excel™, Quattro Pro™, or Lotus 1-2-3™). Although it might be theoretically possible to conduct economic modeling by hand, it would be impractical and inefficient to do in this era of diminishing resources. Without modern spreadsheet software, sophisticated, economic modeling would be extremely costly, time consuming, and raise serious reliability questions.

Spreadsheet software provides the means to create, track, and analyze all relevant information. Once the data has been entered, administrators may modify any of the allocation algorithm components (such as time, effort, number of personnel, etc.) and assess the fiscal impact. As such, the software provides a useful vehicle for exploring a variety of hypothetical or “what if” scenarios, including for example, the economic impact of adding employees, increasing the number of course sections, or reducing class size.

### ECONOMIC MODELING IN A SCHOOL OF SOCIAL WORK

Indiana University is a publicly supported institution in the United States that has offered social work courses since the early 1900s. Over the years the School of Social Work has grown in size and complexity to where it currently offers a full continuum of education, from the Baccalaureate to the Master's, to the Ph.D. in Social Work degrees.

Several years ago Indiana University adopted “Responsibility Centered Management” (RCM) as an overarching approach (West, Seidita, DiMatta, & Whalen, 1997). Under RCM, each responsibility center (e.g., campus, school, division, or department) has considerable fiscal autonomy. As a responsibility center, each school is required to contribute to the costs associated with campus and university administration and general services. Except for these “taxes,” each responsibility center may allocate its remaining resources as it sees fit, as long as it demonstrates fiscal accountability in the form of a “balanced budget,” shows progress towards achieving of its mission and goals, and operates within the university’s broad guidelines. Prior to RCM, deans and directors had relatively limited fiscal autonomy in the area of expenditures. For example, to employ an additional tenure track faculty member, deans were required to seek approval from university administration. When one or more faculty positions remained unfilled, the school could not autonomously reallocate those funds for other purposes (e.g., supplies, equipment, student stipends, or part-time faculty). Unless such reallocations were authorized, unexpended monies automatically reverted back to the university’s general fund. With the help of RCM, deans and directors now have authority to design their own staffing patterns—provided they stay within their budgets and university policies. They can now exercise greater budgetary autonomy, flexibility, and control. However, they also carry far greater responsibility. Deans and directors are held increasingly accountable for fiscal mistakes within their respective responsibility centers.

In order to exercise this greater autonomy, deans, directors, and other school administrators require analytic tools to facilitate planning and decision-making while maintaining the fiscal health of the organization. Economic modeling represents one such tool.

## **Implementation of Economic Modeling: An Illustrative Example**

To implement economic modeling at the Indiana University School of Social Work, the authors took several steps:

### **Step One: Formulating Economic Questions**

Economic models are essentially value free. They do not determine what economic questions or issues should be addressed, nor do they relate what options should be accepted. They provide some of the data needed to make informed decisions, but they cannot and should not be used as the exclusive or primary means for decision-making. Some administrative decisions may be necessary or functional but make no sense in strictly “economic” terms. Academic administrators also incorporate certain values and principles in their decision-making processes—including identifying those issues and concerns for which economic answers are needed. Formulating economic questions represents the first step in the process.

The specific issues and concerns that drive efforts at economic modeling vary from program to program, depending upon local conditions and the culture of the institution. For example, some social work programs are freestanding schools or departments, and as such, they exercise considerable autonomy over their own academic and fiscal affairs. Others are housed within larger academic units. Faculty and resources may be shared, and fiscal decisions may be justified on the basis of factors that transcend any given discipline or profession within the unit. Institutions also differ with respect to the relative importance of teaching, research, and service to the overall mission of the institution. Non-economic factors such as these are considered in determining what questions to address through economic modeling.

### **Step Two: Defining Cost Centers**

Once the critical issues have been identified and the economic questions formulated, the most pertinent cost centers are defined. As noted earlier, a “cost center” may be defined as any cluster of focused activities for which the organization has or may have identified a set of programmatic goals. Given the nature of social work education, it is not always an easy task to define mutually exclusive or distinct cost centers. Social work faculty members engage in many activities that do not neatly fit into a single cost center. For example, functions, such as academic advising and serving as field liaison, may be viewed as properly falling within the teaching domain in one school, while it falls within the service domain at another. For tracking purposes, the responsible administrator ultimately determines where activities and processes should be housed. Indeed, sometimes the activities assigned to one cost center overlap with a second cost center. One of the most useful aspects of economic modeling, however, is that activities assigned to one cost center can easily be reassigned to another if or when the rationale for their initial selection changes.

### **Step Three: Obtaining Financial Information**

As a critical step in the implementation of the activity-based economic model, administrators must obtain detailed financial information related to sources and types of revenue and expenditures. In the case of the Indiana University School of

Social Work, the largest single source of revenue is derived from student tuition, with state appropriations the next most significant income source. The largest single expense occurs in the form of faculty salaries and benefits. Under RCM, the school receives almost all the tuition income generated from students' enrollment in social work courses. Although external grants and contracts comprise significant dollar amounts, their combined proportion of the total income is relatively small. Therefore, for illustrative purposes, the authors focused on tuition income and personnel expenses as the primary economic factors within this model.

#### **Step Four: Securing Additional Relevant Information**

Next, the authors secured access to the university registrar's database. This enabled the authors to readily determine the precise number of enrolled students in each section, each term, and each year for all the social work courses offered. The names of the social work instructors were also indicated. The authors then linked and imported the data into a Microsoft Excel™ workbook. Almost all students pay the same "in-state" tuition; therefore, once sectional enrollments were in spreadsheet format, the authors could easily calculate the amount of "section income" generated by simply multiplying the number of students enrolled (or credit hours taught) in a course section times the tuition paid by each student.

They then obtained the computerized records of the university fiscal officer and obtained spreadsheet data regarding the name, rank, and salary of all full and part-time social work faculty and staff members. The authors then imported that information into their own spreadsheet workbook for use as the fundamental data within their economic model. This enabled them to allocate personnel costs to various cost centers.

#### **Step Five: Organizing Data**

The authors then edited the spreadsheets they had imported so that they could easily identify pertinent information about all social work classroom and field practicum courses. They summarized the data by course number, course title, academic program, total credit hours instructed, enrollment, and the tuition income generated by each social work course. A spreadsheet containing the salaries of all full-time faculty was prepared and another containing the salaries of part-time faculty. Since part-time faculty members are paid on a "per course" basis, the authors could readily assign those costs to specific courses. Determining the "cost" of a full-time faculty member to teach a course was more challenging since cost is based on the portion of the faculty member's full-time effort.

#### **Step Six: Determining and Allocating Costs**

Several approaches were considered in determining the aggregate-per-course costs. The authors could, for example, ask professors to indicate how much time was spent preparing for and teaching their courses. If the authors could specify the amount of faculty effort, the cost per course could readily be calculated. They attempted this approach and encountered several problems. Only about 50% of the full-time instructors responded to a faculty effort survey about how they spent their time. And those instructors who responded reported widely differing amounts of faculty effort (in terms of hours or percentage of time) spent in prepar-

ing for and teaching their courses. The authors quickly realized that self-reports of faculty effort raised questions about the validity and reliability of the economic model cost data. Therefore, they adopted a more or less standardized "faculty effort" formula based upon a "Capacity Model" developed by the College of Arts and Sciences at Indiana University (Bloomington campus). This capacity model is a fairly simple means of determining the aggregate work capacity of an academic department or school based upon the total number of "course sections" that might be taught if all faculty taught a predetermined maximum number of courses. That number (i.e., total teaching capacity) may be used as a basis for determining the percentage of capacity realized (i.e., the number of course sections actually taught divided by the number of course sections that could ideally be taught if all faculty were to teach a maximum load). Suppose, for example, that a department has five full-time faculty members—each with a capacity to teach eight courses per academic year. The total full-time faculty teaching capacity would then be 40 course sections. The department also employs two part-time faculty members—each with a capacity to teach one course per semester (two courses per academic year). Their capacity would be four course sections. The department's total teaching capacity then is 44 course sections. If the department delivers 40 course sections each academic year, it would be operating at nearly 91% of capacity—one indicator of efficiency.

The capacity model articulates with the faculty workload policy of the School of Social Work. Under this policy, each full-time instructor at the School is assumed to have the "capacity" to teach eight three-credit classroom courses per academic year. Each three-credit course section is then valued at 12.5% of the instructor's capacity. An instructor who teaches eight courses during an academic year would operate at 100% capacity. However, in addition to teaching courses, social work educators are also expected to conduct research and perform service (e.g., to the university, the school, the community, and the profession). Therefore, faculty receive two "course section equivalents" (25%) for those activities. In addition, since full-time instructors also serve as advisors to about 25 students each year, and as field liaisons to another 13-15 students each semester, the school also grants a course section equivalent (12.5%) for those duties. As a result, most full-time social work instructors on the campus teach five three-credit classroom courses per academic year. They are also expected to fulfill advising and field instruction responsibilities, conduct research, and provide service equivalent to that required in the instruction of three three-credit hour courses. Instructors who complete all of these activities during an academic year are viewed as expending 100% effort and functioning at 100% of their individual capacity. Of course, this general expectation does not apply to all instructors in exactly the same way. Some instructors advise more students but teach fewer classroom courses. Others teach more courses while serving as field liaison to fewer students. And, some instructors assume higher levels of school service responsibilities or engage in more research but do less of something else.

The School's capacity formula—eight course sections per year—serves as a basic workload expectation for all full-time social work faculty members. Therefore, the authors decided to adopt the same formula for their economic model. They allo-

cated 12.5% total annual faculty effort for each three-credit course taught regardless of course level, number of students, or number of preparations; 6.25% for advising and 6.25% for field liaison; 12.5% for research; and 12.5% for service activities. This basic formula could be applied to almost all full-time faculty members. However, some adjustment was required for those with substantial administrative service responsibilities.

### **Step Seven: Activity Based Economic Analysis**

Equipped with some understanding of school finances, information about the total number of credit hours instructed per course, the income generated by those courses, and the estimated percentage of faculty effort expended in their delivery, the authors proceeded to identify and describe key processes and activities reflected throughout the School's operations. They built upon the allocations of faculty effort related to teaching, field liaison, and advising. They further classified faculty activities within other cost centers, such as student services and administration.

Although they identified numerous cost centers, they focused on the academic programs, field practicum, and student advising for the remainder of this example. The academic programs served as readily accessible cost centers. Spreadsheet pages were created for each program and linked to the pages containing information about tuition income generated by each course section and to those referencing personnel expenses (i.e., instructor salaries, and benefits). Because they had classified the percentage of teaching effort (12.5%) by course number (e.g., SW100, SW520, SW720), the authors could easily compare total course costs with the associated income for each program. Their courses were numbered so that SW100-SW499 referred to baccalaureate social work courses, SW500-SW699 to MSW, and SW700-SW899 to Ph.D. level courses. Indeed, they could determine the net income or loss for each course individually, for each level, program, and for the School as a whole. They had classified the percentage of field liaison effort (6.25%) within the field department cost center by field practicum course number. This enabled the authors to compare tuition income generated by field practicum courses with the costs associated with field liaison activities. Because the practicum courses were also numbered, they could readily allocate field department costs to the BSW and MSW programs.

Similarly, the authors classified the percentage of advising effort (6.25%) by student level. Most faculty members were assigned groups of students from discrete cohorts (e.g., BSW sophomores, BSW juniors, BSW seniors, MSW-I full-time, MSW-I part-time, or MSW-II). This enabled them to associate advising costs with academic programs. Students do not directly "pay" for advising services. Therefore, the authors assigned the costs of advising to the relevant programmatic cost centers (i.e., BSW, MSW, and Ph.D.) using faculty effort as a cost driver to allocate those costs.

Although full and part-time instructors teach across all levels and in all academic programs, the modern computerized spreadsheet software enabled the authors to examine the distribution of instructional costs associated with each course, each program, and all other cost centers. They also used the spreadsheet technology to undertake various ad hoc analyses. For example, they wondered about the finan-

cial implications of employing Master's level, non-tenure track instructors exclusively for non-revenue producing advising and other student services activities. This would relieve higher salaried senior Ph.D. level faculty from routine academic advising and allow their reassignment to income producing, teaching, and funded research activities. They could then use the economic model to compare the financial implications of a current situation versus a "what if" scenario.

For example, suppose a program currently employs six tenured faculty members at an average annual salary and benefit package of \$52,500 (see Table 1). Each instructor teaches five classroom courses per academic year. At 12.5% annual faculty effort per course, each instructor expends 62.5% of her or his annual effort in classroom teaching. Each also expends 6.25% conducting faculty field liaison; 6.25% advising students; 12.5% in various forms of school, university, community, and professional service; and 12.5% engaging in minimally funded research and scholarship activities. However, the program offers 36 courses per year. Therefore, six part-time instructors are hired to teach one course per year.

Under the proposed scenario (Table 2), a Master's level professional is hired at \$35,000 per year to undertake the field liaison and advising functions that the six tenured and tenure-track faculty members had previously completed. Under workload policy guidelines, those duties should require 75% of the newly employed faculty member's effort (six times 12.5%). However, the authors decided to calculate it at 100% effort in order to ensure that sufficient time and energy were available to do the job well. Meanwhile, the six tenured and tenure-track faculty members are relieved of their field liaison and advising responsibilities, but each

*Table 1: Current Situation Where Tenured Faculty Teach Five Classroom Courses, Conduct Scholarship, Provide Service, and Engage in Field Liaison and Advising*

| Six Faculty Members @ \$52,500 per Annum       | Annual % Effort per Faculty Member | Aggregated Annual % Effort | Direct Cost | Direct Income (without government appropriations) |
|--|------------------------------------|----------------------------|-------------|---|
| Five course sections                           | 62.50                              | 375.00                     | \$196,875   | \$283,200   |
| Faculty field liaison                          | 6.25                               | 37.50                      | 19,688      | 26,568  |
| Scholarship                                    | 12.50                              | 75.00                      | 39,375      | 24,000  |
| Service  | 12.50                              | 75.00                      | 39,375      |   |
| Student advising                               | 6.25                               | 37.50                      | 19,688      |   |
| <b>Subtotals</b>                               | 100.00                             | 600.00                     | \$315,000   | \$333,728   |
| Six part-time instructors @ \$3,000 per course |                                    | 75.00                      | 18,000      | 24,200  |
| <b>Totals</b>                                  |                                    | 675.00                     | \$333,000   | \$357,928   |
| <b>Net Income</b>                              |                                    |                            |             | <b>\$24,928</b>                                   |

| <i>Table 2: Proposed Scenario Where a Master's Level Professional Engages Primarily in Field Liaison and Academic Advising Activities</i> |  |                            |                  |  |
|---|--|----------------------------|------------------|--|
| Six Faculty Members @ \$52,500 per Annum plus One Master's Level Professional @ \$35,000  | Annual % Effort per Tenured Faculty Member | Aggregated Annual % Effort | Direct Cost      | Direct Income (without state appropriations) |
| Six course sections   | 75.00                                      | 450.00                     | \$236,250        | \$317,400                                    |
| Faculty field liaison performed by \$35,000 salaried non-tenure tracked faculty at 50% effort   |  | 50.00                      | 17,500           | 26,568                                       |
| Scholarship   | 12.50                                      | 75.00                      | 39,375           | 24,000                                       |
| Service   | 12.50                                      | 75.00                      | 39,375           |  |
| Student advising performed by \$35,000 salaried non-tenure tracked faculty at 50% effort  |  | 50.00                      | 17,500           |  |
| <b>Subtotals</b>  | <b>100.00</b>                              | <b>700.00</b>              | <b>\$350,000</b> | <b>\$367,928</b>                             |
| Less 6 part-time instructors  |  | (75.00)                    | (18,000)         |  |
| <b>Totals</b>   |  | <b>625.00</b>              | <b>\$332,000</b> | <b>\$367,928</b>                             |
| <b>Net Income</b>   |  |                            |                  | <b>\$35,928</b>                              |

teaches one additional classroom course section per year (six instead of five) since the tasks associated with student advising and faculty field liaison have been removed. They continue to provide the same 12.5% effort in service and 12.5% in research and scholarship. Since the newly employed Master's level professional performs exclusively in the student advising and field liaison arenas, and the tenured and tenure-track faculty teach additional courses, six fewer part-time instructors are required. This yields an increased net income of \$11,000 (from \$24,928 to \$35,928) to the school. In addition to the considerable cost savings, the authors might also anticipate overall improved quality and consistency of the advising and field liaison activities due to the specialized, focused nature of the non-tenure track professional role.

This simple example illustrates the potential utility of economic modeling. It could prove useful in many scenarios. A school or department may decide to add

a course to their curriculum but wonder whether it should be offered in a traditional classroom-based format or via the Internet in an on-line fashion. This economic model may help assess the financial implications of each course format.

Continuing education (CE) is also a major area of concern for many schools of social work. Administrators often wonder how the school can develop and subsidize their CE initiatives. Economic modeling represents a tool for planning and forecasting the financial resources needed for a successful continuing education program. Similarly, as schools and departments of social work increasingly seek additional external funding through research grants and service contracts, economic modeling may be used as part of the decision-making process concerning the redistribution of faculty effort or the employment of additional staff. The possible uses of economic modeling in social work education are numerous and varied.

### SUMMARY

Administrators in social work educational programs may find economic modeling a useful addition to their accounting, decision-making, and planning strategies. Even in institutions that have not yet adopted RCM, the expectations for greater programmatic responsibility and accountability suggest, at least implicitly, increased autonomy and much greater need for better data upon which to base programmatic decisions. As suggested by Jonas and his colleagues, "...colleges and universities now have much greater freedom—financially and technically—to reinvent their financial practices" (Jonas et al., 1996). Economic modeling enables administrators to monitor the financial well being of their academic programs and conduct analyses that aid in planning and framing the discussion for decision-making. Such modeling can contribute greatly to improved organizational effectiveness and efficiency. However, the development and application of economic models do not take place in an ethical and political vacuum. We can be sure that they will not always tell us what we want to hear. However, they can be effectively used to provide data to guide and develop alternative approaches for resource allocation.

In summary, economic modeling represents a valuable tool for academic administrators who increasingly must consider finances within the context of planning and decision-making. To be successful, however, attempts to implement economic modeling depend in large part on the degree of support provided by top administration and the level of participation of those most directly affected by its implementation. Therefore, if at all possible, developing an economic model should be considered a participatory experience. The architects of any economic model within the academy must realize that they are engaged in an inherently political process that can have profound and lasting consequences on both the program and its participants. Every effort should be made to solicit the involvement and input of interested stakeholders at every stage in the development process.

### Endnotes

<sup>1</sup>The term "program" is used in various ways throughout this article. In some contexts, the term is used to refer to the entire organization (e.g., a school, college, or department of Social Work). In others, "program" references a particular academic

endeavor within the organization (e.g., an undergraduate program, a doctoral program, or a continuing education program).

---

## References

- Brimson, J. A. (1991). *Activity accounting (An activity-based costing approach)*. New York: John Wiley & Sons, Inc.
- Brimson, J. A., & Antos, J. (1994). *Activity based management*. New York: John Wiley & Sons, Inc.
- DeHayes, D. W., & Lovrinic, J. G. (1994). Activity-based costing model for assessing economic performance. *New Directions for Institutional Research*, 82, 81-93.
- Elliott, S. (1998). Measurement in education isn't limited to report cards anymore. *Measurement in practice*, 11, 1-8.
- Johnson, J. (1999). Economic Model Office at Indiana University-Purdue University Indianapolis. [On-line]. Retrieved November 8, 1999 from the World Wide Web: <http://www.iupui.edu/~abcmode/intro-page.html>.
- Jonas, S., Katz, R. N., Martinson, L., Plymton, M. F., Relyea, S. W., Rennie, E. D., Rudy, J. A., & Walsh, J. F. (1996). Campus financial systems for the future: An excerpt from the NACUBO/CAUSE book. [On-line]. Retrieved November 8, 1999 from the World Wide Web: <http://www.nacubo.org/website/members/bomag/cfs-1196.html>.
- Leslie, L. L., & Brinkman, P. T. (1988). *The economic value of higher education*. New York: American Council on Education and Macmillan Publishing Company.
- Lewis, R. J. (1993). *Activity-based costing for marketing and management*. Westport, CT: Quorum Books.
- Lovrinic, J. G., DeHayes, D. W., & Althoff, E. J. (1993). Developing an economic model: How one Midwestern university is approaching cost control. *Nacubo Business Officer*, 27(1), 34-38.
- Martin, T. (1994). *A product based cost evaluation of the School of Public and Environmental Affairs (Indianapolis)*. Indianapolis, IN: School of Public and Environmental Affairs.
- Trussel, J. M., & Bitner, L. N. (1996). Re-engineering the cost accounting system. *Nacubo Business Officer*, June. [On-line]. Retrieved November 8, 1999 from the World Wide Web: <http://www.nacubo.org/website/members/bomag/abc696.html>.
- West, J. A., Seidita, V., DiMattia, J., & Whalen, E. L. (1997). RCM as a catalyst: Study examines use of responsibility center management on campus. *Nacubo Business Officer*, August. [On-line]. Retrieved November 8, 1999 from the World Wide Web: [http://www.nacubo.org/website/members/bomag/rbcm\\_0897.html](http://www.nacubo.org/website/members/bomag/rbcm_0897.html).
- Zemsky, R., & Massy, W. F. (1990). Cost containment: Committing to a new economic reality. *Change*, 22, 16-22.

### Author's Note:

Address correspondence to: Barry R. Cournoyer, D.S.W., Indiana University School of Social Work, 902 West New York Street, Indianapolis, IN 46202-5156 USA.

## **Social Welfare Policy Changes and Social Work Practice**

Doris McGartland Rubio  
Julie Birkenmaier  
Marla Berg-Weger

**Abstract:** *Managed care, welfare reform, changes in government-sponsored health insurance, privatization, for-profit commercial activity, and increasing competition for charitable funding are affecting nonprofit social service organizations. This study of 244 nonprofit social service agencies explores the influence of social policy changes on nonprofit organizations. The effects of such changes on social work practice and social work field education within nonprofit organizations are explicated. Guidance for social work field education departments is provided.*

**Keywords:** *Nonprofit agencies, social work education, social work practice, social welfare policy, welfare reform, social work practicum*

The last decade has witnessed tremendous changes in social policy surrounding human service delivery systems. Cost containment and reduced government spending in human services is affecting nonprofit organizational structures, services, and procedures. The impact of social policy forces such as managed care, welfare reform, and changes in government-sponsored health care cannot be understated. Many organizations and social workers working within nonprofit organizations have discovered that drastic changes are needed to adjust and survive these contemporary social forces (Rubio, Birkenmaier & Berg-Weger, 1999). Social workers face numerous challenges within this changing structure while trying to meet client needs. Students completing their field education requirements in nonprofit agencies must be prepared to practice in agencies experiencing transition. This study examines how nonprofit agencies are impacted by recent social policy changes. In addition, the changing roles of social workers and social work students are explored.

### LITERATURE REVIEW

#### **Nonprofit Organizations**

Financial performance has become increasingly important for nonprofit agencies in the past decade (Bocage, Homonoff & Riley, 1995; Jarman-Rohde, McFall, Kolar & Strom, 1997). Due to federal and state funding cuts that began the mid-1980s, nonprofit organizations continue to reconfigure funding sources (Motenko et al.,

---

Doris McGartland Rubio, Ph.D. is Assistant Professor in the Department of Research Methodology; Julie Birkenmaier, L.C.S.W. is Assistant Clinical Professor; and Marla Berg-Weger, Ph.D., L.C.S.W. is Assistant Professor in the School of Social Service, Saint Louis University, St. Louis, Missouri, USA.

Copyright© 2000 *Advances in Social Work* Vol. 1 No. 2 (Fall 2000) 177-186.  
Indiana University School of Social Work.

1995). As recently as 1992, nonprofit social service agencies relied on government sources for 50% of their revenue (Independent Sector, 1997). Due to the decreasing availability of public funds, nonprofit organizations are turning to private dollars, fee-for service, corporate philanthropy, and other sources for a growing portion of their budgets (Zippay, 1992). However, the percentage of corporate philanthropic dollars distributed to social service organizations has also been decreasing for more than a decade (Zippay, 1992). Furthermore, many nonprofit organizations that contract with government sources under purchase of service arrangements find that the reimbursement rate fails to cover the full cost of the services provided (Kettner & Martin, 1996).

Nonprofit organizations are turning to new, creative strategies to ensure survival. Many nonprofit organizations have been forced to "...reinvent themselves and operate more like businesses" (Jarman-Rohde et al., 1997, p.31). Such efforts have included: 1) increasing workload for social workers; 2) marketing services and programs to special populations (Ortiz & Bassof, 1988); 3) decreasing the number of staff (Bocage et al., 1995); 4) merging, decentralizing and reengineering (Jarmen-Rohde et al., 1997); and 5) providing less costly services (Strom-Gottfried, 1997).

Commercial ventures are increasing among organizations. The shifting emphasis to commercialization for many nonprofit agencies can translate into a shift away from services for the economically disadvantaged to services for those able to pay fees (Salamon, 1993). As a result of privatization and decreased funding, some social workers report cuts in essential services and the emergence of an erratic, unstable service delivery system. Some social workers are facing dilemmas as clients seek services from agencies that are increasingly unable to meet their needs (Motenko et al., 1995; Rubio et al., 1999). The stakes are high. In many communities, long-stable nonprofit organizations have closed or terminated staff.

### **Managed Care and Welfare Reform**

Managed care and welfare reform are emerging as two social policy changes that are dramatically influencing nonprofit organizations. Medicaid beneficiaries in managed care grew from 9.5% to 40.1% of the total Medicaid enrollment between 1991 and 1996. Some nonprofit hospitals that traditionally served the poor are experiencing a loss of Medicaid patients and a corresponding loss of revenue (Perloff, 1996). Increasingly, health care and other nonprofit organizations are restructuring to respond to the demand from government entities to deliver services from programs that are comprehensive, interagency, and interdisciplinary (Strom-Gottfried, 1997). The professional concerns linked to managed care include: decreased professional autonomy; overlapped roles with other professions; increased emphasis on outcomes measurement; underserved populations (Newsome, 1997); increased use of less costly services (Jarman-Rohde et al., 1997; Strom-Gottfried, 1997), and conflicting client-payer interests (Strom & Gingerich, 1993).

Another concern of nonprofit agencies is welfare reform. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) dramatically alters federal programs designed to provide income and food assistance. This legislation changed the funding structure for public assistance programs for families

and mandated cuts in assistance to certain populations (Federal Funding Impact Collaborative, 1997). Supporters of this policy contend that economic self-sufficiency for individuals and families will occur more effectively when regional, state, and local governments have increased control over the program design and resource distribution. Initial reports indicate that welfare rolls are decreasing in many states, and nonprofit organizations are finding an increase in the number of clients seeking assistance with basic needs as poverty rates rise (Kettner & Martin, 1996; Newsome, 1997). Nonprofit agencies are concerned about the growing needs of the poor, their ability to meet the service goals mandated by the PRWOA (Federal Funding Impact Collaborative, 1997), and the capacity of reimbursements rates to cover the cost of providing services (Federal Funding Impact Collaborative, 1997; Kettner & Martin, 1996).

### Social Work Practice and Education

What effects do structural changes such as managed care and welfare reform have on the practice of professional social work and the training of social workers within the organization? Motenko et al. (1995) report that social workers have increased productivity and accountability. Bocage et al. (1995) report that budget cuts impact the training of social work interns by changing agency practice. Agencies are finding that they maintain longer waiting lists, have fewer resources with which to serve clients, and have increased accountability expectations for both social work practitioners and students.

This study builds upon previous research that explores the responses nonprofit organizations are making to managed care, welfare reform, and other factors affecting service delivery. Research such as this is critical to ascertain the degree of impact that the recent policy changes have had on nonprofit agencies and social workers. The influence of forces on nonprofit administration, service delivery, and the social work profession is explicated and compared to the perspective of social work practitioners in the organizations. Issues such as managed care and welfare reform are addressed as potential factors impacting agencies. Changes in service delivery are explored as they impact the role of social workers. New skills needed by social workers and social work students working within organizations are addressed.

## METHODOLOGY

### Subjects

A stratified random sample of 500 agencies was selected from the *Community Service Directory* of an urban midwestern metropolitan area published by the United Way. This book is a compilation of all 501-3-C nonprofit agencies. A number was randomly chosen from a table of random numbers in order to generate a starting place for agency selection. Upon specifying a random starting place, every third agency was chosen for a total of 500 agencies. Criteria for participation in the study included: 1) current nonprofit status and 2) designation as an organization that delivers social services. Universities that did not qualify as a social service agency were eliminated from the study. Typically included in the sample were organizations such as hospitals, mental health centers, and family service agencies.

The number of agencies returning the survey was 287, for a response rate of 57%. Of those returned, 43 were not completed, leaving 244 for analyses.

## Materials

Focus groups were held with social work field instructors (see Rubio et al., 1999 for study results) as a means for developing the instruments for this study. The results of the focus groups provided the basis for preparing the questions salient to nonprofit organizations. Two surveys were developed for the study. One survey targeted agency administrative staff and focused on policies that impact the agency. The second survey was directed at social work personnel and inquired about the role of social workers and social work students in the agency. The survey was designed so that an administrator could complete the survey in the event that a social worker was not employed there.

Both groups were asked four common questions that inquired about social workers employed within the agency and their responsibilities. This duplication allowed for comparisons between the responses of the social workers and the administrators.

## Procedure

Both surveys were addressed to the agency administrator and mailed in one packet to the organizations. The agency administrator and a social worker (if one was employed) were asked to complete a survey. When applicable, the social worker survey was to be completed by a field instructor. Only a few questions on the role of social workers overlapped both surveys. The majority of the questions in each survey were germane to the respective discipline. After both surveys were completed, they were to be mailed to the principal investigator.

Two weeks following the initial mailing, reminder post cards were sent to agencies that did not respond. One month after the initial mailing a second follow-up reminder was sent to the non-responding agencies.

## FINDINGS

### Description of Agencies

The administrative survey was completed by 244 agencies, with 120 completing the social work surveys. The low social work survey response was expected since approximately 40% of the agencies indicated that they did not employ a social worker.

A diverse group of agencies was represented in the study. Religious organizations, health services, family and counseling services, mental health centers, and hospitals all participated in the study, as did various social service-related associations and organizations. The size and scope of the agencies also varied. The number of staff members employed ranged from 0–2300 ( $Mdn=18$ ). Agencies reported a wide range in the number of clients served each month (*Range* 6–60,000,  $Mdn=190$ ). The number of social workers employed in the agency ranged from 0–600 ( $Mdn=1$ ).

### Administrative Survey

The agency director (71%) primarily completed the administrative survey. Other administrators or the chief executive officer completed approximately

14% of the surveys. Presidents, vice-presidents, or coordinators completed the majority of the remaining surveys.

**Effect of Policy.** Sixty percent of the administrators indicated that changes in social policies have affected the agency's operations over the past year. When asked about future operations, 74% indicated that changes in social policies will affect them. Not surprisingly, a significant relationship exists between those administrators who believe that social policies have affected their agencies and whether social policies will affect them in the future ( $\chi^2 = 47.96; p<.001$ ).

Welfare reform, managed care, and Medicare/Medicaid were noted as the administrators' primary concerns. Thirty-eight percent note that welfare reform has negatively affected their agency in the past year, while 48% indicate that the reforms will negatively affect their agency in the future. Despite the increase in concern, those who think that welfare reform has affected their agency are more likely to view it as affecting their agency in the future ( $\chi^2 = 74.64; p<.001$ ). The same increased concern is noticed with Medicare/Medicaid. Twenty six percent note that policy changes in Medicare/Medicaid have negatively affected them and 40% anticipate these policy changes will have a negative effect in the future. Concerns about managed care did not change significantly from the past year to the future. Thirty-eight percent indicated that managed care has had a negative impact on their agency during the past year and 40% anticipate that managed care will continue to have a negative effect. This trend is significant because those who view managed care as negatively affecting their agency are more likely to see managed care as a problem in the future ( $\chi^2 = 92.35; p<.001$ ).

Most of the agencies surveyed reported no positive outcomes have occurred as a result of current policy changes. In fact, welfare reform is the policy change that generated the most responses, with only 10% indicating that it has positively affected their organization over the past year. However, 18% believe that welfare reform will positively affect them in the future.

**Response.** The administrative survey included several questions regarding agency response to policy changes. Interestingly, only a moderate relationship exists between those administrators who report being negatively affected by at least one social policy and whether they have had to expend more resources to generate revenue ( $\chi^2 = 6.00; p=.05$ ).

While agencies seem to be split on the issue of adequate resources (both monetary and non-monetary), 64% stated that they expended more resources in generating revenue over the past year, compared to 16% who did not. The majority of agencies (66%) reported spending more resources on evaluating and documenting the effectiveness of the services than in the past.

Despite expending more resources, an overwhelming percent (93%) reported that they have not merged or been purchased by another agency. However, 88% stated that they have collaborated with at least one other agency in order to deliver services. Interestingly, the majority of agencies (77%) reported that they have not eliminated any services, but almost 60% stated that cost-effectiveness is a strong factor in determining service delivery options. There was no dominant response regarding the changes agencies made in service delivery, such as

standardizing or specializing services or providing more case management services.

**Social Workers.** The administrators' survey included questions that addressed the number and role of social workers employed in the agency. Approximately 45% of the administrators did not complete this section of the survey. This was expected, as 40% of the agencies do not employ a social worker.

Despite the changes occurring in nonprofit agencies, only 11% report that social workers are spending less time on direct services. However, the majority (63%) reported that social workers have more responsibility. Personnel resources to provide social work supervision appear unchanged. Almost half of the social workers currently report to and have been reporting to MSW-level social workers for several years.

In comparing the results of the administrators with that of the social workers, no significant differences emerged. The administrators' responses significantly related to the social workers' responses ( $p<.001$ ) for all three tests. Since all of the questions were significantly related, there are no differences in the way that social workers and administrators responded.

### **Social Worker Survey**

Notably, social workers' perceptions of their roles are congruent with administrators. Social workers do not spend any less time on direct services but they do have more responsibilities than in the past. Also, the person to whom the social worker reports has not changed from previous years. Most social workers report to another social worker with a masters or baccalaureate degree.

**Student Supervision.** Of the 120 social workers who completed the survey, 80 (66%) indicated that their agency serves as a practicum site for at least one social work program. Of those agencies that are not practicum sites, time constraints were cited as the reason for not offering practicum opportunities.

Social workers were asked about factors that influenced their decision to supervise students. Student energy and enthusiasm were voiced most often (94%), with the desire to train new social workers a close second (91%). Other reasons included having the student supplement staff resources (85%) and the skills and knowledge the student brings (77%). More than half (55%) of the respondents indicated that supervising a student enables them to develop a new program. Half of the respondents (52%) see the desire for supervisory experience as favorable.

Social workers spend an average of 14% of their time supervising social work students in practicum (*Range 0%-75%, Mdn=5%*). Only 17% of social work field instructors noted that this was an increase from previous years. Despite increased time constraints and responsibilities being placed on them, only 19% indicated that more is expected of social work students.

Several items addressed skills that social workers find useful for the students to bring to the practicum experience. Social workers most frequently referred to the utility of case management skills (87%) and assessment and diagnostic skills (87%). Advocacy skills were also seen as useful (84%), as were counseling or therapy skills (79%). Only 54% viewed research skills as useful and 47% perceived administrative skills as beneficial.

When asked about the skills that students fail to bring to practicum, the majority of social workers did not indicate a particular skill. At least 30% of the social workers indicated four skills as needed, but currently missing in social work students. These included case management (32%), administrative skills (32%), counseling or therapy skills (31%), and assessment or diagnostic skills (30%). Only 26% of the social workers reported that students failed to bring social work skills. Advocacy skills were the last indicated, with only 18% of field instructors reporting that students failed to bring these skills to the agency.

Social workers were asked about the presence or absence of student professional skills in the practicum. Writing skills were indicated as the most useful (94%). Twenty-five percent indicated that students fail to adequately perform this skill in practicum. Other skills that social workers noted as being useful were documentation skills (89%), presentation skills (87%), and computer skills (87%). Thirty-one percent of the social workers reported that students' documentation skills are lacking and 28% think that students are not prepared in the area of presentation skills. Only 14% reported that students' computer skills are inadequate.

## DISCUSSION

### Nonprofit Organizations

The majority of nonprofit organizations have been affected by social policy changes and expect social policy to impact them in the future. Welfare reform, managed care, and Medicare/Medicaid are the primary concerns. Administrators reported a negative impact as a result of current policy changes.

Nonprofit agency administrators have clearly experienced changes in organizational operations. The majority of nonprofit organizations spend more time and resources generating revenue and evaluating and documenting services delivered. Respondents reported that cost-effectiveness is a stronger factor in determining service delivery options, as well as collaborating with at least one other agency to deliver services. These findings mirror the results of previous research that found nonprofit organizations increasingly operating as for-profit businesses (Bocage et al., 1995; Motenko et al., 1995) and collaborating with other agencies to deliver a continuum of services (Menefee, 1997). While the literature suggests that many nonprofit agencies are merging and eliminating services, these data show otherwise. The structure of nonprofit organizations in this study appears to be stable.

What should nonprofit organizations do to survive and compete in this environment now and into the future? Menefee's (1997) interviews with 21 executive directors of nonprofit organizations suggest the future for these agencies include: 1) increased competition among nonprofit agencies and between nonprofit and for-profit social service agencies; 2) an increase in the demand for social services corresponding to an increase in the complexity of social problems and a decrease in the amount of resources; 3) a change in the role of government from service provider to service administrator with increasing accountability requirements; d) a shift in charitable funding priorities for corporations to ameliorate social problems in their immediate communities; 4) a dramatic increase in the influence of and use of technology in service delivery and communication; and 5) a decrease in the number of nonprofit agencies. Nonprofit organizations must account for these changes if they are to remain viable into the future.

### Social Work Practice

Administrators and social work practitioners agree that social workers have increased responsibility without a commensurate decrease in time spent on direct services to clients. Social workers are increasingly required to do more with less. Skills that lend themselves to efficiency are crucial for practice within current realities, such as well-developed assessment skills (Strom & Gingerich, 1993) and practice evaluation (Rubio et al., 1998). In the current environment, activities such as mediation, brokering, and client advocacy (Motenko et al., 1995) are sacrificed for less costly services. The combination of increased managed care provisions, cutbacks in services, increased productivity, and documentation and fiscal restraints on services have led to low morale, a deterioration of the work environment, and increased burnout (Bocage et al., 1995; Motenko et al., 1995). Social workers also report increased frustration with the shift to illness rather than presenting strengths of the client (Motenko et al., 1995).

With nonprofit organizations having moved into the 21st century, social workers must be attuned to the changes occurring at the administrative level. More social workers will be employed by for-profit social service agencies as this sector continues to expand (Ortiz & Bassof, 1988). While the potential advantages to a for-profit delivery system include increased productivity and greater competition in the social service marketplace (Salamon, 1993), ethical questions also arise. Social workers must be vigilant to assess the impact of increasing responsibility and productivity requirements on the delivery of quality services (Kettner & Martin, 1996). As for-profit agencies make inroads into the social services sector, a two-tiered system could become entrenched, with for-profits serving only the more affluent, leaving nonprofit agencies to serve the needy.

### Social Work Field Education

Overall, most respondents to the social work survey reported that students are prepared for their field experience. The majority believe that students bring needed skills to the agency. With less time and more demands placed on social workers, practitioners and their students are adjusting. Time for supervision is a scarce resource; most field instructors are maintaining the amount of time spent on supervision despite the increased demands of practice. Most respondents report that social work programs are preparing students with appropriate skills and knowledge for the field. Despite constraints, however, field instructors see students as an asset and most organizations are still supervising students (Bocage et al., 1995).

Field liaisons have a responsibility to ensure the integrity of student learning experiences as agencies struggle to do more with less. Field education programs may find an increase in demand on the resources of the program as nonprofit organizations are challenged to deliver effective services to clients with fewer resources in a faster timeframe. Some agencies increasingly rely on students to provide services, which can pose issues for field education.

Those organizations not involved in field education cite time constraints as a deterrent. Social work field education programs need to monitor this trend to ensure the viability of current field agencies and to recruit sites that can offer a quality learning experience while negotiating the transitions derived from policy changes.

## Research

Research must continually explore the effects of changing social policies on social work practice if social work education is to adequately prepare students for practice. While this study used a representative sample of nonprofit agencies in a Midwestern city, the external validity of the study is limited to that population. Research is needed on a national scale to assess the impact of social policy on social work practice relative to skills needed and role definition within the organization. The findings presented here are only representative of a limited area. Whether the views of administrators and social workers are similar in other regions has not been tested.

Research in this area is lacking. More work is needed to provide insight into the survival strategies used by nonprofit agencies. As social workers' roles within these agencies are changing, better information on social worker adaptation is needed. Data regarding student satisfaction with practicum supervision should be collected and analyzed. Longitudinal studies will generate valuable information as social welfare policies continue to change and evolve, thus influencing nonprofit agencies. As this is a cross-sectional study, a one-year follow-up of these agencies would offer a perspective on longitudinal change and outcome.

## Acknowledgment

This research was supported by the Beaumont Faculty Development Fund of the Graduate School, Saint Louis University.

---

## References

- Bocage, M.D., Homonoff, E.E., & Riley, P.M. (1995). Measuring the impact of the fiscal crisis on human services agencies and social work training. *Social Work, 40*, 701-705.
- Federal Funding Impact Collaborative (1997, October). *Devolving responsibility: Federal welfare reform and service delivery in the St. Louis region*. St. Louis, MO: United Way.
- Independent Sector. (1997). *Nonprofit almanac: Dimensions of the independent sector*. San Francisco: Jossey-Bass.
- Jarman-Rohde, L., McFall, J., Kolar, P., & Strom, G. (1997). The changing context of social work practice: Implications and recommendations for social work educators. *Journal of Social Work Education, 33*, 29-46.
- Kettner, P.M., & Martin, L.L. (1996). The impact of declining resources and purchase of service contracting on private nonprofit agencies. *Administration in Social Work, 21*, 211-238.
- Menefee, D. (1997). Strategic administration of nonprofit human service organizations: A model for executive success in turbulent times. *Administration in Social Work, 21*(2), 1-20.
- Motenko, A.K., Allen, E.A., Angelos, P., Block, L., Devito, J., Duffy, A., Holton, L., Lambert, K., Parker, C., Ryan, J., Schraft, D., & Swindell, J. (1995). Privatization and cutbacks. *Social Work, 40*, 456-463.
- Newsome, M. (1997). Social work change and social work education. *Social Work Education Reporter, 45*, 12-13.
- Ortiz, E.T., & Bassof, B.Z. (1988). Proprietary hospital social work. *Health and Social Work, 13*, 114-121.
- Perloff, J.D. (1996). Medicaid managed care and urban poor people: Implications for social work. *Health and Social Work, 21*(3), 189-195.
- Rubio, D.M., Birkenmaier, J.M., & Berg-Weger, M. (under review). Human service nonprofit agencies: Studying the impact of policy changes. *Journal Socionomia*.

- Salamon, L.M. (1993). The marketization of welfare. *Social Service Review*, 67, 16-39.
- Strom-Gottfried, K. (1997). The implications of managed care for social work education. *Journal of Social Work Education*, 33, 7-18.
- Strom, K., & Gingerich, W.J. (1993). Educating students for the new market realities. *Journal of Social Work Education*, 29(1), 78-87.
- Zippay, A. (1992). Corporate funding of human service agencies. *Social Work*, 37, 210-214.

**Author's Note:**

Address correspondence to: Doris McGartland Rubio, Ph.D, Department of Research Methodology, Saint Louis University, 3663 Lindell Boulevard, St. Louis, Missouri 63108 USA.

## **Perceptions of Field Instructors: What Skills Are Critically Important in Managed Care and Privatized Environments?**

Michael N. Kane  
Elwood R. Hamlin II  
Wesley Hawkins

**Abstract:** *There is an increasing demand for social work practitioners to work in managed care and privatized environments. In an attempt to build social work curriculum and identify important competencies needed in contemporary service environments, researchers investigated South Florida field instructors' (N=79) perceptions of necessary knowledge and skill to work in environments affected by privatization and managed care. This study's findings indicate that field instructors (98%) identified documentation as the most critically important skill for any social work position. Additionally, respondents identified intervention evaluation (95%), time-focused and needs-based assessments strategies (94%), and evaluation of progress through outcome measures (94%) as other critically important skills for current and future practitioners.*

**Keywords:** *Managed care, practicum, social work education, field instructors*

**W**hether functioning independently or as part of a multi-disciplinary team, social workers have provided innovative helping services in various settings over the decades. Many of these sites and services are undergoing change, development, and restructuring as a result of government and corporate "obsession with cost" (Davis & Meier, 2000, p.10). Once primarily employed in the public and private not-for-profit sector, social workers have become increasingly more present in private for-profit settings (Ginsberg, 2000). Over the decades the profession has successfully adapted to various new service environments. Currently, the challenge to the profession may extend beyond environmental adaptation to include its knowledge and skills base.

The delivery of services within both the public and private sectors of health, mental health, and social services has changed dramatically in the past decade and will likely continue to undergo further change (Berkman, 1996; Edinburg & Cottler, 1995; Motenko et al., 1995; Oss, 1996; Perloff, 1998; Rosenberg, 1998; Scuka, 1994; Vernon, 1998; Volland, Berkman, Stein & Vaghy, 1999; White, Simon & Bixby, 1993). Private health, mental health, and social agencies have adopted service delivery models which incorporate cost-controlling measures while

---

Michael N. Kane, Ph.D., MSW, M. DIV. is Assistant Professor; Elwood R. Hamlin II, D.S.W. and Wesley Hawkins, Ph.D. are Associate Professors, Florida Atlantic University, Boca Raton, Florida, USA .

Copyright© 2000 *Advances in Social Work* Vol. 1 No. 2 (Fall 2000) 187-202.  
Indiana University School of Social Work.

attempting to provide quality intervention (Borenstein, 1990; Corcoran & Vandiver, 1996). Public health, mental health, and social service agencies have also been increasingly privatized with the goal of controlling escalating costs and providing effective intervention (Elias & Navon, 1998; Beinecke, Goodman & Lockhart, 1998). Most Americans desire the highest quality, cutting-edge services. However, 21st century fiscal realities inhibit their widespread implementation. Federal, state, and local governments representing the sentiments of taxpayers, employers, and insurance companies are sending messages to service providers and service recipients that unrestricted access to service is a luxury that is not economically supportable (Fletcher, 1999; McEntee, 1993). Therefore, managed care models have emerged as prominent methods for allocating and rationing resources. Rationing procedures such as utilization review have become the principal methods of dispensing expensive and scarce resources. Underlying these models of service delivery are two assumptions: (a) unnecessary services are being provided to people who do not need services, and (b) inappropriately intensive and expensive services are provided when less intensive services would be sufficient (Kapp, 1999; Rose, 1996).

While the nation has opted for marketplace health, mental health, and social service delivery, current service providers have struggled to remain responsive and competitive by acquiring new knowledge and skills. Future health and mental health practitioners are facing new demands as a result of delivery system changes (Coggan, 1997; Fletcher, 1999; Hagland, 1996).

Social workers have traditionally been present in health care venues. Given the profession's dominant position in the provision of mental health and social services and the prevalence of these managed care models, it is critically important that educators and curriculum stakeholders evaluate curricula that will prepare future practitioners for these new and emerging models of service delivery. There are many sources that may support curriculum development and evaluation of necessary skills and knowledge in the current service environment. Field instructors are one critical source to offer important information for social work curriculum evaluation (Alperin, Gray & Wik, 1991).

### **SOCIAL WORK AND CURRENT MODELS OF SERVICE DELIVERY**

The profession has begun to focus attention on managed care and privatized models of service delivery. The Council on Social Work Education has established a program research commission that questions whether curricula address today's practice world. Furthermore, project "Beyond Year 2010: Public Health Social Work Practice" intends to examine practice within the context of managed care (O'Neill, 2000). The literature has tended to focus heavily on the ethical conundrums and legal issues associated with current service delivery methods (Callahan, 1998; Davidson & Davidson, 1998; Houston-Vega, Nuehring, with Daguiio, 1997; Madden, 1998; Munson, 1998; Reamer, 1998; Rock & Congress, 1999), preferred models of clinical practice in the current service delivery environment (Corcoran & Vandiver, 1996; Kadushin, 1996; Mitchell, 1998; Poole, 1996), the restrictive aspects of service rationing (Callahan, 1998; McQuaide, 1999; Sessions, 1998), and enduring practitioner obligations to clients (Davidson, Davidson & Keigher, 1999; Houston-Vega et al., 1997; Madden, 1998; Reamer, 1998; Watt & Kallmann, 1998).

This important body of literature appears to focus on the underlying philosophical and value conflicts that exist between professional social work and current service delivery trends. Practitioners, educators, and clients' negative attitudes toward current models of managed care fill scholarly and popular literature (Berger & Ai, *in press-a*). Yet, in spite of these negative perceptions and attitudes, rationing and limited service delivery are increasing and will continue to be an integral part of health, mental health, and social service delivery (Berger & Ai, *in press-b*).

At the heart of the matter may be the tension that exists between social work's preferred models of practice and managed care's approach to service delivery. Many current social work writers and educators favor postmodernist models of practice (Parkeck, Murphy & Choi, 1994), such as empowerment (Lee, 1994) or strength-based perspectives (Cowger, 1994; Rapp, 1998; Saleebey, 1996). Managed care is a deficit-focused service delivery system that operates on the medical model (Kane, Houston-Vega & Nuehring, *in press*). Reconciling postmodernist models to a medical model service delivery system is a challenge that current and future practitioners cannot avoid if they expect to remain consistent with social work ethical obligations and remain competitive in the marketplace. Kelly (1998) suggests that the postmodernist key to this practitioner dilemma lies in the ability to understand the reality of clients as well as the reality of managed care and utilization review. Based on these realities, practitioners communicate by "talking in two voices" (Kelly, 1998, p. 437). Essentially, practitioners communicate client needs to managed care companies in the language of utilization reviewers. Aside from some potential ethical concerns with this strategy, the more distressing reality for practitioners and clients is managed care's predictable focus on profit and cost, and the limited attention given to the best interests of clients or the expertise of practitioners. Davis and Meier (2000) suggest that managed care does not operate from a clinical perspective of service delivery but rather from a business model. These business models inform business activities and support strategies to maximize profits, yet may have limited effectiveness in providing real services to real people in need.

Educators and curriculum stakeholders find themselves in a difficult position as they observe rapidly changing service environments and multiple new demands that are placed on practitioners. The employment market requires specialized skills for social workers. Educators struggle to find the best methods for infusing necessary knowledge and skills that address current needs, while remaining faithful to the profession's values, knowledge, and skill base. Over the past few years, social work educators have been encouraged to include specific knowledge and skills in educational curricula to ensure competency in this new service delivery environment (Kadushin, 1997; Raskin & Blome, 1998; Rosenberg, 1998; Shera, 1996; Strom-Gottfried, 1997; Volland et al., 1999).

Although there is an abundance of theoretical or position literature, few empirical studies exist that identify the specific knowledge and skills necessary for current service delivery environments. Vandivort-Warren (1996) developed a list of knowledge and skills as a result of work with several social work focus groups throughout the United States. Group participants identified critically important items which include treatment skills based on diagnostic protocols, research skills

using client outcome measures, conceptualizing treatment as best outcomes in a cost-conscious environment, business/financial knowledge and skills, and understanding market forces.

Other literature has suggested that social work education might include knowledge of managed care models and privatization (Brooks & Riley, 1996; Kadushin, 1997; Raskin & Blome, 1998; Strom-Gottfried, 1997; Volland et al., 1999), outcomes research (Corcoran & Gingerich, 1994; Strom-Gottfried, 1997; Volland et al., 1999), documentation (Brooks & Riley, 1996; Raskin & Blome, 1998; Volland et al., 1999), needs-based assessments (Brooks & Riley, 1996; Kadushin, 1997; Raskin & Blome, 1998; Strom-Gottfried, 1997; Volland et al., 1999), and case management strategies (Volland et al., 1999). Volland et al. (1999) propose this can be accomplished if field instruction and classroom education become better integrated.

The field practicum has been a critically important and traditional context for social work training. However, field sites currently face several dilemmas. Because student services are not reimbursable through Medicaid and other forms of insurance (Donner, 1998; Kane et al., in press), some agencies have opted to eliminate students in field practicum as they are no longer beneficial to the agency (Raskin & Blome, 1996). Field instructors have little time for intensive supervision (Berkman, 1996). Non-billable time spent in student-supervision by a field instructor reduces the time spent in providing reimbursable services for agencies. And from a bold educational perspective, Berger and Ai (in press-a) reason that only field settings that incorporate managed care models should be used as practicum sites, as only they will adequately prepare future practitioners.

Clearly, field instructors are the bridges between educators, students, agencies, and payers. They provide important information regarding critical knowledge and skill for current and future service delivery based on their clinical and agency knowledge and experience. This study sought to identify field instructors' perceptions of critically important knowledge and skills for preparedness to work in these changing environments.

## METHODOLOGY

**Respondents:** South Florida has several universities with social work programs. Because of the geographic proximity of these institutions, field instructors may supervise BSW and MSW students from more than one university. A listing of field instructors was obtained from one South Florida university. This university has an accredited BSW program and is working to establish candidacy status with CSWE for its new MSW program.

This study used exploratory, self-administered survey methodology. Dillman (1978) suggests that researchers should monitor response rates following the first distribution of self-administered instruments, complete with cover letters. Additionally, follow-up mailings should be sent to ensure an acceptable response rate. All 109 field instructors identified on this university list were contacted by mail and requested to complete an anonymous questionnaire. No identifying information was elicited to better ensure the confidentiality of responses. A form letter accompanied the questionnaire and explained that this survey's findings would assist in developing a MSW curriculum responsive to current service delivery

needs. The letter explained that the investigators were interested in respondents' attitudes and perceptions regarding the knowledge and skills necessary for practice in current service delivery environments. Two of the 109 cover letters and instruments were returned as undeliverable. Within two weeks, 54 instruments were returned. Since there were no identifying marks or codes on these returned instruments and to solicit a larger response, a second mailing was completed within the month. Respondents were told not to resubmit the instrument if they had already returned one. An additional 19 completed instruments were returned within one month. Six additional completed instruments were returned within 10 weeks, which resulted in a response rate of 74% ( $N=79$ ). Rubin and Babbie (2000) indicate that a response rate of 50% is acceptable, 60% is good, and 70% is very good.

**Instrument:** The instrument consisted of two parts. The first part contained demographic information pertaining to the field instructors and their agencies. The second part consisted of Likert format items that were developed based on content from the literature, particularly from the findings of Volland et al. (1999), who (1999) identified several key areas for social work curricula. The identified skills included familiarity with biopsychosocial treatment modalities, policies/regulations, population-specific terminology, networking, financial management skills, assessment and interviewing skills, documentation, outcome evaluation, and data management. Researchers developed items from this list of skills. Instrument items sought to identify the field instructors' perceptions regarding the importance of these skills and the necessary knowledge for the current service delivery climate.

The instrument was piloted using practitioners and field supervisors and on average took approximately 10 minutes to complete. An expert panel of social work educators, practitioners, and organization utilization reviewers established face validity for all items.

Reliance on field instructor respondents limited this study. Other sources for future curriculum development must be investigated to ensure a complete representation of what is necessary in contemporary service delivery climates. These sources may include employers, organizations, educators, students, and managed care organizations. As with all anonymous self-reporting studies, investigators could not determine whether non-responders were significantly different from responders.

## FINDINGS

The majority of survey respondents were white (85%), female (72%), with MSW degrees (84%). About half worked in private, not-for-profit social service agencies (54%) and had the shared responsibilities of direct client contact and some supervisory function. The sample and NASW demographics appear similar for these variables. The typical NASW member was white (87.9%), female (79.4%), and holds an MSW (85.5%) (Gibelman & Schervish, 1997). Unlike this sample, only 29.9% of NASW members work in the private not-for-profit sector and 48.7% of NASW members work in the private for-profit sector (Gibelman & Schervish, 1997). Other demographic information is contained in Table 1.

**Table 1: Characteristics of Sampled Field Instructors (N=79)**

|                                  | N  | %  |
|----------------------------------|----|----|
| Gender                           |    |    |
| Female                           | 57 | 72 |
| Male                             | 22 | 28 |
| Race/Ethnicity                   |    |    |
| African American                 | 4  | 5  |
| Caribbean Black American         | 0  | 0  |
| Asian/Pacific Islander           | 0  | 0  |
| Hispanic/Latino                  | 4  | 5  |
| Native American/American Indian  | 1  | 1  |
| Caucasian/White                  | 67 | 85 |
| Other                            | 3  | 4  |
| Highest Degree Earned            |    |    |
| MSW                              | 66 | 84 |
| Social Work Doctorate            | 1  | 1  |
| Other                            | 12 | 15 |
| Years in Social Work             |    |    |
| Under 2                          | 2  | 3  |
| 2-5                              | 15 | 19 |
| 6-10                             | 26 | 33 |
| 11-15                            | 11 | 14 |
| 16 or more                       | 24 | 30 |
| Employment                       |    |    |
| Private-for-profit               | 15 | 19 |
| Private-not-for-profit           | 43 | 54 |
| Public-Federal                   | 2  | 3  |
| Public-State                     | 6  | 8  |
| Public-County                    | 11 | 14 |
| In Private Practice              |    |    |
| Yes                              | 14 | 18 |
| No                               | 63 | 82 |
| Primary Employment Setting       |    |    |
| Health                           | 12 | 16 |
| Mental Health/Substance Abuse    | 15 | 19 |
| Courts/Justice System            | 10 | 13 |
| School                           | 5  | 6  |
| Residential Facility             | 2  | 3  |
| Social Service Agency            | 24 | 30 |
| Other                            | 9  | 11 |
| Primary Clients Served           |    |    |
| Children/Adolescents             | 12 | 15 |
| Families                         | 6  | 8  |
| Adults                           | 25 | 32 |
| Older Persons                    | 7  | 9  |
| Mix of Above                     | 29 | 37 |
| Years of Supervising BSW interns |    |    |
| < 2                              | 29 | 37 |
| 2-5                              | 28 | 35 |
| 6-10                             | 9  | 11 |
| >10                              | 13 | 16 |

Table 1: *Characteristics of Sampled Field Instructors (N=79) (cont.)*

|  | N  | %  |
|--|----|----|
| Years of Supervising MSW Interns           |    |    |
| <2   | 42 | 53 |
| 2-5  | 16 | 20 |
| 6-10                                       | 5  | 6  |
| >10  | 15 | 19 |
| Primary Employment Function                |    |    |
| Administrative                             | 17 | 22 |
| Middle Management/Supervisor               | 9  | 11 |
| Supervisor with Significant Client Contact | 30 | 38 |
| Front Line Social Worker                   | 18 | 23 |
| Other                                      | 5  | 6  |

Table 2 provides a rank ordering of field instructors' perceptions of the importance of knowledge and skill in the current service delivery environment. Respondents provided information on knowledge and skills they believed to be critically important in current service delivery environments. Documentation (98%) was perceived as the most critically important skill, followed by intervention evaluation (95%), time-focused and needs-based assessments (94%), evaluation of progress by outcome measures (94%), solution-focused methods (86%), interdisciplinary collaboration (86%), case management skills (86%), knowledge of insurance (84%), knowledge of managed care (84%), and knowledge of health care coverage and financing (84%). Sixty-six percent of respondents identified macro-change skills or knowledge of Medicare/Medicaid as important.

Table 2: *Rank Order of Field Instructors' Perceptions of the Importance of Knowledge and Skills in the Current Service Delivery Environment*

|   | Agree |    | Disagree*** |    |
|---|-------|----|-------------|----|
|   | N     | %  | N           | %  |
| 1. Documentation                                      | 77    | 98 | 1           | 1  |
| 2. Intervention Evaluation                            | 75    | 95 | 2           | 3  |
| 3. Evaluation of Progress by Outcome Measures         | 74    | 94 | 3           | 4  |
| 4. Time-focused and Needs-based Assessment            | 74    | 94 | 4           | 5  |
| 5. Solution-focused Methods                           | 68    | 86 | 7           | 9  |
| 6. Interdisciplinary Collaboration                    | 68    | 86 | 9           | 11 |
| 7. Case Management                                    | 67    | 85 | 9           | 11 |
| 8. Agency-specific Terminology                        | 66    | 84 | 11          | 14 |
| 9. Knowledge of Insurance                             | 66    | 84 | 11          | 14 |
| 10. Knowledge of Managed Care                         | 66    | 84 | 11          | 14 |
| 11. Healthcare Coverage & Financing                   | 66    | 84 | 10          | 13 |
| 12. Knowledge of Entitlement Programs                 | 65    | 82 | 10          | 13 |
| 13. Brief Intervention                                | 62    | 79 | 14          | 18 |
| 14. Knowledge of the Business Side of Agency Services | 60    | 76 | 16          | 20 |
| 15. Demonstrating Cost-effectiveness of Performance   | 57    | 72 | 18          | 23 |
| 16. Knowledge of Medicare & Medicaid                  | 52    | 66 | 23          | 29 |
| 17. Macro-change Skills                               | 52    | 66 | 23          | 29 |

\*\*\* Totals may not equal 100% due to missing data

Table 3: *Years of Social Work Experience and Perceptions of Knowledge and Skill Importance*

| Skill   | Years of Experience | Agree |     | Disagree |    | X <sup>2</sup> | P   |
|---|---------------------|-------|-----|----------|----|----------------|-----|
|   |                     | N     | %   | N        | %  |                |     |
| Documentation                                     | <5                  | 17    | 100 | 0        | 0  | 1.98           | .37 |
|   | 6-10                | 25    | 96  | 1        | 4  |                |     |
|   | 11+                 | 34    | 100 | 0        | 0  |                |     |
| Intervention                                      | <5                  | 17    | 100 | 0        | 0  | 1.94           | .37 |
|   | 6-10                | 25    | 96  | 1        | 4  |                |     |
|   | 11+                 | 33    | 100 | 0        | 0  |                |     |
| Evaluation  | <5                  | 17    | 100 | 0        | 0  | 0.62           | .72 |
|   | 6-10                | 25    | 96  | 1        | 4  |                |     |
|   | 11+                 | 33    | 100 | 0        | 0  |                |     |
| Evaluation of Progress by Outcome Measures        | <5                  | 17    | 100 | 0        | 0  | 0.62           | .72 |
|   | 6-10                | 25    | 96  | 1        | 4  |                |     |
|   | 11+                 | 32    | 97  | 1        | 3  |                |     |
| Time-focused & Needs-based Assessments            | <5                  | 16    | 94  | 1        | 6  | 2.35           | .31 |
|   | 6-10                | 26    | 100 | 0        | 0  |                |     |
|   | 11+                 | 31    | 91  | 3        | 9  |                |     |
| Solution-focused Methods                          | <5                  | 15    | 88  | 2        | 12 | 0.16           | .91 |
|   | 6-10                | 23    | 92  | 2        | 8  |                |     |
|   | 11+                 | 29    | 91  | 3        | 9  |                |     |
| Interdisciplinary Collaboration                   | <5                  | 15    | 88  | 2        | 12 | 0.55           | .76 |
|   | 6-10                | 22    | 85  | 4        | 15 |                |     |
|   | 11+                 | 30    | 91  | 3        | 9  |                |     |
| Case Management                                   | <5                  | 14    | 88  | 2        | 12 | 0.55           | .76 |
|   | 6-10                | 22    | 85  | 4        | 15 |                |     |
|   | 11+                 | 30    | 91  | 3        | 9  |                |     |
| Agency-specific Terminology                       | <5                  | 16    | 94  | 1        | 6  | 2.71           | .26 |
|   | 6-10                | 20    | 77  | 6        | 23 |                |     |
|   | 11+                 | 29    | 88  | 4        | 12 |                |     |
| Knowledge of Insurance                            | <5                  | 17    | 100 | 0        | 0  | 4.44           | .11 |
|   | 6-10                | 20    | 77  | 6        | 23 |                |     |
|   | 11+                 | 28    | 85  | 5        | 15 |                |     |
| Knowledge of Managed Care                         | <5                  | 16    | 100 | 0        | 0  | 5.49           | .06 |
|   | 6-10                | 22    | 88  | 3        | 12 |                |     |
|   | 11+                 | 24    | 75  | 8        | 25 |                |     |
| Healthcare Coverage & Financing                   | <5                  | 17    | 100 | 0        | 0  | 3.67           | .16 |
|   | 6-10                | 20    | 80  | 5        | 20 |                |     |
|   | 11+                 | 28    | 85  | 5        | 15 |                |     |
| Knowledge of Entitlement Programs                 | <5                  | 15    | 94  | 1        | 6  | 0.92           | .63 |
|   | 6-10                | 22    | 85  | 4        | 15 |                |     |
|   | 11+                 | 27    | 85  | 5        | 15 |                |     |
| Brief Intervention                                | <5                  | 13    | 77  | 4        | 23 | 1.14           | .57 |
|   | 6-10                | 22    | 88  | 3        | 12 |                |     |
|   | 11+                 | 26    | 79  | 7        | 21 |                |     |
| Knowledge of the Business Side of Agency Services | <5                  | 13    | 81  | 3        | 19 | 0.74           | .69 |
|   | 6-10                | 19    | 73  | 7        | 27 |                |     |
|   | 11+                 | 27    | 82  | 6        | 18 |                |     |

*Table 3: Years of Social Work Experience and Perceptions of Knowledge and Skill Importance (cont.)*

| Skill                            | Years of Experience | Agree |    | Disagree |    | $\chi^2$ | P   |
|----------------------------------|---------------------|-------|----|----------|----|----------|-----|
|                                  |                     | N     | %  | N        | %  |          |     |
| Demonstrating Cost-effectiveness | <5                  | 15    | 88 | 2        | 12 |          |     |
| Performance                      | 6-10                | 17    | 68 | 8        | 32 |          |     |
| Knowledge of Medicare & Medicaid | 11+                 | 25    | 78 | 7        | 22 | 2.38     | .31 |
| Macro-change Skills              | <5                  | 12    | 71 | 5        | 29 |          |     |
|                                  | 6-10                | 15    | 63 | 9        | 37 |          |     |
|                                  | 11+                 | 24    | 73 | 9        | 27 | 0.71     | .70 |
|                                  | <5                  | 10    | 67 | 5        | 33 |          |     |
|                                  | 6-10                | 21    | 81 | 5        | 19 |          |     |
|                                  | 11+                 | 20    | 61 | 13       | 39 | 2.80     | .25 |

Years of professional experience were collapsed into three options: less than five years of experience, six to 10 years of experience, and 11 or more years of experience. Since social work experience might be expected to be a critical component in determining perceptions of skill and knowledge importance,  $\chi^2$  statistics were computed for all 17 items. Because there were 17 individual statistical tests, the possibility of family-wide error rate existed. To control for a family-wide error rate, the significance level was adjusted using the Bonferroni technique. The starting statistical significance of 0.05 was divided by 17, which resulted in a new significance level of 0.00294. Table 3 contains cross-tabulations and  $\chi^2$  statistics for all items.

Interestingly, none of the  $\chi^2$  statistics were significant, indicating that there was no significant disagreement among field instructors with various levels of social work experience. The only item approaching significance was "knowledge of managed care" ( $p=0.06$ ). Of the total respondents, 84% agreed that knowledge of managed care was a critically important area of knowledge. However, while all of the respondents with less than five years of professional experience and 88% of respondents with six to 10 years of experience indicated that it was a critically important skill, only 75% of the respondents with 11 or more years agreed.

When the level of professional experience was statistically controlled, there were no significant differences among the groups. Nonetheless, trends were visible in some variables, particularly variables centering on business issues. Most noteworthy was the perception difference in the importance of knowledge of managed care and knowledge of insurance. All field instructors with less than five years of experience perceived these items as critically important, while field instructors with more experience did not unanimously concur. Additionally, other business-related variables, such as knowledge of healthcare financing and demonstrating cost effectiveness in performance, were more likely to be perceived as critically important by field instructors with less than five years of experience. Even though there were no statistical differences among the levels of experience, it appears that these variables were particularly important to field instructors with less professional experience.

## IMPLICATIONS AND CONCLUSIONS

Field instructors are one of several critically important sources of information for social work educators and curriculum stakeholders. Little empirical data exists confirming the importance of specific skills for managed care and privatized environments. From a literature search, various skills associated with managed care environments were identified. Respondent field instructors were asked to identify those skills and knowledge they thought to be the most important for current service delivery climates. Critically important skills identified by field instructors included documentation, intervention evaluation, time-focused and needs-based assessment, and outcome measures. Other important skills included solution-focused methods, interdisciplinary collaboration, and case management. Knowledge of insurance, managed care, health care coverage, and financing were also identified as important. While the literature identified knowledge of Medicare and Medicaid and macro-change skills as critically important, study respondents did not overwhelmingly agree. Finally, there were no significant differences in critically important skill perceptions based on years of experience. These findings offer important insights into current service delivery environments and have potential implications for social work education.

Because social work is a value-based profession, social work educators filter knowledge and skill through the profession's Code of Ethics. The profession's mission, as identified in the Code of Ethics, is to "enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (National Association of Social Workers, 1996, p. 1). With such intention, educators and practitioners interact with multiple systems, including clients, managed care organizations, privatized environments, insurance companies, and utilization reviewers. While social work education favors postmodernist models of empowerment and strength-based perspectives, managed care seeks to find the deficit in covered lives that can be quickly, cheaply, and efficiently remedied. But perhaps most importantly, managed care and privatized environments function on a business model. Their focus is primarily the cost of services. Clients' needs and practitioners' expertise appear to be secondary considerations (Davis & Meier, 2000). Despite identified shortcomings, managed care and privatized environments appear to be here to stay. There appear to be no other viable options on the horizon to control escalating costs. This, coupled with society's general unwillingness to provide limitless and expensive services to all people—especially those who are vulnerable, oppressed, and living in poverty. The model that currently informs service delivery is unmistakably a business model. Respondents in this study appeared to have understood the importance of being knowledgeable about the business side of service delivery.

As a bridge between students, educators, agencies, and payers, field instructors offer valuable insight into the current service delivery climate. They are also first-hand witnesses to the challenges awaiting new and future social work practitioners. Their experience offers educators valuable information about the skills and knowledge which will allow social work practitioners to successfully function in these ever-changing environments and continue to serve vulnerable or oppressed clients.

Respondents reached the greatest consensus regarding the need for and the importance of documentation as an essential basic skill in the current service delivery environment. This finding supports other research in suggesting that documentation ultimately protects clients, practitioners, and agencies (Houston-Vega et al., 1997; Kane et al., in press; Madden, 1998). Documentation provides an account of the provision of services, answers charges of malpractice, and evidences adherence to the standard of care (Houston-Vega et al., 1997; Kane et al., in press; Madden, 1998). Practitioners need specialized knowledge and skills to professionally interact in a society that has become increasingly litigious. By incorporating documentation requirements into the curriculum, social work educators are in a favorable position to ensure that students, clients, and agencies are protected. Although variation exists in documentation requirements for managed care and privatized environments, broad principles of responsible record keeping can be incorporated into coursework. Practitioners who function in managed care and privatized environments need basic familiarity with consents and releases, assessment tools, problem-oriented service plans, progress notes, treatment outcome documentation, termination summaries, and documenting critical incidents (Houston-Vega et al., 1997; Kane et al., in press; Madden, 1998). Traditional documentation methods, such as the S-O-A-P Method (Subjective, Objective, Assessment & Plan) or the Problem-Oriented Medical Record Model, provide essential skills for current service delivery environments and agency reimbursement: that of *charting-to-the-negative* (Kane et al., in press). Educators may hesitate as they consider such strategies. However, the major challenge is to provide students with the skills to document in a problem-oriented fashion while remaining focused on client strengths and empowerment strategies. Perhaps the solution lies in honestly informing students of these existing tensions and noting that the language of service delivery environments and reimbursement is not necessarily the language of the profession (Kane et al., in press). If for no other reason, educators may wish to include content on documentation and liability to ensure that vicarious liability suits do not include their names for not having adequately prepared competent and responsible practitioners (Houston-Vega, Nuehring & Kane, 1999).

The findings suggest that field instructors understand the important connection between practice and evaluation. Within social work education, research classes have been viewed as very distinct from and not practically connected to the remainder of the curricula. Respondent field instructors indicate that in current service environments practice and evaluation are inseparable. The study's findings support those of Volland et al. (1999) and suggest that content in the research sequence include strategies for intervention evaluation and outcome measures. There is nothing new in the concept that students need to understand: only practice that has been evaluated and examined is responsible practice (Berger & Ai, in press-b; Myers & Thyer, 1997). For years these themes have been dominant in the educational literature. Perhaps actual evaluation and measurement of practice can be incorporated into the practice class, while the skills to perform the evaluative functions may be taught in the research sequence. These notions highlight the importance of empirically-based evaluation and its connection to practice—perhaps over other evaluative methods. One potential recommendation for ensuring

that students understand the connection of practice to empirical evaluation is to ensure that they are concurrently enrolled in practice and evaluation courses.

Respondents identified time-focused and needs-based assessment as important. Social workers have a long history of assessing individuals, families, groups, organizations, and communities. Most practice texts identify assessment as an important function of social work, which remains ongoing in the helping-relationship (cf. Hepworth, Rooney & Larsen, 1997; Shulman, 1992; Woods & Hollis, 1990). In managed care environments, the period in which the social worker has the opportunity to engage in a helping relationship is predicated on the client's acute need and is generally expected to be brief and time-limited. Identifying acute need is referred to as determining medical necessity and includes identifying health, mental health, and social service needs. Practitioners need the skills to quickly and accurately assess acute need, implement-attain-evaluate goals, and terminate the time-limited helping relationship. Managed care organizations view the assessment process as the shortest possible encounter in an acute situation in which the professional is able to accurately identify the problem and resolve it through an approved intervention.

Having noted the time constraints of the helping relationship from a managed care perspective, it is not surprising that respondents identified solution-focused methods and brief treatment as important practice models. A body of empirical literature supports the effectiveness of these practice models. Furthermore, managed care organizations may not allow providers to choose interventions which are not a part of the organization's approved list of treatment protocols (Davis & Meiers, 2000). These protocols frequently include brief and solution-focused methodologies to the exclusion of others (Davis & Meiers, 2000).

Field instructors identified knowledge of financing, insurance, managed care, entitlement programs, and the business-side of agency services as important. This appears consistent with their understanding that service environments operate from practice models as well as business models. These findings are consistent with those of Volland et al. (1999). Respondents, because of their connection to service delivery sites, provide valuable insight which suggests that practitioners in managed care and privatized environments need to be attentive to agency financial health and survival. A surprising element is that despite respondents' heightened awareness of the financial side of service delivery, only 66% of them identified knowledge of Medicare and Medicaid as important. This is particularly confusing as most respondents were employed in the private sector. Additionally, only 66% of respondents identified the skills to initiate macro changes as important in the current service environment.

Social work educators have understood that social work education is professional education, rather than purely academic education. Because social work curriculum prepares social work professionals, curriculum cannot remain isolated from the pressures of current service delivery needs and demands. Educators, as they view the realities of managed care and privatization, will understand the challenges of incorporating material in order that future practitioners remain in competitive positions for existing and future employment opportunities.

Managed care organizations frequently allow the boundaries of various professions to blur in order to reduce cost and maximize profit.

While field instructors and service delivery environments offer important information for educators, educators must still contend with the issue of "how" to incorporate this material into curriculums in a meaningful manner. Undoubtedly, incorporating this material will require that educators choose managed care information over other material. Knowledge and skills, which were previously expected to be learned in the field site, may need to be formally incorporated into the classroom. This is particularly true of documentation skills, knowledge of business models, and general reimbursement information. Not unlike classroom educators, field instructors face similar time constraints as a result of the multiple demands placed on them. Previous research indicates that field instructors find it increasingly more difficult to provide intensive supervision and training to students (Berkman, 1996; Raskin & Blome, 1996). With few other choices available, classroom educators may need to incorporate what has previously been covered in field supervision. Cooperative work in this fashion will alleviate notions of the disconnection between the field and the classroom and ensure that students receive the preparation they need to negotiate current service demands.

---

## References

- Alperin, D., Gray, S., & Wik, R. (1991). Two models of social work field education: A multidimensional view. *The Clinical Supervisor, 8*(2), 5-18.
- Beinecke, R. H., Goodman, M., & Lockhart, A. (1998). The impact of managed care on Massachusetts mental health and substance abuse providers. In G. Shames & A. Lightburn (Eds.), *Humane managed care?* (pp. 145-155). Washington, DC: NASW Press.
- Berger, C. S., & Ai, A. (in press-a). Managed care and its implications for social work curricula reform: Clinical practice and field instruction. *Social Work in Health Care.*
- Berger, C. S., & Ai, A. (in press-b). Managed care and its implications for social work curricula reform: Policy and research initiative. *Social Work in Health Care.*
- Berkman, B. (1996). The emerging health care world: Implications for social work practice and education. *Social Work, 41*(5), 541-551.
- Borenstein, D. B. (1990). Managed care: Means of rationing psychiatric treatment. *Hospitals and Community Psychiatry, 41*, 1095-1098.
- Brooks, D., & Riley, P. (1996). The impact of managed health care policy on student field training. *Smith College Studies in Social Work, 66*(3), 307-316.
- Callahan, J. (1998). Documentation of client dangerousness in managed care environment. In G. Shames & A. Lightburn (Eds.), *Humane managed care?* (pp. 299-307). Washington, DC: NASW Press.
- Coggan, P. (1997). Medical education and marketplace competition. *Journal of the American Medical Association, 277*(13), 1037.
- Corcoran, K., & Gingerich, W. J. (1994). Practice evaluation in the context of managed care: Case recording methods for quality assurance reviews. *Research on Social Work Practice, 4*(3), 326-337.
- Corcoran, K., & Vandiver, V. (1996). *Maneuvering the maze of managed care.* New York: The Free Press.
- Cowger, C. D. (1994). Assessing client strengths: Clinical assessment for client empowerment. *Social Work, 39*(3), 262-268.
- Davidson, T., & Davidson, J.R. (1998). Confidentiality and managed care: Ethical and legal concerns. In G. Shames & A. Lightburn (Eds.), *Humane managed care?* (pp. 281-292). Washington, DC: NASW Press.

- Davidson, T., Davidson, J.R., & Keigher, S. M. (1999). Managed care: Satisfaction guaranteed... Not! *Health and Social Work*, 24(3), 163-168.
- Davis, S. R., & Meier, S. T. (2000). *The elements of managed care: A guide for helping professionals*. Stamford, CT: Brooks/Cole.
- Dillman, D. A. (1978). *Mail and telephone surveys: The total design method*. New York: John Wiley & Sons.
- Donner, S. (1998). Fieldwork crisis: Dilemmas, dangers, and opportunities. In G. Schamess & A. Lightburn (Eds.), *Humane managed care?*(pp. 442-454). Washington, DC: NASW Press.
- Edinburg, G.M., & Cottler, J. M. (1995). Managed care. In *Encyclopedia of social work* (Vol. 2, pp. 1635-1642). Washington, DC: NASW Press.
- Elias, E., & Navon, M. (1998). Managing organizational change: The Massachusetts Department of Mental Health experience in preparing for managed care. In G. Shamess & A. Lightburn (Eds.), *Humane managed care?*( pp. 111-122). Washington, DC: NASW Press.
- Fletcher, R. H. (1999). Who is responsible for the common good in a competitive market? *Journal of the American Medical Association*, 281(12), 1127 (1).
- Gibelman, M., & Schervish, P. H. (1997). *Who we are—A second look*. Washington, DC: NASW Press.
- Ginsberg, L. H. (2000). *Careers in social work* (2<sup>nd</sup> ed.). Boston: Allyn and Bacon.
- Hagland, M. (1996). Anything but academic. *Hospitals & Health Network*, 70(1), 20 (6).
- Hepworth, D. H., Rooney, R. H., & Larsen, J. A. (1997). *Direct social work practice: Theory and skills* (5<sup>th</sup> ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.
- Houston-Vega, M.K., Nuehring, E. M., with Daguo, E.R. (1997). *Prudent practice—A guide for managing malpractice risk*. Washington, DC: NASW Press.
- Houston-Vega, M. K., Nuehring, E. M., & Kane, M. N. (1999, March). *Liability in classroom teaching: A risk management framework*. Paper presented at the Annual Program Meeting of the Council on Social Work Education, San Francisco, CA.
- Kadushin, G. (1996). Adaptations of the traditional interview to the brief-treatment context. *Families in Society: The Journal of Contemporary Human Services*, 79(4), 346-357.
- Kadushin, G. (1997). Educating students for a changing health care environment: An examination of health care practice course content. *Health and Social Work*, 22(3), 211-222.
- Kane, M. N., Houston-Vega, M. K., & Nuehring, E. M. (in press). Documentation in managed care: Challenges for social work education. *Journal of Teaching in Social Work*.
- Kapp, M. B. (1999). *Geriatrics and the law: Understanding patient rights and professional responsibilities*. New York: Springer.
- Kelly, P. (1998). Postmodern approaches: Education for a managed care environment. In G. Schamess & A. Lightburn (Eds.), *Humane managed care?*(pp.430-441). Washington, DC: NASW Press.
- Lee, J. B. (1994). *The empowerment approach to social work practice*. New York: Columbia University Press.
- Madden, R. G. (1998). *Legal issues in social work, counseling, and mental health*. Thousand Oaks, CA: Sage Publications.
- McEntee, C. (1993). Clinton's next moves: Scoping out the White House on health care reform. *Hospitals*, 67(2), 23-26.
- McQuaide, S. (1999). A social worker's use of the "Diagnostic and Statistical Manual." *Families in Society: The Journal of Contemporary Human Services*, 80(4), 410-416.
- Mitchell, C.G. (1998). Perceptions of empathy and client satisfaction with managed behavioral health care. *Social Work*, 43(5), 404-411.
- Motenko, K., Allen, E., Angelos, P., Block, L., DeVito, J., Duffy, A., Holton, L., Lambert, K., Parker, C., Ryan, J., Schraft, D., & Swindell, J. (1995). Privatization and cutbacks: Social work and client impressions of service delivery in Massachusetts. *Social Work*, 40(4), 456-463.
- Munson, C.E. (1998). Evolution and trends in the relationship between clinical social work practice and managed care organizations. In G. Schamess & A. Lightburn (Eds.), *Humane managed care?*( pp. 308-324). Washington, DC: NASW Press.

- Myers, L.L., & Thyer, B. A. (1997). Should social work clients have the right to effective treatment? *Social Work*, 42(3), 288-298.
- National Association of Social Workers. (1996). *NASW Code of Ethics*. Washington, DC: Author.
- Nordgren, R. (1996). The effect of managed care on undergraduate medical education. *Journal of the American Medical Association*, 275(13), 1053-1054.
- O'Neill, J. (2000). Profession needs work force data. *NASW News*, 45(9), 1, 6.
- Oss, M. E. (1996). Managed behavioral health care: A look at the numbers. *Behavioral Health Management*, 16(3), 16-17.
- Parkeck, J. T., Murphy, J. W., & Choi, J. M. (1994). Some implications of postmodernism for social work practice. *Social Work*, 39(4), 343-346.
- Perloff, J. D. (1998). Medicaid managed care and urban poor people: Implications for social work. In G. Shamess, & A. Lightburn (Eds.), *Humane managed care?* (pp. 65-74). Washington, DC: NASW Press.
- Poole, D. L. (1996). Keeping managed care in balance. *Health and Social Work*, 21(3), 163-166.
- Rapp, C. A. (1998). *The strengths model: Case management with people suffering from severe and persistent mental illness*. New York: Oxford University Press.
- Raskin, M. S., & Blome, W. W. (1998). The impact of managed care on field instruction. *Journal of Social Work Education*, 34(3), 365-374.
- Reamer, F. G. (1998). Managed care: Ethical considerations. In G. Shamess & A. Lightburn (Eds.), *Humane managed care?* (pp. 293-298). Washington, DC: NASW Press.
- Rock, B., & Congress, E. (1999). The new confidentiality for the 21st century in a managed care environment. *Social Work*, 44(13), 253-262.
- Rose, S.J. (1996). Managing mental health: Whose responsibility? *Health & Social Work*, 21(1), 76-80.
- Rosenberg, G. (1998). Social work in health and mental health managed care environment. In G. Shamess & A. Lightburn (Eds.), *Humane managed care?* (pp. 3-22). Washington, DC: NASW Press.
- Rubin, A., & Babbie, E. (2000). *Research methods for social work* (4<sup>th</sup> ed.). Belmont, CA: Wadsworth/Thomson Learning.
- Saleeby, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 39(5), 580-587.
- Scuka, R. F. (1994). Health care reform in the 1990s: An analysis of the problems and three proposals. *Social Work*, 39(5), 580-587.
- Sessions, P. (1998). Managed care and the oppression of psychiatrically disturbed adolescents: A disturbing example. In G. Shamess & A. Lightburn (Eds.), *Humane managed care?* (pp. 171-179). Washington, DC: NASW Press.
- Shera, W. (1996). Managed care and people with severe mental illness: Challenges and opportunities for social work. *Health and Social Work*, 21(3), 196-201.
- Shulman, L. (1992). *The skills of helping: Individuals, families and groups* (3<sup>rd</sup> ed.). Itasca, IL: F. E. Peacock Publishers, Inc.
- Strom-Gottfried, K. (1997). The implications of managed care for social work education. *Journal of Social Work Education*, 33(1), 7-18.
- Valland, P. J., Berkman, B., Stein, G., & Vaghy, A. (1999). *Social Work Education for Practice in Health Care: Final Report—A Project of the New York Academy of Medicine*. New York: Authors.
- Vandivort-Warren, R. (1996). *CSWE/NASW report on preparing social workers for a managed care environment*. Washington, DC: National Association of Social Workers.
- Vernon, D. M. (1998). New opportunities for social work with state Medicaid managed care providers. In G. Shamess & A. Lightburn (Eds.), *Humane managed care?* (pp. 401-406). Washington, DC: NASW Press.
- Watt, J. W., & Kallmann, G. L. (1998). Managing professional obligation under managed care: A social work perspective. *Family and Community Health*, 21(2), 40-49.

- White, M., Simmons, W. J., & Bixby, N. (1993). Managed care and case management: An overview. *Discharge Planning Update*, 13(1), 17-19.
- Woods, M. E., & Hollis, F. (1990). *Casework: A psychosocial therapy* (4<sup>th</sup> ed.). New York: McGraw-Hill, Inc.

**Author's Note:**

Address correspondence to: Michael N. Kane, Ph.D., 7311 Lyons Road, Coconut Creek, Florida 33073-4331 USA.