REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

SPECIAL ISSUE:
Doing Research on the Ground
Part One

Volume 11, Number 4 Fall 2005

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NARRATIVES of PROFESSIONAL HELPING

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The Rewards, Frustrations, Challenges, Trials and Tribulations of Doing Social Work Research "On the Ground"

Part I
The Journeys and Discoveries of the Practitioner-Researchers

Edited by

William Meezan
Dean, College of Social Work
The Ohio State University

And

Karen M. Staller
Assistant Professor, School of Social Work
The University of Michigan

REFLECTIONS
NARRATIVES OF PROFESSIONAL HELPING

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Introduction to the Journal: My Journey with Reflections

William Meezan, Ph.D., Dean, College of Social Work, The Ohio State University

The two special issues of ***Reflections*** devoted to "Doing Research on the Ground," and my article that appears in the second of the two, are the culmination of an inner struggle about the nature of "scholarship." It is a struggle that, in retrospect, I am not proud of but that I now feel I can reveal. As a newly appointed dean, who will no longer be judged primarily on my scholarly production, I am now free to publicly question my long-held beliefs about what social work research should "look like" and the type of work social work scholars should produce in the academy.

This struggle began over ten years ago. I had the honor to be among the second group of teachers in a fledgling social work program in Lithuania. How I got to Lithuania, and its extraordinary impact on me, are long stories well beyond the scope of this introduction. It is enough to say here that that experience transformed me as a person and as a professional, so much so that I continue to go back whenever I am invited; that I continue to be willing to endure the long journey through many time zones; that I hate, but am prepared to experience, the cold winters with their few hours of daylight and even less sunshine; and that the joy of being there is never overshadowed by the lack of creature comforts or the temporary separation from my life partner, Michael.

As I prepared to leave Lithuania after my first experience there in 1993, when Russian troops were still in the streets and mail service was totally unreliable, a number of the remarkable women who were the first social work students in the country asked me to carry letters back to their first American teachers. It was a simple request that I gladly fulfilled. It was also a request that enriched my life, for it resulted in my meeting Paul and Sonia Abels – they lived in Costa Mesa, just a ways up the 405 freeway from my Los Angeles home.

When I called Paul and 'Sunny' to tell them that I had letters for them, they immediately invited me and Michael, who didn't understand what had *happened* to me that first summer in Lithuania, to dinner. I accepted the invitation not only to deliver the letters, but with the anticipation that our talk that night, about the extraordinary people we had encountered and our common experiences, would help put words to the journey I had begun. I also hoped that it would help Michael understand both why I had changed and why I had to go back. It did exactly those things, and much more.

During our conversation that evening, Sunny asked me, the "academic" at a "research university," whether I would write about the experience. I responded that what had happened to me in Lithuania was too personal; that it had no generalizability to other people or situations; that I wasn't sure I could write in the first person or that personal experiences were appropriate in the professional literature; and that there was no place that would publish such a first-person account. As I recall, my response disappointed her.

It was from this long night of wonderful conversation about Lithuania that ***Reflections*** was born. It was clear that Sunny was

challenged to do something about the fact that first-person accounts about important experiences from which others might learn had little place in the "scholarly" social work literature at the time, and that I wasn't going to do anything about it. As she recalls in Volume I, Issue 1:

After an exchange of stories with others about the different experiences we each had teaching and effecting social policy in Lithuania, we realized that if these personal accounts remained as sophisticated gossip, the knowledge lodged in the accounts would be lost. We knew the story tellers would write on social change, but they would not write an article, a narrative that described and explained their affect and reasoning; the ways their behavior, interactions, and those of the officials changed over time, and what happened when they failed. In their expository writing knowledge of the process of their practice would be lost (p. 1).[1]

For years I tried to write about my experiences in Lithuania; I felt I owed that to Sunny – her role as the birthmother of ***Reflections,*** and the fact that there was now a place to publish first person narratives challenged me. But I just couldn't do it. It wasn't in me – I didn't know how to write that way, at least not for public consumption. I even tried to keep a diary during my Fulbright year there so that I could extrapolate from the experience in a way that would be "acceptable" to my professional self, but stopped that process shortly after I started. I rationalized that journaling took me "out" of the situation – that reflecting distracted me from "living" in the moment. After feeling guilty for a while about giving up my journal, I simply accepted the "fact" that I was a "quantitative researcher," trained to collect and analyze "numerical" data and write it up "objectively." My experiences, feelings about them, and interpretations of them had little to do with the whole knowledge-building enterprise – or so I thought despite the fact that I taught constructivist and other "qualitative" and "subjective" paradigms in my doctoral research seminars, served on the editorial board of ***Reflections*** from its inception, and secretly envied peers who could do this type of work and write about it so freely and eloquently. Sure, it was easy to respond to other people's commentaries on a thought-provoking narrative, but such a response had to be "objective"; it had to be tightly and logically written and based on facts rather than on feelings.[2]

Then, about a year ago, the current editor of **Reflections,** Jillian Jimenez, asked me to edit a special issue of the journal on "any topic I wished." I'm sure she expected that I would do something on child welfare, my primary substantive field. Little did she know that I had begun to question the way in which social work researchers like myself denied in our writing (by not writing about it at all) that doing research in the "real world" was transformative and **hard**. I don't think she knew that I had evolved into a participatory, community-based, empowerment-oriented evaluator, and that I had done so because I believed that one got the best and most useful data by following the principles guiding these research practices – but that I had also come to know, through numerous research projects, that doing this type of work was **hard**. I am also sure she could not have imagined that I had come to resent the fact that too many of my colleagues thought I was crazy for working with real people, in strapped agencies, in tough places. I did so because I believed that that was what social work researchers were supposed to do, even though it was **hard**.

So I proposed doing a special issue on "The Rewards, Frustrations, Challenges, Trials and Tribulations of Doing Social Work Research 'On the Ground'." Jillian wasn't

sure it would fly or could be done – she wasn't sure there would be a response from people in the field. But, to her credit, she agreed to let me try. And so I did.

Through numerous postings on numerous research-oriented listserves,[3] I began to get the word of this special issue out to potential contributors. The initial response was almost overwhelming – people contacted me from all over the world wanting to know about formats, deadlines, page limits, and other details about submitting their experiences.

In the end, just under fifty manuscripts were received – some from people I knew, some from former students, but most from strangers living in the U.S., Canada, Australia, England, Hong Kong, and South America. What a chord I had hit; what pent-up demand to tell stories about the messy (and hard) world of doing research on the ground and how it was related to life and other realities. What an embarrassment of riches! What to do???

As I realized the magnitude of the task ahead of me, I quickly asked for guidance and help. Guidance from Jillian about the number of narratives I could accept came quickly and led to a wonderful reaction and demonstration of trust: "take two issues" she said without blinking (if one can blink in an email), and I was cleared to accept the best of what had been received without having to reject anything that had potential.

Help came from a colleague in refereeing the submissions that were received and putting together these final products – I prefer going on new journeys with friends along to help smooth the bumps in the road. Karen Staller, whose integrity, judgment, knowledge of qualitative methods, and use of the narrative format I trust and respect, was the perfect friend to take along on this journey. I am in awe of her intellect, talent, and creativity and am delighted she was with me for the end of this part of my journey.

And so my journey with ***Reflections*** has come to a new place. I have, for the first time in my professional career, written a first-person article that I believe contributes to what we know about the research enterprise in the first person. And I have written about the *experience* of doing my work, and the frustration that can come with it – that narrative appears in the next issue.

Sunny originally hoped that this journal would "persuade academics, researchers and practitioners that narrative inquiry is another, albeit different, legitimate way to generate knowledge about practice."[4] With this introduction, and my narrative about my experiences of "doing research 'on the ground,'" I happily concede that she has persuaded me that telling compelling stories in a coherent and compelling way is, indeed, a legitimate way to generate knowledge and inform what we do.

(Footnotes)

[1] Abels, S.L. (1995). Salutory. Reflections: Narratives of Professional Helping. 1 (1), 1-3.

[2] Meezan, W. (1996). Letter to the Editor on "Do the Right Thing." Reflections: Narratives for Professional Helping. 2 (4), pp. 3-4.

[3] Thanks, in particular, goes to Barbara Solt at the Institute for the Advancement of Social Work Research for posting this call for papers on numerous occasions.

[4] Abels, S.L. (1995). Salutory. Reflections: Narratives of Professional Helping. 1 (1), 1-3; quotation from page 2.

William Meezan, DSW, Dean and Professor, College of Social Work, The Ohio State University. Comments regarding this article can be sent to: meezan.1@osu.edu.

Introduction to Special Issue I: The Hearts and Minds of Social Work Scientists

Karen M. Staller

There is a great deal of accumulated wisdom in the poignant narratives that follow. For the most part they are written by individuals who were experienced social work practitioners before becoming researchers, so it is not surprising that they write of both *being* social workers and *doing* social work research. Each narrative is an artful solo in its own right, together raising a powerful chorus about the complications of having multiple identities.

There is a natural rhythm to the narratives presented here. In the opening trio the role of mothers—lost, found, and becoming—is linked to the research experiences of the women writing them. Clute was forced to temporarily suspend reading bereavement literature on parental death to fully experience the loss of her beloved mother, which benefited her research in ways taking a purely cognitive approach would not. Ting set out to study adolescent girls in Hong Kong only to discover that her own deceased mother was "missing" from her memories, which set her on a new path of self-discovery that ultimately linked loose pieces of her professional and personal life. Levin muses over the parallel processes of becoming a mother and birthing a dissertation.

Levin writes, "Introducing a new element disrupts the homeostasis of any system." She was referring to a baby, but the second set of narratives in this issue is evidence that doctoral study and the dissertation process disrupts the homeostasis of one's professional identity as well. While doing research on social work practice, Altman—an experienced and devoted practitioner—began to lose faith in the efficacy of social work practice, a skepticism she initially attributed to the "early labor pains of role transition" but that she continued to struggle with after her transition to life in the academy was complete. Price—with her "clinical eyes newly trained to focus through the lens of research"—encountered skepticism in a community with a long history of being the target of research. She overcame this hurdle by using her practitioner skills to engage the community, only to discover that those accommodations rendered her research inadequately scientific for a dissertation in the academy. Skepticism and uncertainty move from undercurrent to central finding in Keenan's narrative about overcoming difficulties in conducting her field research. Like the parallel processes described by Levin at the end of the narratives on "mothers," Keenan closes this second set of narratives by utilizing the clinical practice concept of parallel process in order to make sense of her community-based research.

If the second set of narratives deals with the discord and accommodations associated with making transitions, the third group reveals something about finding harmony. Bushfield discovered the researcher in her when she began asking practical and practice-based research questions as a hospice social worker, which eventually led her into the academy. She believes that "within every good,

reflective practitioner there is a competent researcher waiting to emerge." Gioia also made a seemingly seamless transition from clinician to researcher during the dissertation process, only to discover in the academy that she had not allocated "time to grieve" her lost life as practitioner, a situation that was unexpectedly remedied by doing community-based research. Anderson-Nathe and Abrams dismiss the divide between researchers and practitioners and argue that we should integrate and honor that "fluid space between these often 'polarized' positions" for the betterment of both practice and research. They illustrate their ideas using compelling examples from their study of young men in a correctional facility. In the elegant closing piece, five British social workers come together to create a group narrative on their experiences of researching social work practice. In doing so they raise the central question for all the narratives housed in this special issue by asking, "Who are we? Are we social workers practicing as researchers or researchers who have been social workers?"

Many of the narratives struggle with variations on that dilemma. What does a "researcher" do when faced with a clinical question? Can the role of social worker be turned on and off? Do you shed your identity as social worker and substitute that of researcher, or does the social worker-researcher require a particular blend of identities that uniquely define our professional selves?

Readers of these narratives will discover numerous connections that interlace the ideas presented here in interesting, dynamic, and perhaps somewhat unexpected ways, while offering insights about who we are. Four intrigued me: the use of the heart, the nature of "science," the bumpy road, and the role of "re."

The Use of the Heart

I don't think it is coincidence that eight out of the ten narratives published here—ones dealing with the intersection of social work practice and research—use metaphors of the "heart." Most notably, Gioia and Clute use it as a central concept, both discovering that some part of their work as researchers required that they empty their "mind" in order to utilize their heart. In Gioia's case this allowed her to return to her practitioner roots; in Clute's it allowed her to experience the substance of the topic she was investigating. It would seem Ting's journey also required jump-starting the heart. The adolescent girls in her study spoke frequently of conversations with their mothers, which caused her to look inward and recognize that something was missing in her own life that needed to be reclaimed.

If we take these ideas together, they may suggest that the heart of the social worker-researcher plays an under-appreciated role in the research process. Hollows and her colleagues note that "at its heart [research is] a puzzle that the researcher is keen to solve." Perhaps if we examined ourselves as practitioners and researchers, we might discover something unique about social worker-researchers. What is the role of our hearts in doing research? How does the heart impact the mind as we ask our questions and collect and interpret our data? Social workers, who must work with both the hearts and minds of their clients, may need to think seriously about a parallel process in this area as well.

The Nature of Science

Of course, the historic divide between heart (the seat of passion and emotion) and mind (the place of logic and reason) is problematic for those of us trained in universities that use "hard" science models to study questions rooted in our social nature. Concerns over what constitutes proper science are raised in several narratives. Clute

was taught that good scientific writing is something different from what she does (yet she delivers a self-reflexive narrative so powerful it moves me to tears every time I read it). Ting realized she had to get close to the adolescent girls she studied and abandon what she had learned about proper scientific relationships. Anderson-Nathe and Abrams blend roles in ways that Hollows and her colleagues might find unscientific (based, in part, on their amusing report of a researcher who listened to her subject with great restraint only to tear after him and offer helpful intervention the moment her "researcher" role ended). Bushfield apologizes a bit for her earliest research projects as not being as sophisticated as her current work; nonetheless, it appears this early practice-based research had a profoundly beneficial effect in its applied setting.

Most provocative of all is the journey that Price reports. She designed a study, entered the community, listened to the "residual hurt" that had been inflicted by researchers before her, drew on her practitioner self, and helped engage the community in ways that seem to result in real and beneficial change. Back at the academy, however, her work was denigrated as lacking fidelity and being merely evaluation research. She decided to do a dissertation with secondary data that would withstand the "rigor" required by her university home. She raises important questions about this choice, noting that "while striving for rigor in social work research, we have adopted the medical model's 'gold standard' of the randomized-controlled trial as the hallmark method" but argues that a more "fluid approach" to intervention might be something to embrace rather than apologize for. Price, like the other authors, employs the metaphor of the heart to make sense of the false disconnect between good practice and good research. She writes, "But there is also a heart and a soul to engaging individuals, families and communities in an empowered, participatory research process that stands apart from these scientific principles based in a laboratory."

One has to question the proper role of science in and for social work. It is troubling when clearly talented younger scholars like Clute and Price run into a "gold standard" favored by the academy that seems to fly in the face of what they know (in their hearts) to be their best or most rewarding work—work that has value in people's real lives. Social work, perhaps more than other professions, should resist endorsing scientific models that drive a wedge between researchers and practitioners and between research and practice within an individual. Defining "science" in ways that exclude real world applied work, that doesn't engage and empower individuals and communities, that results in leaving communities skeptical about researchers, that falsely dichotomizes subjective and objective, and that requires picking between the heart or mind of social work practitioners just can't be right for us.

The Bumpy Road

Anderson-Nathe and Abrams introduce their narrative with the metaphor of a road trip and invite us along for the ride. They aptly point out, however, that the destination is sometimes far less important than the process of moving toward it. There may be no more pervasive theme in this collection of narratives than the idea that as we journey through life—as person, practitioner, and researcher—the process itself has much to teach us. There is nothing static about process; it is always dynamic. Along the way, they encounter bumps that help them (and us) grow from the experience. As you read this volume, you will encounter emotional ups and downs; learn about losing and finding, birth and death, teaching and mentoring. Among other things, you will hear about the values of building trust, maintaining faith, suffering loss, and embracing accomplishments.

One way or another, all of these stories are about change. Hollows et al. note that "a commitment to social work values entails a commitment to action." This observation speaks to who we are as social workers. Clute writes, "Human experience does not hold still for detached analysis. Human experience is dynamic. It dawned on me that so is my research process!" We must embrace this dynamic nature of our research if we are to stay true to our professional values. Social workers must be ready to study the messy world where change, flexibility, growth, and context matter. It is a world in which the process of traveling with our clients, constituents, or consumers is often at least as important as the final destination. Studies divorced from this context may garner accolades in the academy but are likely to produce "knowledge" of little relevance to social work practitioners. We social worker-researchers ought to embrace the bumpy ride.

The Role of "Re"

Finally, take note of the role of "re" in the narratives that follow. You will stumble upon the little prefix—with its powerful directive to return—with surprising regularity. These writers talk about re-visiting, re-working, re-membering, re-thinking, re-positioning, and re-viving, while re-flecting on re-search. Perhaps we should return to our practitioner roots, as these authors have, during our journey as researchers in order to stay connected to the human experiences which are the lifeblood of the profession. After all, we chose to be social workers—applied, rather than "pure" and "objective," social scientists.

Karen M. Staller, Ph.D., J.D., Assistant Professor, School of Social Work, University of Michigan, Ann Arbor. Comments regarding this article can be sent to: kstaller@umich.edu

Milestones on My Research Journey: Panic Attacks, Epiphanies, and Parental Death

Mary Ann Clute, M.S.W., Eastern Washington University

A doctoral student describes the early stages of her qualitative research on bereavement of adults with developmental disabilities after parental death. Methodology challenges and Institutional Review Board (IRB) anxiety as well as personal growth throughout the process are discussed. The death of the student's mother plays a pivotal role in infusing a renewed sense of commitment to her research.

Being one of those doctoral students who never has to be told to think outside the box because I can never *see the box* poses challenges to my professors as well as to my own research efforts. I am the circular thinker, the creative writer who is referenced in dissertation seminar as doomed to struggle with scientific writing. One of my coping mechanisms throughout early classes in the doctoral program was writing somewhat sarcastic poetry about Foucault, Popper, and epistemology and causal process. Much of the time I sit in class, envious of colleagues preparing to delve into secondary data sources using quantitative methods. I know I can never be like them. I know I have to take a different path. I want to go where few have gone before and where few of my colleagues plan to go. I want to do qualitative research with vulnerable subjects, individuals with developmental disabilities who have experienced the death of a parent. I want to understand how they experienced the loss of their parent. Most importantly, I want others to understand as well.

During my struggles and triumphs within the dissertation research process, I have had two major panic attacks and two epiphanies. The first panic attack was about methodology; the second was the Institutional Review Board (IRB). (I now notice that since I was studying grounded theory and theory development, I am sorting and coding my own experiences!) My fears of methodology and IRB's co-exist, feeding off each other. They lie on the fertile ground of self-doubt that is fostered by the doctoral student experience and the dissertation process. In between the panic attacks, I had an "ah-ha" or epiphany about seeing my research as an evolving process, not a static product. The idea of my dissertation research as a dynamic process has helped me view the constant change process as "re-visions," not corrections. My second epiphany came thanks to my mother, who taught me one last lesson about the importance of honoring losses, with her death during my dissertation process.

Methodology is the first area of anxiety I will reveal and discuss. I will then describe my epiphany about process. Next, anxiety about IRB's will be fully disclosed, and finally, how my own grief has provided fuel for my convictions on the importance of my research. (Hopefully by this transition paragraph you will see that I have learned *something* about scientific writing.).

Methodology: Panic Attack Number One

I formulated my problem, decided on grounded theory, and completed a literature review of major bereavement theories for the general population. I reviewed literature on adult bereavement following parental death. I reviewed the sparse literature on

bereavement and persons with DD. I then had to work to tie all the research summaries into a document that would lead my reader to the same conclusion I reached, that not enough is known about bereavement for adults with DD. I have to lead them to the same deduction as I have, that grounded theory methodology is the path to take for uncovering more knowledge. I feel confidant weaving the threads together and moving the reader along.

My next step, however, was to re-read grounded theory methodology descriptions and examples. I had to refamiliarize myself with how coding would work, how themes could be uncovered, how codes and themes would be redefined, reworked, and reanalyzed. I sat with articles, bookmarked pages, and notes and stared blankly at the computer screen when I tried to knowledgeably describe the process I would use to analyze the data I planned to collect. I finally had to draw the process as a spiral. That reaffirmed for me how my conclusions would evolve from the data after repeated analysis. It also explained my dizzy spells.

Simultaneously, I read articles about interviewing people with intellectual disabilities and learning disabilities. I added review of articles about forensic interviewing of children. I read articles about interviewing people about death and dying. I needed to respectfully ask them questions that would get them to describe their life, their emotions around the death of a parent. But *how* was I going to proceed? What were the best questions to ask to really find out the lived experience of an adult with DD whose parent had died? I sat befuddled as if I had backed my research vehicle into a huge snow drift. My wheels spun, but I got nowhere. Bottom line, for a time I was mired in the methodology chapter.

When I decided what I wanted to ask, I had to struggle with *how* to ask it. I had to get beyond "yes/no" responses, get a story without influencing the story itself. With persons with DD, a truly open-ended question often draws a blank response (Biklen & Moseley, 1988). I read Davidson's (2003) *Living Outside Mental Illness* for tips on how to phrase questions. I searched for interviewing protocols for adults with developmental disabilities. I searched for interviewing protocols for children. A colleague forwarded me forensic children's interviewing literature and protocols. I read qualitative research for clues on how to unearth a person's story without my feeding the story teller any clues about what I wanted.

Concern about acquiescence (Milne, Clare, & Bull, 2002; Sigelman, Budd, Winder, Shoenrock, & Martin, 1982; Sigelman et al., 1980; Sigelman, Winer, & Shoenrock, 1982) reared its head. Acquiescence was a term that I thought I could forget after my quantitative research and statistics classes. I didn't want to cue the participants to tell me what they thought I wanted to hear. To cut down on the potential of leading questions, one of my colleagues recommended having the participant bring a picture of the parent. Maybe, I thought, a whole photo album, if possible. Then, what content did my questions need to cover? My chair wisely said to be comprehensive so I did not have to go back to the IRB's and ask to revise or expand my questions. I thought of the need to include the layers of loss. Preceding parental death may be the losses of friends, staff, and moves to other jobs or residences. I thought of potential activity increases or decreases after parental death. I read an article about how use of public and private space changes for bereaved spouses (Hockey, Penhale, & Sibley, 2001) which led me to believe I should find out about activity and space changes since the death, since often the death of parent may mean a move or loss of a key person in the social network of an adult with DD (MacHale & Carey, 2002). Krauss, Seltzer and Goodman (as cited in Seltzer and Krauss, 2001) found "...on average, half of the members of the support networks of an adult with mental

retardation were also members of the mother's support network" (p. 108). Due to this finding, I decided it is important to assess social network changes after parental death to see if the parent's death creates further losses in the social network.

Most importantly, I needed to assess emotional states. How would I get at the emotions about the loss, the depths of those emotions without putting words into their mouths? I am working on the 'who, what, when, where and how' type of questions about the death notification, the funeral, the activities before and after the parent's death. I am working on the timing of the questions, what precedes and follows each question, to ease into the intensity of emotional questions and to ease back out to less emotionally charged issues. Here I know my counseling experience is helping me. Although I have no valid and reliable measure for evidence, I have my own lived experience for evidence: the more I read and the more I play with the questions and get input from others, the fewer panic attacks I have about methodology. With my colleagues behind my research vehicle pushing and guiding me, my wheels finally took hold and I moved forward.

The *Process* Epiphany

Suggestions for wording, questions about my meanings or intentions, advice about grouping questions into categories have all been valuable, yet each conversation affects the process and the product. My first epiphany was that talking with or reading comments from each person who reviews and critiques my ideas, questions, or methods has caused the process and the product to change. *Webster's New World Dictionary* (1988) defines epiphany as "...a moment of sudden intuitive understanding; flash of insight" (p. 457). My "flash" hit while I was straddling both the revision process of my prospectus and the writing of this article. I sat somewhat awed when I reread discussions of positivist and non-positivist research. I had gravitated to non-positivist research and its view of reality as an open system (House, 1991). Human experience does not hold still for a detached analysis. Human experience is dynamic. It dawned on me that so is my research process! Each time I discuss my ideas or methods with someone, I see it through their eyes and it changes subtly. Interestingly, I realized that watching my research project morph with each interaction was parallel to my non-positivist belief that when others tell their story, we, the researchers, by virtue of our interactions, are impacting their story (Devers & Robinson, 2002). The "story" of my research project changed each time it was seen or heard by another. I could not hold my research process static; therefore, my written drafts had to change as well. Luckily so far, I still view change as good. I now see the changes as "re-visions" of my work, not dreaded red-penned corrections. The doctoral student process has at least helped me (on my good days) take the comments and suggestions less personally and accept them as part of the evolving process.

The Institutional Review Board: Panic Attack Number Two

Underneath my methodological challenge has been the fear of the scrutiny of IRB's, my second panic attack. I have to go through the university and then my state's Department of Social and Health Services review process. Human Subjects Protection sounds overwhelming. I worked in the field of social work for 24 years before pursuing my Ph.D. I still work intermittently at hospice as a social worker. I always strive to 'do no harm'. I have worked with children, with individuals with DD, with families of the dying. I have built and maintained trust, going into sensitive areas with care and compassion. I have worked sensitively with children at grief camps. I had always worked with 'vulnerable'

populations. I had completed my IRB training and recertification, focusing on research with children and adolescents. Had I changed now that I was a doctoral student? Would I become bloodthirsty for answers to intrusive questions for the sake of my research? Would I trigger undue distress in my participants now that I was there, not for counseling, but for research? I was a good social worker. Wouldn't that make me a sensitive researcher?

Here I think the fear of being discovered as an imposter surfaced as I wondered if *now* at last, a panel of experts would identify my weakness and incompetence. I struggled with self doubt, envisioning the IRB scrutinizing me with magnifying glasses. Somehow the visions I conjured up of Internal Review Boards were more similar to Salem witch hunts. All I could anchor myself with was the unshakable belief that there were individuals with developmental disabilities who needed the world to pay attention to their losses and acknowledge their grief. I know I am sensitive, good at assessment, and unselfish. I could do this research and create good, not cause harm. I want adults with DD to be supported around a loss and not be forced to express their emotions through challenging behavior as MacHale and Carey (2002) have observed. I want their stories and experience honored and supported with compassion.

Personal Grief: Epiphany Number Two

As I approached agencies and families about my study, would people worry that I would make their client/son/daughter/brother/sister cry by asking these questions? On the flip side, did I think it was fair that no one asked about the death, the depth of the loss? My father had died during my undergraduate years and the loss hit me hard. Just this Christmas, my third year in doctoral studies, I experienced the death of my mother. I could not read any more bereavement literature. I had to put away the scholarly articles about parental death and live the experience from my heart, not from my mind. No matter that the loss of my mother was expected, timely, and a release for her from a world of pain, it hurt me then and still hurts me today. As I grieve, I sometimes ask myself, what if I was a daughter with a developmental disability? Would the world around me honor my grief? Is it fair that person might never be allowed to talk about the life and death, to cry or mourn the death of a mother or father in his or her own unique way?

My past work with people with developmental disabilities and my most current work with hospice were obvious influences on my research. But I became very aware that being a hospice professional is a different experience from being a hospice patient's daughter. I felt the pain acutely. I wanted to ask my mother to hang on. As she lost her ability to swallow due to end-stage Parkinson's I struggled, irrationally questioning the decision to not place a feeding tube. I had sat as a hospice professional with many families experiencing similar qualms about the lack of food and water. Watching someone appear to 'starve to death' is much harder when you love that someone dearly. In my work, I sit with families and logically explain how the body cannot process food and fluid as it is shutting down. I was now on the receiving end of the same explanation. But, now I had *felt* the distress, the doubts, and the second thoughts. I understood it not just in my mind, but in my heart.

Thus, my second epiphany unfolded, painful as it was. My research question became less of an academic exercise based on cognitive thought and more of a research agenda based on both cognition *and* emotion. Not only do I believe in my mind that my topic is important, I care about my topic from my heart with a renewed passion. I became even more respectful of tears, of illogical emotion. I hadn't realized I needed to achieve this renewed respect for the depth of grief and the difficulty of letting go. Any callous I had

developed to death was rubbed raw by the raggedness of my own emotions. My sister and brother grieved their own ways, showing some similarities to my own process, but many differences. We respected each other's ways of getting through our shared loss.

When I had gathered myself up enough to look again at the literature of bereavement, at the academic exercise of the dissertation process, I realized that I now come at the questions with both my mind and my heart engaged. I am more convinced than ever that the questions I want to ask are to gain information so we can better bear witness to and support the variety of bereavement experiences for adults with DD whose parents have died. I am even more committed to the belief that the benefits of my research outweigh the risks. If I didn't believe this, I couldn't go on. My mother gave me this one last reminder before leaving; *everyone's* loss needs to be acknowledged and held with tenderness and respect, for weeks, months, and even years to follow. And, it will be different for each son and daughter. And that's okay.

Conclusion

In a sense, this article is therapy for me as I write my prospectus, request meetings with the Division of Developmental Disabilities, and prepare my proposal to be scrutinized by my committee, the university, and the state IRB's. It is ironic that I do all this now while also grieving the loss of my mother. I have discovered that methodology and IRB phobias can be overcome. I don't know what my next dissertation panic attack will be about, but I think I have managed to cope with this first phase, with two epiphanies as a bonus. The most important insight I gained was that I was reminded of my own humanity, a humanity I shared with daughters and sons with DD whose own mothers or fathers have died.

My mother's picture rests on my desk and I often look to her image and memory as I sit at the keyboard. She witnesses my work and urges me to go on. My research question needs to be answered. I am capable of witnessing stories, asking the questions, coding and developing theory from the answers. All sons and daughters need to have their bereavement witnessed and understood. Or so she whispers in my ear.

References

• Biklen, S., & Moseley, C. (1988). Are you retarded? No I'm Catholic: Qualitative methods in the study of people with severe handicaps [Electronic Version]. *Journal for the Association of People with Severe Handicaps, 13,* 155-162.

• Davidson, L. (2003). *Living outside mental illness: Qualitative studies of recovery in schizophrenia.* New York: New York University Press.

• Devers, E., & Robinson, K.(2002).The making of a grounded theory: After death communication. *Death Studies, 26,* 241-253.

• Hockey, J., Penhale, B. & Sibley, D. (2001). Landscapes of loss: Spaces of memory, times of bereavement. *Aging and Society, 21,* 739-757.

• House, E. R. (1991). Realism in research. *Educational Researcher, 20,* 2-9.

• MacHale, R., & Carey, S. (2002). An investigation of the effects of bereavement on mental health and challenging behaviour in adults with learning disability. *British Journal of Learning Disabilities, 30,* 113-117.

• Milne, R., Clare, I., & Bull, R. (2002). Interrogative suggestibility among witnesses with mild intellectual disabilities: The use of an Adaptation of the GSS. *Journal of*

Applied Research in Intellectual Disabilities, 15, 8-17.

• Neufeldt., V,. & Guralnik, D. (Eds.) (1988). *Webster's New World Dictionary*. Cleveland: Webster's New World.

• Seltzer, M., & Krauss, M. (2001). Quality of life of adults with mental retardation/ developmental disabilities who live with family. *Mental Retardation and Developmental Disabilities, 7*, 105-114.

• Sigelman, C., Budd, E., Winer, J, Schoenrock, C. & Martin, P. (1982). Evaluating alternative techniques of questioning mentally retarded persons. *American Journal of Mental Deficiency, 86 (5),* 511-518.

• Sigelman, C., Schoenrock, C., Spanhel, C., Hromas, S., Winer, J., Budd, E., & Martin, P. (1980). Surveying mentally retarded persons: Responsiveness and response validity in three samples. *American Journal of Mental Deficiency, 84(5),* 479-486.

• Sigelman, C., Winer, J., & Schoenrock, C. (1982). The responsive of mentally retarded persons to questions. *Education and Training of the Mentally Retarded*, 120-124.

Mary Ann Clute is a Lecturer and Field Unit Coordinator at Eastern Washington University School of Social Work. Comments regarding this article can be sent to mary.clute@mail.ewu.edu.

A Research Journey to "Re-Member": A Personal Narrative On Doing Research On Adolescent Girls' Life Situations In Hong Kong

Wai-fong Ting, Ph.D., Department of Applied Social Sciences, Hong Kong Polytechnic University

Situated in the positivistic paradigm of scientific research, the researcher is often expected to keep an aloof position in relation to the research subject and the research process in order to maintain objectivity and validity. This researcher's experience has informed her of an alternative. Rather than keeping a distance, research on the life situation of a group of adolescent girls has sparked a journey of reminiscence during which the life of the researcher's deceased mother was remembered and their lives 're-membered'. In this narrative, the author uses this personal narrative as evidence to support her call for the revocation of the artificial 'divide' that is imposed upon the researcher, the research participants, and the research process.

It All Began With 'Dreams' ...

Like most young people, I once wrote an article in my secondary school days entitled "What I want to be in the future." I was fifteen and I wrote down 'film director' as my first career preference. I no longer recall the reason for making this choice; most likely it was because I had just finished putting on a stage play in school. For the sake of contingence, I stated 'journalist' as my second choice as I always had a passion for reading, not just novels but also social, historical, and cultural writings that have a message to convey and something to teach people about. I didn't have a third choice then, but this, alas, is where I have finally landed – social work, first as a social work practitioner and then as an educator. It took me almost thirty years to author a story which gives a coherent and succinct articulation of the relationship between these choices. This paper is that story.

Looking back on the past thirty years in which I found an identity in social work, I am becoming more and more convinced of the power of words, whether verbal or written. Put more precisely, it is the power of the presentation of feelings and thoughts about social phenomenon and human lives through language that attracted me to the idea of being a film director, a journalist, or a social worker. I have never been a film director or a journalist, but the involvement in social work practice and teaching allows me to experience the same, if not greater, power of presentation of feelings and thoughts through language. Finding the connection between the three career options is only part of the story; the other part lies in the impact that these words can bring to effect changes in human lives and society as a whole. I now also know that underpinning the three careers is my intention and commitment to work for the betterment of human lives. This is the dream that I am still dreaming, but what is its origin? This part of the story will unfold in the writing that follows about a research project that I undertook some years ago. I never anticipated that a research project could be so powerful as to link up the many loose pieces of my life, and, most importantly, connect my life to that of my mother who had passed away years before I undertook the research. So, this is a story about my search for my roots and my identity, and it all started with a research project.

The Life of a Social Work Academic

Due to the historical, social, and professional development of the social work profession in Hong Kong, many of us did not have a doctoral degree when we began our

careers as social work educators in universities back in the late 1980's. Many of us, however, gradually felt the pressure to obtain a doctoral degree in order to stay in the university education profession and thus embarked on the Ph.D. journey in the 1990's. I was no exception. I did not think that this was a dream but just a necessary step for me to sustain or to further my career. I began my Ph.D. study in 1993.

Having been in academia for some years, I knew that the research that I was about to conduct had to follow some 'rules' which I learned during my undergraduate and graduate studies. In particular, I learned that a 'good' piece of research has to comply with the four regulatory principles of positive sciences – the four Rs – reactivity, reliability, replicable and representative (Katz, 1983, cited from Burawoy, 1998). These rules prescribe how a 'scientific' research study is to be done. Specifically, they stipulate that the researcher-observer should keep an aloof and detached position throughout the research process, as any emotional or value involvement would 'contaminate' the research findings and sabotage their validity and reliability. These were hard and fast rules that were taught in almost all social research methodology courses I had taken over the past several decades, both locally and overseas.

There was a surge in adolescent suicide in Hong Kong in the early 1990s, and I wondered why these young people chose to end their lives prematurely. I reckoned that if I understood their motives, I could perhaps identify the at-risk young people earlier and thus prevent tragedy through appropriate professional intervention. I then launched an extensive literature search and review with the intention of developing a list of risk factors – those that were scientifically proven to be true - to help me identify suicidal youngsters. Having read through hundreds of articles published in many first-class psychological journals containing the most up-to-date knowledge derived from scientific research, I was able to draw up a list of risk factors. Ironically, I never used this list because the more I read, the more perplexed I became. I was intrigued by the lack of voices from the youngsters. This was evident in most research-based (using experimental or survey design) literature in which young people participated in the research as objects of study. Usually, their participation was confined to providing information that was deemed pertinent to the research hypothesis. Moreover, these studies just reinforced what was already known, without adding much new knowledge or new insight. Furthermore, I found these studies unable to provide an insider view on why the young people chose to harm themselves and what they thought could be done to prevent these tragedies. I then asked, "Are there any alternative ways of knowing other than the positivistic/scientific kind of research?" Finally, as a social worker, I recalled my practice experience of the use of self in my work with clients. I then asked would/should/could I have any emotional involvement when researching young people and their families on an emotion-laden topic?

It was these queries and concerns in the research methodology and research process that drove me to adopt a mode of inquiry informed by social constructionism in which insider views are not only explored but treated with great respect (Lincoln & Guba, 1985; Schwandt, 2000). I could never have imagined that this shift in the mode of inquiry could have such a profound impact: not only on the research process and the findings, but more importantly, on the life of the researcher.

The Stories of Adolescent Girls' Lives

I located my study in a secondary school and invited a group of twenty adolescent girls aged twelve to fourteen to participate. Instead of asking them to fill in a pre-developed questionnaire about why young people commit

suicide, I started by engaging the girls in a series of story-telling sessions about their general life situation in school, at home, with peers, etc. Girls came either in groups or individually to these story telling activities in which I was often invited to tell my stories as well. After months of engagement and relationship building in which the girls got to know and trust me, I invited the girls to tell me about their life concerns. Specifically, I asked the girls to tell me what was bothering them most in their daily living. In order to cultivate my sensitivity in listening (McCracken, 1988), I asked myself the same question: What was life like and what had bothered me most when I was their age? I was quite blank and could only remember I wanted to be a career woman when I was fifteen.

Over a period of two years, the girls told me about the many concerns that they had. They were bothered most by the relationships they had with people around them. These included the girls' same sex friends, boyfriends, mothers, fathers, siblings, and teachers. By 'bothered' the girls meant that their emotional and general sense of well-being were being affected by the quality of their relationships with these people. They mostly agreed that engaging in these relationships was like riding a roller coaster in which there were predictable and unpredictable ups and downs, happy and sad moments, as well as satisfaction and frustration. Among the various relationships, the girls said their sense of well-being was particularly tied to the relationships with their mothers and their same-sex friends (Ting, 1998). "Ah ha!" I thought. "I can empathize with the friendship bit as I was once very much bothered, or indeed in fear of being rejected by my friends." However, I could not resonate with their concern over their relationships with their mothers. "Why," I wondered, "do I not have much memory of my mother and of our relationship? What's wrong?" My mother was alive until 1990; where had all those memories of her and us gone? This was no small astonishment; in fact, it was big enough to send me on a journey that lasted many years that I describe later in this narrative as "remembering mother and re-membering mother."

Stories of the Girls and Their Mothers

These girls told me many rich, touching, and sometimes distressing stories about themselves and their mothers. On a normal day, many girls and their mothers just enjoyed being together doing something like tending household chores, watching television, eating out, shopping, etc. At the heart of these activities it was the talking, or verbal communication, that many girls enjoyed most. It was through these talks that the mother-daughter dyad could tune in to each other's inner world.

Many girls expressed that they had very positive feelings towards their mothers. They could deeply appreciate what their mothers had done or, in one girl's expression, 'sacrificed' for them and the family. They did not take for granted their mother's service at home. Instead, they felt that if not for the family, their mothers could have had their own careers outside of the home. The girls from divorced families were particularly appreciative of their mothers' unfailing care for them and their siblings amidst the mishaps in the marriage. They also thought that if not for them, their mothers could have developed an intimate and rewarding relationship, which they longed for and deserved, with another man/partner. A girl who had been abused by her father felt heavily indebted to her mother's incessant protection throughout the years and vowed that she would do whatever she could to give her mother a life that was free from worries and violence and full of happiness and love.

At times the mother-daughter pair would fall out on matters mostly related to the

daughter's self-care, boyfriends, and studies. These could be seen as routine hassles which did not escalate into big conflicts that were harmful to the relationship. However, a few girls disclosed that their mother-daughter conflicts were very real and severe. According to them, their mothers' "nagging, scolding, criticizing, and even beating" of them was really annoying and, in many instances, the girls retaliated. Starving or skipping meals was a popular and effective strategy that they used to bring their mothers to their knees, as few mothers could bear to see their own daughters starve. A common belief, held by both lay persons and scholars/researchers of adolescent development, views parent-child conflict as normal, given that adolescence is a period when young people strive for freedom and independence. However, Apter (1990) asserts that mother-daughter conflict, the most common sub-type of parent-child conflict, rather than symbolizing separation, represented the adolescents' wish to stay connected with their mothers. In engaging with their mothers in conflict, adolescent girls were sending messages that they would not give up on the relationship and that it was their hope that one day their mothers would understand and change. In other words, adolescent girls, in addition to needing to seek freedom and autonomy, also badly needed their mother's recognition and validation.

Rather than keeping an aloof position when listening to these stories, I was deeply involved in the whole process. The notion of scientific research was rather distant to me as I was attending to human lives and the stories that they unveiled. What perturbed me most, however, was the vague memory that I had of my own mother. I could not recall having any intimate talks or fights, not to mention what Apter referred to as recognition and validation. Nor could I find any mutuality in my relationship with my mother that could be characterized by mutual engagement, mutual empathy, and mutual empowerment (Surrey, 1993). I must admit that the research which started off as an exploration into the lives of adolescent girls had developed an important side line - a search for the missing relationship between me, the researcher, and my mother.

The Stories of the Girls in the Early 1900's Shun-te, Kwangtung, China

As I listened repeatedly to the girls' stories about their relationships with their mothers and friends, I started to search for literature that could update my knowledge of female friendships and mother-daughter relationships. Not much literature on this topic was available in the mid-1990's, and I was overjoyed to find an anthropological study entitled "The Evolution of the Sisterhood in Traditional Chinese Society: From Village Girls' Houses to Chai T'angs in Hong Kong" by Andrea Sankar (1978). The importance of this particular literature to me, my mother, and our lives has been so immense that I think it warrants a detailed description.

Done in 1970's Hong Kong, this research tells of the emergence of sisterhoods, or jimui, which were formed "among groups of adolescent girls living in girls' houses in the Canton delta of Kwangtung Province" in the Southeastern part of China, in particular the Pun-yu, Nan-hoi and Shun-te areas. Sankar describes how, in the past century and a half, the sisterhood has been transformed "from a traditionally sanctioned bond" to a "concrete form of association which, in many cases, came to replace the family" (Sankar, 1978). I was astonished by the fact that Shun-te was my mother's birthplace and that the girls that Sankar so vividly portrayed reminded me of many of my aunties and close friends of my mother whom I used to get along with when I was a child. My immediate response was: "It is about my mother, a piece of 'her-story' that I don't know." Needless to say, the curiosity that was aroused in me far exceeded that of an ordinary academic. "It is personal, familial, and something between me and my

mother...," I remember telling myself.

Being an anthropologist, Sankar was not only interested in the micro relational dynamics that existed in these sisterhoods but also keen to examine the historical, cultural, religious, social, and economic milieu in which these girls/women could afford to choose their way of life, whether it was delayed marriage, interrupted-residence marriage, celibacy, or spinsterhood (sou hei). In this voluminous book, Sankar wrote **vivaciously** about how the young women in that region of China in the late nineteenth to early twentieth century (i.e., 1870 – 1935) had gained freedom and independence in ways that had never been enjoyed by their predecessors in Chinese history. Sankar attributed this possibility to the alluvial lands of the region that provided a fertile ground for the booming silk industry. The growing prosperity of the silk industry in turn provided the girls abundant (job) opportunities to gain not only financial independence but also an influential status at their maiden home and an egalitarian relationship with their male counterparts.

Many of these girls who had tasted the freedom of independent living away from family in the girls' houses found it hard to return to a traditional marriage which required a woman to live up to the expectation of family rules, to satisfy their husband's demands, to submit to their mother-in-law's authority, to give birth, to take care of the daily household chores, and to contribute to the economic livelihood of the family. An interesting phenomenon—as pointed out by Sankar—was that the choice to lead the life of a spinster was socially approved, and as many as one in ten adult women held the Sou Hei or Spinster Ceremony to signify a vow of permanent virginity and a decision to lead a life of celibacy. It was into this historical, cultural, and social milieu that my mother was born. Understanding this enabled me to get to know where my mother came from. However, I was curious to know what kind of a life script was written for her and her generation of women. What kinds of life choices were available to her as a young woman? How did all these weave into her life and identity? How did the way she saw her life and identity instill a sense of meaning and agency in my own life, and how did our two lives interweave, each playing a significant role in that of the other?

Remembering My Mother (1920–1990)

Right after the death of my mother, the following snapshots always came up when I tried to retrieve a memory of her:

I saw a woman worriedly carrying me on her back to seek treatment from the nearby family doctor for my illness. I was in primary school and she was in her forties and this was in the early 1960's.

I saw a woman of few words who, nevertheless, manifested tremendous strength and stamina in tending a home-based industry of hand knitting, capably bringing economic affluence to the family. I was in secondary school and she was in her fifties and it was in the early 1970's.

I saw a woman who was nearly speechless, lying on her sick bed at home and starring endlessly at the television. Occasionally she would sit up to take medication and attend to meals, but most of the time she was motionless. I was in graduate school and then working as a social worker and she was in her sixties and it was in the early 1980's.

Finally, I saw a woman who was almost lifeless, lying on the hospital bed and relying on the life support machine to sustain her through the last moments of her life. I was in my thirties, a social work teacher in a university and a married woman, and she was in her seventieth and last year of her life. Her death arrived on 4th September 1990, when I was into the fourth month of my first pregnancy.

When I listened to the girls during my

Ph.D. research—which took place between 1994 and 1996—I was rather envious to learn of the girls' closeness to their mothers. The above recollection subtly portrays a picture in which I was always on the 'watch' while my mother was living, working, falling ill, and vanishing. There seems to be very little connection between our lives. Indeed, my mother and I seemed to have met at a crossroads, passed each other while never having the chance to talk or walk together again. We walked across each other's paths when I was in my thirties and she was in her late sixties. We parted when I was busily indulging myself with the excitement of my newly found career in the university and the sea of love provided by a newly formed family, while she was fighting silently, strenuously, and helplessly with her decades' old illnesses: high blood pressure and diabetes.

After the crossroads, my memory of my mother had become increasingly hazy. I could not remember asking her questions like millions of daughters would ask of their mothers: What did you look like, Mom, when you were young? What did you like to do then? How many boyfriends did you have before getting married? Why did you choose Father as your husband? Silly but intimate questions between mother and daughter had neither been asked nor answered. No, we never talked like the girls in my research did with their mothers. I never told her that I had dreamt of becoming a film director first and then a journalist and then I ended up as a social worker. I never told her that I wanted to make an impact on society and to work for the betterment of human life. I never told her that although I am neither a film director nor a journalist, I am still making an impact on human lives through my vocation as a social worker and as a teacher of social work. Neither did I tell her that I am exceedingly delighted with my achievements and the fulfillments in my life. But above all, what I missed telling her most was how much I wished her to witness my achievements as a woman, a mother, a social worker, and a teacher. I wish I had the chance to ask her how I came to have the will power, strength, stamina, and courage that were necessary for me to complete the Ph.D., to run marathons, to keep on having dreams, and to daringly instigate my students and children to have dreams.

When I started the Ph.D. research, I never thought that relationship would be the girls' primary concern. If I did not defy the researcher-subject divide stipulated by the positivistic paradigm of scientific research, I would not have been led by the girls to explore relationships, and definitely would not have picked up an anthropological study on female relationships. If I did not immerse so fully in Sankar's work, I would never have gotten to know the historical and cultural roots of my mother's life. If I did not take these steps, I would not have been able to understand: Why did my mother marry at an unusually late age (like me, in our early thirties)? Why was she so skillful in managing her dual careers (even though she was a poor cook)? Why was it my father who cooked our meals and my mother who made vital family decisions such as buying our family flat? Why could all four daughters in my family enjoy equal status with the only son? Why could all five of us have so much freedom in choosing our own way of life? Why do all of us—despite having different lives and career development—still manifest the same kind of determination and strength that I later found to be so characteristic of my mother? And finally, why do all my siblings' love and care for each other and for our aging father and why does this love grow stronger by the day despite the physical distance that keeps us apart?

Re-membering My Mother

Having revived the memory of my mother through my research work with adolescent girls, I found it imperative for me to re-work my relationship with my mother. I want and

need her to re-emerge from the background and become a more conspicuous and forever living figure in my life. I do this with the help of the Narrative Therapy practice of re-membering (White, 1995).

The intention of narrative practice is to contribute to the thickening of preferred stories of identity which, in turn, enables a person to see what action they wish to take in their lives in relation to the problems they are encountering (Payne, 2000). Re-membering practice enables the person to stand "with significant others in this preferred territory of their identity, and these connections provide a great deal of support for the preferred actions they may wish to take" (Carey & Russell, 2002, p. 23). Following Myerhoff's (1982) expression, I see re-membering as a purposive unification with significant others. In this case, it is the unification of me and my mother.

Learning where my mother came from enables me to understand that she was brought up in a social environment where women were encouraged, or at least not prevented from having the determination, to carve out a life for themselves. She also brought me and my sisters up in an environment in which being independent women with our own free-will was the norm rather than the deviant; having the courage to dream, the strength to withstand hardships, and the stamina to live a full life is something expected rather than exceptional. This is not just a piece of history but the plot that my mother chose for her life story. This is a beautiful and my most preferred plot that she "emploted" (Polkinghorne, 2004) in my life story. Although she did not tell me her plot in our minimal mother-daughter talks, I witnessed how she led a life that was so rich and rewarding. My memory has zoomed in, unambiguously portraying her living as industrious and fearless. I can almost hear her saying that if she ever had any unfinished business, it was not witnessing me, her youngest daughter, living a life as rich as hers.

I think I now know where my strength and courage come from. It must be from my mother. I now know where my mother's dream is heading. It will come along with me wherever I go to. I now know how intensely and immensely I am proud of my mother and of being her daughter. I am also certain that she would be proud of me and pleased with my life. She would have gracefully endorsed my dreams. .

Back to Where It Started

I would not call this the end, but instead I would wander back to the beginning where it started. The research started with the positivistic mode of inquiry and eventually it was replaced with one that is more conducive to listening to life stories. It started with the life stories of the adolescent girls and their mothers a decade ago and traveled back into the life stories of the girls of a century ago in Southeastern China, before returning to the recent past in Hong Kong where the story of me and my mother was unearthed - stories that I hadn't heard before embarking on this research. It started with the memory of my mother very blurred and it has become crystal clear, not just my memory of her, but the very crucial role that she plays in my life and my own identify project. It started with me having a mission to make an impact on human lives but ultimately it is my own life that has been tremendously impacted. This is the story about me and my mother that I have told the girls in my research project in the hope that their lives will be enriched like they enriched mine.

References

• Apter, T. (1990). *Altered Love.* New York: St Martin's Press Inc.

• Burawoy, M. (1998) Critical sociology: A dialogue between two sciences. *Contemporary Sociology*, Vol. 27, No. 1,

12-20.

• Carey, M., & Russel, S. (2002). Re-membering: responding to commonly asked questions. *International Journal of Narrative Therapy and Community Work* 2002, No. 3. Adelaide: Dulwich Centre Publication Pty. Ltd.

• Lincoln, Y., & Guba, E. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.

• McCracken, G. (1988). *The Long Interview*. Newbury Park, CA: Sage Publications.

• Myerhoff, B. (1982). Life History among the elderly: Performance, visibility and re-membering. In Ruby, J. (Ed.) *A Crack in the Mirror. Reflective perspectives in Anthropology*. Philadelphia: University of Pennsylvania Press.

• Payne, M. (2000). *Narrative Therapy – An Introduction for Counselors*. London: Sage Publications.

• Polkinghorne, D. (2004). Ricoeur, narrative, and personal identity. In C. Lightfoot, C. Lalonde, & M. J. Chandler (Eds.). *Changing Conceptions of Psychological Life* (49-70). Mahwah, NJ: Lawrence Erlbaum, 49-70.

• Sankar, A. (1978). The evolution of the sisterhood in traditional Chinese society: From village girls' houses to chai t'angs in Hong Kong. Ph.D. Thesis (Anthropology): University of Michigan.

• Schwandt, T. (2000). Three epistemological stances for qualitative inquiry: Interpretitism, hermeneutics, and social constructionism. In Norman, K., & Denzin, Y. Lincoln (Eds) *The Handbook of Qualitative Research.* (2 ed). Thousand Oaks, CA: Sage Publications.

• Surrey, J. (1993). The mother-daughter relationship - Themes in psychotherapy. In Mens-Vehulst, J., van, Schreurs, K., & Woertman., L. (Eds.) *Daughtering and Mothering: Female Subjectivity Re-analysed.* London: Routledge.

• Ting, W. F. (1998). The perception of adolescent girls in Hong Kong on their life situations. Unpublished Thesis: University of Nottingham.

• White, M. (1995). Re-membering and professional lives. *Narratives of Therapists' Lives,* pp.53-92. Adelaide: Dulwich Centre Publication Pty. Ltd.

Wai-fong Ting, Ph.D., is an Associate Professor at the Department of Applied Social Sciences, Hong Kong Polytechnic University. Comments regarding this article can be sent to sswfwong@inet.polyu.edu.hk.

The Birth of a Child and a Dissertation: A Mother's View On the Research Process

Amy Levin, Ph.D., California State University Northridge

This narrative explores the parallel process that researchers can experience while simultaneously writing a dissertation and conceiving and giving birth to a child. The stages of anticipation, conception, gestation, birth, and growth are discussed. Suggestions are made for how to succeed at both ventures.

"At work, you think of the children you have left at home. At home, you think of the work you left unfinished. Such a struggle is unleashed within yourself. Your heart is rent." Golda Meir, Israeli Prime Minister 1969-1974

At a critical time in my life I was blessed with having the best of both worlds: a developing dissertation that led to the achievement of my professional career goals and a growing family that gratified my personal and loving needs. At times I felt stretched to the limit but, by testing my strength, I learned a lot about myself. I could not have accomplished any of this if it were not for the network of relationships that support and affect my life: my mentors, colleagues, family, and friends. I do not want to sound too dramatic, but I came out of this complicated process a changed woman. The research experience, like life itself, consists of important cycles that cannot help but change a person over time. I feel privileged to have been able to concurrently experience the parallel processes of birthing a baby and a dissertation.

Anticipation

In 1999, my long sought-after goal of obtaining a Ph.D. was finally becoming a reality as I began to work on my doctoral dissertation in the third year of my studies. The anticipation I felt working up to that moment was not unlike the anticipation my husband and I were simultaneously feeling about starting a family. Both require a decision that can have serious consequences. What if there were complications with the pregnancy? What if the research demanded more time than I could afford to give? What if I could not meet others' expectations of me as a mother and a researcher? Worst of all, what if I could not meet *my own* expectations for the type of parent and academician I wanted to be? I considered both very serious responsibilities and did not want to short change either.

I watched my friends who had professionally made a name for themselves give it all up and have nothing to talk about except their baby and his sleep schedule or eating habits. I did not want this for myself. When a child is born, there is a loss of freedom, especially for the mother, and I knew that my life would no longer be my own. My child would be dependent on me for most of the next 18 years.

I felt as if once I made the decision about a dissertation topic, I would be locked into that particular area of research, possibly for the rest of my academic career. It seemed as if there was a lot riding on this: Will the research topic change the way that others look at this problem in the future? Will I be able to make a significant contribution to the field? Will my future in academia be different if I have a child? Can I balance both responsibilities?

Just as a woman can delay starting a family to further advance her position on the career ladder, a researcher can put off beginning the dissertation process for fear of

the monumental task that lies ahead. Experiencing the anticipation of both the research process and an impending pregnancy left me feeling almost incapable of proceeding with either. There were certainly times when I contemplated giving up one or the other for the time being, knowing that ultimately one area of my life might suffer. Fortunately, I had a supportive husband as well as an understanding dissertation chair, and the input from both was important. They helped me to see that being a "superwoman" was a myth but doing it all was possible. After all, I had some great role models in my mother and in Dr. Michàlle Mor Barak, my chair, both of whom earned a Ph.D. while raising a family.

Despite all of my worries and fears, there was also a level of excitement in choosing a topic and knowing that I would immerse myself in the literature, the participants, and the data for the next few years. This positive anticipation ultimately won over the fear of the unknown as well as my concerns about what I already knew. It was going to take a tremendous amount of time and energy and a new set of skills to be able to get to the day when I would be defending my dissertation.

Likewise, thinking about my future role as a parent, I was concerned that I would not know what to do with the baby or have the skills to meet his needs. Many say that a woman forgets what her pregnancy and labor were like so that she will choose to have more babies. I think that researchers tend to forget many of the hurdles that they must jump so that they will feel like conducting research all over again. I anticipated that both the research and the pregnancy process would have their challenges. However, as each person's experience is different, no one could really prepare me for what was to come.

Conception

As the anticipation wore off, I began to let go of many of my concerns on both fronts and allow the natural process of conception to take over. I tried to relax into the notion of introducing two totally new experiences into my life and to focus on the enchantment of that possibility.

I remember professors telling me that the dissertation did not have to become my life's work. Many times I was admonished to just do the research, write up the results, and move on with my career. However, the more involved I became in the development of the model, the more I wanted to make this the best study. I think that often people who choose to get a doctoral degree have a tendency toward perfectionism. I certainly wanted my study to be one that was remembered and to stand out among the others. I also wanted to please the members of my committee and have them remember our work together as worthwhile. Having high expectations for myself motivated me to succeed and allowed me to achieve all that I could. Hindsight is valuable. If I had to write my dissertation again, I would spend less time on the conception of the problem and the development of the hypotheses. At that time, the process felt so demanding and stressful, as if every decision could make or break the entire study.

I was lucky to have been involved in analyzing the data from one of Dr. Mor Barak's previous studies, which looked at variables similar to the ones I was interested in studying, but with a different population. Many of the measures contained in my survey were "borrowed" from the questionnaire Michàlle used in her previous research on workplace issues. However, as the population being studied was quite different, I had to create several other measures in order to investigate how to retain child welfare employees in the workplace. My study was going to explore the relationship between perceived levels of job satisfaction, stress, social support, well-being, work-family balance, commitment to the organization and

intention to leave and ultimate retention of child welfare workers.

I thought a lot about which variables would be important to look at as a professional woman who would also have to balance work and family life for years to come. Concepts such as job satisfaction, stress, and social support were important because I had worked with so many clients, friends, and family members whose decision to remain on the job was influenced by any number of these variables. Although the business-related literature dealt with the variables related to organizational commitment and turnover, limited research had been conducted in social work in general and in the field of child welfare in particular, fields largely dominated by women.

I found the creative process of constructing the instrument stimulating: meeting with Michàlle to discuss ideas, selecting five stress measures and narrowing the selection down to the final measure, and researching the instruments that would have the best fit with the given population. However, the isolating elements of conducting research were also ever present in that much of the work would be done independently.

My feelings about conceiving a child mirrored thoughts about my dissertation. I wanted to be the perfect mother and for this child to be special. My high expectations for myself, for the baby, and for how we would function as a family were not that different from wanting to write the best dissertation. With all of this spinning in my mind, I knew that conception was really just the beginning of exciting lifelong challenges, both as a researcher and as a mother.

Gestation

The parallel similarities of growing a dissertation and a baby continued during the gestation period. Just like a fetus, original ideas for research have to germinate, and the dissertation process takes time to grow. Both had a very long incubation period. Both were uniquely personal and demanded a lot of me. A research agenda cannot be rushed to suit one's timetable. It takes a lot of hard work and determination, and sometimes it is painful. Both the dissertation and the baby humbled and thrilled me. And I didn't want to disappoint either.

In the gestation phase of the dissertation process I began to look into how I would find support from those around me. The ongoing encouragement and tremendous amount of knowledge and experience that my advisor Michàlle and committee member Rino Patti shared with me was invaluable. They were reassuring during times of self-doubt. Similarly, while the baby was growing inside of me, I looked to others who had been mothers and researchers to provide me with information that would help me to succeed on both counts. A first-time mother looks to her friends for guidance on how to care for the baby, in which mommy-and-me classes to enroll, what baby goods to buy, and which pediatrician will provide the best care. A good researcher does not reinvent the wheel but looks to a more seasoned colleague as a role model, a sounding board, and a mentor.

Michàlle and other professors and peers were able to guide me in the right direction so that my dissertation was a solid piece of research but not my life's work for the next decade. I was able to put some of these issues in perspective and bring a balance to my life. I felt confident that I could do it all as long as I was able to modify some of my expectations and focus more on what I needed to get the jobs done. I began to realize that what I was doing and how I was doing it had to be okay with me and everything else would fall into place.

Several weeks before the birth of our first son, I received approval to conduct the research from the University's Human Subjects Committee. I quickly made plans to attend upcoming randomly selected domestic

violence, child abuse, child neglect, and other child welfare trainings, regularly held by the department for their employees. I asked the participants to be involved in our study, and they agreed. Finally it all began to come together, and just in time.

Days before delivering, I attended the randomly selected training seminars twice a day to collect data, a strong start for the 418 subjects who eventually participated in the study. I believe that early participants readily agreed to become involved with the study because everyone wants to help a pregnant woman. Later participants saw me bring the baby along and my son became instrumental in reaching my goal. The fact that our grant allowed us to provide pizza and soda for participants didn't hurt either. Being a new mother, I already recognized and respected the fact that the nourishment of food had both a physically and emotionally soothing component.

Birth

Introducing a new element disrupts the homeostasis of any system. Starting to collect data and deepening my grasp of the literature both impacted my academic life. There was less time to be the relaxed student as more time was devoted to interviewing subjects, visiting the libraries, and sitting in front of a computer. At the same time, the arrival of our son affected the serenity of everyday home life and turned our partnership into a family. Although my husband was involved, with me nursing, the long and wakeful nighttime hours became my shift. The crying in the middle of the night was something that the baby and I needed to work through with limited intervention from the outside world. The worrisome thoughts that go through any parent's mind about what could potentially happen to the baby, as well as the fears about being in charge and totally responsible, were ever present.

Similarly, once the research ideas were formulated and the data had been collected, I was on my own to develop it into a dissertation that made sense to others. I had to make policy recommendations that would impact not only me but all of the subjects who participated in my research as well. Simultaneously, I was making decisions that would affect this new little guy who had worked his way into my heart. Both the dissertation and the baby were priorities and there was precious little time for me. I vacillated between feeling the pressure of so many people counting on me and delusions of grandeur, thinking I had so much decision-making power. From time to time, sleep deprivation affected my mood and my ability to concentrate. That was when keeping a positive attitude and reframing negative thoughts became necessary coping mechanisms in both the research and the parenting process.

I thoroughly enjoyed the data collection phase of the research. As a social worker I am curious and like getting to know people. I was privileged to be able to engage the participants on a level that researchers often are not likely to experience. Because the subject population consisted predominantly of social workers, they were more willing to participate, open up, and disclose to a fellow social worker. The information I gained from just talking to them over a slice of pizza, after they completed their surveys was invaluable. When they understood that our study was going to examine and devise interventions to reduce the high turnover rate of social workers, I believe they were able to see the potential long-term benefits for themselves, their colleagues, and the agency.

In addition to administering the quantitative instrument, I conducted a more in-depth, qualitative interview with 33 of the participants. Through this method I acquired a deeper understanding of their feelings, thoughts, and ideas. Participants had the

opportunity to talk at length about why they considered leaving the organization; why they experienced stress and dissatisfaction; and why they felt a lack of support from their colleagues, their supervisors, and the organization. Despite negative feelings, I also saw so many encouraging examples of dedication, framed by the personal stories of the participants. There were a variety of reasons why the social workers still wanted to stay on at the job, but the overriding one was because of the clients whose lives they were impacting on a daily basis. I see this kind of an attitude as incredibly admirable and selfless. I try, as best I can, to use this as a model in my professional and personal life.

I felt privileged to hear such honest and intimate details from complete strangers in my first real experience with qualitative data collection. These were good people who were willing to lay their jobs on the line. Perhaps they were so frustrated with their situation that it was a relief to unload about such issues as apathy in the workplace, struggles with too large caseloads and too much paperwork, difficulties with their supervisors, and their own feelings of burnout. Conducting the in-depth interviews fascinated and empowered me. Using my counseling skills, I gained the trust of the interviewees. This took some time, which I gladly gave. It also required my assurance that there would be no identifiable characteristics on paper when the results of the study were given to the administrators in the organization. In order to feel safe and open up to me regarding their thoughts and feelings about the organization, these interviewees needed to believe in me as well as in the final research product. These in-depth interviews not only provided rich data, but also enriched my communication skills. And these skills proved valuable as I learned to be better attuned to understand the needs of and to build feelings of trust in my baby.

The actual analysis phase of the research was both exciting and isolating. As is typical of any doctoral dissertation, it called for original and solitary work. Since I was often not at liberty to discuss my thoughts, ideas, and findings, at times I felt alone and confused. I constantly questioned my ability to do such complicated research-oriented work on my own. The mentors, dissertation chairpersons, and professors were involved in many projects and there were other students who were also desperately trying to get through the program. Although I have not conducted bona fide research, my random polling has indicated that such feelings of insecurity and isolation are not uncommon among doctoral students.

Once again, as so often happened during this period, my feelings about motherhood were similar to those about the dissertation process. Immediately after our son was born, I felt impatient and at times isolated. I could hardly wait to develop the many skills that would make me a more competent mother. Yet, most of the time I loved my new role and was amazed at how quickly our new little family felt so connected.

Growth

As I worked on fitting the last pieces of the dissertation puzzle together, I felt as if I was setting the stage for what my future career would look like. Similar to the final days of my pregnancy, there were times when I felt as if I would never be finished writing the dissertation. Between my pregnancy and the dissertation writing process, I learned a very important lesson in patience. I realized that I can rarely be impulsive and spontaneous. Everything must be well thought out and planned ahead of time. I prepare my lectures weeks in advance, I submit articles and grants well before the deadline arrives, and I make sure to pack pajamas for the boys if we will be out past their bedtime. Presently this life lesson continues to be valuable as I wait for colleagues to prepare their part of a project,

for grants to be funded, and for my children to listen to me on a regular basis.

As I reflect on my dissertation-writing experience, I have come to realize that despite the importance of a good mentor and chairperson, it is really the student's development of unique ideas, critical thinking skills, and proficiency in writing that are most crucial if a person is to truly grow through the dissertation process. How she interprets and internalizes information, learns from the subjects and research results, and applies it all in her work ultimately help to shape the graduate who becomes the future educator and researcher.

Now that I have graduated and am an Assistant Professor of Social Work, I have come to discover and fully appreciate the importance of guidance and support during the various stages of conducting research. At a recent Council on Social Work Education conference, I listened to the awards recipients express their gratitude for support and the privilege of collaborating with colleagues. I believe that this is one of the greatest strengths of the social worker, the willingness to collaborate. It does not come easy to many people to share thoughts, ideas, responsibility, and authorship, but social workers are a rare breed. Don't get me wrong. There are certainly those out there who like to be the only author when the research is published. However, for the most part, social workers are able to work together and support each other. These are the very same values we are teaching our sons, especially when in the midst of a sibling-rivalry episode.

I have had the pleasure of having two outstanding writing partners. In terms of dissemination of our research findings, we have published three journal articles and presented variations of our findings at four conferences. I have presented papers at two other conferences in recent months, and the team continues to analyze different configurations of the data for future publication and presentation.

The development of a complicated instrument has provided a wealth of information through diverse analyses of various combinations of different variables. I would recommend this to any doctoral student or new researcher, as it offers the opportunity to use this kind of an instrument with diverse populations and to evaluate the data in a variety of ways. My endorsement of this research tool reminds me of the positive reinforcement I give my sons when they develop new skills that will serve them well over time.

For the most part, the research results were consistent with my hypotheses. However, once the results were presented to the child welfare administration, no changes were initiated to alter the pattern of turnover. The implications for policy and practice were addressed, as well as suggestions for cost-effective interventions to improve rates of retention for the organization. Still no adjustments have been made to date. My frustration is that this particular organization and others like it are losing so much money each year as they have to recruit, hire, and train new employees due to rapid and extensive turnover. Most important, the children being served are more likely to be put in harm's way as the effectiveness and efficiency of services are compromised due to inexperienced caseworkers.

Despite the many great benefits I derived from completing my dissertation, I was disappointed that the findings were not put to good use. On one level, I feel that in the end I let down the agency employees who participated in the survey. As researchers, we were able only to conduct the study, not to implement any of the changes that we recommended to the organization. I feel responsible to the social workers who took the risk to fill out the survey and especially to those who personally confided in me. Those

employees expected some positive changes to occur because the evaluators who assessed the culture came from outside of the organization.

However, I am not totally discouraged that my dissertation results have not yet been utilized in more practical ways. I could walk away, give it up, and let it feed my negativity, or move on and accept the reality of the situation. I believe that this is the case for many researchers who invest time, energy, and enormous amounts of intellectual inquiry. They spend years conducting exploratory research, develop wonderful ideas for future interventions, and discover that their findings are filed on a shelf only to collect dust over the years to come. Instead of accepting defeat, I plan to continue to try to convince the social work organization to make policy changes that impact stress, job dissatisfaction, and turnover. Perhaps this will occur through meetings, presentations, published articles, further research, work by my students, or a combination of all of these efforts. In the end, I think this whole process has made me a better person and a stronger social worker.

Being the mother of two strong-willed and active sons, I have my moments of frustration and discouragement. However, I am committed to improving my parenting skills as I am dedicated to nurturing my sons. The two major defining emotions of motherhood are forever present for me: the protective feelings that accompany the deep love, and the worry that I am not doing it quite right. Like the parenting process, my research is a work in progress, and my mothering responsibilities are far from over. I am devoted to my family and to my work, both such value-laden investments. In so many ways they are already paying off, and I am confident that the dividends will continue far into the future.

Amy Levin, Ph.D., is an Assistant Professor at California State University Northridge School of Social Work. Comments regarding this article can be sent to Amy.levin.39@csun.edu.

How I Lost (and gained) My Faith in the Potential of Social Work Practice Through Research

Julie Cooper Altman, Ph.D., Adelphi University

As the author transitioned from practitioner to researcher, she found herself questioning everything that she had based her life's work on. She learned that doing social work was one thing; thinking about it and critically analyzing it through research was quite another. The following narrative is the story of how the author lost her faith in social work practice through researching it, and how she is now gaining it back in a different way.

It was during that wonderful, horrible, exciting, exhausting, motivating, enervating process of the Ph.D. dissertation that I lost my faith in social work practice.

As a social work practitioner for ten years prior to going back to graduate school, I was a believer in the process of social work like no other. Of course social work worked! Of course what I did made a difference in people's lives! There isn't a client out there that can't possibly be affected by good social work process. That's what I thought. Those are the assumptions that I lived. If there was a plaque given for true believers, I would have received it.

But as I transitioned from practitioner to researcher, I found myself questioning all that I had based my life's work on. Doing social work was one thing. Thinking about it and critically analyzing it through research was quite another. The story that I am about to tell is the story of how I lost my faith in social work practice through researching it, and how I am gaining it back.

This is primarily a story of change, like most social work stories. It is about how I changed my perceptions, expectations, assumptions, and, finally, beliefs about the practice of social work in people's lives as I changed roles from practitioner to researcher.

The Beginning

I had always been interested in human behavior and change, even as a little child, so it came as no surprise that I fairly effortlessly decided on a career in social work and pursued it with single-minded devotion. Going from college to one year of working in public child welfare to an 18-month M.S.W. program specializing in child welfare was relatively seamless. Upon graduating, I found stimulating, challenging positions in the field, first with juvenile delinquents, later in infant adoption, and then in foster care and family reunification with children zero to three.

It was only after having my first child that any thought of altering my career path entered my mind. Full-time direct service work in this often sad and tragic area was taking its toll. I had done too many depressing home visits, testified in too many TPR (termination of parental rights) hearings, seen too many children the victims of too many foster-home moves. I had even been to too many (one) funerals of little children who died as a result of maltreatment.

Given my increasing experience doing foster parent and worker training, it seemed logical to accept an offer I was given to teach some short courses at a local community college. Shortly thereafter, and concurrent with moving halfway across the country with my spouse's job change, I was offered an even greater opportunity to teach as an adjunct at

a school of social work. This was just the respite from direct service I had been looking for! This I could see myself doing for the next 20 or 30 years.

Academic life had a lot of appeal, but I knew to do it on a full-time basis would require a doctoral degree. After teaching for a semester or two, searching for and declining several offers of direct-service positions in child welfare, I finally made the decision to pursue a Ph.D.

After five long years of coursework, comprehensive examinations, proposing and re-proposing my dissertation research (during which I had babies number 2 and 3 and moved across the country again), I was ready to embark on my very first foray into the development of empirical knowledge. I was ready. More than ready.

The Researcher and The Doubts Emerge

I decided to study that which I was the very most curious and experienced about: the delivery of child welfare services to families with children zero to three. My dissertation work was qualitative in nature. I sought to better understand the process whereby prospective child welfare clients chose to engage (or not engage) in preventively oriented family support services.

At first, it felt great just to be talking to social work clients again—after a five year hiatus—even if in a research context. From the reflexive journal I kept during the entire dissertation project, I wrote early on:

> It is probably the least awkward I've felt in the whole dissertation phase–surprisingly–but, after all, I know this best–sitting and talking to urban clients in their homes with kids 0 to 3...

It was over the first three or four months of data collection that growing questions about the effectiveness of social work began to emerge. During my conversations with these phenomenally articulate and wise women, I heard how they had to be ready, able, and willing to accept services, or the services just wouldn't work. As we talked about their current decisions about whether to accept or decline the agency-initiated offer of service that I was interested in, they shared stories of times in their lives when they had been ready to change. They told me that when their investment in the services that were delivered was high, the payoff had been good. They shared stories where they had not been ready, willing, or able to engage in services. In these situations, nothing the worker did mattered. Change was not going to happen.

Changing Perceptions

As a good qualitative researcher, these early conversations didn't bother me too much. I wasn't ready to rush to any sort of judgement about "emerging themes." There had been only three or four participants so far.

Try as I might, however, their individual but consistent thoughts about client motivation and change stayed with me. Initially, my dawning lack of faith in the practice of social work masqueraded in what I thought were the early labor pains of role transition – going from direct service provider to researcher. After all, I had always had difficulty in making peace with personal – professional boundaries and the various roles I held in a community.

For example, it used to bother me a lot to be out doing home visits in high crime projects littered with cockroaches and stray cats, talking to young mothers in kitchens with nary ten items in the cupboard, then return home to my warm, safe, comfortable house, walk past my flower-box-decorated doorstep, and into a kitchen with enough provisions to feed a family of four for a month. I had likewise always felt guilty about having chosen to live in the suburbs, in effect

contributing to the deterioration of civic life and social capital in the city. I even wondered, many times, how dare I choose to overpopulate the globe with three children, wrestling with the competing responsibilities presented by my membership in the human race on earth and my selfish desires for motherhood.

So, for me, role conflict had always been a struggle. Maybe that's what was going on now. I was no longer a helper, I was a researcher. But how do I stop being a helper when I am sitting on the other side of the kitchen table with a client who looks and acts an awfully lot like the hundreds I had visited before?

Changing Expectations

The angst this dawning realization provoked was unbelievable. Was I just too far removed from practice? Were the assumptions I had made about the efficacy of social work practice simply pie in the sky? Was I having merely a crisis of confidence the longer I was out of my agency helper role? If this is what earning my Ph.D. was about, I wasn't sure I really wanted it.

One of the strategies I seemed to employ to deal with my ambivalent feelings about my changing role, and the accompanying hint of social work impotence, was to give myself a break! "Take it easy," I seemed to tell myself. "Don't feel so responsible for helping client research participants make life changes – that's not your job anymore...."

I altered the expectations I held about what my responsibility was to the client research participant to be more in line with the reality of the research context. I was no longer their helper; I was a learner. I was there to gain knowledge about how they made decisions about the agency-initiated offer of services. I was there to learn what they thought about that offer and the processes they went through as they decided how to respond to it. Again, from my reflexive journal, some notes on how this was manifested:

> ...there is some comfort that these are my "subjects," not my "clients" and so instead of working to help them change their situation, I can instead just relate to them and hear their story – I feel rather "off the hook," yet still feel I am doing important work – just different.

And then, creeping into my consciousness about six months into my qualitative data collection, the crisis of confidence in the effectiveness of social work practice became more fully realized. More conversations with these women; more stories about how it was totally up to them whether change occurred or not. More stories about the impotent machinations of past social workers trying their best in vain to lead them to the waters of change, only to fail. More stories about how it's really about *their* readiness to change, *their* willingness to change, *their* being able at the time to positively involve themselves in a helping process. I note in my journal:

> My sudden fear: maybe we really can't help others – only they can help themselves – what an impotent profession social work may really be...

Changing Assumptions

There it was – full blown. It wasn't just me changing hats – it was a true crack in the confidence I had in the faith that social work practice could work for everyone, at any time, no matter what. It had been a terribly blind assumption on my part – very naïve.

I was nearing the end of the data collection-analysis phase of my work, and it could not be denied. What those early research participants had been telling me emerged as a consistent and dominant theme

across all participants. Social work worked only when the clients were ready, willing and able to change. No amount of skill on the social worker's part, they said, made a difference. It was up to them – not the worker.

That basic equation made me depressed. I knew I had not always made progress with clients, but I assumed it was that I was not doing something right. Or that we just didn't know yet what worked with particular clients given their individual, unique circumstance or problem. I had never entertained the thought that clients were that much in control of the helping process.

I now had to assume some different principles regarding the nature of human behavior and change. I had to scale back the tremendous assumptions I had made about the power of social work practice. For some time, I wallowed in professional self-pity. I had been sold a bill of goods in graduate school! I had been indoctrinated to believe in the power of professional practice, only to be told, repeatedly, in the context of empirical knowledge production, that it had nothing at all to do with the worker side of the equation, only the client side.

Changing Beliefs

Reconciling these changing assumptions about the nature of social work practice was a slow process. It took many interviews to fully understand what clients were saying, and to change my beliefs accordingly. In this reflexive journal entry, the pain of losing my earlier faith in the effectiveness of our craft is apparent:

> Still hard for me to believe that we have to let people suffer so – that we are impotent because that's just the way it has to be for the client – not because we don't have a more attractive "state of the art" treatment model – my problem, my belief, my training – hardest lesson learned here – to realize the depth of my belief in the art and science of helping!!

Indeed, in this excerpt of my conversation with one of the last research participants in my dissertation study, M., you can see how reluctant I was to give up my earlier naïve faith. M. was a 28-year-old woman of color, whose two young children had been removed from her care due to neglect. M. admitted an addiction to cocaine and other substances that had lasted for years and significantly impaired her capacity to parent. She was considered an "ambivalent decliner" of the agency-initiated services that had been offered to her as part of this study. She talked to me at length, twice, over the kitchen table in her efficiency apartment:

> **Me:** Well, I hope that I can make some sense of all this, what you have told me and other moms...about why some people choose to go ahead...and why some don't...I'm still curious about the difference.
>
> **M:** Well, and you know, it's not... I dunno, sometime I just feel like maybe, it, it's just that some people let it be... kind of like... I'll be like, oh, what the hell... I'm never gonna change... nothin's gonna change... I'm just s'posed to be like this...
>
> **Me:** Hmm...so it's a matter of your head...accepting or deciding, no I want things better than that; I can be better.
>
> **M:** Right.

In that dialogue, M. tries to tell me, like so many others, that the client is in the driver's seat and that the mechanisms for moving forward with change are in the cognitive

realm. Changing the way one thinks about oneself can impact one's willingness to engage in services toward behavioral change. It is later in the interview that I concede how this is all very difficult to untangle, though my belief in the future efficacy of social work practice shines through:

> Umm...it's like a mystery, it's sort of like a mystery, I keep thinking...sort of like maybe it's out there, like there's some key we can unlock for people if we just used the right combination, you know, if we just knew the right kind of things, you know...and I think, that's really what I want to hear from people who know, like you, like what happened, what, what about me or about the service made it work well...but I guess that's what I'm after...what, what's the combination. We want to be able to unlock it for people, and I don't know what...

Gaining Back the Faith

Reflexivity is the process of reflecting critically on one's self as a researcher. It is recognizing and understanding oneself as the "human instrument" in qualitative data collection and analysis. Through the process of reflexivity, one understands the way we not only *bring* ourselves to the field, but the way we also *create* ourselves in the field.

Reflexivity is often gained in qualitative research through keeping a reflexive journal, excerpts of which have been used throughout this manuscript. It can also be gained through peer debriefing, triangulating data sources, audit checks, and other qualitative research techniques designed to maintain the trustworthiness (validity) of the research process. In this case, reflexivity helped me change who I was and what I believed. It helped me gain back at least some of the earlier optimism and faith I had in the social work helping process, but in a new and different way.

I have changed from a practitioner of social work to a researcher of social work practice in this process. Leaping from the world of practice into the world of building knowledge for practice has been a jolt, but I think I finally managed to land in a comfortable position. Changing the way I understood the helping encounter in social work, and the possible underlying ingredients of its effectiveness, helped me to grow into a more thoughtful, knowledgeable, competent social work educator and researcher. Indeed, I am slowly gaining back my faith in social work practice.

First of all, I realize that the products of the research enterprise should not be accepted uncritically. Just as I should not have bought into a universal unyielding belief in social work practice, I should not buy into this or any other particular product of research as "truth." Despite (or because of) what I learned in my research about client decision-making with respect to services, I am drawn to question further. Perhaps social work intervention with other kinds of clients, experiencing other kinds of social problems, is less dependent on client motivation to change. Perhaps we need to know more about how to enhance clients' views of their own functioning, or how to assess and/or impact their readiness to change. I have to believe these are all legitimate angles of social work inquiry; I have to believe we still have something very unique and efficacious to offer.

Second, and related, I understand more clearly now the need to regard all knowledge as tentative and context driven. While what I learned in my dissertation research should be respected and regarded as part of a growing knowledge base about social work practice, it does not have to be seen as a complete or lasting conclusion about the efficacy of social work intervention. I now see social work practice, and social work research, as an

iterative, concatenating process (as is, coincidentally, changing one's professional role). Building on what I learned through my dissertation research has led to many more exciting questions about the nature of human behavior and change. It has helped me understand and apply the work of past theoreticians (Ripple, 1964) and further appreciate the contributions of more current ones (Prochaska & DiClemente, 1984) to the helping processes in child welfare practice (Altman, 2003; Altman, 2004).

I also realize that in a way I've perhaps begun to displace my faith in social work practice with, instead, a faith in social work research. I've grown from doing what I knew to be the best social work practice with vulnerable families day in and day out, to now doing the best social work research with vulnerable families in an effort to contribute to the knowledge base of social work practice as best I can. It's true that we don't know all the mysteries of effective social work practice, and maybe we never will. But now, instead of thinking we just can't make a difference in people's lives without their wanting us to do so, I believe we may just not yet know how to move them to want it.

References

• Altman, J.C. (2003). A qualitative examination of client participation in agency-initiated services. *Families in Society, 84*, 4, 471-479.

• Altman, J.C. (2004). *Engagement In Neighborhood-Based Child Welfare Services.* Final report presented to The New York Community Trust.

• Prochaska, J., & DiClemente, C. (1984). *The Transtheoretical Approach: Crossing Traditional Boundaries of Change.* Homewood, IL: Dow Jones / Irwin.

• Ripple, L. (1964). *Motivation, Capacity and Opportunity.* Chicago: University of Chicago Press.

Julie Cooper Altman, Ph.D., is an Associate Professor at Adelphi University School of Social Work in Garden City, New York. Comments regarding this article can be sent to altman@adelphi.edu.

Experience As Educator: The Journey From Clinician To Practice-Based Researcher

Sarah Kye Price, MSW, George Warren Brown School of Social Work at Washington University

This narrative reconstructs the author's experiences as project director of the Women's Wellness Initiative. The benefits and challenges of community-based research in the "real world" are illustrated through the story of her experience from the first conceptualization of the project through its implementation and pending closure. At the same time, her own professional growth is challenged both by roots in clinical social work practice and education in social work research during her doctoral program. Through reflection, this narrative provides the opportunity to see inside project leadership as well as inside the development of a practice-based researcher. Ultimately, it contains lessons designed to increase the fluency of both researchers and practitioners in the language of community collaboration and empowerment.

"Experiences in order to be educative must lead out into an expanding world of subject matter, a subject matter of facts or information and of ideas. This condition is satisfied only as the educator views teaching and learning as a continuous process of reconstruction of experience."

—John Dewey (1938)

By the time this article reaches the eyes of its readers, a four-year project under my direction will terminate and the formal outcome evaluation will delineate the successes and challenges of the Women's Wellness Initiative. A more subjective story hides behind those formal numbers, one that perhaps provides a deeper understanding of program process as an integral partner with program outcome. I am a doctoral student and a self-declared "newbie" researcher. However, I do have years of experience as a social work practitioner that inform my decisions and, at times, create challenging role conflicts. Putting aside my data tables and statistical models for the moment, I will embrace my roots as clinician and allow my own story to unfold. The narrative behind the numbers conveys valuable lessons from which I still learn, from both my triumphs and my frustrations. Time will tell whether objectivity or subjectivity provides the more meaningful evaluation of this experience.

The Newbie Researcher Goes Forth

The transformational process began for me as I sat in front of the RFP for the first federally funded grant I had ever considered writing. A mix of enthusiasm and uncertainty occupied my thoughts. Six months into a social work doctoral program that had transplanted me from New York to the Mid-West, I was also working part-time as an MSW with a community-based organization. With my clinical eyes newly trained to focus through the lens of research, I began to uncover the health disparities present in many local communities we served in our region of the state. One community, a rural area about two hours south of where I lived, was unlike any other I had encountered in terms of unmet need, gaps in service, and high rates of infant mortality. It seemed as if the federal government could read my thoughts when a seemingly perfect funding opportunity presented itself. My mind reeled with possibilities and potential benefits of this project in spite of the enormity of the undertaking. Looking back, I smile at my own naïveté; I had no idea how the next four years

would unfold either for the project or for my own professional growth.

My foray as project director began long before my funding. I was already familiar with the staff and programs of the Healthy Start project that would serve as the site for this proposed mental health initiative. I was also anxious to employ my newly acquired knowledge of applied social research in a real-world setting. So, engaging their staff and consumers, we initiated a "taking stock" activity by using snowball sampling to identify community organizations that might interact with women of reproductive age in this rural community. The needs assessment I completed revealed a poignant picture: 100% of community-based clinicians identified depression in this population as a serious issue, and no one routinely screened for depression in any formal way. Buy-in to the idea of a project addressing maternal depression from professionals in the region was tremendous and letters of support flowed freely. I was assured that there were services available in my project region to treat women with depression, but that stigma and geographic isolation prevented full service utilization. During long days and nights of proposal writing, I was fueled by the overwhelming sense that this was a necessary project for this community and my research knowledge could truly be used for productive community action. The objective data supported my initial clinical assessment based on the individual women with whom I had worked. Exhausted, but confidant, I submitted my grant proposal to the funding agency and awaited their decision.

The Eyes of Practitioner Illuminate the Researcher

During the weeks that followed, I decided to become as familiar as possible with daily life in the rural community that would house my project. In hindsight, this would be my most important decision. I traveled on my own time, visited with local people, met with professionals, sampled the regional favorites at local restaurants and shopped for produce at farm stands while chatting with the community at large about what I hoped to accomplish if and when we were funded. As the reality of everyday life in the community expanded my awareness, my optimistic views began to falter. People were receptive to me, but began to say things like, "Yeah, someone else came down here and did something like that...never heard what happened, though. I guess we're kind of like bugs under a microscope down here" or "People like you come here and talk and talk about our problems...but that's the end of it and we never see them again." I was floored. I doubted that whatever researchers were being referred to knew of the community's angst. More likely, good intentions had somehow met up with real-world limitations of funding, time, and management of multiple projects and deadlines.

Confronted with the community's skepticism, I began to question to what degree the community was actively involved in many of the published research studies I had read. Community participation in research is an emerging "buzzword" in the academic community, but community involvement and engagement at all levels of the research process have not been well established. Literature promoting evidence-based practices describes community-level impact but is less clear about how often the participants actually sit at the same table as researchers throughout the process of designing and implementing these practices. Even less clear to me was how the outcomes of published studies are received by the community (assuming outcomes are shared) since that is rarely addressed in the contents of most empirical articles. What did the community think about the outcomes the study chose to measure? Did participants in the study ever have access to the findings in

language that was culturally sensitive to their knowledge and education? Were they given a voice in implementing the study's findings in their own communities? As a practitioner turned researcher, I knew these questions demanded answers in order to insure ethical and fair treatment of individuals and communities involved in research.

As I began to work more intensely with this rural area my project called home, research skepticism emerged as a dominant theme in those with whom I spoke and echoed my own internal dialogue. One memorable time, I was speaking with a nurse at a local hospital about my intentions to address the problem of depression in rural communities. Immediately, she demanded, "Who says we're depressed...and how do they know any better than we know?!" Citations about clinical screening and community epidemiology of rural areas were reeling in my mind, but I relegated them to silence while I listened to the words that were being shared with me. People felt objectified, at times even patronized, by well-meaning researchers like me who wanted to fly in with a new concept and "save" their community. I felt ashamed. And, I hate to admit it, but I honestly had second thoughts about whether I really wanted the funding to come through. What if I added to their negative feelings about researchers? What if my project *failed* in the attempt to improve services? What if I built a project and no one came? Amid my building sense of doubt, I received the news that forced me into reality: the Women's Wellness Initiative had been funded.

As a newbie researcher, I found comfort in the familiarity of looking at my start-up tasks through the foundation of my clinical experience: I had to start with trust building and assessment and then engage in mutual goal setting with my new "client," this community. I made an important decision early on in this project as I began to really listen to the community's skepticism towards research. In order to fully respect this community and break down barriers of past negativity regarding research, the community's need would have to take precedence over my research agenda. Client-centered and solution-focused practice was the foundation of my experience, so community-centered research was a natural extension. Every engagement with the community was an education for me; I learned to listen to the intrinsic wisdom and experience each person had to offer. Each job interview with prospective staff, every meeting with a sub-contractor, and all initial contacts with local consumers started the same way. I briefly introduced myself and the Women's Wellness concept; then I asked what I will refer to as my own version of a "miracle question" (deShazer, 1988, p. 5) to my community representatives: "If I were to walk into this community four years from now and this project was miraculously successful, how would you know? Tell me what would be different."

Women in the community began to tell me stories about being able to talk with other women in similar situations without having to drive to another community, about not having to feel humiliated that they had no insurance and could not afford counseling even if they wanted to go, about being able to be strong enough to prioritize taking care of their own mental health instead of feeling as if it was their burden to bear, about being able to even consider putting their own mental health on the long list of daily struggles for survival in an economically deprived area. Summarizing their responses, they were telling me time after time: we can take care of ourselves, but we need someone to invest in us and help us create realistic opportunities for self-care.

I began to realize I had written the wrong grant...or at least, taken the wrong approach in my original grant writing. My skepticism began to dissolve into a new understanding regarding the importance of designing

interventions that balance evidence-based approaches with continual community input at all steps of the process. Whether or not the literature addressed the role of the community, my own values and ethics dictated that this project must actively engage the community as a mutual partner in order to be both successful in its stated objectives and successful in providing lasting impact to participants after funding ended.

At this point in my professional growth, I engaged in a reflective process about my role as administrator and researcher. I realized that I was not the expert who would bring an empirically supported intervention to the real world and somehow "save" this community. Previously published literature was informative but in itself was not the expert. My perspective changed to recognize that this community was the expert in its own identification of needs and the authority on how to make meaningful and lasting changes happen. My role in engaging with this community through this project was to provide information, structure, and education to the community in the areas of my own expertise. If this project were to succeed, the community needed to have ownership of its own progress and we would need to be equal partners in the research and project-management process. Since I will always be a practitioner at heart, this approach made intrinsic sense to me. For years, I began every counseling session visualizing with my clients what it would take to accomplish their goals and "graduate" from therapy to fully empowered, self-directed action. Now, I needed to make sure that after our work together was completed, this community would be empowered to go on without this project and without me.

So, with the lofty pedestal of "Principal Investigator" pulled out from under me, I landed squarely on the roots of social work and community organization. With a more humble leader and a shared vision, this community and I set out on our journey together. Looking back on this process, I realize that my own professional growth had taken a very natural course. While I had added social-science research-methods skills to my professional knowledge base and had changed my title and job description slightly, I still (proudly) remained a Social Worker. This valuable lesson kept me centered and focused on a daily basis in my budding academic career.

A Second Chance to Get it Right

Meanwhile, in Washington, D.C., the federal government was no longer engaging in telepathic harmony with my project. Six months after first funding, we were instructed to shift our focus from identification of depression and building community linkages to a case-management model. In other words, our destination changed from a commuter flight to a transatlantic expedition immediately after take-off. Of course, this presented a significant challenge. I realized that it also offered me a second chance to actively engage the community in meeting this demand. Having learned from the community about their own internal strengths, I could more effectively serve in my role of facilitator. My contribution was to scour the existing literature for possible approaches to integrating case management into community settings and translate these studies into models I could describe to professionals and consumers. The community's contribution was to think through the information I presented and thoughtfully collaborate regarding the best way to develop a meaningful program (and program evaluation) that would succeed given the unique features of this community.

The community made one thing clear: to be successful, this project had to place the power of treatment in the hands of the women we worked with. They decided that a community survey could inform us about the attitudes, beliefs, and help-seeking preferences of our target population. These

findings were echoed by the qualitative interviews they recognized were essential to understanding the voice of our consumers. Together, a new direction was forged that bridged identified gaps in services. We formalized our panel of community providers and consumers and established an empowerment evaluation model (Fetterman, Kaftarian, & Wandersman, 1996) to guide our project development and monitor our ongoing progress. This cemented into place our mutual collaboration. We took stock, created a mission, set goals, and decided on our intervention plan and evaluative approaches with my primary goal to share the knowledge I possessed with the community in order to allow them to evaluate their own efforts in the future.

While there are many illustrations of the way this empowerment approach of engaged collaboration unfolded, the most memorable to me was our struggle surrounding the concept of case management. We had a true impasse: our funding agency demanded case management, but no one in the community wanted anything to do with such a medical model approach. Heated discussions highlighted how the community wished to avoid viewing women experiencing depressive symptoms as needy recipients of enforced treatment. Some argued that we should fight against the funder's requirement. Some argued that we should develop a sort of sub-contract as a way to distance ourselves from case-managed services. But, what we worked through in our discussions together was a vision that case management could be redefined as a way to support women's right to access treatment they desired across multiple sectors while partnering with them to address the tangible and intangible barriers to receiving those services. We worked as a team to develop an approach that was desirable to the community, met the requirements of funders, and addressed key concerns raised in the empirical literature. What the community had told me initially was now taking shape: if we partner together, we can put in place a better system to help the people in this community help themselves.

What I realize now is that a dual process occurred during this second chance at project start-up: the community had built its trust with me, but I had also built my trust with the community. We had faith in each other; we had a shared vision, a set of mutual goals and objectives, and, most importantly, a shared desire to allow the community to take responsibility for its own success. I realized very profoundly that this project had moved from a newbie-researcher's first attempt to get funding and instead had become a way to help a community empower itself. While I entrusted the community to collaborate in what had at first been "my" research, the community entrusted me as someone who would work jointly with them to help develop, monitor, and evaluate their efforts to improve the lives of women. This mutual respect is the core element of a community-research partnership, where both researchers and the community have joint ownership of their project.

Project Accomplishments

Momentarily, I must pause to put on my evaluator's hat to share a bit of objective data. The Women's Wellness Initiative has had tremendous success since our start-up in many ways. We have experienced unprecedented community participation and buy-in with the project. While I felt this every time a staff member told me she was getting flooded with calls and every time I held a training session for a room packed full of attendees, the objective researcher in me was finally satisfied that this new approach was working when we met our four-year service objectives by the end of our first year. Over 100 women had willingly been screened for depression, and over 50 had self-referred for our supportive case-management program as a

bridge to treatment in the specialty mental health, primary care, or self-help service sector. So, we increased our goal for the remaining three years to triple our original expectations. We met those revised objectives before the beginning of the fourth year and had to double our staffing and write a supplemental grant to meet the needs of all the women who were seeking services from our project. This success is attributable to the community's participation in planning, designing, and evaluating the project as it has progressed, and in our adaptability to making changes along the way when we encountered obstacles. My realization from our objective success: if you work with a community to build a project together, have no doubt about it, they will come.

Another success for this community-research partnership has been finding out information about this community that was not previously known or articulated. During year two, a large-scale community survey was conducted with the intention of finding out what stigmas surrounded depression and what the community's help-seeking preferences were. We found that stigmatized beliefs about the origins of depression were very prevalent in the local community, and many (even those who considered themselves depressed) felt that depression was indicative of personal weakness. The community team's response was to infuse esteem-building and empowerment-oriented language into a wide array of materials to which the general population had access; we measured the results of this response two years later by repeating our community survey and comparing stigmatized beliefs. A statistically significant change in community perception of depression as caused by individual weakness was found from baseline to follow-up. We also learned through anonymous, open-ended questionnaires about the stresses, accomplishments, and regrets of women in this community. We heard stories about chemical dependency, institutionalized patterns of mental and physical abuse, low self-esteem, and deep regrets of children who had been removed from the homes and lives of women in desperate situations. We gained insight regarding resilience in obtaining education against all obstacles, going through recovery, and finding inner strength in a drained community through social bonds and faith. These rich, honest responses tell a story of a hurting community with profound strength and courage.

One noteworthy outcome is from literal investment in the community. We were able to fund a small line item of "collaborative community funds" to offer as seed money to community-driven initiatives designed to improve the self-esteem of women and encourage healthy decisions about their own lives. Five thousand dollars per year has funded over 25 community-driven initiatives in volunteer groups, churches, community coalitions, and professional organizations stepping outside their usual service parameters. From this investment emerged self-help groups run by community volunteers, youth-empowerment seminars, motivational and informational community conferences, and other innovative women-helping-women projects that the community had hoped for years to bring into being.

One important realization that shaped our intervention was that people were not inclined to utilize specialty mental health care and turned mostly to their friends, family, and primary care doctors for information about depression. So, in addition to promoting specialty mental health treatment when needed, we also educated the friends, families, and health care providers. Since we couldn't get many health care providers to come to the office, we made office manuals and delivered them to the physicians. Evaluation of the effectiveness of this intervention has proven a challenge because physicians have not been willing participants

in follow-up surveys. What our consumer surveys tell us, though, is that more women report satisfaction with the information and support they are receiving from their physicians than before our project, and increasingly more women are choosing to involve primary care providers in their mental health. Not surprisingly, once there was improved response by family and friends to talking about mental health, even our referral rates to specialty mental health services began to grow. Communities change with action from individuals; individual behavior also changes in response to an enhanced awareness and acceptance level in the community.

Embracing Challenges

By the mid-point of our project together, I felt confident engaging with the community as director of the details of our core project and facilitator of their own empowered community action team. This allowed for introduction of evidenced-based practice and evaluation methods into our project while still encouraging the autonomy and fluidity of community project ownership. My leadership style is one that embraces facilitation and collaboration, so empowerment evaluation and facilitation were also natural fits. As the evaluation plan began to unfold with active participation from community professionals and consumers about what *they* wanted to know, I realized the absolute benefit of community-driven evaluation and research. The project would use our mutual talents and strengths to develop, expand, and plan for project sustainability based on the findings we generated and the way the community engaged in discussion of the findings and implications for service delivery and future action.

Interestingly, our community panel didn't shy away from evaluation but embraced the utility of evaluation for their community and sustainability efforts. Participants genuinely looked forward to the findings we would discuss at each meeting. It is with their encouragement that I have now been willing to put our project "on paper," presenting outcomes and sharing the story of our progress together for publication and benefit to other communities facing similar challenges. Unfortunately, there have also been dismissive remarks from some aspects of academia: "What about fidelity to a research plan…?" "Well, since it's *only* program evaluation…" I have learned that the practice community and the academic community do not always speak the same language, even if we are both contributing to the same profession. I, however, am putting myself up for appointment as an official translator.

There are other very real, significant challenges and frustrations that this project continues to encounter. First, there are the ever-changing social policies and domestic funding cuts that impact our project and our community. When we began, it was safe to say that women with serious mental health problems could receive services, regardless of their socioeconomic status. Community mental health centers had discretionary funds to support provision of necessary services not funded through Medicaid, and Medicaid dollars that were available to reimburse services directly for those with serious mental health problems. With budget cuts at state and federal levels sharply increasing during years two and three of the project, Medicaid dollars are no longer available to the same extent as when we began. The reimbursable definition of what constitutes a serious mental health problem has relegated Major Depression to a non-serious category in most cases. More women are falling through the cracks in our region than ever before; as a result, demand for our project's support services has dramatically increased. Our community mental health center refers women to us who otherwise would have to be denied treatment due to funding cuts. This is a systemic issue

that is reflective of lack of parity in reimbursement for mental health vs. physical health services, as well as general domestic spending trends in the United States. Here we are, preparing to close our project having met our objectives to enhance service utilization and now, the services relied upon by our consumers are eroding away. The challenge of growing needs amid shrinking resources is a continual source of frustration that impacts full implementation of research findings back into community action.

Then, there are the very real challenges of rural practice and research. There is often a distribution of scarce funds to urban areas with higher populations, while rural communities suffer many of the same problems with an ever-shrinking availability of resources. In rural regions, cost per person appears much higher due to geographic constraints, distance traveled to services, and the high cost of attracting qualified practitioners. Then, there is the perpetual problem of a lack of skilled providers willing to work in our project area. Funding for a preventative project such as ours seems to be at the bottom of every funding priority list, although the merit of our project is quickly acknowledged. This year, we learned that there would be no continuing RFP issued for our maternal depression project from the federal agency that originally created it. We are meeting this challenge by again turning to our community members. Our partnering prenatal care project will continue to offer the core depression services to all women enrolled, and other community partners in other social service settings are committed to continuity with or without designated funding. Our collaborative partnership has been beneficial to this inter-agency collaboration. Agencies in our community cannot afford to compete with each other, so we are joining forces to attract funding to our rural area to keep alive as many pieces of this project as possible.

While the sustainability of programs still hangs in the balance, this story does have a happy ending. This week, I convened a meeting of our community and professional stakeholders on the eve of our transition. We have successfully worked together on a proposal that will provide interim funding for an additional year, and two individual agencies have written grants to utilize the same programmatic model within their own host settings to perpetuate the services initially provided by the Women's Wellness project. This amazing group of women from diverse backgrounds and interests brainstormed ideas for ongoing sustainability that ranged from federal research opportunities to approaching Oprah Winfrey's foundation for continuity of their community initiatives. The community participants in this project have found a higher calling than that of bugs under a microscope: they are now committed change agents who are working together to continue to support women in their community. That, in my subjective opinion, is success.

Personal Challenges, Accommodations, and Growth

In spite of these accomplishments, our project also had numerous challenges. One personal challenge I encountered was an identity crisis: Is this a research project? Or, is it a community-driven intervention project? Although I would like to flippantly say that it is both, the fact is that my descriptive word choice would create an identity to the target population. I re-read DeShazer's *Words Were Originally Magic* (1994) as I wrestled with decisions about whether we had "clients," "participants," or "respondents," and what descriptors I would use to frame our discussion about evaluative models. When I listened to the community, however, I could feel the depth of residual hurt from past years as a target of research without any benefit. I began to understand that years of projects conducted without any harm, but also without

providing direct benefit, had made many residents of this rural community wary of the word "research." And, flouting a lofty title after my name or referring to myself as an investigator or researcher would be the kiss of death. The meanings that had been attributed to those words were more powerful than one project could eliminate.

As for me, this meant one more huge change. I personally wrestled with decisions surrounding how my doctoral education interfaced with this project. I became increasingly uncomfortable with the concept of basing my dissertation research on my project findings. In conducting dissertation research, I needed to be accountable to my own needs, not to mention those of my advisor and committee members. I realized that I could not prioritize the desires of the community with a formal research agenda that had intense academic oversight. Thankfully for me, my dissertation chair was supportive of my rationale and understood the dilemma facing me in my dual role. So, I chose to pursue my dissertation research apart from this project, using a national data set with the potential to inform my area of expertise in other ways—more humility and frustration, but the right approach for what was needed in this community. These challenges are not unique to my role as student; doing research on the ground means having to make difficult choices balancing our roles as researchers with the needs and demands of our community partners. The trust-building process also means that everyone has compromises to thoughtfully consider.

Although I am confident that my decision to pursue this project apart from my dissertation was the right one in order to maximize community autonomy, I am less certain about the implications of this decision to the future development of our field. While striving for rigor in social work research, we have adopted the medical model's "gold standard" of the randomized-controlled trial as the hallmark of the scientific method. I have learned that the science of research is grounded in empirical validity, parsimony, and pragmatism. I am also driven to enhancing the credibility of the social work profession within the field of applied science. But, there is also a heart and soul to engaging individuals, families, and communities in an empowered, participatory research process that stands apart from these scientific principles based in the laboratory. The "real world" is imperfect; human beings are complex; and community empowerment necessitates a fluid approach to intervention development to meet the ever-changing needs of real people in the real world as they themselves define their challenges and solutions. Rather than apologize for these deviations, our profession has the capacity to embrace them. However, there is both an art and a science to this practice that I am not convinced that the mysterious "they" who set standards for research (including dissertation research) are ready to embrace. Perhaps social work, as a progressive discipline, may find a future role as change agent within the institution of academia as well.

The concept of evaluation itself also posed a challenge to my understanding of my role as community-based researcher. While the collaborative efforts between professionals and consumers have been particularly exciting to watch, they are difficult to formally evaluate. In a small community where social isolation is profound, watching women find the desire, energy, and time to create self-help groups, sponsor peer-mentoring initiatives, and invest in future generations of young women brings a feeling of success. At the same time, grassroots activities undertaken by volunteers with tiny amounts of seed money do not have the resources to formally evaluate service outcomes. When meeting with the community, narrative experiences illustrated the value of newly formed collaborative services to their participants, while the thought that one would administer a pre- and post-test during these

events was seen as ridiculous by members of the community. The balance struck between research and community action was to teach those involved in projects we funded how to self-evaluate their own efforts through qualitative interviews and participation in our larger community quantitative surveys and outcome studies. I learned there is a role for both approaches and a need to honestly acknowledge that the community has valid ways of identifying success in its grassroots endeavors. What is important to learn as researchers is that there is a place for self-evaluation within the community that may be separate from the findings we report or generalize. Developing that balance is part of the collaborative process.

In my own professional growth, I have considered a personal metaphor for distinguishing between the need for objective and subjective evaluation. Using stress as an example (something we can all relate to), what defines the difference between an "intervention" and "those things you do to stay sane?" When I vent my frustrations and share mutual support with a group of social work colleagues that meets about once a month for lunch, we don't gather together our list of formal objectives and rate the perceived benefit of our mutual support group on a Likert-type scale. But, if asked, we could recount personal narratives where we shared stories, humor, and social support and afterwards felt better and less stressed. Consider our community members striving to do the same thing. If we feel an intrinsic desire to impose objective accountability on those in a community in order to simply satisfy our funders, or publish our findings, then we negate the value of their own need for self-accountability. Perhaps this is where research distrust begins, with our inability to allow the community to be accountable for its own successes and aware of its own limitations. To those in the community, it may feel as if we are reaping the rewards of their efforts by giving ourselves a pat on the back for "interventions" that prove successful or dismissing those with questionable results. In the end, we have to believe that when provided with the tools to self-monitor, community members will be able to identify when objective evaluation is needed.

Personal Reflections

As for my own story, I am awestruck at the changes in my own professional identity through this experience. Through the process of engaging in this community-research partnership, I have become the self-appointed "broken record" to speak to the value of practice-based research as a core of social work's contribution to the social science field. As a result of my work with this project and this community, I experienced a personal transformation in my own view of the interrelatedness of social work practice and social work research. Intrinsic to doing research in the real world is an inherent opportunity for social change, which is the core of our profession. What is more controversial, however, is that my experiences working with the community have made me believe that social work research *must* find a way to advance goals of social change at some level through our research. What else separates our profession from any other? Social work is founded on principles of social justice; self-determination requires us to consider the relevance of our research activities through the perspective of our participants. Through the eyes of this community, I have learned that there is a heavy price for disregarding the direct benefit of research to our participants. The price we pay will be institutional distrust not only of research but also of our profession, which is something we cannot afford.

I now find myself questioning every piece of research that I encounter for a direct link between science and community-based implementation. I question whether our

profession is equally balancing "society" and "science" in application of social science to social work practice and continually infuse my lectures with examples of "real world" lessons that illustrate both the application and limitations of theory and empirical research. I listen to researchers blame clinicians for not using empirically supported practices and listen to clinicians blame researchers for creating studies that cannot be replicated in the constraints of the real world. As I strive to create my own identity as a practice-based researcher, I realize that we can all too quickly place the blame on each other instead of really listening to the power contained in the words we speak and the actions we take towards the individuals, families, and social systems with whom and with which we interact. Our choice to collaborate must be rooted in mutual respect.

Every day, social work practitioners work with individuals, families, and communities to empower real changes; every day, social work researchers strive to quantify those changes and demonstrate the effectiveness of our professional standards of practice. Uniting these intentions will certainly make an impact that reaches beyond our profession and speaks to lasting social change. Opening up my project to objective evaluation and subjective inquiry is my first step at uniting these powerful forces in my own professional research career. Through my process of helping, I have received a deep and lasting education that could not have come any other way than through first-hand experience in a community setting and ongoing critical reflection on the integration of practice and research that is essential to the survival of our profession.

References

• Dewey, J. (1938). *Experience and Education*, as quoted in The Columbia World of Quotations (1996). Columbia University Press.

• deShazer, S. (1988). *Clues: Investigating Solutions in Brief Therapy.* New York: W.W. Norton.

• deShazer, S. (1994). *Words Were Originally Magic*. New York: W.W. Norton.

• Fetterman, D.M. (2001). *Foundations of Empowerment Evaluation*. Thousand Oaks, CA: Sage Publications.

• Fetterman, D., Kaftarian, A., & Wandersman, S. (Eds.). (1996). *Empowerment Evaluation: Knowledge and Tools for Self-Assessment and Accountability*. Thousand Oaks, CA: Sage.

Sarah Kye Price, MSW, is a Doctoral Candidate at the George Warren Brown School of Social Work at Washington University, St. Louis. Comments regarding this article can be sent to sprice@wustl.edu.

Parallel Processes in Community-Based Practice Research

Elizabeth King Keenan, Ph.D., Southern Connecticut State University

Drawing upon the clinical practice concept of parallel process, the researcher describes her experience conducting an evaluation of a community-based case-management program that provides services to those persons receiving Temporary Assistance for Needy Families (TANF) who have significant barriers to employment. The evaluation project encountered two simultaneous patterns of parallel process: "skepticism and uncertainty" and "validation and encouragement." Identifying these two patterns broadened thinking beyond the immediate data results to the confluence of multiple factors in community-based evaluation. Clinical practice concepts (such as parallel process) can serve as vital tools in community-based research to help researchers understand, intervene, and make recommendations regarding systemic relations even when this is not necessarily the topic of the evaluation.

Engagement

Having recently received my Ph.D. and begun a tenure-track position, I wanted to develop a research agenda doing practice evaluation in a community-based setting. I had previously worked at a family service agency, so I was cheered when I read an article in *Families in Society* about the Connecticut Council of Family Service Agencies' (CCFSA) efforts to incorporate research in some of their community-based programs (Ristau, 2001). After approaching the director to explore options for collaboration, I then met with the program director of the Empowering People for Success (EPS) program. She was interested in evaluating the program because the funder (Connecticut Department of Social Services) was beginning to request outcome data in addition to other statistical information regarding service use. The process had begun.

In speaking with the program director and other staff, I discovered that the State of Connecticut Department of Social Services (DSS) selected the Connecticut Council of Family Service Agencies to provide community-based case-management services through the components of the Empowering People for Success Program with those clients who face significant barriers and/or have been sanctioned by DSS. These program components help families throughout Connecticut as they transition from welfare to work by emphasizing outreach and engagement in order to obtain a complex understanding of the family in their environment. The EPS program provides intensive, strength-based, case-management services for those persons receiving Temporary Assistance for Needy Families (TANF) who have significant barriers to employment. Primary service managers (PSMs) actively engage with potential clients through home-based and community outreach. After clients agree to participate in the program, a comprehensive assessment of family strengths and needs is completed with clients, resulting in a mutually constructed family development plan. Program activities also include in-home mental health and substance-abuse assessments and interventions when indicated, referrals to community resources, and support for clients as they negotiate and communicate with other service providers and employers. Clients are eligible to participate in the program for up to eight months (two to three months if they have already been sanctioned by DSS).

I began to put together my ideas for an evaluation project as I continued to meet with

administrators and primary service managers. We were getting to know each other, exploring whether this project could work. I was moved by the PSMs' commitment, tenacity, and creativity anchored in a context of uncertainty, hardship, and mixed success. They rejoiced with clients when there was positive change, agonized when they needed to close cases prematurely, and worked twice as hard out of fear – fear that if clients don't succeed they will be destitute. The fear stems from real consequences: time limits, eligibility requirements, sanctions, and an unpredictable state safety net. PSMs spoke of their efforts to counter fear by emphasizing potential. They would do this by sharing personal experiences with clients of when they had personally stumbled but had gotten back on track to encourage clients to persevere. PSMs noted how hard it is to persevere, however, because clients and PSMs frequently encounter negative, disrespectful comments from many in the social service field that reflect stereotypes about those who receive TANF.

In conversations with PSMs I heard about their struggles to establish relationships with clients who are distrustful of them, expecting the same unpredictable process and disrespectful encounters they experience in other settings. They expressed frustration with some policies as well. For example, a client's case must be closed when certain income levels are reached even if substantial barriers persist. The unintended consequence is that clients need to fail to continue to receive services.

What a challenge: implementing a relational, empowering community-based program within the context of bleak economic times and a restrictive, judgmental, temporary family-assistance policy structure. I continued to wonder about what it is like for the PSMs to work in this context. I also wondered how the evaluation project would be impacted by this confluence of factors.

Despite these concerns, the program administrators and I decided to move forward with the evaluation. The evaluation consisted of administrative data from the usual program forms completed by PSMs (an assessment tool, service plans, weekly contact forms, and closing forms). An additional tool—Problem Resolution Outcome Survey (PROS)—that assessed the clients' problem solving skills and problems solving efficacy (Heppner, Cooper, Mulholland, & Wei, 2001) was included as a pre/post measure. The evaluation plan also included a follow-up contact by PSMs with clients six months after case closing to obtain information on their well-being and to invite them to participate in an interview regarding their TANF and EPS experiences with social work students. I provided training for the PSMs on how to administer the problem-solving skills tool. I was optimistic, hopeful, and pleased with the collaboration that had occurred thus far. Although PSMs worked with the clients' experiences of TANF policies (e.g., compliance, unpredictable enforcement, disrespectful attitudes, little flexibility), it appeared that PSMs were not caught up within these uncertain dynamics. The evaluation was finally launched.

Implementation

One month after data collection had begun, I was informed that referrals were significantly down due to layoffs and transfers of DSS workers, resulting from an economic deficit in the state's budget. The EPS director also informed me that the EPS program was being restructured to streamline and clarify responsibility and accountability within the organization. The program model was not changing, but the chain of command was.

My heart sank. This carefully constructed evaluation was already in jeopardy due to fewer referrals and the uncertainty regarding the impact of the organizational shifts. I continued to monitor the referrals and extended the time frame in which clients would

be included in the project. Referrals picked up and I began to plan for the analysis of a small sample of the data (those who completed the program in less than six months).

I received the interim data and was glad to see that there were over 80 clients in this initial sample. As I analyzed the data from the various agency forms, however, I was once again surprised. Where were the data for many of the clients? There were demographic data and closing status data, but in-between it was like Swiss cheese – different data were present for different clients. What had happened? When I shared this with the program director she, too, was surprised. Audit checks had found some missing information, but it had not appeared to be a major issue.

I tried to understand why paperwork was unevenly completed by PSMs, and started wondering whether PSMs were indeed affected by interactional dynamics similar to what clients told them regarding their experiences in the TANF system. I began to notice some parallels in the experiences of clients and PSMs. Their future income (TANF or agency employment) depends upon their compliance with agency policies and procedures. This compliance, however, does not guarantee future income because funding for both TANF and the EPS program comes from a combination of state and federal dollars that vary from one budget cycle to another. The consequence of a program based on uncertain funding for clients, therefore, is the maintenance of set time limits within an unpredictable safety net of additional benefits, i.e., global uncertainty regarding their future well-being (housing, employment, resources for family needs, and so on). The consequence for PSMs of a program reliant on uncertain funding is an uneven stream of referrals and periodic lay-offs.

My understanding of the PSM-client relationship was becoming more complex. As I gathered the interim results together to present to the PSMs, I wanted to validate their struggles, affirm their willingness to continue within such an uncertain context, and appeal to the commitment and desire I had heard from them earlier when we were initially talking about doing the program evaluation. Despite the gaps in paperwork, the initial results were positive. I thanked them for their efforts, applauded the preliminary successes, and provided an explanation regarding how their paperwork can be combined to tell others about the good work that they do to benefit their clients. I wanted to convey the importance of doing paperwork, not for compliance, but rather as a tool to communicate the story of their work. I encouraged them to keep doing it and to reach out to clients for the six-month follow-up contact. A couple of PSMs thanked me afterwards, saying how good it felt to be affirmed because they usually didn't hear much positive feedback. They were appreciative.

I now directed my attention to training students to conduct the client interviews that would be arranged after PSMs completed the six-month follow-up contact. I prepared the lists of which clients needed to be contacted and waited for a response. Once again I was taken aback. After three months there were only a handful of clients who had been contacted, and only one who had agreed to be interviewed. Now what? I spoke with the director and discovered that there were PSM lay-offs again and that morale was quite low. With PSMs struggling to adjust to these changes and wondering whether those remaining would keep their jobs, how could I expect that they would be willing to take on the additional responsibility of trying to find clients after they had stopped working with them? Despite this understanding, I was disappointed because I had thought that the client interviews would provide stories of client experiences to enrich the quantitative administrative data. After sitting with my

disappointment for a few days, I thought about the parallel processes that had unfolded in this evaluation project.

Parallel Process

To support my reflection of parallel processes in the evaluation project, I turned to literature from counseling and psychotherapy. I was reminded that parallel process typically refers to patterns in the clinical relationship that appear in the supervisory relationship. I remembered that some instructors during my doctoral education at Smith College described parallel process as an unconscious process: in supervision, a therapist would talk about issues with the supervisor in a way that was similar to how the client was addressing the issues with the therapist. As I leafed through some of the classic writings, I was intrigued to find that parallel process can also work in the reverse, i.e., a therapist can unconsciously adopt the views or techniques of the supervisor when interacting with the client (Doehrman, 1976; Ekstein & Wallerstein, 1972). Then I looked at a more contemporary article (Ganzer & Ornstein, 1999) and noticed that relational models of psychotherapy are now blending the traditional ideas into a cyclical frame. This approach seemed to make the most sense for understanding the evaluation project because it shifted the concept from a hierarchical, linear description to a more fluid view involving the participation of any person (client, therapist, or supervisor). As I applied the relational view to the dynamics involved in this evaluation project, I noticed two simultaneous parallel processes. Since this was a research project, the persons involved were not the traditional triad, but rather clients, PSMs, administrators, and this researcher.

Parallel Process Theme 1: Skepticism and Uncertainty

In their contacts with DSS (implementers of the TANF policy) and others in their everyday lives, clients seem to expect the unexpected, yet appear to still be taken by surprise at times (e.g., think that they have complied with TANF requirements and then receive a letter stating that there is something else to do; or if they think that they have someone to care for their child and then are informed that person is no longer available). As a result, PSMs say that clients' spirits are often low, that clients are sometimes hesitant and skeptical of the PSMs who reach out with offers of help. Clients appear to be particularly skeptical of requests for paperwork and a high degree of contact because they seem to wonder how the information will be used and doubt that positive, lasting change can occur.

PSMs generally provide extensive outreach and explanation in an attempt to show clients that the case management program is more collaborative and thus able to provide needed resources and referrals. PSMs do not seem to be immune, however, to the dual effects of client resistance and employment uncertainty. Just as clients appear to be skeptical of how PSMs can help them in the face of uncertainty, PSMs appear to be skeptical of the degree to which the agency can help them keep their jobs when the program funding is unpredictable. Why should PSMs be invested in contributing data to evaluate the EPS program when they don't know if they will be there to benefit? A couple of administrators said that the morale of PSMs had been low at several points throughout the evaluation, and I noticed their skepticism of what the program evaluation results could do during meetings. Although it seems clear that PSMs have continued to reach out to clients, it also seems that data recording (and doing the six-month follow-up client contact beyond the program model) has been an expression of their uncertainty

with administrators and this researcher, paralleling the uncertainty experienced by clients on a daily basis.

Administrators then shared their frustration with me, feeling uneasy and dejected that their efforts were not having a positive impact and trying to figure out what was going wrong. I, too, experienced this parallel process and initially felt frustrated that the data were not as complete as they could be. I was disappointed that I would not be able to conduct client interviews. I became skeptical about whether this evaluation would yield anything meaningful and began to lose energy for the project. The theme of skepticism and uncertainty thus appears to have had a ripple effect across all key persons in the study.

Parallel Process Theme 2: Validation and Encouragement

At the same time, administrators planned meetings with PSMs to reinforce the primary components of the program. I presented the interim findings at one gathering and, as noted earlier, validated their struggles while applauding the hard work that led to positive results. I asked for input from PSMs regarding how to interpret some of the findings and told them who would hear about these results. Many administrators seemed to continuously take this same respectful, supportive approach in the midst of the periodic uncertainty regarding funding and employment. These efforts by administrators and researcher looked like they were enacting (to some degree) the qualities that are embedded within the EPS program model: respect, affirmation of strengths, relationship, and mutual collaboration.

After the interim report, PSMs appeared to continue their engagement and work with clients but also increased the amount of data recording they completed for each client. They seemed to remain persistent and respectful as they listened and supported clients in their work towards their mutually constructed goals. Themes of affirmation, encouragement, and validation of struggles appeared to be enacted between the three relational pairs: researcher-PSMs, administrators-PSMs, and PSMs-clients.

This research project thus appears to have encountered two simultaneous patterns of parallel process. Prior history and current unpredictability seem to leave clients feeling skeptical and hesitant. This appears to be transferred to PSMs who also look as if they are experiencing their own uncertainty regarding future employment, enacting it through poor data recording and low morale. Administrators (and this researcher) also seem to have experienced hesitancy and struggle with how to respond. While the themes of skepticism and hesitancy look as if they are being played out, researcher and administrators appear to be simultaneously validating PSMs' struggles and affirming the outreach they're doing. Encouragement from researcher and administrators to PSMs then looks as if it is transferred to the PSM-client relationship as PSMs persistently support and affirm client efforts. Validation and encouragement appear to somewhat counteract the negative impact of skepticism and uncertainty.

Clients seem to have benefited from the validation, encouragement, and PSM activities that facilitated connections to resources within their communities. A majority of clients in this research project successfully completed the EPS program which allows them to continue receiving TANF benefits, participate in welfare-to-work activities, or apply for medical exemption. The majority of clients also made progress on the barriers that interfere with their ability to financially provide for their families (Keenan, 2005).

IV: Concluding Thoughts on Community-based Practice Evaluation

I completed the final report, disseminated the results to the PSMs and other program staff, and was happy to hear that as of today there was funding for the program to continue. I am continuing to meet with EPS program managers, looking to see how this experience can be used to improve the program in the future.

There are obvious suggestions for improvement that immediately come to mind, but the ones I am most interested in are more elusive: 1.) How can the EPS program administrators attend to the clinical themes that impact PSMs and clients on a daily basis? 2.) How can the EPS program managers systemically provide stability in the face of employment uncertainty? 3.) What is the role of the evaluation researcher regarding these issues?

When reflecting on the application of the clinical concept of parallel process in this evaluation project, I realize that the concept helped me to think beyond the immediate data results to explore the influence of multiple factors in community-based evaluation. I have learned that community-based practice evaluation puts researchers "in the soup" in many of the same ways that therapists and case managers are when working with clients. This project has highlighted the opportunities a researcher can have to influence systemic dynamics but has also underscored the ways in which we are simultaneously influenced by the relationships between clients and other agencies, staff, and clients, and so on. I have found clinical practice concepts (such as parallel process) to be vital tools in community-based research – tools that help researchers understand, intervene, and make recommendations to impact systemic relations even when this is not necessarily the topic of the evaluation.

References

• Doehrman, M.J. (1976). Parallel processes in supervision and psychotherapy. *Bulletin of the Menninger Clinic,* 40(1), 1-104.

• Ekstein, R., & Wallerstein, R.S. (1972). *The Teaching and Learning of Psychotherapy* (2nd ed.). New York: Basic Books.

• Ganzer, C., & Ornstein, E.D. (1999). Beyond parallel process: Relational perspectives on field instruction. *Clinical Social Work Journal, 27*(3), 231-246.

• Heppner, P.P., Cooper, C., Mulholland, A., & Wei, M. (2001). A brief, multidimensional, problem-solving psychotherapy outcome measure. *Journal of Counseling Psychology, 48*(3), 330-343.

• Keenan, E.K. (2005). Evaluation of the Empowering People for Success Program. (Available from the Connecticut Council of Family Service Agencies, 1310 Silas Deane Highway, Suite 219, Wethersfield, CT 06109.)

• Ristau, S. (2001). Building organizational capacity in outcomes evaluation: A successful state association model. *Families in Society, 82*(6), 555-560.

Elizabeth King Keenan, Ph.D., is an Assistant Professor at the Department of Social Work, Southern Connecticut State University. Comments regarding this article can be sent to KEENANE1@southernct.edu.

Reflections on Hospice Research

Suzanne Y. Bushfield, Ph.D., Arizona State University

Research demands both an ability to look ahead and imagine what could be, as well as a firm grounding in what is. The author of this narrative never set out to be a researcher, but the longer she practiced social work, the more she wanted to know about what works and why. She developed an appreciation for building evidence and theory in order to contribute to her profession. Her first attempt at research as a hospice social worker was a positive learning experience. Practice-based research is a great place to start—but now she knows more about how to finish the job.

Introduction

I confess: I love research. While others may groan at the thought, my experiences as a hospice social worker laid the groundwork for my love of research. I now know that good decision making is based on sound research; my practice-based goals of doing the right thing while doing things right rely on good research. Every day as a hospice social work supervisor, I struggled with multiple concerns and issues: managing my day-to-day patient workload, planning for the future and anticipating needs, troubleshooting the barriers to providing good care. In today's practice environment, everyone must ask: Is it working? Is it helpful? Is it necessary? Is it cost effective? I believe that within every good, reflective practitioner there is a competent researcher waiting to emerge. Perhaps my own experiences are the best evidence for this premise: they have taught me what not to do, as well as guided me to successful outcomes. With many lessons learned, however, there are some experiences which may not need to be repeated. So, I will offer my own story as a beginning researcher in hospice involving the rewards, frustrations, and tribulations of an early attempt at research.

Hospice Practice

Hospices are designed to provide care for patients with terminal illness, and the target of care is the patient and family unit. There are two, sometimes competing, goals for hospice. The first goal is to provide palliative care and comfort in the least restrictive environment for those who are dying. The second goal is to conserve resources by reducing unnecessary expenditures at the end of life. Hospices have been successful in pain and symptom management and in assisting patients and families with the tasks of dying. By focusing on palliative rather than curative care, hospices have also been successful in forgoing expensive treatment unless the goal is remediation of pain and suffering. Still, many hospices struggle with cost containment, particularly when expensive and so-called aggressive treatments also offer palliation of symptoms. Because of the method of financing hospice care, in which a daily reimbursement scheme rewards hospices for conserving resources and patient expenses, hospice workers often find themselves suggesting and supporting interventions of comfort that are most cost-effective. In particular, in-home care rather than institutional (hospital, nursing home) care is most frequently the venue of hospice care. There is tremendous pressure on hospices to make decisions based on fiscal realities. This is often in direct conflict with the philosophy of hospice care, which focuses on the psychosocial needs of patients and their families and emphasizes the role of the interdisciplinary team in providing hospice care.

As a hospice social worker, I saw first-hand the benefit of early, regular, and frequent involvement of the social worker in hospice care. While social work in hospice is

established and authorized through mandated standards of care (National Hospice Palliative Care Organization [NHPCO], 1997), the way in which social work services are incorporated into hospice care can vary greatly. In some organizations, nurses may be assessing the need for care and then referring to social work when it seems necessary. Unfortunately, this may contribute to social work involvement coming too late. Since bonding with the family may more effectively occur with frequent and regular contact (Greif & Bailey, 1990), infrequent or delayed social work contact can negatively impact the ability to establish needed relationships. Comprehensive psychosocial care cannot be adequate if it occurs only at intake, only with the patient, or only with reference to psychopathology (Dush, 1988). Therefore, many hospices now use social workers on the intake visit and for identified work with the family. However, consistent hospice social work involvement was not the norm a decade ago when I was on the front lines of social work.

Hospice has been hailed as a program which is most true to the principles of bio-psycho-social-spiritual care, expanding the scope of disease care to encompass psychological, social, cultural, and spiritual components (Phillips & Benner, 1994). As death has grown less simple and less familiar (Callahan, 1993), even hospice has not been able to address the pervasive ambivalence toward death, manifested by a series of small hopeful (and often costly) choices intended to fight death.

One result of the growing awareness of the social context of health has been increased demands for social work services (Browne, Smith, & Ewalt, 1996). Previous research indicates that social workers play a critical role in the integration of services for families (Moore, 1990), and that when families are experiencing multiple crises, social workers are the professional of choice for many (Vosler, 1990). Social workers have been found to play a pivotal role in understanding how relationships, programs, and interventions impact caregivers and patients (Monahan & Hooker, 1995). For hospice patients in particular, perception of social support has been found to be a significant causal factor in psychological adaptation and well-being (Dobratz, 1995). Social workers in hospice perform many roles, and one objective of social work is to maximize the potential of resources to meet the needs of clients (Moore, 1990).

As a member of the interdisciplinary team, I often felt as if I had to continually market my services, which included helping patients and families see the use of a social worker not as an indication of their failure, but as a resource; helping nurses and clergy see my involvement as supportive to their care, rather than competing for patient and family loyalty and spiritual care; helping physicians communicate what was needed by the patient and family as opposed to communicating for physicians. At the heart of social work practice is a reality filled with both concrete and symbolic meaning (Allan-Meares & Lane, 1990). It was a very concrete concern that guided my entry into applied research.

On-call access to hospice staff is essential to hospice care in order to provide 24-hour access and reassurance to patients and families (Gentille & Fello, 1990). However, staffing and planning for on-call responses can be difficult and costly and leaves gaps in consistency of care. Many hospices have relied on volunteers to fill gaps, but on-call professional services still must be available according to hospice standards of care (NHPCO, 1997).

My Practice Experience Leading To Research

I worked for a not-for-profit, hospital-based hospice, with a budget of $1.5 million, and located in a rural mid-western state. The

hospice experienced steady growth, expanding to five rural sites in three years (1989-92). The patient load served by this hospice grew by 78% during that period, from 6,453 to 11,500 patient days.

My research experience began by asking simple quality improvement questions based on high-volume, problem-prone, and cost concerns: what is the frequency of use of the hospice's on-call telephone calls and visits, and what are the reasons for the high on-call demand? This led to the second quality-improvement question for consideration: what is the reason for the frequent and unexpected number of hospitalizations experienced by hospice patients? These were very practical concerns, since planning for staff use and on-call availability has implications in both cost and job satisfaction. In managing the bottom line, additional costs of hospitalization—which is frequently the "quick fix" when home care giving fails—can be devastating to hospices struggling to make ends meet.

We suspected that the reasons for both hospitalizations and on-call requests were primarily psychosocial in nature, and that a proactive approach that increased the use of social work visits might prevent calls to on-call nursing staff and reduce the number of unexpected hospitalizations. We began tracking on-call contacts beginning in 1991, including the date, whether a visit or phone call was required, and the focus of the call (psychosocial or medical or other). When the call was psychosocial, we asked the on-call nurse to record comments regarding the specific concern. All nursing staff were instructed to complete the log as part of their on-call duty. All hospitalizations were also recorded and reviewed for the reason for the hospitalization.

Continuous quality improvement indicators that were also monitored at this time included nursing productivity, as measured by the length of the visit, number of visits, and hours per visit; social work visits per patient; and follow-up customer-satisfaction responses. Data were monitored quarterly and compiled yearly. Granted, this data collection process was somewhat primitive by today's standards: we tabulated everything by hand and spent lots of time reviewing patient charts.

Research Leading to Knowledge of and Changes to Practice

In examining reasons for hospitalization, the majority of incidents were due to psychosocial problems, especially those with the primary caregiver or having no caregiver available. After monitoring for a short time (one quarter) and retroactive chart reviews (five years), it was decided that most hospitalizations and many on-call requests were, in fact, due to psychosocial concerns. After team meetings and analysis of the data, we decided to implement social work involvement on the admission visit (a nurse and a social worker went together for the admission visit). The social worker then followed up as needed, with the standard of care set at a minimum of one visit every two weeks. Continued analysis of this "fix" yielded a number of interesting results.

The first and most obvious impact was noted in the on-call usage: telephone calls to on-call nursing increased by 47% even though the patient workload only increased by 18%. However, the number of calls to on-call that necessitated a visit were reduced by 3% from 1992-1993, and reduced again by 2% from 1993-1994. This finding suggested that urgent issues were perhaps being identified earlier through social work intervention, and fewer complicated emergencies that needed a visit were taking place. The change was noticeable: morning reports were shorter and often less complex.

A second significant impact was found in the hospitalization rate. The number of hospitalizations due to caregiver problems was reduced. Surprisingly, the hospitalization rate

remained constant, despite the patient workload increase of 18%. This is further evidence that suggested that social work intervention identified and addressed caregiver issues before they became emergencies, and that appropriate arrangements for respite care were being made.

The third significant impact was identified in the data on RN productivity. The length of the nurse visit time decreased by 20%. I believe that nursing visits were shorter because the social worker was addressing more of the psychosocial issues, leaving the nurse to focus more on medical and symptom management. Nurses and social workers seemed to be working more effectively as team members, with clearer role definitions.

A final result was the increased cost of additional social work coverage. There were, of course, costs associated with the additional social work visits, but these were offset by savings in RN productivity and hospitalization costs. Armed with data, we could more easily argue for increased social work coverage.

Additional indicators for patient satisfaction were monitored during the process of review and implementation. Patient satisfaction for this hospice remained high. Family members were routinely sent a form to complete, which asked them to address the services received overall, and nursing, social work, and chaplaincy services. With an average rate of return of 49%, there was a change noted with respect to responses regarding social work. Comments were monitored. Before the implementation of regular, early, and frequent social work visits, comments regarding the social worker frequently were, "I don't know who the social worker was," and, "I only saw her once." After implementing regular and frequent social work visits, comments were direct and very positive regarding specific social workers. Letters, comments, and qualitative responses all indicated positive connections with the social worker, resulting in benefits such as support, encouragement, comfort, information and referral, resources, planning, and problem solving. Characteristic comments included, "Our social worker was great. We couldn't have made it without her," and "[Social Worker] was very helpful in so many ways. She helped us access the things we needed, and to anticipate our needs."

The exciting conclusion to this study was that early and regular social work intervention may have an impact on hospitalization rates due to closer monitoring and anticipation of caregiver problems. Social worker involvement in admission visits may allow early identification of psychosocial concerns, which, through regular contact, may be monitored and addressed. Forming a connection with the social worker early on in the hospice stay may result in families contacting the social worker directly during office hours rather than using the on-call service. Reduction in after-hours calls for psychosocial problems also resulted in reduced costs for staffing 24-hour visits. Early, frequent, and regular use of social work may result in significant cost savings for hospices, which more than make up for the cost of additional social work coverage.

It was also exciting to receive encouragement from the Director of Hospice to submit this project for presentation at the national clinical conference for the National Hospice Organization (now NHPCO). When it was accepted for presentation, I was elated, and the trip to Miami Beach was only part of that!

Dissemination

The presentation was prepared and reviewed and well received. I was even more excited to learn that others were influenced by this study: a colleague went on to develop a nationwide survey of hospice social workers based on this initial project. My first venture at formal research was practical and

meaningful and had an impact on practice. As a turning point in my career path, I recognized that more research was needed to measure outcomes related to social work involvement in the delivery of hospice care. In particular, research was needed which might delineate the specific relationship of social work interventions to outcomes, such as safe and comfortable dying, self-determined life closure for the patient and all family members, effective grieving during and after the dying process. The social workers' contribution to the interdisciplinary hospice team may also be enhanced through their more frequent involvement in patient and family care, a topic that needs further research.

As reality set in, it was my social work practice that was full of life, full of demands, more interesting. No one seemed to care much about the final step in the research process, disseminating the results through publication. So, well-meaning plans to write about this important research went on the "back burner." I'm really not sure why I didn't pursue publication, but a number of speculations seem reasonable. As time passed, it seemed more important to work on new projects. I really believe that what was missing in my clinical setting was a mentor for research. I finally found that in an academic setting, where research is a valued and expected component of the social work faculty's role.

By the time I entered my Ph.D. program, I had relocated to another state and was working in behavioral health. I had not forgotten my passion about hospice and end-of-life care, but instead became involved in other topics. It was not until I re-connected with hospice practitioners that I realized the full impact of my first research projects. Looking back, I suspect that the best research really does grow from the partnership between practice and academe.

Changing Roles

Now that I am older and wiser, have completed my Ph.D., and am a faculty member in a social work department at a university, my research agenda is once again full of life. I have renewed my research in the field of hospice and end-of-life care. When I teach research, I describe the process of shaping a good project as "a whole lot of thinking followed by a little bit of writing," but now I wish my earlier endeavors had included a little more writing! My decision to pursue an academic career was influenced by a number of issues and several key people. I began to recognize that research and teaching really can make a difference. When research addresses practical, "real world" problems, it may have immediate applicable results. I also gained a sense of satisfaction from teaching, seeing the "fruits of my labor" as former students (from my years as a part-time faculty member) began to contribute to the field of social work. In addition, over the years I began to receive requests for the hospice social work outcomes paper, since it was cited in other related studies. I am sorry to say that the failure to complete the project to publication may also have prevented new evidence from being available to practitioners.

Still, when I attend hospice conferences, the talk among hospice social workers often returns to issues of workload, involvement of social workers upon admission to hospice, and cost effectiveness. I guess that is why our code of ethics says that we all are expected to be social work researchers so that the next wave of social work practitioners can have all the knowledge and skills they need to deal with the changing environment and, in addition, so that those patients and families struggling and suffering with end of life issues may find the hope and support they need. My ability to manage data is far more sophisticated now, but the simplicity of my data analysis in this first research attempt made the major results easy to identify.

As a researcher, I have had good support from mentors like Leola Furman and Dona Reese, whose leadership in research on social work and spirituality is an inspiration. Their encouragement has meant a lot to me and influenced my decision to concentrate on an academic career. I used to think the ideal job was one-half teaching and one-half practice. Now, I have discovered that research provides an insight into practice that carries a special appeal. It may be a lot of work to engage in research, but the rewards are great. Social work practitioners can generate good research by asking three simple questions: What am I doing? Why do I do it that way? How do I know it works? Who knows where answering those questions can lead!

Listening to patients and families helped me understand that each person's voice must be heard. Now, as a researcher, I am finding ways to give voice to those who may not have been heard.

References

• Allan-Meares, P., & Lane, A.B. (1990). Integrating qualitative and quantitative data collection techniques. *Social Work*, 35/5, 451-458.

• Browne, C., Smith, M., & Ewalt, P. (1996). Advancing social work practice in health care settings: A collaborative partnership for continuing education. *Health and Social Work*, 21/November, 1996, pp. 267-276.

• Callahan, D., (1993). *The Troubled Dream of Life*. New York: Simon & Schuster.

• Dobratz, M. (1995). Analysis of variables that impact psychological adaptation in home hospice patients. *The Hospice Journal*, 10/1, pp. 75-88.

• Dush, D. (1988). Psychological research in hospice care: Toward specificity of therapeutic mechanisims. *The Hospice Journal*, 4/2, pp. 9-36.

• Gentille, M., & Fello, M. (1990). Hospice care for the 1990's. *Journal of Home Health Care Practice*, 3/1, pp. 1-15.

• Greif, G., & Bailey, C. (1990) Where are the fathers in social work literature? *Families in Society*, 71, February, pp. 88-92.

• Monahan, D., & Hooker, K. (1995, May). Health of spouse caregivers of dementia patients: The role of personality and social support. *Social Work*, 40, pp. 305-314.

• Moore, S. (1990). A social work practice model of case management: the case management grid. *Social Work*, 35, pp. 444-448.

• National Hospice and Palliative Care Organization (1997). *Standards of Care*. Alexandria, VA: NHPCO.

• Phillips, S., & Benner, P. (1994). *The Crisis of Care*. Washington, D.C.: Georgetown University Press, pp. 21-35.

• Vosler, N. (1990, September). Assessing family access to basic resources: An essential component of social work practice. *Social Work*, 35, pp. 434-441.

Suzanne Y. Bushfield, Ph.D. is an Assistant Professor at Arizona State University (West Campus) School of Social Work. Comments regarding this article can be sent to suzanne.bushfield@asu.edu.

Reviving the Heart of the Practitioner through Research in a Mental Health Agency

Deborah Gioia, Ph.D., University of Michigan

In this narrative the author rediscovers something she thought she'd lost – her identity as a practitioner – and finds it again as a researcher doing interviews with mental health practitioners about their clinical work lives with persons with severe mental illness. The nature of the research is the use of in-depth interviews with practitioners using evidence-based practice (EBP) in a real-world setting where EBP had not been used before and understanding key aspects of this change process. Some of the early findings are described in the article. The author's self-transformation is likened to the Buddhist notion of 'beginner's mind': that is, finding something from one's past and seeing it as new again.

"Very few people really see things unless they've had someone in early life who made them look at things. And name them too. But the looking is primary, the focus."

- *Denise Levertov*

"Our truest life is when we are in our dreams awake."

- *Henry David Thoreau*

If we are truly alert and have our eyes open to the coincidences of our lives, sometimes we are given opportunities in our research careers to connect with dormant aspects of ourselves that may emerge in the 'doing' of the research and that give us the personal connections that we were yearning for. It may be that those dormant areas of our work lives serve us best in the research arena because they can fuel the research 'intuition' that helps us to see things in a setting, ask questions about what we see, and observe that which may go unnoticed by someone without a personal connection. It doesn't mean that one always has to have a prior connection to the setting and subjects in each research project, but there is something unique that occurs when it all comes together. My story speaks to the intuitions, the unanticipated rewards, and the personal growth that I have experienced as a result of my involvement in an ongoing research project with practitioners in a community mental health center in western Michigan.

Reviving the Heart of a Practitioner Through Research

Prior to and during the pursuit of my doctorate in social work, I had developed a deep confidence in my skills as a practitioner. I had worked with young adults with severe mental illness, most often schizophrenia, and their family members for over 17 years. My clinical work was nested in an NIMH-funded longitudinal project, and although I was responsible for collecting biweekly data, I was much more active in my role as case manager-clinician. My clinical abilities were honed on the real-world experiences of these young adults and their families as they went through the painful discovery that severe mental illness was now part of their lives. Empathic listening and exploring issues of grief and loss with the individual and his or her family provided me with an early exposure to the practices of mindfulness-based therapy, in which I am very

interested now. As a skilled clinician, I wore many social work hats and became a family ally, therapist, educator, mediator, and guide through the various stages of adjusting to schizophrenia. When I worked as an inpatient clinician on hospital psychiatric units, I often came face to face with the consequences of severe symptoms of psychiatric pain that stretched my clinical capacity as I provided counseling to individuals during those moments when they awakened to find that their suicidal plans had not ended their lives.

My overall treatment philosophy is that recovery is possible, that struggle will be part of recovery, that hope needs to be nurtured, and that empirically-based treatments of psychosocial rehabilitation make all this possible. The great gift of a longitudinal project was that I was able to be closely connected to the life trajectories of these young adults for almost two decades, and so there were many chances to see what belief in oneself coupled with a supportive environment could bring. I attended graduations and funerals for family members, visited at hospitals when relapses occurred, listened to coffee shop music recitals, went to gallery exhibitions for some of the artists in our clinic, and attended our yearly summer picnic, which was a highlight for staff and consumer alike.

My doctoral research on, "The Meaning of Work for Young Adults with Schizophrenia" demonstrated to me that the role of a clinician-researcher could be seamless – both roles were valuable in the pursuit of understanding the research question. In 2001, after the completion of my Ph.D., I took an academic position at the University of Michigan, School of Social Work. For the first two years I was extremely busy adjusting to the nuances of teaching classes of 30 or more students, writing articles, submitting grants, and understanding the politics of the academic setting. From time to time I would sense that something was missing in my academic life, but I would linger on this notion for only a moment before I plunged into the next task. At some point, I recognized that I had not given myself time to grieve my life as a clinician. Yes, I was utilizing my clinical knowledge and practice experience in the classroom, but I no longer had the active clinical conundrums in my life that my students brought up for discussion. Most of all, I missed the dyadic work of therapy, the excitement of groups, and the growth of my clinical self.

In late spring 2004, I was contacted by my program officer at NIMH to see if I might be interested in following up on some research ideas raised by a mental health center director in Grand Rapids, MI. My program officer told me that this director had been developing some solid ideas about evidence-based practice with severe and persistent mental illness, which had merit and which might lead to a proposal submission; she wanted someone to take a closer look. Although my reply was "yes", I soon found out that Grand Rapids was a four-hour roundtrip drive from Ann Arbor; however, the long drive became my platform for reflection about many of the issues which emerge in this story.

The Setting

My first visit to the mental health agency in Grand Rapids took place in July 2004. I was invited to attend an administrative staff meeting to learn a bit about the current program and the changes that were being proposed for fall. After driving for two hours, I was welcomed by the director and led into a conference room where 15 or so people had gathered. As I settled in and stopped driving in my head, I began to hear the passion of the individuals as they told me the story of the agency. Although I won't dwell on it for this narrative, it is worth mentioning that the persons assembled in this room were the survivors of a three-agency merger that occurred in 2000. Merging any type of

business is rough and these mental health agencies were no exception as they each had their unique emphasis within treatment modalities, their own manner of delivering that treatment, and their own art of individual personalities that needed to be brought together to accomplish tasks. I mention the merger because when I later interviewed practitioners, it was clear that the merger affected each and every person, whether they were present for it or not. There was an agency legacy and folklore that each employee had made personal meaning of.

The members of this administrative team had looked at mental health service delivery in this agency and began to despair at what they felt was inherently inadequate in the case-management model. Rather than having persons manage their own disorder and treatment, it created sustained dependency on the agency to "do for" persons with mental disorders. Of course, this is a basic philosophy and tenet of psychiatric rehabilitation, yet in actual practice, it is far from reality. The team was shifting from a case-management model to a disease-management model that was predicated on a basic rehabilitation premise that you provide persons with resources, medication, and psychosocial interventions to help them find "alternative ways of doing the things they need to do to live on their own" (Blakely & Dziadosz, 2003). They firmly believed that this change would require new beliefs, new skills, and new actions from all the stakeholders involved with each client. There was also new language. The client was the 'customer' and the 'product' was the 'desired state of well-being' for those requesting services. The appeal of these terms was not automatic, and there was some internal struggle for the administrative team in adopting this new language.

The Making of an Experimental Team

The proposed changes involved having one team at the agency become the experimental team to lead the change. The 'experiment' would consist of extensive practitioner training to deliver state-of-the-art, evidence-based treatments in four areas: Dialectical-Behavior Therapy (DBT), Cognitive-Behavior Therapy (CBT), Multi-Family Therapy (MFT), and Co-occuring Disorders Treatment. The experimental team would see their case loads drop from the 40s and above to the 20s during this intensive training and implementation period.

As I absorbed the agency history and proposed changes, it occurred to me that this group sitting here had a story not only to tell but to 'own' before they tried to enact the changes. I consider myself a mixed-method researcher, and I have particularly enjoyed using in-depth interviews, ethnographic methods, and focus groups in my prior research. I figured that if they could respond to a good open-ended question, then I was on the right track. The first question I asked was, "How difficult was it for all of you to think about a whole new way of 'doing business' at this mental health center?" There was an audible sigh from many, and someone answered that, frankly, it was very difficult for them and that it had taken many meetings for people to accept the notion of change. The director said that it was worse than that. He remembered administrative staff leaving the meetings angrily when these changes were initially posed. It was at this point – maybe 30 minutes into the meeting – that I knew a chord had been struck with the administrators, and I began to formulate how I might help them understand the change process they were undergoing.

I explained to them that from my vantage point, a very interesting issue to explore would be practitioner beliefs about the evidence-based practices that they were on the threshold of learning. I wondered with them how it might be for those clinicians who had been at the mental health agency for many years. I was very interested in the workplace

culture of this mental health center which might promote or impede the implementation of this change. I proposed an exploratory study that would consist of interviewing the clinicians about their feelings concerning their part of the change process. At that moment I didn't have a full vision of the interview, but I told them I would consult with a senior colleague and get back to them. They were willing to wait for the development of the idea. They were intrigued to have someone follow and document the process because, in retrospect, it was clear that even though they had committed to the change at that point, they were not clear how their vision would be transmitted to the practitioners.

Learning About Workplace Culture and Practitioner Beliefs Through the 5Cs Theory

After meeting with my consultant, the interview began to take shape. Dr. John Tropman (1998) had developed an exploration of the workplace that consisted of understanding five interlinked areas of the company or agency – the *Five Cs Theory of Idea-Leadership and Idea-Management: Characteristics, Competencies, Conditions, Context, and Change.*

The Five Cs Theory (Tropman, 1998)

1. Characteristics – Individual background, training, temperaments
2. Competencies – Skills – learned pre-job and on-the-job
3. Conditions – Elements favorable to introduction of something new
4. Context – large scale community, macroenvironmental forces
5. Change – What the agency is asking practitioners to do.

I developed an interview guide based on these principles. I interviewed 18 practitioners from September through December 2004 and it worked very well. Most interviews were about an hour long and yielded rich information. It is worth mentioning that with all the participants it was necessary to establish credibility, not about my research skills but about my former experience as a case-manager. This introduction was purposeful and helped to let them know that I valued what they told me and that I understood the pressures they were facing. It also helped when practitioners were a bit suspicious about how they would be represented and if in fact they could speak truthfully and critically about aspects of the agency with which they disagreed. In the case of the practitioners, I could promise them their anonymity because there were many of them. For the persons that would be identifiable, I let them know that their anonymity might be more difficult to conceal.

In the interview, the first two Cs, Characteristics and Competencies, focus on individuals and their strengths as well as what they bring to the workplace. As a way to get to know people and explore new information, these questions provided an easy entrée. The Conditions section was a time to talk about how it was for them to work at the agency, what kept them there, what supervision they received, and how cohesively they functioned as a team. It was in this section that I focused on the changes that were occurring and how working conditions might change. This was the section where many worries and fears emerged about what would be expected of them. Context represented the view they had of the agency in the larger community. A favorite question here asked, "If change happens here, who notices?" Most people responded by saying, "That's a really good question!" The final question on Change asked them to respond to a global question about what each of them had to do to ensure that the changes would happen. There was also an item that I developed about how much they endorsed the change that was occurring on a scale of 1 to 10.

There were persons I interviewed for whom these guiding questions were not appropriate. In addition to the practitioners on the experimental team, I interviewed all the high-level administrators, an operations supervisor, two consumer advocates, and two practitioners on other teams in the agency. The administrator interviews provided my background material and understanding about the larger agency context, including the merger with which they all had an intimate connection. For the other individuals, I was able to pick and choose among the 5Cs questions and tailor them according to the person's position. The practitioners from the other teams gave me a perspective that I wouldn't have had about the experimental team within the mental health agency.

Measuring Practitioner Attitudes and Beliefs About Evidence-Based Practice (EBP)

There was one standardized measure that was given to all of the practitioners at the end of their interviews to be mailed back to me anonymously. This proved to be a good strategy, and I had 100% participation. The measure I used was developed by Aarons (2004) to understand the attitudes of practitioners in the use of evidence-based practices (EBP) in their professional lives. The 15-item scale consists of four domains regarding the use of manualized treatments. The items in each domain asked if the practitioners would use EBP: 1) if it was required; 2) if it had appeal; 3) if in general they are a person who is open to new things; and 4) if they see these treatments as useful. The items were rated on a 4-point Likert scale about the likeliness to use EBP (1=to a slight extent; 4= to a very great extent). For the experimental group who had already had some training and exposure to EBP, the total score for the group averaged 3.1, indicating a great likelihood to use EBP in their practice. This result was not surprising due to their recent exposure to EBP, but it prompted the notion that I needed to collect data from the other teams prior to their training in EBP in the future. This measure will be used longitudinally along with the ongoing interviews of the practitioners to see if there are any changes, including some disillusionment with EBP.

I also spent a fair amount of time asking individuals about their personal view on recovery when one has a severe mental illness. I asked this question because I thought that there might be a correlation between belief in the ability to recover and belief in the use of EBP. Almost everyone was as positive about recovery as they were about EBP. Here is one practitioner's quote:

> ...for me, recovery means getting to that point where, everything that fills up your life from here to the end, is what you want it to be, or mostly – the grand scheme is kind of what you wanted it to be, and you're satisfied with that, and we all struggle with that, whether you're mentally ill or not.

The 5Cs: Practitioner Characteristics

My promise to the agency was to make data distribution an ongoing and participatory process. In February 2005, after all the interviews were transcribed and analyzed for themes around the 5Cs content areas, I presented my emerging findings to the practitioners, supervisors, and some of the administrators from whom I had collected these data.

The demographic characteristics of the group are as follows: 1) there were 4 males out of the 18 total team members; 2) the mean age was 31.6 years; 3) marital status was evenly divided between married and single; and 4) the educational level showed that 7 persons had Master's degrees, 8 had bachelor's degrees, and 3 had taken bachelor-level courses toward an eventual

degree. I was particularly interested in the demographics because there was an initial concern that those practitioners who had been at the agency a very long time and did not have a Master's degree might be less inclined to utilize EBP. This did not prove to be the case when the initial EBP measure was completed, and it will be monitored in future interviews.

Practitioner Competencies

For the competencies category, I asked people what their best skill was. Most were quite fluent and confident about what they felt they did well. Often they told clinical stories to back up their identification with a particular competency. When people were shy about talking about themselves in a self-promoting way, I asked what other people might think they were good at. The most common answers were establishing rapport, developing a therapeutic relationship, listening, handling crises, organization and follow-through, empathy, and mentoring – all good human service and social work values, and all very important reasons why we do the work we do.

Agency Conditions

The next category about workplace conditions was a bit trickier because this was the first time that individuals might have to tell me things they did not like about their work environment. Although the danger is that I would get a watered down version of complaints from some, others used the question as a sounding board since they knew that their anonymous comments might get shared aloud in the feedback session. Some of the more consistent complaints had to do with paperwork demands and worry about the unknown as the EBP practices became standard. They were concerned about the training, taping of interviews, and whether supervisor feedback would be shared publicly or privately.

One practitioner voiced her concern:

> I'm very nervous about what all this is going to mean for the next 18 months or however long this goes...and a whole lot hasn't been explained to us as far as what's required. It's more of a fear of the unknown. I think most of us, at least I'm so overwhelmed by all the work that needs to be done before it starts that I don't think about (the EBP training) so much.

Agency Context

Findings from practitioners yielded some interesting ideas about how to strengthen the agency's community profile. Quite often mental health agencies are happy to fly below the community radar and were pleased with relatively limited press – either good or bad. However, if there was a new change about to be launched, it might make the practitioners feel more committed to the change if they believed that someone from the community would notice. Almost all the practitioners felt that there needed to be some type of community education to change the view that other agencies have about services offered at the agency. Here is one practitioner's comment:

> I think there's going to have to be some community education. There are a lot of stereotypes and labels and stigma that are pretty strong at times, and I think that will be connected with individual's progressing toward mental stability and wellness. You have to look at collateral resources and maybe hold seminars at the hospitals.

All the practitioners stated that they would want to be part of this education effort. Their ideas in the feedback session had a contagious

effect as they began strategizing about how this could be done and the positive impact it would have on their working relationships with other agencies.

Change

When I developed the change questions, I knew that I hoped to elicit answers about their personal involvement in the change process. I wanted them to rate their own engagement and energy for the change. Part of my thinking had to do with the agency history of trying many new things and sometimes abandoning efforts that didn't show promise. I wanted to understand why this agency was willing to invest in change now.

While most were optimistic and committed to always trying new things that would benefit the client, some were fearful. One practitioner who had been with the agency for a long time shared her fears:

> I need to keep on board with the changes, and it's hard for me, to push all that other old stuff away of what we used to do, and just keep reminding myself why we're doing this, and just keep on board with it, I think. Because I'm comfortable with my old skills and my old stuff, and it's really easy to fall back, sometimes my motivation isn't like [great], because it's hard, it's new.

Some clinicians felt that they might be blamed if the experimental team was not successful. One expressed this sentiment:

> It gets frustrating sometimes, because I feel like, sometimes when changes happen, I don't feel like we're listened [to] as well as we could be. We're the hands-on, direct people, and I feel at times we could be more involved. I don't mind change, it's sometimes the approach that we've taken to do it, and then it fails, and they're like, well, why? And somehow, sometimes, it's been well, you didn't try to make it work, and it's like, we tried to make it work, we tried to bring up these things that we already could see, because we're the ones doing it every day.

Evidence of a Heart Revived

These interviews are the first step in a series of interviews that are proposed to follow practitioners on the experimental team as they begin this new endeavor to implement EBP in a traditional mental health agency. There will be opportunities not only to watch the team develop, but also to watch them train other teams and to see how those new teams take on the delivery of evidence-based practices.

The excitement around this study for me is threefold. First, we desperately need research on practitioner attitudes and beliefs about the use of evidence-based practices. I recently attended an international roundtable at the Society for Social Work and Research Annual Meeting (2005) on the issue of dissemination of empirical research to practitioners that would be useful and applied in their daily work with clients. Many social work researchers have struggled with how to make the translation and use of EBP a reality in the helping professions (Gambrill, 2003; Gibbs, 2003; Howard, McMillen, & Pollio, 2003). The concern is that clinicians lose touch with EBP once they leave school and rely on treatments that have not showed efficacy. This project so far has demonstrated that with the right supports there is sustained enthusiasm for EBP in the agency setting.

Second, as a researcher, I am aware that I have been given a particular opportunity to witness the operationalization of EBP in a community mental health setting. This witnessing is far from common because most mental health agencies are not utilizing the breadth of EBP employed by these clinicians.

Thus, hitting the ground running is an apt description of my involvement in this agency-based research. The agency change process is going to happen whether or not I am a witness to it. The ideas were generated long before I got there and will continue after I leave. I am very aware that down the road personnel might change, the intensity around the training and supervision may wane, clients and families may push to have case-managers treat them in the old style of mental health service delivery, and the entire project may fold. I hope none of these scenarios prevail and that the agency will allow me to continue to follow these practitioners as they take on these new ways of working with clients. The final published story about the project will be about the agency's change process, not mine. But for me, there is no doubt that strengthening my bond between my clinical and research selves has been a vital and necessary integration.

Third, my heart revived. During the interviews I began to feel very close to my clinical roots and training. Why? Well, the practitioners could have been me at an earlier stage in my career – a stage that embodied youth, idealism, and struggle with one of the most difficult populations with which to work. Instead of thinking and feeling that I had grown past this stage with education and experience, I felt that they were inviting me – in their explanations about their practice – to think with them as a new practitioner would think and, in this way, reviving my heart. In Buddhism, there is the notion of establishing a beginner's mind every time you practice meditation (Suzuki, 1973, 2005). You consistently strive to let go of what you have learned along the way which might weigh you down, and return to the pure notions you had when you first began to meditate. Invariably, this leads to a greater understanding of one's heart, when one empties one's head.

In this research project, I began to empty my head and wake up my heart by hearing the stories practitioners told about their work with persons with severe mental illness. They used the same guiding philosophy and many of the treatment strategies and methods that I used when first beginning to practice. The old felt new again! In asking questions and eliciting thoughtful responses from these practitioners, I discovered a thread of continuity that represented my strong path from practitioner to researcher. I was not outside of the research, as I sometimes feared; I was part of it. This was a wonderful revelation.

References

• Aarons, G.A. (2004). Mental health provides attitudes toward adoption of evidence-based practice: The evidence-based practice attitude scale (EBPAS). *Mental Health Services Research,* 6 (2), 61-74.

• Blakely, T.J., & Dziadosz, G.M. (2003). Community treatment and rehabilitation: One agency's model of case management. *Case Management Journals*, 4(3), 129-135.

• Gambrill, E. (2003). Evidence-based practice: Implications for knowledge development and use in social work. In A. Rosen & E. K. Proctor (Eds.), *Developing Practice Guidelines for Social Work Intervention: Issues, Methods, and Research Agenda*. New York: Columbia University Press.

• Gibbs, L.E. (2003). *Evidence-Based Practice for the Helping Professions: A Practical Guide with Integrated Multimedia*. Pacific Grove, CA: Brooks/ Cole-Thompson Learning.

• Howard, M.O., McMillen, C.J. & Pollio, D.E. (2003). Teaching evidence-based practice: Toward a new paradigm for social work. *Research on Social Work Practice*, 13(2), 234-259.

• Suzuki, S. (1973, 2005). *Zen Mind, Beginner's Mind.* Vermont: Shambhala Press.

• Tropman, J.E. (1998). *The Management of Ideas in the Creating Organization.* Westport, CT: Quorum Books.

Deborah Gioia, Ph.D., is an Assistant Professor at the University of Michigan, Ann Arbor, School of Social Work. Comments regarding this article can be sent to dgioia@umich.edu.

Getting There is Half the Fun: Practitioners-As-Researchers and Vice-Versa

Ben Anderson-Nathe, Ph.D., Portland State University
and Laura S. Abrams, Ph.D., University of California, Los Angeles

In January of 2001, the authors of this narrative set out to conduct an ethnographic investigation into the culture of a correctional facility for juvenile male offenders. One of the researchers was primarily research driven, and the other more practice oriented, but both were highly familiar with this population and the setting. This narrative explores the unanticipated lessons learned about the fluidity between research and practice lenses through the process of conducting this study. Through the relationships formed with the research participants, the authors came to appreciate how research and practice modalities and knowledge could truly complement and benefit one other. In this narrative, three interactions with research participants provide a foundation to explore the benefits of an integrated researcher-practitioner social work stance.

It has often been said of road trips that "getting there is half the fun." In fact, the adventures along the way are often the subconscious goal of the road trip; if one were just interested in the destination, one would fly and avoid the hassle of broken air conditioners, greasy roadside diners, and long stretches of road between inconveniently spaced rest areas. Still, even if the goal of a vacation is to stare out at the vast expanses of the Grand Canyon, for instance, the best stories, told in retrospect, will be precisely those of the rest areas, diners, and unanticipated detours encountered along the way. The Grand Canyon is unquestionably grand, and it is a worthy destination, but the real adventure is what happens between the front door and the end goal.

The study that forms the basis of this narrative represents one such road trip. When we started our ethnographic exploration of the culture of a juvenile correctional facility for young men, we set out with a sense of our own Grand Canyon; we knew what we wanted to have seen when the trip was over. We had no idea, of course, what else we would encounter along the way. Nor did we have a clear sense, even during the adventure itself, of what lessons we would learn from it. Now, having finished the study, several of these lessons have come into focus. We believe these lessons have much to offer in the way of understanding the complexities of conducting field research in a social work setting. Hence in addition to our findings from our initial research questions (Abrams, Kim, & Anderson-Nathe, 2005), which represented our Grand Canyon, we also see the rich knowledge gained about the research process itself.

Through our interactions with the young men who participated in the study (in this paper we will highlight three cases in particular), we learned a great deal about the presumed divide between social work research and practice. Contrary to popular beliefs, our experience in conducting field research illuminates the very close connection between research and practice lenses and exposes the fluid space between these often "polarized" positions. Specifically, our interactions with the youth who participated in this study suggest that bringing practice wisdom and intuition into the research process, and research curiosity into practice environments, strengthens both forms of intervention. Just as we are aware that practice benefits from sound research, our experiences at one juvenile correctional facility reveal that research (and, indeed, researchers) can

likewise benefit from the integration of practice experience in the research process.

Since the lessons we learned emerged only in the context of our relationships with the young men in our study, they have been presented in a similar way in this paper. Consistent with the road trip imagery, before discussing what we encountered along our journey, we must describe the goal of the trip. Therefore, the paper opens with a general roadmap in which we provide an overview of our destination, consisting of the research question, setting, and environment. Three brief narratives follow, introducing a few of the youth who joined us on our adventure and framing the significant lessons we learned about the intersections of research and practice skills in a social work environment. The broad themes of these lessons, as well as their implications for improved social work practice and research, are discussed in the final section.

Our Grand Canyon

In January of 2001, we set out on a collaborative field research project. Laura was working in her first year as a tenure-track assistant professor of social work at a research university and Ben was a graduate student in social work and public policy at the time. Laura had a solidly entrenched identity as a researcher and Ben leaned much more toward the practitioner angle. Yet despite these differences in perpectives, we came together through a mutual interest in youth work and in services for "troubled" adolescents in particular. Our goals for the research project were to gain an understanding of how treatment is understood and interpreted by a group of young men in a correctional facility. We also wanted to be able to describe how young men navigate identity influences encountered in residential treatment that deviate from their customary community settings. Essentially we were both interested in understanding the nuances of treatment and the inner workings of a correctional institution that offered rehabilitation as its goal and "therapeutic treatment" as the conduit to that end. We had both worked in similar settings as practitioners and had seen the pitfalls associated with residential and correctional treatment for young people who had lengthy histories of risky and illegal behaviors. Through an ethnographic research study, we hoped to gain a better sense of how the clients, the young men, experienced their treatment and confinement in this type of institution and how practice might be improved to truly help the young people when they transition home.

To work toward these goals, for 16 months, between March 2001 and June 2002, we conducted participant observations and ethnographic interviews in one dorm unit in a county-run correctional facility for young men that we will call Wildwood House. Part of a major urban county's community corrections department, Wildwood House serves up to 75 teenaged male offenders through a comprehensive service network including juvenile rehabilitation services, treatment programs, and an on-site public school. Youth (ages 13-18) are sent to the facility as part of their juvenile court disposition and can stay between four and six months. The residents live together in age-graded dorms consisting of a large common room (also used as a recreation space), "time out" rooms, and a common sleeping room. The facility, although primarily a correctional program, emphasizes accountability and behavior modification through a behavioral treatment regime based on cognitive behavioral therapy (Cameron & Telfer, 2004; Lipsey, Wilson, & Cothern, 2000; Mulvey, Arthur, & Reppucci, 1993). In addition to behavior modification, the program also emphasizes individual and group treatment.

Our initial entrée into the facility was a bit rocky. We struggled to gain acceptance from dorm staff and often felt uncomfortable being

perceived as "cold and judgmental researchers" when we both knew that that didn't fit our personalities or our prior experiences. However, as time and conversation smoothed over our relationships with the staff, we were able to conduct the observations and interviews that constituted the primary method for our study. Our role could best be described as "participant-observers" in that we participated in the flow of the dorm, but we did not pretend nor position ourselves to be staff or "insiders" in the institution. Over the course of the 16 months, we conducted, jointly or separately, over 100 observation sessions. Together we also interviewed 12 youth, at least three times per informant, using an ethnographic interviewing style.[1] At the completion of our research we also interviewed dorm staff.

Although our initial forays into the facility were difficult to navigate, we ended up feeling very comfortable in the dorm and for the most part accepted as regular fixtures in the milieu. Hence we were able to find some interesting answers to our initial research questions. Yet in retrospect, it was what we learned along the way, mostly through our interactions with our research participants, that illuminate the fluidity and flexibility of research and practice positions that we wish to share in this narrative. Since these lessons are best understood in the context in which we encountered them, they are presented as they emerged, in our descriptions of actual moments with the young men we came to know on our research journey.

Lessons from the Road: What We Learned Along the Way

Researcher "Interventions"

When we first met Eric, he immediately struck us both as out of place in a correctional institution. Amid a cocky, physically fit, and competitive, excessively masculine peer group, Eric's awkward humor, quiet thoughtfulness, and last-year's-style clothing stood out like a sore thumb. The character and tone of his interactions with others (peers and adults alike) separated him from the other residents, as well. While his peers chose to participate in the research study because they believed it would get them excused from certain program activities, Eric asked to be part of the study because he "wanted someone intelligent to talk to every so often."

Eric was placed at Wildwood as the result of a significant, financially costly, and very public crime in a local suburb. Having no prior involvement with the court, Eric appeared not only uneasy but also perpetually uncertain in the world of juvenile corrections. Articulate and polite, he had never previously found himself in environments where self-disclosure was mandatory and where social privileges depend upon a staff person's determination of "good and compliant therapeutic work."

Over the several months of our engagement with Eric, we watched him transition from an awkward, self-described "band geek" into what Wildwood staff called the most manipulative resident to grace the facility in recent memory. Although some of this reputation was well-earned (Eric shared with us that he and his mother spent their time together on home visits making up "therapeutic issues" for him to share in group), our privileged position as researchers allowed us to see a different side of Eric. In discussions with him about his progress in the facility and his changing sense of himself, Eric presented an image of himself as confused by, rather than solely manipulating, the therapeutic milieu. It struck us that he genuinely struggled to completely grasp the level of introspection expected of him, and as a result, he routinely provided staff with partial information and half-truths. Negatively consequenced for manipulation, Eric became easily frustrated with his treatment program and came to a point of dismissing its value outright.

In one such situation, we observed a meeting between Eric and one of the staff at

the facility. Eric was called into a disciplinary session with a teacher in the on-site school for an accusation of dishonesty and deliberate manipulation. As the teacher bombarded him with demands for information, an admission of guilt, and apologies, we watched Eric become more and more frustrated and increasingly withdrawn. It gradually became clear that although Eric had been factually correct with this teacher, the statements he had made were half-truths. He had not explicitly lied, but he had allowed the staff to misunderstand his behaviors and statements. Accused of dishonesty, he got mad; he had, after all, provided true information. The meeting, which lasted over half an hour, finally ended with Eric being consequenced, the teacher still lacking an apology, and both parties leaving the encounter angry at and dismissive of the other. Although it provided us with useful insight into the treatment process at the facility, the moment was more significant for the lessons it taught us about our own use of self as researcher-practitioners.

Walking down the hall after this meeting, Eric was stiff and his responses crisp. His frustration and anger extended five feet in front of him; there was no mistaking his posture. Ben felt frustrated by the situation, too, because although he was confident he could explain to Eric what had happened in the session (and that Eric would benefit from it), doing so would require that he step outside the role of researcher. Coming from a practice background, he wanted to intervene, but it felt somewhat inappropriate to do so in a research setting. Still, despite the internal conflict it caused (is this going to affect the research process?), Ben decided to shelve his "research hat" and intervene as a practitioner. Laura remembers Ben looking at her as if to say, "is this OK?" and even though she felt slightly uncomfortable with the situation, she did believe it was in the best interest of Eric if Ben could help Eric to make sense of what the staff wanted from him. Although we did not know it at the time, this moment in the hallway became one of the most memorable adventures along our research journey. Ben remembers:

> I talked with Eric about the difference between answering a question with a factually correct statement, and telling the story that people want to hear when they ask one question. It's like playing connect the dots – do you see a collection of dots, or do you draw the line between the dots and describe the whole picture? The teachers want him to connect the dots, and Eric has been describing to them (accurately) the individual dots. They call that dishonesty. Eric let us know that he understood what we were saying – that he "got it" finally. We talked about how it's hard to shift into the mode of connecting the dots when you've grown up in an environment where it's enough to just talk about the individual dots.

Ben has the sense, years after this exchange, that although the interaction was above and beyond our role as researchers, it provided a moment of genuine connection between us and Eric. Integrating our practice skills into the research process created the opportunity for Eric to know us as human beings, people who genuinely cared *about him*, not merely about what we could learn from him. At the same time, the connection we shared in that moment and in the weeks that followed gave Eric permission to open himself more fully to the research process. We learned more from him as the result of this interaction than we could have if it had never taken place.

Being able to transition smoothly between practice and research skills humanizes both

positions; it allowed us as researchers to more fully know and understand the participant's experience, while demonstrating to him that we were genuinely engaged and concerned about his well-being. We were willing to roll up our sleeves and *work* with him, rather than merely noting and studying his struggle. In essence, our position as researchers allowed us to see the struggle in a different way from the dorm staff and also to offer what we considered to be a very useful intervention.

Living with Clients' Complexities

When we first met Jason, we were both impressed by his quiet, soothing, gentle demeanor. A first-generation Asian American whose immigrant parents closely adhered to cultural traditions (in Jason's words, they were "super old-school"), Jason had grown up having to function fluently in two worlds, being at once a tough, street-smart "gangsta" with his friends and a dutiful, obedient, caring son and brother at home. Each identity had been honed to perfection, and Jason could bounce back and forth between them without missing a beat, depending on the environment. With us, he was unfailingly warm and friendly; he held doors for Laura and laughed politely at Ben's stupid jokes. It created in us a strange discord, because when we sat with him in research interviews, we heard stories of the incredibly violent assault and other criminal behavior that brought Jason into the correctional facility and several other past placements as well.

In one interview, we watched Jason shift his self-perception several times, vacillating between descriptions of himself that were benevolent and good to those where he characterized himself as a heartless criminal. In this session, the three of us sat together in the same interview room we typically used, and we talked about Jason's sense of self. We asked how he would describe himself to someone outside of the facility, and Jason immediately launched into a story about his family and his relationships with them. With great pride in his voice and a grin from ear to ear, he told us the story of how he had overheard his father saying that he really wanted a weed-whacker for the yard. Jason saved his money for as long as it took, even denying himself the small things he wanted to buy here and there, and bought the weed-whacker for his dad's birthday. As he told the story, he commented on how happy the gift had made his father and how much it meant to Jason that his family saw him as a "good boy" who was willing and able to provide for the interests of the family.

In the next breath, Jason shifted gears and told another, related story. Prior to the incident with the weed-whacker, Jason had had a significant run-in with the law. He and a friend, while burglarizing a property, had burned a garage in the neighborhood to the ground. His family found out about the arson, and as Jason related their disappointment to us, his eyes became teary. He could not look up as he described himself as a complete failure, a criminal, and an embarrassment to his parents. He even went as far as to say that he was the shame of his family as his brothers and sisters didn't have the same type of involvement with the law. It was in response to this disappointment that he wanted to "prove" himself with the gift of the weed-whacker.

During the remainder of the interview, we asked Jason what that experience meant for him. His response piqued both our curiosity, though for slightly different reasons—Laura was interested in his complex identity construction for her research purposes, and Ben seemed just very drawn to Jason as a person who was struggling with himself. Jason immediately said that burning down the garage meant that he was fundamentally bad. He saw himself as a criminal first and foremost; this was the word he would use to describe himself to an outsider. He was a bad person who had done bad things and there was little more to be said. In the next breath, however,

he talked about also being a good person who was capable of doing good things, as demonstrated by the weed-whacker. He talked about his commitment to "being a good person" upon his release from Wildwood House, and in the next breath, mentioned that he would not hesitate to beat down anyone who stood in his way.

From a research perspective, Jason's descriptions of himself demonstrated the complexity of self-construction and identity development in a correctional setting. In this way, the interview was immediately relevant to the "Grand Canyon" element of our research. From a practice perspective, however, it introduced troubling elements. Generally, social work practice trains us to see clients according to specific program philosophies. In the context of correctional work, we focus on drawing out contradictions like Jason's and working with clients toward an integration of them. Ben, in particular, felt the tug of this practice orientation throughout Jason's interview.

This was a different tug from what we experienced with Eric, however. In Jason's case, the desire to intervene was motivated less by an urge to provide a "missing piece" in a puzzle of communication than it was by a yearning to understand Jason's self-perception more fully. Our practiced research prompts were insufficient for the task; the moment demanded a different set of tools. Drawing on intervention skills for their evocative and probing qualities, to understand but not correct, we were able to ask the kinds of questions that allowed Jason to talk openly, exposing the complexity of his self-concept. Balancing these skills with our commitment to maintaining a research perspective, rather than one of clinical intervention, enabled us to appreciate – without having to correct – the contradictions Jason revealed.

Jason's conflicted narratives about his strengths, his aptitudes, and his general worth could obviously be indicators of the need for intervention – for someone to help him find ways to reconcile these inconsistencies. In our stance as researcher-practitioners, we were able to see his contradictions as indicators not of pathology or unease, but rather of the complexity of his self-construction that both researchers and practitioners might find useful in understanding juvenile criminal behavior. Jason's participation in our ethnographic interviews allowed us to see him in his authentic and divided self, rather than as a project awaiting solution or completion.

Practice Makes Better Research

When we met Humphrey, neither of us knew what to expect. Being overweight and pimple faced, he was often the subject of ridicule among his peers. Incarcerated for a sex offense, he was invested in maintaining a certain level of distance from them as he hid his true crime. Although the relationship we built with him was strong, neither of us felt the same connection with Humphrey that we did with some of the other young people. In reflection, it seems that some of this distance between us might have come from what we learned in working with him – another significant adventure along the road.

In one of our earlier interviews, Laura talked with Humphrey about the details of his offense. With most of the participants, this was a fairly routine interview; questions about the meaning of the offense and how it affected self-perception typically came later. With Humphrey, however, this interview took an unusual turn. During the session, Humphrey started talking about his offense, which occurred in his family's home against a younger relative. As he discussed the details of the crime, he became visibly agitated sometimes, his demeanor became defensive, almost aggressive. Over the course of about 15 minutes, Humphrey shifted from describing the details of his offense to justifying it in light of the frustration, disappointment, and near neglect he experienced at the hands of his

father and stepmother. The young man across the table from us transformed from the jovial character we had begun to know into an angry and defensive victim-turned-victimizer.

At some point in the interview, Laura became uncomfortable with the explicit sexual content of the conversation; asking questions about the details of a sex offense can be a patently uncomfortable exercise. Caught between feeling badly for Humphrey as a victim yet being angry at him on his sister's behalf, Laura wanted out of the conversation. Catching a nonverbal cue, Ben took over the interview at this point and walked Humphrey through the remainder of the questions. Ben's practice experience with young adult sex offenders allowed this transition to happen smoothly, and it created space for Laura to attend more directly to the content of the interview as research data rather than fuel for a personal emotional reaction.

Debriefing the interview after the fact, we realized that our experiences of the conversation had been quite different. Whereas Laura was impressed by Humphrey's ability to talk with us openly about his admitted sex offense, Ben's practice perspective led him to see Humphrey as resistant, at a very early stage in treatment, and largely dodging responsibility for the offense. Laura was surprised to hear from Ben that she had been somewhat "fooled" by his openness about his crime into thinking that he had actually moved to a more advanced stage of sex-offender recovery. Laura's field notes recorded:

> After the interview, Ben and I did some debriefing. It was interesting because we had pretty different perceptions. Ben has worked more with sex offenders than I ever have. He thought that Humphrey was in a very early stage of treatment and should be farther along. I thought he was doing "OK" just by the fact that he would even talk about his crime to us. Ben felt that he was still having a lot of trouble taking responsibility for his actions. It was good to get his perspective since he has worked extensively with this population. It is interesting how we get fooled by some but not by others.

The discussion between us about Humphrey's interview demonstrated to us the value of being able to apply practice wisdom and experience to research curiosity. Applying Ben's prior practice experiences to Humphrey's situation helped us not only to approach Humphrey from a different angle in subsequent interviews, but also to better understand and interpret his interview transcripts. In this case, the wisdom that Ben held as former practitioner with this population group lent itself to doing better and more informed qualitative research. As in Humphrey's case, we consistently came back to the place of valuing our practice skills as a way of retrieving and deciphering the information we were receiving from our informants.

Practitioners-As-Researchers and Vice-Versa

Although we knew where we were headed from the beginning stages of our research together, we had no idea what we would encounter along the way. The lessons we learned from this journey and our interactions with our informants all taught us about the value of sitting in the liminal space between research and practice lenses – for the aim of both better practice and also better research. Our experience in conducting field research illuminates the close connection between research and practice lenses by exposing the fluid space between these often "polarized" positions. For in each of our encounters with Eric, Jason, and Humphrey, we realized that we could not clearly or

distinctly separate these two positions. Rather, adopting practices and techniques from both research and practice training lent itself to more trustworthy research on our part and perhaps more interesting applications for practice. Eric's story attests to the need for social work researchers to be willing, on occasion, to intervene, trusting the intuition developed in practice experience and taking the risk of overstepping the bounds of research. Jason taught us that those skills developed in practice can be used, indeed should be used, not only to intervene, but also to hone the tools of research. And our relationship with Humphrey reminded us both that, as much as practitioners benefit from the validation of research, researchers have much to gain by tempering their investigative curiosity with practice wisdom from the field.

These lessons were beneficial not only for us professionally, but also offer significant value to others who conduct research or are planning a project in a social work setting. We do not believe our experience as social work practitioners-as-researchers to be unique. People with social work experience, who are typically accustomed to the world of practice, may find themselves playing a new game on unfamiliar turf when they enter into the research world. Attentive more to the research question or methodology than to the research participants themselves, the switch in gears from practitioner to investigator demands skills and forms of self-presentation that many social workers feel ill-prepared to offer. Even in interpretive or qualitative research, without positivist demands for objectivity and researcher impartiality, investigators (in and outside of social work) are expected to position themselves in their study environments as researchers first and foremost. Those who come primarily from the world of practice may struggle to switch the lenses with which they approach their work. In many cases, this re-positioning works well; in others, it presents significant personal and professional dilemmas. Practitioners turned researchers often feel that they must shed their prior experience in order to be credible "researchers" and, on the other hand, may struggle to avoid close relationships with informants that could border on interventions.

In our experience at Wildwood House, it was not possible nor even desirable to devoid ourselves of our own knowledge and practice experiences. In fact, many times, our skills and experiences in the field really helped us to gain trust with staff and also to build rapport with our informants. We found ourselves frequently exercising our practice wisdom and experience while maintaining a level of professional distance and boundaries required by research ethics as well. Perhaps rather than viewing these roles as wholly disconnected, we could conceive of a more fluid position for the practitioner-as-researcher where both identities are integrated and exercised. This integrated position can free researchers to draw upon their practice experiences without feeling that they have crossed boundaries in the process or without causing significant identity crises.

References

• Abrams, L.S., Kim, K., & Anderson-Nathe, B. (2005). Paradoxes of treatment in juvenile correction. *Child and Youth Care Forum, 34*, 7-25.

• Cameron, H., & Telfer, J. (2004). Cognitive-behavioral group work: Its application to specific offender groups. *The Howard Journal, 43*, 47-64.

• Heyl, B.S. (2001). Ethnographic interviewing. In P. Atkinson, A. Coffey, S. Delmont, J. Lofland, & L. Lofland (Eds.), *Handbook of Ethnography*. London: Sage. (pp. 369-383)

• Lipsey, M., Wilson, D. B., & Cothern, L. (2000). *Effective Intervention for Serious*

Juvenile Offenders. Office of Juvenile Justice and Delinquency Prevention Bulletin, April 2000.

• Mulvey, E. P., Arthur, M.W., & Reppucci, N.D. (1993). The prevention and treatment of juvenile delinquency: A review of the research. *Clinical Psychological Review, 13*, 113-167.

Ben Anderson-Nathe, Ph.D., is an Adjunct Instructor in the Child and Family Studies program at Portland State University, Oregon. Laura S. Abrams, Ph.D., is an Assistant Professor at University of California, Los Angeles, School of Social Welfare. Comments regarding this article can be sent to banders@pdx.edu.

(Footnotes)

[1] This means that we used guiding questions and themes to access the informants' world-views and experiences and at the same time we also allowed the interviewees to guide us in the interview process (Heyl, 2001).

Researching Social Work Practice, or Practising In Social Work Research? In Search of Our Identities as Social Work Researchers

Anne Hollows, Ph.D., Yvonne Channer, M.Phil., Peter Nelson, M.A., Ian Storr, M.A., and Janet E. Williams, M.A.
Sheffield Hallman University Health and Social Care Research Centre in Sheffield, England

The five authors of this narrative are UK-qualified social workers, with many years of experience in practice. They include two white women, one black woman, and two white men. For the last decade, four of the authors have been employed as academic educators and researchers, while the fifth has divided his time between practice and academic work. They all work in an English university with a modest commitment to research, which they balance with their significant teaching commitments. The authors decided to develop a group narrative in which their experiences of researching social work practice were described within the framework of the research process. This narrative focuses on the starting points, methods, ethics, and reporting of research before turning to our reflections of how this has shaped their individual identities as social work researchers.

The Context of Our Work

Social work research in the UK has been slow to develop a distinct profile within the wider academy. The broad, interdisciplinary evidence base for social work practice provides a locus for sociologists, psychologists, social policy specialists, and some branches of health professions to produce influential research alongside that of social work researchers. The major national funding organisation in the UK (the Economic and Social Research Council) has no funding stream for social work research: applications from social work academics have to meet the review criteria of one of the traditional disciplines. Carving out a share of the research cake has been a preoccupation of social work academics in the UK for a number of years, with modest success. In particular, a series of seminars between 1999 and 2001 raised the profile of social work as a research discipline in its own right, as well as identifying the particular contribution it makes to social science research activity.

The increasingly youthful age profile of entrants to social work degrees (which in the UK all incorporate the sole recognised professional qualification) may in time encourage some students to choose a research career as an option after graduating. That will undoubtedly impact upon the approach to research and the identity of researchers. For the present, most social work academics in the UK have a prior history as practitioners. Indeed, qualification and practice experience in social work is an essential prerequisite for appointment to most academic positions.

Among our generation of academics, doctoral studies are usually undertaken alongside our academic roles, if at all. Only one of the authors has completed a doctorate although two more are working towards it. On the other hand, all the members of the group have undertaken training in social research methods, and scholarship, comprising both research and publication, is an expected (if often marginalized) area of our work. Membership of research teams provides an element of apprenticeship in the research task as well as the opportunity to work at a greater scale. All of the group are active researchers engaged in personal research and two of us are also involved in

large team projects with colleagues in other subject areas.

Talking About Being Social Work Researchers

We were all practitioners before we became researchers. While our stories of practice are often shared, we have rarely had (or made) the time to reflect on our stories of being researchers. Deciding to meet to develop our narratives seemed to be significant to all of us. Our first meeting was conducted as a focus group, using the stimulus material of the call for contributions to this journal. Thereafter we agreed to review our emerging stories in an attempt to extend, as well as to analyse, our shared experiences. A series of five meetings took place alongside extensive individual commentary on the emerging document. Mirroring our struggles to make space for research, we could not all attend every meeting but most of us got to most meetings. The meetings, and the process, have become symbolic to all of us: it is the most productive time we have spent together discussing research. Our approach has been reflexive, to the point of developing a "double hermeneutic" (Giddens, 1991) in that we have been able to develop our sense of identify in relation to practice and research by sharing our own stories and responding to feedback within the group. Emerging out of this we have endeavoured to understand how our experience relates to our identity: are we primarily members of the social work profession who do research? Or are we academics who research social work practice?

Our Starting Points in Research

Research has its origins in many activities. Our teaching prepares student social workers for current practice and encourages an informed critique of current practice. As academic staff we must therefore ensure that teaching is well grounded in current practice trends and issues, as well as in current research and scholarship. We have significant opportunities for contact with social work practice through our academic supervision of the 200 days of clinical practice, or internship, that each student must complete. Quite apart from our personal contacts with friends and former colleagues in the profession, we therefore have plenty of links with field practice in both state and non-governmental or charity organisations. This is where we often first confront the issues that eventually form research questions for us to answer. It is ironic, therefore, that when we gain research contracts, we often use the income to release ourselves from practice supervision – the very task that puts us most in line to confront the questions of practice.

For many of our research activities, our engagement with a research question begins before there is any declared research aim. Precisely because we maintain good links with practice, we often find ourselves being approached by practitioners seeking answers to their questions and problems. Local practitioners often see us as part of their extended family of colleagues, with privileged access to knowledge. Sometimes this is because we used to be 'one of them', while at other times it is because we taught them: either way there is a safety in trusting us. Our experience of their environment is slightly different. In true person-as-scientist (Kelly, 1955) mode, our encounters with practice provide opportunities to observe, ask questions, formulate hypotheses, and test our understanding of the world in terms of how it guides future events and behaviours.

In the beginning, then, some of our 'research' could only claim that title in a colloquial sense: we are simply finding things out about the nature or detail of social work practice, relating the experience of one practitioner or team to the evidence base generated by studies elsewhere. Problem solving, meeting needs, getting the evidence

to make a case, a piece of exploratory project work have all been the starting points for an emerging recognition that a more formal process of data collection and analysis is required to solve the puzzle. "It is a sort of mutual shuffling towards an idea," said one member of the group. In some circumstances, we have recognised that data collected for other purposes would benefit from imposing a research perspective in order to provide a framework for analysis.

Between us, we have worked on projects designed to collect new evidence or solve new problems; research stemming from our advocacy of needs, research designed to assess outcomes, and research designed to answer other people's questions. One of the group described how his research began:

"I am the manager of an NGO's visiting advocacy service in the North of England. I was approached by the manager of a local authority secure children's home, where we had a service, to develop a system of exit interviews of young people leaving the unit. His intentions were to use their feedback to develop the service offered by the unit and to demonstrate user-involvement to inspectors. I was keen to respond to the request. The NGO is committed to increasing opportunities for young people to comment on the services they receive and I thought that the proposal would also give the visiting advocates another point of contact with young people at a time, discharge, which is often problematic for them.

"The system involved the visiting advocates for the unit giving questionnaires to the young people shortly before their discharge. These questionnaires invited young people to rate their satisfaction with different aspects of their care and to add any comments they wanted to. The young people would complete these either themselves or in conjunction with the visiting advocates. The advocates would then forward the questionnaires to myself and I would produce and discuss with the unit manager and the advocates, on a six-monthly basis, totals of the young people's ratings and a transcription of their comments. We would try to reach agreements for action in areas of difficulty. Within eighteen months, following discussions with their managers, I had rolled out this system to two other secure units.

"This process was located within the continuum of our advocacy activities and, through cross-referencing, reinforced the effectiveness of the individual advocacy work with young people. I thought it important to write up our experiences to stimulate discussion within my own agency and the national forum for managers of secure children's homes in order to extend the system to other units. I felt also that the quality of information about young people's perceptions of their care needed to be circulated to a wider audience at a time when central government was keener on different models of provision, larger, cheaper, and more focused on training rather than care. Young people's assessment of their care was generally positive and I thought that this was a message that needed to be heard. It was at this point that I started to seriously think of developing the process into a research study."

Although much of our research has an evaluative component, it always has, at its heart, a puzzle that the researcher is keen to solve (Mason, 1996), whether it relates to understanding the situations of service users or understanding and evaluating interventions. As professional 'puzzle solvers' we value a stage in the research process that enables us to refine the nature of the puzzle, often akin to grounded theory (Glaser & Strauss, 1967). One of the group described recently how at the start of new work (evaluation of a new, inter-professional community project) she spent time 'walking the patch' and getting the feel of the area and the people who lived there with the school social worker. Another story of beginning research shows how these

important early stages of exploration can not only shape the study but also become data:

"My links to practice were focused on an interest developed when I was a practitioner. Together with women colleagues, we had become concerned about women who used the mental health services and in particular women survivors of childhood sexual abuse. Around that time I joined the university and left practice while my colleagues became pro-active, forming a steering group and obtaining funds to set up a small charity. This offered badly needed services for the survivors, but also developed training and support for practitioners. Thus one of my key interests was expanded by this new activity, and for a short while I was active on the management committee, but I found that my role with my friends and colleagues gained a particular character. When we met to discuss progress I would draw back and listen to them so that I could understand what was working or not. I thought this would inform my teaching. I asked questions and probed; they voiced their 'thinking through' and developed explanations.

"This then was the context for a coincidence of needs and interests. They needed research, data, and evidence in a form that could be used to establish, fund, and extend the service, and I was looking to develop a research project in line with university requirements. They had lots of bits of evidence from their work experience as mental health social workers. But the very presence of the charity had highlighted other issues. Practitioners were keen to pass on women to this new service unthinkingly, as if the label 'survivor' meant that social work professionals had nothing to offer and often with no insight as to the relationship for survivors between the experience of abuse and their many other problems. Expectations of this tiny organization were out of proportion.

"The research began using a traditional model; I needed to understand the whole field in a comprehensive and systematic way so I met with the strategy group whom I quizzed. I wrote notes and circulated them for confirmation and clarification at the next meetings. It was collaboration and co-researching; it was really listening and wanting to accurately represent their experience, thoughts and opinions. At the same time the sociological and structural issues about gender began to crystallize and this sometimes prompted my questions. Through them I also identified other key individuals to discuss related issues and to discuss the history of certain policy developments which had been introduced and which were crucial to the gate keeping and allocation of services. In this way I developed a comprehensive picture and mapped out significant issues in a process that was auditable, valid, and reliable. Initially I saw this as preparation for research, but with hindsight I realized that the material was, in fact, field notes and became the significant first of three elements of data collection. A survey of all the practitioners on the basis of the mapping of themes and later focus groups were to follow. In some respects this was a grounded approach since I had attempted not to impose my views, although my subsequent analysis was not strictly grounded, taking a more global approach to incorporate feminist perspectives."

This account and the previous story raise the complexity of insider/outsider issues. The organizations concerned knew the researchers' agendas; they had a shared perspective. This extended to co-researching in some senses, though the researcher maintained leadership of the process while also having access to others outside this group. What to some might appear a messy start to research with unclear boundaries and roles appears to us to be a particular benefit to research on social work practice where methods evolve organically to suit not only

our needs as researchers but the needs of the practitioners and service users concerned. Fundamental to this process is the trust that we can invoke as members of the same profession, former practitioners, and often colleagues. As our stories progress we will examine other aspects of the trust dimension. We turn now to considering our methods.

The Methods We Employ

Social work as an activity has much in common with social research at least within the qualitative domain. Gilgun has argued, for example, that much social work activity resembles grounded theory (Glaser & Strauss, 1967), particularly in respect of the development of practice knowledge in a case (Gilgun, 1994). Fortune notes the relationship, too, between ethnography and social work practice in developing knowledge about social work settings as well as gaining a better understanding of client populations and their cultures (Fortune, 1994). The very task of assessment, in its earlier form of social diagnosis, draws on the broad concepts of heuristic research (Moustakis, 1990). The study of narratives also has resonance with social work practice, going beyond simply taking a case history and providing the means of understanding and making sense of lived experience (Riessman, 1994). Narratives provide a tool not only for research but also for therapeutic interventions, empowering clients through the creation of a coherent account of their lives, providing congruence with anti-oppressive practice.

Not surprisingly, given the close links between the social work task and methods generally described as qualitative in research, considerable attention has been paid to the development of such methods in research in social work as we seek to describe and explore the social work task from the perspective of both users and workers (Fawcett, Featherstone, Fook, & Rossiter, 2000; Karvinenen, Poso, and Satka, 1999; Riessman, 1994; Sherman & Reid 1994). Qualitative approaches are increasingly used in evaluating social work outcomes, particularly where process, as well as outcome, is a focus (Rees & Wallace, 1982). Although we have used quantitative data where it has been appropriate, most of the research undertaken by group members has an interpretive strategy. Perhaps because we are all involved with teaching about the social work process, it is researching the process issues in practice that particularly excites us. We are also concerned to enable service users' views of practice to be heard. Our enthusiasms are not always shared by practitioners, or indeed by service managers. One member of the group noted:

> "I have found that practitioners, rather like beginning social work students, have an initial tendency to favour methods that employ large sets of data, gathered through impersonal questionnaires. They are convinced that scale equates with validity. It may be that the daily dealing with uncertainty that characterises much of social work practice encourages a craving for absolutes where research is concerned. Recently, as part of a research project, I have been training practitioners to collect parents' stories so that they can identify points and patterns of change. They were initially reluctant, in particular when there were visible differences between the text of these narratives and the case histories recorded by the workers. Gradually they began to see the value of a process that not only collected data for the researcher but also left the participants with their own stories."

Some of us develop our research around practitioners' stories. We have all been

concerned to encourage practitioners to be better able to articulate their practice: research that involves them talking about their work is one way of achieving this. Another member of the group said:

> "When I have interviewed practitioners at any length, I have been only too well aware of their enthusiasm to talk about their work. I undertook a study based on long interviews with 25 practitioners, and they seemed to really enjoy it. Their comments on the process included phrases like 'it was a bit like good supervision' and 'this is the first time I have ever talked about a case from A to Z' and 'I found it almost therapeutic.' Perhaps allowing them to develop their story of a case is a helpful contrast to the incident-focussed nature of their work."

One of the group described a method in which a series of stories, reflecting the experiences of different practitioners, as well as the different members of a family, had been generated around a single case over time:

> "I had been asked to look at the impact of a family-support initiative on recidivism in child-protection cases. The success and consequent funding of projects is often closely tied to the evidenced meeting of targets. In this case the project had a clear target of reducing the number of children who were re-registered on a child protection register" (i.e., the problems had recurred).

An immediate response was to turn to existing government data and compare rates of re-registration before and after the introduction of the family-support programme. It quickly became apparent, however, that simple outturn data alone could tell us little about the efficacy of the family-support programme. For example, a child's name could be de-registered following court intervention where, rather than being an indicator of success, the care of the child had deteriorated such that he or she could no longer remain with the parents. The frequent changes in the threshold for registration employed by the local social work department would also affect the rate of registration.

To meet some of these difficulties in researching and evaluating the work of the family-support initiative in the area of child protection, a case study approach was designed. The study took as its focus a single family living within the project catchment area with a child whose name was on the child-protection register and where child-protection issues were a central concern to the family. The research involved semi-structured and unstructured interviews with family members and carers, as well as with a range of professionals involved in providing services to the family. These interviews were repeated during a twelve-month period to establish engagement and exchange between family and service providers.

Family members in particular were keen to tell their stories, and it was quite difficult at times to remember that the main reason for my talking to the family was for research purposes. The family was struggling with a range of difficulties and from my professional social work persona, I could identify ways others might help them with their problems. Talking to practitioners from different professions engaged with the family elicited reactions from resistance to openness, but when brought together produced a richness and depth of data. These data illuminated the effectiveness of the family-support initiative and other professions in working together to help the family with the range of difficulties which affected their ability to care for their child.

Clearly it was not possible to draw far-reaching conclusions from a single case study. The immediate aim of the research was to provide information and feedback to the service providers involved and potentially involved in work with the family and others facing similar problems in the same area. By allowing different family members and different practitioners to tell their stories, the complexity of the situation and responses became apparent. The importance for research and evaluation to avoid the simplification of complex situations in order to provide simple, as distinct from clear, answers to the questions asked by fund holders was re-enforced."

Fieldwork

Our fieldwork has utilised the canon of social research methods, as well as developing new approaches, particularly in research with children. In addition to gathering data from practitioners and service users directly through questionnaires or interviews of individuals and groups, we also use observation techniques and documentary analysis of administrative files and records. One of our doctoral students studying recruitment and retention in social work practice is currently using personal diary records of the emotional experience of the practice environment. A current project is working with young people to develop 'issue boards' through photographic collage, which will then be used as stimulus material for focus groups of social work professionals, which the young people will lead. We are all conscious of the extent to which we apply all of our communication skills as social workers – and as teachers – in devising our methods of data collection. We aim to combine this with creativity designed to empower our research participants to share their stories with us. But we found, as a group, that we also all faced challenges. Two issues dominated our discussions about fieldwork, however. The first emphasises the extent to which we are still a part of the social work process.

A central focus of our approach to research is that we should "do no harm" to the participants, but in some ways this stops short of answering the key question "should we do good if the opportunity arises?" As social work researchers should we, on occasion, interrupt our data collection and respond to service user need, even if the consequence may be to flaw our research sample?

As social workers (we are all still registered social work practitioners) we have a commitment to social work values and subscribe to the "Ethics of Social Work: Principles and Standards" adopted by the International Federation of Social Workers and manifest in the British Association of Social Workers Code of Ethics for Social Work (*Code of Ethics, 2002*)

Social work practice should promote respect for ***human dignity*** *and pursue* ***social justice*** *through* ***service to humanity, integrity*** *and* ***competence.***

Section 4.4.4 (*Code of Ethics, 2002*) applies the general provision of the code to the ethics of research and, in seeking congruence with social work values, states that social work researchers will:

> *Retain a primary concern for the welfare of research subjects and actively protect them from harm, particularly those who are disadvantaged, vulnerable or oppressed or have exceptional needs.*

The key aspect here is that a commitment to social work values entails a commitment to action.

In practice the issues and the debates and the dilemmas arise over what sort of action to take.

"Interviewing the carers of a child it gradually became apparent that they were not receiving all the financial benefits to which they were entitled. At the end of the interview I pointed this out to them and indicated where they might go to obtain help in challenging decisions and obtaining more money. I was left feeling uncomfortable, however. I knew research findings indicated that such families, when in the midst of difficulties, lack the motivation to be proactive in seeking help. Should I have asked if they would like me to advocate for them?"

In social work research as in social work practice it is rare for there to be one clear course of action which will meet the complexity of a given situation. What is perhaps clear is that for social work researchers, the service user and their needs ultimately take precedence over the collection of data.

The second issue provides another perspective on our identity in the interview process. 'Sitting on my hands' was the expression one of the group used to describe what sometimes happened when she was interviewing social workers:

"In one instance, the participant was describing his work in a very complex case involving four siblings who he believed should remain placed together, albeit in a costly private placement. He had justified his reasons successfully through three different arenas and now had to gain the approval of the organisation's final resources panel. He was desperate to find research evidence, which he hoped would support his case. As a researcher, who happened to have an interest in sibling placements, I was aware that sitting on my shelf in my office was a large file full of research papers about siblings. But I was interviewing here, about a more general issue of professional practice, and I was being a researcher, rather than supervising or teaching a student. In that moment I had a huge sense of frustration with my relatively new research role but forced myself to focus on the topic of the interview. Even with the tape recorder switched off, I focussed on closing the interview, mindful of the many times when participants had continued to provide valuable data after the formal end of the interview. After the participant had left, I tore after him offering to bring in the folder the next day."

Analysis

It is precisely because of our familiarity with the terrain that analysis can be the biggest challenge. How much is our analysis tainted with the practice wisdom we warn our students against? Our own experience is one of extreme caution. We are all only too aware of the need to ensure that our research – particularly within the interpretive tradition – is demonstrably rigorous and systematic. We laughed about what one recent seminar in the UK called the 'ah-ha' factor in research: the sudden recognition and knowing that is perhaps better known to researchers as 'epiphany' (Denzin, 1989). Perhaps because we know so much about the dangers of confirmatory bias we can see the danger of making intuitive leaps in our analysis. Is this really the transcendent, mind-blowing insight that Denzin describes, or is it the reflexive expertise that Schon (1983) discusses? Could it simply be another form of the practice wisdom that we advise students not to rely upon? Is our knowing really any help at all?

Because we know, are we reluctant to accept epiphany when it occurs?

In the world of qualitative research "we are in a new age where messy, uncertain, multi-voiced texts, cultural criticism, and new experimental works will become more common, as will more reflexive forms of fieldwork, analysis and inter-textural expression"(Denzin & Lincoln, 1994, p.15). Denzin considers that the challenge in analysing and reporting research is how the author and indeed the reader are to be able to make connections between the text and the world that is being written about. Social work research does indeed involve messy, uncertain, and multi-voiced texts, and sometimes the detailed records of our observations and "conversations with a purpose" (Burgess, 1984) provide the thick description that enables us to share our knowing with the reader. Allowing the location of our research to come to life in the text is a real advantage in communicating the complexity of social work and of the work of social workers.

Another element of analysis, which we had not all recognised, was described as the 'something we had missed' factor. Here, our qualitative methods come into their own. The immersion in data required by qualitative analysis enables the researcher to hear the data and review the data in a way that sometimes provides insights rarely available to the busy practitioner:

> "One of the boys in my study replied to the question 'Were you happy with the way your privacy was respected' by circling the 'No' answer, and wrote in the comments section 'staff walk in shower whilst in it.' This comment was not picked up by the advocate at the time (the boy had completed the questionnaire himself) and was not picked up by me until I reviewed the data six months later. When this comment was discussed with the unit manager, he, not unreasonably, said that this should have been brought to him earlier as he was not able to follow it up as he would have wanted to, since he did not know either the boy's or the member of staff's name."

In another study, connections were made between one worker and the experiences of various parents whose children had been removed that seemed to be close to victimisation. Again, time had elapsed since the events and the worker was no longer in the area. But these instances remind us that data analysis is different from the sort of analysis that takes place in social work assessment. The rigour we impose on our analysis can sometimes reveal patterns that social workers are not able to see.

Reporting the Research

Much of the research we have undertaken has been framed within an action research perspective – indeed, we share the view that where project evaluation is concerned we have an ethical duty to inform the on-going work of a project. As researchers we have all from time to time observed practice that has fallen short of what we would expect. Because we are often committed in a personal way to the subject matter of our research, we can find the hostility that sometimes greets our findings to be even more painful.

When you tell people (in this case social workers) that they are not wonderful, it is important to be able to point to some strengths. We have to employ all our skills to achieve this: shooting the messenger can be sweet revenge on those deemed to have escaped the daily grind of difficult, unrespectable work. Here we see the other side of the 'trust' coin. We were often doing the research because we were trusted. Our research is welcomed as objective and knowledge based. But they feel that we have

let them down by finding fault. Does this mean that social work researchers who come, like us, from practice have to demonstrate a greater care in their reporting of findings than those who do not share a personal commitment to role and task? If so, the corollary is that our duty to the profession is never to bury the bad news. We believe that researchers should always exercise caution in the way that reporting is handled. It is not simply about reporting findings but also about managing bad news and facilitating change.

Beyond the act of reporting there is the task of wider dissemination. There are complex dilemmas to negotiate here if social work values are to remain intact. The danger of identification of participants can be critical. But so too may be the temptation to include references to detail which, while providing the 'thick description' required of qualitative data and raising important issues, may run the risk of caricaturing the profession or service users and possibly even identifying individuals. We have also to be mindful of the ways in which confidentiality can be difficult to maintain. One of the group described an occasion when a reference by a social worker to being in the same team as the worker handling a particularly infamous child-care case had to be omitted: even though it proved precisely her point about the long-standing impact of these events on practice, it would have negated all her efforts to keep the location of the research confidential.

We are not the first researchers to wrestle with the issue of disseminating reported speech. Because we mainly research in an area with a strong local dialect, we are not always able to include verbatim quotes from participants. While it would not be ethical to quote in exact speech, it would not be credible to report in conventional academic language. Writing for academic journals creates yet another layer of difficulty. One social worker who had participated in one of my studies said she would never have recognised herself from the academic write up, alongside all the references and so on. But here, more than anywhere else, we are building the new knowledge that may contribute to the future of our profession. Some of us now make it a point of principle to share interview transcripts with participants wherever possible, extending the participatory approach. It is an area where we need to continually strive to maintain our professional values in our research practice.

Our Identities

So who are we? Are we social workers practising as researchers, or researchers who have been social workers? In the final stage of our group's story, we consider the impact of all of our experiences on ourselves.

An unexpected finding of our discussions was the common theme of how our research is perceived by others, including our academic colleagues in a faculty dominated by health professionals. This is particularly an issue when working in the area of sexual abuse. People, even colleagues and close contacts, will say of my work, "Is it to get at men?" While teaching at a partner university in Europe, I had visited a trauma and abuse centre, leading to the comment "So you had lunch with that lot, did you," even from social work academics. I began to think that social work academics were no different from people in general who were not very well thought out on sex and gender issues, wanting to project their own voyeuristic perspectives onto the researchers'. The subject matter of research in social work practice is often on the margins of the experience of a largely white, middle-class faculty. The work that social workers do, and the people with whom they do it, are sometimes seen as less respectable and in some ways more culpable than those who are simply in poor health.

This question of identity can be a greater challenge in the increasingly multi-professional environment of practice in the UK. One group

member noted that when our social work students are learning in inter-professional groups, they have commented "They don't think much of social workers do they, these health professionals?" So the social work researcher, researching in an inter-professional environment (the experience of all the group members), experiences problems of identity and status. "Differences in contracts of employment, the different types and standards of professional training, occupational status and prestige, gender, race, class, language and public image all contribute to the real and felt power differentials within the inter-agency network" (Calder, 2003, p.10) .

In our academic context, being social work researchers is ironically quite a challenge. Even carving out the space for research is a struggle within the increasingly commercial world of university education. Paradoxically that may be one answer to the question. Perhaps it is precisely because of the commodification of knowledge, of teaching as product rather than process, that we are seeking the opportunity to be knowledge generators as we continue the long line of social work academics who have developed the discipline. As such we can be stronger by forming a real "community of knowers" (Toulmin, 1972, p.139) as we transmit the tenets of social work practice, revised by our own research, to the students who will be the practitioners of the future. At the same time, it has to be said that we all recognise that research itself can be, and often is, commodified. We would be foolish not to own the status and privilege that comes from being members of our faculty's active research group.

Another explanation for our continuing commitment is that it represents – and develops – our own expertise. We have already noted the extent to which we are viewed by practitioners as having an area of expertise, generally related to what we are known to teach and to write about, and the commitment we share to maintaining our knowledge in order to be effective teachers. One of us spends more than half of his time *in* practice and has his own territory or expertise in that field. For the rest of us, lacking a practice base to give us expertise, we have turned to research as a way of connecting with the world of practice. Students value the integration of stories from practice in our teaching and for us, research data generates the vignettes that enable theory to be identified with, and grounded in, practice. We hone our thinking about professional practice through our research and in a Bayesian sense we are even known to have changed our minds as the data have provoked a re-think of previous perspectives.

The third explanation is much more rooted in our histories as radical social workers. Where the starting point for research is our personal interest in solving the puzzle, we own what is often an intense commitment to the work. Researchers may take on the role of exploiter, advocate, reformer, or friend (Glesne & Peshkin, 1992), resulting in important implications for researchers with passion. It contrasts acutely with the 'contract' and 'jobbing' research of commissioned work and of some teamwork. We have all experienced research where the question, and even the method, was determined before we were 'hired' to do the work. While none of us have undertaken work we felt to be pointless, the personal work feels very different from the situation where, as one member said, "I went in, I collected the data, wrote the report and I left." Taking this distinction further, the group drew out the view that such contract research required a more businesslike approach. The research processes were more realistic and less idealistic. Deadlines had to be met and there is a need to be pragmatic earlier on in the process. Without suggesting that this was necessarily a bad thing, it was clearly a very different experience from working on our

more personal projects, elaborated by one member as "this is my commitment, this is me." For one of us this was research about the experiences of adult survivors of abuse, for another it was about sexual harassment and domestic abuse, and for a third it was about factors promoting success in the lives of black children. We speculated as to whether this was an extension of the personal and political commitments of the three quoted members – all women. The men in our group raised their own personal commitments with equal vigour. We concluded that this was neither a business/hobby divide nor a gender divide, but something more profound, encompassing personal, political, and professional values. We belong to a generation of social workers for whom the commitment to radical action is inextricably linked with our careers, and our research experience is simply a re-working of that commitment: to work to improve the services available for marginalized individuals, families, groups, and communities. Whether as practitioners or researchers, our goal is to empower disenfranchised people

Finally we turn to our group. We have all experienced it as supportive and non-competitive. We formed and normed, without any painful sense of the storming that groups experience. One member said, "It is not always what academics are about: the collective noun 'a malice of academics' has been suggested to me before now." We have been aware of making a tangible effort to produce this article, itself a welcome focus. Perhaps the most rewarding aspect has been valuing ourselves as the focus of our talk. It has been helpful to share what we have been doing, how we got into it, our feelings about it, and our hopes for it. Unlike some of our writings, it does not seem ostentatiously theoretical. Our goal is reached and this group is over. As we move on as individual researchers, we know that we can develop and improve through sharing our stories of research as we go.

References

• Burgess, R. (1984). *In the Field*. London: George Allen and Unwin.

• Calder, M. (2003), The assessment framework. In M. Calder and S. Hackett (Eds.) *Assessment in Child Care*. Lyme Regis: Russell House Publishing.

• *The Code of Ethics for Social Work* (2002). Birmingham: BASW.

• Denzin, N.K. (1989). *Studies in Symbolic Interaction, vol. 10: Critique and Renewal in Symbolic Interaction.* Conneticut: JAI Press.

• Denzin, N.K., & Lincoln, Y.S. (Eds.) (1994). *A Handbook of Qualitative Research*. London: Sage.

• Fawcett, B., Featherstone, B., Fook, J., & Rossiter, A. (eds.) (2000). *Practice and Research in Social Work: Postmodern Feminist Perspectives*. London: Routledge.

• Fortune, A. (1994), Ethnography in social work: Commentary. In E. Sherman and W. J. Reid (eds.) *Qualitative Research in Social Work*. New York: Columbia.

• Giddens, A. (1991). *Modernity and Self Identity: Self and Society in the Late Modern Age*. Cambridge: Polity Press.

• Gilgun, J. (1994). Hand into glove: the grounded theory approach to social work practice research. In E. Sherman and W. J. Reid (eds.) *Qualitative Research in Social Work*. New York: Columbia University Press.

• Glaser, B., & Strauss, A. (1967). *The Discovery of Grounded Theory*. Chicago: Aldine.

• Glesne, C., & Peshkin, A. (1992) *Becoming Qualitative Researchers: An Introduction*. White Plains, NY: Longman.

• Karvinenen, S., Poso, T., & Satka, M. (eds.) (1999). *Reconstructing Social Work Research*. Helsinki: SoPhi.

• Kelly, G. (1955). *A Theory of Personality: The Psychology of Personal Constructs*. New York: Norton Books.

• Mason, J. (1996). *Qualitative Researching*. London: Sage.

• Moustakis, C. (1990). *Heuristic Research*. Thousand Oaks: Sage.

• Rees, S., & Wallace, A. (1982). *Verdicts on Social Work*. London: Edward Arnold.

• Riessman, C.K. (1994) (Ed.). *Qualitative Studies in Social Work Research*. London: Sage.

• Schon, D. (1983). *The Reflective Practitioner*. Aldershot: Arena.

• Sherman, E., & Reid, W. J. (1994) (Eds.). *Qualitative Research in Social Work*. Chichester: Columbia.

• Toulmin, S. (1972). *Human Understanding*, Oxford: Clarendon Press.

Anne Hollows, Ph.D., is a Principal Lecturer and Research Coordinator for Social Work at the Sheffield Hallman University, Health and Social Care Research Centre in Sheffield, England. Yvonne Channer, M. Phil., Peter Nelson, M.A., Ian Storr, M.A., and Janet E. Williams, M.A., are all lecturers and colleagues at the same institution. Comments regarding this article can be sent to a.e.hollows@shu.ac.uk.

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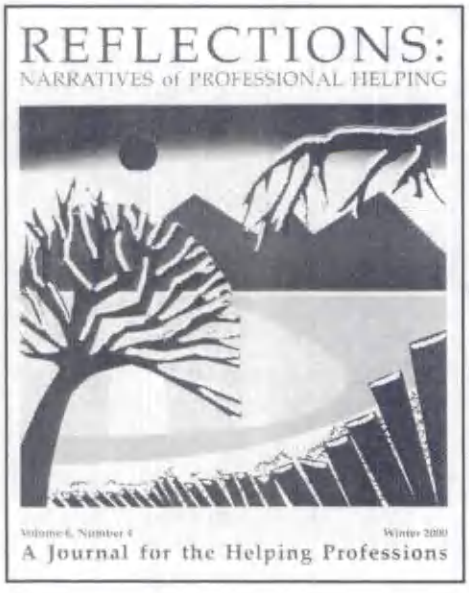

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Narratives should give readers a fresh perspective about the practice of change. Narratives explain and describe events, results, conflicts, complicating actions, and how, why, and what was done. In narratives, the writer evaluates the experience, whether or not there is a resolution, and explores the meaning of the experience. Some narratives end with a coda; a perspective on what occurred.

Writing Instructions and Submission: Manuscripts are peer reviewed. Articles appropriate to the journal's purpose are reviewed anonymously by members of the Executive and Editorial Boards. Publication decisions require about two to four months. All articles are copyedited before publication.

1. Authors are expected to use APA format.
2. The manuscript length depends upon the temporal sequence of the event.
3. Include, on a separate page, a brief abstract (no more than five lines) written in the same style as the narrative.
4. Place identifying information such as name, affiliation(s), title(s), address, and phone/fax numbers **only on cover page.**
5. Send three (3) printed, double spaced hard copies of the manuscript, **set in 12 point Times New Roman** to the editor.

Upon Acceptance of the article for publication, please supply your manuscript in rich text format (RTF) on a 3.5" Windows or MSDOS floppy disk along with one additional hard copy.

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REFLECTIONS: Narratives of Professional Helping
California State University Long Beach
Department of Social Work
1250 Bellflower Boulevard
Long Beach, CA 90840-0902
(562) 985-4626
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Department of Social Work - 111194
1250 Bellflower Boulevard
Long Beach, California 90840-0902

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